

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0260	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/06/2023
NAME OF PROVIDER OR SUPPLIER LYNN CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 SHENANDOAH AVENUE FRONT ROYAL, VA 22630		
(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 1/3/23 through 1/6/23. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Eight complaints were investigated during the survey. The census in this 120 bed facility was 87 at the time of the survey. The survey sample consisted of 37 current resident reviews, and seven closed record reviews.	F 000	This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. This Plan of Correction is submitted to meet requirements established by state and federal law.	
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: 12VAC5-371-140 (A). Policies and procedures. Cross reference to F580. 12VAC5-371-140 (D.2). Policies and procedures. Cross reference to F622 & F623. 12VAC5-371-150 (A) (B.1). Resident Rights. Cross reference to F580 & F622. 12VAC5-371-210 (A.5). Nurse Staffing. Cross reference to F947. 12VAC5-371-220 (A) (B). Nursing Services. Cross reference to F684, F689, F695 & F698. 12VAC5-371-220 (D). Nursing Services. Cross reference to F687. 12VAC5-371-250 (A). Resident Assessment and care planning.	F 001		

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

Guerchonite Guillaume

Administrator

TITLE

(X6) DATE

1/24/23

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F 001	<p>Continued From page 1</p> <p>Cross reference to F641.</p> <p>12VAC5-371-250 (B.2). Resident Assessment and Care Planning. Cross reference to F637.</p> <p>12VAC5-371-260 (F). Staff Development & Inservice Training Cross reference to F730.</p> <p>1) 12VAC5-371-140 (E)/Policies and procedures. Based on staff interview and facility document review, it was determined that the facility staff failed to evidence verification of a current license at the time of hire, a sworn statement, a criminal background check in accordance with the laws of the State of Virginia, and/or reference checks for 10 of 25 employee records reviewed, LPNs (licensed practical nurses) #7, #8, and #9, CNAs (certified nursing assistants) #8 and #9, RNs (registered nurses) #4 and #5, and OSMs (other staff members) #4, a social worker, #8, a speech pathologist, and #11, a housekeeper.</p> <p>The findings include:</p> <p>A review was conducted of the employee records for 25 employees hired by the facility within the past 24 months. This review revealed the following.</p> <p>For LPN #7, hired 7/6/22, there was no sworn statement completed at the time of hire.</p> <p>For CNA #8, hired 3/8/21, there was license verification at the time of hire.</p> <p>For OSM #4, hired 10/5/21, there was no sworn statement and no criminal background check completed within the timeframe required by the regulation.</p>	F 001	<p>F 001</p> <p>12VAC5-371-140 (A). Policies and procedures. Cross reference to F580. Cross reference POC for F580</p> <p>12VAC5-371-140 (D.2). Policies and procedures. Cross reference to F622 & F623. Cross reference POC for F622 & F623</p> <p>12VAC5-371-150 (A) (B.1). Resident Rights. Cross reference to F580 & F622. Cross Reference POC for F580 & F622</p> <p>12VAC5-371-210 (A.5). Nurse Staffing. Cross reference to F947. Cross reference POC for F947</p> <p>12VAC5-371-220 (A) (B). Nursing Services. Cross reference to F684, F689, F695 & F698 Cross reference POC F684, F689, F695 & F698.</p> <p>2VAC5-371-220 (D). Nursing Services. Cross reference to F687. Cross reference POC for F687</p> <p>12VAC5-371-250 (A). Resident Assessment and care planning. Cross reference to F641. Cross reference POC for F641</p> <p>12VAC5-371-250 (B.2). Resident Assessment and Care Planning. Cross reference to F637. Cross reference POC for F637</p> <p>12VAC5-371-260 (F). Staff Development & Inservice Training Cross reference to F730. Cross reference POC for F730</p>	

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F 001	<p>Continued From page 2</p> <p>For LPN #8, hired 9/13/22, there was no criminal background check.</p> <p>For OSM #8, hired 6/1/21, there was no timely criminal background check and no license verification at the time of hire.</p> <p>For CNA #9, hired 6/1/21, there was no sworn statement or criminal background check within the time frame required by the regulation.</p> <p>For RN #4, hired 7/8/22, there was no criminal background check within 30 days of hire, and no license verification at the time of hire.</p> <p>For OSM #11, hired 12/10/21, there was no sworn statement at the time of hire.</p> <p>For RN #5, hired 8/3/22, there was no criminal background check.</p> <p>For LPN #9, hired 7/16/22, there was no license verification at the time of hire.</p> <p>On 1/5/23 at 2:49 p.m., OSM #13, the human resources director, was interviewed. She stated staff members are required to complete a sworn statement prior to hire. She stated she is responsible for obtaining this for facility employees, and contract companies are responsible for obtaining these for their employees. She stated the criminal background check should be completed through the Virginia State police database within 30 days of hire. She stated she attempts to verify staff licensure as soon as she received an individual's application. She stated she is responsible for reference checks for facility staff, and contract companies are responsible for their own reference checks.</p>	F 001	<p>F001. 1) Licensed verification, sworn statement, criminal background checks, reference check.</p> <p>1. No individual residents appear to have been affected as no resident were noted. LPN # 7, 8, 9 CNA # 8, 9, RN # 4, 5, OSM # 4, Social Worker # 8, Speech pathologist # 11, and the housekeeper will have their Licensed verified (if applicable), sworn statement, background screening, and reference checks completed by 1/27/23.</p> <p>2. All residents have the potential to be affected. Administrator designee will perform an audit on all current employees to ensure their licenses are verified, sworn statement, references and background screening variances will be corrected.</p> <p>3. Administrator will educate Human Resources Director on the policy regarding license verification, sworn statement, reference checks and background screenings.</p> <p>4. Administrator or designee will audit 10 employee files per week for four weeks, then five for eight weeks. The Administrator or Designee will identify any trends and or patterns and additional education will be provided on an ongoing basis. Findings will be presented to QAPI monthly x 3 for review and recommendations.</p> <p>5. Findings will be presented to QAPI monthly x 3 for review and recommendations.</p>	

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F 001	<p>Continued From page 3</p> <p>She stated contract companies are supposed to send her a letter verifying these checks have been done for their employees, but sometimes the contract companies are not forthcoming with documents. She stated the facility had been recently sold, and she could not be held responsible for actions taken or not taken prior to her starting work under the new owners.</p> <p>On 1/5/23 at 4:40 p.m., ASM (administrative staff member) #1, ASM #2, ASM #5, regional nurse consultant, and ASM #6, the regional maintenance director, were informed of these concerns.</p> <p>A review of the facility policy, "Abuse," revealed, in part: "Prevention ...The facility will not employ or otherwise engage individuals who ...Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment of individuals by a court of law ...Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property ...Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, and/or mistreatment of residents or misappropriation of resident property ...Criminal record checks will be obtained in accordance with state law and/or facility policy."</p> <p>No further information was provided prior to exit.</p> <p>2) 12VAC5-371-75. Criminal records check. Based on staff interview and facility document review, it was determined that the facility staff failed to evidence a sworn statement and/or a criminal background check in accordance with the laws of the State of Virginia for 8 of 25</p>	F 001	<p>F001</p> <p>2)Sworn statement, Background screening checks.</p> <p>1. No individual residents appear to have been affect as no resident were noted. LPN # 7,8,CNA #9, RN #4, 5, OSM # 4, Social Worker # 8, Speech pathologist # 11 will have their sworn statement and background screening completed by 1/27/23.</p> <p>2. All residents have the potential to be affected. Administrator designee will perform an audit on all current employees to ensure their sworn statements, and background screening variances will be corrected.</p> <p>3. Administrator will educate Human Resources Director the policy regarding license verification, sworn statement, and background screening.</p> <p>4. Administrator or designee will audit 10 employee files per week for four weeks, then five for eight weeks. The Administrator or Designee will identify any trends and or patterns and additional education will be provided on an ongoing basis. Findings will be presented to QAPI monthly x 3 for review and recommendations.</p> <p>5. Findings will be presented to QAPI monthly x 3 for review and recommendations.</p>	2/20/23

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F 001	<p>Continued From page 4</p> <p>employee records reviewed, LPNs (licensed practical nurses) #7, and #8, CNA (certified nursing assistant) #9, RNs (registered nurses) #4 and #5, and OSMs (other staff members) #4, a social worker, #8, a speech pathologist, and #11, a housekeeper.</p> <p>The findings include:</p> <p>A review of the employee records for 25 employees hired by the facility within the past 24 months was conducted. This review revealed the following:</p> <p>For LPN #7, hired 7/6/22, there was no sworn statement completed at the time of hire.</p> <p>For OSM #4, hired 10/5/21, there was no sworn statement and no criminal background check.</p> <p>For LPN #8, hired 9/13/22, there was no criminal background check.</p> <p>For OSM #8, hired 6/1/21, there was no timely criminal background check.</p> <p>For CNA #9, hired 6/1/21, there was no sworn statement or criminal background check within the time frame required by the regulation.</p> <p>For RN #4, hired 7/8/22, there was no criminal background check within 30 days of hire.</p> <p>For OSM #11, hired 12/10/21, there was no sworn statement at the time of hire.</p> <p>For RN #5, hired 8/3/22, there was no criminal background check.</p> <p>On 1/5/23 at 2:49 p.m., OSM #13, the human</p>	F 001		

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F 001	<p>Continued From page 5</p> <p>resources director, was interviewed. She stated staff members are required to complete a sworn statement prior to hire. She stated she is responsible for obtaining this for facility employees, and contract companies are responsible for obtaining these for their employees. She stated the criminal background check should be completed through the Virginia State police database within 30 days of hire. She stated contract companies are supposed to send her a letter verifying these checks have been done for their employees, but sometimes the contract companies are not forthcoming with documents. She stated the facility had been recently sold, and she could not be held responsible for actions taken or not taken prior to her starting work under the new owners.</p> <p>On 1/5/23 at 4:40 p.m., ASM (administrative staff member) #1, ASM #2, ASM #5, regional nurse consultant, and ASM #6, the regional maintenance director, were informed of these concerns.</p> <p>A review of the facility policy, "Abuse," revealed, in part: "Prevention ...The facility will not employ or otherwise engage individuals who ...Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment of individuals by a court of law ...Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property ...Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, and/or mistreatment of residents or misappropriation of resident property ...Criminal record checks will be obtained in accordance with state law and/or facility policy."</p>	F 001			

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F 001	Continued From page 6 No further information was provided prior to exit.	F 001			