State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: VA0292 B. WING 10/28/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2924 BROOK RD VCU HEALTH CHILDREN'S SERVICES AT BROOK RO. RICHMOND, VA 23220 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 000 Initial Comments F 000 An unannounced biennial State Licensure Inspection was conducted 10/26/21 through 10/28/21. Corrections are required for compliance with the following with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. There were no complaints investigated. The census in this 47 certified facility was 26 at the time of the survey. The survey sample consisted of 14 current record reviews and 0 closed record reviews. F 001 Non Compliance F 001 The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: 12VAC5-371-110. Management and administration. 12VAC5-371-140. Policies and procedures. Based on 10 employee records reviewed and facility document review, it was determined that the facility staff failed to obtain a sworn statement for six of 10 new employee hire records reviewed: OSM #4, OSM #5, LPN #2, LPN #3, LPN #5, and LPN #6. The findings include: 12VAC5-371-110. Management and administration. B. The nursing facility must comply with: 1. These regulations (12VAC5-371); 2. Other applicable federal, state or local laws and regulations; and

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

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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: B. WING		(X3) DATE SURVEY COMPLETED	
		VA0292			10	10/28/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
VCU HEA	LTH CHILDREN'S SER	VICES AT BROOK RO.	ROOK RD DND, VA 23220			100 100 100 100 100 100 100 100 100 100
(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	3. Its own policies at 12VAC5-371-140. It is Personnel policic include, but are not 3. An accurate and each employee include. Verification of curregistration, or certification of curregistration, or certification of currequired approved to b. Criminal record of the Code of Virginification of compensation of offenses prohibited requires "Any persolicensed nursing hot facility with a sworn disclosing any crimic criminal charges, with Commonwealth. An false statement or affirmate offense is guilty upon misdemeanor" On 10/28/21, the Cremployee Hire record the were 10 empthe 10 records reviewing the "Sworn were: OSM #4 (Other Staff therapist hired on 2/OSM #5, a recreation 10/17/21.	and procedures. Policies and procedures. es and procedures shall limited to: complete personnel record for uding: rrent professional license, ficate or completion of a training course; theck a (§ 32.1-126.01. Employment f persons convicted of certain criminal records check on or revocation of license.) on desiring to work at a me shall provide the hiring statement or affirmation nal convictions or any pending hether within or outside the y person making a materially en providing such sworn ation regarding any such on conviction of a Class 1 iminal Records Check / New rds review was conducted. loyee records reviewed. Of lowed, 6 were found to be Statement." These 6 records	F 001	DETIDIENC		

State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: VA0292 B. WING 10/28/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2924 BROOK RD VCU HEALTH CHILDREN'S SERVICES AT BROOK RO. RICHMOND, VA 23220 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 001 Continued From page 2 F 001 1. The sworn statement was added back LPN #3, hired on 8/22/21. into the onboarding process effective LPN #5, hired on 5/30/21. 11/1/2021. (There was a change in LPN #6, hired on 7/11/21. practice, effective July, 2020 which resulted in the removal of the On 10/28/21 at approximately 8:45 AM, OSM #1 statement at that time.) (Other Staff Member) the HR [human resources] No residents experienced any adverse Compliance Specialist, stated that as of July 1. outcome due to this deficient practice. 2020, the "swom statement" was removed from Also, state and universal background the job application and was not obtained in any checks were completed prior to hire on other form. all ten employee records. A review of the facility policy, "Hiring Practices Policy" documented, "7.1.1 Applicants must 2. No residents experienced any adverse disclose: any criminal charges in progress or outcome due to this deficient practice. criminal convictions occurring after the age of 18, All state and universal background whether felony or misdemeanor, including the checks were completed and cleared nature of the charge/conviction and the date of prior to first day of employment. occurrence. Omissions or misrepresentation of information is considered falsification of the 3. The sworn statement was included in 11/1/2021 application and may result in a rescinded offer or the onboarding process, effective termination of employment if currently employed 11/1/2021. All new hires from this when discovered...." date forward will sign this sworn statement as part of the pre-On 10/28/21 at approximately 11:30 AM, ASM #1 employment process. (Administrative Staff Member) the Administrator, was made aware of the findings. 12/1/2021 4. The Human Resources Department conducts a quality control review to assure all required components are present for the hiring and onboarding processes, including the sworn statement. Specific performance of compliance with the sworn statement will be reported to the QAPI meetings for the next two quarters. 5. Corrective action in place 11/1/2021. 11/1/2021

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