

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0413	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/08/2018
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NAME OF PROVIDER OR SUPPLIER ASHBY PONDS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 21160 MAPLE BRANCH TERRACE ASHBURN, VA 20147
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F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 06/06/18 through 06/08/18. Corrections are required for compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census at this 44 certified bed facility was 40 at the time of the survey. The survey sample consisted of 13 current residents, Residents #35, 19, 29, 32, 5, 24, 148, 30, 39, 41, 13, 44, and 25 and two closed records, Residents #46a and 46b.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: 12VAC5-371.140. E.3 Based on staff interview and facility document review, it was determined facility staff failed to ensure license verification and background checks were completed on two of 25 employee prior to employment and to ensure that all licenses were active for one of 25 employees in the employee records review, CNA #4 and OSM #8, an occupational therapist.</p> <p>1. Facility staff failed to obtain the background check on CNA #4 until 44 days after employment and facility staff failed to verify that that the CNA's certification that had expired in 3/2018 until 6/7/18.</p> <p>2. Facility staff failed to verify OSM #8's an occupational therapist license until 55 days following employment.</p>	F 001	<p>12VAC5-371.140. E.3</p> <p>1. Facility did complete background check, licensed verification for CNA #4. Facility also completed licensed verification for OSM #8. No negative findings. 2. HR manager will complete a 100% audit for all new hires starting 5/1/18 to current date. 3. NHA or designee will educate all HR staff on Erickson Living abuse prevention policy which indicates staff will have criminal background checks completed and licensing/certifications verified for good standing. 4. HR Manager will audit all new hires for complete background checks and licensed verifications prior to hire X 3 months starting July 2018. All findings will be brought to our monthly QA/QI</p>	7/20/18

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

TITLE

(X6) DATE

Electronically Signed

06/27/18

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F 001	<p>Continued From page 1</p> <p>The findings include:</p> <p>1. CNA (certified nursing assistant) #4 was employed at the facility on 9/10/17. Review of the employee records for CNA #4 did not evidence documentation of the background check prior to employment. CNA #4's certification found in the file had expired on 3/2018.</p> <p>On 6/7/18 at 1:15 p.m., a request from OSM (other staff member) #1, the human resources manager, was made for a copy of CNA #4's background check and current certification.</p> <p>On 6/7/18 at 4:10 p.m., OSM #1 returned and stated, "It (the background check) was missed. We have a copy of her license but we don't have the license look-up." When asked why staff had background checks prior to employment, OSM #1 stated, "To make sure they don't have any barrier crimes or other concerns when taking care of the residents." When asked why staff did a license look-up, OSM #1 stated, "You're looking for public information or cases by the board." A request for the number of hours CNA #4 worked with residents prior to having a background check completed was requested.</p> <p>On 6/7/18 at 4:45 p.m., OSM #1 returned with the information. CNA #4 worked with residents for 70.25 hours prior to having the background check completed.</p> <p>An interview was conducted on 6/7/18 at 4:20 p.m. with ASM (administrative staff member) #1, the administrator. When asked when a background check was conducted, ASM #1 stated, "It should be before hire. It's done in the HR (human resources) department." Why asked why a background check was done, ASM #1</p>	F 001	<p>Meetings.</p> <p>F 658 cross references to VA12VAC5-371.220.B</p> <ol style="list-style-type: none"> 1. Clarification order was received for resident #29 to change medication to a form that can be crushed. Clarification orders were received for all residents requiring crushed meds. Clarification for oxygen on resident #44 was received on 6/8/18. 2. DON or designee will complete a 100% medication observation of licensed nurses. DON or designee will also complete a 100% audit of residents currently on oxygen to ensure accuracy of orders. 3. SDC or designee will educate licensed nurses on medications that cannot be crushed. SDS or designee will also educate nurses on the Erickson Living physician's order policy. 4. Clinical Manager will complete a 10% audit of all residents X 3 months to ensure medications are administered according to manufactures instructions. Clinical Manger will also complete a 100% audit X 3 months of oxygen orders. All findings will be brought to our monthly QA/QI meetings for review. <p>F 759 cross references to VA12VAC5-371.220.B</p> <ol style="list-style-type: none"> 1. Physician notified omeprazole and diltiazem were crushed and administered. 2. DON or designee will review orders of residents receiving crushed meds to 	

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F 001	<p>Continued From page 2</p> <p>stated, "To ensure the safety of our residents."</p> <p>Review of the facility's policy titled, "Abuse Prevention" documented, "Purpose/Scope: To minimize the risk of abuse to residents. This policy applies to all staff (corporate and community) who work in communities" enterprise wide in all departments. Procedure: 1 Staff will have criminal background checks completed and licensing /certification verified for good standing."</p> <p>No further information was provided prior to exit.</p> <p>2. Facility staff failed to verify OSM #8's license until 55 days following employment.</p> <p>Review of the employee records for OSM #8 did not evidence documentation regarding the occupation therapy license look-up. When asked why staff did a license look-up, OSM #1 stated, "You're looking for public information or cases by the board." A request for the number of hours OSM #8 worked with residents prior to having her license verified was requested at that time.</p> <p>On 6/7/18 at 4:45 p.m., OSM #8 returned with the information. OSM #8 had worked with resident for 862 hours prior to have the license verified.</p> <p>On 6/7/18 at 1:15 p.m., a request was made from OSM (other staff member) #1, the human resources manager, for a copy of OSM #8's license look-up prior to employment.</p> <p>On 6/7/18 at 4:10 p.m., OSM #1 returned and stated, "We have a services (named the service) and they did not do the license look-up." When asked who was ultimately responsible to ensure a</p>	F 001	<p>ensure appropriate form of medication is administered.</p> <p>3. SDC or designee to educate licensed nurses on medications that should not be crushed.</p> <p>4. Clinical Manager will audit medication orders for residents requiring crushed medications to ensure medication is administered per manufacture's guidelines. All finding will be brought to our monthly QA/QI meeting for review.</p> <p>F 761 cross references to 12VAC5-371-300. Pharmaceutical</p> <p>1. Locking of the medication cabinet was immediately locked 6/7/18.</p> <p>2. DON or designee will complete a 100% audit of medication cabinets in ante-rooms during med pass to ensure medications cabinets are kept locked and secured.</p> <p>3. SDC or designee will educate licensed nurses to the Erickson Living medication administration receipt, storage and disposal policy.</p> <p>4. Clinical Manager will complete a 100% audit of medication cabinets in ante-rooms during med pass to ensure medications cabinets are kept locked and secured X 3 months starting July 2018. All findings will be brought to our monthly QA/QI meetings for review.</p>	
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F 001	<p>Continued From page 3</p> <p>license had been verified prior to an employee being employed, OSM #1 stated, "We are."</p> <p>Review of the facility's policy titled, "Abuse Prevention" documented, "Purpose/Scope: To minimize the risk of abuse to residents. This policy applies to all staff (corporate and community) who work in communities" enterprise wide in all departments. Procedure: 1 Staff will have criminal background checks completed and licensing /certification verified for good standing."</p> <p>No further information was provided prior to exit.</p> <p>F 658 cross references to VA 12VAC5-371.220.B</p> <p>F 759 cross references to VA 12VAC5-371.220.B</p> <p>F 761 cross references to 12VAC5-371-300. Pharmaceutical</p>	F 001		