

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0238</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/19/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>STANLEYTOWN HEALTH AND REHABILITATION CEN'</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>240 RIVERSIDE DRIVE</b> <b>BASSETT, VA 24055</b>		
(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, biennial State Licensure Inspection, and COVID-19 Focused Survey was conducted 11/16/21 through 11/19/21. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.  The census in this 120 certified bed facility was 106 at the time of the survey. The survey sample consisted of 22 current Resident reviews and 3 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: A biennial State Licensure Inspection was conducted 11/16/21 through 11/19/21. The facility was not in compliance with the following Virginia Nursing Home Rules and Regulations:  Policies and Procedures: 12 VAC 5-371-140 (E) cross reference to F607  Infection Control 12 VAC 5-371-180 cross reference to F880, F886, and F887  Director of Nursing 12 VAC 5-371-200 (B)(1)(ii) cross reference to F658  Nursing Services: 12 VAC 5-371-220 cross reference to F677 and F684	F 001	State tag: Policies and Procedures: 12 VAC 5-371-140 (E) cross reference to F607  Infection Control 12 VAC 5-371-180 cross reference to F880, F886, and F887  Director of Nursing 12 VAC 5-371-200 (B)(1)(ii) cross reference to F658  Nursing Services: 12 VAC 5-371-220 cross reference to F677 and F684  12 VAC 5-371-220 (B) cross references to F757 and F759	1/3/22

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

Electronically Signed

TITLE

(X6) DATE

12/17/21

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F 001	Continued From page 1  12 VAC 5-371-220 (B) cross references to F757 and F759  12 VAC 5-371-220 (D) cross reference to F695  Resident Assessment and Care Planning: 12 VAC 5-371-250 cross reference to F641 and F657  Pharmaceutical Services 12 VAC 5-371-300 (A) cross reference to F755  12 VAC 5-371-300 (I) cross reference to F756  Dietary and Food Services 12VAC5-371-340 ross reference to F801  Based on the Code of Virginia, staff interview, and employee record review, the facility staff failed to implement policies and procedures that prohibit and prevent abuse, neglect, and exploitation of resident and misappropriation of resident property as evidenced by failure to obtain a sworn disclosure statement for 5 of 25 new hire employees (LPN (licensed practical nurse) #1, LPN #4, LPN #16, LPN #17, and LPN #20) and a failure to obtain a Virginia State Police criminal background check for 4 of 25 new hire employees (LPN #1, LPN #4, LPN #16, and LPN #17.  The findings included:  For agency LPNs #1, #4, #16, and #17, the	F 001	12 VAC 5-371-220 (D) cross reference to F695  Resident Assessment and Care Planning: 12 VAC 5-371-250 cross reference to F641 and F657  Pharmaceutical Services 12 VAC 5-371-300 (A) cross reference to F755  12 VAC 5-371-300 (I) cross reference to F756  Dietary and Food Services 12VAC5-371-340 cross reference to F801  F001 1. LPN # 1,4,16,17 and 20 sworn statement for disclosure have been completed. LPN # 1, 4, 16 and 17, criminal background have been completed. 2. Human Resource Director will be educated by the Administrator/designee on obtaining disclosure statements and obtaining criminal background checks at the time of hire. 3. The Administrator will audit new staff files weekly to ensure swore statement for disclosure and criminal backgrounds have been completed. 4. The results will be reported to the monthly Quality Assurance Committee for review and discussion. Once the Quality Assurance Committee determines the problem no longer exists, audits will be conducted on a random basis.	

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F 001	<p>Continued From page 2</p> <p>facility staff failed to obtain a sworn disclosure statement prior to employment and a Virginia State Police criminal background check. For LPN #20, the facility staff failed to obtain a sworn disclosure statement prior to employment.</p> <p>LPN #1 was employed through (name omitted) staffing agency on 10/11/21. LPN #1's employee record did not contain documentation of a sworn disclosure statement or a Virginia State Police criminal background check.</p> <p>LPN #4 was employed through (name omitted) staffing agency on 9/13/21. LPN #4's employee record did not contain documentation of a sworn disclosure statement or a Virginia State Police criminal background check.</p> <p>LPN #16 was employed through (name omitted) staffing agency on 10/14/21. LPN #16's employee record did not contain documentation of a sworn disclosure statement or a Virginia State Police criminal background check.</p> <p>LPN #17 was employed through (name omitted) staffing agency on 9/08/21. LPN #17's employee record did not contain documentation of a sworn disclosure statement or a Virginia State Police criminal background check.</p> <p>LPN #20 was employed through (name omitted) staffing agency on 11/11/21. LPN #20's employee record did not contain documentation of a sworn disclosure statement.</p> <p>On 11/19/21 at 9:24 am, surveyor spoke with the administrator who stated for the (name omitted) agency staff "that is all I will have for them".</p> <p>On 11/19/21 at 1:30 pm, during a meeting with</p>	F 001	5. Completed 1/03/22	

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F 001	<p>Continued From page 3</p> <p>the administrator, director of nursing, and regional nurse consultant, surveyor discussed the concern of the missing sworn disclosure statements and Virginia State Police criminal background checks for agency LPNs #1, #4, #16, and #17 and missing sworn disclosure statement for LPN #20.</p> <p>No further information regarding these issues was presented to the survey team prior to the exit conference on 11/19/21.</p> <p>Based on the Code of Virginia, staff interview, employee record review, and facility document review, the facility staff failed to implement policies and procedures that prohibit and prevent abuse, neglect, and exploitation of resident and misappropriation of resident property as evidenced by hiring an employee convicted of an offense designated as a barrier crime for 1 of 25 new hire employees, Employee #25.</p> <p>The findings included:</p> <p>Employee #25 was employed by a facility contract company on 8/27/21 following a felony conviction of the barrier crime of maliciously shooting into an occupied dwelling.</p> <p>A review of Employee #25's employee record revealed the following documentation:</p> <p>Employee #25 was employed as a non-licensed contract employee on 8/27/21. Employee #25's Virginia Criminal Record report with the process date of 8/30/21 included a felony conviction dated 8/19/98 for maliciously shooting into an occupied dwelling.</p> <p>On 11/19/21 at approximately 3:00 pm, the survey</p>	F 001		

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F 001	<p>Continued From page 4</p> <p>team spoke with the administrator and discussed Employee #25's conviction of a barrier crime. The administrator stated Employee #25 was terminated on 11/08/21 and their position did not involve any direct resident contact. At 3:09 pm, the administrator acknowledged to the survey team that Employee #25 should not have been hired by the contract company.</p> <p>Surveyor requested and received the facility policy entitled "Criminal History Checks" which states in part "A candidate with a barrier crime may be considered for employment if there is a single misdemeanor conviction over five years old and if the offense did not involve abuse or neglect. The Human Resources Manager or designee should consult with the Regional Human Resources Manager prior to the [sp] making the exception".</p> <p>No further information regarding this issue was presented to the survey team prior to the exit conference on 11/19/21.</p>	F 001		