						E SURVEY PLETED
		VA0271	B. WING		05	/20/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
VESTWO	OD CENTER		TWOOD MEDICAL I ELD, VA 24605	PARK		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
F 000	Initial Comments		F 000			
	5/20/2021. The facili with the Virginia Rule Licensure of Nursing The census in this 65	ucted 5/18/2021 through ty was not in compliance s and Regulations for the Facilities. bed facility was 47 at the he survey sample consisted				
F 001	Non Compliance		F 001			
	The facility was out of compliance with the following state licensure requirements:					
	12 VAC 5-371-220 B 12 VAC 5-371-220 C 12 VAC 5-371-220 D Nursing Home Licens COV 32.1-126.01 (A) Policies and Procedu	cross reference to F580 cross reference to F684 (1) cross reference to F686 cross reference to F695 sure and Inspection. (Sworn Statement or CRC)				
	review and staff inter- to obtain a Criminal E Sworn Statement time	f Virginia, employee record view, the facility staff failed Background Check and ely for one (Employee # 26) ne Employee Record Check				
	ensure a criminal bac	5, the facility staff failed to skground check and Sworn pleted timely within 30 days				
	On 05/20/2021 revie	w of the personnel records				

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

TITLE

(X6) DATE

State of \ STATEMENT	/Irginia OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		VA0271	B. WING		05/20/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
WESTWO	OD CENTER		TWOOD MEDICAL ELD, VA 24605	PARK		
	SUMMARY ST			PROVIDER'S PLAN OF		
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COMPLET THE APPROPRIATE DATE	
F 001	Continued From page	e 1	F 001			
	hired on 10/21/2020 a Sworn Statement was	vealed Employee #26 was as a Dietary Aide. The s signed on 8/17/2020. The Check was conducted on				
	Resources Director o The Human Resource Employee # 26's hire copy of the facility's p	ducted with the Human n 05/20/2021 at 3:34 p.m. es Director confirmed date was 10/21/2020. A policy on Hiring, Background iles and Terminations was				
	and Procedures entitl Investigations" Review	man Resources Policies led "HR 205 Background wed 11/14/19, Revised ed on 05/20/2021. It read:				
		he integrity of the company the safety and welfare of atients/residents."				
	On page 1 of 2 under	"Process" was written:				
	background check wil the hiring process if th	be informed that a criminal Il be conducted as part of he Company makes a nployment to the applicant.				
	performed post- hire. conditional offer is accepted. 1.2. A new back	of employment is made and ground check is required if ass between the time of				
	employee."	kground check was 62 days				

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION	(X3) DATE COMF	SURVEY
		VA0271	B. WING		05	/20/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	1	
WESTWO	OD CENTER		TWOOD MEDICAL I ELD, VA 24605	PARK		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
F 001	Continued From page	e 2	F 001			
	prior to the hire date	of 10/21/2020.				
	Employee # 26's Swo days prior to the hire	orn Statement was signed 65 date of 10/21/2020.				
	No further information	n was provided.				
	12 VAC 5-371-210 Nursing Services 12 VAC 5-371-210 (E)					
	review and staff inter to verify licensure fro Professions prior to h and # 24) of 5 Regist	of Virginia, employee record view, the facility staff failed m the Department of Health nire for 2 (Employees # 15 ered Nurses, for 1 Licensed Practical Nurses.				
	The findings included	ł:				
	1. For Employee # 1 obtain licensure verifi	5, the facility staff failed to ication prior to hire.				
	On 5/19/2021- 5/20/2 records was conducte	2021, review of employee ed.				
	was conducted and r hired on 9/28/2020 as Manager. Employe license was not verifi- the Department of He	inel file for Employee # 15 evealed Employee # 15 was s a Registered Nurse, Unit e # 15's Registered Nurse ed by the facility staff with ealth Professions until I:23 p.m.), during the survey.				
	conducted with the H who confirmed that th	p.m., an interview was uman Resources Director ne license for Employee # 15 2021 while compiling the list since there was no				

State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		VA0271	B. WING		05	/20/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
WESTWO	OD CENTER		FWOOD MEDICAL F	PARK		
	-		ELD, VA 24605			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
F 001	Continued From page	e 3	F 001			
	documentation of ver	ification prior to the date of				
		tated the expectation was				
		e verified and current prior to				
		hire. The Human Resources Director also stated she was sure the license was verified prior to hire				
	because "they are always checked before hire."					
	The Human Resources Director submitted					
	substantiating documentation of license					
	verification for others in the employee review					
	sample. There was no further documentation					
	submitted regarding Employee # 15's license					
	being verified prior to	hire.				
	A copy of the facility's policy on Hiring,					
	Background Checks, Personnel Files and					
	Terminations was req	juested.				
	• • • •	iman Resources Policies				
	and Procedures entit					
	reviewed on 05/20/20	Revised 11/15/17 was 021. It stated:				
	"Purpose: to provide	a standardized process for				
	hiring qualified emplo	•				
	On page 2 of 2 under topic"Post-offer/Pre-F					
	"3.2 External Candida	ate:				
		als, licenses, certificates or				
	•	uired for the position."				
	There was no docum	entation that Employee #				
	15's license was verif	fied prior to hire.				
	No further information	n was provided.				
	2 Ear Employee # 2	4, the facility staff failed to				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		VA0271	B. WING		05	/20/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
WESTWO	OD CENTER		TWOOD MEDICAL F ELD, VA 24605	PARK		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION				F CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE
F 001	Continued From page	e 4	F 001			
	obtain licensure verifi	cation prior to hire.				
	On 5/19/2021- 5/20/2 records was conducted	2021, review of employee ed.				
	Review of the personnel file for Employee # 24 was conducted and revealed Employee # 24 was hired on 9/28/2020 as a Registered Nurse, Unit Manager. Employee # 24's Registered Nurse license was not verified by the facility staff with the Department of Health Professions until 5/19/2021 at 13:38 (1:38 p.m.) according to the License Look up document "QNURSYS- Quick Confirm License Verification Report", during the survey.					
	conducted with the H who confirmed that th was verified on 5/19/2 of records for review documentation of ver hire in the file. She s that licenses would b hire. The Human Re she was sure the lice	p.m., an interview was uman Resources Director he license for Employee # 24 2021 while compiling the list since there was no ification prior to the date of tated the expectation was e verified and current prior to sources Director also stated nse was verified prior to hire ways checked before hire."				
	sample. There was r	entation of license in the employee review to further documentation Employee # 24's license				
	A copy of the facility's Background Checks, Terminations was req	Personnel Files and				

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		VA0271	B. WING		05/2	20/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
VESTWO	OD CENTER		TWOOD MEDICAL ELD, VA 24605	PARK		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
F 001	Continued From page	e 5	F 001			
	and Procedures entit	Revised 11/15/17 was				
	"Purpose: to provide hiring qualified emplo	a standardized process for oyees."				
	On page 2 of 2 under the topic"Post-offer/Pre-Hire" was written:					
		ate: als, licenses, certificates or uired for the position."				
	There was no docum 24's license was verit	entation that Employee # fied prior to hire.				
	No further information was provided.					
	obtain a license verifi	B, the facility staff failed to ication check with the n Professions (DHP) prior to				
	Licensed Practical Nuverification at the time documents presented revealed Employee # by the facility staff with Professions until 12/1 according to the Licen	hired on 9/25/2020 as a urse. A copy of the license e of hire was not in the list of d to the surveyor. Review 4 13's license was not verified th the Department of Health 16/2020 at 10:14 a.m. nse Look up document Confirm License Verification				
	conducted with the H who confirmed that th	p.m., an interview was luman Resources Director ne license for Employee # 15 2021 while compiling the list				

State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CC	DNSTRUCTION	(X3) DATE SURVEY	
		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		VA0271	B. WING		05	/20/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
WESTWO	OD CENTER		TWOOD MEDICAL F ELD, VA 24605	PARK		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE
F 001	Continued From page	e 6	F 001			
	of records for review	since there was no				
		ification prior to the date of				
		tated the expectation was				
		e verified and current prior to sources Director also stated				
		nse was verified prior to hire				
	because "they are all	ways checked before hire."				
	A copy of the facility's	s policy on Hiring				
	Background Checks,					
		uested. The Administrator				
	stated he would subn policy.	nit a copy of the facility's				
		ıman Resources Policies led "Hiring" Reviewed				
		/15/17 was reviewed on				
	"Purpose: to provide hiring qualified emplo	a standardized process for oyees."				
	On page 2 of 2 under topic"Post-offer/Pre-l					
	"3.2 External Candida	ate:				
		als, licenses, certificates or uired for the position."				
	There was no docum 13's license was veri	entation that Employee # fied prior to hire.				
	No further information					
		P				

STATE FORM