

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0154	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2023
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NAME OF PROVIDER OR SUPPLIER ROSEDALE HEALTH & REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227
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(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	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 9/19/23 through 9/21/23. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. One complaint was investigated during the survey (VA00059236-substantiated with deficiency). The Life Safety Code survey/report will follow.</p> <p>The census in this 128 certified bed facility was 106 at the time of the survey. The survey sample consisted of 35 current resident reviews and five closed record reviews.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: 12VAC5-371-140 (A). Policies and procedures. Cross reference to F557, F623, F625, F689, F698 & F840.</p> <p>12VAC5-371-180 (A)(C). Infection Control. Cross references to F881 and F883.</p> <p>12VAC5-371-200. (B.1)(B.5). Director of nursing. Cross reference to F658.</p> <p>12VAC5-371-210 (B). Nurse Staffing. Cross references to F727.</p> <p>12VAC5-371-220 (A),(B),(C.1.) Nursing services. Cross reference to F686, F692 and F770.</p> <p>12VAC5-371-220 (B). Nursing services. Cross reference to F759.</p>	F 001	<p>12VAC5-371-140 (A). Policies and procedures. Cross reference to F557, F623, F625, F689, F698 & F840.</p> <p>12VAC5-371-180 (A)(C). Infection Control. Cross references to F881 and F883.</p> <p>12VAC5-371-200. (B.1)(B.5). Director of nursing. Cross reference to F658.</p> <p>12VAC5-371-210 (B). Nurse Staffing. Cross references to F727.</p> <p>12VAC5-371-220 (A),(B),(C.1.) Nursing services. Cross reference to F686, F692 and F770.</p>	11/3/23

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

Electronically Signed

TITLE

(X6) DATE

10/16/23

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F 001	<p>Continued From page 1</p> <p>12VAC5-371-220 (H) Nursing services. Cross reference to F580.</p> <p>12VAC5-371-250 (A),(F),(G). Resident assessment and care planning. Cross reference to F641, F655, F656, F657.</p> <p>12VAC5-371-300 (A). Pharmaceutical services. cross reference to F755.</p> <p>12VAC5-371-310 (A). Diagnostic services. Cross reference to F770.</p> <p>12VAC5-371-360 (E). Clinical records. cross reference to F842.</p> <p>12VAC5-317-370 (G). Maintenance and housekeeping. Cross reference to F909.</p> <p>1. 12VAC5-371-75 (B.1), (B.2), (B.3). Criminal Records Check.</p> <p>Based on staff interview, employee record review and facility document review, it was determined the facility staff failed to obtain written sworn statements and/or perform a criminal background check within 30 days of employment for seven of 25 employee record reviews. CNA (certified nursing assistant) #3, CNA #5, CNA #6, LPN (licensed practical nurse) #4, LPN #5, LPN #7, and LPN #8.</p> <p>The findings include:</p> <p>The employee records for the above referenced staff were reviewed. For the following, the sworn statement or criminal background check was not completed within 30 days of hire.</p>	F 001	<p>12VAC5-371-220 (B). Nursing services. Cross reference to F759.</p> <p>12VAC5-371-220 (H) Nursing services. Cross reference to F580.</p> <p>12VAC5-371-250 (A),(F),(G). Resident assessment and care planning. Cross reference to F641, F655, F656, F657.</p> <p>12VAC5-371-300 (A). Pharmaceutical services. cross reference to F755.</p> <p>12VAC5-371-310 (A). Diagnostic services. Cross reference to F770.</p> <p>12VAC5-371-360 (E). Clinical records. cross reference to F842.</p> <p>12VAC5-317-370 (G). Maintenance and housekeeping. Cross reference to F909.</p> <p>I. This plan of correction is respectfully submitted, and it is an affirmation that corrections to the areas cited have been made and the facility is in compliance with participation requirements.</p> <p>1. Criminal Background checks have been obtained for Employees CNA #3, CNA #5, CNA #6, LPN #4, LPN #5, LPN #7 and LPN #8</p>	

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F 001	<p>Continued From page 2</p> <p>CNA #3 - date of hire - 12/19/2022 - criminal background check was completed 9/19/2023. CNA #5 - date of hire - 4/27/2023 - criminal background check was completed 9/19/2023. CNA #6 - date of hire - 6/2/2023 - criminal background check was completed 9/19/2023. There was no evidence of a sworn statement. LPN #4 - date of hire - 7/18/2023 - criminal background check was completed 9/19/2023. LPN #5 - date of hire - 12/19/2022 - criminal background check was completed 9/19/2023. LPN #7 - date of hire - 2/23/2023 - criminal background check was completed 9/19/2023. There was no evidence of a sworn statement. LPN #8 - date of hire - 3/15/2023 - There was no evidence of a sworn statement.</p> <p>An interview was conducted with OSM (other staff member) #3, the human resources staff member, on 9/20/2023 at 8:20 a.m. OSM #3 stated that the agency that they get nurses from does not always run the Virginia State Policy background check, they use a universal background check.</p> <p>The facility policy, "Abuse Prevention Program" documented in part, "2. Conduct employee background checks and will not knowingly employ or otherwise engage any individual who has: a. been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law."</p> <p>The facility policy, "Abuse" documented in part, "1. Screening: a. The organization will screen potential employees for a history of abuse, neglect or mistreating resident."</p> <p>ASM (administrative staff member) #1, the administrator, was made aware of the above findings on 9/20/2023 at 10:30 a.m.</p>	F 001	<p>2. An audit has been performed of all employee files to ensure written sworn statements and/or criminal background checks have been obtained. All deficiencies have been corrected.</p> <p>3. The Administrator will reeducate the Human Resource Director on Abuse Prevention Program. This education will include, but not be limited to, screening potential employees for a history of abuse, neglect or mistreating residents and conducting employee background checks.</p> <p>4. The Administrator will conduct an audit weekly for 4 weeks and monthly for 2 months to ensure written sworn statements and/or criminal background checks have been obtained for all new employees within 30 days of employment. The Administrator will identify any issues, patterns or trends and report to the Quality Assurance and Performance Improvement Committee at least quarterly.</p> <p>5. The date of compliance is: 11/3/23</p> <p>II. This plan of correction is respectfully submitted, and it is an affirmation that corrections to the areas cited have been made and the facility is in compliance with participation requirements.</p> <p>1. Employees CNA #4, CNA #6, CNA #7, LPN #3, LPN #4, LPN #5, LPN #6, LPN #7, LPN #8 and RN #3 have evidence of license verification and references in their personnel records.</p>	
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F 001	<p>Continued From page 3</p> <p>No further information was provided prior to exit.</p> <p>2. 12VAC5-371-140 (E.3) Policies and Procedures</p> <p>Based on staff interview, employee record review and facility document review, it was determined the facility staff failed to maintain a complete personnel record for 10 of 25 employee record reviews, CNA #4, CNA #6, CNA #7, LPN #3, LPN #4, LPN #5, LPN #6, LPN #7, LPN #8, and RN (registered nurse) #3.</p> <p>The findings include:</p> <p>The above references employee records were reviewed. The following employee records failed to evidence a license verification at the time of hire and reference checks attempted.</p> <p>CNA #4 - date of hire - 12/19/2022 - no references CNA #6 - date of hire - 6/2/2023 - no references CNA #7 - date of hire - 7/16/2023 - no references LPN #3 - date of hire - 12/19/2022 - no references LPN #4 - date of hire - 7/18/2023 - no references LPN #5 - date of hire - 12/19/2023 - no references LPN #6 - date of hire - 8/14/2023 - no license verification and no references LPN #7 - date of hire - 2/23/2023 - no license verification and no references LPN #8 - date of hire - 3/15/2023 - no references RN #3 - date of hire - 6/10/2023 - no license verification and no references</p> <p>An interview was conducted with OSM (other staff member) #3, the human resources staff member, on 9/20/2023 at 9:50 a.m. OSM #3 stated the</p>	F 001	<p>2. An audit has been performed of all employee files to ensure evidence of license verification and references. All deficiencies have been corrected.</p> <p>3. The Administrator will reeducate the Human Resource Director on Abuse Prevention Program. This education will include, but not be limited to, screening potential employees for a history of abuse, neglect or mistreating residents and checking license verification and obtaining references.</p> <p>4. The Administrator will conduct an audit weekly for 4 weeks and monthly for 2 months to ensure evidence of license verification and references at the time of hire. The Administrator will identify any issues, patterns or trends and report to the Quality Assurance and Performance Improvement Committee at least quarterly.</p> <p>5. The date of compliance is: 11/3/23</p>	

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F 001	<p>Continued From page 4</p> <p>references on CNA #4, LPN #3 and LPN #5 were employees of the previous ownership and their references were not in their current files and that the previous owners took them. OSM #3 stated some of the others are agency staff and they have reached out to get the information, but they haven't responded.</p> <p>The facility policy, "Abuse" documented in part, "1. Screening: a. The organization will screen potential employees for a history of abuse, neglect or mistreating residents. i. If employment references cannot be obtained, personal references may be obtained. b. multi-state registry check and license verification(s) will be checked from every State registry established under sections 1819(e)(2)(A) or 1919(e)(2)(A) of the Act that the facility believes will include information on the individual. j. State licensure and certification agencies, and applicable requirement and to determine if the potential employee is in good standing with the registry."</p> <p>ASM (administrative staff member) #1, the administrator, was made aware of the above findings on 9/20/2023 at 10:30 a.m.</p> <p>No further information was provided prior to exit.</p>	F 001		