

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0224	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/23/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHENANDOAH VLY WESTMINSTER-CANTERBURY	STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603
--	--

(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 9/21/21 through 9/23/21. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 51 bed Medicare certified facility was 43 at the time of the survey. The survey sample included nineteen current resident reviews and three closed record 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: 12 VAC 5 - 371 - 220 B - cross references to F 684, F 695 and F 757</p> <p>12 VAC 5 - 371 - 370 B - cross references to F 909</p> <p>Based on staff interview and facility document review, it was determined that the facility staff failed to evidence current professional licenses in accordance with the laws of the State of Virginia, for two of 25 employee records reviewed, (ASM (administrative staff member) #3, the nurse practitioner and OSM (other staff member) #8, the speech language pathologist.</p> <p>The findings included:</p> <p>On 9/22/21 at approximately 11:30 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 current professional licenses in accordance with the laws of the State of Virginia,</p>	F 001	<p>F001 Plan of Correction</p> <p>1. Corrective Action:</p> <p>License verifications will be conducted for all licenses held by individuals, even when multiple licenses are held. License verification for ASM#3 was conducted on 9/22/2021 at 1:53 pm. License was current and valid. License verification for OSM#8 was conducted on 9/22/2021 at 2:03 pm. License was current and valid.</p> <p>2. Other Potential Residents:</p> <p>A license report was run on 10/5/2021 at 3:20 pm of all licensed staff employed by SVWC. The report showed all licenses are current.</p> <p>3. System Change:</p>	10/8/21

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

TITLE

(X6) DATE

Electronically Signed

10/08/21

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0224	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/23/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHENANDOAH VLY WESTMINSTER-CANTERBURY	STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603
--	--

(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>for two staff members,</p> <p>The employees identified were:</p> <p>ASM (administrative staff member) #3, the nurse practitioner. ASM #3's employee record documented they were hired as a NP (nurse practitioner) with the facility on 8/16/21. Further review of ASM #3's employee record evidenced a primary source verification from the Virginia Department of Health Professionals for a licensed nurse practitioner with expiration date of 8/31/22. Further review of ASM #3's employee record failed to evidence any primary source verification from the Virginia Department of Health Professionals for a RN (registered nurse) license until 9/22/21 at 1:53 PM.</p> <p>OSM (other staff member) #8, the speech language pathologist. OSM #8's employee record documented they were hired as a SLP (speech language pathologist) with the facility on 6/19/21. Further review of OSM #8's employee record failed to evidence any primary source verification from the Virginia Department of Health Professionals for a speech language pathologist license until 9/22/21 at 2:03 PM.</p> <p>An Interview was conducted on 9/22/21 at 2:15 PM, with OSM #5, the human resources generalist. When asked if she had copies of primary source verification not in the two employee records, OSM #5 stated, "It is probably my fault. For the first employee (ASM #3), I did not know we needed the RN license for the NP license. I make sure to get the license during recruiting period, after on boarding the payroll and benefits specialist is responsible for checking licenses. For the second employee (OSM #8) the facility does not pay to renew PRN (as</p>	F 001	<p>Effective 10/5/2021, the New Hire Checklist will include license expiration dates. These will be entered in to the HRIS and double checked by the Payroll and Benefits Specialist.</p> <p>4. Monitoring:</p> <p>Reports will run monthly to ensure all required licenses are renewed as needed, either by SVWC or the individual employee.</p> <p>5. Date:</p> <p>Corrective action completed on 10/5/2021 at 4:35 pm.</p>	
-------	---	-------	---	--

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0224	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/23/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHENANDOAH VLY WESTMINSTER-CANTERBURY	STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603
--	--

(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>needed) staff. She should have provided us with the renewed license. We are responsible for oversight that they have a current license. If they are part or full time, the staff are responsible to let us know they renewed and then we pull it off the web site."</p> <p>On 9/22/21 at approximately 4:30 PM, ASM (administrative staff member) #1, the administrator, and ASM #2, the director of health services was made aware of the findings of the employee record review.</p> <p>No further information was provided prior to exit.</p> <p>A review of the facility's "Applicant Screening and Orientation" policy dated 2/26/21, which documents in part, "The Virginia Department of Health Professions is used to determine appropriate licensing certifications for all licensed positions through a licensed lookup. This is required upon hire for all licensed staff and annually thereafter."</p> <p>A review of the facility's "Credentials" policy dated 5/4/21, which documents in part, "All members of the rehab [rehabilitation] department, whether contract or staff, shall possess the credentials as required by the respective national professional organizations, state licensure boards and other applicable governing bodies. Maintain current state license."</p> <p>A review of the facility's "Nurse Practitioner Position Description" dated 8/16/21, which documents in part, "Required education, experience, skills and licensure: current license as a RN and NP in state of Virginia."</p> <p>The state regulation 12VAC5-371-140</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0224	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/23/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHENANDOAH VLY WESTMINSTER-CANTERBURY	STREET ADDRESS, CITY, STATE, ZIP CODE 300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603
--	--

(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	Continued From page 3 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 ..."	F 001		