State of Virginia (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_\_ B. WING 06/29/2023 VA0210 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 110 CHALMERS COURT **ROSE HILL HEALTH AND REHAB** BERRYVILLE, VA 22611 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 000 F 000 Initial Comments An unannounced biennial State Licensure Inspection was conducted 6/27/2023 through 6/29/2023. 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 104 at the time of the survey. The survey sample consisted of 31 current resident reviews and four closed record review. F 001 F 001 Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: 12VAC5-371-150 (A) (B). Resident Rights cross references to F622, F623 & F625. 12VAC5-371-200 (B.1). Director of Nursing cross references to F658 & F698. 12VAC5-371-220 (B) (F) (H). Nursing services cross reference to F580, & F692. 12VAC5-371-250 (A.5). Resident assessment and care planning cross reference to F641. 12VAC5-371-250 (A, G). Resident assessment and care planning. Cross reference to F656. 12VAC5-371-300 (A). Pharmaceutical services cross reference to F755. 12VAC5-371-370 (A). Maintenance and

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

TITLE

(X6) DATE

YZZ611

FORM APPROVED State of Virginia (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 06/29/2023 VA0210 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 110 CHALMERS COURT **ROSE HILL HEALTH AND REHAB** BERRYVILLE, VA 22611 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 001 Continued From page 1 1. For CNA #2, #3, #5, #10, #11, #12, housekeeping #13, #14, and LPN #4 the facility cross reference to F584. will complete the files to have all necessary documents in these 1) 12VAC5-371-140 (E). Policies and procedures. human resource file. Based on staff interview and facility document 2. All other employee files will be review, it was determined that the facility staff audited for appropriate documents. failed to evidence a complete personnel record that included criminal record background checks 3. Education will be provided to the and license/certification verifications for 10 of 25 human resources director on these employee records reviewed. documents and completeness of human resource files. The findings included: The HR Director or designee will On 06/28/2023 at approximately 3:00 p.m., the conduct random audits of human employee records for newly hired employees resource files weekly for 2 months. within the past two years were reviewed. Review of the employee records failed to evidence that Results will be presented to QAPI criminal record background checks and/or monthly. Any noted corrections license/certification verifications were obtained in will be corrected immediately. accordance with the laws of the State of Virginia. Cross referenced to poc resident The employees identified were: rights F622, F623, F625. 1. CNA (certified nursing assistant) #2. Hire date Cross referenced to poc Director of 12/22/2022. No evidence of a Virginia State Nursing F658, F698 Police criminal background check within 30 days Cross referenced to poc Nursing of hire. services F580, F692 Cross referenced to poc Resident 2. CNA #3. Hire date 06/28/2022. No evidence of assessment and care planning F641 the Virginia State Police criminal background Cross referenced to poc Resident check and certification verification prior to hire. assessment and care planning F656 to references Cross 3. CNA #5. Hire date 02/02/2022. No evidence Pharmaceutical services F755 that a certification verification prior to hire and Cross reference to poc Maintenance that references were obtained.

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4. CNA #10. Hire date 04/20/2022. No evidence that a Virginia State Police criminal background check or certification verification were obtained.

and housekeeping F584

Compliance Date: 7-27-2023

PRINTED: 07/14/2023 FORM APPROVED

State of Virginia (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ B. WING 06/29/2023 VA0210 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 110 CHALMERS COURT **ROSE HILL HEALTH AND REHAB** BERRYVILLE, VA 22611 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 001 Continued From page 2 F 001 5. CNA #11. Hire date 02/17/2022. No evidence of the Virginia State Police criminal background check was obtained within 30 days of hire and a certification verification was obtained prior to hire. 6. CNA #12. Hire date 02/28/2022. No evidence of the Virginia State Police criminal background check was obtained within 30 days of hire and a certification verification was obtained prior to hire. 7. CNA #13. Hire date 06/09/2022. No evidence of a certification verification was obtained prior to 8. CNA #14. Hire date 04/18/2022. No evidence of a Virginia State Police criminal background check and a certification verification were obtained. 9. LPN (licensed practical nurse) #4. Hire date 04/18/2022. No evidence of a Virginia State Police criminal background check and a license verification were obtained. 10. ASM (administrative staff member) #3, the former director of nursing. Hire date 03/08/2022. No evidence a Virginia State Police criminal background check or license verification were obtained. On 06/28/2023 at approximately 3:45 p.m. an interview was conducted with OSM (other staff member) #2, human resource generalist. When asked to describe the prescreening procedures for new employees OSM #2 stated, "The sworn statement, criminal background check, license verification and references are all obtained at the employee's time of orientation and before the employee has contact with the residents."

FORM APPROVED State of Virginia (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ B. WING 06/29/2023 VA0210 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 110 CHALMERS COURT **ROSE HILL HEALTH AND REHAB** BERRYVILLE, VA 22611 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 001 F 001 Continued From page 3 The facility's policy "Abuse Policies and Elder Justice Guidance" documented in part, "8. Components of Abuse Prohibition. A. Screening -Persons applying for employment with the facility will be screened for a history of abuse, neglect, or mistreating residents to include: i. References from previous or current employers (with applicant permission). ii. Criminal background check. iii. Abuse check with appropriate licensing board and registries, prior to hire. iv. Sworn Disclosure Statement prior to hire. v. Verify license registration prior to hire." On 06/28/2023 at approximately 5:50 p.m., ASM #1, executive director and ASM #2, were made aware of the above findings. No further information was provided prior to exit. 2) 12VAC5-371-75 (B) Criminal records check. Based on staff interview and facility document review, it was determined that the facility staff failed to evidence sworn statement disclosures and criminal record background checks for 10 of 25 employee records reviewed. The findings included: On 06/28/2023 at approximately 3:00 p.m., the employee records for newly hired employees

within the past two years were reviewed. Review of the employee records failed to evidence that sworn statements and/or criminal record

background checks were obtained in accordance

1. CNA (certified nursing assistant) #2. Hire date

with the laws of the State of Virginia.

The employees identified were:

FORM APPROVED State of Virginia (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_\_\_ B. WING 06/29/2023 VA0210 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 110 CHALMERS COURT **ROSE HILL HEALTH AND REHAB** BERRYVILLE, VA 22611 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 001 F 001 Continued From page 4 12/22/2022. There was no evidence that a Virginia State Police criminal background check within 30 days of hire was obtained. 2. CNA #3. Hire date 06/28/2022. There was no evidence that a Virginia State Police criminal background check within 30 days of hire was obtained. 3. CNA #6. Hire date 01/01/2023. There was no evidence that a sworn statement was obtained. 4. CNA #8. Hire date 11/22/2022. There was no evidence that a sworn statement was obtained. 5. CNA #10. Hire date 04/20/2022. There was no evidence that a sworn statement or a Virginia State Police criminal background check were obtained. 6. CNA #11. Hire date 02/17/2022. There was no evidence that a Virginia State Police criminal background check within 30 days of hire was obtained. 7. CNA #12. Hire date 02/28/2022. There was no evidence that a Virginia State Police criminal background check within 30 days of hire was obtained. 8. CNA #14. Hire date 04/18/2022. There was no evidence that a sworn statement or a Virginia State Police criminal background check were obtained.

9. LPN (licensed practical nurse) #4. Hire date 04/18/2022. There was no evidence that a Virginia State Police criminal background check

within 30 days of hire was obtained.

State of Virginia (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ 06/29/2023 B. WNG VA0210 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 110 CHALMERS COURT **ROSE HILL HEALTH AND REHAB** BERRYVILLE, VA 22611 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 001 F 001 Continued From page 5 10. ASM (administrative staff member) #3, the former director of nursing. Hire date 03/08/2022. There was no evidence that a sworn statement or a Virginia State Police criminal background check were obtained. On 06/28/2023 at approximately 3:45 p.m. an interview was conducted with OSM (other staff member) #2, human resource generalist. When asked to describe the prescreening procedures for new employees OSM #2 stated, "The sworn statement, criminal background check, license verification and references are all obtained at the employee's time of orientation and before the employee has contact with the residents." The facility's policy "Abuse Policies and Elder Justice Guidance" documented in part, "8. Components of Abuse Prohibition. A. Screening -Persons applying for employment with the facility will be screened for a history of abuse, neglect, or mistreating residents to include: i. References from previous or current employers (with applicant permission). ii. Criminal background check. iii. Abuse check with appropriate licensing board and registries, prior to hire. iv. Sworn Disclosure Statement prior to hire. v. Verify license registration prior to hire." On 06/28/2023 at approximately 5:50 p.m., ASM #1, executive director and ASM #2, were made aware of the above findings. No further information was provided prior to exit.