State of Virginia

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BOILBING.		С	
		VA0392	B. WING		02/08/20	023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
GLENBUR	NIE REHAB & NURSING	G CENTER 1901 LIBB	IE AVE D, VA 23226			
			·	PROVIDER'S PLAN OF CORRECTION		(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE C	(X5) OMPLETE DATE
F 000	00 Initial Comments		F 000			
	2/8/2023. Correction Virginia Rules and Re of Nursing Facilities. The census in this 12 115 at the time of the	s are required with the egulations for the Licensure Is licensed bed facility was survey. The survey sample				
	closed record reviews	nt resident reviews and 15 s.				
F 001	Non Compliance		F 001		3/2	21/23
	The facility was out o following state licensu					
	This RULE: is not met as evidenced by: 12VAC5-371-140 (A). Policies and procedures. Cross reference to F565, F580, F583, F585, F622, F623, F625, F712, F695, F700, F710, F732, F756, F759, F760, F880.			F001 Non-Compliance 12VAC5-371-75 (B). Criminal Records Check. 12VAC5-371-140 (E.3) Policies and procedures.	3	
	•	2), (E.3.f). Policies and		·		
	procedures. Cross reference to F7	730, F947.		1-Regional HR educate HR team on requirements for each on-boarding teamember	am	
	12VAC5-371-150 (A). Cross reference to F5 F585, F622, F623, F6	550, F565, F580, F583,		2-HR will audit all records for Backgro checks, licensure check sworn statem etc 3-Administrator or designee will audit		
	12VAC5-371-180 (A). Cross reference to F8			completed monthly X 3 months to ens that required in-service education is completed. Any variances will be	ure	
	12VAC5-371-200 (B). Cross reference to F6 F759, F760.	. Director of nursing. 658, F727, F730, F732,		corrected with additional training and/corrective action. 4-On-going compliance will be monito and reviewed at the QAPI meeting		
	12VAC5-371-210 (A)	,(B),(E). Nurse staffing.		process. The results of the review will	be	

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

TITLE (X6) DATE

Electronically Signed

03/03/23

State of Virginia

State Of V	riigiiia					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
		.,,,,,,,	B. WING		C	
		VA0392	b. WING		02/08	8/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	ATE, ZIP CODE		
		1901 LIBB	IE AVE			
GLENBUR	RNIE REHAB & NURSING	CENTER	D, VA 23226			
			D, VA 23220	1		
(X4) ID	_	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
PREFIX TAG	`	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		DATE
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F 001	Continued From page	e 1	F 001			
	Cross reference to Ef	657, F727, F730, F732,		discussed at the monthly QAPI meetir	na	
	F759, F760.	337,1727,1730,1732,		Once the QAPI committee determines	-	
	1755,1766.			problem no longer exists, the reviews		
	12\/\C5 271 220 (\)	, (B),(D),(E),(F),(G),(H).		be completed on a random basis. The		
	Nursing services.	, (D),(D),(L),(I),(G),(II).		Administrator or Director of Nursing a		
	_	580, F677, F684, F686,		responsible for implementation of the		
	F759, F760.	500, F077, F004, F000,		of correction.	piari	
	F139, F100.			5-Date of Completion 3/21/23		
	12VAC5-371-240 (F).	Dhysisian services		5-Date of Completion 3/21/23		
	Cross reference to F7					
		12.		12)/ACE 271 140 (A) Policies and		
	10\/ACE 271 2E0 /A\	(B) (E) (C) Pacident		12VAC5-371-140 (A). Policies and		
	12VAC5-371-250 (A),	, , , , ,		procedures.		
	assessment and care			Cross reference to F565, F580, F583,		
	Cross reference to Fo	636, F641, F656, F657.		F585, F622, F623, F625, F712, F695,		
	10) /A OF 071 000 /D)	(E) 01 % I		F700, F710, F732, F756, F759, F760,	,	
		(E). Staff development and		F880.		
	inservice training.	700 5047		40) /A OF 074 440 /E 0) /E 0 f) Delining		
	Cross reference to F7	730, F947.		12VAC5-371-140 (E.2), (E.3.f). Policie	es	
	40) /4 OF 074 000 (D)	(D) (I) DI (II I		and procedures.		
	, ,	,(D),(I). Pharmaceutical		Cross reference to F730, F947.		
	services.	755 5750		10) (A OF 071 150 (A) B : I I : I I		
	Cross reference to F7	755, F756.		12VAC5-371-150 (A). Resident rights.		
	40) /A OF 074 000 /E /	2) 01:-:11-		Cross reference to F550, F565, F580,	,	
	12VAC5-371-360 (E.6	,		F583, F585, F622, F623, F625.		
	Cross reference to F8	342.		40)/405 074 400 (4) Infantion contra		
	40\/A OF 274 270 (A)	Maintananaa and		12VAC5-371-180 (A). Infection contro	71.	
	12VAC5-371-370 (A).	. Maintenance and		Cross reference to F880.		
	housekeeping.	-0.4		40) /A OF 074 000 /D) Dive the effective		
	Cross reference to F5			12VAC5-371-200 (B). Director of nurs	-	
	- 1∠VAU5-3/1-75 (B). (-	Criminal Records Check.		Cross reference to F658, F727, F730,	,	
	D			F732, F759, F760.		
		ew and facility document		40\/0.05.074.040./0\/5\\\		
		ined that the facility staff		12VAC5-371-210 (A),(B),(E). Nurse		
		minal records check and/or		staffing.		
		ccordance with the laws of		Cross reference to F657, F727, F730,	,	
		for 23 of 25 employee		F732, F759, F760.		
	records reviewed.			40) (4.05, 0.74, 0.00, (4.)		
	- ,			12VAC5-371-220 (A),		
	The findings include:		1	(B),(D),(E),(F),(G),(H). Nursing service	es.	

Cross reference to F580, F677, F684,

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
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		VA0392	B. WING		02/08/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	ATE, ZIP CODE	
GI ENBUE	RNIE REHAB & NURSING	CENTER 1901 LIB	BIE AVE		
OLLINDOI	THE REITAB & HOROING	RICHMO	ND, VA 23226		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
F 001	Continued From page	2	F 001		
F 001	On 2/7/2023 at appro facility provided emplo 25 newly hired emplo years were reviewed. records failed to evide 23 of the 25 records r State Police criminal of 25 records reviewed. The employees identification of 25 record documented the with the facility on 5/3 CNA #11's employee sworn statement. CNA #12's employee record ired as a CNA with the Further review of CNA Further review of CNA records and records	ximately 10:00 a.m., the oyee records for a sample of yees within the past two Review of the employee ence a sworn statement for reviewed and a Virginia background check for 16 out ed. fied were: g assistant) #11's employee CNA #11's employee ency were hired as a CNA (2022. Further review of record failed to evidence a record was reviewed. CNA ed documented they were the facility on 5/7/2022. A #12's employee record	F 001	F686, F759, F760. 12VAC5-371-240 (F). Physician service Cross reference to F712. 12VAC5-371-250 (A),(B),(F),(G). Reseassessment and care planning. Cross reference to F636, F641, F656 F657. 12VAC5-371-260 (B),(E). Staff development and inservice training. Cross reference to F730, F947. 12VAC5-371-300 (B),(D),(I). Pharmaceutical services. Cross reference to F755, F756. 12VAC5-371-360 (E.6). Clinical record Cross reference to F842.	ident ,
	failed to evidence a Virginia State Police criminal background check. CNA #13's employee record was requested. Facility document review documented they were hired as a CNA with the facility on 2/15/2021. No employee record was provided for CNA #13. CNA #14's employee record was requested. Facility document review documented they were hired as a CNA with the facility on 5/25/2021. No employee record was provided for CNA #14. CNA #15's employee record was requested. Facility document review documented they were hired as a CNA with the facility on 8/17/2021. No employee record was provided for CNA #15.			housekeeping. Cross reference to F584	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDIEAN	or contribution	IDENTIFICATION NOMBER.	A. BUILDING:			
		VA0392	B. WING		C 02/08/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREE	Γ ADDRESS, CITY, STA	ATE, ZIP CODE		
GLENBUR	RNIE REHAB & NURSING	S CENTER CONTRACTOR	IBBIE AVE MOND, VA 23226			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUNDS OF THE APPRIORS OF	LD BE COMPLETE	
F 001	Facility document rev hired as a CNA with t employee record was CNA #17's employee #17's employee record hired as a CNA with t Further review of CNA failed to evidence a s CNA #18's employee Facility document rev hired as a CNA with t employee record was CNA #19's employee Facility document rev hired as a CNA with t employee record was CNA #20's employee #20's employee record hired as a CNA with t Further review of CNA failed to evidence a s CNA #21's employee record hired as a CNA with t Further review of CNA failed to evidence a s CNA #22's employee #22's employee #22's employee record hired as a CNA with t Further review of CNA failed to evidence a s CNA #22's employee record hired as a CNA with t Further as a CNA with t	record was requested. riew documented they were he facility on 7/13/2021. No a provided for CNA #16. record was reviewed. CNA rd documented they were he facility on 6/15/2021. A #17's employee record worn statement. record was requested. riew documented they were he facility on 8/3/2021. No a provided for CNA #18. record was requested. riew documented they were he facility on 6/15/2021. No a provided for CNA #19. record was reviewed. CNA rd documented they were he facility on 7/13/2021. A #20's employee record worn statement. record was reviewed. CNA rd documented they were he facility on 5/31/2022. A #21's employee record worn statement. record was reviewed. CNA rd documented they were he facility on 5/31/2022. A #21's employee record worn statement. record was reviewed. CNA rd documented they were he facility on 9/27/2022. A #22's employee record	F 001	DELICITIENCI)		
	CNA #23's employee	record was requested.				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
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		VA0392	B. WING		02/08/2023	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE		
GLENBU	RNIE REHAB & NURSING	CENTER 1901 LIB	ND, VA 23226			
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	E
F 001	hired as a CNA with the mployee record was CNA #24's employee record hired as a CNA with the further review of CNA failed to evidence a such as a control of the control of	iew documented they were he facility on 5/25/2021. No provided for CNA #23. record was reviewed. CNA de documented they were he facility on 9/20/2022. A #24's employee record worn statement. record was requested. iew documented they were ed nursing assistant with the No employee record was is. record was reviewed. CNA de documented they were CNA with the facility on eview of CNA #26's de to evidence a Virginia background check. Inber) #11's employee record #11's employee record de hired as a dietary lity on 8/2/2022. Further employee record failed to tement. Percord was reviewed. OSM de documented they were coupational therapy assistant to record failed to evidence a criminal background check.	F 001	DEFICIENCY)		
		record was requested. iew documented they were				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		VA0392	B. WING		02/0	8/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
GLENBUF	RNIE REHAB & NURSING	G CENTER 1901 LIBBI RICHMONI	E AVE D, VA 23226			
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
F 001	Continued From page	÷ 5	F 001			
	hired as a housekeep	ing assistant with the facility aployee record was provided				
	Facility document rev	record was requested. iew documented they were erapist with the facility on ree record was provided for				
	record was reviewed. documented they wer facility on 10/11/2022	al nurse) #9's employee LPN #9's employee record re hired as an LPN with the . Further review of LPN #9's red to evidence a sworn				
	Facility document rev	record was requested. iew documented they were the facility on 1/10/2022. was provided for LPN #12.				
	Facility document rev	record was requested. iew documented they were the facility on 10/18/2022. was provided for LPN #13.				
	#14's employee recornhired as an LPN with	record was reviewed. LPN d documented they were the facility on 9/20/2022. I #14's employee record worn statement.				
	requested. Facility do	#4's employee record was ocument review documented RN with the facility on see record was provided for				
	On 2/7/2023 at 3:04 p	o.m., an interview was				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE S	
7.1.2 . 2.1.		.52.11.11.01.11.01.11.01.11.01.11.01.11.01.11.01.11.01.11.01.11.01.11.01.0	A. BUILDING: _			
		VA0392	B. WING		02/0	; 8/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
GLENBUR	NIE REHAB & NURSING	G CENTER 1901 LIBB				
			D, VA 23226			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
F 001	Continued From page	e 6	F 001			
F 001	conducted with OSM director. OSM #10 st working at the facility searched for the requand was unable to lot that they had provide and would provide and able to find anything. they had started work process for new emp the reference checks to the first day of orie copies in the employe that if the Virginia Stawas not back prior to the employee was hir OSM #10 stated that made sure each emp the Virginia State Pol license verification ar paper and uploaded in On 2/7/2023 at 5:28 p staff member) #1, the interim director of nur regional director of claware of the concern. No further information 12VAC5-371-140 (E.: Based on facility doci interview, it was dete failed to evidence a content of the concern.	#10, the human resource tated that they had started on 1/3/2023 and had dested employee records cate them. OSM #10 stated d what they were able to find anything additional if they were OSM #10 stated that since king at the facility the doyee onboarding was to do and background check prior intation and maintain paper less file. OSM #10 stated atte Police background check the first day of employment led on a contingent basis, prior to orientation they doyee had two references, ice background check, and the sworn statement on anto their system. D.m., ASM (administrative administrator, ASM #2, the unical services were made	F 001			
	the State of Virginia for records reviewed.					
	The findings include:					

		(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
7.1.2 . 27.1.1				A. BUILDING: _			
		VA0392		B. WING			08/ 2023
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
GLENBUR	RNIE REHAB & NURSING	CENTER	1901 LIBBI	E AVE D, VA 23226			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
F 001	Continued From page 7		F 001				
	facility provided emplo 25 newly hired emplo years were reviewed. records failed to evide 23 of the 25 records relice criminal backg records reviewed, verof 22 eligible records. The employees identification of 22 eligible records record was reviewed. record documented the with the facility on 5/3		aple of Yo Yee of for ate of 25 r 13 oyee				
	#12's employee recording as a CNA with the Further review of CNA	record was reviewed. rd documented they we he facility on 5/7/2022. A #12's employee recor /irginia State Police crir	ere				
	Facility document rev	record was requested. riew documented they we he facility on 2/15/2021 s provided for CNA #13	were 1. No				
	Facility document rev	record was requested. riew documented they whe facility on 5/25/2021 s provided for CNA #14	were 1. No				
	Facility document rev	record was requested. riew documented they when the facility on 8/17/2021	were				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		VA0392	B. WING			C 08/2023
NAME OF P	ROVIDER OR SUPPLIER	STREE*	ADDRESS, CITY, STA	TE, ZIP CODE		
GLENBUR	RNIE REHAB & NURSING	S CENTER	IBBIE AVE IOND, VA 23226			
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F 001	Continued From page	e 8	F 001			
	employee record was	provided for CNA #15.				
	Facility document rev hired as a CNA with the employee record was CNA #17's employee #17's employee record hired as a CNA with the further review of CNA failed to evidence a since CNA #18's employee Facility document rev	record was requested. riew documented they were he facility on 7/13/2021. No s provided for CNA #16. record was reviewed. CNA rd documented they were he facility on 6/15/2021. A #17's employee record worn statement. record was requested. riew documented they were he facility on 8/3/2021. No				
	employee record was CNA #19's employee Facility document rev	record was requested. riew documented they were he facility on 6/15/2021. No				
	CNA #20's employee #20's employee recornired as a CNA with the Further review of CNA failed to evidence as CNA #21's employee #21's employee recornired as a CNA with the Further review of CNA failed to evidence as CNA #22's employee #22's employee recornired as a CNA with the function of the failed to evidence as CNA #22's employee recornired as a CNA with the failed to evidence as failed to evidence as a CNA with the failed to evidence as failed to evidence as a CNA with the failed to evidence as a condition of the failed to	record was reviewed. CNA rd documented they were he facility on 5/31/2022. A #21's employee record worn statement. record was reviewed. CNA rd documented they were he facility on 9/27/2022.				
	Further review of CN/ failed to evidence a s	A #22's employee record worn statement.				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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		VA0392	B. WING		02/	08/2023	
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GLENBUR	NIE REHAB & NURSING	CENTER	LIBBIE AVE IMOND, VA 23226				
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
F 001	Continued From page	9	F 001				
	CNA #23's employee Facility document revhired as a CNA with themployee record was CNA #24's employee recorhired as a CNA with the Further review of CNA failed to evidence a second review as a non-certificatility document revhired as a non-certificatility on 4/12/2021. provided for CNA #25's employee #26's employee recorhired as a temporary 3/29/2022. Further reemployee record failed State Police criminal in CSM (other staff memwas reviewed. OSM additional occumented they were assistant with the facing review of OSM #11's evidence a sworn staff occumented as a certified occumented they were assistant with the facility on 6/2 OSM #12's employee recorhired as a certified occumented as a certified occumented they were assistant with the facility on 6/2 OSM #12's employee recorhired as a certified occumented they were assistant with the facility on 6/2 OSM #12's employee recorhired as a certified occumented they were assistant with the facility on 6/2 OSM #12's employee	record was requested. iew documented they were ne facility on 5/25/2021. No provided for CNA #23. record was reviewed. CNA d documented they were ne facility on 9/20/2022. A #24's employee record worn statement. record was requested. iew documented they were nd nursing assistant with the No employee record was . record was reviewed. CNA d documented they were CNA with the facility on eview of CNA #26's d to evidence a Virginia background check. hber) #11's employee record #11's employee record hired as a dietary lity on 8/2/2022. Further employee record failed to					

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AND PLAN	OF CORRECTION	IDENTIFICATI	ON NUMBER.	A. BUILDING:		COMPL	EIED
		VA0392		B. WING		02/0	; 8/2023
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CI ENDIII	RNIE REHAB & NURSING	CENTED	1901 LIBBI	E AVE			
GLENBUR	KNIE KEHAB & NUKSING	CENTER	RICHMONE), VA 23226			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE	(X5) COMPLETE DATE
F 001	Continued From page	e 10		F 001			
	OSM #13's employee record was requested. Facility document review documented they were hired as a housekeeping assistant with the facility on 6/15/2021. No employee record was provided for OSM #13.						
	OSM #14's employee Facility document rev hired as a physical th 5/5/2022. No employ OSM #14.	iew documente erapist with the	d they were facility on				
	LPN (licensed practical nurse) #9's employee record was reviewed. LPN #9's employee record documented they were hired as an LPN with the facility on 10/11/2022. Further review of LPN #9's employee record failed to evidence a sworn statement.						
	LPN #12's employee Facility document rev hired as an LPN with No employee record	riew documente the facility on 1	d they were 1/10/2022.				
	LPN #13's employee record was requested. Facility document review documented they were hired as an LPN with the facility on 10/18/2022. No employee record was provided for LPN #13.						
	LPN #14's employee #14's employee recon hired as an LPN with Further review of LPN failed to evidence a s	rd documented the facility on 9. If #14's employed	they were /20/2022. ee record				
	RN (registered nurse requested. Facility do they were hired as ar 7/6/2021. No employ RN #4.	ocument review RN with the fa	documented cility on				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		VA0392	B. WING		02/08/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
GLENBUF	RNIE REHAB & NURSING	CENTER 1901 LIBBI	E AVE D, VA 23226			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
F 001	Continued From page	: 11	F 001			
	conducted with OSM director. OSM #10 st working at the facility searched for the requ and was unable to loo that they had provide and would provide an able to find anything. they had started work process for new empl the reference checks to the first day of oriel copies in the employed that if the Virginia Sta was not back prior to the employee was hir OSM #10 stated that made sure each empl the Virginia State Poli license verification an paper and uploaded in On 2/7/2023 at 5:28 p staff member) #1, the interim director of nur regional director of cli aware of the concern.	ested employee records cate them. OSM #10 stated d what they were able to find ything additional if they were OSM #10 stated that since ing at the facility the oyee onboarding was to do and background check prior ntation and maintain paper ses file. OSM #10 stated te Police background check the first day of employment ed on a contingent basis. prior to orientation they loyee had two references, ce background check, d the sworn statement on into their system. D.m., ASM (administrative administrator, ASM #2, the sing and ASM #3, the inical services were made				