

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/26/2018
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NAME OF PROVIDER OR SUPPLIER CONCORDIA TRANSITIONAL CARE AND REHAB-BAY	STREET ADDRESS, CITY, STATE, ZIP CODE 1148 FIRST COLONIAL RD VIRGINIA BEACH, VA 23454
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F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 10-23-18 through 10-26-18. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 112 licensed bed facility was 92 at the time of the survey. The survey sample consisted of 33 resident reviews.</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: 12 VAC 5-371-220(E). Cross Reference to F-550.</p> <p>12 VAC 5-371-300 (B). Cross Reference to F-554.</p> <p>12 VAC 5-371-150 (B). Cross Reference to F-582.</p> <p>12 VAC 5-371-370 (A). Cross reference to F-584.</p> <p>12 VAC 5-371-250 (G). Cross Reference to F-656.</p> <p>12 VAC 5-371-200 (B)(1)(ii). Cross Reference to F-658.</p> <p>12 VAC 5-371-280 (A). Cross Reference to F-679.</p> <p>12 VAC 5-371-220 (C)(1). Cross Reference to F-686.</p>	F 001	<p>COV 32.1-126.01</p> <p>1. Employee #2 signed a sworn disclosure.</p> <p>2.Residents have the potential to be affected.</p> <p>3.Contractd Staff will sign sworn disclosures prior to working at this facility. The Administrator and/or Designee will review sworn disclosures for new staff prior to start date to ensure disclosure has been signed. This will be ongoing.</p> <p>4.Any noted discrepancies will be immediately addressed, recorded and forwarded monthly for three months, or until compliance is sustained, to the Quality Assurance Committee for review and further recommendation.</p>	12/10/18

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

Electronically Signed

TITLE

(X6) DATE

11/18/18

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F 001	<p>Continued From page 1</p> <p>12VAC 5-371-220 (A). Cross Reference to F-689.</p> <p>12 VAC 5-371-220 (C)(5). Cross Reference to F-692.</p> <p>12 VAC 5-371-270 (A). Cross Reference to F-745.</p> <p>12 VAC 5-371-180 (A). Cross Reference to F-880.</p> <p>1. COV 32.1-126.01 Based on staff interview and employee record review the facility staff failed to obtain a sworn statement prior to hire for 1 employee (Employee #2) of 25 employees.</p> <p>Employee #2 did not have a sworn statement in the employee file.</p> <p>The findings included:</p> <p>Employee records were reviewed with Employee D during the survey. During the review, it was identified that Employee #2 had not signed a sworn statement. Employee D stated that she would look into the issue.</p> <p>On 10/26/18 at 9:15 a.m., Employee D stated that Employee #2 did not have a sworn statement. Employee D stated that Employee #2 was a physical therapist employed by a contract agency. Employee D stated that the contracted agency did not require a sworn statement to be signed prior to hire because they were based in New York state.</p> <p>At the end of day meeting on 10/26/18, the</p>	F 001	<p>12 VAC 5-371-150</p> <p>1. Concordia Bay Pointe is registered to receive automatic notification from the sex offender registry.</p> <p>2. Residents have the potential to be affected.</p> <p>3. The Administrator and/or Designee will conduct random weekly notification compliance reviews for 12 weeks.</p> <p>4. Any noted discrepancies will be immediately addressed, recorded and forwarded monthly for three months, or until compliance is sustained, to the Quality Assurance Committee for review and further recommendation.</p> <p>12 VAC 5-371-210(F)(1)</p> <p>1. State nurse aide registry checks have been performed for the missing Certified Nursing Assistant (CNA) records.</p> <p>2. Residents have the potential to be affected.</p> <p>3. The Administrator and/or designee will educate the Payroll Benefits Coordinator and/or back up/designee on the onboarding licensure verification process for licensed staff. The Administrator and/or Designee will review all licenses prior to licensed staff start date weekly for 8 weeks, then twice a month for one month.</p>	

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F 001	<p>Continued From page 2</p> <p>Administrator, Director of Nursing and Corporate Staff were notified that Employee #2 did not have a sworn statement because it was not required by the contracted agency.</p> <p>2. 12 VAC 5- 371-150 Based on staff interview and facility documentation review the facility failed to register with the Virginia State Police to receive automatic notification from the sex offender registry.</p> <p>Prior to the survey, no facility staff was registered to receive automatic notification from the sex offender registry.</p> <p>The findings included:</p> <p>On 10/26/18 at 8:30 a.m., the Administrator was asked to share an example of an automatic notification the facility had received from the sex offender registry. She was working with another surveyor at the time and stated she would follow up.</p> <p>On 10/26/18 at 9:50 am., the Admissions Director was asked if she knew who at the facility was registered to receive the automatic notifications. She stated that she had just registered earlier in the morning to receive the notifications. When asked if anyone at the facility had been registered prior, she stated no.</p> <p>At the end of day meeting on 10/26/18, the Administrator Director of Nursing and Corporate Nurse were notified of the issue.</p>	F 001	<p>4.Any noted discrepancies will be immediately addressed, recorded and forwarded monthly for three months, or until compliance is sustained, to the Quality Assurance Committee for review and further recommendation.</p> <p>12 VAC 5-371-210(F)(1)</p> <p>1.State licensing board checks have been performed for the missing Licensed Nurse records.</p> <p>2.Residents have the potential to be affected.</p> <p>3.The Administrator and/or designee will educate the Payroll Benefits Coordinator and/or back up/designee on the onboarding licensure verification process for licensed staff. The Administrator and/or Designee will review all licenses prior to licensed staff start date weekly for 8 weeks, then twice a month for one month.</p> <p>4.Any noted discrepancies will be immediately addressed, recorded and forwarded monthly for three months, or until compliance is sustained, to the Quality Assurance Committee for review and further recommendation.</p>	
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F 001	<p>Continued From page 3</p> <p>3. 12 VAC 5- 371-210 (F)(1) Based on staff interview and employee record review the facility staff failed to verify certification of nursing assistants with the State nurse aide registry prior to hire for 3 nursing assistants.</p> <p>It was identified during the employee record review that the credentials of a total of 3 certified nursing staff was not verified prior to hire or verified at all.</p> <p>The findings included:</p> <p>Employee records were reviewed during the survey. The following issues were identified when reviewing employee records:</p> <ol style="list-style-type: none"> 1. Employee #10 was hired as a Certified Nursing Assistant (CNA) on 7/31/18. Her certification was verified after hire on 8/28/18. 2. Employee #18 was hired as a CNA on 2/6/18. Her license was never verified. 3. Employee #19 was hired as a CNA on 8/14/18. Her certification was verified after hire on 8/15/18. <p>At the end of day meeting on 10/25/18, the Administrator was asked if the facility had a Human Resources staff. The Administrator stated that she and the payroll employee shared the role. When asked who was responsible for checking the certifications of potential new hires, the Administrator stated that the hiring manager would be responsible.</p> <p>At the end of day meeting on 10/26/18 held with the Administrator, Director of Nursing and Corporate Staff, the names of the three staff that had a late license/ certification check or no check at all were shared with the facility administration.</p>	F 001		

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F 001	<p>Continued From page 4</p> <p>4. 12 VAC 5- 371-210 (F)(1) Based on staff interview and employee record review the facility staff failed to verify licensure with the State licensing board prior to hire for 5 nurses.</p> <p>It was identified during the employee record review that the credentials of a total of 5 licensed nursing staff were not verified prior to hire or verified at all.</p> <p>The findings included:</p> <p>Employee records were reviewed during the survey. The following issues were identified when reviewing employee records:</p> <ol style="list-style-type: none"> 1. Employee #4 was hired as a Licensed Practical Nurse (LPN) on 3/6/18. The license was verified after hire on 3/9/18. 2. Employee #8 was hired as a Registered Nurse (RN) on 3/6/18. Her license was never verified. 3. Employee #9 was hired as a RN on 5/8/18. Her license was never verified. This employee was working during the survey. 4. Employee #13 was hired as a LPN on 3/27/18. Her license was never verified. 5. Employee #15 was hired as a RN on 3/27/18. Her license was never verified. <p>At the end of day meeting on 10/25/18, the Administrator was asked if the facility had a Human Resources staff. The Administrator stated that she and the payroll employee shared the role. When asked who was responsible for checking the licenses of potential new hires, the Administrator stated that the hiring manager would be responsible.</p>	F 001		

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F 001	Continued From page 5 At the end of day meeting on 10/26/18 held with the Administrator, Director of Nursing and Corporate Staff, the names of the five staff that had a late license check or no check at all were shared with the facility administration.	F 001		