

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0292</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/20/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VCU HEALTH CHILDREN'S SERVICES AT BROOK RO.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2924 BROOK RD RICHMOND, VA 23220</b>
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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	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 4/18/23 through 4/20/23. Corrections are required for compliance with the following with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 47 certified facility was 30 at the time of the survey. The survey sample consisted of 13 current record reviews and one closed record reviews.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: 12VAC5-371-250 (A). Resident assessment and care planning Cross reference to F656 &amp; F657.</p> <p>12VAC5-371-220 (A) (D). Nursing services. Cross reference to F688.</p> <p>12VAC5-371-140. Policies and procedures. E. Personnel policies and procedures shall include, but are not limited to: 3. An accurate and complete personnel record for each employee including: a. Verification of current professional license, registration, or certificate or completion of a required approved training course; b. Criminal record check</p> <p>The Code of Virginia (§ 32.1-126.01. Employment for compensation of persons convicted of certain offenses prohibited; criminal records check</p>	F 001	<p>F688:</p> <ol style="list-style-type: none"> <li>To ensure compliance the certified nurse aide was counseled regarding the need to follow physician orders and to notify licensed nurse related to applying orthotic devices as ordered. Resident #19 was observed to be wearing AFOs as ordered. Resident #16 was observed wearing hand splints as ordered. Residents #19 and #16 did not experience any adverse outcomes related to this issue.</li> <li>To identify other residents who could potentially be affected by this practice all residents were assessed by Director of Nursing for compliance and were observed to be wearing orthotic devices as ordered. No further deviation in practice was revealed.</li> <li>To ensure future compliance the</li> </ol>	6/2/23

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

TITLE

(X6) DATE

Electronically Signed

05/05/23

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F 001	<p>Continued From page 1</p> <p>required; suspension or revocation of license.) requires "Any person desiring to work at a licensed nursing home shall provide the hiring facility with a sworn statement or affirmation disclosing any criminal convictions or any pending criminal charges, whether within or outside the Commonwealth. Any person making a materially false statement when providing such sworn statement or affirmation regarding any such offense is guilty upon conviction of a Class 1 misdemeanor...."</p> <p>Based on staff interview and facility document review, it was determined that the facility staff failed to have all the required new-hire documents for 18 of 25 employee records reviewed; Registered Nurse (RN) #3, #4, #5, #6, and #7; Licensed Practical Nurse (LPN) #2, #3, and #4; Certified Nursing Assistant (CNA) #1, #2, #3, #4, #5, #6, #7, and #8; Other Staff Member (OSM) #1 and #2.</p> <p>The findings include:</p> <p>A review of new hire records revealed the following:</p> <p>RN #3 was hired on 11/14/21. The employee record revealed the 30-day criminal background check was obtained outside of the 30 day requirement. It was dated 10/12/21, which was 33 days.</p> <p>RN #4 was hired on 5/1/22. The employee record revealed the 30-day criminal background check was obtained outside of the 30 day requirement. It was dated 3/28/22, which was 34 days.</p> <p>RN #5 was hired on 6/12/22. The employee</p>	F 001	<p>importance of following orders for application of orthotics was reinforced to all licensed nurses through communication from Director of Nursing.</p> <p>4. To monitor performance to ensure the solutions are sustained there will be periodic checks of use of orthotics as ordered- at least 4 times over the next 12 months- as part of the performance improvement process. Any deviation in acceptable practice will be addressed and through the organization's reporting process and any opportunities for improvement will be identified with corrective action steps.</p> <p>5. It is anticipated that through these actions compliance will be demonstrated by 6/2/2023.</p> <p>F657:</p> <p>1. To ensure compliance care plans were updated and revised for residents #7 and #22 to address the residents' individualized needs. Resident #7's care plan was revised to reflect care for pressure ulcer. Resident #22's care plan was updated to address the pressure wound and associated treatments. Residents #7 and #22 did not experience any adverse outcomes related to this issue.</p> <p>2. To identify other residents who could potentially be affected by this issue a review of records was completed. Any deviation in this practice is being addressed.</p> <p>3. To ensure ongoing compliance the MDS coordinator will oversee the updating and revision of individualized care plan</p>	
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F 001	<p>Continued From page 2</p> <p>record revealed the 30-day criminal background check was obtained outside of the 30 day requirement. It was dated 4/29/22, which was 44 days. This record also did not have reference checks.</p> <p>RN #6 was hired on 8/21/22. The employee record revealed the 30-day criminal background check was obtained outside of the 30 day requirement. It was dated 5/19/22, which was 94 days.</p> <p>RN #7 was hired on 10/30/22. The employee record revealed there were no reference checks.</p> <p>LPN #2 was hired on 8/21/22. The license verification was not obtained until 9/13/21. No evidence was provided to indicate that LPN #2 was not working with residents during the time between date of hire and when the license was obtained. This record also did not have reference checks.</p> <p>LPN #3 was hired on 9/18/22. The employee record revealed there were no reference checks.</p> <p>LPN #4 was hired on 10/16/22. The employee record revealed the 30-day criminal background check was obtained outside of the 30 day requirement. It was dated 9/8/22, which was 38 days. There were also no reference checks.</p> <p>CNA #1 was hired on 1/8/23. There was no certification/license verification. The CNA was working at the facility at the time of survey. Also, there were no reference checks.</p> <p>CNA #2 was hired on 10/30/22. The employee record revealed there were no reference checks.</p>	F 001	<p>based on resident's individual needs.</p> <p>4. To monitor performance to ensure the solutions are sustained there will be periodic checks of care plans- at least 4 times over the next 12 months- as part of the performance improvement process. Any care planning development and/or implementation that is needed will be addressed immediately.</p> <p>5. It is anticipated that through these actions compliance will be demonstrated by 6/2/2023.</p> <p>F656:</p> <p>1. To ensure compliance care plans were developed and implemented for residents #19, #16, #29, #30, and #10 to address the residents' individualized needs. Resident #19 has been observed to be receiving care as outlined in care plan for use of AFO's. Resident #16 has been observed to be receiving care as outlined in care plan for use of hand splints. Resident #30 has a care plan for use of glucose imbalance related to use of Lispro. Resident #29 has a care plan for use of high- risk medication related to use of Diazepam related to resident's genetic disease. Resident #10 has a care plan developed for safety related to use of bed rails. Residents #19, #16, #29, #30, and #10 did not experience any adverse outcomes related to this issue.</p> <p>2. To identify other residents who could potentially be affected by this issue a review of records was completed. Any deviation in this practice is being addressed.</p> <p>3. To ensure future compliance the MDS</p>	
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F 001	<p>Continued From page 3</p> <p>CNA #3 was hired on 3/6/22. The employee record revealed the 30-day criminal background check was obtained outside of the 30 day requirement. It was dated 2/2/22, which was 32 days.</p> <p>CNA #4 was hired on 4/17/22. The employee record revealed there were no reference checks.</p> <p>CNA #5 was hired on 9/4/22. The employee record revealed there were no reference checks.</p> <p>CNA #6 was hired on 9/18/22. The employee record revealed there were no reference checks.</p> <p>CNA #7 was hired on 10/2/22. The employee record revealed the 30-day criminal background check was obtained outside of the 30 day requirement. It was dated 8/25/22, which was 38 days. The certification/license verification was obtained on 7/26/22 and was marked as having further public record information on it. In an interview with ASM #2 (Administrative Staff Member) the Director of Performance Management, on 4/20/23 at 10:10 AM, she stated that the information was not reviewed to determine if the mark against the license would disqualify CNA #7 from being hired. Also, there were no reference checks.</p> <p>CNA#8 was hired on 10/30/22. The sworn statement was dated 10/24/22. The sworn statement included the following questions as follows:</p> <ol style="list-style-type: none"> <li>1. Have you ever been convicted of or are you the subject of pending charges of any crime within (the State).</li> <li>2. Have you ever been convicted of or are you the subject of pending charges of any crime outside (the State).</li> </ol>	F 001	<p>coordinator will oversee the development and implementation of care plans for residents <input type="checkbox"/> individualized care plans.</p> <p>4. To monitor the performance to ensure the solutions are sustained there will be periodic checks of care plans- at least 4 times over the next 12 months- as part of the performance improvement process. Any care planning development and/or implementation that is needed will be addressed immediately.</p> <p>5. It is anticipated that through these actions compliance will be demonstrated by 6/2/2023.</p> <p>F001:</p> <ol style="list-style-type: none"> <li>1. No residents experienced any adverse outcome due to this deficient practice. <ul style="list-style-type: none"> <li>" To address 30-day criminal background requirement the policy is updated to reflect the 30-day requirement for hire in the nursing facility.</li> <li>" To address evidence of request for references the practice has been updated to require initiation prior to start of employment.</li> <li>" To address evidence of licensure prior to start of employment the practice has been updated to verify licensure and content of any additional information prior to identifying start date</li> <li>" To address completeness of sworn statement the practice has been updated to review document for completeness prior to identify start date.</li> </ul> </li> <li>2. To identify residents having the potential to be affected by this deficient practice a review of new hires including reference checks, sworn statements,</li> </ol>	
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F 001	<p>Continued From page 4</p> <p>3. Have you ever been the subject of a founded complaint of child abuse or neglect within (the State).</p> <p>4. Have you ever been the subject of a founded complaint of child abuse or neglect outside (the State).</p> <p>Each above response contained boxes to mark for Yes or No. None of the boxes were marked by CNA #8 to identify if they were or were not convicted of any crimes or had any pending charges or was the subject of a founded complaint of child abuse or neglect. The sworn statement was incomplete.</p> <p>Also, there were no reference checks for CNA #8.</p> <p>OSM #1 (a respiratory therapist) was hired on 8/21/22. The employee record revealed there were no reference checks.</p> <p>OSM #2 (a social worker) was hired on 4/2/23. The employee record revealed there were no reference checks.</p> <p>On 4/20/23 at 10:10 AM an interview was conducted with ASM #2. She stated that since the facility was obtained by another healthcare system, the facility no longer does it's own new hire checks; that this is done by the human resources department (HR) at the main location of the larger healthcare system. As far as the 30 day background checks are concerned, she stated that due to the facility being a children's facility, in addition to the 30 day background checks, they also run a CPS (child protective services) check and that one takes a long time to get back. She stated that the 30 day background checks are being requested before the CPS check comes back and in many cases, a delay in</p>	F 001	<p>background checks, and licensure verification is being performed to ensure compliance. No residents experienced any outcome due to this deficient practice.</p> <p>3. To ensure ongoing compliance ongoing compliance VCUHS HR team (Talent Acquisition, Onboarding and Compliance) will attend a mandatory in-service/training on the end-to-end process for new hire team members to include the completion of required steps for licensure verification, reference checks, criminal background checks, and sworn statements.</p> <p>4. To monitor performance to ensure the solutions are sustained the HR Compliance team will conduct a quality control review to ensure all required components are present for the hiring and onboarding processes. This will include sample audits of all new LTC hires. Periodic checks of compliance will occur at least quarterly over the next 2 years as part of the QAPI program.</p> <p>5. It is anticipated that through these actions compliance will be demonstrated by 6/2/2023.</p>	
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F 001	<p>Continued From page 5</p> <p>getting the CPS checks back causes the date of hire to be moved back as a staff member cannot start until the CPS check is back. By extension, this also extends the criminal background check to beyond the 30 day window for new hires. She stated that HR should probably not run the 30 day background check until after the CPS check has returned, as the 30 day check typically has a fast turnaround. As far as the license verifications and references and sworn statement are concerned, she stated that she did not know why the HR department did not have these items as they were not provided when she requested them for this review.</p> <p>No further information was provided by the end of the survey.</p>	F 001		