	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		VA0282	B. WING		C 06/29/2023	
		ON CENTER 113 BAT	DDRESS, CITY, ST.	ATE, ZIP CODE		
		YORKTO	WN, VA 23692	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
F 000	Initial Comments		F 000			
	the Virginia Rules and Licensure of Nursing The census in this 80	acted 6/13/23 through was not in compliance with d Regulations for the Facilities. licensed bed facility was 77 yey. The survey sample				
F 001	Non Compliance		F 001		8/13/23	
	The facility was out o following state licensi					
	This RULE: is not me 12 VAC 5-371-220 (H F580.	et as evidenced by: ). Please cross reference to		Please see the corresponding F-Tags listed, if applicable, for the detailed plar correction for each of the state licensur		
	COV 32.1-138 (A)(8). F600.	Please cross reference to		requirements listed below:		
	12 VAC 5-371-200 (B reference to F658.	)(1)(ii). Please cross		12 VAC 5-371-220 (H). Please cross referenceto F580. COV 32.1-138 (A)(8). Please cross reference toF600.		
	12 VAC 5-371-220 (D F677.	). Please cross reference to		12 VAC 5-371-200 (B)(1)(ii). Please crossreference to F658. 12 VAC 5-371-220 (D). Please cross		
	12 VAC 5-371-300 (B F761.	). Please cross reference to		referenceto F677. 12 VAC 5-371-300 (B). Please cross referenceto F761.		
	12 VAC 5-371-340 (A F812.	.). Please cross reference to		12 VAC 5-371-340 (A). Please cross referenceto F812. 12 VAC 5-371-110 (J). Please cross		
	12 VAC 5-371-110 (J) F883.	). Please cross reference to		referenceto F883. VAC 5-371-140 (A). Please cross referenceto F943.		
	12 VAC 5-371-140 (A	). Please cross reference to				

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

TITLE

(X6) DATE

07/18/23

Electronically Signed

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If continuation sheet 1 of 7

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		VA0282	B. WING		C 06/29/2023	
	ROVIDER OR SUPPLIER	113 BAT	DDRESS, CITY, ST.	ATE, ZIP CODE		
ORK NU	RSING & REHABILITATI	ON CENTER YORKTO	OWN, VA 23692			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLE	
F 001	Continued From page	e 1	F 001			
	F943.					
				12 VAC5-371-130(B)(1)		
	ensure that the facilit current and unencum	ew and facility w, the facility staff failed to y Administrator held a		1. As part of the quality assurance process, it was found there was not printed confirmation from the state licensing board for Staff #5 in the personnel file. It was checked, printer and placed in the file on 2/14/2023.		
		ity staff failed to verify with		<ol> <li>The Staff #5's license was reveril on 7/12/2023 to ensure it was still cur and unencumbered. There are no oth employees that hold this license.</li> </ol>	rent	
	_	pard that Staff #5 held a abered license to practice as inistrator prior to		3. Education on pre-employment lic verification from the state licensing bo was provided to multiple team member include staffing, recruiting, human	bard	
	submitted was condu that Staff #5 was hire administrator on 6/28	3/21. The facility submitted fessional license for Staff #5		<ul> <li>resources, and administration</li> <li>4. The Vice President of Quality/designee will review the employ files in the event there is a newly hired Administrator within the next 60 days ensure the administrator has a current</li> </ul>	d to	
	was conducted with t representative (Emplo that the recruitment d verification of profess employment to ensur license. Employee K	AM, a telephone interview the off-site human resources oyee K). Employee K stated department handles the sional licenses prior to re the person holds an active c provided the cell phone L, who is the recruitment e.		unencumbered license from the state licensing board prior to employment a was printed, and placed in the file. Patterns or trends will be reported to to Quality Assessment and Assurance Committee. 5. Date of compliance will be Augus 2023.	and it	
	placed to Employee I	AM, a telephone call was L and a voicemail was left all. No return call was				

STATEMENT OF DEFICIENCIES     (X1) PROVIDER/SUPPLIER/CLIA       AND PLAN OF CORRECTION     IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					с	
		VA0282	B. WING		06/29/2023	
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, ST	ATE, ZIP CODE		
ORK NU	RSING & REHABILITAT	ION CENTER	TLE ROAD OWN, VA 23692			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETI	
F 001	Continued From pag	e 2	F 001			
	C met with the facilit Administrator was as of professional licens administrator said, "V verification to ensure license or certificatio because it is a regula During the above int Administrator was m submitted evidence to license had not been employment. On the afternoon of the administrator provide regards to "Personne reviewed, and it state File: Copy of Licen applicable)".	We need to do license a they have the appropriate n for the role and also ation". erview, the facility ade aware that the facility that Staff #5's professional n verified prior to 6/15/23, the facility ed a facility policy with el Records". This policy was ed, "Contents of Personnel nse and Verifications (if d no additional information on of the survey on 6/15/23 at		<ol> <li>VAC5-371-210(E)</li> <li>As part of the quality assurance process, it was found there was not printed confirmation from the state licensing board of Staff #15 s licens the personnel file prior to employment was checked, printed, and placed in a file on 04/29/2023.</li> <li>Pre-employment licensure verifications were checked on 100% currently employed RNs and LPNs th have been hired since January 1, 202 ensure they had a current and unencumbered license from the state licensing board. Any variances were immediately corrected.</li> <li>Education on pre-employment licensing board to multiple team membinclude staffing, recruiting, human resources, and administration</li> </ol>	it. It the of iat 23 to e e cense pard	
	12VAC5-371-210(E) Based on staff interv documentation revie ensure that nurses w qualified to perform t	iew and facility w, the facility staff failed to vorking were appropriately asks assigned for 1 nurse ple of 25 employee records		<ul> <li>4. The Assistant Administrator/desi will review 100% of all newly hired personnel files for LPN/RN □s weekly weeks to ensure each new hire has a pre-employment licensure verification the state licensing agency that confirm is current and unencumbered. Patter or trends will be reported to the Quali Assessment and Assurance Committen 5. Date of compliance will be Augus 2023.</li> </ul>	r for 8 n from ms it erns ity ee.	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		VA0282	B. WING		C 06/29/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
		113 BAT	TLE ROAD			
YORK NU	RSING & REHABILITATI	ON CENTER YORKTO	OWN, VA 23692			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTIO		
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		
IAG			IAG	DEFICIENCY)		
F 001	Continued From neg	2	F 001			
F 001	Continued From page	3				
		ard that Staff #15 held a				
		bered license to practice as				
	a registered nurse (R	N).				
	On 6/11/22 a raying	of the employee records				
		of the employee records		12 VAC5-371-210(F)(1)		
	submitted was conducted. This review revealed that Staff #15 was hired as a RN on 11/15/21. The facility submitted evidence that the professional nursing license for Staff #15 was					
				1. As part of the quality assurance		
	verified on 4/29/23.			process, it was found there was not		
				printed confirmation from the state		
		AM, a telephone interview		licensing board of Staff #11s license i		
	was conducted with the off-site human resources representative (Employee K). Employee K stated			personnel file prior to employment. It		
				checked, printed, and placed in the fi	le on	
		lepartment handles the		03/16/2023.		
		ional licenses prior to e the person holds an active		2. Pre-employment licensure		
		provided the cell phone		verifications were checked on 100%	of	
		L, who is the recruitment		currently employed CNA s that have		
	department employee			been hired since January 1, 2023 to		
				ensure they had a current and		
	On 6/15/23 at 10:58 /	AM, a telephone call was		unencumbered license from the state		
		and a voicemail was left		licensing board. Any variances were	•	
	requesting a return ca	all.		immediately corrected.		
	On $6/15/23$ at approx	imately 11:15 AM, Surveyor		3. Education on pre-employment lic	ense	
		Administrator. The facility		verification from the state licensing be		
	-	ked to explain the purpose		was provided to multiple team memb		
	of professional licens			include staffing, recruiting, human		
	administrator said, "V			resources, and administration		
		they have the appropriate				
	license or certification			4. The Assistant Administrator/desi	gnee	
	because it is a regulation". During the above interview, the facility			will review 100% of all newly hired		
				personnel files for CNA s weekly for		
	•	ade aware that the facility		weeks to ensure each new hire has a pre-employment licensure verification		
		hat Staff #15's professional		the state licensing agency that confirm		
	nursing license had n	-		is current and unencumbered. Patte		
		employee being hired and		or trends will be reported to the Quali		
	having worked in the			Assessment and Assurance Committ		

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State of \	/irginia	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	E CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				COMPLETED	
		VA0282	B. WING		C 06/29/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	
YORK NU	RSING & REHABILITATI	ON CENTER 113 BAT	TLE ROAD		
		YORKTO	OWN, VA 23692		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
F 001	Continued From pag	e 4	F 001		
	regards to "Personne reviewed, and it state	6/15/23, the facility ad a facility policy with al Records". This policy was ad, "Contents of Personnel nse and Verifications (if		5. Date of compliance will be Augus 2023.	st 13,
	The facility submittee	l no additional information n of the survey on 6/15/23 at		<ol> <li>12VAC5-371-260(B)(1-11)</li> <li>Employee #28 finished 12 hours annual inservice training 07/11/2023. written record of this training was place</li> </ol>	A
	ensure that direct can appropriately qualifie	ew and facility w, the facility staff failed to re staff working were d to perform tasks assigned, f #11), in a sample of 25		<ul> <li>personnel file.</li> <li>2. All current employees were audii ensure each employee had written re- confirming they had received the required annual in-service training. Any varian identified were immediately corrected the training provided.</li> </ul>	ted to cords uired ces
	the state licensing bo	ility staff failed to verify with bard that Staff #11 held a bered certification to work		3. The Director of Education in-service the facility management team on importance of ensuring that employed receive the required annual in-service training and maintaining a written receive the training.	es e
	submitted was condu that Staff #11 was hin The facility submitted professional nursing verified on 3/16/23. On 6/15/23 at 10:44	of the employee records ucted. This review revealed red as a CNA on 5/31/22. I evidence that the certification for Staff #11 was AM, a telephone interview the off-site human resources		4. Director of Nursing/designee will review the Education and Training Records for 10 employees weekly for weeks to ensure they received the required in-service and training. Patt or trends will be reported to the Quali Assessment and Assurance Committ	<sup>-</sup> eight erns ty
		oyee K). Employee K stated			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		VA0282	B. WING		C 06/29/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
YORK NU	RSING & REHABILITATIO	ON CENTER	ILE ROAD WN, VA 23692			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE
F 001	verification of profess employment to ensur- license. Employee K number of Employee department employee On 6/15/23 at 10:58 A placed to Employee L requesting a return ca On 6/15/23 at approx C met with the facility Administrator was asl of professional license administrator said, "W verification to ensure license or certification because it is a regula During the above inter Administrator was ma submitted evidence th certification had not b despite the employee worked in the role of a On the afternoon of 6 administrator provider regards to "Personne reviewed, and it state File: Copy of Licen applicable)".	epartment handles the ional licenses prior to e the person holds an active provided the cell phone L, who is the recruitment e. AM, a telephone call was and a voicemail was left all. imately 11:15 AM, Surveyor Administrator. The facility ked to explain the purpose e verification. The Ve need to do license they have the appropriate of for the role and also tion". rview, the facility de aware that the facility hat Staff #11's CNA een verified until 3/16/23, being hired and having a CNA since 5/31/22.	F 001	5. Date of compliance will 2023.	·	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CO A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		VA0282	B. WING			C / <b>29/2023</b>	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	·		
YORK NU	RSING & REHABILITAT	ION CENTER	TLE ROAD DWN, VA 23692				
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	FCORRECTION	(X5)	
PRÉFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET	
F 001	Continued From pag	e 6	F 001				
	12VAC5-371-260(B)						
	Based on staff interv						
		w, the facility staff failed to eceived annual in-service					
	training for 1 employee, (Employee #28), in a						
	sample of 5 employee training records.						
	The findings included:						
	For Employee #28, the facility staff failed to						
	provide any evidence of annual in-service						
	training.						
	employees to review training requirements	or C selected a sample of 5 for the annual in-service s. The facility Administrator e in-service training for each					
	the 5 employees bei	ted training records for 4 of ng sampled. The they were still looking for					
		15/23, the facility wledged they were still trying loyee #28's training records.					
	was asked to provide regards to annual tra Administrator let the not have a policy wit						
	in-service/training of No further informatio						