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: _ B. WING VA0154 04/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1719 BELLEVUE AVENUE** MANORCARE HEALTH SERVICES-IMPERIAL RICHMOND, VA 23227 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 REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 000 **Initial Comments** F 000 An unannounced biennial State Licensure Inspection was conducted 4/20/21 through 4/23/21. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 128 bed facility was 90 at the time of the survey. The survey sample consisted of 39 current Resident reviews, and four closed record reviews. 12VAC5-371-140. Policies and procedures. Cross reference to F550, F689, F695, F880 F - 00112 VAC 5-371-220 (A) & (B) & (D) The statements made on this plan of Cross reference to F684 correction are not an admission to and 12 VAC 5-371-220 (C) (2) do not constitute an agreement within Cross reference to F688 the alleged deficiencies cited herein. To remain in compliance with all federal 12 VAC 5-371-220 (B) Cross reference to F760 and state regulations, the center has 5-12-21 taken or will take the actions set forth in F 001 Non Compliance F 001 the following plan of correction constitutes the center's allegation of The facility was out of compliance with the following state licensure requirements: compliance. All alleged deficiencies cited have been or will be corrected by This RULE: is not met as evidenced by: the date or dates indicated 12VAC5-371-140. Policies and procedures. Cross reference to F880 It is the intended practice of this facility 12VAC5-371-180, Infection control. to ensure the facility has sworn Cross reference to F880 statements, criminal background checks through VSP, verification of current 12VAC5-371-210. Nurse staffing. Cross reference to F657 license and to perform reference checks in accordance with Virginia State Law. 12VAC5-371-250. Resident assessment and care

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

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State of Virginia (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ B. WING VA0154 04/23/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1719 BELLEVUE AVENUE MANORCARE HEALTH SERVICES-IMPERIAL RICHMOND, VA 23227 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 5-12-21 F 001 F 001 Continued From page 1 1. Upon notification of planning. surveyor on 7-18-19. Cross reference to F657 administration staff were educated by the 12VAC5-371-220. Nursing services Administrator on cross reference to F656. completing sworn 12VAC5-371-220, Nursing services statements, criminal cross reference to F677. background checks through VSP, verification of current 12VAC5-371-220. Nursing services cross reference to F686. license and to perform reference checks 12VAC5-371-220. Nursing services cross reference to F695. 2. Employees who are employed at the facility 12VAC5-371-250. Resident assessment and care have the potential to be planning cross reference to F656. affected. 3. Administration staff to be 12VAC5-371-340. Dietary and food service program re-educated by the cross reference to F692. Administrator on the policy Clinical records and procedure for sworn 12VAC5-371-360- E.9 cross reference to F842 12VAC5-371-140. Policies and procedures. statements, criminal See below citation background checks through VSP, verification of current Based on staff interview and facility document license and to perform review, it was determined that the facility staff failed to evidence verification of a sworn reference checks statement, perform criminal background checks through the Virginia State Police, verify current license or certificate or perform reference checks in accordance with the laws of the State of Virginia, for 16 of 25 employee records reviewed. The findings included: On 4/22/21 at approximately 3:00 PM, the

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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:		(X3) DATE SURVEY COMPLETED	
		VA0154	B. WING		04/23/2021	
	(EACH DEFICIENC	STREET ADD	RESS, CITY, STATEVUE AVENUE O, VA 23227 ID PREFIX TAG		N (X6) BE COMPLETE	
F 001	employee records for within the past two you of the employee record evidence of a sworn Police criminal backgoverifications or refere staff members. The employees identifications or refere staff members. The employees identifications or refere contracted and the state of the staff members. The employees identification for the staff members. RN (registered nurse reviewed. RN #7's ethey were contracted at the evidence or reference check. RN #8's employee remployee remployee record do contracted as a RN to evidence any swo Police criminal backgoverification from the Health Professionals reference check. RN #9's employee remployee remployee record do a RN/nurse supervis Further review of RN to evidence any Virgibackground check. LPN (licensed practice record was reviewed documented they we the facility on 1/13/2	r newly hired employees ears were reviewed. Review ords failed to produce statement, Virginia State ground check, license ence checks on file for 16 tified were: a) #7's employee record was employee record documented as a RN with the facility on liew of RN #7's employee ence any sworn statement, criminal background check	F 001	4. Human Resources Directe and/or designee to audit newly hired employees for sworn statements, crimin background checks throw VSP, verification of current license and to perform reference checks daily x days and then 3 days a week x 3 weeks and the monthly x 2 months. The results of the random audits will be reported to the QAA Committee for review and follow up recommendations as indicated. 5. The facility's alleged day compliance will be June 2021.	or nal ugh ent 5	

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State of Virginia (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 04/23/2021 B. WING_ VA0154 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1719 BELLEVUE AVENUE MANORCARE HEALTH SERVICES-IMPERIAL RICHMOND, VA 23227 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 5-12-21 F 001 F 001 Continued From page 3 State Police criminal background check and any primary source verification from the Virginia Department of Health Professionals for a licensed practical nurse. The Primary source verification on file expired 11/30/20. LPN #10's employee record was reviewed. LPN #10's employee record documented they were contracted as a LPN with the facility on 8/30/19. Further review of LPN #10's employee record failed to evidence any Virginia State Police criminal background check and any primary source verification from the Virginia Department of Health Professionals for a licensed practical nurse. No primary source verification on file, copy of nursing license expiring 4/30/21 on file. LPN #2's employee record was reviewed. LPN #2's employee record documented they were contracted as a LPN with the facility on 12/31/20. Further review of LPN #2's employee record failed to evidence any sworn statement and any Virginia State Police criminal background check. LPN #11's employee record was reviewed. LPN #11's employee record documented they were contracted as a LPN with the facility on 3/5/21. Further review of LPN #11's employee record failed to evidence any Virginia State Police criminal background check and no reference checks. LPN #12's employee record was reviewed. LPN #12's employee record documented they were contracted as a LPN with the facility on 9/19/20. Further review of LPN #12's employee record failed to evidence any sworn statement, Virginia State Police criminal background check and no current primary source verification from the Virginia Department of Health Professionals for a

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MAY 13 2021 VDH/O State of Virginia (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: 04/23/2021 B. WING VA0154 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1719 BELLEVUE AVENUE MANORCARE HEALTH SERVICES-IMPERIAL RICHMOND, VA 23227 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 5-12-31 F 001 F 001 Continued From page 5 failed to evidence any sworn statement, Virginia State Police criminal background check, any primary source verification from the Virginia Department of Health Professionals for a certified nurse aide and any reference checks. Primary Source Verification on file expired 12/31/20. CNA #11's employee record was reviewed. CNA #11's employee record documented they were contracted as a CNA with the facility on 2/17/21. Further review of CNA #11's employee record failed to evidence any sworn statement, any Virginia State Police criminal background check and any reference checks. CNA #12's employee record was reviewed. CNA #12's employee record documented they were contracted as a CNA with the facility on 2/19/21. Further review of CNA #12's employee record failed to evidence any Virginia State Police criminal background check and any reference checks. OSM (other staff member) #7's employee record was reviewed. OSM #7's employee record documented they were hired as a speech language pathologist with the facility on 9/26/19. Further review of OSM #7's employee record failed to evidence any Virginia State Police criminal background check. An interview was conducted on 4/22/21 at 3:56 PM with OSM #8, the human resources director. When asked the process for obtaining sworn statements, Virginia State Police criminal background checks, primary source verification of license and references, OSM #8 stated, "It is my responsibility to maintain the employee files. We contract with eight difference agency/traveler companies and they send the information. I am

State of Virginia (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 04/23/2021 VA0154 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1719 BELLEVUE AVENUE MANORCARE HEALTH SERVICES-IMPERIAL RICHMOND, VA 23227 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 5-12-21 F 001 F 001 Continued From page 6 from New Jersey and this is my first Virginia State survey. I started a few months ago. I will contact the agencies and see what information I can get back from them and will look for the criminal background checks on our two staff." ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #3, the quality consultant were informed of the employee record concerns on 4/22/21 at 5:15 PM. A request was made to have all documents provided by 8:00 AM on 4/23/21. An email was received from administrator on 4/23/21 at 7:58 AM with primary source verification from the Virginia Department of Health Professionals for a registered nurse for RN #8, for licensed practical nurse for LPN #3 and LPN #10; and for certified nurse aide for CNA #6 and CNA #10. All primary source verifications were dated 4/22/21. On 4/23/21 at 9:34 AM, OSM #8, the human resources director confirmed that she had not received any further information from the four staffing agencies. According to the facility's "License/Certification Verification" policy dated 4/17/18, which documented in part, "It is the policy of the facility to require that all applicants, and employees show proof of licensure/certification or other educational requirements prior to and maintain eligibility to continue practicing. Independent contractors and contracted service providers will be required to provide current licensure/certification. Such documentation must be available for all staff provided by the contracted services provider".

PRINTED: 05/04/2021 FORM APPROVED State of Virginia (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING_ VA0154 04/23/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1719 BELLEVUE AVENUE MANORCARE HEALTH SERVICES-IMPERIAL RICHMOND, VA 23227 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 5-12-21 F 001 F 001 Continued From page 7 According to the facility's "Criminal History Check" policy dated 12/20/04, which documented in part, "It is the policy of the facility to conduct criminal background checks within the guidelines of specific state and federal laws. All applicants who are offered employment will undergo a criminal background check. All contracts with service providers must contain indemnity clauses for misconduct of their employees. Service providers must follow state-specific laws relating to criminal background checks". No further information was provided prior to exit.

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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:		(X3) DATE SURVEY COMPLETED				
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MANORCARE HEALTH SERVICES-IMPERIAL 1719 BELLEVUE AVENUE RICHMOND, VA 23227									
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F 000	Initial Comments		F 000						
	4/23/21. Corrections with the Virginia Rule Licensure of Nursing	ucted 4/20/21 through are required for compliance s and Regulations for the							
	time of the survey. T	he survey sample consisted nt reviews, and four closed							
		licies and procedures. 550, F689, F695, F880		F-001					
	12 VAC 5-371-220 (A Cross reference to Fe			The statements made on this correction are not an admission	-				
	12 VAC 5-371-220 (C Cross reference to Fo			do not constitute an agreemer the alleged deficiencies cited h	erein. To				
	12 VAC 5-371-220 (E Cross reference to F			remain in compliance with all and state regulations, the cer taken or will take the actions so	nter has	5-12-21			
F 001	Non Compliance		F 001	the following plan of corre	-				
	The facility was out of following state licens	f compliance with the ure requirements:		constitutes the center's allege compliance. All alleged defice	iencies				
	This RULE: is not me 12VAC5-371-140. Po Cross reference to Fi	olicies and procedures.		cited have been or will be corr the date or dates indica	•				
	12VAC5-371-180. Int	fection control. 880		It is the intended practice of the to ensure the facility has s statements, criminal backgrou	worn nd checks				
	12VAC5-371-210. No Cross reference to Fe		M	through VSP, verification of license and to perform referen					
	12VAC5-371-250. Re	esident assessment and care		in accordance with Virginia St					

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

TITLE

(X6) DATE

State of Virginia (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A, BUILDING: B. WING_ VA0154 04/23/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1719 BELLEVUE AVENUE MANORCARE HEALTH SERVICES-IMPERIAL RICHMOND, VA 23227 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X6) COMPLETE (FACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRFFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 5-12-21 F 001 F 001 Continued From page 1 1. Upon notification of planning. surveyor on 7-18-19. Cross reference to F657 administration staff were educated by the 12VAC5-371-220, Nursing services Administrator on cross reference to F656. completing sworn 12VAC5-371-220. Nursing services statements, criminal cross reference to F677. background checks through VSP, verification of current 12VAC5-371-220. Nursing services cross reference to F686. license and to perform reference checks 12VAC5-371-220. Nursing services cross reference to F695. 2. Employees who are employed at the facility 12VAC5-371-250. Resident assessment and care have the potential to be planning cross reference to F656. affected. Administration staff to be 12VAC5-371-340. Dietary and food service program re-educated by the cross reference to F692. Administrator on the policy Clinical records and procedure for sworn 12VAC5-371-360- E.9 cross reference to F842 12VAC5-371-140. Policies and procedures. statements, criminal See below citation background checks through VSP, verification of current Based on staff interview and facility document license and to perform review, it was determined that the facility staff failed to evidence verification of a sworn reference checks statement, perform criminal background checks through the Virginia State Police, verify current license or certificate or perform reference checks in accordance with the laws of the State of Virginia, for 16 of 25 employee records reviewed. The findings included:

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On 4/22/21 at approximately 3:00 PM, the

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State of Virginia

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:		COMPLETED								
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VA0154 B. WNG		04/23/2021								
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP COD	DE									
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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I ROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETE								
within the past two years were reviewed. Review of the employee records failed to produce evidence of a sworn statement, Virginia State Police criminal background check, license verifications or reference checks on file for 16 staff members. The employees identified were: RN (registered nurse) #7's employee record was reviewed. RN #7's employee record documented they were contracted as a RN with the facility on 2/11/21. Further review of RN #7's employee record failed to evidence any sworn statement, Virginia State Police criminal background check or reference check. RN #8's employee record was reviewed. RN #8's employee record documented they were contracted as a RN with the facility on 1/18/21. Further review of RN #8's employee record failed	Human Resources Directo and/or designee to audit newly hired employees for sworn statements, crimin background checks throughter the complex of the random audits will be reported to the QAA Committee for review and follow up recommendations as indicated. The facility's alleged dat compliance will be June 2021.	er al gh nt 5								

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State of Virginia (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A, BUILDING: _ B. WING 04/23/2021 VA0154 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1719 BELLEVUE AVENUE MANORCARE HEALTH SERVICES-IMPERIAL RICHMOND, VA 23227 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 5-12-21 F 001 F 001 Continued From page 3 State Police criminal background check and any primary source verification from the Virginia Department of Health Professionals for a licensed practical nurse. The Primary source verification on file expired 11/30/20. LPN #10's employee record was reviewed. LPN #10's employee record documented they were contracted as a LPN with the facility on 8/30/19. Further review of LPN #10's employee record failed to evidence any Virginia State Police criminal background check and any primary source verification from the Virginia Department of Health Professionals for a licensed practical nurse. No primary source verification on file, copy of nursing license expiring 4/30/21 on file. LPN #2's employee record was reviewed. LPN #2's employee record documented they were contracted as a LPN with the facility on 12/31/20. Further review of LPN #2's employee record failed to evidence any sworn statement and any Virginia State Police criminal background check. LPN #11's employee record was reviewed. LPN #11's employee record documented they were contracted as a LPN with the facility on 3/5/21. Further review of LPN #11's employee record failed to evidence any Virginia State Police criminal background check and no reference checks. LPN #12's employee record was reviewed. LPN #12's employee record documented they were contracted as a LPN with the facility on 9/19/20. Further review of LPN #12's employee record failed to evidence any sworn statement, Virginia State Police criminal background check and no current primary source verification from the Virginia Department of Health Professionals for a

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MAY 13 2021

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State of Virginia (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ B. WING 04/23/2021 VA0154 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1719 BELLEVUE AVENUE** MANORCARE HEALTH SERVICES-IMPERIAL RICHMOND, VA 23227 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 5-12-21 F 001 F 001 Continued From page 6 from New Jersey and this is my first Virginia State survey. I started a few months ago. I will contact the agencies and see what information I can get back from them and will look for the criminal background checks on our two staff." ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #3, the quality consultant were informed of the employee record concerns on 4/22/21 at 5:15 PM. A request was made to have all documents provided by 8:00 AM on 4/23/21. An email was received from administrator on 4/23/21 at 7:58 AM with primary source verification from the Virginia Department of Health Professionals for a registered nurse for RN #8, for licensed practical nurse for LPN #3 and LPN #10; and for certified nurse aide for CNA #6 and CNA #10. All primary source verifications were dated 4/22/21. On 4/23/21 at 9:34 AM, OSM #8, the human resources director confirmed that she had not received any further information from the four staffing agencies. According to the facility's "License/Certification Verification" policy dated 4/17/18, which documented in part, "It is the policy of the facility to require that all applicants, and employees show proof of licensure/certification or other educational requirements prior to and maintain eligibility to continue practicing. Independent contractors and contracted service providers will be required to provide current licensure/certification. Such documentation must be available for all staff provided by the contracted services provider".

State of Virginia (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ B. WING_ 04/23/2021 VA0154 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE MANORCARE HEALTH SERVICES-IMPERIAL RICHMOND, VA 23227 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) 1D (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY** 5-12.21 F 001 F 001 Continued From page 7 According to the facility's "Criminal History Check" policy dated 12/20/04, which documented in part, "It is the policy of the facility to conduct criminal background checks within the guidelines of specific state and federal laws. All applicants who are offered employment will undergo a criminal background check. All contracts with service providers must contain indemnity clauses for misconduct of their employees. Service providers must follow state-specific laws relating to criminal background checks". No further information was provided prior to exit.

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