

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0249</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/12/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE LAURELS OF UNIVERSITY PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2420 PEMBERTON RD RICHMOND, VA 23233</b>
---	--

(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	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 5/10/2021 through 05/12/2021. Corrections are required for compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 145 bed certified facility was 126 at the time of the survey. The survey sample consisted of 38 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: 12VAC5-371-110. Management and Administration. Cross reference to F625</p> <p>12VAC5-371-140. Policies and Procedures Cross references to F622, F623</p> <p>12VAC5-371-150. Resident Rights. Cross reference to F622, F623, F625</p> <p>12VAC5-371-250. Resident Assessment and Care Planning Cross reference to F655 and F656.</p> <p>12VAC5-371-220. Nursing Services Cross reference to F693</p> <p>12VAC5-371-210. Nurse staffing Cross reference to F-730</p> <p>12VAC5-371-140. Policies and procedures. See below citation</p>	F 001	<p>12VAC5-371-110 Management and Administration. Cross reference to F625</p> <p>12VAC5-371-140. Policies and Procedures Cross reference to F622, F623</p> <p>12VAC5-371-150. Resident Rights. Cross reference to F622, F623, F625</p> <p>12VAC5-371-250. Resident Assessment and Care Planning. Cross reference to F655 and F656</p> <p>12VAC5-371-220. Nursing Services Cross Reference to F693</p> <p>12VAC5-371-210. Nurse Staffing Cross Reference to F-730</p> <p>12VAC5-371-140 Policies and Procedures</p>	6/15/21

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

TITLE

(X6) DATE

Electronically Signed

06/04/21

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0249</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/12/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE LAURELS OF UNIVERSITY PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2420 PEMBERTON RD RICHMOND, VA 23233</b>
---	--

(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	<p>Continued From page 1</p> <p>Based on staff interview and facility document review, it was determined that the facility staff failed to evidence verification of background check results or verification of a current license prior to employment in accordance with the laws of the State of Virginia, for four of 25 employee records reviewed.</p> <p>The findings included:</p> <p>On 5/11/21 at approximately 2:30 p.m., the employee records for newly hired employees within the past two years were reviewed. Review of the employee records failed to produce evidence of primary source license verifications prior to employment or background check results for four staff members.</p> <p>The employees identified were:</p> <p>LPN (licensed practical nurse) #3's employee record was reviewed. LPN #3's employee record documented they were hired as an LPN with (Name of facility) on 7/28/20. Further review of LPN #3's employee record failed to evidence a primary source license verification prior to employment.</p> <p>LPN (licensed practical nurse) #6's employee record was reviewed. LPN #6's employee record documented they were hired as an LPN with (Name of facility) on 9/9/20. Further review of LPN #6's employee record failed to evidence a primary source license verification prior to employment. LPN #6's employee record further documented a criminal background check performed prior to employment with results documenting "in progress." The employee record failed to evidence results of the criminal</p>	F 001	<p>Facility has current license verifications for LPN #3, LPN #7, and LPN #8 and we have obtained a background check for LPN #6.</p> <p>Licensed staff hires are at risk for this citation.</p> <p>Facility will review current Licensed staff to ensure we have record of initial primary source license on file. Will also review this group for evidence of completed criminal background checks. Corrections will be made as needed.</p> <p>Payroll Benefits coordinator has been educated on requirement that primary source license verification must be retained and that criminal background checks will be obtained prior to start date.</p> <p>Administrator or designee will audit new licensed hires monthly for 3 months to ensure primary license source and criminal background check was obtained prior to hire. Additional education and or counseling will be provided as indicated. Concerns will be reported by the Administrator/Designee to the Quality Assurance Committee.</p> <p>Continued compliance will be monitored through the quality assurance program. Additional education and monitoring will be initiated for any identified concerns.</p> <p>Nursing Services 12VAC5-371-250 G cross reference to F656</p>	

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0249</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/12/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE LAURELS OF UNIVERSITY PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2420 PEMBERTON RD RICHMOND, VA 23233</b>
---	--

(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	<p>Continued From page 2</p> <p>background check performed prior to employment on 9/9/20.</p> <p>LPN (licensed practical nurse) #7's employee record was reviewed. LPN #7's employee record documented they were hired as an LPN with (Name of facility) on 11/4/20. Further review of LPN #7's employee record failed to evidence a primary source license verification prior to employment.</p> <p>LPN (licensed practical nurse) #8's employee record was reviewed. LPN #8's employee record documented they were hired as an LPN with (Name of facility) on 10/5/20. Further review of LPN #8's employee record failed to evidence a primary source license verification prior to employment.</p> <p>On 5/12/21 at approximately 8:30 a.m., an interview was conducted with OSM (other staff member) #6, the payroll coordinator. OSM #6 stated that they verified staff licenses prior to their first day working but they did not retain the original primary source verification in the file. OSM #6 stated that they had pulled the current active primary source verifications for LPN #3, LPN #8, LPN #7 and LPN #6 in April of 2021 and only had those in the files. OSM #6 stated that they threw the old verifications away and replaced them with the current ones. OSM #6 stated that they were not aware that they should have the original primary source verification prior to employment in the employee file but understood that it documented that they had checked the license prior to employing the individual in the facility. OSM #6 stated that they did not know why the background check in LPN #6's record showed a status of "in progress," and they would have to check to get the results to place in the</p>	F 001		
-------	--	-------	--	--

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0249</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/12/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE LAURELS OF UNIVERSITY PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2420 PEMBERTON RD RICHMOND, VA 23233</b>
---	--

(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	<p>Continued From page 3</p> <p>file.</p> <p>The state regulation 12VAC5-371-140 documented "E. Personnel policies and procedures shall include, but are not limited to: 3. An accurate and complete personnel record for each employee including: a. Verification of current professional license, registration, or certificate or completion of a required approved training course; b. Criminal record check; c. Verification that the employee has reviewed or received a copy of the job description ..."</p> <p>On 5/12/21 at approximately 11:15 a.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, ASM #3, the regional director of operations and ASM #5, the senior clinical transition specialist were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>Nursing Services 12VAC5-371-250 G cross reference to F656</p>	F 001		