

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0274</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/13/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WILLIAMSBURG POST ACUTE &amp; REHABILITATION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1235 MT VERNON AVENUE WILLIAMSBURG, VA 23185</b>
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F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 4/11/23 through 4/13/23. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. No complaints were investigated during the survey.</p> <p>The census in this 130 licensed bed facility was 71 at the time of the survey. The survey sample consisted of 33 resident 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: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities:</p> <p>12VAC5-371-240(A). Please cross reference to F-641.</p> <p>12VAC5-371-250(G). Please cross reference to F-657.</p> <p>12VAC5-371-340(A). Please cross reference to F-812.</p> <p>12VAC5-371-110(J). Please cross reference to F-883.</p> <p>12VAC5-371-75(B)(1)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to</p>	F 001	<p>F001 (Please cross reference) The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities: -12VAC5-371-240(A). Please cross reference to F-641. -12VAC5-371-250(G). Please cross reference to F-657. -2VAC5-371-340(A). Please cross reference to F-812. -12VAC5-371-110(J). Please cross reference to F-883.</p> <p>12VAC5-371-75(B)(1): 1. Employees, N, P, Q, R, S, and T have a dated sworn statement 2. All residents of the facility have the</p>	5/16/23

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

TITLE

(X6) DATE

Electronically Signed

05/02/23

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F 001	<p>Continued From page 1</p> <p>have evidence of a completed sworn statement, on or prior to hire, for 6 employees, Employee N, Employee P, Employee Q, Employee R, Employee S, and Employee T, in a sample of 25 employee records.</p> <p>The facility staff failed to obtain a date on sworn statements for Employee N, Employee P, Employee Q, Employee R, Employee S, and Employee T.</p> <p>The findings included:</p> <p>On 4/13/23 at approximately 5:00 PM, a review of 25 employee files was conducted and revealed the following:</p> <ol style="list-style-type: none"> <li>1. Employee N was hired on 12/19/22. There was no date on the sworn statement provided for Employee N.</li> <li>2. Employee P was hired on 2/13/23. There was no date on the sworn statement provided for Employee P.</li> <li>3. Employee Q was hired on 1/11/23. There was no date on the sworn statement provided for Employee Q.</li> <li>4. Employee R was hired on 1/26/23. There was no date on the sworn statement provided for Employee R.</li> <li>5. Employee S was hired on 2/6/23. There was no date on the sworn statement provided for Employee S.</li> <li>6. Employee T was hired on 1/3/23. There was no date on the sworn statement provided for Employee T.</li> </ol>	F 001	<p>potential to be affected by this deficient practice. The Human Resource Director will complete a house audit on all active employee files to ensure a dated sworn statement is completed.</p> <ol style="list-style-type: none"> <li>3. The Human Resource Director will be in-serviced by the NHA on obtaining a dated sworn statement for employee files.</li> <li>4. The Facility will audit 5 personnel files a week plus all new employee files for 8 weeks to ensure Sworn Statements are completed. Results of the audit will be reported monthly to the facility QAPI committee for 3 months. The QAPI committee is responsible for the on-going monitoring of compliance.</li> <li>5. DOC-5/16/2023</li> </ol> <p>12VAC5-371-75(B)(3):</p> <ol style="list-style-type: none"> <li>1. Employees 19, O,Q,S, and T: have obtained Criminal record report from Virginia Department of State Police.</li> <li>2. All residents of the facility have the potential to be affected by this deficient practice. The Human Resource Director will complete a house audit on all active employee files to ensure a Criminal record report from Virginia Department of State Police is completed.</li> <li>3. The Human Resource Director will be in-serviced by the NHA on obtaining Criminal record report from Virginia Department of State Police for employee files.</li> <li>4. The Facility will audit 5 personnel files a week plus all new employee files for 8 weeks to ensure Criminal record reports from the Virginia Department of State Police are completed. Results of the audit will be reported monthly to the facility</li> </ol>	

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F 001	<p>Continued From page 2</p> <p>On 4/13/23 at approximately 5:30 PM, a Human Resources (HR) Representative (Rep) was interviewed and confirmed the hire dates for the 6 referenced facility staff members. The HR Rep stated, "We obtain a sworn statement from each employee before they are hired, they are stating that they do not have any criminal or legal issues that would keep them from working with the elderly who are vulnerable". The HR Rep stated, "I agree that [Employee N, Employee P, Employee Q, Employee R, Employee S, and Employee T] do not have a date noted on their sworn statements so I cannot say when it [the sworn statement] and I would consider this as incomplete because it needs to be dated".</p> <p>On 4/13/23 at approximately 6:30 PM, a review of the facility's policy entitled, "Abuse" was conducted. It stated on page 4, subtitle, "Virginia Specific Requirements", item 1a states, "Each applicant will provide a sworn statement or affirmation disclosing any criminal convictions or any pending criminal charges, whether within or outside the Commonwealth".</p> <p>On 4/13/23 at approximately 8:30 PM, the Facility Administrator and Director of Nursing were informed of the findings. 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 5 employees, Staff #19, Employee O,</p>	F 001	<p>QAPI committee for 3 months. The QAPI committee is responsible for the on-going monitoring of compliance.</p> <p>5. DOC-5/16/2023</p> <p>12VAC5-371-150(G):</p> <ol style="list-style-type: none"> <li>1.The facility Administrator registered 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.</li> <li>2. All residents of the facility have the potential to be affected by this deficient practice. The facility Administrator receives updates on sex offenders within the same or a contiguous zip code area in which the nursing facility is located.</li> <li>3. The Facility Administrator will be in-serviced by the organizations Regional Director of Operations on 12VAC5-371-150(G), obtaining information from the Virginia Department of State Police on any sex offender within the same or a contiguous zip code area in which the nursing facility is located.</li> <li>4.The Facility will review information regarding sex offenders within the same or a contiguous zip code area in which the nursing facility is located weekly, results of the audit will be reported monthly to the facility QAPI committee for 3 months. The QAPI committee is responsible for the on-going monitoring of compliance.</li> <li>5. DOC-5/16/2023</li> </ol> <p>12VAC5-371-210(E):</p> <ol style="list-style-type: none"> <li>1.Staff #18 professional License has been verified.</li> </ol>	
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F 001	<p>Continued From page 3</p> <p>Employee Q, Employee S, and Employee T, 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 #19, Employee O, Employee Q, Employee S, and Employee T.</p> <p>The findings included:</p> <p>On 4/13/23 at approximately 5:00 PM, a review of 25 employee files was conducted and revealed the following:</p> <ol style="list-style-type: none"> <li>Staff #19 was hired on 2/17/23. There was no criminal background check provided for Staff #19. Therefore, from 2/17/23 to present, facility staff have been unaware of Staff #19's criminal background status and have permitted Staff #19 to provide direct care to Residents.</li> <li>Employee O, a Speech Therapist, was hired on 1/9/23. There was no criminal background check provided for Employee O. Therefore, from 1/9/23 to present, facility staff have been unaware of Employee O's criminal background status and have permitted Employee O to provide direct care to Residents.</li> <li>Employee Q was hired on 1/11/23. There was no criminal background check provided for Employee Q. Therefore, from 1/11/23 to present, facility staff have been unaware of Employee Q's criminal background status.</li> <li>Employee S was hired on 2/6/23. A criminal background check was provided, however it was dated 4/3/23. Therefore, from 2/6/23 through 4/3/23, facility staff were unaware of Employee S's criminal background status.</li> </ol>	F 001	<ol style="list-style-type: none"> <li>All residents of the facility have the potential to be affected by this deficient practice. The Human Resource Director will complete a house audit on all active employee files to verify professional license are unrestricted and in good standing.</li> <li>The Human Resource Director will be in-service by the NHA on 12VAC5-371-210(E)/verifying professional license are unrestricted and in good standing.</li> <li>The Facility will audit 5 personnel files a week plus all new employee files for 8 weeks to ensure professional licenses are verified and in good standing prior to providing direct care. Results of the audit will be reported monthly to the facility QAPI committee for 3 months. The QAPI committee is responsible for the on-going monitoring of compliance.</li> <li>DOC-5/16/2023</li> </ol> <p>12VAC5-371-210(F):</p> <ol style="list-style-type: none"> <li>Staff #22 professional certification has been verified.</li> <li>All residents of the facility have the potential to be affected by this deficient practice. The Human Resource Director will complete a house audit on all active employee files to verify professional certifications are unrestricted and in good standing.</li> <li>The Human Resource Director will be in-service by the NHA on 12VAC5-371-210(F)/verifying professional certification are unrestricted and in good standing.</li> <li>The Facility will audit 5 personnel files a week plus all new employee files for 8</li> </ol>	
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F 001	<p>Continued From page 4</p> <p>5. Employee T was hired on 1/3/23. A criminal background check was provided, however it was dated 3/16/23. Therefore, from 1/3/23 through 3/16/23, facility staff were unaware of Employee T's criminal background status.</p> <p>On 4/13/23 at approximately 5:30 PM, an interview was conducted with the Human Resources (HR) Representative (Rep) who confirmed the hire dates for the 5 referenced facility staff members. The HR Rep stated, "We get criminal background checks on everyone before they are hired to be sure there is no criminal history, no history of abuse or barrier crimes, we want to make sure that they can be trusted for the safety of our residents". The HR Rep verified that LPN D, Employee O, Employee Q, Employee S, and Employee T did not have a criminal background report within 30 days of their respective hire dates and there was no criminal background check in the personnel files for LPN D, Employee O, and Employee Q.</p> <p>On 4/13/23 at approximately 6:30 PM, a review of the facility's policy entitled, "Abuse" was conducted. It stated on page 2, item 3 titled, "Prevention", item c, "Criminal record checks will be obtained in accordance with state law and/or facility policy" and page 4, subtitle, "Virginia Specific Requirements", item 1b states, "Criminal record checks will be obtained on all new employees within 30 days of date of hire".</p> <p>On 4/13/23 at approximately 7:15 PM, following the preliminary compliance review of staff personnel records with the HR Rep, criminal background checks dated 4/13/23 were submitted for Employee O and Employee Q.</p>	F 001	<p>weeks to ensure professional certifications are verified and in good standing prior to providing direct care. Results of the audit will be reported monthly to the facility QAPI committee for 3 months. The QAPI committee is responsible for the on-going monitoring of compliance.</p> <p>5. DOC-5/16/2023</p> <p>12VAC5-371-260(B)(4, 5, 6, 10, 11)—Staff Development and In-service Training: 1. Staff #7, Staff#1, Staff #8, Staff #9, and Employee E have completed the mandated annual in-service training 2.All residents of the facility have the potential to be affected by this deficient practice. The Human Resource Director will complete a house audit on all active employee files to verify professional completion of mandated annual in-service training certifications. 3.The interdisciplinary team of the facility will be educated by the Nursing Home Administrator on 12VAC5-371-260(B)(4, 5, 6, 10, 11)—Staff Development and In-service Training/mandatory staff training. 4.The facility will monitor the training provided to staff including new employees for 8 weeks. Results of these audits will be reported to the facility QAPI Committee for 3 months. The QAPI committee is responsible for the on-going monitoring of compliance. 5.DOC-5/16/2023</p>	

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F 001	<p>Continued From page 5</p> <p>On 4/13/23 at approximately 8:30 PM, the Facility Administrator and Director of Nursing were informed of the findings. 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 4/12/23 at approximately 10:15 AM, 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 am not sure about registering the facility to get information about other people in the area, I do not know, I will look into this".</p> <p>On 4/13/23 at approximately 11:00 AM, the Facility Administrator stated, "We were not registered to get notices from the Police Department about registered sex offenders living near our facility but we have registered today and should begin receiving notices, thank you for bringing this to my attention". No further information was provided.</p>	F 001		

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F 001	<p>Continued From page 6</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 1 nurse, Staff #18, in a sample of 10 staff nurse personnel records reviewed.</p> <p>The facility staff failed to verify that Staff #18's professional license was unrestricted and in good standing prior to allowing her to provide direct resident care.</p> <p>The findings included:</p> <p>On 4/13/23 at approximately 5:00 PM, a review of 10 staff nurse personnel records was conducted and revealed the following:</p> <p>Staff #18 was hired on 2/8/23. Staff #18's professional license verification was dated 1/27/23, however there was notation made by the Virginia Department of Health Professions for "Additional Public Information" which indicated a potential for professional disciplinary action and warranted further inquiry by facility staff. Therefore, from 2/8/23 to present, facility staff have been unaware if Staff #18's professional nursing license is unsanctioned and in good standing. Staff #18 has been permitted to provide direct care to Residents.</p> <p>On 4/13/23 at approximately 5:30 PM, an interview was conducted with the Human Resources (HR) Representative (Rep) who confirmed the findings. The HR Rep stated, "The</p>	F 001		

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F 001	<p>Continued From page 7</p> <p>purpose of obtaining a license verification is to make sure that we are hiring qualified people to take care of our residents and to ensure there is no disciplinary action on their license" and regarding Staff #18's license verification, the HR Rep stated, "The license appears to be active but I do not know if this license is unrestricted and in good standing, there is nothing in the personnel file to confirm this".</p> <p>On 4/13/23 at approximately 7:15 PM, following the preliminary compliance review of staff personnel records with the HR Rep, an additional professional license verification, including additional documentation issued by the Commonwealth of Virginia, Department of Health Professions, dated 4/13/23, was submitted for Staff #18.</p> <p>On 4/13/23 at approximately 8:30 PM, the Facility Administrator and Director of Nursing were informed of the findings. 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 certification, prior to providing direct resident care, for 1 certified nursing assistant (CNA), Staff #22, in a sample of 5 staff CNA personnel records reviewed.</p> <p>The facility staff failed to verify that Staff #22's professional certification was unrestricted and in good standing with the state licensing board prior to allowing her to provide direct resident care.</p>	F 001		



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F 001	<p>Continued From page 8</p> <p>The findings included:</p> <p>On 4/13/23 at approximately 5:00 PM, a review of 5 CNA personnel records was conducted and revealed the following:</p> <p>Staff #22 was hired on 2/20/23. Staff #22's professional certification verification was dated 2/9/23, however there was notation made by the Virginia Department of Health Professions for "Additional Public Information" which indicated a potential for professional disciplinary action and warranted further inquiry by facility staff. Therefore, from 2/20/23 to present, facility staff have been unaware if Staff #22's professional license is unsanctioned and in good standing. Staff #22 has been permitted to provide direct care to Residents.</p> <p>On 4/13/23 at approximately 5:30 PM, an interview was conducted with the Human Resources (HR) Representative (Rep) who confirmed the findings. The HR Rep stated, "The purpose of obtaining a license verification is to make sure that we are hiring qualified people to take care of our residents and to ensure there is no disciplinary action on their license" and regarding Staff #22's license verification, the HR Rep stated, "The license appears to be active but I do not know if this license is unrestricted and in good standing, there is nothing in the personnel file to confirm this".</p> <p>On 4/13/23 at approximately 8:30 PM, the Facility Administrator and Director of Nursing were informed of the findings. No further information was provided.</p>	F 001		

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F 001	<p>Continued From page 9</p> <p>12VAC5-371-260(B)(4, 5, 6, 10, 11)--Staff Development and In-service Training</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 5 employees, Staff #7, Staff #1, Staff #8, Staff #9, and Employee E, in a sample of 5 employee training records.</p> <p>The facility staff failed to ensure completion of mandated annual in-service training for Staff #7, Staff #1, Staff #8, Staff #9, and Employee E.</p> <p>The findings included:</p> <p>On 4/13/23 at approximately 11:30 AM, a copy of facility training records was reviewed for the selected employee sample and revealed the following:</p> <ol style="list-style-type: none"> <li>Staff #7 did not have record of required annual in-service training in the areas of (5) Restraint Use, (10) Basic Principles of Cardiopulmonary Resuscitation, and (11) Prevention/Treatment of Pressure Sores.</li> <li>Staff #1 did not have record of required annual in-service training in the areas of (4) Safety and Accident Prevention, (5) Restraint Use, (6) Confidentiality/HIPAA, and (11) Prevention/Treatment of Pressure Sores.</li> <li>Staff #8 did not have record of required annual in-service training in the areas of (4) Safety and Accident Prevention, (5) Restraint Use, (6) Confidentiality/HIPAA, (10) Heimlich maneuver, and (11) Prevention/Treatment of Pressure Sores.</li> </ol>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0274</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/13/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WILLIAMSBURG POST ACUTE &amp; REHABILITATION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1235 MT VERNON AVENUE WILLIAMSBURG, VA 23185</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 001	<p>Continued From page 10</p> <p>4. Staff #9 did not have record of required annual in-service training in the area of (10) Heimlich maneuver.</p> <p>5. Employee E did not have record of required annual in-service training in the areas of (4) Safety and Accident Prevention and (6) Confidentiality/HIPAA.</p> <p>On 4/13/23 at approximately 4:00 PM, the Facility Administrator and Director of Nursing were informed of the findings. No further information was provided.</p>	F 001		