PRINTED: 12/22/2021 FORM APPROVED

State of Virginia

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		VA0164	B. WING		C 10/25/2021	
	ROVIDER OR SUPPLIER E HEALTH & REHAB CE	NTER 74 MIZP	ADDRESS, CITY, ST AH ROAD FHILL, VA 2309	,		
(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 APPROPROPROPROPROPROPROPROPROPROPROPROPRO	BE COMPLETE	
F 000	An unannounced bie Inspection was condu 10/15/21. The facility the Virginia Rules an Licensure of Nursing The census in this 94	ucted 10/12/21 through was not in compliance with d Regulations for the Facilities. licensed bed facility was 84 wey. The survey sample	F 000			
F 001	Non Compliance The facility was out of following state licens This RULE: is not many the facility was not in	f compliance with the ure requirements: et as evidenced by: n compliance with the es and Regulations for the	F 001	12 VAC 5-371-200 (B)(1)(ii) cross reference to F-658 Same as plan of corrections for F-658	11/22/21	
	F-658 12 VAC 5-371-220 (E F-697, F-760 12 VAC 5-371-220 (C 12 VAC 5-371-250 (C F-657 12 VAC 5-371-300 (A F-760 12 VAC 5-371-300 (A F-770 12 VAC 5-371-360 (F	3)(1)(ii) cross reference to 3) cross reference to F-695, 2) cross reference to F-677 3) & (F) cross reference to 4) cross reference to F-755, 3) cross reference to F-554 4) & (B) cross reference to 5) cross reference to F-760		12 VAC 5-371-220 (B) cross reference F-695, F-697, F-760 Same as Plan of Correction for F-695 F-697 and F-760 F-695 12 VAC 5-371-220 (D) cross reference F-677 Same as Plan of Correction for F-677 F677 12 VAC 5-371-250 (C) & (F) cross	e to	
	12 VAC 5-371-75 (A)	(3) and COV § 32.1-126.01		reference to F-657 Same as Plan of correction for F-657		

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

TITLE (X6) DATE

Electronically Signed

11/12/21

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
			A. BOILDING.		C				
		VA0164	B. WING		10/25/2021				
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE					
74 MIZPAH ROAD									
DOCKSIDE HEALTH & REHAB CENTER LOCUST HILL, VA 23092									
(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 APPROPE DEFICIENCY)	CTION SHOULD BE COMPLETE DATE DATE				
F 001	Based on staff interview and facility documentation review, the facility staff failed to provide pre-employment screening for barrier crimes for 1 employee, CNA D, in a sample of 25 employee records. The facility staff failed to properly screen CNA D for barrier crimes prior to hire.		F 001						
				12 VAC 5-371-300 (A) cross reference F-755, F-760 Same as Plans of Correction for F-75: F-760					
				12 VAC 5-371-300 (B) cross reference F-554 Same as Plan of Correction for F-554					
	The findings included:								
	On 10/12/21, Surveyor B interviewed the Facility Administrator who confirmed the hire date for CNA D. The Facility Administrator stated, "We conduct criminal background checks prior to hiring anyone" and "the criminal background check is a strategy to prevent abuse and neglect by somebody that has a history or past practice of being abusive, we want to protect our residents". On 10/13/21, a review of personnel records for CNA D was conducted. Prior to hire, CNA D provided written disclosure of a "misdemeanor charge" on a background check authorization form which was provided by the facility's Human Resources department and signed by CNA D on 2/19/21.			12 VAC 5-371-310 (A) & (B) cross reference to F-770 Same as Plan of Correction for F-770					
				12 VAC 5-371-360 (F) cross reference F-760 Same as Plan of Correction for F-760	e to				
				12 VAC 5-371-75(A)(3) and COV 32.1-126.01(A) The employee noted was terminated during the survey.					
	processed on 2/22/21 Records Exchange of and revealed a misde Assault & Battery, Co	d check for CNA D was by The Central Criminal f the Virginia State Police emeanor conviction of de of Virginia 18.2-57(A), on hired by the facility on		All residents are at risk. An audit of all employee background checks was conducted on 10/13/2021 by the Hum Resources Director. No additional issumere identified.	an ues				
	On 10/13/21, Surveyor B shared the findings for CNA D with the Facility Administrator who stated, "I'm not sure how this could have happened, it			The HR Director and Administrator we educated by the Regional Vice Presidor of Operations (RVPO) on the requirer to obtain background checks and ens	dent nent				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
			D. WILLIO		С				
		VA0164	B. WING		10/25/2021				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 74 MIZDAU BOAD									
DOCKSIDE HEALTH & REHAB CENTER 74 MIZPAH ROAD LOCUST HILL, VA 23092									
(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 APPROPE DEFICIENCY)	TION SHOULD BE COMPLETE THE APPROPRIATE DATE				
F 001	must have slipped thr discovered this as I w submit to you and [na been terminated toda confirmed the misden and Battery for CNA I looked at the regulation this does meet the cri	rough the cracks, I vas pulling these records to the redacted, CNA D] has y". The Facility Administrator meanor conviction of Assault D on 6/24/19 and stated, "I cons myself and verified that iteria for a barrier crime and re since that conviction, this	F 001	that no barrier crimes are present prichiring. The Administrator will review a sign all background checks prior to the first day of employment. The RVPO will audit all new hire background checks weekly x 12 week ensure that no barrier crimes are presonate that no barrier crimes are presonate that more than the province of the RVPOs audits will reviewed monthly x 3 months by the Committee for monitoring of compliant with this plan of correction.	nd e s to ent. be QAPI				