

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0126</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/14/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>WONDER CITY REHABILITATION AND NURSING CEN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>905 COUSINS AVENUE</b> <b>HOPEWELL, VA 23860</b>		
(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 000	Initial Comments  An unannounced biennial State Licensure Inspection was conducted 07/09/23 through 07/14/23. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.  The census in this 130 licensed bed facility was 123 at the time of the survey. The survey sample consisted of 61 resident reviews and 25 employee 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: 12VAC5-371-300 (B). Please cross reference to F554.  12VAC5-371-150 (A). Please cross reference to F585  12VAC5-371-250 (G). Please cross reference to F657.  12VAC5-371-200 (B)(ii). Please cross reference to F658.  12VAC5-371-220 (D) & (F) & (G). Please cross reference to F677.  12VAC5-371-220 (A). Please cross reference to F684.  12VAC5-371-220 (B) & (C)(1). Please cross reference to F686.	F 001	F001 12VAC5-371-300 (B). Please cross reference to F554. 12VAC5-371-150 (A). Please cross reference to F585 12VAC5-371-250 (G). Please cross reference to F657. 12VAC5-371-200 (B)(ii). Please cross reference to F658. 12VAC5-371-220 (D) & (F) & (G). Please cross reference to F677. 12VAC5-371-220 (A). Please cross reference to F684. 12VAC5-371-220 (B) & (C)(1). Please cross reference to F686. 12VAC5-371-220 (A). Please cross reference to F689. 12VAC5-371-220 (C)(3). Please cross reference to F690. 12VAC5-371-220 (A). Please cross reference to F697.	8/17/23

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

Electronically Signed

TITLE

(X6) DATE

08/01/23

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F 001	Continued From page 1  12VAC5-371-220 (A). Please cross reference to F689.  12VAC5-371-220 (C)(3). Please cross reference to F690.  12VAC5-371-220 (A). Please cross reference to F697.  12VAC5-371-300 (A). Please cross reference to F761.  12VAC5-371-340 (A). Please cross reference to F812.  12VAC5-371-180 (A). Please cross reference to F880.  12VAC5-371-110 (J). Please cross reference to F883.  12VAC5-371-370 (A). Please cross reference to F908.  12VAC5-371-370 (E). Please cross reference to F925.  12VAC5-371-260 (F). Please cross reference to F947.   12VAC5-371-75 (B)(3)  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 #1, #3, #12, #13, and #25,	F 001	12VAC5-371-300 (A). Please cross reference to F761. 12VAC5-371-340 (A). Please cross reference to F812. 12VAC5-371-180 (A). Please cross reference to F880. 12VAC5-371-110 (J). Please cross reference to F883. 12VAC5-371-370 (A). Please cross reference to F908. 12VAC5-371-370 (E). Please cross reference to F925. 12VAC5-371-260 (F). Please cross reference to F947.  12VAC5-371-75 (B)(3) 1. Staff members #1, #3 no longer work at the facility. Criminal background checks were obtained for staff members #12 on July 13, 2023. Staff member #13's criminal background check was obtained on February 28, 2023. Staff member #25's criminal background check was obtained on March 3, 2023. 2. All Residents have the potential to be affected. Current staff members will be reviewed to ensure that a criminal background check has been obtained. 3. The Administrator/designee will educate the Human Resources Director on obtaining criminal background checks before hire. 4. The Administrator/designee will audit newly hired employees on a weekly basis times 4 to ensure that criminal background checks were completed before hire. Results of the audits will be presented to the QA committee for review on a monthly	

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F 001	<p>Continued From page 2</p> <p>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 #1, #3, #12, #13, and #25.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>Staff #1 was hired 7/29/21 and terminated employment on 4/22/22. Staff #1's criminal background check was dated 10/13/21. Therefore, from 7/29/21-10/13/21, facility staff were unaware of Staff #1's criminal background status.</li> <li>Staff #3 was hired on 3/22/22 and terminated employment on 8/29/22. There was no evidence provided that Staff #3 had a criminal background check performed. Therefore, from 3/22/22-8/29/22, facility staff were unaware of Staff #3's criminal background status and was permitted to provide direct care to Residents.</li> <li>Staff #12 was hired 1/20/22. Staff #15's criminal background check was dated 7/11/23. Therefore, from 1/20/22-7/11/23, facility staff were unaware of Staff #12's criminal background status and was permitted to provide direct care to Residents.</li> <li>Staff #13 was hired 7/6/21. Staff #13's criminal background check was dated 2/28/23. Therefore, from 7/6/21-2/28/23, facility staff were unaware of Staff #13's criminal background status.</li> <li>Staff #25 was hired 9/21/22. Staff #25's criminal background check was dated 3/3/23. Therefore, from 9/21/22-3/3/23, facility staff were unaware of Staff #25's criminal background status and was permitted to provide direct care to</li> </ol>	F 001	<p>basis times 2.</p> <p>5. Completion date: August 17, 2023</p> <p>12VAC5-371-210 (E)</p> <ol style="list-style-type: none"> <li>Staff members #3 and #7 are no longer employed by the facility. Staff member #12's licensure check was completed on April 3, 2023. Staff member #25's licensure check was completed on February 8, 2023.</li> <li>All Residents have the potential to be affected. Current licensed staff members will be reviewed to ensure that licensure checks are completed.</li> <li>The Administrator/designee will educate the Human Resources Director on obtaining licensure checks prior to hire.</li> <li>The Administrator/designee will audit newly hired employees on a weekly basis times 4 to ensure that the licensure check was completed. Results of the audits will be presented to the QA committee for review on a monthly basis times 2.</li> <li>Completion date: August 17, 2023</li> </ol> <p>12VAC5-371-210 (F)(1)</p> <ol style="list-style-type: none"> <li>Staff member #18's certification was verified as in good standing on July 11, 2023.</li> <li>All Residents have the potential to be affected. Current CNA certifications were reviewed to ensure that the certifications are verified as in good standing.</li> <li>The Administrator/designee will educate the Human Resources Director on verification of CNA certification before hire.</li> <li>The Administrator/designee will audit newly hired employees on a weekly basis times 4 to ensure that the certification was</li> </ol>	

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F 001	<p>Continued From page 3</p> <p>Residents.</p> <p>On 7/11/23 at approximately 1:00 PM, an interview was conducted with the Human Resources Director (HRD) 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 HRD verified that Staff #1, #3, #12, #13, 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 7/11/23 at approximately 5:30, the Facility Administrator and Director of Nursing were updated on the findings. No additional 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 4 licensed professional nurses, Staff #3, Staff #7, Staff #12, and Staff #25, in a sample of 10 licensed professional nurse employee records reviewed.</p> <p>The facility staff failed to verify the professional nursing license was active and in good standing</p>	F 001	<p>verified as in good standing. Results of the audits will be presented to the QA committee for review on a monthly basis times 2.</p> <p>5. Completion date: August 17, 2023</p>	

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F 001	<p>Continued From page 4</p> <p>with the State Licensing Board for Staff #3, Staff #7, Staff #12, and Staff #25 prior to allowing them to provide direct resident care.</p> <p>The findings included:</p> <p>On 7/11/23, a review of staff nursing personnel records was conducted and revealed the following:</p> <p>1. Staff #3 was hired on 3/22/22 and terminated on 8/29/22. There was no professional license verification provided by facility staff that encompassed the duration of Staff #3's employment at the facility. Therefore, from 3/22/22 through 8/29/22, facility staff was unaware if Staff #3 was an active, professional nurse and in good standing with the State Licensing Board. Staff #3 was permitted to provide direct care to Residents.</p> <p>2. Staff #7 was hired on 12/1/22 and terminated on 5/1/23. There was no professional license verification provided by facility staff that encompassed the duration of Staff #7's employment at the facility. Therefore, from 12/1/22 through 5/1/23, facility staff was unaware if Staff #7 was an active, professional nurse and in good standing with the State Licensing Board. Staff #7 was permitted to provide direct care to Residents.</p> <p>3. Staff #12 was hired on 1/20/22. Staff #12's professional license verification was dated 4/3/23. Therefore, from 1/20/22 through 4/3/23, facility staff was unaware if Staff #12 was an active, professional nurse and in good standing with the State Licensing Board. Staff #12 was permitted to provide direct care to Residents.</p>	F 001		

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F 001	<p>Continued From page 5</p> <p>4. Staff #25 was hired on 9/21/22. Staff #25's professional license verification was dated 2/8/23. Therefore, from 9/21/22 through 2/8/23, facility staff was unaware if Staff #25 was an active, professional nurse and in good standing with the State Licensing Board. Staff #25 was permitted to provide direct care to Residents.</p> <p>On 7/11/23 at approximately 1:00 PM, an interview was conducted with the Human Resources Director (HRD) 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". The HRD verified that Staff #3, #7, #12, and #25 did not have professional nursing license verification prior to providing direct care to Residents.</p> <p>On 7/11/23 at approximately 5:30, the Facility Administrator and Director of Nursing were updated on the findings. No additional 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 certified staff member, Staff #18, in a sample of 5 licensed staff employee records reviewed.</p> <p>The facility staff failed to verify that the certification was in good standing with the State Certification Board for Staff #18 prior to allowing Staff #18 to provide direct resident care.</p> <p>The findings included:</p>	F 001		

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F 001	<p>Continued From page 6</p> <p>On 7/11/23, a review of Staff #18's employee record was conducted. Staff #18 was hired on 4/13/23. Staff #18's certification verification was dated 4/5/23, however there was a 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 4/13/23 to present, facility staff have been unaware if Staff #18's license is unsanctioned and in good standing. Staff #18 has been permitted to provide direct care to Residents.</p> <p>On 7/11/23 at approximately 1:00 PM, an interview was conducted with the Human Resources Director (HRD) 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". The HRD confirmed that Staff #18 did not have an additional inquiry to verify that the certification was unsanctioned prior to being permitted to provide direct care to Residents.</p> <p>On 7/11/23, the HRD provided evidence of an additional inquiry, dated 7/11/23, which revealed Staff #18's certification was in good standing.</p> <p>On 7/11/23 at approximately 5:30, the Facility Administrator and Director of Nursing were updated on the findings. No further information was provided.</p>	F 001		