

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/12/2023
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NAME OF PROVIDER OR SUPPLIER THE JEFFERSON	STREET ADDRESS, CITY, STATE, ZIP CODE 900 NORTH TAYLOR STREET ARLINGTON, VA 22203
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(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 survey was conducted 1/10/23 through 1/12/23. Corrections are required for compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 31 certified bed facility was 28 at the time of the survey. The survey sample consisted of 14 current Resident reviews and three 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: 12VAC5-371-110 (J). Management and administration. Cross reference to F883. 12VAC5-371-140 (D.2), (D.5). Policies and procedures. Cross reference to F623, F755, F756. 12VAC5-371-150 (A), (B.1). Resident rights. Cross reference to F623. 12VAC5-371-200 (B.1), (B.6). Director of nursing Cross reference to F658, F755, F756. 12VAC5-371-220 (A). Nursing Services Cross reference to F684 & 697. 12VAC5-371-220 (B). Nursing Services Cross reference to F695. 12VAC5-371-230 (A) (G). Medical direction.	F 001	Please reference POC for F883 for 12VAC5-371-110(J). Please reference POCs for F623, F755 and F756 for 12VAC-3717140(D.2), (D.5). Please reference POC for F623 for 12VAC5-371-150(A),(B.1). Please reference POCs for F658, F755, and F756 for 12VAC5-371-200(B.1),(B.6). Please reference POCs for F684 and F697 for 12VAC5-371-220(A). Please reference POC for F695 for 12VAC5-371-220(B). Please reference POC for F697 for 12VAC5-371-230(A)(G). Please reference POC for F655 for 12VAC5-371-250(A).	

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

[Handwritten Signature]

TITLE

Administrator

(X5) DATE

01/23

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F 001	<p>Continued From page 1</p> <p>Cross reference to F697.</p> <p>12VAC5-371-300 (A), (C), (E), (G), (J). Pharmaceutical services. Cross reference to F755, F756.</p> <p>12VAC5-371-340 (A) Dietary and food service program. Cross reference to F812.</p> <p>1) 12VAC5-371-75. Criminal records check. Based on staff interview and facility document review, 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 four of 25 employee records reviewed, RNs (registered nurses) #5 and #6; OSM (other staff member) #5, a dietician and #6, a housekeeper.</p> <p>The findings include:</p> <p>A review of the employee records was conducted on 1/12/23 for 25 employees hired by the facility within the past 24 months. The review revealed the following.</p> <p>For RN #5, hired 7/19/21, there was no evidence of a sworn statement or criminal background check performed in the timeframe required by the regulation.</p> <p>For RN #6, hired 8/5/21, there was no evidence of a sworn statement completed in the timeframe required by the regulation.</p> <p>For OSM #5, hired 11/10/21, there was no</p>	F 001	<p>Please reference POCs for F755 and F756 for 12VAC5-371-300(A),(C),(E), (G), (J).</p> <p>Please reference POC for F812 for 12VAC5-371-340(A).</p> <p>12VAC5-371-75</p> <ol style="list-style-type: none"> <u>With respect to the specific observation cited:</u> OSM #5 and OSM #6 are no longer employed by the facility. RN #5 and RN #6 are no longer employed by the facility. An audit of current SNF employees was conducted by the Human Resources Manager on 1/26/23 to verify that sworn statements and criminal background checks were completed. No discrepancies were found during the audit of the employee records. No residents were affected by this citation. <u>With respect to how the facility will identify residents with the potential for the identified concern and take corrective action:</u> All residents have the potential to be affected. 	

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			<p>3. <u>With respect to what systemic measures have been put in place to address the stated concern:</u> Refresher training was conducted by the Skilled Nursing Administrator on 1/26/23 for Human Resources staff regarding the requirement to obtain criminal background checks and sworn statements for employees prior to hire. The Human Resources Manager or her designee will audit new hire files monthly for the next three months to verify that sworn statements and criminal background checks were completed and filed.</p> <p>4. <u>With respect to how the plan or corrective measures will be monitored:</u> Over the next three months, the findings from weekly new hire file audits will be reviewed at Quality Assurance/Performance Improvement (QAPI) meetings. At the conclusion of the three-month period, the QAPI committee will re-evaluate and initiate any necessary action or extend the review period. The Executive Director and/or Administrator are responsible for ensuring implementation and ongoing compliance with the components of this Plan of Correction and addressing along with resolving variances that may occur.</p> <p>5. Areas cited in 12VAC5-371-75 will be corrected by 2/23/23.</p>
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F 001	<p>Continued From page 2</p> <p>evidence of a completed sworn statement.</p> <p>For OSM #6, hired 9/8/21, there was no evidence of a criminal background check.</p> <p>On 1/12/23 at 11:30 a.m., OSM #1, the human resources manager, was interviewed. She stated she prefers to run all criminal background checks prior to an individual's hire date. She stated the sworn statement should be completed on or before the hire date. She stated RNs #5 and #6 left the facility when COVID hit, were later rehired, and their sworn statements and background checks were not redone. She stated she was unsure about OSM #5 and #6, and stated they were hired prior to her beginning work at the facility.</p> <p>On 1/12/23 at 12:28 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2 were informed of these concerns.</p> <p>No further information was provided prior to exit.</p> <p>2) 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, and/or a criminal background check in accordance with the laws of the State of Virginia, for five of 25 employee records reviewed, RNs (registered nurses) #5 and #6; OSM (other staff member) #5, a dietician and #6, a housekeeper; and LPN (licensed practical nurse) #1.</p> <p>The findings include:</p> <p>For RN #5, hired 7/19/21, there was no evidence</p>	F 001	<p>12VAC5-371-140(E)</p> <ol style="list-style-type: none"> <u>With respect to the specific observation cited:</u> All team members whose files were cited during survey are no longer employed at the facility. <u>With respect to how the facility will identify residents with the potential for the identified concern and take corrective action:</u> An audit of current SNF employees was conducted by the Human Resources Manager on 1/12/23 to verify that sworn statements, criminal background checks and license verifications were completed within required timeframes. No discrepancies were found. <u>With respect to what systemic measures have been put in place to address the stated concern:</u> 	

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			<p>Refresher training was conducted by the Skilled Nursing Administrator on 1/26/23 for Human Resources staff regarding the requirement to obtain criminal background checks, license verifications and sworn statements for employees prior to hire. The Human Resources Manager or her designee will audit new hire files monthly for the next three months to verify that sworn statements, license verifications and criminal background checks were completed and filed.</p> <p>4. <u>With respect to how the plan or corrective measures will be monitored:</u> Over the next three months, the findings from weekly new hire file audits will be reviewed at Quality Assurance/Performance Improvement (QAPI) meetings. At the conclusion of the three-month period, the QAPI committee will re-evaluate and initiate any necessary action or extend the review period. The Executive Director and/or Administrator are responsible for ensuring implementation and ongoing compliance with the components of this Plan of Correction and addressing along with resolving variances that may occur.</p> <p><u>1. Areas cited in 12VAC5-371-140 (E) will be corrected by 2/23/23.</u></p>
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F 001	<p>Continued From page 3</p> <p>of a sworn statement or criminal background check performed in the timeframe required by the regulation.</p> <p>For RN #6, hired 8/5/21, there was no evidence of a sworn statement completed in the timeframe required by the regulation.</p> <p>For OSM #5, hired 11/10/21, there was no evidence of a completed sworn statement.</p> <p>For OSM #6, hired 9/8/21, there was no evidence of a criminal background check.</p> <p>For LPN #1, hired 4/26/21, there was no evidence of nursing license verification at the time of hire.</p> <p>On 1/12/23 at 11:30 a.m., OSM #1, the human resources manager, was interviewed. She stated she prefers to run all criminal background checks prior to an individual's hire date. She stated the sworn statement should be completed on or before the hire date. She stated she verifies licenses before a nurse begins work, and again 30 days after hire. She stated RNs #5 and #6 left the facility when COVID hit, were later rehired, and their sworn statements and background checks were not redone. She stated she was unsure about LPN #1 and OSM #5 and #6, and stated they were hired prior to her beginning work at the facility.</p> <p>On 1/12/23 at 12:28 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2 were informed of these concerns.</p> <p>No further information was provided prior to exit.</p>	F 001		