STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0420			. ,		(X3) DATE SURVEY COMPLETED	
		B. WING		C 07/14/2022		
	ROVIDER OR SUPPLIER	14935 H	ADDRESS, CITY, ST			
AKE MAI	NASSAS HEALTH & RE	HABILITATION CENT GAINES	SVILLE, VA 2015	5		
(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 B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
F 000	Initial Comments		F 000			
	Inspection was cond 7/14/2022. Six com during the survey. (	ennial State Licensure lucted 7/12/2022 through plaints were investigated Corrections are required with nd Regulations for the g Facilities.				
	time of the survey.	20 bed facility was 118 at the The survey sample consisted nt reviews and 11 closed				
F 001	Non Compliance		F 001		8/22/22	
	The facility was out following state licens	of compliance with the sure requirements:				
		net as evidenced by: nt and Care Planning .6) cross reference to F695.		F001		
	12VAC5-371-250 (F	.13), cross reference to F641. ) cross reference to F657. ) cross reference to F656.		Resident Assessment and Care Plannin 12VAC5-371-250 (A.6) cross reference F695. 12VAC5-371-250 (A.13), cross reference	to	
	12VAC5-371-150 Re Cross references to			to F641. 12VAC5-371-250 (F) cross reference to F657.		
	12VAC5-371-220 (B Cross references to			12VAC5-371-250 (G) cross reference to F656.	D .	
	12VAC5-371-360 (E Cross references to 12VAC5-371-220 (F	F842. ) Nursing Services.		12VAC5-371-150 Resident Rights. Cross references to F578.		
	Cross reference to F			12VAC5-371-220 (B) Nursing Services. Cross references to F695.		
	Cross reference to F	Pharmaceutical Services. 756. Dicies and Procedures.		12VAC5-371-360 (E) Clinical Records. Cross references to F842.		

**Electronically Signed** 

08/04/22

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If continuation sheet 1 of 3

State of Virginia         STATEMENT OF DEFICIENCIES         AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA         IDENTIFICATION NUMBER:         VA0420			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C 07/14/2022	
		B. WING				
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
LAKE MA	NASSAS HEALTH & REF	ABILITATION CENT	OLLY KNOLL LA VILLE, VA 2015			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 001	Continued From page	91	F 001			
	review, it was determ failed to evidence ver at the time of hire, an check in accordance Virginia, for one of 25 reviewed, OSM (othe The facility staff failed verification at the time background check wi #1, a physical therapy The findings include: A review was conduct for 25 employees hire past 24 months. This of OSM #1. The facilit was hired 6/11/21. Th OSM #1's license was and OSM #1's crimina not completed until 10 On 7/13/22 at 10:49 a resources manager, w she was not working was hired. She stated the license verification background check du for a potential employ whose licenses have allowed to have patie criminal background of within 30 days of hire these completed befor	r staff member) #1. I to evidence license e of hire, and a criminal thin 30 days of hire, for OSM y assistant. ted of the employee records ed by the facility within the review included the record ty record revealed OSM #1 ne facility record revealed s not verified until 10/28/21, al background check was D/28/21 a.m., OSM #11, the human was interviewed. She stated at the facility when OSM #1 d her practice is to complete n and the criminal ring the interview process vee. She stated employees not been verified are not nt contact. She stated checks must be completed , but she prefers to have ore the employee reports to a day of orientation. OSM #11		<ul> <li>12VAC5-371-220 (F) Nursing Seconds reference to F677.</li> <li>12VAC5-371-300 (I)Pharmaceut Services.</li> <li>Cross reference to F756.</li> <li>FOO1</li> <li>12VAC5-371-140 Policies and Procedures.</li> <li>1. The facility has completed to verification and criminal backgrouf for OSM #1.</li> <li>2. A review of new hires for the days was completed to ensure liverification and criminal backgrouchecks have been completed.</li> <li>3. Human Resources will be e the Administrator/designee on of completed license verification at hire and criminal background ch 30 days of hire.</li> <li>4. The Administrator/designee complete a weekly review of new employees to ensure that the lice verification and criminal background ch 30 days of hire.</li> <li>5. The results of the review wird discussed at the monthly QAPI monce the QAPI committee deterproblem no longer exists, the review completed on a random basis Administrator/Director of Nursing responsible for implementation conf correction.</li> <li>6. Date of compliance: 8/22/</li> </ul>	ical he license und check e last 30 cense und ducated by btaining a time of eck within will v hired ense und check II be neeting. mines the <i>v</i> iews will s. The g are of the plan	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: VA0420			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
		B. WING		07	C 07/14/2022	
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
AKE MAI	NASSAS HEALTH & REI	HABILITATION CENT	OLLY KNOLL LANE VILLE, VA 20155	5		
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN		
F 001	Continued From pag	e 2	F 001			
	On 7/13/22 at 1:12 p.m., OSM #11 stated she had no further information to provide.					
	On 7/13/22 at 1:15 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, the director of nursing were informed of these concerns.					
	Employees," reveale must be done prior to OrientationReques BackgroundCrimina QuestionnaireVerif if applicableThe fol before or during orien background from Virg	t Nationwide al Background y licenses and certifications, lowing must be completed				
	No further informatio	n was provided prior to hire.				

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