State of Virginia

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY					
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED						
		VA0261	B. WING	B. WING		/2022				
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE						
FAUQUIEI	FAUQUIER HEALTH REHABILITATION & NURSING CE									
WARRENTON, VA 20186  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)										
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES  CY MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE				
F 000	Initial Comments		F 000							
	An unannounced biennial State Licensure Inspection was conducted 01/25/2022 through 01/27/2022. Corrections are required for compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities.									
The census in this 113 certified bed facility was 54 at the time of the survey. The survey sample consisted of 27 current resident reviews and four closed record reviews.										
F 001	The facility was out of compliance with the following state licensure requirements:  This RULE: is not met as evidenced by: 12 VAC 5 - 371 - 250 F, G, I - cross reference to Federal Deficiency - F656 12 VAC 5 - 371 - 200 B.1 - cross references to Federal DEficiency - F658 12 VAC 5 - 371 - 220 B - cross references to Federal Deficiency - F697 12 VAC 5 - 371 - 220 B - cross references to Federal Deficiency - F757		F 001		3	3/7/22				
				F001 Non Compliance  12VAC5-371-250 F,G,I - Cross-refere to Plan of Correction for F656 12VAC5-371-200 B.1 - Cross-reference Plan of Correction for F658 12VAC5-371-220 B - Cross-reference Plan of Correction for F697	ce to					
	No cross reference was found for F 758. 12VAC5-371-140 FAUQUIER 2022			12VAC5-371-220 B - Cross-reference Plan of Correction for F757	to					
	review, it was determ failed to evidence that record background c	tained in accordance with the /irginia, for 16 of 24 viewed.		12VAC5-371-140 FAUQUIER 2022 Criterion #1 □ The facility HR Departr will obtain and provide the missing ite for all current staff from the identified for all staff currently employed. Criterion #2 □ The facility will perform compliance audit/review the employed files for current staff as of January 25 2022, and all new hires thereafter. HI records that previously were held off-	ms files a e ,					

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

00/44/00

TITLE

Electronically Signed

(X6) DATE 02/11/22

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
VA0261		B. WING		01/27/2022				
FAUQUIER HEALTH REHABILITATION & NURSING CE 360 HOSPI				DRESS, CITY, STATE, ZIP CODE PITAL DRIVE TON, VA 20186				
(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 SHOUL CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	OULD BE COMPLETE		
F 001	employee records for within the past two ye of the employee record either/or sworn stater background checks, I current license were the laws of the State.  The employees ident 1. CNA [certified nurs 03/03/2021. No evide prior to hire.  2. CNA # 3. Hire date of license verification.  3. CNA # 4. Hire date of license verification.  4. CNA # 5. Hire date of license verification.  5. CNA # 6. Hire date that a criminal backgrowithin 30 days of hire verification prior to hire.  6. CNA # 8. Hire date of a sworn statement.  7. CNA # 9. Hire date of a sworn statement.  8. CNA # 10. Hire date of a sworn statement.  8. CNA # 10. Hire date of a sworn statement.	proximately 11:00 a.m., remember hired employees ars were reviewed. Reards failed to evidence the ments, criminal record dicense verifications and obtained in accordance of Virginia.  Iffied were: Ising assistant] # 1. Hiredence of license verifications are ence of license verifications and prior to hire.  In the ence of license verifications are ence of license verifications and license verifications are ence of license verifications.  In the ence of license verifications are ence of license verifications.  In the ence of license verifications are ence of license verifications.  In the ence of license verifications are ence of license verifications.  In the ence of license verifications are ence of license verifications.  In the ence of license verifications are ence of license verifications.  In the ence of license verifications are ence of license verifications.  In the ence of license verifications are ence of license verifications.  In the ence of license verifications are ence of license verifications.  In the ence of license verifications are ence of license verifications.  In the ence of license verifications are ence of license verifications.  In the ence of license verifications are ence of license verifications are ence of license verifications.  In the ence of license verifications are ence of licen	s eview hat d/or e with e date ion ence ence ence ence ence ence ence en	F 001	will be maintained within the facility. hires to the facility will have all requi documentation (sworn statements, criminal record background checks, license verifications) housed and avain the facility.  Criterion #3  Administrator/designer confirm compliance new hire documentation for compliance prior hire start date. HR will be re-educated Administrator/designee on new hire employee regulatory compliance standards.  Criterion #4  Administrator/designee audit new hire documentation x3 moulf variances are identified they will be investigated and appropriate correct action and/or education will be conditioned. Findings from the audits will be communicated to QAPI for oversight Criterion #5  Date of compliance 2/28/22.	e will e will nths. e ive		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED			
VA0261			B. WING			1/27/2022			
FAUQUIER HEALTH REHABILITATION & NURSING CE			360 HOSPI	DDRESS, CITY, STATE, ZIP CODE  PITAL DRIVE  ITON, VA 20186					
(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 ( (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE		
F 001	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F 001						
		ted with OSM [other st or of human resources							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NOWIBER.		A. BUILDING:			COMPL	EIED
		VA0261		B. WING			01/2	7/2022
NAME OF P	ROVIDER OR SUPPLIER	ST	RESS, CITY, STA	TE, ZIP CODE				
FAUQUIE	R HEALTH REHABILITAT	ION & NURSING CE		TAL DRIVE ON, VA 20186				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	7	ID	PROVIDER'S PLAN OF	CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TION SHOULD I	3E	COMPLETE DATE
F 001	Continued From page	e 3		F 001				
	OSM # 13, human resource specialist. When asked to describe to process for obtaining a new employee's sworn statement, Virginia state police background check and license verifications OSM # 12 stated that they were obtained prior to the day they start working. OSM # 12 and OSM # 13 were asked to provide the employee's missing information as listed above.  On 01/27/2022 at approximately 3:30 p.m., OSM # 12 verbally confirmed that they did not have the employee's missing information as listed above.  Review of the state regulation 12VAC5-371-140 documents "E. Personnel policies and procedures shall include, but are not limited to: 3. An accurate and complete personnel record for each employee including: b. Criminal record check."							
	comply with the requirement for comployment for comployment for comployment of license. "A nursing of employment, obtain employees an original with respect to convict in this section or an orecord from the Centre Exchange."  State law (§§ 32.1-12 Employment for comployment for comploym	tes that a facility must rements of §32.1-126.01: pensation of persons offenses prohibited; criminated; suspension or revocation home shall, within 30 days in for any compensated of criminal record clearance of the facility of the facilit	on /s e d					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		<b>\</b>	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		VA0261		B. WING		01/2	7/2022
NAME OF P	ROVIDER OR SUPPLIER	ST	REET ADD	RESS, CITY, STA	TE, ZIP CODE	•	
FAUQUIER HEALTH REHABILITATION & NURSING CE  360 HOSPITAL DRIVE WARRENTON, VA 20186							
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
F 001	check on new hires wemployment. The law background checks be Criminal Records Exco Department of State Foopy of each law.  On 01/27/2022 at app [administrative staff madministrator and ASI were made aware of the No further information 12VAC5-371-250. Replanning cross reference to F6 Management and administration and administrative staff madministrator and ASI were made aware of the following cross reference to F6 Management and administrative staff madministrative staff madminist	inal record background ithin 30 days of also requires that these e obtained using the Cent thange from the Virginia Police. See Appendix 2 for proximately 3:45 p.m., ASM nember] # 1, the M # 2, director of nursing, the findings.  It was provided prior to exist sident assessment and cases 57.	⁻a ∕I	F 001			