

State of Virginia

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0123 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 04/12/2023 |
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| NAME OF PROVIDER OR SUPPLIER WINCHESTER HEALTH & REHABILITATION | STREET ADDRESS, CITY, STATE, ZIP CODE 110 LAUCK DR WINCHESTER, VA 22603 |
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| F 000 | Initial Comments An unannounced biennial State Licensure Inspection was conducted 4/10/23 through 4/12/23. Corrections are required for compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 60 bed certified facility was 50 at the time of the survey. The survey sample consisted of 13 current resident reviews and 19 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 F622, F623, F625, F689 & F695. 12VAC5-371-180 (A) (C). Infection control. Cross reference to F880 & F945. 12VAC5-371-190 (B). Safety and emergency procedures. Cross reference to E0037. 12VAC5-371-200 (B.1). Director of nursing. Cross reference to F658. 12VAC5-371-210 (B). Nurse staffing. Cross reference to F725. 12VAC5-371-220 (A). Nursing services. Cross reference to F658. 12VAC5-371-220 (B)(C). Nursing services. | F 001 | F 001 12VAC5-371-140 (A). Policy and procedures. Cross reference to F622, F623, F625, F689 & F695. 12VAC5-371-180 (A) (C). Infection Control. Cross reference to F880 & F945. 12VAC5-371-190 (B). Safety and Emergency Procedures. Cross Reference to E0037. 12VAC5-371-200 (B.1) Director of Nursing. Cross Reference to F658. 12VAC5-371-210 (B). Nurse Staffing. Cross Reference to F725. 12VAC5-371-220 (A) Nursing services. Cross Reference to F658. 12VAC5-371-220 (B)(C). Nursing Services. Cross Reference to F686, F689, F691, F695, F697. | |

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

TITLE

(X6) DATE

Eva Miller

Administrator

5-5-23

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| F 001 | Continued From page 1 Cross reference to F 686, F689, F691, F695, F697. 12VAC5-371-220 (F). Nursing services. Cross reference to F677. 12VAC5-371-220 (H). Nursing Services Cross references to F580 12VAC5-371-250 (F). Resident Assessment and Care Planning Cross references to F657. 12VAC5-371-250 (G). Resident Assessment and Care Planning Cross references to F656. 12VAC5-371-300 (C). Pharmaceutical services. Cross reference to F756. 12VAC5-371-300 (A) (B) Pharmaceutical services. Cross reference to F755. 12VAC5-371-75. Criminal Background Check Based on staff interview, facility document review and employee record review, it was determined the facility staff failed to implement their policies for obtaining criminal background checks and sworn statements for 14 of 25 employee record reviews. The findings include: For the following employees the criminal background check and/or sworn statements were not completed within 30 days of hire: 1. OSM (other staff member) #9, physical therapy assistant hired 12/2/2022. Criminal background | F 001 | 12VAC5-371-220 (F). Nursing Services. Cross Reference to F677. 12VAC5-371-220 (H). Nursing services. Cross Reference to F580. 12VAC5-371-250 (F). Resident Assessment and Care Planning. Cross reference to F657. 12VAC5-371-250 (G). Resident Assessment and Care Planning. Cross Reference to F656. 12VAC5-371-300 (C). Pharmaceutical services. Cross reference to F756. 12VAC5-371-300 (A)(B) Pharmaceutical Services. Cross reference to F755. 12VAC5-371-75. Criminal Background Check. 1. The facility did an audit of all current employees to ensure they have a current criminal background check. The facility does not have access to the employee files for employees terminated prior to 12/1/22 and cannot make changes to the personnel files. | |

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| F 001 | Continued From page 2 check dated 4/11/2023, after it was requested by the survey team. 2. LPN (licensed practical nurse) #6, hired 12/1/2022, criminal background check was dated 9/26/2022. 3. LPN #7 hired on 2/14/2022. There was no evidence of a criminal background check or sworn statement. There was no employee record. 4. RN (registered nurse) #4, hired 6/1/2022. There was no evidence of a criminal background check or sworn statement. There was no employee record. 5. CNA (certified nursing assistant) #7, hired 7/1/2022. The criminal background check was dated 3/15/2023. 6. LPN #8, hired 7/13/2021. There was no evidence of a criminal background check or sworn statement. There was no employee record. 7. LPN #9, hired 2/14/2022. There was no evidence of a criminal background check or sworn statement. There was no employee record. 8. CNA (certified nursing assistant) #9, hired 3/11/2022. There was no evidence of a criminal background check or sworn statement. There was no employee record. 9. RN #5, hired 5/16/2022. There was no evidence of a criminal background check or sworn statement. There was no employee record. 10. OSM #12, Human Resources coordinator, hired 8/2/2021. There was no evidence of a criminal background check or sworn statement. There was no employee record. 11. LPN #10, hired 5/10/2022. There was no evidence of a criminal background check or sworn statement. There was no employee record. 12. OSM #14, activities coordinator, hired | F 001 | 2. All residents of the facility can be affected by this deficient practice. The facility will complete a criminal background check within 30 days of hire. The facility will complete an audit on current employee files to ensure they have a current criminal background check. 3. Facility leadership and HR will receive education on facility policy and procedure for obtaining criminal background checks. 4. The administrator/designee will audit up to 3 new hire personnel files weekly X 8 weeks to ensure compliance with the new hire check list. Results of the weekly audits will be reported monthly to the facility QAPI Committee x 3 months. The QAPI | |

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| F 001 | <p>Continued From page 3</p> <p>8/2/2021. There was no evidence of a criminal background check.</p> <p>13. OSM #15, social services assistant, hired 7/7/2022. Criminal background check was dated 3/20/2023.</p> <p>14. RN #6, hired 8/17/2022. There was no evidence of a criminal background check or sworn statement. There was no employee record.</p> <p>An interview was conducted with OSM #4, the business office/human resources (HR) staff member, on 4/12/2023 at 12:19 p.m. When asked about the process for hiring a new staff member, OSM #4 stated they go through a recruiting site and select potential employees. Then the process is to bring them in for an initial interview, complete an application if not already done on the recruitment site, do the reference checks, they complete the rest of the package, which includes fair credit reporting, background check authorization, and sworn statement. If accepting the employee, then they pull the license, sex offenders registry, OIG (office of the inspector general) report, and criminal background check. Once is all done, they bring the staff member in for orientation. When asked how long employee records are retained, OSM #4 state she did not know that answer, but thinks it might be seven years. When asked why there are missing and not completed criminal background checks, OSM #4 stated that she just took on this position as HR in addition to her business office duties. OSM #4 further stated she did complete an audit a few months ago and ran some of the ones missing. She stated the other records were not available since the change of ownership of the building [12/1/2022).</p> <p>The facility policy, "Abuse" documented in part,</p> | F 001 | Committee is responsible for the on-going monitoring of compliance. | |

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| F 001 | Continued From page 4 "The organization will screen potential employees for a history of abuse, neglect or mistreating residents." ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #4, the regional nurse consultant, were made aware of the above on 4/12/2023 at 1:31 p.m. No further information was obtained prior to exit. 12VAC5-371-140 (E.3). Policies and Procedures Based on staff interview, facility document review and employee record review, it was determined the facility staff failed to maintain a complete employee record for 20 of 25 employee records, to include criminal background checks, sworn statements, references and license verifications. The findings include: 1. OSM #9, PT (physical therapy) assistant, hired 12/2/2022. The criminal background check was completed 4/11/2023 after it was requested by the survey team. There were no references checks completed. 2. CNA #4, hired 12/1/2022. No reference checks were completed. 3. LPN #6, hired 12/1/2022. Criminal background check completed 9/26/2022. No reference checks completed. 4. OSM #10, activity assistant, hired 12/1/2022. No reference checks completed. 5. RN #3, hired 12/1/2022. Nursing license verified on 2/9/2023. No reference checks completed. 6. LPN #7, hired 2/14/2022. No criminal background check, sworn statement, license | F 001 | 12VAC5-371-140 (E.3). Policies and Procedures. F607 1. The facility did an audit of all current employees to ensure they have a complete employee record including criminal background check, sworn statements, references and license verifications. The facility does not have access to the employee files for employees terminated prior to 12/1/22 and cannot make changes to the personnel files. | |

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| F 001 | <p>Continued From page 5</p> <p>verification or references. No employee record was in the facility.</p> <p>7. CNA #6, hired 10/2/2022. No references completed.</p> <p>8. RN #4, hired 6/12/2021. No criminal background check, sworn statement, license verification or references. No employee record was in the facility.</p> <p>9. CNA #7, hired 7/1/2022. Criminal background check completed on 3/15/2023, license verification was completed on 3/15/2023, and there were no reference checks completed.</p> <p>10. LPN #8, hired 7/13/2021. No criminal background check, sworn statement, license verification or references. No employee record was in the facility.</p> <p>11. CNA #8, hired 11/4/2022. No references completed.</p> <p>12. LPN #9, hired 2/14/2022. No criminal background check, sworn statement, license verification or references. No employee record was in the facility.</p> <p>13. CNA #9, hired 3/11/2022. No criminal background check, sworn statement, license verification or references. No employee record was in the facility.</p> <p>14. RN #5, hired 5/16/2022. No criminal background check, sworn statement, license verification or references. No employee record was in the facility.</p> <p>15. OSM #12, Human resources, hired 8/2/2021. No criminal background check, sworn statement, license verification or references. No employee record was in the facility.</p> <p>16. LPN #10, hired 5/10/2022. No criminal background check, sworn statement, license verification or references. No employee record was in the facility.</p> <p>17. RN #6, hired 8/17/2022. No criminal background check, sworn statement, license</p> | F 001 | <p>2. All residents of the facility can be affected by this deficient practice. The facility will complete a criminal background check within 30 days of hire, the facility will have a sworn statement, references and license verification upon hire. The facility will complete an audit on current employee files to ensure they have a current criminal background check, sworn statement, references and license verification with corrections as appropriate.</p> <p>3. Facility leadership and HR will receive education on facility policy and procedure for a complete employee record. The administrator/designee will audit up to 3 new hire personnel files weekly X 8 weeks to ensure compliance</p> | |

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| F 001 | <p>Continued From page 6</p> <p>verification or references. No employee record was in the facility.</p> <p>18. OSM #13, hired 11/15/2021. No reference checks completed.</p> <p>19. OSM #14, activities coordinator, hired 8/2/2021. There was no criminal background check completed.</p> <p>20. OSM #15, social services assistant, hired 7/7/2022. Criminal background check completed 3/20/2023. There were no reference checks completed.</p> <p>An interview was conducted with OSM #4, the business office/human resources (HR) staff member, on 4/12/2023 at 12:19 p.m. When asked the process for hiring a new staff member, OSM #4 stated they go through a recruiting site and select potential employees. Then the process is to bring them in for an initial interview, complete an application if not already done on the recruitment site, do the reference checks, they complete the rest of the package, which includes fair credit reporting, background check authorization, and sworn statement. If accepting the employee, then they pull the license, sex offenders registry, OIG (office of the inspector general) report, and criminal background check. Once is all done, they bring the staff member in for orientation. When asked how long employee records are retained, OSM #4 state she did not know that answer, but thinks it might be seven years. When asked why there are missing and not completed criminal background checks, OSM #4 stated that she just took on this position as HR in addition to her business office duties. OSM #4 further stated she did complete an audit a few months ago and ran some of the ones missing. She stated the other records were not available since the change of ownership of the building. When asked if reference checks should be</p> | F 001 | with the new hire check list. Results of the weekly audits will be reported monthly to the facility QAPI Committee x 3 months. The QAPI Committee is responsible for the on-going monitoring of compliance. | |

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| F 001 | <p>Continued From page 7</p> <p>completed, OSM #4 stated, per our policy, we are to attempt to get them. She stated that she could not find them on the ones listed above.</p> <p>The facility policy documented in part, "Abuse: If employment references cannot be obtained, personal references may be obtained."</p> <p>ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #4, the regional nurse consultant, were made aware of the above on 4/12/2023 at 1:31 p.m.</p> <p>No further information was obtained prior to exit.</p> | F 001 | | | |