State of Virginia
STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
	VA0202 B. WING			C <b>07/29/2021</b>		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, STA	ATE, ZIP CODE		
THREE RI	VERS HEALTH & REHA	B CENTER	SEA ROAD			
	T	WEST POI	NT, 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 CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	TION SHOULD BE COMPLETE THE APPROPRIATE DATE	
F 000	Initial Comments		F 000			
	07/29/21. The facility the Virginia Rules an Licensure of Nursing were investigated du	ucted 07/27/21 through y was not in compliance with d Regulations for the Facilities. Two complaints ring the survey.				
		licensed bed facility was 58 vey. The survey sample ent reviews.				
F 001	Non Compliance		F 001		9/1/21	
	The facility was out of following state licens	of compliance with the ure requirements:				
	This RULE: is not m 12 VAC 5-371-150 (0 to F-574	et as evidenced by: C) (D) (E) Cross Reference		12 VAC 5-371-150 (C) (D) (E) Cross Reference to F-574		
	12 VAC 5-371-210 (F F-840	F) (G) Cross Reference to		12 VAC 5-371-210 (F) (G) Cross Reference to F-840		
	12 VAC 5-371-220(I F-695 and F-760	B) Cross Reference to		12 VAC 5-371-220 (B) Cross Referen F-695 and F-760	ce to	
	12 VAC 5-371-220 (C F-686	C) (1) Cross Reference to		12 VAC 5-371-220 (C) (1) Cross Reference to F-686		
	12 VAC 5-371-220 (C F-688	C) (2) Cross Reference to		12 VAC 5-371-220 (C) (2) Cross Reference to F-688		
	12 VAC 5-371-220 (I F-677	D) Cross Reference to		12 VAC 5-371-220 (D) Cross Referen F-677	ce to	
	12 VAC 5-371-220 (E to F-550	D) (E) (F) Cross Reference		12 VAC 5-371-220 (D) (E) (F) Cross Reference to F-550		
	12 VAC 5-371-250 (C	G) Cross Reference to F-656		12 VAC 5-371-250 (G) Cross Referen	ce to	

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

TITLE (X6) DATE

Electronically Signed

08/20/21

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State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		VA0202	B. WING		C 07/29/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, STA	ATE, ZIP CODE		
THREE RI	VERS HEALTH & REHAE	3 CENTER	LSEA ROAD			
		WEST POI	NT, VA 23181			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
F 001	Continued From page	e 1	F 001			
				F-656		
				F-030		
	COV 32 1 126 01 (A)			Complete sworn statements have been obtained for the 3 employees  identified in the 3F67. Conice are an in-		
	COV 32.1-126.01 (A)			identified in the 2567. Copies are on f the facility for employees identified in		
	Based on staff intervi	ew and facility		2567.		
	documentation review	v, the facility staff failed to				
		orn statement prior to hire		2. An audit has been completed on		
		A F, CNA G, and LPN C) in a		current employee files to ensure a sw	orn	
	sample of 25 employe	ee records reviewed.		statement has been obtained and all		
				questions were answered. No further		
				issues were identified.		
	The findings included	:		3. The Human Resources		
	On 7/28/21 a review	of a sample of 25 of the		Director/Designee will verify that all potential employees fully complete a		
	facility's employee file			sworn statement prior to employment		
	Surveyor E.	oo waa aanaacaa by	Completed forms will be kept on file		•	
				available in the facility.		
	The reviews revealed	the following:				
		•		4. The Human Resources		
	1. CNA F's hire date v	was confirmed as 8/10/20.		Director/Designee will review the files	of	
	CNA F signed a swor	n statement on 1/23/2021.		all potential employees to ensure that		
		d not "sworn" to not having		sworn statements are completed prior		
		nding charges of barrier		any potential employee starts work at		
		1/23/21, prior to being		Three Rivers Health & Rehab Center.	An	
		direct care to Residents. In		employee file audit form has been		
		n statement signed 1/23/21,		developed to include the sworn stater	•	
		er questions 2 and 3. These		form. The audit form will be completed		
		ne had "Ever been convicted		prior to new employees being allowed	•	
	of a law violation(s) b	ur excluding ollenses ir eighteenth birthday that		work in the facility. The Human Resou Director/Designee will review the audi		
	_	ed in a juvenile court or		forms monthly for completion to identi	•	
	, , ,	er law? Are you the subject		any patterns or trends and report to the		
	of any pending crimin			Quality Assurance and Performance		
	, .g	<del>U</del>		Improvement Committee quarterly.		
	2. CNA G's hire date	was confirmed as 3/4/21.				
	CNA G signed a swor	n statement on 5/19/2021.		5. Date of Compliance: 9/01/2021		
		s permitted to work directly				
	with Residents within	the facility without having				

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NAME OF PROVIDER OR SUPPLIER  TREE TADDRESS, CITY, STATE, ZIP CODE  2980 CHELSEA ROAD  WEST POINT, VA 23181  PAPER RIVERS HEALTH & REHAB CENTER  2980 CHELSEA ROAD  WEST POINT, VA 23181  FREGULATORY OR LSC IDENTIFYING INFORMATION)  FREGULATORY OR LSC IDENTIFYING INFORMATION  FREGULATORY OR LSC IDENTIFYING INFORMATION  FROM IT AND INFORMATION INFORMATION  FREGULATORY OR LSC IDENTIFYING INFORMATION  FREGULATORY OR	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  TREE RIVERS HEALTH & REHAB CENTER  2960 CHELSEA ROAD WEST POINT, VA 23181  FOUL CACHEGRICIAN MIST RE PRECIDED BY FILL. PRICE RIVER HEALTH STREET OF DEPICENCIES (FACH DEFICIENCY MIST RE PRECIDED BY FILL. PRICE RIVER HEALTH STREET OF DEPICENCIES OF THE PROVIDERS THAN OF COMMECTION SHOULD BE CROSS-REPRENCED TO THE APPROPRIATE  FOOT  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 (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 have a criminal finderses and make sure they don't have a criminal finderses 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 cottached in properties.  On 7/29/21, review of the facility policy titled, "Abuse Prevention and Management Policy" was conducted. Page 50 fits 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".				A. BUILDING			
THREE RIVERS HEALTH & REHAB CENTER    DATE   SUMMARY STATEMENT OF DEFICIENCIES   DEFICIENCY MUST BE PRECEDED BY PILL   PROVIDER'S PLAN OF CORRECTION   (EACH CORRECTIVE ACTION SHOULD BE COMPLETE AT TAG)    FOOT   Continued From page 2   FOOT   FOOT			VA0202	B. WING			
THREE RIVERS HEALTH & REHAB CENTER  SUMMARY STARGEST OF SEPCIENCIES  RECOLLION ON U.S. IDENTIFYED STARGEST OF SEPCIENCIES  RECOLLION ON U.S. IDENTIFYED STARGEST OF SEPCIENCIES  FOOT  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 adjlicated in a juvenile court or under a youth offender law?  On 7/28/21 at 4:06 PM, Surveyor E met with Employee JI, the Human Resources Coordinator and the facility Administrator to review the above noted employee life 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 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 any pending criminal chargers, whether within or outside the Commonwealth".	NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
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	F 001	"sworn" to not having charges of barrier crire.  3. LPN C's hire date was LPN C signed a sworn. However, LPN C failed This question asked it convicted of a law vio offenses committed be birthday that were final court or under a youth.  On 7/28/21 at 4:06 Pt Employee J, the Humand the facility Admin noted employee file ficonducted with Employence of and importis, "So they don't make background checks a make sure they don't barrier crime".  On 7/29/21 at approxibite met with the Facility Resources Coordinate above noted findings documents they had to items were still outstand Con 7/29/21, review of "Abuse Prevention and conducted. Page 5 on Specific Requirement applicant will provide affirmation disclosing any pending criminal outside the Commonwer.	any convictions or pending mes.  vas confirmed as 5/18/21. In statement on 5/10/2021. In do answer question 2. If he/she had "Ever been lation(s) but excluding efore your eighteenth ally adjudicated in a juvenile in offender law?  M. Surveyor E met with an Resources Coordinator istrator to review the above indings. An interview was expected a sworn statement are false claims on their and criminal offenses and have a criminal history or a dimately 11:00 AM, Surveyor or Administrator and Human for/Employee J to review the and review any additional to submit. The above noted inding/incomplete.  If the facility policy titled, and Management Policy" was fee this policy read, "Virginia is: Screening. A) Each a sworn statement or any criminal convictions or chargers, whether within or wealth".	F 001			

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		VA0202	B. WING		C <b>07/29/2021</b>		
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE	, 0.720,202	_	
THREE RI	VERS HEALTH & REHA	3 CENTER	LSEA ROAD				
	T	WEST PO	OINT, VA 23181		T	_	
(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)		≣	
F 001	O1 Continued From page 3		F 001				
	were made aware of 7/29/21 during the en						
	No further information	n was received.					