

State of Virginia

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>VA0145</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>09/07/2018</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LIFE CARE CENTER OF NEW MARKET</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>315 EAST LEE HIGHWAY<br/>NEW MARKET, VA 22844</b> |
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| F 000              | <p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 9/5/18 through 9/7/18. Corrections are required to be in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow.</p> <p>The census in this 118 certified bed facility was 103 at the time of the survey. The survey sample consisted of 39 current resident reviews (Residents #72, #6, #73, #43, #70, #61, #42, #60, #55, #1, #75, #74, #62, #69, #2, #23, #48, #87, #30, #39, #37, #97, #26, #59, #17, #94, #40, #44, #29, #52, #65, #4, #58, #68, #88, #91, #95, #35, and #78) and 3 closed record reviews (Residents #100, #102, and #66).</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: 12VAC5-371-150. Resident rights. G. The nursing facility shall register with the Department of State Police to receive notice of the registration or reregistration of any sex offender within the same or a contiguous zip code area in which the facility is located pursuant to §9.1-914 of the Code of Virginia.</p> <p>Based on staff interview and facility document review, it was determined that the facility staff failed to register to receive automatic notifications from the Virginia Sex Offender Registry of any registered sex offenders in the same or contiguous zip code area of the facility.</p> <p>The findings include:</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>On 9/5/18 at approximately 12:00 p.m., during the entrance conference with the ASM #1, the Executive Director, (Administrative Staff Member), and ASM #2, the Director of Nursing, evidence that the facility was registered with the Department of State Police (DSP) to receive notice of registration or reregistration of sex offenders in the same or contiguous zip code, was requested.</p> <p>On 9/5/18 at 2:35 p.m., ASM #1 stated that the facility was not registered to receive automatic notifications from the sex offender registry. He provided a print out dated the date of the survey (9/5/18), printed at 1:56 p.m. (survey started at 11:45 a.m.), from the Virginia State Police sex offender registry of a list of registered sex offenders for the one zip code the facility was located in, but not surrounding areas, and stated that this printout is what they check every day. No evidence was provided that it was in fact done on a daily basis. He also provided copies of a print out from the sex offender registry of people allegedly requesting admission, and stated that these were people that they checked and did not admit; but had no evidence of checking, printing and retaining the document of any current residents. It was noted that each of these documents of individuals that were checked, was printed from the Virginia State Police website on the date of survey (9/5/18) at 1:14 p.m. and 1:28 p.m., after request of evidence that residents are pre-screened prior to admission, however they were not for any current residents.</p> <p>A review of the facility policy, "Protection of Residents: Reducing the Threat of Abuse and Neglect" documented, "Procedure for Screening Residents: 1. For prospective residents, the</p> | F 001         |   |                    |

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| F 001 | <p>Continued From page 2</p> <p>following must be reviewed: An assessment of the individual's functional and mood/behavioral status; Medical acuity; and Special needs...2. Refer to the Admission Policy in the Social Services Manual and any State-specific regulations or laws regarding the screening of residents."</p> <p>A review of a document from the admission packet, titled "Convicted Sex Offencer {sic}: New Responsibilities For Long Term Care Facilities" dated 6/7/2007, documented, "Recent legislation passed by the Virginia General Assembly requires that Long Term Care Facilities to: Register to receive information regarding convicted sex offenders living in or near the facility; To inform facility residents of the existence and use of the Virginia Sex Offender Registry and to assist resident in accessing the registry. Prior to admission to this facility, all potential residents will be screened utilizing the sex offender registry and the resident's previous home address in accordance with this new legislation effective 7/1/2007. (name of facility) is required to inform all residents and/or responsible family members that they may access the Sex Offender Registry at (web address). Resident s may access the register themselves at the facility by request to the Social Services Director. The Social Services Director will provide internet services and assist in accessing the web side upon request. All residents and/or responsible parties must sign below to acknowledge that they have received the above information."</p> <p>No further information was provided.</p> <p>2. Based on staff interview and facility document</p> | F 001 |  |  |
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| F 001              | <p>Continued From page 3</p> <p>review, it was determined that the facility staff failed to ensure a criminal record background check was completed for 16 of 25 employee records reviewed (RN #1, RN #2, LPN #1, LPN #2, CNA #3, CNA #4, CNA #5, CNA #6, CNA #7, CNA #8, OSM #2, OSM #4, OSM #5, OSM #6, OSM #7, and OSM #8), and a licensure verification was obtained for 1 of 25 employee records reviewed (CNA #8), in accordance with the laws of the State of Virginia.</p> <p>The findings included:</p> <p>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: a. Verification of current professional license, registration, or certificate or completion of a required approved training course; b. Criminal record check."</p> <p>Virginia Nursing Home Regulation 12VAC5-371-150 states that a facility must comply with the requirements of §32.1-126.01: Employment for compensation of persons convicted of certain offenses prohibited; criminal record checks required; suspension or revocation of license. "Any person desiring to work at a licensed nursing home shall provide the hiring facility with a sworn statement or affirmation disclosing any criminal convictions or any pending criminal charges...A nursing home shall, within 30 days of employment, obtain for any compensated employees an original criminal record clearance with respect to convictions for offenses specified in this section or an original criminal history record from the Central Criminal Records Exchange."</p> | F 001         |   |                    |

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| F 001              | <p>Continued From page 4</p> <p>State law (§§ 32.1-126.01 and 32.1-162.9:1 Employment for compensation of persons convicted of certain offenses prohibited; criminal records check required; suspension or revocation of license.) requires that each nursing facility, home care or home health organization, and hospice obtain a criminal record background check on new hires within 30 days of employment. The law also requires that these background checks be obtained using the Central Criminal Records Exchange from the Virginia Department of State Police. See Appendix 2 for a copy of each law.</p> <p>On 9/7/18 a review of 25 employee records was conducted. The following concerns were identified:</p> <ol style="list-style-type: none"> <li>1. For RN #1 (Registered Nurse), hired on 5/22/18, the 30-day criminal background check was not completed until 8/10/18.</li> <li>2. For RN #2, hired on 10/24/17, the 30-day criminal background check was not completed until 12/1/17.</li> <li>3. For LPN #1 (Licensed Practical Nurse), hired on 4/25/18, the 30-day criminal background check was not completed until 8/10/18.</li> <li>4. For LPN #2, hired on 6/19/18, the 30-day criminal background check was not completed until 8/10/18.</li> <li>5. For CNA #3 (Certified Nursing Assistant), hired on 1/3/18, the 30-day criminal background check was not completed until 3/23/18.</li> <li>6. For CNA #4, hired on 2/6/18, the 30-day criminal background check was not completed</li> </ol> | F 001         |   |                    |

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| F 001              | <p>Continued From page 5</p> <p>until 3/23/18.</p> <p>7. For CNA #5, hired on 6/19/18, the 30-day criminal background check was not completed until 8/10/18.</p> <p>8. For CNA #6, hired on 7/11/17, the 30-day criminal background check was not completed until 9/13/17.</p> <p>9. For CNA #7, hired on 9/7/17, the 30-day criminal background check was not completed until 12/1/17.</p> <p>10. For CNA #8, hired on 10/24/17, the 30-day criminal background check was not completed until 8/10/18, AND the license verification was not completed until 1/12/18.</p> <p>11. For OSM #2 (Other Staff Member), a housekeeper, hired on 1/3/18, the 30-day criminal background check was not completed until 3/23/18.</p> <p>12. For OSM #4, a housekeeper, hired on 5/22/18, the 30-day criminal background check was not completed until 8/10/18.</p> <p>13. For OSM #5, a receptionist, hired on 6/9/18, the 30-day criminal background check was not completed until 8/10/18.</p> <p>14. For OSM #6, a laundry aide, hired on 11/8/17, the 30-day criminal background check was not completed until 3/23/18.</p> <p>15. For OSM #7, a physical therapy assistant, hired on 11/29/16, the 30-day criminal background check was not completed until 2/3/17.</p> | F 001         |   |                    |

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| F 001              | <p>Continued From page 6</p> <p>16. For OSM #8, a physical therapist, hired on 12/9/17, the 30-day criminal background check was not completed until 3/23/18.</p> <p>On 9/7/18 at 12:14 p.m., in an interview with OSM #13, Human Resources, she stated that she had her "wires crossed and thought they had to be done within 90 days, not 30 days." Regarding the license verification for CNA #8, she stated she did not have anything obtained any earlier or closer to the date of hire.</p> <p>A review of the facility policy, "Protection of Residents: Reducing the Threat of Abuse and Neglect" documented, "Screening: It is the policy of this facility to screen staff (as defined in this policy) for a history of abuse, neglect, exploitation, or misappropriation of resident property in order to prohibit abuse, neglect, and exploitation of resident property. Screening components include but are not limited to attempting to obtain information from previous employers and/or current employers, and checking with appropriate licensing boards, registries, and background checks...."</p> <p>On 9/7/18 at 3:26 p.m. in a meeting with ASM #1 (Administrative Staff Member - the Executive Director) and ASM #2 (the Director of Nursing) they were made aware of the findings. No further information was provided by the end of the survey.</p> <p>12 VAC 5 - 371 - 250 A cross references to F 641</p> <p>12 VAC 5 - 371 - 250 C cross references to F 657</p> <p>12 VAC 5 - 371 - 200 B 1 cross references to F 658</p> | F 001         |   |                    |

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| F 001              | <p>Continued From page 7</p> <p>12 VAC 5 - 371 - 220 B cross references to F 760<br/>12VAC5-371-180. Infection Control cross references to F880.</p> <p>12VAC5-371-140. Policies and Procedures cross references to F622, F623, F624, F625, F645<br/>Resident Activities<br/>12VACS-371-280A cross reference to F679</p> | F 001         |   |                    |