State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		VA0154	B. WING		07/	18/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
MANOR	CARE HEALTH SERV	ICES-IMPERIAL	.LEVUE AVE ND, VA 2322			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDENCY)	D BE	(X5) COMPLETE DATE
F 000	Initial Comments		F 000			
F 001	An unannounced bit Inspection was con 07/18/2019. Correct compliance with the Regulations for the Facilities. The census in this 198 at the time of the consisted of 54 resin Non Compliance The facility was out following state licento This RULE: is not roughly 12 VAC 5 - 371 - 25 to F554 12 VAC 5 - 371 - 140 references to F 583 12 VAC 5 - 371 - 146 12 VAC 5 - 371 - 146 13 VAC 5 - 371 - 146 14 VAC 5 - 371 - 146 15 VAC 5 - 371 - 146 16 VAC 5 - 371 - 25 17 VAC 5 - 371 - 146 18 VAC 5 - 371 - 25 19 VAC 5 - 371 - 25	of compliance with the sure requirements: met as evidenced by: 0 A 13.G - cross references 0 A - cross references to F	F 001	F – 001 The statements made on this place correction are not an admission of do not constitute an agreement of the alleged deficiencies cited here remain in compliance with all feand state regulations, the center taken or will take the actions set of the following plan of corrections constitutes the center's allegation compliance. All alleged deficient cited have been or will be corrected the date or dates indicated. It is the intended practice of this to ensure reference checks a completed. 1. Upon notification surveyor on 7-18-administration staffing educated by the Administrator of completing reference checks. 2. Employees who are employed at the fact have the potential to affected.	to and within ein. To deral r has forth in on on of ocies ted by facility re of 19, were ence	8-29-19
		W. 12				

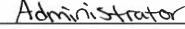
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

(X6) DATE

8-8-11





VDH/OLC

PRINTED: 07/30/2019 **FORM APPROVED**

State of Virginia

Ctate of thightne				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED	
	VA0154	B. WING	07/18/2019	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE				

MANORCARE HEALTH SERVICES-IMPERIAL

1719 BELLEVUE AVENUE

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 001	Continued From page 1 658 12 VAC 5 - 371 - 220 F - cross references to F 677 12VAC5-371-140. Policies and Procedures. Based on staff interview and facility document review, it was determined that the facility staff failed to ensure reference checks were completed for one of 25 employee record reviews. The facility staff failed to complete RN (registered nurse) #1's reference checks. The findings include: Review of RN #1's employee record revealed RN #1 was hired on 3/7/18. Further review of RN #1's employee record failed to reveal reference checks. There was no human resources director currently employed at the facility. On 7/18/19 at 2:10 p.m., an interview was conducted with OSM (other staff member) #5 (the human resources director at a sister facility). OSM #5 stated reference checks are supposed to be completed before employee orientation. OSM #5 confirmed she could not locate RN #1's reference checks. On 7/18/19 at 2:20 p.m., ASM (administrative staff member) #1 (the administrator) was made aware of the above concern. The facility document titled, "REFERENCE REQUESTS FOR PROSPECTIVE EMPLOYEES" documented, "7. Reference checks are to be	F 001	 Administration staff to be re-educated by the Administrator on the policy and procedure for reference checks. Human Resources Director and/or designee to audit newly hired employees for reference checks daily x 5 days and then 3 days a week x 3 weeks and then monthly x 2 months. The results of the random audits will be reported to the QAA Committee for review and follow up recommendations as indicated. The facility's alleged date of compliance will be August 29, 2019. 	8-29-1

PRINTED: 07/30/2019

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DAT	E SURVEY	
AND PLAN OF CORRECTION				A. BUILDING:		COMPLETED	
		VA0154	B. WING		07/18/2019		
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE			
MANORO	CARE HEALTH SERV	ICES-IMPEDIAL 1719 BE	LLEVUE AVE	NUE			
		RICHMO	ND, VA 2322	7			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX			(X5) COMPLETS	
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE DEFICIENCY)		DATE	
F 001	Continued From pa	ige 2	F 001			8-29-19	
		in offer of employment is					
ľ		secure a reference prior to an					
		it, the offer is to be made ccessful completion of the					
ľ		reference-check process. Employment should					
	not commence until all references have been						
	obtained."		ĺ			55	
	No further information was presented prior to exit.						
	12VAC5-371-220. N cross reference to F						
	12VAC5-371-360. C						
	cross reference to F Nursing Services	·842.					
		cross reference to F697]				
] [
						1	