

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0154</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/18/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MANORCARE HEALTH SERVICES-IMPERIAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1719 BELLEVUE AVENUE RICHMOND, VA 23227</b>
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(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 000	Initial Comments  An unannounced biennial State Licensure Inspection was conducted 07/16/2019 through 07/18/2019. Corrections are required for compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities.  The census in this 128 certified bed facility was 98 at the time of the survey. The survey sample consisted of 54 resident reviews.	F 000	F - 001  <i>The statements made on this plan of correction are not an admission to and do not constitute an agreement within the alleged deficiencies cited herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated</i>	
F 001	Non Compliance  The facility was out of compliance with the following state licensure requirements:  This RULE: is not met as evidenced by: 12 VAC 5 - 371 - 250 A 13.G - cross references to F554  12 VAC 5 - 371 - 220 A - cross references to F 558  12 VAC 5 - 371 - 140 D 15.15 a. - cross references to F 583  12 VAC 5 - 371 - 140 D 2. - cross references to F 622  12 VAC 5 - 371 - 140 D. 2 - cross references to F 623  12 VAC 5 - 371 - 250 A - cross references to F 641  12 VAC 5 - 371 - 250 G - cross references to F 656  12 VAC 5 - 371 - 200 B 1 - cross references to F	F 001	It is the intended practice of this facility to ensure reference checks are completed.  1. Upon notification of surveyor on 7-18-19, administration staff were educated by the Administrator on completing reference checks.  2. Employees who are employed at the facility have the potential to be affected.	8-29-19

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

*[Signature]* Administrator

TITLE

(X6) DATE

8-8-19

State of Virginia

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F 001	<p>Continued From page 1</p> <p>658</p> <p>12 VAC 5 - 371 - 220 F - cross references to F 677</p> <p>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.</p> <p>The facility staff failed to complete RN (registered nurse) #1's reference checks.</p> <p>The findings include:</p> <p>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.</p> <p>There was no human resources director currently employed at the facility.</p> <p>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.</p> <p>On 7/18/19 at 2:20 p.m., ASM (administrative staff member) #1 (the administrator) was made aware of the above concern.</p> <p>The facility document titled, "REFERENCE REQUESTS FOR PROSPECTIVE EMPLOYEES" documented, "7. Reference checks are to be</p>	F 001	<ol style="list-style-type: none"> <li>3. Administration staff to be re-educated by the Administrator on the policy and procedure for reference checks.</li> <li>4. 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.</li> <li>5. The facility's alleged date of compliance will be August 29, 2019.</li> </ol>	8-29-19

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F 001	<p>Continued From page 2</p> <p>conducted before an offer of employment is made. If unable to secure a reference prior to an offer of employment, the offer is to be made contingent upon successful completion of the reference-check process. Employment should not commence until all references have been obtained."</p> <p>No further information was presented prior to exit.</p> <p>12VAC5-371-220. Nursing Services cross reference to F580.</p> <p>12VAC5-371-360. Clinical Records cross reference to F842. Nursing Services 12VAC5-371-220 B cross reference to F697</p>	F 001		8-29-19