

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0159</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/15/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MARTINSVILLE HEALTH AND REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1607 SPRUCE STREET MARTINSVILLE, VA 24112</b>
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(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 State Licensure Inspection was conducted 6/12/22 through 6/15/22. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Corrections are required.</p> <p>The census in this 140 certified bed facility was 99 at the time of the survey. The survey sample consisted of 23 current Resident reviews and 3 closed record reviews.</p> <p>One complaint was investigated during the survey: 1. VA00054137 - substantiated with deficient practice</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: Based on staff interview, employee record review, and facility document review, the facility staff failed to implement facility abuse prevention policies and procedures for the screening new hires for 2 of 25 personnel files (PFs) reviews for newly hire employees, PF #23 and PF #25.</p> <p>For PF #23, the facility staff failed to ensure a sworn disclosure statement and reference checks were obtained.</p> <p>For PF #25, the facility staff failed to ensure a sworn disclosure statement was obtained.</p> <p>The findings included:</p>	F 001	<p>Disclaimer: This plan of correction is being submitted in compliance with specific regulatory requirement and preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the facts alleged or conclusions set forth on the statement of deficiencies.</p> <p>Nursing Services 12 VAC 5-371-220 (B) - cross reference to F684 and F759</p> <p>Resident Assessment and Care Planning 12 VAC 5-371-250 (A) - cross reference to F641</p>	7/12/22

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

TITLE

(X6) DATE

Electronically Signed

07/06/22

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F 001	<p>Continued From page 1</p> <p>Personnel files (PFs) of twenty-five (25) employees hired since the last licensure survey were reviewed on 6/13/22 and 6/14/22.</p> <p>PF #23 was reviewed with the facility's Housekeeping Account Manager (HAM) on 6/14/22 at 9:17 a.m. The HAM was unable to provide evidence of a sworn disclosure statement and was unable to provide evidence of reference checks being completed. The HAM reported they thought these items were maintained via a computerized record; after the review of the computer documents the HAM reported a sworn disclosure statement and reference checks were not found for PF #23.</p> <p>Review of PF #25 failed to provide documentation of a sworn disclosure statement. The survey team was provided a copy of a document titled "FAIR CREDIT REPORTING ACT - DISCLOSURE AND AUTHORIZATION". The "FAIR CREDIT REPORTING ACT - DISCLOSURE AND AUTHORIZATION" document did not include the sworn disclosure statement information. The failure of the facility staff to obtain a sworn disclosure statement for PF #25 was discussed with the facility's District Manager of Dining Services (DMDS) on 6/14/22 at 10:53. The DMDS stated that individuals were not employed until criminal background check results were obtained.</p> <p>The following information was found in a facility policy and procedure titled "Resident Abuse" (with a revised date of January 2020): "Persons applying for employment with Facility [sic] will be screened for a history of abuse, neglect, or mistreating residents to include: A. References from previous or current employers ... D. Sworn Disclosure Statement prior to hire ..."</p>	F 001	<p>Pharmaceutical Services 12 VAC-371-300 (B) - cross reference to F755</p> <p>Diagnostic Services 12 VAC-371-310 (A) - cross reference to F770</p> <p>Dietary and Food Service Program 12 VAC 5-371-340 (A) - cross reference to F812</p>	

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F 001	<p>Continued From page 2</p> <p>On 6/14/22 at 4:00 p.m., the survey team had a meeting with the facility's Regional Clinical Director, Director of Nursing, and Regional Vice-President. The failure of the facility staff to obtain sworn disclosure statements for two (2) employees and the failure to obtain reference checks for one (1) employee was discussed.</p> <p>On 6/15/22 at 10:16 a.m., the Administrator provided the survey team with a document titled "Dining Services Department In-Service Attendance Record". This document was dated June 15, 2022. This document included the following statement: "The Dietary Account Manager will get a signed sworn statement from applicant to get a background check and send it to the corporate office."</p> <p>The facility was not in compliance with the following Virginia Rules and Regulations for Licensure of Nursing Facilities.</p> <p>Nursing Services 12 VAC 5-371-220 (B) - cross reference to F684 and F759</p> <p>Resident Assessment and Care Planning 12 VAC 5-371-250 (A) - cross reference to F641</p> <p>Pharmaceutical Services 12 VAC-371-300 (B) - cross reference to F755</p> <p>Diagnostic Services 12 VAC-371-310 (A) - cross reference to F770</p> <p>Dietary and Food Service Program</p>	F 001		

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