

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/26/2023
NAME OF PROVIDER OR SUPPLIER FREDERICKSBURG HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3900 PLANK ROAD FREDERICKSBURG, VA 22407	

(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 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: 12VAC5-371-370. Maintenance and housekeeping. G. Cross reference to F584</p> <p>12VAC5-371-75. B. and D. Criminal records check.</p> <p>Based on staff interview and facility document review, the facility staff failed to evidence a sworn statement and/or a criminal background check in accordance with the laws of the State of Virginia for 21 of 25 employee records reviewed, LPNs (licensed practical nurses) #6, #7, and #8; CNAs (certified nursing assistants) #6, #7, #8, #9, #10, #11, #12, and #13; RN (registered nurse) #4; and OSMs (other staff members) #5, a receptionist, #6, a maintenance worker, #7, the admissions coordinator, #8, a laundry worker, #9, an environmental services worker, #10, a rehabilitation technician, #11, a physical therapy assistant, #12, a cook, and #13, a dining services worker.</p> <p>The findings include:</p> <p>A review was conducted of the employee records for 25 employees hired by the facility within the past 24 months.</p> <p>This review revealed the following: For LPN #6, hired 10/27/21, there was no criminal background check. For CNA #6, hired 10/28/21, there was no</p>	F 001	<p>12VAC5-371-75 B and D Criminal records check</p> <ol style="list-style-type: none"> 1. Criminal Record Checks and/or Sworn Disclosure Completed for the following LPN 6, 7 C.N.A. 6,9 ,12 OSM 10,11,13 L.P.N. (8) No longer here C.N.A. No longer employed 7, 8 ,10,11, 13 OSM No longer here 5,6,7,8,9,12 RN 4 no longer here 2. Employee files were audited for Criminal Background Checks and Sworn Disclosure Statements 3. Re-education was provided to HRG regarding Criminal Record checks and Sworn Disclosure Statements 4. Administrator/Designee will audit new hires employee files randomly weekly for 8 weeks. Results will be reviewed Monthly at QAPI meeting. Any noted trends will be Corrected. 5. Date of Compliance 11/21/2023 	

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

Electronically Signed

Celia Apen

NHA-Interim

TITLE

(X5) DATE

11/17/23

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/26/2023
NAME OF PROVIDER OR SUPPLIER FREDERICKSBURG HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3900 PLANK ROAD FREDERICKSBURG, VA 22407		
(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 001	Continued From page 1 criminal background check completed within 30 days of hire. For CNA #7, hired 1/14/22, there was no employee sworn statement at the time of hire. There was also no criminal background check. For CNA #8, hired 4/7/22, there was no criminal background check. For RN #4, hired 4/11/22, there was no sworn statement. For CNA #9, there was no sworn statement or criminal background check. For LPN #7, hired 9/1/22, there was no sworn statement. For OSM #5, hired 9/14/22, there was no sworn statement or criminal background check. For OSM #6, hired 9/21/22, there was no sworn statement or criminal background check. For OSM #7, hired 10/10/22, there was no sworn statement or criminal background check. For LPN #8, hired 12/21/22, there was no sworn statement or criminal background check. For CNA #10, hired 12/28/22, there was no sworn statement or criminal background check. For CNA #11, hired 1/17/23, there was no sworn statement or criminal background check. For CNA #12, hired 5/23/23, there was no sworn statement. For CNA #13, hired 4/22/22, there was no sworn statement or criminal background check. For OSM #8, hired 4/22/22, there was no criminal background check. For OSM #9, hired 12/6/21, there was no criminal background check. For OSM #10, hired 8/30/22, there was no sworn statement. For OSM #11, hired 1/30/23, there was no sworn statement. For OSM #12, hired 3/27/23, there was no sworn statement or criminal background check. For OSM #13, hired 6/4/23, there was no criminal	F 001		

State of Virginia					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/26/2023
NAME OF PROVIDER OR SUPPLIER FREDERICKSBURG HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 3900 PLANK ROAD FREDERICKSBURG, VA 22407		
(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 001	<p>Continued From page 2</p> <p>background check.</p> <p>A review of the facility policy, "Resident Abuse," revealed, in part: "Eight components of Abuse Prohibition...Screening...Persons applying for employment with the facility will be screened for a history of abuse, neglect, or mistreating residents to include...criminal background check...abuse check with appropriate licensing board and registries prior to hire...sworn disclosure statement prior to hire."</p> <p>On 10/26/23 at 9:47 a.m., OSM #15, the human resources generalist, was interviewed. When asked the abuse prohibition pre-hire process for all staff, she stated: "We do background checks. Get sworn statements. Verify licenses." She stated the facility also attempts to check references. When shown the missing documentation as described above, she stated: "I've been here less than 90 days. I'm still sorting through." She stated she could not find the information that was missing. She stated for therapy, environmental services, and dining employees, she was told that all she needed to do was to run their criminal background checks. She stated she was not told it was her responsibility to get sworn statements for them.</p> <p>On 10/26/23 at 10:19 a.m., ASM (administrative staff member) #1, the interim administrator, ASM #2, the director of nursing, ASM #5, the regional vice president of operations, and ASM #6, the regional director of clinical services, were informed of these concerns.</p> <p>On 10/26/23 at 12:15 p.m., ASM #5 said no additional information could be found for these employees.</p>	F 001			

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/26/2023
NAME OF PROVIDER OR SUPPLIER FREDERICKSBURG HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3900 PLANK ROAD FREDERICKSBURG, VA 22407		
(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 001	<p>Continued From page 3</p> <p>No further information was provided prior to exit.</p> <p>12VAC5-371-140. E. Policies and procedures.</p> <p>Based on staff interview and facility document review, the facility staff failed to evidence verification of a license and/or reference checks for 16 of 25 employee records reviewed, ASM (administrative staff member) #2, the director of nursing, CNAs (certified nursing assistants) #6, #9, #10, #11, #12, and #13; RN (registered nurse) #4; LPN (licensed practical nurse) #8; OSMs (other staff members) #5, a receptionist, #6, a maintenance worker, #7, the admissions coordinator, #10, a rehabilitation technician, #11, a physical therapy assistant, #12, a cook, and #13, a dining services worker. The facility staff failed to evidence license verification at the time of hire, and a criminal background check within 30 days of hire, for OSM #1, a physical therapy assistant.</p> <p>The findings include:</p> <p>A review was conducted of the employee records for 25 employees hired by the facility within the past 24 months. This review revealed the following:</p> <p>For CNA #6, hired 10/28/21, there was no license verification at the time of hire. For RN #4, hired 4/11/22, there was no license verification at the time of hire. For CNA #9, there were no license verification at the time of hire and no reference checks. For OSM #5, hired 9/14/22, there were no reference checks. For OSM #6, hired 9/21/22, there were no reference checks.</p>	F 001	<p>12VAC5-371-140 E Policies and Procedures</p> <ol style="list-style-type: none"> Criminal Record Checks Completed for the following PTA #1 <p>License Verification and/or Reference Checks completed for: C.N.A. 6, 9, LPN 6, 7 C.N.A. 6,9,12 OSM 10,11,13 L.P.N. (8) No longer here C.N.A. No longer employed 7, 8,10,11, 13 OSM No longer here 5,6,7,8,9,12 RN 4 no longer here</p> <ol style="list-style-type: none"> Employee files were audite4d for License Verification, and Reference Checks 	

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/26/2023
NAME OF PROVIDER OR SUPPLIER FREDERICKSBURG HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3900 PLANK ROAD FREDERICKSBURG, VA 22407		
(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 001	<p>Continued From page 4</p> <p>For OSM #7, hired 10/10/22, there were no reference checks. For LPN #8, hired 12/21/22, there no license verifications at the time of hire and no reference checks. For CNA #10, hired 12/28/22, there were no license verification at the time of hire and no reference checks. For CNA #11, hired 1/17/23, there no license verification and no reference checks. For ASM #2, hired 3/9/23, there was no license verification at the time of hire. For CNA #12, hired 5/23/23, there was no license verification at the time of hire. For CNA #13, hired 4/22/22, there were no license verification at the time of hire and no reference checks. For OSM #10, hired 8/30/22, there were no reference checks. For OSM #11, hired 1/30/23, there were no reference checks. For OSM #12, hired 3/27/23, there were no reference checks. For OSM #13, hired 6/4/23, there were no reference checks.</p> <p>A review of the facility policy, "Resident Abuse," revealed, in part: "Eight components of Abuse Prohibition...Screening...Persons applying for employment with the facility will be screened for a history of abuse, neglect, or mistreating residents to include...references from previous or current employers...verify license or registration prior to hire."</p> <p>On 10/26/23 at 9:47 a.m., OSM #15, the human resources generalist, was interviewed. When asked the abuse prohibition pre-hire process for all staff, she stated: "We do background checks. Get sworn statements. Verify licenses." She</p>	F 001	<ol style="list-style-type: none"> 3. Re-education was provided to HRG regarding License Verification and Record Checks 4. Administrator/Designee will audit new hire employee files randomly weekly for 8 weeks. Results will be reviewed Monthly at QAPI meeting. Any noted trends will be Corrected. 5. Date of Compliance 11/21/2023 	

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/26/2023
NAME OF PROVIDER OR SUPPLIER FREDERICKSBURG HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3900 PLANK ROAD FREDERICKSBURG, VA 22407		
(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 001	<p>Continued From page 5</p> <p>stated the facility also attempts to check references. When shown the missing documentation as described above, she stated: "I've been here less than 90 days. I'm still sorting through." She stated she could not find the information that was missing. She stated for therapy, environmental services, and dining employees, she was told that all she needed to do was to run their criminal background checks. She stated she was not told it was her responsibility to verify licenses or perform reference checks for them.</p> <p>On 10/26/23 at 10:19 a.m., ASM (administrative staff member) #1, the interim administrator, ASM #2, the director of nursing, ASM #5, the regional vice president of operations, and ASM #6, the regional director of clinical services, were informed of these concerns.</p> <p>On 10/26/23 at 12:15 p.m., ASM #5 said no additional information could be found for these employees.</p> <p>No further information was provided prior to exit.</p> <p>State Tag Cross Over from Federal Tags for Fredericksburg Health and Rehab 12VAC5-371-160 (E) Financial Controls and Resident Funds Cross reference to F569 12VAC5-371-180 Infection Control Cross reference to F695 12VAC5-371-220 (B) Nursing Services Cross reference to F658, F684 12VAC5-371-220 (C.2) Nursing Services Cross reference to F 688 12VAC5-371-220 (C.5) Nursing Services Cross reference to F692 12VAC5-371-240 (C)</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/26/2023
NAME OF PROVIDER OR SUPPLIER FREDERICKSBURG HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3900 PLANK ROAD FREDERICKSBURG, VA 22407		
(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 001	Continued From page 6 Cross reference to F710 12VAC5-371-250 (A) Resident Assessment and Care Planning Cross reference to F641 12VAC5-371-250 (F, G) Resident Assessment and Care Planning Cross reference to F656, F657 12VAC5-371-260 (B.1) Staff Development and In Service Training Cross reference to F741 12VAC5-371-270 Social Services Cross reference to F745 12VAC5-371-290 Special Rehabilitative Services Cross reference to F825 12VAC5-371-340 Dietary and Food Service Program Cross reference to F812 12VAC5-371-370 (A) Maintenance and Housekeeping Cross reference to F584	F 001		