PRINTED: 07/16/2019 FORM APPROVED State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED VA0003 B. WING 06/20/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8575 RIXLEW LANE MANASSAS HEALTH AND REHAB CENTER MANASSAS, VA 20109 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) F 000 Initial Comments F 000 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 001 Non Compliance F 001 7/23/19 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 12VAC-371-140 Cross reference to F622, Cross references to F622, F623 F623 12VAC-371-150 Cross reference to F622 12VAC5-371-150. Resident Rights. and F623 Cross reference to F622, F623 12VAC-371-250 A8 cross reference to 12VAC-371-250 F cross reference to F656 Resident Assessment and Care Planning 12VAC-371-220 A cross reference to F690 12VAC5-371-250 A8 cross reference F641 and F697 12VAC5-371-250 F cross reference F656 12VAC-371-180 A cross reference to F880 Nursing Services 1) Facility staff failed to ensure criminal 12VAC5-371-220 A cross reference F690 & F697 background checks were completed within

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE **Electronically Signed**

12VAC5-371-180 A cross reference F880

12VAC5-371-140(E)(3)(B) - Criminal Background

Based on facility documentation review and staff

interview, facility staff failed to ensure a Criminal

TITLE

addressed.

KZ7C11

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

3) Administrator or designee will provide

(X6) DATE 07/07/19

Checks

Infection Control

	*		
9			

State of Virginia
STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 001	Continued From p	page 1	F 001			143
	of hire for 4 of 25 For record number			education to Human Resource Coordinator regarding the recomplete criminal backgroun all new employees. 4) Records for new hires wifer compliance monthly x 3 m Findings will be reported to the Committee for further recomm	quirement to d checks for If be reviewed nonths. ne QAPI	5)
	A review of emplo 06/19/2019. Upon was no Criminal E in the file for record At the end of day Administrative Sta Facility Administrative employee records the missing inform On the morning o #1 stated that the	eyee records was conducted on a review of the records, there Background Check documented and numbers 3, 7, 13, and 24. Immeeting on 06/19/2019, aff Member (ASM) #1, the lator, was asked to review the stand provide this surveyor with		1) Facility staff failed to ens statements were documented for 4 of 25 employees. 2) Residents have the poter affected if facility staff fail to estatements are documented. New hires in the last 30 days reviewed for the presence of statements. Any variances wanddressed 3) Administrator or designed education to Human Resource the requirements to ensure statements are documented.	ure sworn d prior to hire Intial to be ensure sworn prior to hire. will be sworn ill be e will provide ees regarding worn	
	informed of the fir	and Director of Nursing were ndings at the end of day meeting of further documentation was		 Records for new hires wi for the presence of sworn sta monthly x 3 months. Findings reported to the QAPI Commit further recommendation. 	tements will be	
	Based on facility of interview, facility of Statements were 25 records review.	- Sworn Statement documentation review and staff staff failed to ensure Sworn documented prior to hire for 4 of yed. ers 3, 5, 19, and 23, facility staff ation of the employee's Sworn		 Facility staff failed to follow procedure regarding hiring profits of 25 records. Residents have the potential facility staff fail to fail t	ntial to be ollow center ired in the for the s and	

State of Virginia
STATEMENT OF DEFICIENCIES

TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 001 Continued From page 2 F 001	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8575 RIXLEW LANE MANASSAS HEALTH AND REHAB CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 8575 RIXLEW LANE MANASSAS, VA 20109 (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 001 Continued From page 2 F 001 The Continued From Page 2 F 001	2019	
(X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 001 Continued From page 2 MANASSAS, VA 20109 MANASSAS, VA 20109 MANASSAS, VA 20109 PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	0	
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	(X5) COMPLETE DATE	
The findings included.		
regarding center policy and procedure for hiring process. 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. 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. 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. 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. 12VAC5-371-110(B)(3) - Management and Administration 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. For record numbers 2, 3, 13, 14, 15, 16, 17, 22, and 23, facility staff failed to check the candidate's references. The findings included: 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, 15.		

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provided.

F700

Administration

Cross reference to F625

informed of the findings at the end of day meeting on 06/20/2019. No further documentation was

12VAC5-371-220(A)(B)(D) cross reference to

12VAC5-371-220. Nursing Services

12VAC5-371-110 Management and

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