		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
				A. BUILDING:		
		VA0069	B. WING		10/	28/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
COLONI	AL HEIGHTS REHAB	ΙΙ ΙΤΔΤΙΩΝ ΔΝΟ ΝΙ	ERSLIE AVE ERFIELD, VA 2	3834		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
F 000	Initial Comments		F 000			
	conducted 10/25/2 facility was not in c Rules and Regulati Nursing Facilities. investigated during VA00056556Subs VA00056103Subs VA00055763Subs The census in this	stantiated stantiated 196 licensed bed facility was he survey. The survey sample				
F 001	Non Compliance		F 001			
		t of compliance with the nsure requirements:				
	12VAC5-371-110 ( & F887 12VAC5-371-110 ( 12VAC5-371-220 ( F744 12VAC5-371-220 ( 12VAC5-371-250 ( 12VAC5-371-200 ( F658 12VAC5-371-200 ( 12VAC5-371-220 ( 12VAC5-371-220 ( 12VAC5-371-300 (	met as evidenced by: B)(2) cross reference to F695 J) cross reference to F883 A) cross reference to F689 & D) cross reference to F677 A)(12) cross reference to F647 B)(1)(ii) cross reference to F677 C)(4) cross reference to F677 C)(1) cross reference to F686 B) cross reference to F760 B) cross reference to F761 A) cross reference to F812				

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

TITLE

(X6) DATE

State of	Virginia				FORM	APPROVED
		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	VA0069		B. WING		10/28/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
COLONI	AL HEIGHTS REHABI	ILITATION AND NI	ERSLIE AVE RFIELD, VA 2	3834		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	HE APPROPRIATE	COMPLETE DATE
F 001	Continued From pa	age 1	F 001			
	12VAC5-371-75(B)	(1)				
	Based on staff interview and facility documentation review, the facility staff failed to evidence a signed sworn statement, on or prior to hire, for 15 employees, Staff #2, #4, #6, #7, #8, #10, #12, #15, #16, #17, #19, #21, #23, #24, and #25, in a sample of 25 employee records reviewed.		,			
	The findings included:					
	The facility staff failed to obtain a sworn statement for Staff #2, #4, #6, #7, #8, #10, #12, #15, #16, #17, #19, #21, #23, #24, and #25.					
	On 10/27/2022, a review of 25 employee personnel records was conducted and revealed the following:					
	<ol> <li>Staff #2, a Certified Occupational Therapy Assistant (COTA) was hired on 6/16/2021. There was no sworn statement provided for Staff #2.</li> <li>Staff #4, Director of Social Services, was hired on 11/8/2021. There was no sworn statement provided for Staff #4.</li> <li>Staff #6, RN (registered nurse), was hired on 1/1/2021. There was no sworn statement provided for Staff #6.</li> <li>Staff #7, CNA (certified nursing assistant), was hired on 4/1/2021. There was no sworn statement</li> </ol>		5			
	provided for Staff # 5. Staff #8, RN, wa was no sworn state 6. Staff #10, RN, w was no sworn state 7. Staff #12, Dietitia There was no swor #12.					

State of	Virginia				FORM	APPROVED
STATEMEN	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		VA0069	B. WING		10/2	28/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
COLONI	AL HEIGHTS REHABI	I ITATION AND NI	RSLIE AVE RFIELD, VA 2	23834		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC		(X5)
PREFIX TAG		V MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)		COMPLETE DATE
F 001	Continued From pa	ge 2	F 001			
	<ul> <li>9. Staff #16, LPN (li hired on 3/23/2022. statement provided 10. Staff #17, LPN, There was no sworn #17.</li> <li>11. Staff #19, RN, v was no sworn state 12. Staff #21, RN, v was no sworn state 13. Staff #23, LPN was no sworn state 14. Staff #24, LPN, There was no sworn state 14. Staff #24, LPN, There was no sworn state 15. Staff #25, CNA, was no sworn state On 10/27/2022, the Director was intervinewly hired at the fabeginning of the surshe was unable to f documentation for t Director confirmed referenced facility s am unable to provide employees at this ti On 10/27/22, the Fainformed of the find statements are supperson is hired becado not have any critical statements and the statements are supperson is hired becado not have any critical statements and the statements are supperson is hired becado not have any critical statements and the statements are supperson is hired becado not have any critical statements and the sta</li></ul>	was hired on 7/25/2022. n statement provided for Staff vas hired on 12/6/2021. There ment provided for Staff #19. vas hired on 1/3/2022. There ment provided for Staff #21. was hired on 1/1/2022. There ment provided for Staff #23. was hired on 10/1/2022. n statement provided for Staff , was hired on 9/1/2021. There ment provided for Staff #25. Human Resources (HR) ewed and stated she was acility two weeks prior to the rvey. The HR Director stated find some of the the new hires. The HR the hire dates for the staff members and stated, "I de a sworn statement for those me". acility Administrator was lings. She stated, "Sworn posed to be obtained before a ause they are saying that they minal or legal issues that om working with the elderly."				

State of	Virginia				FORM	APPROVED
STATEMEN			(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		VA0069	B. WING		10/2	28/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
COLONI	AL HEIGHTS REHABI	I ITATION AND NI	ERSLIE AVE RFIELD, VA 2	3834		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORI	RECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLETE DATE
F 001	Continued From pa	ige 3	F 001			
	12VAC5-371-75(B)	(3)				
	obtain a criminal re Department of Stat for 15 employees, S #12, #15, #16, #17, in a sample of 25 e The facility staff fail background check #2, #4, #6, #7, #8, # #21, #23, #24, and employee records r The findings include On 10/27/22, a revi records was condu- following: 1. Staff #2, a Certifi Assistant (COTA) w	ew, the facility staff failed to cord report from the Virginia e Police within 30 days of hire Staff #2, #4, #6, #7, #8, #10, , #19, #21, #23, #24, and #25, mployee records reviewed. ded to obtain a criminal within 30 days of hire for Staff #10, #12, #15, #16, #17, #19, #25, in a sample of 25 reviewed.				
	on 11/8/2021. There check provided for 3. Staff #6, RN (reg 1/1/2021. There was check provided for 4. Staff #7, CNA (c hired on 4/1/2021. background check 5. Staff #8, RN, was was no criminal bac Staff #8. 6. Staff #10, RN, was	gistered nurse), was hired on Is no criminal background				

State of	Virginia				FORM	APPROVED
STATEMEN			(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		VA0069	B. WING		10/2	28/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
COLONI	AL HEIGHTS REHABI	I ITATION AND NI	RSLIE AVE RFIELD, VA 2	3834		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRI		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)		COMPLETE DATE
F 001	There was no crimi provided for Staff # 8. Staff #15, CNA (or was hired on 3/1/22 background check 9. Staff #16, LPN (li hired on 3/23/2022, background check 10. Staff #17, LPN, There was no crimi provided for Staff # 11. Staff #19, RN, v was no criminal bac Staff #21, RN, v was no criminal bac Staff #21, AN, v was no criminal bac Staff #23, LPN v was no criminal bac Staff #23, LPN v was no criminal bac Staff #23, LPN, There was no crimi provided for Staff # 15. Staff #24, LPN, There was no criminal bac Staff #25. On 10/27/2022, the Director was intervi newly hired at the fa beginning of the su she was unable to f documentation for t Director confirmed referenced facility s am unable to provide	an, was hired on 1/2/2022. nal background check 12. certified nursing assistant), 2. There was no criminal provided for Staff #15. icensed practical nurse), was There was no criminal provided for Staff #16. was hired on 7/25/2022. nal background check 17. vas hired on 12/6/2021. There ckground check provided for was hired on 1/3/2022. There ckground check provided for was hired on 1/1/2022. There ckground check provided for was hired on 10/1/2022. There ckground check provided for was hired on 10/1/2022. There ckground check provided for was hired on 9/1/2021. There ckground check provided for was hired on 9/1/2021. There ckground check provided for Human Resources (HR) ewed and stated she was acility two weeks prior to the rvey. The HR Director stated	F 001			

State of	Virginia				FURIM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		VA0069	B. WING		10/2	28/2022
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
COLONI	AL HEIGHTS REHABI	ΙΙ ΙΤΔΤΙΩΝ ΔΝΟ ΝΙ	ERSLIE AVE RFIELD, VA 2	3834		
	SUMMARY STA			PROVIDER'S PLAN OF CO	RRECTION	(XE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
F 001	Continued From pa	age 5	F 001			
	The Administrator v during the end of d	vas informed of the findings ay debriefing.				
	No further information was provided.					
	12 VAC 5-371-210	(F)(1)				
	verify the professio direct resident care assistants (CNAs),	rview and facility lew, the facility staff failed to nal license, prior to providing e, for 2 certified nursing Staff #15 and #25, in a NA personnel records				
	was active and in g licensing board for	led to verify the CNA license lood standing with the state Staff #15, and #25, prior to ovide direct resident care.				
	The findings includ	ed:				
	records was condu	iew of 7 staff CNA personnel cted with the Human r and revealed the following:				
	CNA license verific facility dated 8/21/2 through 8/21/22, fa #15 was an active, standing with the st was permitted to pr	red on 4/21/22. Staff #15's ation was not verified by the 22. Therefore, from 4/21/22 cility staff was unaware if Staff licensed CNA and in good tate licensing board. Staff #15 rovide direct care to Residents red on 9/1/21. There was no				
	CNA license verific	ation provided by facility staff.				

STATE FORM

LJTO11

If continuation sheet 6 of 8

State of	Virginia				FORM	APPROVED
STATEME			(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		VA0069	B. WING		10/2	28/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
COLONI	AL HEIGHTS REHABI	Ι ΙΤΔΤΙΟΝ ΔΝΟ ΝΙ	ERSLIE AVE RFIELD, VA 2	23834		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
F 001	survey, facility staff an active, licensed with the state license permitted to provide On 10/27/22, the Fa informed of the find verifications for any license, to be sure the proper care to co license is free from State [licensing boar No further information 12VAC5-371-210 (ff Based on staff inter documentation revi- verify the profession direct resident care Staff #19 (RN) and (LPN), in a sample records reviewed. The findings include The facility staff fail license was active a nurses, Staff #10 (ff #19 (RN) and Staff (licensed practical r provide direct reside On 10/27/22, a revi	<ul> <li>was unaware if Staff #25 was CNA and in good standing sing board. Staff #25 was e direct care to Residents.</li> <li>acility Administrator was lings. She stated, "We obtain yone who holds a professional they are qualified to provide our residents and that their any disciplinary actions by the ard]."</li> <li>ion was provided.</li> <li>E)</li> <li>rview and facility ew, the facility staff failed to nal license, prior to providing , for 4 nurses, Staff #10 (RN), Staff #21 (RN) and Staff #16 of 11 staff nurse personnel</li> <li>ed:</li> <li>ed to verify the professional and in good standing for 4 RN (registered nurse), Staff #16 (LPN nurse) prior to allowing them to ent care.</li> <li>ew of staff nursing records in the Human Resources</li> </ul>	F 001			

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 VA0069 10/28/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **831 ELLERSLIE AVE** COLONIAL HEIGHTS REHABILITATION AND NI CHESTERFIELD, VA 23834 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) F 001 F 001 Continued From page 7 1. Staff #10 (RN) was hired on 3/1/22. There was no professional license verification for Staff #10 until 8/12/2022. 2. Staff #19 (RN) was hired on 12/6/21. There was no professional license verification for Staff #19 until 8/12/2022. 3. Staff #21 (RN) was hired on 1/3/22. There was no professional license verification for Staff #21 even at the time of survey. 4. Staff #16 (LPN) was hired on 3/23/22. There was no professional license verification for Staff #16 until 8/12/2022. The Human Resources (HR) Director who confirmed the findings. The HR Director stated, "The purpose of obtaining a license verification is to make sure that we are hiring qualified people to take care of our residents and to ensure there is no disciplinary action on their license." On 10/27/22, the Facility Administrator was informed of the findings. She stated, "We obtain verifications for anyone who holds a professional license, to be sure they are qualified to provide the proper care to our residents and that their license is free from any disciplinary actions by the State [licensing board]." No further information was provided.