

RECEIVED

APR 26 2022

PRINTED: 04/04/2022
FORM APPROVED

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0141	VDH/OLE MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/24/2022
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NAME OF PROVIDER OR SUPPLIER THE LAURELS OF WILLOW CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 11611 ROBIOUS ROAD MIDLOTHIAN, VA 23113
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(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	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 3/22/2022 through 3/24/2022. Five complaints were investigated during the survey, VA00051908- unsubstantiated without deficiency, VA00054018- unsubstantiated without deficiency, VA00053616- substantiated with deficiencies, VA00052442- substantiated with deficiencies and VA00052374- substantiated without deficiency. Corrections are required with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>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.</p>	F 000	<p>The Laurels of Willow Creek wishes to have this submitted plan of correction stand as its allegation of compliance. Our date of alleged compliance is April 19, 2022.</p> <p>Preparation and/or execution of this plan of correction does not constitute admission to, nor agreement with, either the existence of or the scope and severity of any of the cited deficiencies, or conclusions set forth in the statement of deficiencies. This plan is prepared and/or executed to ensure continuing compliance with regulatory requirements.</p>	
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: Based on staff interview and facility document review, it was determined that the facility staff failed to evidence current sworn statements and/or professional licenses in accordance with the laws of the State of Virginia, for two of 25 employee records reviewed.</p> <p>The findings included:</p> <p>A. On 3/23/22 at approximately 12:00 PM, the employee records for newly hired employees within the past two years were reviewed. Review of the employee records failed to produce evidence of current professional license in accordance with the laws of the State of Virginia, for one staff member. During the state licensure</p>	F 001	<ol style="list-style-type: none"> 1. CNA #3 no longer works at the facility. RN #5 no longer works at the facility. 2. An audit will be conducted on current employees to ensure license verifications and sworn statements has been obtained. Any employee with missing information, will be obtained. 3. The Payroll staff member will be re-educated on ensuring license verification have been obtained upon hiring the employee. Re-education will also include ensuring sworn statements have been obtained upon hire. 4. ADM/designee will conduct audits on new employee records to ensure license verification and sworn statements have been obtained, 3 times weekly times 2 weeks, weekly times 2 weeks and monthly times 2 months to ensure assessments are completed. A review of the findings will be taken to QAPI for 3 months to ensure compliance and will follow committee recommendations. 	4/19/22

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

TITLE

(X6) DATE

Steve Shure LNA

Administrator

4/25/22

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F 001	<p>Continued From page 1</p> <p>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.</p> <p>The employee identified was:</p> <p>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.</p> <p>On 3/23/22 at 2:00 PM, OSM (other staff member) #9, the payroll/accounts payable manager reviewed CNA #3's employee record. When asked if primary source verification was found, OSM #9 stated, No, there is only the copy of the license. We will pull one now. (Primary source verification of the license was pulled from the Department of Health Professionals web site on 3/23/22 at 2:12 PM).</p> <p>On 3/23/22 at approximately 4:35 PM, ASM (administrative staff member) #1, the Administrator, and ASM #2, the Director of Nursing and ASM #3, the Regional Director of Ops were made aware of the findings of the employee record review.</p> <p>On 3/23/22 a request was made at 4:45 PM for a facility policy related to employee licenses, new hires or new employee screening.</p> <p>On 3/24/22 at 11:02 AM, ASM #1 stated, We do</p>	F 001		

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F 001	<p>Continued From page 2</p> <p>not have any policy related to employee licenses, new hires or new employee screening.</p> <p>No further information was provided prior to exit.</p> <p>B. On 3/23/22 at approximately 12:00 PM, the employee records for newly hired employees within the past two years were reviewed. Review of the employee records failed to produce evidence of a sworn statement for one staff member. During the state licensure 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.</p> <p>The employee identified was:</p> <p>RN (registered nurse) #5's employee record documented they were hired as a RN with the facility on 9/15/20. Further review of RN #5's employee record evidenced no sworn statement.</p> <p>On 3/23/22 at 2:00 PM, OSM (other staff member) #9, the payroll/accounts payable manager reviewed RN #5's employee record. When asked if a sworn statement was found, OSM #9 stated, No, there is no sworn statement. We will see if we can find the one for her record.</p> <p>On 3/23/22 at approximately 4:35 PM, ASM (administrative staff member) #1, the Administrator, and ASM #2, the Director of Nursing and ASM #3, the Regional Director of Ops were made aware of the findings of the employee record review.</p> <p>On 3/23/22 a request was made at 4:45 PM for a facility policy related to employee licenses, new hires or new employee screening.</p>	F 001		

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F 001	<p>Continued From page 3</p> <p>On 3/24/22 at 9:00 AM, OSM #9 was asked if the sworn statement for RN #5 had been located. OSM #9 stated, No, we have not found one.</p> <p>On 3/24/22 at 11:02 AM, ASM #1 stated, 'We do not have any policy related to employee licenses, new hires or new employee screening.</p> <p>No further information was provided prior to exit.</p> <p>Nursing Services 12VAC5-371-220 A, B, C.1 cross reference to F686</p> <p>Clinical records 12VAC5-371-360 E.9 cross reference to F842</p> <p>12 VAC 5 - 371 - 210 A - 3 - cross references to F 857 12VAC5-371-140. Policies and procedures Cross reference to F550, F804, F812</p> <p>12VAC5-371-150. Resident rights Cross reference to F550</p> <p>12VAC5-371-180. Infection control Cross reference to F812</p> <p>12VAC5-371-200. Director of nursing Cross reference to F658</p> <p>12VAC5-371-210. Nurse staffing Cross reference to F657</p> <p>12VAC5-371-220. Nursing services Cross reference to F684</p> <p>12VAC5-371-250. Resident assessment and care</p>	F 001	<p>Nursing Services 12VAC5-371-220 A, B, C.1 cross reference to F686</p> <p>Clinical records 12VAC5-371-360 E.9 cross reference to F842</p> <p>12 VAC 6 - 371 - 210 A - 3 - cross references to F857 12VAC5-371-140. Policies and procedures Cross reference to F550, F804, F812</p> <p>12VAC5-371-150. Resident rights Cross reference to F550</p> <p>12VAC5-371-180. Infection control Cross reference to F812</p> <p>12VAC5-371-200. Director of nursing Cross reference to F658</p> <p>12VAC5-371-210. Nurse staffing Cross reference to F657</p> <p>12VAC5-371-220. Nursing services Cross reference to F684</p> <p>12VAC5-371-250. Resident assessment and care</p>	

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F 001	<p>Continued From page 4</p> <p>planning Cross reference to F656, F657, Cross reference to F684</p> <p>12VAC5-371-340. Dietary and food service program Cross reference to F804 and F812 Resident Assessment and Care Planning 12VAC5-271-250G cross reference to F656</p> <p>Nursing Services 12VAC5-271-220B cross reference to F684, F695, F757, 760 12VAC5-371-250. Resident assessment and care planning cross reference to F641.</p> <p>F-656 cross referenced to 12 VAC 5-371-250 (G)</p> <p>F-684 cross referenced to 12 VAC 5-371-220 (A) & (B) & (D)</p> <p>F-842 cross referenced to 12 VAC 5-371-360 (H)</p>	F 001	<p>Continued From Page 4</p> <p>planning Cross reference to F656, F657, Cross reference to F684</p> <p>12VAC5-371-340. Dietary and food service program Cross reference to F804 and F812 Resident Assessment and Care Planning 12VAC5-271-250G cross reference to F656</p> <p>Nursing Services 12VAC5-271-220B cross reference to F684, F695, F757, 760 12VAC5-371-250. Resident assessment and care planning cross reference to F641.</p> <p>F-656 cross referenced to 12 VAC 5-371-250 (G)</p> <p>F-684 cross referenced to 12 VAC 5-371-220 (A) & (B) & (D)</p> <p>F-842 cross referenced to 12 VAC 5-371-360 (H)</p>	