STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495387	A. BUILDING _____ B. WING _____	02/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNYSIDE PRESBYTERIAN RETIREMENT COMMUNITY	3935 SUNNYSIDE DRIVE, SUITE A HARRISONBURG, VA 22801

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F 000	INITIAL COMMENTS An unannounced (Medicare/Medicaid) standard survey was conducted 02/07/2023 through 02/09/2023. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. The census in this 84 certified bed facility was 68 at the time of the survey. The survey sample consisted of Sixteen (16) current Resident reviews and two (2) closed record reviews.	F 000		
F 607 SS=D	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, §483.12(b)(4) Establish coordination with the QAPI program required under §483.75. §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements. §483.12(b)(5)(ii) Posting a conspicuous notice of	F 607		3/6/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 02/27/2023

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F 607	Continued From page 1 employee rights, as defined at section 1150B(d)(3) of the Act. §483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act. This REQUIREMENT is not met as evidenced by: Based on staff interview, employee record review, and facility document review, the facility staff failed to ensure that professional licenses were current for one of 25 employee files reviewed. CNA (certified nursing assistant) #1's license expired in December 2022. Findings were: As part of the survey process, a list of new hires was requested. Twenty-five employee files were randomly chosen for review. On 02/08/2023 at approximately 1:00 p.m., the Senior Human Resources Business Partner (Other staff #1) brought the selected files for review. Other staff (OS) #1 stated, "Here are the files you requested. I'm just going to tell you one of the staff that you picked has an expired license." When asked if the expired license had been verified through the state website, OS #1 stated, "Yes." Asked if the employee was working, OS #1 stated, "She was, but we took her off the schedule. She renewed it today, but we won't allow her to work until we can verify that it is current." When asked if the CNA had been actively on the schedule from the end of December, OS #1 stated, "Yes." A review of the employee files found that CNA #1's license/certification expired on 12/31/2022.	F 607	Step I CNA #1 license was renewed 2/9/2023. Step II An audit was completed 2/10/2023 of current employee certification & license compliance. Any deficient practice or outstanding certifications/licenses were renewed and immediately corrected. Step III On 2/8/2023, HR & Health Care Leadership reviewed our system for checking nurses' licenses or nurse aide's certifications to validate staff are working with current, unexpired licenses or certifications. The HR department will re-initiate running a monthly report, containing a list of licenses & certifications which will expire in the next 3 months. The report will be sent to the Nursing department managers so that staff can be reminded of upcoming expirations and scheduler can validate that licenses & certifications were timely renewed. A staff member with an expired license or certification will not be permitted to work until it is renewed and verified through the state website. Step IV Each week for the next 6 weeks, a HR staff member will validate that no staff member has an outstanding license or	

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F 607	Continued From page 2 The facility abuse policy was reviewed and contained the following: "State licensure and certification agencies, and applicable registries, will be contacted, prior to employ to validate current licensure or certification requirements and to determine if the employee is in good standing with registry." An additional policy: "Professional Licenses and Certification" contained the following: "...[Facility name] require a certification or a license to perform the work...to assure proper licensing and certification, [Name of facility] verified the certification or license of individuals at hiring and periodically during employment as necessary.. Employees are responsible for maintaining current and active license and certifications. Currency of licenses and certifications is a condition of continued employment...failure to do so shall result in immediate unpaid suspension from job duties..." OS #1 was interviewed on 02/08/2023 at approximately 1:00 p.m. When asked what the process was to ensure all licenses and certifications were current, OS31 stated, "We've had a lot of transition in this department...I took this over about a week ago...what is suppose to happen is I run a report and it goes to the departments to make sure they are renewed." The above information was discussed during an end of day meeting with the administrator and the DON (director of nursing) on 02/08/2023 at approximately 5:15 p.m. No further information was obtained prior to the exit conference on 02/09/2023.	F 607	certification by auditing employee files. Thereafter HR will complete an audit for this information at least quarterly to ensure licenses & certifications are up to date. Any deficient practice will be discussed at the monthly performance improvement meeting and reviewed during the Quarterly Quality Assurance Meeting. Step V Corrective action will be completed by 3/3/23.	

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F 645 SS=D	PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability. §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability. §483.20(k)(2) Exceptions. For purposes of this section- (i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after	F 645		3/6/23

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F 645	Continued From page 4 being admitted to the nursing facility, was transferred for care in a hospital. (ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual- (A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital, (B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and (C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services. §483.20(k)(3) Definition. For purposes of this section- (i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1). (ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review, and facility document review, the facility staff failed to ensure that a Level I PASRR (preadmission screening and resident review) was completed for one of 18 residents (Resident #49). Findings include: Resident #49 did not have a PASRR completed	F 645	Step I Social Services consulted with Chiles Healthcare Consulting for guidance on completing a PASARR on a resident already residing in healthcare. The consulting company referred Social Services to VHCA. Social Services consulted with VHCA and confirmed a PASARR could be completed on any resident that did not have a	

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F 645	Continued From page 5 upon admission. Diagnoses for Resident #49 included; Dementia, anxiety, abnormal posture, major depression, and osteoarthritis. The most current MDS (minimum data set) was an annual assessment with an ARD (assessment reference date) of 11/29/22. Resident #49 was assessed with short and long-term memory problems with moderately impaired cognition. During the LTCSP [long term care survey process] on 2/7/23, the review for Resident #49 triggered for "No PASRR level II with a diagnosis." Review of Section A1510. titled "Preadmission Screening and Resident Review (PASRR)." of the current MDS was blank. On 2/8/23, Resident #49's clinical records were reviewed. Resident #49 had an active diagnosis of major depression and was receiving medication for the diagnoses. Resident #49's clinical record also did not evidence documentation that a level 1 PASRR had been completed. On 02/08/23 10:06 AM, the social worker (other staff, OS #2) was asked to review Resident #49's medical record for the PASRR. OS #2 reviewed the medical record and verbalized that Resident #49 was living in the assisted living part of the campus and was sent to the hospital. OS #2 stated that after being discharged from the hospital, Resident #49 was admitted to the facility on 7/28/20. OS #2 added that during the time of admission to the hospital, the hospital was not completing PASRR's due to COVID.	F 645	PASARR and to date it when we completed it. A PASARR was completed on 2/27/2023 on resident #49. Step II Social Service team completed an audit of current residents' electronic medical records. As of 2/27/23 there is a PASARR for each resident. Step III The Social Services team utilizes a shared Admissions Checklist and have added "PASARR" as a required document that must be obtained as part of admission process for Social Services. If not obtained the Social Services team will complete at admission. Step IV Social Services team will audit completion of PASARR weekly for the next 6 weeks. Step V Corrective action will be completed by 3/6/23.	

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F 645	Continued From page 6 On 2/08/23 at 11:19 AM, OS #2 said that she had followed up with another social worker and was unable to provide documentation that the PASRR had been completed. 02/08/23 04:51 PM, the above finding was presented to the director of nursing and administrator. Review of the facility's policy titled "Preadmission Screening and Resident Review Process" read in part "Medicaid screening teams will conduct Level 1 screening for those individuals who are Medicaid members..." No other information was provided prior to exit conference on 2/9/23.	F 645		