

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0118	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/04/2022
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

CYPRESS POINTE REHABILITATION AND NURSING **5580 DANIEL SMITH ROAD**
VIRGINIA BEACH, VA 23462

(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 State Licensure Inspection was conducted 8/2/22 through 8/4/22. Corrections are required for compliance with the following with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 90 bed certified bed facility was 66 at the time of survey. The survey sample consisted of 34 current Resident reviews and 9 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: 12VAC5-371-250 (F)(G) Resident assessment and care planning. Cross reference to F656. 12VAC5-371-110 (B) Management and administration. Cross references to F607, F609 & F610. 12VAC5-371-140 (A)(D)(E). Policies and procedures. Cross reference to F689, F700 & F606. 12VAC5-371-150 (A.3) Resident rights. Cross reference to F585. 12VAC5-371-180 (A) Infection control. Cross reference to F880. 12VAC5-371-220 (B)(H) Nursing services. Cross reference to F684 & F580. 12VAC5-371-310 (A) Diagnostic services. Cross reference to F772 & 776. COV 32.1-126.01	F 001	Cross reference the following state tags to the corresponding plan of correction written for the Federal Tag. 12VAC5-371-250 (F)(G) Resident assessment and care planning. Cross reference to F656. 12VAC5-371-110 (B) Management and administration. Cross references to F607, F609 & F610. 12VAC5-371-140 (A)(D)(E). Policies and procedures. Cross reference to F689, F700 & F606. 12VAC5-371-150 (A.3) Resident rights. Cross reference to F585.	9/2/22

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

TITLE

(X6) DATE

Electronically Signed

09/06/22

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F 001	<p>Continued From page 1</p> <p>Based on staff interview, facility document review and clinical record review, it was determined the facility staff failed to maintain accurate employee records for 16 of 25 employee records reviewed. The facility staff failed to obtain sworn statements for 9 of 25 employee records. The facility staff failed to obtain criminal background checks for 7 of 25 employee record reviews. The facility staff failed obtain references for 7 of 25 employee record reviews and failed to obtain a license verification at the time of hire for 2 of 25 employee record reviews.</p> <p>The findings include:</p> <p>Twenty-five employee records were reviewed. Nine of the 25 employee records, failed to have a sworn statement in the records, LPN (licensed practical nurse) #8; OSM (other staff member) #8; CNA (certified nursing assistant) #8; OSM #16, cook; RN (registered nurse) #3; LPN #10; OSM #17, dietary aide; LPN #11; OSM #18, laundry; and LPN #12.</p> <p>Seven of the 25 employee records failed to evidence the completion of a criminal background check, OSM #14, central supply clerk; OSM #15, physical therapist (PT); LPN #9; OSM #17, dietary aide; LPN #12; CNA #10; and OSM #6, the business office manager/human resources staff member. Two of the 7 employees were still employed at the facility, LPN #9 and OSM #6.</p> <p>The facility staff failed to evidence the obtaining of references for 7 of the 25 employee record reviews; OSM #8, maintenance; OSM #14, central supply; OSM #15, physical therapist; LPN #9; LPN #13, LPN #12 and CNA #10.</p> <p>The facility staff failed to evidence the verification</p>	F 001	<p>12VAC5-371-180 (A) Infection control. Cross reference to F880.</p> <p>12VAC5-371-220 (B)(H) Nursing services. Cross reference to F684 & F580.</p> <p>12VAC5-371-310 (A) Diagnostic services. Cross reference to F772 & 776.</p> <p>COV 32.1-126.01</p> <p>1. No specific residents were identified as harmed by this practice.</p> <p>2. Although no residents were harmed all residents have the potential to be affected by this practice.</p> <p>3. Business Office staff was educated on the need to have a complete employee file to include sworn affidavits, background checks, and references. A 100% audit was completed on employee files for sworn affidavit, background checks, sworn statements, and reference checks. Any file with missing information was immediately updated and corrected.</p> <p>4. Business Office Manager or designee will audit employees who were hired for the previous week weekly for 4 weeks to make sure that they are complete with a background check, sworn statement, license verification, and reference check.</p>	

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F 001	<p>Continued From page 2</p> <p>of a staff member's professional license for 2 of 25 employee record reviews, RN #3 and RN #4. RN #3 was hired on 6/8/2022, their license was not verified until 8/2/2022. RN #4 was hired on 3/10/2021, the license was documented as verified on 6/22/2020 and 11/30/2020.</p> <p>An interview was conducted with OSM #6 on 8/4/2022 at 7:58 a.m. When asked the process for a new hire, OSM #6 stated in the beginning after the new employee has their interview, we get their identification information, social security number, and vaccination card is submitted to us. Then we run the background check using their ID and social security number. When all information is back, we set them up for orientation. When asked why there are missing sworn statements, criminal background checks, references and license verification at the time of hire, OSM #6 stated she gave us all the documents she could find. OSM #6 stated, she couldn't run her own criminal background check. The previous human resources person had not completed it prior to her starting employment at the facility.</p> <p>The facility policy, "Abuse, Neglect and Exploitation" documented in part, "The components of the facility abuse prohibition plan are discussed herein: 1. Screening: A. Potential employees will be screened for a history of abuse, neglect, exploitation or misappropriation of resident property; 1. Background, reference and credentials' checks shall be conducted on potential employees, contracted temporary staff, students affiliated with academic institutions, volunteers and consultants...3. The facility will maintain documentation of proof that the screening occurred."</p> <p>ASM (administrative staff member) #1, the</p>	F 001		

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F 001	Continued From page 3 administrator, ASM #2, the director of nursing, and ASM #5, the director of clinical services, were made aware of the above concern on 8/4/2022 at 11:46 a.m. No further information was obtained prior to exit.	F 001		