State of Virginia

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED				
		VA0160		B. WING		02/1			
	ROVIDER OR SUPPLIER	ON & HEALTHCARE	2400 MCKI	DDRESS, CITY, STATE, ZIP CODE KINNEY BOULEVARD AL BEACH, VA 22443					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE		
F 000	Initial Comments			F 000					
	conducted 02/15/2022	nnial licensure survey v 2 through 02/17/2022. red for compliance Virg ions.							
		licensed bed facility wey. The survey sampent reviews.							
F 001	Non Compliance			F 001			3/18/22		
	The facility was out of following state licensu	-							
	This RULE: is not me 12 VAC5-371-220(A). F558.	et as evidenced by: . Please cross referenc	ce to		12 VAC5-371-220(A). Please cross reference to F558.				
	12 VAC5-371-140(E)(reference to F 607.	(3)(b). Please cross			12 VAC5-371-140(E)(3)(b). Please creference to F 607.	oss			
	12 VAC5-371-250(C). F657.	. Please cross referend	ce to		12 VAC5-371-250(C). Please cross reference to F657.				
	12 VAC5-371-220(F). F677.	Please cross reference	ce to		12 VAC5-371-220(F). Please cross reference to F677.				
	12 VAC5-371-220(C)(to F688.	(2). Please cross refer	ence		12 VAC5-371-220(C)(2). Please cross reference to F688.	6			
	12 VAC 5-371-260(A) F726.). Please cross referer	nce to		12 VAC 5-371-260(A). Please cross reference to F726.				
	12 VAC5-371-300(B). F761.	. Please cross referend	ce to		12 VAC5-371-300(B). Please cross reference to F761.				
	12 VAC5-371-340(A). F812.	. Please cross referend	ce to		12 VAC5-371-340(A). Please cross reference to F812.				

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

TITLE (X6) DATE

Electronically Signed

03/11/22

6899

State of Virginia

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN	AND I EAR OF CONNECTION IDENTIFICATION NOWINGER.		A. BUILDING: _		COMPLETED		
				D WING		С	
		VA0160		B. WING		02/17	/2022
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WESTMO	RELAND REHABILITATIO	ON & HEALTHCARE		NNEY BOULE			
			COLONIAL	BEACH, VA	22443		
(X4) ID PREFIX TAG				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5 (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5 COMPL DAT		
F 001	Continued From page	e 1		F 001			
	12 VAC5-371-180(A). F880.	Please cross reference	e to		12 VAC5-371-180(A). Please cross reference to F880.		
	12 VAC5-371-370(B). Please cross reference to F919.				12 VAC5-371-370(B). Please cross reference to F919.		
	12 VAC 5-371-75(B)(1)				12 VAC 5-371-75 (B)(1)		
	The facility staff failed to obtain a signed Sworn Statement prior to hire on 12 (Employees # 4, # 6, 8, # 9, # 12, #15, # 17, # 18, # 19, # 20, # 22 and # 24) of 25 employees in the Employee				1.Education provided to HR manager 02/17/2022 on obtaining sworn statem prior to hire.	nents	
	Records Check samp				2.All residing residents have the poter to be affected.	ntial	
	On 2/17/2022 at 8:40 a.m., review of the employee files selected for Employee Records Check was conducted with the Human Resources Manager (Employee F) in her office.				Human Resources will audit of all staf personnel files to ensure signed sworn statements by 03/18/2022. Any staff noncompliance will have a sworn		
	During employee record review on 2/17/2022, Sworn Statements were not signed prior to hire on 12 employees (Employees # 4, # 6, 8, # 9, # 12, #15, # 17, # 18, # 19, # 20, # 22 and # 24) in an employee record review sample of 25 employees. Evidence revealed Sworn Statements were not obtained in records reviewed from new hires in 2019, 2020 and 2021.			3.New Hire Checklist was revised to include obtaining sworn statements to ensure that background check sworn statement is signed and dated.	,		
				Added Sworn Statement to new hire application packets.			
	Sworn statement sign	nance- hired 12/20/202 ned 1/25/2022 se Practical Nurse-hired			Human Resources manager will cond employee background checks within 3 days of hire.		
	11/5/2020- No Sworn file at time of survey of	statement in the emplo on 2/17/2022			4.Administrator will review all new hire personnel files for 3 months to ensure	 	
	Employee # 8-Registe Nursing- hired 1/15/20 signed 5/21/2021	ered Nurse, Director of 020- Sworn statement ed Nursing Assistant-hir	ed		sworn statements are obtained prior to hire then ongoing. Results of audits will be submitted to t QAPI committee for compliance		

State of \	/irginia						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY			
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMB	ER:	A. BUILDING:		COMPLETED	
						С	
		VA0160		B. WING		02/17/20	າວວ
		VAUTOU				02/17/20)22
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
			2400 MCKII	NNEY BOULE	VARD		
WESTMO	RELAND REHABILITATION	ON & HEALTHCARE	COLONIAL	BEACH, VA	22443		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	J	(X5)
PREFIX		Y MUST BE PRECEDED BY FU	ILL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		OMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATI	ON)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
					DEFICIENCY)		
F 001	Continued From page	e 2		F 001			
	. •						
		atement signed 5/3/202	21		verification and ongoing audit process	i.	
	Employee # 12-Regis						
		tement signed 5/17/202			40.) (4.0. 5.074.75 (B) (0)		
		ssions Coordinator- hire			12 VAC 5-371-75(B)(3)		
		atement signed 5/11/20	21				
	Employee # 17-Licen				Late Background Checks can not	be	
		orn Statement signed			corrected. Employee #19 and #24		
	5/10/2021	C			employee background check was		
		fied Nursing Assistant-l			obtained.		
		tement signed 5/4/2021					
		fied Nursing Assistant-l			2. All residing residents have the		
		Statement in employee	file at		potential to be affected.		
	the time of survey	:! NI:	:		0 Novelling the ability of the second		
		ied Nursing Assistant-h			3. New Hire checklist was revised to		
		tement signed 5/3/2021			include obtaining a criminal backgroun	iu	
		fied Nursing Assistant-l			check		
	file at the time of surv	n Statement in the empl	oyee		Education was provided to Human Resources manager on 02/17/2022 or		
		^{rey} fied Nursing Assistant-l	airad				
		tement signed 5/3/2021		obtaining criminal background checks within 30 days of hire and abuse			
	2/13/2020-3W0111 3ta	terrierit signed 3/3/202	I		prevention policy, which includes		
	Nine of 25 employees	s had Sworn statements			conducting criminal background check	re by	
		is after hire and three o			Administrator.	(3 Dy	
	•	ents in their files at the			Human Resources Manager will audit	all	
	of review during surve				staff personnel files for criminal		
	or roman daming carry	o, <u>_</u> ,, <u>_</u>			background checks to ensure all staff		
	The Human Resource	es Manager stated she	did		have a criminal background check on	file	
		ements upon hire until 2			by 03/18/2022.		
		by a sister facility that th			2, 55, 55, 55, 55		
		required. The Human			4. Administrator will review all new h	nire	
		stated the corporate off			personnel files weekly for 3 months to		
	•	f the required information			ensure criminal background checks		
	during the hiring proc	· · · · · · · · · · · · · · · · · · ·			Results of audits will be submitted to t	he	
		•			QAPI committee for compliance		
	The Human Resource	es Manager presented	a		verification and ongoing audit process	by	
		ed 4/23/2021 at 9:24 AM			03/18/2022.	,	
		e Corporate Director of					
	-	about sworn statements					
		e surveyors are at [facil			12 VAC 5-371-140(E)(3)(a)		

name redacted] and there has been some

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION ((X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDIEAN	or dorace more	IDENTI TOATTON NOMBI	LIV.	A. BUILDING:			
		VA0160		B. WING		C 02/17	7/2022
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WESTMO	RELAND REHABILITATION	ON & HEALTHCARE		NNEY BOULE BEACH, VA 2			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
F 001	Continued From page	÷ 3		F 001			
F 001	discussion that they we new hires that the appstating whether they have some type of crime. It that since I started he assist me in finding we assist me in finding we. There was a reply emand which the Corporate stated he was redacted], I will let you form." During subsequent in Human Resources Manager on the Swo sure all future new hir Statements signed proportion of the Administrator who Resources Manager of Administrator stated the employee files in 202 about the requirement signed before or on the No further information. 12 VAC 5-371-75(B)(3) For Employees # 8, # facility staff failed to be background check we are they appear to the state of the state	vere looking for a form to colicant has to check both ave or have not common haven't seen anything the in Nov'19. Can you that that form is?" anail dated 4/23/2021 at that a process are about the need to obte the color of the	xes ditted like 10:44 and ame nal the dain lid be with ned being	F 001	 Licenses were obtained for any noncompliance. All residing residents have the potential to be affected. Education was provided to Huma Resources Manager on 2/17/2022 by Facility Administrator on obtaining lice verification for all nursing staff at the tiof hire. Human Resources Manager will audit Nursing staff personnel files for licens verification/license lookup to ensure license is uncumbered and valid by 3/18/2022. New Hire checklist was revised to inclobtaining verification of license look up date. Administrator will review all new RN□s, LPN□s and C N A□s personne files weekly for three months to ensurnursing staff license look up are obtain Results of audits will be submitted to to QAPI committee for compliance verification and ongoing auditing. 	nse ime all e ude p hired el e ned.	
	hire. On 2/17/2022 at 8:40	a.m., review of the					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
				71. BOILBING.		C		
		VA0160		B. WING		1	7/2022	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
WESTMO	RELAND REHABILITATIO	ON & HEALTHCARE		NNEY BOULE BEACH, VA 2				
(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)	D BE	(X5) COMPLETE DATE	
F 001	Continued From page	e 4		F 001				
	Check was conducted	ed for Employee Record d with the Human (Employee F) in her offi						
	Review revealed the	following:					ı	
	Nursing- hired 1/15/2t Check on 7/8/2020 Employee # 11-Certiff 3/18/2020-Criminal B 7/8/2020 Employee # 14- Licer 1/22/2020-Criminal B 7/8/2020 Employee # 19- Certi 7/3/2019- No Criminal employee file Employee # 24- Certi	nsed Practical Nurse-hi	ired red nired					
	the Human Resource corporate office usual required information of The Human Resource Corporate office cond Checks upon hire but did not meet the required Resources Manager of ture new hires would Checks within 30 day. On 2/17/2022 at 11:30 conducted with the Adexplained to the Human required resources.	during the hiring proces es Manager stated the lucted Criminal Backgro she later learned that t irements. The Human stated she would be sui d have Criminal Backgro s of hire. 2 a.m., an interview wa dministrator who stated an Resources Manage checks must be obtaine	the s. bund chose re all round s s she r that					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
				71. BOILBING.			•
		VA0160		B. WING			17/2022
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WESTMO	RELAND REHABILITATIO	ON & HEALTHCARE		NNEY BOULE BEACH, VA 2			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	COLONIAL	ID ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION		PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE DATE
F 001	Continued From page	e 5		F 001			
	Review of the Abuse Prevention Program", revealed the following						
		ur residents have the rig eglect, misappropriation					
	administration will: 2. Conduct employee	t abuse prevention, the background checks an	d will				
	not knowingly employ or otherwise engage any who has: a. Have been found guilty of abuse, neglect, exploitation, misappropriation of property or						
	aide registry concerni exploitation, misappro	g entered the State nurs ng abuse, neglect,					
	or her professional lic	ense by a state licensuluse, neglect, exploitation	ıre				
	3. Develop and imple procedures to aid our neglect, or mistreatme	facility in preventing ab	ouse,				
	debriefing, the facility informed of the finding stated Criminal Backg conducted on all new	p.m. during the end of Administrator was agai gs. The Administrator ground Checks should b hires. The Administrato estions about the findin	n pe pr				
	No further information	n was provided.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER AND PLAN OF CORRECTION IDENTIFICATION NUM			` '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
				_		С				
		VA0160		B. WING			7/2022			
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE					
WESTMO	WESTMORELAND REHABILITATION & HEALTHCARE 2400 MCKINNEY BOULEVARD COLONIAL BEACH, VA 22443									
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	COLONIAL	ID ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)			
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	COMPLETE DATE			
F 001	Continued From page	÷ 6		F 001						
	12 VAC 5-371-140 (E)(3)(a)								
	The facility staff failed (Employees # 7 and # upon hire and failed to (Employees # 6, # 14 Practical Nurses and for 3 (Employees # 11 Certified Nursing Assi On 2/17/2022 at 8:40 employee files selected Check was conducted Resources Manager (Review revealed the file Employee # 7-Registed Director of Nursing-horizotro of Nu	I to verify licensure for # 8) of 3 Registered Nu overify licensure for 3 and # 17) of 3 Licens failed to verify certifical, 19, and # 20) of 12 stants. a.m., review of the ed for Employee Record with the Human (Employee F) in her off following:	rises sed tion ds rice. nse was a bire ed on e date on on hired 020 red							
	Employee # 17-Licens hired-12/27/2019- Lic 1/7/2020, 2/6/2020 ar	sed Practical Nurse- ense Verification on								

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		,	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
7.11.0 1 27.11 1			A. BUILDING: _					
		VA0160		B. WING		02/1	; 7/2022	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
WESTMO	RELAND REHABILITATION	ON & HEALTHCARE		NNEY BOULE BEACH, VA 2				
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
F 001	Continued From page	e 7		F 001				
	Employee # 19- Certified Nursing Assistant-hired 7/3/2019- License Verification on 2/3/2020.							
		ied Nursing Assistant-herification on 7/22/2021						
	Employee # 8-Registered Nurse, Director of Nursing- hired 1/15/2020- License verification on 12/3/2021. On 2/17/2022 at 10:44 a.m., an interview was conducted with the Human Resources Manager who stated she had thrown the original license verifications away when the updated or renewed licenses were submitted. The Human Resources Manager stated she did not realize that was not the correct procedure until this surveyor requested the files along with a list of required documents on 2/16/2022.							
	On 2/17/2022 at 11:32 a.m., the Business Office Manager stated "Now I understand that the original Licenses cannot be thrown away when the new one is updated. I didn't know that at first."		nen					
	conducted with the Adexplained to the Humoriginal licenses must care and maintained also stated that copie licenses must be maintained.	2 a.m., an interview wadministrator who stated an Resources Manage to be verified prior to him in the personnel files. See of verification of renemble and a company during the end of the property of the conditions are during the end of the conditions.	I she er that e or She ewed					
	debriefing, the facility	9 p.m. during the end o Administrator was aga gs. The Administrator s about the findings.	nin					
	No further information	n was provided						