

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  VA0218	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  C 04/14/2022
NAME OF PROVIDER OR SUPPLIER  EVERGREEN HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 380 MILLWOOD AVENUE WINCHESTER, VA 22601		
(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 licensure survey was conducted 4/12/22 through 4/14/22. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.  The census in this 176 bed facility was 120 at the time of the survey. The survey sample included forty current residents and five 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: 12VAC5-371-240(C)(10) - cross references to F578.  12VAC5-371-250(A)(12) - cross reference to F641.  12VAC5-371-250(G) - cross reference to F656.  12VAC5-371-370(A) - cross reference to F689.  12VAC5-371-220(A) - cross reference to F695.  12VAC5-371-360(E)(9) - cross reference to F842.  12VAC5-371-180(A)&(C)(4) - cross references to F880.	F 001	12 VAC 371-140(3)(A) – Professional License Verification  Professional Licenses have been verified and copies are on file in the facility for CNAs #7, #8, #9, #10 and #11. Evergreen Heath and Rehab has identified that all residents are at risk from this alleged deficient practice.	

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

*Max Pres*

TITLE

*John J. J...*

(X6) DATE

*5/2/22*

STATE FORM

8899

JV0T11

If continuation sheet 1 of 3

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F 001	<p>Continued From page 1</p> <p>12VAC5-371-140 (3)(A). Policies and procedures. Based on staff interview and facility document review, it was determined that the facility staff failed to obtain license verifications upon hire or verify that expired licenses were renewed for 5 of 25 employee record reviews.</p> <p>The facility staff failed to obtain license verifications upon hire for CNA (certified nursing assistant) #8 and CNA #10, and failed to verify that expired licenses were renewed for CNA #7, CNA #9 and CNA #11.</p> <p>The findings include:</p> <p>CNA #8 was hired on 3/18/21. A review of CNA #8's employee record failed to reveal evidence of a license verification.</p> <p>CNA #10 was hired on 11/2/21. A review of CNA #10's employee record failed to reveal evidence of a license verification.</p> <p>CNA #7 was hired on 5/4/20. CNA #7's license expired on 5/31/20 and there was no evidence of verification that the license was renewed.</p> <p>CNA #9 was hired on 5/18/21. CNA #9's license expired on 6/30/21 and there was no evidence of verification that the license was renewed.</p> <p>CNA #11 was hired on 11/30/21. CNA #11's license expired on 12/31/21 and there was no evidence of verification that the license was renewed.</p> <p>The human resources director was no longer employed at the facility. On 4/13/22 at 3:45 p.m., an interview was conducted with ASM (administrative staff member) #3 (the regional</p>	F 001	<p>2. The Administrator/designee has performed an audit on employee professional licenses for the nursing staff. All current nursing staff have the appropriate professional licenses which are applicable to, and required for, their positions at Evergreen Heath and Rehab.</p> <p>3. The Administrator/Designee has in-serviced Human Resources staff on verification of professional licenses. The education included, but was not limited to, the importance of verification of professional licenses upon hire and will verify that employees possess required licensure upon hire and prior to expiration. The Administrator/Designee has developed a system to verify that employees maintain valid professional licenses during their employment at Evergreen Heath and Rehab. Employee professional licenses will be kept on file in the facility.</p>	

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F 001	<p>Continued From page 2</p> <p>human resources director). ASM #3 stated she sends all human resources directors a check list of tasks that must be completed prior to employee orientation. ASM #3 stated a license lookup (verification) is included on the check list. In regards to verification that expired licenses are renewed, ASM #3 stated staff is supposed to complete a license lookup when an employee's annual evaluation is completed and staff is supposed to run a monthly report to see who's license is about to expire.</p> <p>On 4/13/22 at 5:02 p.m., ASM #1 (the administrator) and ASM #2 (the director of nursing) were made aware of the above concern.</p> <p>The facility abuse policy documented, "b) I) State licensure and certification agencies, and applicable registries, will be contacted, prior to hire, to validate current licensure or certification requirements and to determine if the potential employee is in good standing with the registry."</p> <p>No further information was presented prior to exit.</p>	F 001	<p>The Administrator/Designee will perform a monthly assessment for the next three months of employee professional licenses to ensure that licenses are current and valid for all employees that are required to be professionally licensed. The Administrator/Designee will prohibit any employees not possessing a valid license from working in the position that requires a license until the time that the employee obtains a valid license. The Administrator/Designee will identify any patterns or trends and report to the Quality Assurance and Performance Improvement Committee at least quarterly.</p> <p>5. Date of Compliance: 5/16/2022</p>	