

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**BROOKSIDE REHAB & NURSING CENTER**

614 HASTINGS LANE  
WARRENTON, VA 20186

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

, TITLE

(X6) DATE

STATE FORM

6899

4KXD11

If continuation sheet 1 of 6

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0178</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/17/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKSIDE REHAB &amp; NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>614 HASTINGS LANE</b> <b>WARRENTON, VA 20186</b>		
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F 001	<p>Continued From page 1</p> <p>Cross reference to F758</p> <p>12VAC5-371-250. Resident assessment and care planning. Cross reference to F656, F657, F758, F684</p> <p>12VAC5-371-300. Pharmaceutical services. Cross reference to F758</p> <p>12VAC5-371-360. Clinical records Cross reference to F622, F842.</p> <p>Nursing services. 12VAC5-371-220 B. cross reference to F697</p> <p>Resident assessment and care planning. 12VAC5-371-250 G cross reference to F656 12VAC5-371-220. Nursing services cross reference to F755.</p> <p>12VAC5-371-220. Nursing services cross reference to F760. 12VAC5-371-140. Policies and Procedures: Staff Licenses. See below citation</p> <p>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.</p> <p>The findings include:</p> <p>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</p>	F 001	<p>Please refer to F tags 656, 657, 758 &amp; 684</p> <p>Please refer to F tag 758</p> <p>Please refer to 622 &amp; 842</p> <p>Please refer to F697</p> <p>Please refer to F tag 656 &amp; 755</p>	<p>3/23/22</p> <p>3/23/22</p> <p>3/23/22</p> <p>3/23/22</p> <p>3/23/22</p>

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F 001	<p>Continued From page 2</p> <p>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.</p> <p>The employees identified were:</p> <p>LPN (licensed practical nurse) #4's employee record was reviewed. LPN #4's employee record documented they were hired as an LPN with the facility on 9/22/20. Further review of LPN #4's employee record failed to evidence primary source license verification from the Virginia Department of Health Professionals.</p> <p>CNA (certified nursing assistant) #7's employee record was reviewed. CNA #7's employee record documented they were hired as a CNA with the facility on 12/30/20. Further review of CNA #7's employee record failed to evidence primary source license verification from the Virginia Department of Health Professionals prior to 3/24/21.</p> <p>OSM (other staff member) #15's employee record was reviewed. OSM #15's employee record documented they were hired as an activities assistant with the facility on 5/5/21. Further review of OSM #15's employee record failed to evidence reference checks.</p> <p>OSM #16's employee record was reviewed. OSM #16's employee record documented they were hired as an activities assistant with the facility on 8/25/21. Further review of OSM #16's employee record failed to evidence reference checks.</p> <p>OSM #17's employee record was reviewed. OSM</p>	F 001	<ol style="list-style-type: none"> <li>1. All employees listed on F001 are no longer employed by the facility so corrective action could not be taken.</li> <li>2. The HR Director or designee will complete an audit of 100% of all employee records to determine compliance with primary source license/certification verification, reference checks, and criminal background checks. Any variance will be corrected immediately to ensure current compliance.</li> <li>3. The Administrator or designee will educate the HR Director on the requirement to comply with new hire requirements to include current license/certification verification, background checks, and reference checks.</li> </ol>	3/23/22

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F 001	<p>Continued From page 3</p> <p>#17's employee record documented they were hired as a cook with the facility on 9/22/20. Further review of OSM #17's employee record failed to evidence reference checks.</p> <p>OSM #18's employee record was reviewed. OSM #18's employee record documented they were hired as a housekeeping aide with the facility on 7/6/20. Further review of OSM #18's employee record failed to evidence reference checks.</p> <p>OSM #19's employee record was reviewed. OSM #19's employee record documented they were 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.</p> <p>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.</p> <p>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 5/27/21.</p> <p>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.</p> <p>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</p>	F 001	<p>4. The HR Director or designee will complete audits on all new hire for 3 months to ensure compliance with license/certification verification, background checks, and reference checks. Any variances will be corrected immediately. Findings will be reviewed with the QAPI committee on at least a quarterly basis.</p>	3/23/22	

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F 001	<p>Continued From page 4</p> <p>they were unable to locate the criminal background check initially performed on RN #4, and only had one that was done when RN #4 changed positions on 5/27/21. OSM #7 stated that they were unable to locate the primary source verification of the license for LPN #4. OSM #7 stated that it appeared they copied the license that LPN #4 brought in to the facility, but the primary source verification still had to be done to ensure they were active at the time of hire. OSM #7 stated that they were unable to find primary source verification of license for CNA #7 prior to 3/24/21, and were unsure what the reason was, because they were licensed when they were hired.</p> <p>On 2/17/2022 at 11:25 a.m., an interview was conducted with OSM #7. OSM #7 stated that reference checks were a part of the hiring process and were checked on all new hires. OSM #7 stated that they followed the "New Hire &amp; Other HR (human resources) duties check list" included in the new hire orientation packet as their procedure for documents required for new employees.</p> <p>The "New Hire &amp; Other HR duties check list" from the facility new hire orientation packet documented in part, "...Two reference checks, Background check, ...License lookup..."</p> <p>The state regulation 12VAC5-371-140 documented "E. Personnel policies and procedures shall include, but are not limited to: ...3. An accurate and complete personnel record for each employee including: a. Verification of current professional license, registration, or certificate or completion of a required approved training course; b. Criminal record check; c. Verification that the employee has reviewed or</p>	F 001			

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F 001	<p>Continued From page 5</p> <p>received a copy of the job description ..."</p> <p>On 2/17/22 at 12:15 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #3, the director of risk management, quality assurance and compliance were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>Nursing Services 12VAC5-371-220 A,B cross reference to F757.</p> <p>Nurse staffing 12VAC5-371-210 A.5 cross reference to F730.</p> <p>Staff development and inservice training 12VAC5-371-260 G cross reference to F947. 12VAC5-371-260 E cross reference to F730.</p> <p>12VAC5-371-220. Nursing services. Cross reference to F684, F698</p> <p>12VAC5-371-250. Resident assessment and care planning. Cross reference to F656,</p> <p>12 VAC 5-371-360 Clinical Records Cross reference to F842</p>	F 001	<p>Please refer to F tag 757</p> <p>Please refer to F tag 730</p> <p>Please refer to F tag 947</p> <p>Please refer to F tag <del>730</del> 730</p> <p>Please refer to F tag 684, 698</p> <p>Please refer to F tag 656</p> <p>Please refer to F tag 842</p>	<p>3/23/22</p> <p>3/23/22</p> <p>3/23/22</p> <p>3/23/22</p> <p>3/23/22</p> <p>3/23/22</p> <p>3/23/22</p>