

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0168	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/29/2022
NAME OF PROVIDER OR SUPPLIER MOUNT VERNON HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 8111 TISWELL DRIVE ALEXANDRIA, VA 22306		
(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 09/12/22 through 09/22/22. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 130 certified bed facility was 119 at the time of the survey. The survey sample consisted of 60 resident reviews and 23 staff 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: 12VAC5-371-150(A) & (B)(1). Please cross reference F550. 12VAC5-371-150 (A). Please cross reference to F554. 12VAC5-371-160(A). Please cross reference to F567. 12VAC5-371-160(A) & (C)(1). Please cross reference to F568. COV 32.1-138 (A)(7). Please cross reference to F568. COV 32.1-138 (A). Please cross reference to F571. 12 VAC 5-371-150 (C) and (D) and (E). Please cross reference to F574. COV 32.1-138(A)(3). Please cross reference to F577. COV 32.1-138(A)(10). Please cross reference to F583. 12VAC5-371-370(A). Please cross reference F584. COV 32.1-138.01(A)(8) please cross reference to	F 001		

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

TITLE

(X6) DATE

12/30/22

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F 001	Continued From page 1 F-600 COV 32.1-126.01(A). Please cross reference to F602. 12VAC5-371-110(B)(2)&(3). Please cross reference to F602. 12 VAC5-371-140 Please cross reference to F-607 12VAC5-371-250(G). Please cross reference F656. 12 VAC 5-371-250 (C), (F), (G), (H) and (I). Please cross reference to F657. 12 VAC5-371-200(B)& (B)(1)(ii) Please cross reference to F-658 12VAC5-371-220(A). Please cross reference F676. 12VAC5-371-220(D). Please cross reference F677. 12VAC5-371-220(A), (B), (C)(2) & (D). Please cross reference F684. 12 VAC5-371-220 (C)(1) Please cross reference to F-686 12 VAC 5-371-220 (A) and (B) and (C) and (D). Please cross reference to F689. 12 VAC5-371-(D) Please cross reference to F-691 12 VAC 5-371-210 (B). Please cross reference to F726. 12 VAC 5-371-260 (E) and (F). Please cross reference to F730. 12 VAC5-371-300(A)&(B) Please cross reference to F-755 12 VAC5-371-220(B) Please cross reference to F-760 12 VAC5-371-300(L) Please cross reference to F-761 12VAC5-371-290(A). Please cross reference F825. 12 VAC 5-371-180 (A). Please cross reference to F880. 12 VAC5-371-180(A). Please cross reference to	F 001		

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F 001	<p>Continued From page 2</p> <p>F886 12VAC5-371-370(A). Please cross reference to F921. The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities:</p> <p>12VAC5-371-75(B)(1)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to have evidence of a signed sworn statement, on or prior to hire, for 3 employees, Staff #6, #10, and #15, in a sample of 25 employee records reviewed.</p> <p>The facility staff failed to obtain a sworn statement for Staff #6, Staff #10, and Staff #15.</p> <p>The findings included:</p> <p>On 9/15/22, a review of 25 employee personnel records was conducted and revealed the following:</p> <ol style="list-style-type: none"> 1. Staff #6 was hired on 4/14/21. There was no sworn statement provided for Staff #6. 2. Staff #10 was hired on 9/1/21. There was no sworn statement provided for Staff #10. 3. Staff #15 was hired on 3/1/22. There was no sworn statement provided for Staff #15. <p>On 9/20/22, the Human Resources (HR) Director was interviewed and confirmed the hire dates for the 3 referenced facility staff members and stated, "I am unable to provide a sworn statement for those employees at this time".</p>	F 001		

State of Virginia

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F 001	<p>Continued From page 3</p> <p>On 9/21/22, the Facility Administrator was informed of the findings. He stated, "Sworn statements are supposed to be obtained before a person is hired because they are saying that they do not have any criminal or legal issues that would keep them from working with the elderly". No further information was provided.</p> <p>12VAC5-371-75(B)(3)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to obtain a criminal record report from the Virginia Department of State Police within 30 days of hire for 13 employees, Staff #5, #6, #7, #8, #10, #11, #12, #13, #14, #15, #16, #21, and #23, in a sample of 25 employee records reviewed.</p> <p>The facility staff failed to obtain a criminal background check within 30 days of hire for Staff #5, #6, #7, #8, #10, #11, #12, #13, #14, #15, #16, #21, and #23.</p> <p>The findings included:</p> <p>On 9/15/22, a review of 25 employee personnel records was conducted and revealed the following:</p> <p>1. Staff #5 was hired on 3/12/21 and terminated on 5/21/21. There was no criminal background check provided for Staff #5 within 30 days of hire. Therefore, from 3/12/21 through 5/21/21, facility staff was unaware of Staff #5's criminal background status and was permitted to provide direct care to Residents.</p> <p>2. Staff #6 was hired on 4/14/21 and terminated on 10/11/21. There was no criminal background</p>	F 001		

State of Virginia

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F 001	<p>Continued From page 4</p> <p>check provided for Staff #6 within 30 days of hire. Therefore, from 4/14/21 through 10/11/21, facility staff was unaware of Staff #6's criminal background status and was permitted to provide direct care to Residents.</p> <p>3. Staff #7 was hired on 5/12/21. A criminal background check was provided, however it was dated 6/1/22. Therefore, from 5/12/21 through 6/1/22, facility staff was unaware of Staff #7's criminal background status and was permitted to provide direct care to Residents.</p> <p>4. Staff #8 was hired on 5/26/21. A criminal background check was provided upon the request of Surveyor G on 9/15/22. Therefore, from 5/26/21 through 9/15/22, facility staff was unaware of Staff #8's criminal background status and was permitted to provide direct care to Residents.</p> <p>5. Staff #10 was hired on 9/1/21 and terminated on 7/22/22. There was no criminal background check provided for Staff #10. Therefore, from 9/1/21 through 7/22/22, facility staff was unaware of Staff #10's criminal background status and was permitted to provide direct care to Residents.</p> <p>6. Staff #11 was hired on 10/7/21. A criminal background check was provided upon the request of Surveyor G on 9/15/22. Therefore, from 10/7/21 through 9/15/22, facility staff was unaware of Staff #11's criminal background status and was permitted to provide direct care to Residents.</p> <p>7. Staff #12 was hired on 11/8/21 and terminated on 3/2/22. There was no criminal background check provided for Staff #12. Therefore, from 11/8/21 through 3/2/22, facility staff was unaware</p>	F 001		

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F 001	<p>Continued From page 5</p> <p>of Staff #12's criminal background status and was permitted to provide direct care to Residents.</p> <p>8. Staff #13 was hired on 12/13/21 and terminated on 5/10/22. There was no criminal background check provided for Staff #13. Therefore, from 12/13/21 through 5/10/22, facility staff was unaware of Staff #13's criminal background status and was permitted to provide direct care to Residents.</p> <p>9. Staff #14 was hired on 12/28/21. A criminal background check was provided upon request of Surveyor G on 9/15/22. Therefore, from 12/28/21 through 9/15/22, facility staff was unaware of Staff #14's criminal background status.</p> <p>10. Staff #15 was hired on 3/1/22. A criminal background check was provided upon request of Surveyor G on 9/15/22. Therefore, from 3/1/22 through 9/15/22, facility staff was unaware of Staff #15's criminal background status and permitted to provide direct care to Residents.</p> <p>11. Staff #16 was hired on 1/4/22 and terminated on 3/11/22. There was no criminal background check provided for Staff #16. Therefore, from 1/4/22 through 3/11/22, facility staff was unaware of Staff #16's criminal background status and permitted to provide direct care to Residents.</p> <p>12. Staff #21 was hired on 5/20/22. A criminal background check was requested on 9/15/22 by Surveyor G and was provided by facility staff on 9/19/22. Therefore, from 5/20/22 through 9/19/22, facility staff was unaware of Staff #21's criminal background status and permitted to provide direct care to Residents.</p> <p>13. Staff #23 was hired on 11/18/20. A criminal</p>	F 001		

State of Virginia

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F 001	<p>Continued From page 6</p> <p>background check was provided upon request by Surveyor G on 9/15/22. Therefore, from 11/18/20 through 9/15/22, facility staff was unaware of Staff #23's criminal background status and permitted to provide direct care to Residents.</p> <p>On 9/20/22, the Human Resources (HR) Director was interviewed and confirmed the findings for the 13 referenced facility staff members.</p> <p>On 9/21/22, the Facility Administrator was informed of the findings. He stated, "Criminal background checks are obtained before we hire anyone because we must be certain that our residents are not exposed to people with a criminal history such as abuse of any kind". No further information was provided.</p> <p>12VAC5-371-150(G)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to register the facility with the Virginia Department of State Police to receive notice of the registration or re-registration of any sex offender within the same or a contiguous zip code area in which the nursing facility is located.</p> <p>The findings included:</p> <p>On 9/14/22, an interview was conducted with the Facility Administrator to determine the facility's registration status with the Virginia State Police (VSP) to receive notifications of registered sex offenders within the local area. The Facility Administrator stated, "We screen our residents prior to their admission to see whether or not they are on the sex offender registry but I do not know anything about registering the facility to get</p>	F 001		

State of Virginia

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F 001	<p>Continued From page 7</p> <p>information about other people in the area, I do not know anything about this". No further information was provided.</p> <p>12VAC5-371-210(E)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to verify the professional license, prior to providing direct resident care for 6 nurses, Staff #7, #11, #16, #20, #21, and #23, in a sample of 9 staff nurse personnel records reviewed.</p> <p>The facility staff failed to verify the professional license was active and in good standing with the state licensing board for Staff #7, #11, #16, #20, #21, and #23, prior to allowing them to provide direct resident care.</p> <p>The findings included:</p> <p>On 9/14/22, a review of 9 staff nursing personnel records was conducted and revealed the following:</p> <p>1. Staff #7 was hired on 5/12/21. Staff #7's professional license verification was dated 6/1/22. Therefore, from 5/12/21 through 6/1/22, facility staff was unaware if Staff #7 was an active, professional nurse and in good standing with the state licensing board. Staff #7 was permitted to provide direct care to Residents.</p> <p>2. Staff #11 was hired on 10/7/21. Staff #11's professional license verification was dated 3/18/22. Therefore, from 10/7/21 through 3/18/22, facility staff was unaware if Staff #11 was an active, professional nurse and in good standing with the state licensing board. Staff #11 was</p>	F 001		

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F 001	<p>Continued From page 8</p> <p>permitted to provide direct care to Residents.</p> <p>3. Staff #16 was hired on 1/4/22 and terminated on 3/11/22. There was no professional license verification provided by facility staff that encompassed the duration of Staff #16's employment at the facility. Therefore, from 1/4/22 through 3/11/22, facility staff was unaware if Staff #16 was an active, professional nurse and in good standing with the state licensing board. Staff #16 was permitted to provide direct care to Residents.</p> <p>4. Staff #20 was hired on 5/11/22. Staff #20's professional license verification was dated 5/15/22. Therefore, from 5/11/22 through 5/15/22, facility staff was unaware if Staff #20 was an active, professional nurse and in good standing with the state licensing board. Staff #20 was permitted to provide direct care to Residents.</p> <p>5. Staff #21 was hired on 5/20/22. Staff #21's professional license verification was dated 6/20/22. Therefore, from 5/20/22 through 6/20/22, facility staff was unaware if Staff #21 was an active, professional nurse and in good standing with the state licensing board. Staff #21 was permitted to provide direct care to Residents.</p> <p>6. Staff #23 was hired on 11/18/20. Staff #23's professional license verification was obtained at the request of Surveyor G on 9/15/22. Therefore, from 11/18/20 through 9/15/22, facility staff was unaware if Staff #23 was an active, professional nurse and in good standing with the state licensing board. Staff #23 was permitted to provide direct care to Residents.</p> <p>On 9/20/22, the Human Resources (HR) Director was interviewed and confirmed the findings for</p>	F 001		

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F 001	<p>Continued From page 9</p> <p>the 6 referenced facility staff nurses.</p> <p>On 9/21/22, the Facility Administrator was informed of the findings. He 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.</p> <p>12VAC5-371-210(F)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to verify the professional license, prior to providing direct resident care for 6 certified nursing assistants (CNAs), Staff #3, #5, #8, #13, #18, and #19, in a sample of 8 staff CNA personnel records reviewed.</p> <p>The facility staff failed to verify the CNA license was active and in good standing with the state licensing board for Staff #3, #5, #8, #13, #18, and #19, prior to allowing them to provide direct resident care.</p> <p>The findings included:</p> <p>On 9/14/22, a review of 8 staff CNA personnel records was conducted and revealed the following:</p> <p>1. Staff #3 was hired on 6/21/22. Staff #3's CNA license verification was dated 7/27/22. Therefore, from 6/21/22 through 7/27/22, facility staff was unaware if Staff #3 was an active, licensed CNA and in good standing with the state licensing board. Staff #3 was permitted to provide direct</p>	F 001		

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F 001	<p>Continued From page 10</p> <p>care to Residents.</p> <p>2. Staff #5 was hired on 3/12/21 and terminated on 5/21/21. There was no CNA license verification provided by facility staff that encompassed the duration of Staff #5's employment at the facility. Therefore, from 3/12/21 through 5/21/21, facility staff was unaware if Staff #5 was an active, licensed CNA and in good standing with the state licensing board. Staff #5 was permitted to provide direct care to Residents.</p> <p>3. Staff #8 was hired on 5/26/21. Staff #8's CNA license verification was requested by Surveyor G and was provided on 9/15/22. Therefore, from 5/26/21 through 9/15/22, facility staff was unaware if Staff #8 was an active, licensed CNA and in good standing with the state licensing board. Staff #8 was permitted to provide direct care to Residents.</p> <p>4. Staff #13 was hired on 12/13/21 and terminated on 5/10/22. Staff #13's CNA license verification was dated 3/15/22. Therefore, from 12/13/21 through 5/10/22, facility staff was unaware if Staff #13 was an active, licensed CNA and in good standing with the state licensing board. Staff #13 was permitted to provide direct care to Residents.</p> <p>5. Staff #18 was hired on 3/7/22. Staff #18's CNA license verification was dated 5/15/22. Therefore, from 3/7/22 through 5/15/22, facility staff was unaware if Staff #18 was an active, licensed CNA and in good standing with the state licensing board. Staff #18 was permitted to provide direct care to Residents.</p> <p>6. Staff #19 was hired on 4/14/22 and terminated</p>	F 001		

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F 001	<p>Continued From page 11</p> <p>on 8/16/22. There was no CNA license verification provided by facility staff that encompassed the duration of Staff #19's employment at the facility. Therefore, from 4/14/22 through 8/16/22, facility staff was unaware if Staff #19 was an active, licensed CNA and in good standing with the state licensing board. Staff #19 was permitted to provide direct care to Residents.</p> <p>On 9/20/22, the Human Resources (HR) Director was interviewed and confirmed the findings for the 6 referenced facility CNAs.</p> <p>On 9/21/22, the Facility Administrator was informed of the findings. He 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.</p> <p>12VAC5-371-260(B)(2,3,5,6,8,9,10,11) & (G)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to ensure resident care staff received annual in-service training for 4 employees, the Director of Nursing (DON), RN B, CNA B, and CNA C, in a sample of 5 employee training records reviewed.</p> <p>The facility staff failed to ensure completion of mandated annual in-service training for the DON, RN B, CNA B, and CNA C.</p> <p>The findings included:</p> <p>On 9/13/22, a copy of all facility training records</p>	F 001		

State of Virginia

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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 001	<p>Continued From page 12</p> <p>from the date of hire to the present for 5 facility staff employees was requested and received from the Staff Development Coordinator (SDC) and the Facility Administrator. Review of the training records revealed the following:</p> <p>1. The DON, hired on 3/12/21, did not have record of required annual in-service training in the areas of (2) Infection Prevention and Control, (5) Restraint Use, (8) Resident Rights, and (11) Prevention/Treatment of Pressure Sores. Additionally, there was no record of training on the requirements for reporting adult abuse, neglect, or exploitation and the consequences for failing to make such a required report (mandated reporting).</p> <p>2. RN B, hired on 5/12/21, did not have record of required annual in-service training in the area of (10) Basic Principles of Cardiopulmonary Resuscitation (CPR). A CPR card was requested, however the facility was unable to provide one by the conclusion of the survey on 9/22/22.</p> <p>3. CNA B, hired on 6/16/21, did not have record of required annual in-service training in the areas of (2) Infection Prevention and Control, (3) Fire & Emergency Procedures, (5) Restraint Use, (6) Confidentiality/HIPPA, (8) Resident Rights, (9) Care of the Cognitively Impaired, and (11) Prevention/Treatment of Pressure Sores. Additionally, there was no record of training on the requirements for reporting adult abuse, neglect, or exploitation and the consequences for failing to make such a required report (mandated reporting).</p> <p>4. CNA C, hired on 8/17/21, did not have record of required annual in-service training in the areas of (2) Infection Prevention and Control, (3) Fire &</p>	F 001		

State of Virginia

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F 001	<p>Continued From page 13</p> <p>Emergency Procedures, (5) Restraint Use, (6) Confidentiality/HIPPA, (8) Resident Rights, (9) Care of the Cognitively Impaired, and (11) Prevention/Treatment of Pressure Sores. Additionally, there was no record of training on the requirements for reporting adult abuse, neglect, or exploitation and the consequences for failing to make such a required report (mandated reporting).</p> <p>On 9/14/22, the Staff Development Coordinator (SDC) was interviewed and confirmed the findings for the 4 referenced facility staff members and stated, "All training is done on the computer through Relias training modules, if it [the training] is not on the transcripts that were provided, then it wasn't done".</p> <p>On 9/15/22, the Facility Administrator was informed of the findings. He stated, "HR [Human Resources] is responsible for staff compliance with training, it is supposed to be monitored every day but it doesn't appear that it has been happening, all of the staff in the HR department are new so they are not monitoring this [staff training compliance] yet".</p> <p>On 9/15/22, the HR Director was interviewed and stated, "[name redacted, Staff Development Coordinator] handles all staff training including records, I've not been told otherwise".</p> <p>No further information was provided.</p> <p>12VAC5-371-290(B)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to verify the professional license, prior to providing</p>	F 001		

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F 001	<p>Continued From page 14</p> <p>direct resident care, for 1 physical therapist, Staff #10, in a sample of 2 staff physical therapist personnel records reviewed.</p> <p>The facility staff failed to verify the professional license was active and in good standing for Staff #10 prior to allowing her to provide direct resident care.</p> <p>The findings included:</p> <p>On 9/14/22, a review of Staff #10's employee personnel record was conducted. Staff #10 was hired on 9/1/21 and terminated on 7/22/22. There was no professional license verification provided for Staff #10. Therefore, from 9/1/21 through 7/22/22, facility staff was unaware if Staff #10 was an active, professional physical therapy assistant and in good standing with the state licensing board. Staff #10 was permitted to provide direct care to Residents.</p> <p>On 9/20/22, the Human Resources (HR) Director was interviewed and confirmed the findings for Staff #10.</p> <p>On 9/21/22, the Facility Administrator was informed of the findings. He 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.</p>	F 001		