

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0257	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WADDELL NURSING AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 202 PAINTER ST GALAX, VA 24333
---	--

(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 licensure survey was conducted on 8/6/19 though 8/9/19. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety survey/report will follow.</p> <p>The census in this 130 certified bed facility was 126 at the time of the survey. The survey sample consisted of 25 current Resident reviews and 2 closed record reviews .</p> <p>The facility was not in compliance with the following Virginia Rules and Regulations for Licensure of NUrning Facilities.</p> <p>12 VAC 5-371-150 (B) (1): Cross reference to F 550</p> <p>12 VAC 5-371-140: Cross referenced to F 607</p> <p>12 VAC 5-371-250 (A) and (D) and (E): Cross referenced to F 641</p> <p>12 VAC 5-371-250 (G): Cross referenced to F 656</p> <p>12 VAC 5-371-250- (C) and (F) and (I): Cross referenced to F 657</p> <p>12 VAC 5-371-220 (C3) and (G): Cross refernced to F 690</p> <p>12 VAC 5-371-220 (D) : Cross refernced to F695</p> <p>12 VAC 5-371-300 (H): Cross referenced to F 756</p> <p>12 VAC 5-371-220 (B): cross referenced to F 759 and F760</p>	F 000		

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

TITLE

(X6) DATE

Electronically Signed

09/09/19

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0257	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2019
NAME OF PROVIDER OR SUPPLIER WADDELL NURSING AND REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 202 PAINTER ST GALAX, VA 24333		
(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	Continued From page 1 12 VAC 5-371-300 (L): Cross referenced to F 761 12 VAC 5-371-360 (A) and (B) and (E): Cross referenced to F 842 12 VAC 5-371-180 (A): Cross referenced to F 880	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: Policies and procedures 12 VAC 5-371-140-cross reference to F tag 607 Based on staff interview, employee record review, facility document review, and the code of Virginia, the facility staff failed to follow their policy and procedure in regards to obtaining criminal background checks for new employees and failed to obtain criminal background checks within 30 days of employment for 3 of 25 new hires. New hire #6, #13, and #17. The findings included: The facility staff failed to obtain criminal background checks upon hire per their facility policy/procedure and within 30 days of employment per the code of Virginia. § 32.1-126.01. Employment for compensation of persons convicted of barrier crimes prohibited; criminal records check required; suspension or revocation of license. "...A nursing home shall,	F 001	The criminal background checks were obtained for new hires #6, #13, and #17. The facility Staffing Coordinator is responsible for assuring that all criminal background checks are received within the time frame dictated by facility policy. The Staffing Coordinator completed a 100% audit of all current employee files to assure compliance with facility compliance The Regional Director of Clinical Services educated the Administrator and the Staffing Coordinator on the facility policy. The Administrator will review the orientation files of all new hires to assure compliance with facility policy. Quality Assurance and Performance Improvement Committee will review weekly until deficient practice is cleared.	9/18/19

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0257	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/09/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER WADDELL NURSING AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 202 PAINTER ST GALAX, VA 24333
---	--

(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 001	<p>Continued From page 2</p> <p>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> <p>The surveyor reviewed 25 new hire employee record on 08/07 and 08/08/19.</p> <p>Employee #6 was an LPN (licensed practical nurse). Documented DOH (date of hire) 10/08/18 criminal background check completed 12/20/18.</p> <p>Employee #13 was a cook. Documented DOH (08/30/18) criminal background check completed 10/09/18.</p> <p>Employee #17 was an activity staff. Documented DOH (10/26/18) criminal background check completed 12/19/18.</p> <p>Facility policy titled "Employee Background Screening" read in part, "...Each facility shall conduct a criminal background check of all employees, as required by law, upon hire..."</p> <p>On 08/08/19 at 10:00 a.m. human resource employee #1 was asked if they had any further information regarding background checks for these three employees.</p> <p>On 08/08/19 at 1:21 p.m., the surveyor reviewed the hire dates and criminal background dates with human resource employee #1. After this review, this employee verbalized to the surveyor that she had not completed the paperwork for employee #6 and #17. For employee #13 they stated they must have missed it.</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0257	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/09/2019
NAME OF PROVIDER OR SUPPLIER WADDELL NURSING AND REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 202 PAINTER ST GALAX, VA 24333		
(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 001	<p>Continued From page 3</p> <p>On 08/08/19 at approximately 4:04 p.m., the administrator, DON, regional vice president of operations, and regional director of clinical services were notified of the issue regarding employee records.</p> <p>On 08/09/18 at 8:32 a.m., during the QA (quality assurance) task with the administrator, the administrator verbalized to the surveyor that by the end of May they had realized they had placed too much on one person and had done some changes.</p> <p>No further information regarding this issue was provided to the survey team prior to the exit conference.</p>	F 001		