

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/05/2021
NAME OF PROVIDER OR SUPPLIER MANASSAS HEALTH AND REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 8575 RIXLEW LANE MANASSAS, VA 20109		
(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	Initial Comments An unannounced biennial State Licensure Inspection was conducted 3/2/21 through 3/5/21. The facility was in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 120 bed facility was 96 at the time of the survey. The survey sample consisted of 40 current resident reviews and six closed record reviews.	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: 12VAC5-371-250. Resident assessment and care planning cross reference to F657. 12VAC5-371-140. Policies and procedures. See below citation 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. The findings included: On 3/3/21 at approximately 4:00 p.m., the employee records for newly hired employees within the past two years were reviewed. Review of the employee records failed to produce evidence of license verifications or reference checks on file for three staff members.	F 001	1. Facility staff failed to evidence verification of a current license or certificate for 1 of 25 employees. Facility staff failed to perform reference checks for 2 of 25 employees. 2. Residents have the potential to be affected if facility staff fail to verify license or certificate or fail to perform reference checks prior to hire. New hires in the last 30 days will be reviewed for the presence of license or certificate verifications and reference checks. Variances will be addressed. 3. Administrator or designee will provide education to Human Resources Coordinator regarding the requirement to complete license or certificate verifications and reference checks prior to hire. 4. Records for new hires will be reviewed	4/14/21

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

TITLE

(X6) DATE

Electronically Signed

03/18/21

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F 001	<p>Continued From page 1</p> <p>The employees identified were:</p> <p>OSM (other staff member) #8's employee record was reviewed. OSM #8's employee record documented they were hired as an activities assistant with (Name of facility) on 7/7/20. Further review of OSM #8's employee record failed to evidence reference checks.</p> <p>LPN (licensed practical nurse) #5's employee record was reviewed. LPN #5's employee record documented they were hired as an LPN with (Name of facility) on 7/8/20. Further review of LPN #5's employee record failed to evidence reference checks.</p> <p>CNA (certified nursing assistant) #2's employee record was reviewed. CNA #2's employee record documented they were hired as a CNA with (Name of Facility) on 1/12/21. Further review of CNA #2's employee record failed to evidence primary source license verification from the Virginia Department of Health Professionals.</p> <p>On 3/4/21 at approximately 11:25 a.m., an interview was conducted with OSM #9, the human resources generalist. OSM #9 stated that they began working at the facility on 7/7/20. OSM #9 stated they then out for a few weeks and returned the beginning of August. OSM #9 stated that they performed a telephone screening on potential new employees. OSM #9 stated that after the telephone screening, the new employees filled out an application, which was turned into them. OSM #9 stated that an in person interview was conducted with the nurse leader and the scheduler. OSM #9 stated that new employees completed a drug test, background check and were scheduled for orientation after an offer was accepted. OSM #9</p>	F 001	<p>for compliance monthly for three (3) months. Findings will be reported to the QAPI Committee for further recommendation.</p>	

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F 001	<p>Continued From page 2</p> <p>stated that the new employee brought in their licenses and CPR (cardiopulmonary resuscitation) cards during orientation. OSM #9 stated that they pulled the primary source verification for the license and obtained the references. OSM #9 stated that if the references were not in the employee files presented they did not have them because they were hired prior to them being in the position.</p> <p>On 3/4/21 at approximately 1:30 p.m., a request was made via email to ASM (administrative staff member) #1, the administrator for the facility policy and procedure for new employee record requirements including license verification, reference checks and employee sworn statements.</p> <p>On 3/4/21 at approximately 4:20 p.m., a telephone interview was conducted with ASM #1, the administrator. ASM #1 stated that the contracted therapy company had their own human resources personnel who handled the onboarding process for their employees. ASM #1 stated that they would look for the documents listed above that were not observed in the employee files. ASM #1 stated that they had provided all of the documents they had for OSM #8's and LPN #5's records.</p> <p>On 3/5/21 at approximately 8:15 a.m., ASM #1 stated via email that they had no additional documents to provide.</p> <p>The facility's policy "Hiring Process, Evaluations, Employee Records, Resignations and Terminations" dated "February 2020" documented in part, " ...License Verification for licensed/certified applicants: Verify the license or certification online through the Virginia</p>	F 001			

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F 001	<p>Continued From page 3</p> <p>Department of Health Professions prior to an offer of employment ...This is to be completed prior to the offer of employment. Print off the confirmation pages ..." Further review of the policy documented, "...Any concern revealed on the application or sworn statement must be discussed with the applicant by the Administrator and/or Center HR (human resources). Refer to the list of Barrier Crimes and the supplemental list of crimes that may prevent the individual from being hired ..." The policy further documented, "...References/Verification of Employment, One (1) reference and one (1) employment confirmation must be obtained. These must be obtained prior to the first day of orientation should an offer of employment be made ..."</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>On 3/4/21 at approximately 4:30 p.m. and 3/5/21 at approximately 8:45 a.m., ASM #1, the administrator was made aware of the findings.</p> <p>No further information was provided prior to exit.12VAC5-371-220. Nursing Services Cross reference F580</p>	F 001		