AME OF PROVIDER OR SUPPLIER OSEDALE HEALTH & REHABILITATION (X4) ID PREFIX TAG F 000 Initial Comments An unannounced biennial State Inspection was conducted 9/1 9/21/23. The facility was not i the Virginia Rules and Regula Licensure of Nursing Facilities was investigated during the su (VA00059236-substantiated w The Life Safety Code survey/r The census in this 128 certifie 106 at the time of the survey.	0154			(X3) DATE SURVEY COMPLETED	
(AC) DEFICIENCY MUST BE REGULATORY OR LSC IDENTIF 000Initial CommentsAn unannounced biennial Stat Inspection was conducted 9/1 9/21/23. The facility was not i 		B. WING		C 09/21/2023	
(AV) D PREFIX TAG(EACH DEFICIENCY MUST BE REGULATORY OR LSC IDENTIF 000Initial CommentsAn unannounced biennial Stat 	1719 BE	ADDRESS, CITY, STA ELLEVUE AVENU OND, VA 23227			
 An unannounced biennial Stat Inspection was conducted 9/1 9/21/23. The facility was not i the Virginia Rules and Regula Licensure of Nursing Facilities was investigated during the su (VA00059236-substantiated w The Life Safety Code survey/r The census in this 128 certifie 106 at the time of the survey. consisted of 35 current reside closed record reviews. F 001 Non Compliance The facility was out of complia following state licensure requi This RULE: is not met as evic 12VAC5-371-140 (A). Policies Cross reference to F557, F623 F698 & F840. 12VAC5-371-180 (A)(C). Infec Cross references to F881 and 12VAC5-371-200. (B.1)(B.5). I Cross reference to F658. 	PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLE DATE	
The facility was out of complia following state licensure requir This RULE: is not met as evic 12VAC5-371-140 (A). Policies Cross reference to F557, F623 F698 & F840. 12VAC5-371-180 (A)(C). Infec Cross references to F881 and 12VAC5-371-200. (B.1)(B.5). I Cross reference to F658.	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. 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				
12VAC5-371-140 (A). Policies Cross reference to F557, F623 F698 & F840. 12VAC5-371-180 (A)(C). Infec Cross references to F881 and 12VAC5-371-200. (B.1)(B.5). I Cross reference to F658.		F 001		11/3/23	
Cross references to F727. 12VAC5-371-220 (A),(B),(C.1. Cross reference to F686, F692 12VAC5-371-220 (B). Nursing Cross reference to F759.	and procedures. B, F625, F689, tion Control. F883. Director of nursing. taffing. Nursing services. 2 and F770.		 12VAC5-371-140 (A). Policies and procedures. Cross reference to F557, F623, F625, F689, F698 & F840. 12VAC5-371-180 (A)(C). Infection Contr Cross references to F881 and F883. 12VAC5-371-200. (B.1)(B.5). Director of nursing. Cross reference to F658. 12VAC5-371-210 (B). Nurse Staffing. Cross references to F727. 12VAC5-371-220 (A),(B),(C.1.) Nursing services. Cross reference to F686, F692 and F770. 		

Electronically Signed

STATE FORM

D4XK11

If continuation sheet 1 of 5

10/16/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0154			(X2) MULTIPL A. BUILDING:	(X3) DATE SURVEY COMPLETED	
		B. WING	C 09/21/2023		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, ST	ATE, ZIP CODE	•
ROSEDAL	E HEALTH & REHABILI	TATION	LLEVUE AVENU ND, VA 23227	IE	
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLET
F 001	Continued From page	e 1	F 001		
	12VAC5-371-220 (H) Nursing services. Cross reference to F580. 12VAC5-371-250 (A),(F),(G). Resident assessment and care planning. Cross reference to F641, F655, F656, F657.			12VAC5-371-220 (B). Nursing servic Cross reference to F759.	es.
				12VAC5-371-220 (H) Nursing service Cross reference to F580.	es.
	cross reference to F7			12VAC5-371-250 (A),(F),(G). Reside assessment and care planning. Cross reference to F641, F655, F656	
	12VAC5-371-310 (A) Cross reference to F	. Diagnostic services. 770.		F657.	
	12VAC5-371-360 (E) cross reference to F8			12VAC5-371-300 (A). Pharmaceutica services. cross reference to F755.	al
	12VAC5-317-370 (G) housekeeping. Cross reference to F			12VAC5-371-310 (A). Diagnostic ser Cross reference to F770.	vices.
	1. 12VAC5-371-75 (E Records Check.	3.1), (B.2), (B.3). Criminal		12VAC5-371-360 (E). Clinical record cross reference to F842.	S.
	and facility document the facility staff failed statements and/or pe	iew, employee record review t review, it was determined to obtain written sworn erform a criminal background of employment for seven of		12VAC5-317-370 (G). Maintenance a housekeeping. Cross reference to F909.	and
	25 employee record in nursing assistant) #3	reviews. CNA (certified , CNA #5, CNA #6, LPN Irse) #4, LPN #5, LPN #7,		I. This plan of correction is respectfully submitted, and it is an affirmation tha corrections to the areas cited have b made and the facility is in compliance participation requirements.	it een
	staff were reviewed.	ls for the above referenced For the following, the sworn background check was not		1. Criminal Background checks have obtained for Employees CNA #3, CN CNA #6, LPN #4, LPN #5, LPN #7 ar LPN #8	IA #5,

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI	(X3) DATE SURVEY COMPLETED C 09/21/2023		
			A. BUILDING:			
		VA0154	B. WING			
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE		
	E HEALTH & REHABILI	1719 BE	LLEVUE AVENU	E		
RUSEDAL	E NEALIN & KENADILI	RICHMO	OND, VA 23227			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	PLAN OF CORRECTION (X5	
PREFIX TAG	(Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMP	
F 001	Continued From page	e 2	F 001			
	CNA #3 - date of hire	e - 12/19/2022 - criminal		2. An audit has been performed of al	1	
	background check was completed 9/19/2023.			employee files to ensure written swo		
	•	e - 4/27/2023 - criminal		statements and/or criminal backgrou		
		as completed 9/19/2023.		checks have been obtained. All		
	•	e - 6/2/2023 - criminal		deficiencies have been corrected.		
		as completed 9/19/2023.				
	-	ice of a sworn statement.		3. The Administrator will reeducate th		
		- 7/18/2023 - criminal		Human Resource Director on Abuse	le	
		as completed 9/19/2023. - 12/19/2022 - criminal		Prevention Program. This education		
				include, but not be limited to, screeni	-	
	-	as completed 9/19/2023.		potential employees for a history of a	ibuse,	
		- 2/23/2023 - criminal		neglect or mistreating residents and		
	-	as completed 9/19/2023.		conducting employee background ch	ecks.	
		ce of a sworn statement.				
		- 3/15/2023 - There was no		4. The Administrator will conduct an		
	evidence of a sworn	statement.		weekly for 4 weeks and monthly for 2	2	
				months to ensure written sworn		
		iducted with OSM (other staff		statements and/or criminal backgrou		
		nan resources staff member,		checks have been obtained for all ne		
		a.m. OSM #3 stated that the		employees within 30 days of employ		
		nurses from does not always		The Administrator will identify any iss		
	run the Virginia State Policy background check,			patterns or trends and report to the C		
	they use a universal	background check.		Assurance and Performance Improve	ement	
				Committee at least quarterly.		
		buse Prevention Program"				
	•	"2. Conduct employee		5. The date of compliance is: 11/3/23	8	
	-	and will not knowingly employ				
		any individual who has: a.		II.		
		abuse, neglect, exploitation,		This plan of correction is respectfully		
		property, or mistreatment by		submitted, and it is an affirmation that		
	a court of law."			corrections to the areas cited have b		
				made and the facility is in compliance	e with	
	The facility policy, "Abuse" documented in part,			participation requirements.		
	"1. Screening: a. The organization will screen					
		for a history of abuse,		1. Employees CNA #4, CNA #6, CNA		
	neglect or mistreating	g resident."		LPN #3, LPN #4, LPN #5, LPN #6, L		
				#7, LPN #8 and RN #3 have evidence		
		staff member) #1, the		license verification and references in	their	
		ade aware of the above		personnel records.		
	findings on 9/20/2023	3 at 10:30 a.m.				

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State of Virginia STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0154			EP.		(X3) DATE SURVEY COMPLETED C 09/21/2023	
		IDENTIFICATION NOMBER.	A. BUILDING:			
		B. WING				
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
ROSEDAL	E HEALTH & REHABILI	TATION		E		
			OND, VA 23227			
(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 APPROPF DEFICIENCY)	BE COMPLET	
F 001	Continued From page	e 3	F 001			
	No further information 2. 12VAC5-371-140 (Procedures	n was provided prior to exit. (E.3) Policies and		 2. An audit has been performed of all employee files to ensure evidence of license verification and references. Al deficiencies have been corrected. 3. The Administrator will reeducate the 		
	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. The findings include: 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. CNA #4 - date of hire - 12/19/2022 - no references CNA #6 - date of hire - 6/2/2023 - no references LPN #3 - date of hire - 7/16/2023 - no references LPN #3 - date of hire - 12/19/2022 - no references LPN #4 - date of hire - 12/19/2023 - 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 - 3/15/2023 - no license verification and no references LPN #8 - date of hire - 3/15/2023 - no references RN #3 - date of hire - 3/15/2023 - no license verification and no references			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.		
				 4. The Administrator will conduct an a weekly for 4 weeks and monthly for 2 months to ensure evidence of license verification and references at the time hire. The Administrator will identify an issues, patterns or trends and report to Quality Assurance and Performance Improvement Committee at least quarterly. 5. The date of compliance is: 11/3/23 	e of y	
	member) #3, the hum	nducted with OSM (other staff nan resources staff member, a.m. OSM #3 stated the				

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State of Virginia STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0154			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED C	
		B. WING		09	/21/2023		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
ROSEDAI	E HEALTH & REHABILI	TATION	LLEVUE AVENUE ND, VA 23227				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO	ACTION SHOULD BE COMPLET TO THE APPROPRIATE DATE		
E 001	Continued Frame non	- 4	E 001	DEFICIEN	ICY)		
F 001	employees of the pre- references were not it the previous owners some of the others and have reached out to haven't responded. The facility policy, "A "1. Screening: a. The potential employees neglect or mistreating references cannot be references may be of registry check and lic checked from every S under sections 1819(the Act that the faciliti information on the ind and certification ager requirement and to d employee is in good ASM (administrative administrator, was m findings on 9/20/2023	44, LPN #3 and LPN #5 were evious ownership and their in their current files and that took them. OSM #3 stated re agency staff and they get the information, but they buse" documented in part, e organization will screen for a history of abuse, g residents. i. If employment e obtained, personal btained. b. multi-state cense verification(s) will be State registry established (e)(2)(A) or 1919(e)(2)(A) of y believes will include dividual. j. State licensure ncies, and applicable etermine if the potential standing with the registry."	F 001				