State of Virginia

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PRINTED: 04/04/2022 FORM APPROVED

(X1) PROVIDER/SUPPLIER/CLIA PECONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: **B. WING** VA0141 03/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11611 ROBIOUS ROAD THE LAURELS OF WILLOW CREEK MIDLOTHIAN, VA 23113 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) **Initial Comments** F 000 The Laurels of Willow Creek wishes to have this submitted plan of correction stand as its allegation of compliance. Our An unannounced biennial State Licensure date of alleged compliance is April 19, Inspection was conducted 3/22/2022 through 3/24/2022. Five complaints were investigated Preparation and/or execution of this plan of during the survey, VA00051908- unsubstantiated correction does not constitute admission without deficiency, VA00054018- unsubstantiated to, nor agreement with, either the without deficiency, VA00053616- substantiated existence of or the scope and severity of with deficiencies, VA00052442- substantiated any of the cited deficiencies, or conclusions set forth in the statement of with deficiencies and VA00052374- substantlated deficiencies. This plan is prepared and/or without deficiency. Corrections are required with executed to ensure continuing the Virginia Rules and Regulations for the compliance with regulatory requirements. Licensure of Nursing Facilities. The census in this 120 bed facility was 105 at the time of the survey. The survey sample consisted of 41 current Resident reviews and 10 closed record reviews. CNA #3 no longer works at the facility. 4/19/22 RN #5 no longer works at the facility. F 001 Non Compliance F 001 2. An audit will be conducted on current The facility was out of compliance with the employees to ensure license verifications following state licensure requirements: and sworn statements has been obtained. Any employee with missing information, will be obtained. This RULE: is not met as evidenced by: Based on staff interview and facility document 3. The Payroll staff member will be review, it was determined that the facility staff re-educated on ensuring license verification falled to evidence current sworn statements have been obtained upon hiring the and/or professional licenses in accordance with employee. Re-aducation will also include ensuring sworn statements have been the laws of the State of Virginia, for two of 25 obtained upon hire. employee records reviewed. 4. ADM/designee will conduct audits on The findings included: new employee records to ensure license verification and sworn statements have A. On 3/23/22 at approximately 12:00 PM, the been obtained, 3 times weekly times 2 employee records for newly hired employees weeks, weekly times 2 weeks and monthly within the past two years were reviewed. Review times 2 months to ensure assessments are completed. A review of the findings will of the employee records failed to produce be taken to QAPI for 3 months to ensure evidence of current professional license in compliance and will follow committee accordance with the laws of the State of Virginia. recommendations. for one staff member. During the state licensure

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

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F 001	Continued From page 1		F 001				
	task of reviewing employee files hired within the last two years, the list of 25 employees was provided to the facility on 3/22/22 at approximately 1:30 PM.						
	The employee ident	ified was:					
	CNA (certified nursing assistant) #3's employee record documented they were hired as a CNA with the facility on 6/30/20. Further review of CNA #3's employee record evidenced no primary source verification from the Virginia Department of Health Professionals for a certified nursing assistant. There was a copy of the CNA #3's license. The primary source verification of the license was pulled from the Department of Health Professionals web site on 3/23/22.						
	member) #9, the pay manager reviewed () When asked if prima found, OSM #9 state of the license. We versure verification of	PM, OSM (other staff yroll/accounts payable CNA #3's employee record. ary source verification was ed, No, there is only the copy will pull one now. (Primary f the license was pulled from lealth Professionals web site M).					
	(administrative staff Administrator, and A Nursing and ASM #3	SM #2, the Director of it, the Regional Director of ite of the findings of the				531	
	On 3/23/22 a reques facility policy related hires or new employe	t was made at 4:45 PM for a to employee licenses, new ee screening.					
	On 3/24/22 at 11:02	AM, ASM #1 stated, We do					

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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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F;001	Continued From page 2		F 001				
	not have any policy related to employee licenses, new hires or new employee screening.  No further information was provided prior to exit.					a .	
	employee records for within the past two posts the employee recorded evidence of a swort member. During the reviewing employee years, the list of 25 the facility on 3/22/2. The employee identification of the employee	proximately 12:00 PM, the or newly hired employees years were reviewed. Review cords failed to produce a statement for one staff e state licensure task of a files hired within the last two employees was provided to 22 at approximately 1:30 PM.  Itified was:  1:0) #5's employee record ere hired as a RN with the Further review of RN #5's ridenced no sworn statement.  PM, OSM (other staff byroll/accounts payable RN #5's employee record.					
	When asked if a sw OSM #9 stated, No.	orn statement was found, there is no sworn statement. In find the one for her record.				6	
	(administrative staff Administrator, and A Nursing and ASM #	ASM #2, the Director of 3, the Regional Director of are of the findings of the					
		st was made at 4:45 PM for a I to employee licenses, new ree screening.				2	

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F 001	Continued From page 3		F 001				
	sworn statement for	AM, OSM #9 was asked if the RN #5 had been located. , we have not found one.					
		2 AM, ASM #1 stated, 'We do related to employee licenses, mployee screening.				ı	
	No further informati	on was provided prior to exit.					
	Nursing Services 12VAC5-371-220 A F686	, B, C.1 cross reference to		Nursing Services 12VAC5-371-220 A, B, C.1 cross refer F688	rence to		
	Clinical records 12VAC5-371-360 E.9 cross reference to F842  12 VAC 5 - 371 - 210 A - 3 - cross references to F 657			Clinical records 12VAC5-371-360 E.9 cross reference	to F842		
				12 VAC 6 - 371 - 210 A - 3 - cross refe to F657	rences		
	12VAC5-371-140. P Cross reference to I	Policies and procedures F550, F804, F812		12VAC5-371-140. Policies and proced Cross reference to F550, F804, F812	lures	:	
	12VAC5-371-150. R Cross reference to I			12VAC5-371-150. Resident rights Cross reference to F550	:		
	12VAC5-371-180, Ir Cross reference to I			12VAC5-371-180, Infection control Cross reference to F812			
	12VAC5-371-200. D Cross reference to I			12VAC5-371-200. Director of nursing Cross reference to F658			
	12VAC5-371-210, N Cross reference to I			12VAC5-371-210. Nurse staffing Cross reference toF657			
	12VAC5-371-220. N Cross reference to I			12VAC5-371-220. Nursing services Cross reference to F684			
	12VAC5-371-250. Resident assessment and care			12VAC5-371-250. Resident assessme care	nt and		

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	to F684  12VAC5-371-340. D program Cross reference to I Resident Assessme 12VAC5-271-250G  Nursing Services 12VAC5-271-220B 6695, F757, 760 12VAC5-371-250. R planning cross reference to F	nt and Care Planning cross reference to F656 cross reference to F684, esident assessment and care		planning Cross reference to F656, F657, Cross to F684  12VAC5-371-340. Dietary and food se program Cross reference to F804 and F812 Resident Assessment and Care Plann 12VAC5-271-250G cross reference to Nursing Services 12VAC5-271-220B cross reference to F695, F757, 760 12VAC5-371-250. Resident assessme planning cross reference to F641.  F-656 cross referenced to 12 VAC 5-3	ervice Ing F656 F684, ont and car	e
	F-684 cross reference & (B) & (D)	84 cross referenced to 12 VAC 5-371-220 (A) 8 (D)		F-684 cross referenced to 12 VAC 5-3' & (B) & (D)	71-220 (A)	
	F-842 cross reference	zed to 12 VAC 5-371-360 (H)		F-842 cross referenced to 12 VAC 5-3	71-360 (H)	
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