

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  VA0003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  06/20/2019
NAME OF PROVIDER OR SUPPLIER  MANASSAS HEALTH AND REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 8575 RIXLEW LANE MANASSAS, VA 20109			
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F 000	Initial Comments  An unannounced biennial State Licensure Inspection was conducted 6/18/19 through 6/20/19. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.  The census in this 120 certified bed facility was 113 at the time of the survey. The survey sample consisted of 39 current Resident reviews and 5 closed record reviews.	F 000			
F 001	Non Compliance  The facility was out of compliance with the following state licensure requirements:  This RULE: is not met as evidenced by: 12VAC5-371-140. Policies and Procedures Cross references to F622, F623  12VAC5-371-150. Resident Rights. Cross reference to F622, F623  Resident Assessment and Care Planning 12VAC5-371-250 A8 cross reference F641 12VAC5-371-250 F cross reference F656  Nursing Services 12VAC5-371-220 A cross reference F690 & F697  Infection Control 12VAC5-371-180 A cross reference F880  12VAC5-371-140(E)(3)(B) - Criminal Background Checks  Based on facility documentation review and staff interview, facility staff failed to ensure a Criminal	F 001	12VAC-371-140 Cross reference to F622, F623 12VAC-371-150 Cross reference to F622 and F623 12VAC-371-250 A8 cross reference to F641 12VAC-371-250 F cross reference to F656 12VAC-371-220 A cross reference to F690 and F697 12VAC-371-180 A cross reference to F880  1) Facility staff failed to ensure criminal background checks were completed within 30 days of hire for 4 of 25 employees. 2) Residents have the potential to be affected if facility staff fail to complete criminal background checks upon hire. New hires in the last 30 days will be reviewed for the presence of criminal background checks. Any variances will be addressed. 3) Administrator or designee will provide	7/23/19	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

07/07/19

STATE FORM

6899

KZ7C11

If continuation sheet 1 of 4



State of Virginia

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F 001	<p>Continued From page 1</p> <p>Background Check was performed within 30 days of hire for 4 of 25 records reviewed.</p> <p>For record numbers 3, 7, 13, and 24, facility staff had no documentation of the employee's Criminal Background Check.</p> <p>The findings included:</p> <p>A review of employee records was conducted on 06/19/2019. Upon review of the records, there was no Criminal Background Check documented in the file for record numbers 3, 7, 13, and 24.</p> <p>At the end of day meeting on 06/19/2019, Administrative Staff Member (ASM) #1, the Facility Administrator, was asked to review the employee records and provide this surveyor with the missing information.</p> <p>On the morning of 06/20/2019 at 9:30a.m., ASM #1 stated that they had no further documentation of the missing items from the employee records.</p> <p>The Administrator and Director of Nursing were informed of the findings at the end of day meeting on 06/20/2019. No further documentation was provided.</p> <p>COV 32.1-126.01 - Sworn Statement</p> <p>Based on facility documentation review and staff interview, facility staff failed to ensure Sworn Statements were documented prior to hire for 4 of 25 records reviewed.</p> <p>For record numbers 3, 5, 19, and 23, facility staff had no documentation of the employee's Sworn Statement.</p>	F 001	<p>education to Human Resources Coordinator regarding the requirement to complete criminal background checks for all new employees.</p> <p>4) Records for new hires will be reviewed for compliance monthly x 3 months. Findings will be reported to the QAPI Committee for further recommendation.</p> <p>1) Facility staff failed to ensure sworn statements were documented prior to hire for 4 of 25 employees.</p> <p>2) Residents have the potential to be affected if facility staff fail to ensure sworn statements are documented prior to hire. New hires in the last 30 days will be reviewed for the presence of sworn statements. Any variances will be addressed</p> <p>3) Administrator or designee will provide education to Human Resources regarding the requirements to ensure sworn statements are documented prior to hire.</p> <p>4) Records for new hires will be reviewed for the presence of sworn statements monthly x 3 months. Findings will be reported to the QAPI Committee for further recommendation.</p> <p>1) Facility staff failed to follow policy and procedure regarding hiring process for 9 of 25 records.</p> <p>2) Residents have the potential to be affected if facility staff fail to follow center hiring process. Facility staff hired in the last 30 days will be reviewed for the presence of reference checks and variances will be addressed.</p> <p>3) Administrator or designee will provided education to Human Resources</p>	

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F 001	<p>Continued From page 2</p> <p>The findings included:</p> <p>A review of employee records was conducted on 06/19/2019. Upon review of the records, there was no Criminal Background Check documented in the file for record numbers 3, 5, 19, and 23.</p> <p>At the end of day meeting on 06/19/2019, Administrative Staff Member (ASM) #1, the Facility Administrator, was asked to review the employee records and provide this surveyor with the missing information.</p> <p>On the morning of 06/20/2019 at 9:30a.m., ASM #1 stated that they had no further documentation of the missing items from the employee records.</p> <p>The Administrator and Director of Nursing were informed of the findings at the end of day meeting on 06/20/2019. No further documentation was provided.</p> <p>12VAC5-371-110(B)(3) - Management and Administration</p> <p>Based on facility documentation review and staff interview, facility staff failed to follow their own policy regarding the hiring process for 9 of 25 employee records reviewed.</p> <p>For record numbers 2, 3, 13, 14, 15, 16, 17, 22, and 23, facility staff failed to check the candidate's references.</p> <p>The findings included:</p> <p>A review of employee records was conducted on 06/19/2019. Upon review of the records, there was no documentation of candidate references being reviewed for record numbers 2, 3, 13, 14,</p>	F 001	<p>regarding center policy and procedure for hiring process.</p> <p>4) Records for new hires will be reviewed for the presence of sworn statements monthly x 3 months. Findings will be reported to the QAPI Committee for further recommendation.</p> <p>12VAC-371-220 (A)(B)(D) cross reference to F700</p> <p>12VAC-371-110 cross reference to F625</p>	

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F 001	<p>Continued From page 3</p> <p>15, 16, 17, 22, and 23.</p> <p>At the end of day meeting on 06/19/2019, Administrative Staff Member (ASM) #1, the Facility Administrator, was asked to review the employee records and provide this surveyor with the missing information.</p> <p>On the morning of 06/20/2019 at 9:30a.m., ASM #1 stated that they had no further documentation of the missing items from the employee records.</p> <p>The facility policy on Hiring was reviewed, and revealed the following:</p> <p>Under the heading "Procedure", Item B "References" states: "Check all references before extending a job offer. (Two (2) references required)."</p> <p>The Administrator and Director of Nursing were informed of the findings at the end of day meeting on 06/20/2019. No further documentation was provided.</p> <p>12VAC5-371-220. Nursing Services 12VAC5-371-220(A)(B)(D) cross reference to F700 12VAC5-371-110 Management and Administration Cross reference to F625</p>	F 001		

