State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	VA0202	A. BUILDING: ______ B. WING ______	C 07/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THREE RIVERS HEALTH & REHAB CENTER	**2960 CHELSEA ROAD** **WEST POINT, VA 23181**

(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 07/27/21 through 07/29/21. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Two complaints were investigated during the survey. The census in this 60 licensed bed facility was 58 at the time of the survey. The survey sample consisted of 22 resident reviews.	F 000		
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 5-371-150 (C) (D) (E) Cross Reference to F-574 12 VAC 5-371-210 (F) (G) Cross Reference to F-840 12 VAC 5-371-220 (B) Cross Reference to F-695 and F-760 12 VAC 5-371-220 (C) (1) Cross Reference to F-686 12 VAC 5-371-220 (C) (2) Cross Reference to F-688 12 VAC 5-371-220 (D) Cross Reference to F-677 12 VAC 5-371-220 (D) (E) (F) Cross Reference to F-550 12 VAC 5-371-250 (G) Cross Reference to F-656	F 001	12 VAC 5-371-150 (C) (D) (E) Cross Reference to F-574 12 VAC 5-371-210 (F) (G) Cross Reference to F-840 12 VAC 5-371-220 (B) Cross Reference to F-695 and F-760 12 VAC 5-371-220 (C) (1) Cross Reference to F-686 12 VAC 5-371-220 (C) (2) Cross Reference to F-688 12 VAC 5-371-220 (D) Cross Reference to F-677 12 VAC 5-371-220 (D) (E) (F) Cross Reference to F-550 12 VAC 5-371-250 (G) Cross Reference to	9/1/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		08/20/21

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F 001	Continued From page 1 COV 32.1-126.01 (A) Based on staff interview and facility documentation review, the facility staff failed to obtain a complete sworn statement prior to hire for 3 employees (CNA F, CNA G, and LPN C) in a sample of 25 employee records reviewed. The findings included: On 7/28/21, a review of a sample of 25 of the facility's employee files was conducted by Surveyor E. The reviews revealed the following: 1. CNA F's hire date was confirmed as 8/10/20. CNA F signed a sworn statement on 1/23/2021. Therefore, CNA F had not "sworn" to not having any convictions or pending charges of barrier crimes from 8/10/20-1/23/21, prior to being permitted to provide direct care to Residents. In addition, on the sworn statement signed 1/23/21, CNA F failed to answer questions 2 and 3. These questions ask if he/she had "Ever been convicted of a law violation(s) but excluding offenses committed before your eighteenth birthday that were finally adjudicated in a juvenile court or under a youth offender law? Are you the subject of any pending criminal charges"? 2. CNA G's hire date was confirmed as 3/4/21. CNA G signed a sworn statement on 5/19/2021. Therefore, CNA G was permitted to work directly with Residents within the facility without having	F 001	F-656 1. Complete sworn statements have been obtained for the 3 employees identified in the 2567. Copies are on file in the facility for employees identified in the 2567. 2. An audit has been completed on all current employee files to ensure a sworn statement has been obtained and all questions were answered. No further issues were identified. 3. The Human Resources Director/Designee will verify that all potential employees fully complete a sworn statement prior to employment. Completed forms will be kept on file and available in the facility. 4. The Human Resources Director/Designee will review the files of all potential employees to ensure that sworn statements are completed prior to any potential employee starts work at Three Rivers Health & Rehab Center. An employee file audit form has been developed to include the sworn statement form. The audit form will be completed prior to new employees being allowed to work in the facility. The Human Resources Director/Designee will review the audit forms monthly for completion to identify any patterns or trends and report to the Quality Assurance and Performance Improvement Committee quarterly. 5. Date of Compliance: 9/01/2021	

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F 001	Continued From page 2 "sworn" to not having any convictions or pending charges of barrier crimes. 3. LPN C's hire date was confirmed as 5/18/21. LPN C signed a sworn statement on 5/10/2021. However, LPN C failed to answer question 2. This question asked if he/she had "Ever been convicted of a law violation(s) but excluding offenses committed before your eighteenth birthday that were finally adjudicated in a juvenile court or under a youth offender law? On 7/28/21 at 4:06 PM, Surveyor E met with Employee J, the Human Resources Coordinator and the facility Administrator to review the above noted employee file findings. An interview was conducted with Employee J and she stated the purpose of and importance of a sworn statement is, "So they don't make false claims on their background checks and criminal offenses and make sure they don't have a criminal history or barrier crime". On 7/29/21 at approximately 11:00 AM, Surveyor E met with the Facility Administrator and Human Resources Coordinator/Employee J to review the above noted findings and review any additional documents they had to submit. The above noted items were still outstanding/incomplete. On 7/29/21, review of the facility policy titled, "Abuse Prevention and Management Policy" was conducted. Page 5 of this policy read, "Virginia Specific Requirements: Screening. A) Each applicant will provide a sworn statement or affirmation disclosing any criminal convictions or any pending criminal chargers, whether within or outside the Commonwealth". The Administrator and Director of Nursing (DON)	F 001		

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F 001	Continued From page 3 were made aware of the findings again on 7/29/21 during the end of day meeting. No further information was received.	F 001		