

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B WING	(X3) DATE SURVEY COMPLETED 04/16/2021
NAME OF PROVIDER OR SUPPLIER FREDERICKSBURG HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3900 PLANK ROAD FREDERICKSBURG, VA 22407		
(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 04/13/2021 through 04/16/2021. Corrections are required for compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 177 bed certified facility was 92 at the time of the survey. The survey sample consisted of 24 current resident reviews and 5 closed record reviews.	F 000	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or is planning to take action set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or are to be corrected by the date or dates indicated F001	
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: Is not met as evidenced by: 12VAC5-371-150. Resident Rights. Based on staff interview it was determined the facility staff failed to enforce resident rights. The facility staff failed to register with the Department of State Police to receive notice of the registration of any sex offender within the same or a contiguous zip code area in which the facility is located. The findings include: On 04/13/2021 at approximately 11:15 a.m., a request was made to ASM [administrative staff member] # 1, administrator for evidence that the facility receives notice of the registration or reregistration of any sex offender within the same or a contiguous zip code area in which the facility is located.	F 001	1.) RN#1 her employment was terminated on 07/17/2019. RN#2 her employment was terminated on 01/08/2021. Certified Nursing Assistant #13, her employment was terminated on 03/31/2021. Certified Nursing Assistant # 14, remains an active employee and her missing State background check was ran on 04/14/21. Certified Nursing Assistant #15, her employment was terminated on 04/30/2020. Certified Nursing Assistant #16 and her employment was terminated on 02/29/2020. Certified Nursing Assistant #17, her employment was terminated on 08/02/2019. OSM #12, her employment was terminated on 06/15/2020. 2.) An audit was performed on HIR files to ensure that all employee files contain evidence of verification of a sworn statement, current license or certification, background checks and reference checks	

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

TITLE

(X8) DATE

STATE FORM

870E11

If continuation sheet 1 of 8

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NAME OF PROVIDER OR SUPPLIER FREDERICKSBURG HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3900 PLANK ROAD FREDERICKSBURG, VA 22407		
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F 001	<p>Continued From page 1</p> <p>On 04/13/2021 at approximately 11:15 a.m., a request was made to ASM (administrative staff member) # 1, administrator during the entrance conference for evidence that the facility receives notice of the registration or reregistration of any sex offender within the same or a contiguous zip code area in which the facility is located.</p> <p>On 04/14/21 at approximately 8:45 a.m. ASM # 1 stated there were multiple turnovers of the director of nursing during the past year and the previous administrator left in August and he was only one registered to received the sex offender emails. ASM # 1 further stated that the admissions director registered yesterday, [April 13, 2021] to receive the notifications. ASM # 1 further stated that they had been checking new admissions to the facility to determine if they were classified as sex offenders since they had started and provided evidence of those checks.</p> <p>On 04/14/2021 at approximately 4:30 p.m., ASM # 1, administrator and ASM # 2, director of nursing, were made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>Infection control 12VAC5-371-180 A cross reference to F695, F880</p> <p>Policies and procedures 12VAC5-371-140 E.3.e cross reference to F730</p> <p>12VAC5-371-140. Policies and procedures. See below citation</p> <p>Based on staff interview and facility document review, it was determined that the facility staff failed to evidence verification of a sworn statement, current license or certificate or</p>	F 001	<p>3.) The HR Director was re-educated on the documents that need to be part of the active employee files.</p> <p>4.) The Administrator and/or her designee will audit new employee files weekly times 3 months. The results of these audits will be discussed at the QAPI meeting.</p> <p>5.) Compliance Date: 5/18/2021</p> <p>F001</p> <p>1. The Admission's Director was immediately registered with Virginia State Police to receive notice of the registration of any sex offender within the same or a contiguous zip code area in which the facility is located.</p> <p>2. All residents residing in this facility are at risk to be affected by this practice.</p>	

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NAME OF PROVIDER OR SUPPLIER FREDERICKSBURG HEALTH AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 3900 PLANK ROAD FREDERICKSBURG, VA 22407
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F 001	<p>Continued From page 2</p> <p>perform reference checks in accordance with the laws of the State of Virginia, for eight of 25 employee records reviewed.</p> <p>The findings included:</p> <p>On 4/15/21 at approximately 7:45 AM, the employee records for newly hired employees within the past two years were reviewed. Review of the employee records failed to produce evidence of a sworn statement, license verifications or reference checks on file for eight staff members.</p> <p>The employees identified were:</p> <p>RN (registered nurse) #1's employee record was reviewed. RN #1's employee record documented they were hired as a RN with the facility on 6/26/19. Further review of RN #1's employee record failed to evidence any primary source verification from the Virginia Department of Health Professionals for a registered nurse license until 6/28/19.</p> <p>RN #2's employee record was reviewed. RN #2's employee record documented they were hired as a RN/Director of Nursing with the facility on 10/26/20. Further review of RN #2's employee record failed to evidence any sworn statement and reference checks.</p> <p>CNA (certified nursing assistant) #13's employee record was reviewed. CNA #13's employee record documented they were hired as a CNA with the facility on 4/1/20. Further review of CNA #13's employee record failed to evidence any criminal background check until 10/20/20.</p> <p>CNA #14's employee record was reviewed. CNA</p>	F 001	<p>3.)The Business Office manager and the Administrator will also sign up to receive sex offender automatic notifications.</p> <p>4.)Any findings will be discussed as part of the AM meeting as applicable</p> <p>5.) Compliance Date: 5/18/2021</p>	

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F 001	<p>Continued From page 3</p> <p>#14's employee record documented they were hired as a CNA with the facility on 10/29/19. Further review of CNA #14's employee record failed to evidence any criminal background check until 4/14/21.</p> <p>CNA #15's employee record was reviewed. CNA #15's employee record documented they were hired as a CNA with the facility on 3/12/20. Further review of CNA #15's employee record failed to evidence any criminal background check until 6/7/20 and failed to evidence any primary source verification from the Virginia Department of Health Professionals for a registered nurse aide until 3/19/20.</p> <p>CNA #16's employee record was reviewed. CNA #16's employee record documented they were hired as a CNA with the facility on 1/30/20. Further review of CNA #16's employee record failed to evidence any primary source verification from the Virginia Department of Health Professionals for a registered nurse aide until 3/12/20.</p> <p>CNA #17's employee record was reviewed. CNA #17's employee record documented they were hired as a CNA with the facility on 7/17/19. Further review of CNA #17's employee record failed to evidence any criminal background check and failed to evidence any primary source verification from the Virginia Department of Health Professionals for a registered nurse aide. CNA #17 was terminated from the facility.</p> <p>OSM (other staff member) #12's employee record was reviewed. OSM #12's employee record documented they were hired as a receptionist with the facility on 5/22/19. Further review of OSM #12's employee record failed to evidence</p>	F 001		

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FREDERICKSBURG HEALTH AND REHAB	3900 PLANK ROAD FREDERICKSBURG, VA 22407

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F 001	<p>Continued From page 4</p> <p>any criminal background check until 9/3/19.</p> <p>An interview was conducted on 4/15/21 at 8:57 AM with OSM (other staff member) #10, the human resources director. When asked about the process for obtaining sworn statements, primary source verification of license and references, OSM #10 stated, "It is my responsibility to maintain the employee files. I started in June 2019. Their hire date is the date they come for orientation. I would expect for their license, sworn statement and their reference checks to be completed prior to coming for orientation. For CNA #13, I could not find the original background check; it was not in her file. I looked for it in the state database, but it is outside of the window that I can retrieve it. I will ask the business office for a copy of the invoice for the request we had for her background check. For CNA #14, I could not find the original background check; it was not in her file. I looked for it in the state database, but it is outside of the window that I can retrieve it, so I printed it yesterday. For RN #2, she was hired through a recruiting agency and was here about two months. We are trying to get her information from the recruiting agency. For CNA #16, she did orientation then immediately had to have surgery and after her surgery, we did not have a position open".</p> <p>ASM (administrative staff member) #1, the administrator was informed of the employee record concerns at 10:00 AM.</p> <p>An interview was conducted on 4/15/21 at 11:48 AM with OSM #10, who stated, "I could not find any further information on CNA #17 or OSM #12. I will keep looking and let you know by end of business day 4/15/21".</p>	F 001		

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F 001	<p>Continued From page 5</p> <p>4/16/21 at 8:57 AM, and email from the administrator was received with CNA #13's name on the statement from Commonwealth of Virginia Department of State Police Central Criminal Records Exchange with date of completion of a background check on 3/27/20. However, no evidence that facility received the background check or the findings of the background check were provided.</p> <p>No further information was provided prior to exit.</p>	F 001		