State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
VA0134			B. WING		03/0	9/2023		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 201 ERRS STREET								
RIVER VIEW ON THE APPOMATTOX HEALTH & REHA HOPEWELL, VA 23860								
(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 APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE		
F 000	Initial Comments		F 000					
	An unannounced biennial State Licensure Inspection was conducted 2-28-23 through 3-9-23. Corrections are required for compliance with Virginia Rules and Regulations for the Licensure of Nursing Facilities.							
		4 licensed bed facility was survey. The survey sample nt and closed record						
F 001	Non Compliance		F 001			4/23/23		
	The facility was out of compliance with the following state licensure requirements:							
	This RULE: is not me 12 VAC 5-371-360 (E F583.	et as evidenced by: 3). Please cross reference to		12 VAC 5-371-360 (B). Please cross reference to F583.				
	12 VAC 5-371-250 (G to F656.	6). Please Cross Reference		12 VAC 5-371-250 (G). Please Cross Reference to F656.				
	12 VAC 5-371-200 (E reference to F658.	3) (1) (ii). Please cross		12 VAC 5-371-200 (B) (1) (ii). Please cross reference to F658.				
	12 VAC 5-371-220 (D to F677.)). Please Cross Reference		12 VAC 5-371-220 (D). Please Cross Reference to F677.				
	12 VAC 5-371-220 (A F684.	a). Please cross reference to		12 VAC 5-371-220 (A). Please cross reference to F684.				
	12 VAC 5-371-220 (Creference to F686.	c) (1). Please cross		12 VAC 5-371-220 (C) (1). Please cro reference to F686.	ess			
	12 VAC 5-371-300 (A to F755.	a) Please Cross Reference		12 VAC 5-371-300 (A) Please Cross Reference to F755.		_		

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

TITLE (X6) DATE

Electronically Signed

03/29/23

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State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
				A. BUILDING: _		COIVII LL	-120	
		VA0134		B. WING		03/09/2023		
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
RIVER VIE	W ON THE APPOMATTO	Y HEAITH & REHA	201 EPPS 9	STREET				
KIVEK VIL	W ON THE AFFOMATIC	JA HEALIH & KEHA	HOPEWEL	L, VA 23860				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE	
F 001	Continued From page 1		F 001					
	12 VAC 5-371-300 (A). Please cross reference to F761.			12 VAC 5-371-300 (A). Please cross reference to F761.	Please cross			
	12 VAC 5-371-340 (A). Please cross reference to F812.				12 VAC 5-371-340 (A). Please cross reference to F812.			
	12 VAC 5-371-180 (A) and (C) (2). Please cross reference to F880.			12 VAC 5-371-180 (A) and (C) (2). Please cross reference to F880.				
	12 VAC 5-371-75 (B) (3) Criminal records check.				12 VAC 5-371-75 (B) (3) Criminal reco check. 1) Employee #10, #11, and #12 no	ords		
	Based on staff interview and facility				longer employed by center.			
	documentation review, the facility staff failed to obtain a criminal record check through the Virginia Central Criminal Records Exchange for 3 employees (Employee #10, #11, and #12) in a survey sample of 25 employees.		d to		2) All residents have the potential to			
			for 3		affected by this deficient practice. The center will conduct a complete audit of			
				current employee personnel files to ve				
				that criminal record checks have beer	-			
				completed through the Virginia Centra	al			
	The findings included: During the survey, reviews of 25 employee				Criminal Records Exchange.			
					 The Administrator will re-educate Human Resource manager on mainta 			
		ted. The reviews reve	aled		complete and accurate employee files	•		
	that Employee #10 (a Dietary employee), Employee #11 (a Certified Nursing Assistant), and Employee #12 (A Certified Nursing Assistant) did not have a background check completed through the Virginia Central Criminal Records Exchange.			include criminal record checks.	5 10			
				4) The Administrator or designee wi	II			
				review new employee files weekly x 1	_			
				weeks to ensure that employee files a				
			ange.		current with criminal record checks ar			
	A i t i	al 4	_		report findings to the QAPI committee			
	An interview was conducted with the Human Resource Manager on 3-2-23 at approximately			5) Date of compliance April 23,2023)			
		n 3-2-23 at approximat n Resource Manager s			12 VAC 5-371-75 (B) (1) Sworn			
		ould not be found, and			Statement.			
	the facility had nothin	·			Employee #11 is no longer employee.	oyed		
	and radinty ridd floating farther to provide.			by center.	•			
	The facility administra	ation was informed of t	he		2) All residents have the potential to	be		
		d of day briefing on 3-3			affected by this deficient practice. The			
		m. The facility did not			center will conduct a complete audit o			
	present any further in	formation about the fir	idings.		current employee personnel files to ve that Sworn Statements have been	erify		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
			B. WING						
		VA0134	B. WING		03/09/2023				
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
RIVER VIEW ON THE APPOMATTOX HEALTH & REHA									
	HOPEWELL, VA 23860								
(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 COMPLETE				
F 001	Continued From page	e 2	F 001						
F 001	Based on staff interview obtain a Sworn States the employee's crimir legal proceedings price (Employee #11) in a semployees. The findings included During the survey, reverecords were conduct that Employee #11 (adid not complete a sworth as the documents of the facility had nothing. The facility administrating findings during an engapproximately 6:30 p. present any further in 12 VAC 5-371-210 (Employee #12 VAC 5-371-210 (Employee) Based on staff interview documentation review of the facility administrating findings during an engapproximately 6:30 p. present any further in 12 VAC 5-371-210 (Employee) Based on staff interview documentation review of the employee is a staff interview of the facility administration review of the facility and the facility administration review of the facility and the facility administration review of the facility and the facility and the facility administration review of the facility and the facility	ew and facility v, the facility staff failed to ment affirmation in regard to hal history, and any pending or to hire for 1 employee survey sample of 25 : views of 25 employee ted. The reviews revealed Certified Nursing Assistant), vorn statement prior to hire. ducted with the Human in 3-2-23 at approximately in Resource Manager stated ould not be found, and that ig further to provide. ation was informed of the d of day briefing on 3-3-23 at i.m. The facility did not formation about the findings.	F 001	completed prior to hire. 3) The Administrator will re-educate Human Resource manager on mainta complete and accurate employee files include obtaining Sworn Statement prior. 4) The Administrator or designee wireview new employee files weekly x 1 weeks to ensure that employee files a current with Sworn Statements obtain prior to hire and report findings to the QAPI committee. 5) Date of compliance April 23,2023 12 VAC 5-371-210 (E); (F) (1) 1) Employee #13, #11, #15, #14, and 12 no longer employed by center. 2) All residents have the potential to affected by this deficient practice. The center will conduct a complete audit of current employee personnel files to we that licensure verification was comple prior to hire and licenses are current applicable. 3) The Administrator will re-educate Human Resource manager on maintal complete and accurate employee files include licensure verification prior to hand ensuring licenses are current. 4) The Administrator or designee will review new employee files weekly x 1 weeks to ensure that employee files accurrent with licenses and that license verification was performed prior to hire and report findings to the QAPI committee. 5) Date of compliance April 23,2023	ining s to ior to II 2 ure ed d # be e e ferify ted as ining s to iire II 2 ure ed II 2 ure ed II 2 ure ed				
	ensure the licenses w	cation prior to hire, and to vere current for 1 Licensed rtified Nursing Assistants,							

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		(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
VA0134			B. WING			03/09/2023		
	PROVIDER OR SUPPLIER	OX HEALTH & REHA	201 EPPS \$	RESS, CITY, STA STREET L, VA 23860	TE, ZIP CODE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COI CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 001	license verification wi #15, #14 and #12) in employees. The findings included During the survey, re records were conduct that Employee #13 (a CNA), Employee #12 RN), and Employee # licensure verification the Virginia Department Professionals (DHP)I hire, nor upon expiral licensure. An interview was con Resource Manager of 4:00 p.m. The Human that the documents of the facility had nothin. The facility administrating findings during an enapproximately 6:30 p	rses. Those 5 bloyees found without ere (Employee #13, #1² the survey sample of 2 i: views of 25 employee ted. The reviews revea an LPN), Employee #11 f (a CNA), Employee #15 f (an RN) did not hav check completed througe ent of Healthcare Licensure Exchange pri tion and renewal of ducted with the Human in 3-2-23 at approximation in Resource Manager's ould not be found, and	aled (a 14 (an ve a gh for to ely stated that	F 001				