

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  VA0018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  08/05/2021
NAME OF PROVIDER OR SUPPLIER  ACCORDIUS HEALTH AT ROANOKE		STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016		
(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 Medicare/Medicaid standard survey and biennial State Licensure Inspection was conducted 8/1/21 through 8/5/21. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements and Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow. Nine (9) complaints were investigated during the survey.  The census in this 130 certified bed facility was 57 at the time of the survey. The survey sample consisted of 25 current Resident reviews and five (5) closed record 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: Based on staff interview, employee record review and facility document review the facility staff failed to implement facility abuse and neglect policy for 4 of 25 new hire employees, #16, #17, #18 and #19.  The finding included:  For new hire employee #16 the facility failed to obtain a criminal background check. For new hire #17, #18, and #19 the facility staff failed to obtain a sworn disclosure statement. Per the Code of Virginia 32.1-126.01, "Any person desiring to work at a licensed nursing home shall provide the hiring facility with a sworn statement or affirmation disclosing any criminal convictions or any pending criminal charges, whether within or outside the Commonwealth"	F 001		

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

TITLE

(X6) DATE

*Jan Burnett, Administrator*

09/13/2021

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F 001	<p>Continued From page 1</p> <p>Surveyor reviewed 25 new hire employee files on 08/03/21. For new hire #16, who is employed as the facility maintenance director, the surveyor could not locate a Virginia State Police criminal background check. For new hire #17, who is employed as a chef, the surveyor could not locate a sworn disclosure statement. For new hires #18 and #19, who are employed in dietary, the surveyor could not locate sworn disclosure statements.</p> <p>Surveyor spoke with the facility BOM (business office manager) on 08/03/21 regarding the missing information in the employees' files. BOM stated that employee #17, #18, and #18 were employed through a contract agency. No explanation was provided regarding employee #16.</p> <p>Surveyor reviewed the facility policy entitled "Abuse, Neglect and Exploitation" which read in part, "Staff includes employees, the medical director, consultants, contractors, volunteers, caregivers who provide care and services to residents on behalf of the facility, students in the facility's nurse aide training program, and students from affiliated academic institutions, including therapy, social and activity programs" and "The components of the facility abuse prohibition plan are discussed herein: 1. Screening A. Potential employees will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property. 1 Background, reference, and credentials' checks shall be conducted on potential employees, contracted temporary staff, students affiliated with academic institutions, volunteers, and consultants. 3. The facility will maintain documentation of proof that the</p>	F 001		

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F 001	<p>Continued From page 2 screening occurred."</p> <p>The concern of the facility not implementing the abuse policy was discussed with the administrative team (administrator, director of nursing, regional vice-president of clinical services, regional director of operations) during a meeting on 08/04/21 at approximately 5:20 pm.</p> <p>No further information was provided prior to exit.</p> <p>The facility was not in compliance with the following Virginia Rules and Regulations for Licensure of Nursing Facilities.</p> <p>Policies and Procedures: 12 VAC 5-371-140(E) - cross reference to F607 12 VAC 5-371-140(A, D) - cross reference to F609 and F610</p> <p>Nursing Services: 12 VAC 5-371-220 - cross reference to F677, F684, 692, 693, 697, and 698 12 VAC 5-371-220 (C) - cross reference to F686 and 690 12 VAC 5-371-220 (C) and (D) - cross reference to F691 12 VAC 5-371-220 (D) - cross reference to F695</p> <p>Resident Assessment and Care Planning: 12 VAC 5-371-250 - cross reference to F641, F656, and F657</p> <p>Pharmaceutical Services: 12 VAC 5-371-300 (H) - cross reference to F756 12 VAC 5-371-300 (B) - cross reference to F761</p> <p>Clinical Records: 12 VAC 5-371-360 (E) - cross reference to F842</p>	F 001		

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F 001	Continued From page 3  Management and Administration: 12 VAC 5-371-110 (J) - cross reference to 883	F 001		