STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	VA0282	A. BUILDING: _____ B. WING _____	06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YORK CONVALESCENT AND REHABILITATION CENT	113 BATTLE ROAD YORKTOWN, VA 23692

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F 000	Initial Comments An unannounced Biennial State Licensure Inspection was conducted 6-22-2021 through 6-23-2021. Corrections are required for compliance with Virginia Nursing Home regulations. No complaints were investigated during this survey. The census in this 120 licensed bed facility was 64 at the time of the survey. The survey sample consisted of 6 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: 12VAC 5-371-140 (E) (3)(a) Based on staff interview and facility documentation review, the facility staff failed to verify the renewal of an expired license for one employee (Employee #1) out of a sample size of 25 employees. The employee files were reviewed on 06/23/2021 at 10:00 A.M. A certified nursing assistant (CNA F), was hired on 7/11/19. The license verification was dated 6/18/19. The license expired on 5/30/20. CNA F (certified nursing assistant) continued to work with an expired license until October 15, 2020. According to the facility Administrator, CNA F continued to work an additional five months. She stated that she did not know why the license was not re-verified. When asked about the importance of licensure verification, The Administrator stated,	F 001	The date of completion serves as my allegation of compliance. 12VAC 5-371-140 (E) (3)(a) 1. Employee #1's license was immediately verified on June 23, 2021. A record of this verification has been filed in her personnel record. 2. All staff members who need professional licenses have been verified and are current. Any potential issues discovered were addressed immediately for follow-up and resolution, to include communicating the need for and obtaining an active license of the involved licensed staff member. 3. Professional licensees are verified at the time of hire and routinely to ensure licenses are current and active. A monthly check of all professional licenses requiring	8/6/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/02/21

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F 001	Continued From page 1 "They need to be licensed to have the job. For the resident's sake we need to know that they won't bring harm to the resident. The facility's scheduler is in charge of verifying licensure. She was not available for an interview during the survey. An excerpt from the facility's Abuse Prevention Policy dated 10/25/17 read, "Licensure verification is completed ...to ensure their license is current." 12VAC 5-371-220 (B) (H) Based on family and staff interviews, facility documentation, and clinical record review, the facility staff failed to ensure medications were given as directed by physician, and that the responsible party was notified of any changes in treatments, for one resident (Resident #4) in a survey sample of 6 Residents. For Resident #4, the facility staff failed to restart 2 medications that had been placed on hold by an on call physician, and failed to notify the resident's responsible party of the new orders to hold the medications. The findings included: Resident #4 was admitted to the facility on 09/23/2016. Diagnoses for Resident #4 included but are not limited to chronic respiratory failure, acute respiratory failure, acute kidney failure, congestive heart failure, lymphedema, vascular dementia, psychotic disorder, atrial fibrillation and major depressive disorder. Resident #4's Minimum Data Set (an assessment	F 001	renewal the following month is performed and communicated to the licensed staff involved. The professional license verification is filed in the employee's personnel record. Nursing secretary/ designee was educated regarding proper professional license verification and record keeping of staff member's licenses. 4. The Nursing Secretary/designee will audit 10% of licensed staff members weekly for 6 weeks to verify appropriate professional licenses are current and active. The Administrator/ designee will review the audit results for any patterns or trends and report any findings to our Quality Assurance Performance Improvement Committee. 12VAC 5-371-220 (B) (H) 1. Resident #4's medication orders were reviewed and verified with provider and started as ordered, with the responsible representative notified immediately. No adverse effects were noted on resident # 4. 2. All resident medical records were reviewed to ensure medication orders changes in the past 30 days have been properly documented, transcribed, and communicated with the responsible party. Any discrepancies discovered were addressed immediately for follow-up and resolution. 3. Nursing will be educated on reviewing physician's progress notes for medication orders and timely communication with responsible representatives. Physician	

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F 001	Continued From page 2 protocol) with an Assessment Reference Date of 4/23/21 coded Resident #4 as having a BIMS (Brief Interview of Mental Status) score of 9, indicating moderate cognitive impairment. In addition, the Minimum Data Set coded Resident #4 as requiring extensive assistance with all Activities of Daily Living care. Resident #4 was coded as unable to ambulate and is coded as using a wheelchair with staff assistance for mobility. On 6/22/21 at approximately 1:30 PM an interview was conducted with Resident #4's daughter who stated that they had a problem with Resident #4 getting her medications as ordered. She stated, "Her Lasix and Potassium were stopped by an on-call doctor sometime in April and we did not find out about it until a couple of days ago. I spoke to [Director of Nursing name redacted], and she informed me the medications had been stopped in April but they restarted them yesterday [6/21/21]." On 6/23/21 a review of the clinical record revealed the medications had been stopped on April 30th 2021 and restarted on 6/21/21. Excerpts from the progress notes are as follows: "4/30/21 3:04 PM - Resident behaviors has [sic] increased since yesterday. Resident yelling out continuously resident spitting on floor. Per daughter resident is hallucinating. Resident c/o [complained of] during urination [sic] Resident had emesis X [times] 1 small amount of clear liquid with undigested food. Resident last bm [bowel movement] 4/29/21. Resident redirected, fluids encouraged during shift resident fluid intake good, resident was given ginger ale and saltine crackers for N/V [nausea/vomiting]. V/s [vital	F 001	progress notes are reviewed routinely. Upon noting of resident's medication change, nurse on duty is responsible for notifying resident's responsible representative. 4. 10% of resident charts will be audited by Director of Nursing/ designee weekly for 6 weeks to review medication orders, to include provider notes and progress notes to ensure that orders are noted, transcribed, and communicated to responsible representatives timely and appropriately. The Director of Nursing/ designee will review the audit results for any patterns or trends and report any findings to our Quality Assurance Performance Improvement Committee.	

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F 001	Continued From page 3	F 001		

signs] 97.8, 125/68, 18, 80, 95%. MD [medical doctor] office notified spoke with [nurses name redacted], LPN, awaiting return response from MD. Oncoming nurse made aware."

"4/30/21 7:27 PM - Lab [laboratory] order for UA c&s [urinalysis, culture and sensitivity] received for discomfort during urination, resident representative made aware."

"6/18/21 11:10 PM - Resident Representative concerned about resident not being on Lasix anymore and wanted writer to call the On-Call. On call was notified about concern, no new orders. resident representative informed."

Excerpts from Physician progress note dated 6/21/21 read:

"-Pt. was not feeling well on 4/30 and on-call staff was paged and gave orders to hold Lasix X 3 days but it was never put back on. She was at 40 mg. Lasix and she is currently not having any increased weight gain but she does have chronic lymphedema."
"Plan- Add back Lasix 20 mg [milligram], add KCL [potassium] 10 meq [milliequivalent] PO [by mouth] QD [every day]."

On 6/23/21 at approximately 11:30 AM an interview was conducted with the DON [director of nursing]. When asked if the medications (Lasix and Potassium) for Resident #4 had been stopped in April and restarted on 6/21/21, she stated, "they [medications, Lasix and Potassium] had indeed been discontinued and restarted on those dates. When asked why they were

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F 001	Continued From page 4 discontinued and restarted, she stated, "On 4/30/21 the resident was having some issues and symptoms of UTI [urinary tract infection], the nurse called the on call doctor who gave an order to hold the Lasix and Potassium until Monday. Unfortunately the order was not restarted on the following Monday." On 6/23/21 the Administrator was made aware of the concerns and no further information was provided.	F 001		