

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0153</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/08/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PROMEDICA SKILLED NURSING AND REHAB (FAIR C</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>12475 LEE JACKSON MEMORIAL HIGHWAY FAIRFAX, VA 22033</b>
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F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 04/06/2021 through 04/08/2021. Corrections are required for compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 145 bed certified facility was 130 at the time of the survey. The survey sample consisted of 33 current resident reviews and three closed record reviews.</p>	F 000		
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: 12VAC5-371-140. Policies and procedures. Cross reference to F550, F695, F696, F812, F842, F880</p> <p>12VAC5-371-150. Resident rights. Cross reference to F550</p> <p>12VAC5-371-180. Infection control. Cross reference to F812, F880</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 F558, F684, F695, F696, F698</p> <p>12VAC5-371-250. Resident assessment and care</p>	F 001		

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

TITLE

(X6) DATE

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F 001	<p>Continued From page 1</p> <p>planning. Cross reference to F656, F657, 659, F684, F695, F696, F698</p> <p>12VAC5-371-270. Social services. Cross reference to F696</p> <p>12VAC5-371-340. Dietary and food service program. Cross reference to F812</p> <p>12VAC5-371-360. Clinical records. Cross reference to F842</p> <p>12VAC5-421-2700. Areas, Enclosures, and Receptacles, Good Repair. Cross reference to F814</p> <p>12VAC5-371-140. Policies and procedures.</p> <p>Based on staff interview and facility document review, it was determined that the facility staff failed to evidence verification of a current license or certificate or perform reference checks in accordance with the laws of the State of Virginia, for three of 25 employee records reviewed.</p> <p>The findings included:</p> <p>On 4/7/21 at approximately 1:00 PM, the employee records for newly hired employees within the past two years were reviewed. Review of the employee records failed to reveal evidence of license verifications or reference checks on file for three staff members.</p> <p>The employees identified were:</p> <p>CNA (certified nursing assistant) #7's employee record was reviewed. CNA #7's employee record documented they were hired as a CNA with the</p>	F 001		

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F 001	<p>Continued From page 2</p> <p>facility on 12/7/20. Further review of CNA #7's employee record failed to evidence any primary source verification from the Virginia Department of Health Professionals for a nurse aide license until 1/28/21 at 2:38 PM.</p> <p>CNA #8's employee record was reviewed. CNA #8's employee record documented they were hired as a CNA with the facility on 7/16/20. Further review of CNA #8's employee record failed to evidence any current primary source verification from the Virginia Department of Health Professionals. CNA #8 nurse aide license expired 12/31/20.</p> <p>CNA #9's employee record was reviewed. CNA #9's employee record documented they were hired as a CNA with the facility on 12/16/20. Further review of CNA #9's employee record failed to evidence reference checks.</p> <p>An interview was conducted on 4/07/21 at 2:22 PM with OSM (other staff member) #5, the human resources manager. When asked about the process for obtaining primary source verification and references, OSM #5 stated, "It is my responsibility to maintain license records and check their references. They are usually right there in their folders. I know I had them". When asked to look for the licenses for CNA #7 and CNA #8, references for CNA #9, OSM #5 stated, "Yes, I'll look."</p> <p>On 4/7/21 at 3:00 PM, OSM #5 returned with a copy of current nurse aide license for CNA #8. The primary source verification from the Virginia Department of Health Professionals was printed on 4/7/21 at 2:56 PM.</p> <p>ASM (administrative staff member) #1, the</p>	F 001		
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F 001	<p>Continued From page 3</p> <p>administrator, and ASM #1 the director of nursing were informed of the finding on 4/7/21 at 5:00 PM.</p> <p>The facility's policy "License/Certification Verification" dated 4/17/18, documented in part, "Only applicants with a valid license/certification in the state he/she will be working in will be considered for employment. While it is the responsibility of the applicant or employee to ensure state-specific license/certification requirements are met, the local human resources department will be responsible for validating license/certification information to ensure no licensed/certified employee works without a valid license/certification."</p> <p>The state regulation 12VAC5-371-140 documented "E. Personnel policies and procedures shall include, but are not limited to: 3. An accurate and complete personnel record for each employee including: a. Verification of current professional license, registration, or certificate or completion of a required approved training course; b. Criminal record check; c. Verification that the employee has reviewed or received a copy of the job description ..."</p> <p>No further information was provided prior to exit.</p>	F 001		