

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/29/2023
NAME OF PROVIDER OR SUPPLIER BURKE HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 9640 BURKE LAKE ROAD BURKE, VA 22015		
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F 000	Initial Comments An unannounced biennial State Licensure Inspection was conducted 6/27/23 through 6/29/23. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 120 licensed bed facility was 111 at the time of the survey. The survey sample consisted of 38 resident reviews.	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: 12VAC5-371-220 (C)(5) cross reference to F577 12VAC5-371-370 (A) cross reference to F584 12VAC5-371-200 (B)(1)(ii) cross reference to F658 12VAC5-371-220 (D) cross reference to F695 12VAC5-371-300 (A) & (B) cross reference to F755 12VAC5-371-300 (B) cross reference to F759 12VAC5-371-300 (B) cross reference to F761 12VAC5-371-370 (A) cross reference to F921 12VAC5-371-75 (B)(1) Based on staff interview and facility	F 001	State Tags 12VAC5-371-220 (C)(5) cross reference to F577 12VAC5-371-370 (A) cross reference to F584 12VAC5-371-200 (B)(1)(ii) cross reference to F658 12VAC5-371-220 (D) cross reference to F695 12VAC5-371-300 (A) & (B) cross reference to F755 12VAC5-371-300 (B) cross reference to F759 12VAC5-371-300 (B) cross reference to F761	8/1/23

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

Electronically Signed

TITLE

(X6) DATE

07/17/23

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F 001	<p>Continued From page 1</p> <p>documentation review, the facility staff failed to have evidence of a signed sworn statement, on or prior to hire, for 3 employees, Staff #5, #15, and #25, in a sample of 25 employee records reviewed.</p> <p>The findings included:</p> <p>On 6/28/23, a review of 25 employee files was conducted and revealed the following:</p> <ol style="list-style-type: none"> 1. Staff #5, was hired on 7/22/21. The facility staff was unable to provide evidence that a sworn statement was obtained from Staff #5. 2. Staff #15 was hired on 1/29/21. A sworn statement was obtained from Staff #15 on 11/29/21. 3. Staff #25 was hired on 5/27/21. A sworn statement was obtained from Staff #25 on 12/10/22. <p>On 6/28/23 at approximately 4:00 PM, an interview was conducted with the Regional Director of Clinical Services (RDCS) who stated, "The purpose of obtaining a sworn statement before hiring a potential staff member is to have them attest that they do not have any outstanding criminal charges before starting their employment with us".</p> <p>On 6/28/23 at approximately 5:30, the Facility Administrator and Director of Nursing were updated on the findings. No further information was provided.</p> <p>12VAC5-371-75 (B)(3)</p>	F 001	<p>12VAC5-371-370 (A) cross reference to F921</p> <p>12VAC5-371-75 (B)(1) Sworn Statement</p> <ol style="list-style-type: none"> 1. Employee # 5 is no longer employed. Staff Member # 15 and # 25 has a sworn statement present in the HR file. 2. Newly Hired employees are at risk. An audit of all current employees to ensure that a sworn statement is present for each employee. 3. The Administrator or designee will educate the Director of Human Resources on hiring practices and requirements for newly hired employees. 3. The administrator of designee will audit all newly hire employee files weekly to ensure sworn statement obtain per policy. 5. Results of the monitoring will be presented to the QAPI committee for review and recommendations. Once the QAPI determines the problem no longer exists, the monitoring will be conducted on a random basis. 6. Date of Compliance August 1, 2023 <p>12VAC5-371-75 (B)(3) Criminal Background</p> <ol style="list-style-type: none"> 1. Employee #5 is no longer an employee of the facility. Employee #15 and #20 have a criminal background check that was obtained after their hire date in their file. Employee # 25 a criminal background check was obtained on 6/28/23. 	

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F 001	<p>Continued From page 2</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 4 employees, Staff #5, #15, #20, and #25, 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 #5, #15, #20, and #25.</p> <p>The findings included:</p> <p>1. Staff #5 was hired 7/22/21 and terminated employment on 4/24/22. The facility was unable to provide evidence that Staff #5 had a criminal background check performed. Therefore, from 7/22/21-4/24/22, facility staff were unaware of Staff #5's criminal background status and was permitted to provide direct care to Residents.</p> <p>2. Staff #15 was hired 1/29/21. Staff #15's criminal background check was dated 11/18/21. Therefore, from 1/29/21-11/18/21, facility staff were unaware of Staff #15's criminal background status and was permitted to provide direct care to Residents.</p> <p>3. Staff #20 was hired 8/6/21. Staff #20's criminal background check was dated 11/21/22. Therefore, from 8/6/21-11/21/22, facility staff were unaware of Staff #20's criminal background status and was permitted to provide direct care to Residents.</p> <p>4. Staff #25 was hired 5/27/21. Staff #25's criminal background check was dated 6/28/23. Therefore, from 5/27/21-6/28/23, facility staff were unaware of Staff #25's criminal background</p>	F 001	<p>2. Newly hired employees are at risk. An audit of current employees to ensure that a criminal background check is present in the employee file.</p> <p>3. The Administrator or designee will educate the Director of Human Resources on hiring practices and requirements for newly hired employees.</p> <p>4. The administrator or designee will audit all newly hire employee files weekly to ensure criminal background is present prior to the start per policy.</p> <p>5. Results of the monitoring will be presented to the QAPI committee for review and recommendations. Once the QAPI determines the problem no longer exists, the monitoring will be conducted on a random basis.</p> <p>6. Date of Compliance August 1, 2023</p> <p>12VAC5-371-210 (E) Verify Professional Nursing Lic</p> <p>1. Employee #5 no longer works at the facility.</p> <p>2. Current residents are at risk. An audit of current licensed staff will be conducted to ensure that current licensure verification is present in the employee's file.</p> <p>3. The Administrator or designee will educate the Director of Human Resources on hiring practices and requirements for newly hired employees.</p> <p>4. The administrator or designee will audit all newly hire employee files weekly to</p>	

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F 001	<p>Continued From page 3</p> <p>status.</p> <p>On 6/28/23 at approximately 4:00 PM, an interview was conducted with the Regional Director of Clinical Services (RDCS) who 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 and to ensure the safety of our residents". The RDCS verified that Staff #5, #15, #20, and #25 did not have a criminal background report within 30 days of their respective hire dates.</p> <p>A review of the facility's policy entitled, "Abuse/Neglect/Misappropriation/Crime Prevention/Screening/Training", dated 1/23/20, subtitle, "Procedure", item 1 read, "Criminal background and reference checks are performed on all employees".</p> <p>On 6/28/23 at approximately 5:30, the Facility Administrator and Director of Nursing were updated on the findings. No further information was provided.</p> <p>12VAC5-371-210 (E)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to verify the professional nursing license for 1 nurse, Staff #5, in a sample of 10 licensed professional nurse employee records reviewed. The facility staff failed to verify the nursing license was active and in good standing.</p> <p>The findings included:</p>	F 001	<p>ensure licensure verification was performed prior to the start date for the employee per policy.</p> <p>5.Results of the monitoring will be presented to the QAPI committee for review and recommendations. Once the QAPI determines the problem no longer exists, the monitoring will be conducted on a random basis.</p> <p>6. Date of Compliance August 1, 2023</p> <p>12VAC5-371-210 (F)(1) Verify CNA Certification</p> <p>1.Employee #15 has a current certification in his employment file.</p> <p>2. Current residents are at risk.</p> <p>An audit of current certified staff will be conducted to ensure that current licensure verification is present in the employee's file.</p> <p>3. The Administrator or designee will educate the Director of Human Resources on hiring practices and requirements for newly hired employees.</p> <p>4. The administrator or designee will audit all newly hire employee files weekly to ensure certification verification was performed prior to the start date for the employee per policy.</p> <p>5.Results of the monitoring will be presented to the QAPI committee for review and recommendations. Once the QAPI determines the problem no longer exists, the monitoring will be conducted on</p>	

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F 001	<p>Continued From page 4</p> <p>On 6/28/23, a review of Staff #5's employee record was conducted. Staff #5 was hired on 7/22/21. Staff #5's nursing license verification was dated 4/5/22. Therefore, from 7/22/21-4/5/22, facility staff was unaware if Staff #5's license was active and in good standing.</p> <p>On 6/28/23 at approximately 4:00 PM, an interview was conducted with the Regional Director of Clinical Services (RDCS) who 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".</p> <p>On 6/28/23 at approximately 5:30, the Facility Administrator and Director of Nursing were updated on the findings. No further information was provided.</p> <p>12VAC5-371-210 (F)(1)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to verify the certification for 1 staff member, Staff #15, in a sample of 5 staff employee records reviewed.</p> <p>The facility staff failed to verify that the certification was active and in good standing for Staff #15 prior to allowing Staff #15 to provide direct resident care.</p> <p>The findings included:</p> <p>On 6/28/23, a review of Staff #15's employee record was conducted. Staff #15 was hired on 1/29/21. Staff #15's certification verification was</p>	F 001	<p>a random basis.</p> <p>6. Date of Compliance August 1, 2023</p> <p>12VAC5-371-260 (B)(11) Annual Training PU for Nurse</p> <p>1. Registered Nurse's E Annual Prevention/Treatment of Pressure Sores was completed on 7/13/23.</p> <p>2. Current residents are at risk. An Audit of all resident care staff will be completed to identify employees that have not completed the annual Prevention/Treatment of Pressure Sores.</p> <p>3. The Director of nursing or designee will educate all resident care staff on the Prevention/Treatment of Pressure sores to ensure annual education is completed.</p> <p>4. The SDC or designee will audit employee education files on their annual hire date to ensure all mandatory education was completed.</p> <p>5. Results of the monitoring will be presented to the QAPI committee for review and recommendations. Once the QAPI determines the problem no longer exists, the monitoring will be conducted on a random basis.</p> <p>6. Date of Compliance August 1, 2023</p> <p>12VAC5-371-290 (B) Verify Therapy Lic</p> <p>1. Employee # 20 has a current certification in his employment file.</p> <p>2. Current Residents are at risk.</p> <p>An audit of current licensed therapy staff</p>	

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F 001	<p>Continued From page 5</p> <p>dated 11/18/21. Therefore, from 1/29/21-11/18/21, facility staff was unaware if Staff #15's certification was active and in good standing. Staff #15 was permitted to provide direct care to Residents.</p> <p>On 6/28/23 at approximately 4:00 PM, an interview was conducted with the Regional Director of Clinical Services (RDCS) who 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".</p> <p>On 6/28/23 at approximately 5:30, the Facility Administrator and Director of Nursing were updated on the findings. No further information was provided.</p> <p>12VAC5-371-260 (B)(11)</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 1 employee, RN E, in a sample of 5 employee training records reviewed.</p> <p>The findings included:</p> <p>On 6/28/23, a copy of facility training records from 1/1/22 through 6/28/23 was reviewed for the selected employee sample and revealed that RN E did not have record of required annual in-service training in the area of Prevention/Treatment of Pressure Sores.</p> <p>On 6/28/23 at approximately 5:30 PM, the Facility Administrator and Director of Nursing (DON)</p>	F 001	<p>will be conducted to ensure that current licensure verification is present in the employee's file.</p> <p>3. The Administrator or designee will educate the Director of Human Resources on hiring practices and requirements for newly hired employees.</p> <p>4. The administrator or designee will audit all newly hire employee files weekly to ensure license verification was performed prior to the start date for the employee per policy.</p> <p>5. Results of the monitoring will be presented to the QAPI committee for review and recommendations. Once the QAPI determines the problem no longer exists, the monitoring will be conducted on a random basis.</p> <p>6. Date of Compliance August 1, 2023</p>	

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F 001	<p>Continued From page 6</p> <p>were updated on the findings. No additional information was provided.</p> <p>12VAC5-371-290 (B)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to verify the professional therapy license for 1 licensed staff member, Staff #20, in a sample of 1 licensed therapy staff employee record reviewed.</p> <p>The findings included:</p> <p>On 6/28/23, a review of Staff #20's employee record was conducted. Staff #20 was hired on 8/6/21. Staff #20's professional therapy license verification was dated 4/4/22. Therefore, from 8/6/21-4/4/22, facility staff were unaware if Staff #20's professional therapy license was active and in good standing. Staff #20 was permitted to provide direct care to Residents.</p> <p>On 6/28/23 at approximately 4:00 PM, an interview was conducted with the Regional Director of Clinical Services (RDCS) who 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".</p> <p>On 6/28/23 at approximately 5:30, the Facility Administrator and Director of Nursing were updated on the findings. No further information was provided.</p>	F 001			