State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C B. WING VA0178 02/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE **BROOKSIDE REHAB & NURSING CENTER** WARRENTON, VA 20186 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 000 **Initial Comments** F 000 An unannounced biennial State Licensure Inspection was conducted 2/15/2022 through 2/17/2022. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Five complaints were investigated during the survey. The census in this 130 certified bed facility was 111 at the time of the survey. The survey sample consisted of 33 current resident reviews and 11 closed record reviews. F 001 Non Compliance F 001 The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: Please rele to Ftay 550 Please rele to Ftay 695 3/23/20 12 VAC 5 - 371 - 150 A - cross references to Federal Deficiency F 550 12 VAC 5 - 371 - 220 B - cross references to Federal Deficiency F 695 12VAC5-371-140. Policies and procedures. Please rela to Ftay: 622, 758 842 2880 Cross reference to F622, F758, F842, F880 3/23/22 12VAC5-371-150. Resident rights. Please rater to 622 3/23/22 Cross reference to F622 Please related 880 Please related 657 12VAC5-371-180. Infection control. 3/23/22 Cross reference to F880 12VAC5-371-210. Nurse staffing. 3/23 /22 Cross reference to F657 Please rate to 684, 758 7/13/12 12VAC5-371-220. Nursing services. Cross reference to F684, F758 12VAC5-371-240. Physician services.

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

Administrates

3/8/12

State of Virginia STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING VA0178 02/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **614 HASTINGS LANE BROOKSIDE REHAB & NURSING CENTER** WARRENTON, VA 20186 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) F 001 Continued From page 1 F 001 Cross reference to F758 Place rele to Ftays (SI, 657, 3/23/22)
758 e 684
Pleax rele to Ftay 758 3/23/22
Pleax rele to 622 e 842 3/23/22
Pleax rele to 622 e 842 3/23/22
Pleax rele to F697 3/23/22
Plean role to F697 3/23/22 12VAC5-371-250. Resident assessment and care planning. Cross reference to F656, F657, F758, F684 12VAC5-371-300. Pharmaceutical services. Cross reference to F758 12VAC5-371-360. Clinical records Cross reference to F622, F842. Nursing services. 12VAC5-371-220 B. cross reference to F697 Resident assessment and care planning. 12VAC5-371-250 G cross reference to F656 12VAC5-371-220. Nursing services cross reference to F755. 12VAC5-371-220. Nursing services cross reference to F760. 12VAC5-371-140. Policies and Procedures: Staff Licenses. See below citation Based on staff interview and facility document review, it was determined that the facility staff failed to evidence verification of a current license or certificate, perform a background check within 30 days of employment, or perform reference checks in accordance with the laws of the State of Virginia, for 9 of 25 employee records reviewed. The findings include: On 2/16/22 at approximately 5:00 p.m., the employee records for 25 newly hired employees within the past two years were reviewed. Review

State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING VA0178 02/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **614 HASTINGS LANE BROOKSIDE REHAB & NURSING CENTER** WARRENTON, VA 20186 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE DATE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE **TAG** DEFICIENCY) F 001 Continued From page 2 F 001 of the employee records failed to produce evidence of primary source license verification for two staff members, reference checks for six staff members and a criminal background check completed within 30 days of hire for one staff member. 3/23/22 1. All employees listed on F001 are The employees identified were: no longer employed by the facility so corrective action could not be LPN (licensed practical nurse) #4's employee record was reviewed. LPN #4's employee record taken. documented they were hired as an LPN with the facility on 9/22/20. Further review of LPN #4's 2. The HR Director or designee will employee record failed to evidence primary source license verification from the Virginia complete an audit of 100% of all Department of Health Professionals. employee records to determine compliance with primary source CNA (certified nursing assistant) #7's employee license/certification verification, record was reviewed. CNA #7's employee record documented they were hired as a CNA with the reference checks, and criminal facility on 12/30/20. Further review of CNA #7's background checks. Any variance employee record failed to evidence primary will be corrected immediately to source license verification from the Virginia Department of Health Professionals prior to ensure current compliance. 3/24/21. OSM (other staff member) #15's employee record was reviewed. OSM #15's employee record 3. The Administrator or designee will documented they were hired as an activities educate the HR Director on the assistant with the facility on 5/5/21. Further requirement to comply with new review of OSM #15's employee record failed to evidence reference checks. hire requirements to include current license/certification OSM #16's employee record was reviewed. OSM verification, background checks, #16's employee record documented they were hired as an activities assistant with the facility on and reference checks. 8/25/21. Further review of OSM #16's employee record failed to evidence reference checks. OSM #17's employee record was reviewed. OSM

PRINTED: 02/28/2022 **FORM APPROVED** State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C VA0178 B. WING 02/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE **BROOKSIDE REHAB & NURSING CENTER** WARRENTON, VA 20186 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) F 001 Continued From page 3 F 001 #17's employee record documented they were hired as a cook with the facility on 9/22/20. 4. The HR Director or designee will 3/23/21 Further review of OSM #17's employee record complete audits on all new hire for failed to evidence reference checks. 3 months to ensure compliance with license/certification OSM #18's employee record was reviewed. OSM #18's employee record documented they were verification, background checks, hired as a housekeeping aide with the facility on and reference checks. Any 7/6/20. Further review of OSM #18's employee variances will be corrected record failed to evidence reference checks. immediately. Findings will be OSM #19's employee record was reviewed. OSM reviewed with the QAPI committee #19's employee record documented they were on at least a quarterly basis. hired as a housekeeping aide with the facility on 7/8/20. Further review of OSM #19's employee record failed to evidence reference checks. OSM #20's employee record was reviewed. OSM #20's employee record documented they were hired as a social services assistant with the facility on 10/5/20. Further review of OSM #20's employee record failed to evidence reference checks. RN (registered nurse) #4's employee record was reviewed. RN #4's employee record documented they were hired as the assistant director of nursing with the facility on 12/30/20. Further review of RN #4's employee record failed to evidence a criminal background check performed prior to_i 5/27/21. On 2/17/2022 at approximately 8:00 a.m., a request was made to OSM #7, the human resources manager for the documentation listed above as missing.

On 2/17/2022 at 10:30 a.m., OSM #7 stated that they were unable to locate reference checks for the six staff listed above. OSM #7 stated that

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Please rele to Flag 947 3/23/22

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Please rele to Flag \$\frac{1}{2}\tau 730 3/23/22 **Nursing Services** 12VAC5-371-220 A,B cross reference to F757. Nurse staffing 12VAC5-371-210 A.5 cross reference to F730. Staff development and inservice training 12VAC5-371-260 G cross reference to F947. 12VAC5-371-260 E cross reference to F730. 12VAC5-371-220. Nursing services. Cross reference to F684, F698 Please rele to Etay 656
Please rele to Etay 842 12VAC5-371-250. Resident assessment and care planning. Cross reference to F656, 12 VAC 5-371-360 Clinical Records Cross reference to F842