

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/28/2021
NAME OF PROVIDER OR SUPPLIER HENRICO HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 561 NORTH AIRPORT DRIVE HIGHLAND SPRINGS, VA 23075		
(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	Initial Comments An unannounced biennial State Licensure Inspection was conducted 10/26/21 through 10/28/21. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. No complaints were investigated during the survey. The census in this 120 licensed bed facility was 84 at the time of the survey. The survey sample consisted of 12 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: 12VAC5-371-190 (A) cross reference to E-0004 12VAC5-371-150 (A) cross reference to F-576 12VAC5-371-180 (C) (8) cross reference to F-880 12VAC5-371-220 (B) & (E) cross reference to F-886 12VAC5-371-180 (A) cross reference to F-887 12VAC 5-371-75 (B)(1)(2) Based on staff interview and facility documentation review, the facility staff failed to obtain sworn statements and file it with the criminal record report for 25 employees (Employees #1 - #25) out of a sample size of 25 employees. The findings included: On 10/27/2021 at approximately 2:30 P.M., a review of 25 employee files revealed that 25	F 001	The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies nor the reported conversations and other information cited in support of the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated. 12VAC5-371-190 (A) cross reference to E-0004 12VAC5-371-150 (A) cross reference to F-576 12VAC5-371-180 (C) (8) cross reference to F-880	11/30/21

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

TITLE

(X6) DATE

Electronically Signed

11/19/21

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F 001	<p>Continued From page 1</p> <p>employees did not have a sworn disclosure statement obtained upon hire in their file. At 2:55 P.M., an interview with Employee Q of Human Resources was conducted. When asked why there were no sworn statements in the employee files reviewed, Employee Q provided a copy of a form that new employees are asked to sign. The form did not screen for all barrier crimes.</p> <p>On 10/28/2021 at approximately 1:15 P.M., the administrator and Director of Nursing were notified of findings. By 4:30 P.M., the administrator stated there was no further documentation or information to submit.</p> <p>12VAC 5-371-140(E)(3)(a)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to obtain licensure verification for 5 employees (Employees #2, Employee #3, Employee #12, Employee #21, and Employee #24) out of a sample size of 18 licensed employees.</p> <p>The findings included:</p> <p>On 10/27/2021 at approximately 2:30 P.M., a review of 25 employee files revealed that 5 employees (Employees #2 (registered nurse), Employee #3 (certified nursing assistant (CNA)), Employee #12 (CNA), Employee #21 (CNA), and Employee #24 (speech therapist)) out of 18 licensed employees did not have license verification obtained by the date of hire. At approximately 3:00 P.M., an interview with Employee Q in Human Resources was conducted. When asked why the license verification was not obtained for the 5 employees,</p>	F 001	<p>12VAC5-371-220 (B) & (E) cross reference to F-886 12VAC5-371-180 (A) cross reference to F-887</p> <p>F001 12VAC 5-371-75 1-Employees #1, 2, 4, 5, 8, 15, 16, 17, 22, 24, and #25 now have signed Sworn Statements in their personnel file. Employees #3, 6, 7, 9, 10, 11, 12, 13, 14, 18, 19, 20, 21, 21, and #23 are no longer employed by the center. 2-Current residents in the center have the potential to be affected. 3-The Human Resource Director was educated by the Regional Director of Human Resources/designee on ensuring Sworn Statements are signed and completed upon hire. 4-The Regional Director of Human Resources/designee will audit new hire files weekly to ensure signed Sworn Statements are completed. 5-Results of the audits will be presented to the QAPI Committee for review and recommendation. Once the committee determines the problem no longer exists, the audits will be conducted on a random basis.</p> <p>The Administrator/DON are responsible for implementation of the plan of correction. Completion date: 11/30/2021</p> <p>F001 12VAC 5-371-140E3a 1-Employees #2 and #24 have license verifications in their personnel files.</p>	

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F 001	<p>Continued From page 2</p> <p>Employee Q stated he obtains licensure verification prior to the hire date but those 5 employees were hired prior to his own hire date in July 2021.</p> <p>On 10/28/2021 at approximately 1:15 P.M., the administrator and Director of Nursing were notified of findings. By 4:30 P.M., the administrator stated there was no further documentation or information to submit.</p> <p>12VAC 5-371-75(B)(3) and 12VAC 5-371-140(E)(3)(b).</p> <p>Based on staff interview and facility documentation review, the facility staff failed to implement their abuse policy for screening new employees for 17 employees out of a sample size of 25 employees. Specifically, the facility staff failed to obtain criminal background checks for 7 employees (Employee #2, Employee #4, Employee #12, Employee #16, Employee #17, Employee #20, and Employee #24). For Employee #14, the facility staff obtained a criminal background over 4 months after the hire date. Also, the facility staff failed to obtain references for 16 employees (Employee #2, Employee #4, Employee #8, Employee #9, Employee #12, Employee #13, Employee #14, Employee #15, Employee #16, Employee #17, Employee #18, Employee #20, Employee #21, Employee #23, Employee #24, and Employee #25) out of a sample size of 25 employees.</p> <p>The findings included:</p> <p>On 10/27/2021 at approximately 2:30 P.M., a review of 25 employee files revealed that 16</p>	F 001	<p>Employees # 3, 12, and # 21 are no longer employed by the center.</p> <p>2- Current residents in the facility have the potential to be affected.</p> <p>3-The Human Resource Director will be educated by the Regional Director of Human Resources/designee on ensuring license verification is completed on hire and placed in the personnel file.</p> <p>4- The Regional Human Resource Director/designee will complete weekly audits of new hired staff members to ensure that licensure verification was obtained.</p> <p>5- Results of the audits will be presented to the QAPI Committee for review and recommendation. Once the committee determines the problem no longer exists, the audits will be conducted on a random basis.</p> <p>The Administrator/DON are responsible for implementation of the plan of correction.</p> <p>Completion date: 11/30/2021</p> <p>F001 12 VAC 5-371-75B3 and 12VAC 5-371-140E3b</p> <p>1-Employees # 2, 4, 16, 17, and #24 have criminal background checks in their personnel files. Employee # 12 and #20 are no longer employed by the center.</p> <p>Employee # 2, 4, 8, 15, 16, 17, 24 and 25 have reference checks in their personnel files. Employee # 9, 12, 13, 14, 18, 20, 21, and #23 are no longer employed by the facility.</p>	

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F 001	<p>Continued From page 3</p> <p>employees (2 registered nurses (Employee #2, Employee #20), 2 licensed practical nurses (Employee #9, Employee #15), 5 certified nursing assistants (Employee #4, Employee #12, Employee #13, Employee #21, Employee #23), one temporary nursing aide (Employee #16), one security employee (Employee #8), one Director of Maintenance (Employee #18), one occupational therapist (Employee #14), one speech therapist (Employee #24), one recreational assistant (Employee #17), and one housekeeper (Employee #25) did not have references checked prior to hire; 7 employees (2 registered nurses (Employee #2, Employee #20), 2 certified nursing assistants (Employee #4, Employee #12), one temporary nurse aide (Employee #16), one speech therapist (Employee #24), and one recreational assistant (Employee #17)) did not have criminal background checks obtained within 30 days of hire; and one occupational therapist (Employee #14) had a criminal background check obtained on 09/10/2021 (over 4 months after the hire date on 05/03/2021).</p> <p>On 10/27/2021 at 5:05 P.M., an interview with Employee Q, Human Resources, was conducted. When asked about the expectation for obtaining criminal background checks, Employee Q stated that the criminal background checks should be done before the date of hire. When asked why, Employee Q indicated it was for Resident safety.</p> <p>On 10/28/2021 at approximately 1:15 P.M., the administrator and Director of Nursing were notified of findings. By 4:30 P.M., the administrator stated there was no further documentation or information to submit.</p> <p>The facility staff provided of their abuse policy entitled, "Prevention/Screening/Training." Section</p>	F 001	<p>2-Current residents in the center have the potential to be affected.</p> <p>3-The Human Resource Director will be educated by the Regional Director of Human Resources/designee on the paperwork required on new employees on hire. The education included the requirement for criminal background checks, reference checks and license verification.</p> <p>4-The Regional Director of Human Resources/designee will audit new hire files to ensure the required paperwork is completed.</p> <p>6- Results of the audits will be presented to the QAPI Committee for review and recommendation. Once the committee determines the problem no longer exists, the audits will be conducted on a random basis.</p> <p>The Administrator/DON are responsible for the implementation of the plan of correction.</p> <p>Completion date: 11/30/2021</p>	

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F 001	Continued From page 4 1 under the header, "Procedure" documented, "Criminal background and reference checks are performed on all employees."	F 001		