

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/18/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE CULPEPER	STREET ADDRESS, CITY, STATE, ZIP CODE 12425 VILLAGE LOOP CULPEPER, VA 22701
---	---

(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 10/16/23 through 10/18/23. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. No complaints were investigated during the survey.</p> <p>The census in this 47 licensed bed facility was 39 at the time of the survey. The survey sample consisted of 19 current resident reviews and seven 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: 12VAC5-371-220 (B). Nursing services. Cross reference to F684.</p> <p>12VAC5-371-220 (D). Nursing services. Cross reference to F697 and F810.</p> <p>12VAC5-371-250 (A). Resident assessment and care planning. Cross reference to F656.</p> <p>12VAC5-371-340 (A). Dietary and food service program. Cross reference to F812</p> <p>12VAC5-371-360 (E). Clinical records. Cross reference to F842.</p> <p>12VAC5-371-75 (B)(D). Criminal records check. Based on staff interview and facility document review, the facility staff failed to evidence a sworn</p>	F 001	<p>POC for F684 cross reference to 12VAC5-371-220B</p> <p>POC for F697 and F810 cross reference to 12VAC5-371-220D</p> <p>POC for F656 cross reference to 12VAC5-371-250A</p> <p>POC for F812 cross reference to 12VAC5-371-340A</p> <p>POC for F842 cross reference to 12VAC5-371-360E</p> <p>1. 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 10 of 25 employee records. Current agency/contracted staff who are working now have the missing documents in their personnel files. Current agency/contracted staff who have not had</p>	11/8/23

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

TITLE

(X6) DATE

Electronically Signed

11/02/23

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/18/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE CULPEPER	STREET ADDRESS, CITY, STATE, ZIP CODE 12425 VILLAGE LOOP CULPEPER, VA 22701
---	---

(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 1</p> <p>statement and/or a criminal background check in accordance with the laws of the State of Virginia for 10 of 25 employee records reviewed, OSM (other staff member) #5, a physical therapist, OSM #6, an occupational therapy assistant, OSM #7, a physical therapy assistant), and OSM #9, a physician; LPNs (licensed practical nurses) #4, #5, #6, #7, and #8; and CNA (certified nursing assistant) # 1.</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 OSM #5, hired 6/26/23, there was no criminal background check.</p> <p>For OSM #6, hired 7/17/23, there was no criminal background check.</p> <p>For OSM #7, hired 12/12/22, there was no criminal background check.</p> <p>For LPN #4, hired 8/21/23, there was no sworn statement at the time of hire.</p> <p>For OSM #9, hired 3/13/23, there was no sworn statement at the time of hire, and no criminal background check.</p> <p>For LPN #5, hired 2/7/22, there was no sworn statement at the time of hire.</p> <p>For LPN #6, hired 9/20/22, there was no sworn statement at the time of hire.</p> <p>For CNA #1, hired 10/3/22, there was no sworn</p>	F 001	<p>missing requirements obtained will not work until requirements are obtained.</p> <p>2. All residents have the potential to be affected by this deficient practice. Audit of 100% of current contracted staff, as well as, facility new hires, will be completed, to ensure sworn statements and background checks are present in employee records. Any items found missing will be immediately addressed. Audit will be completed by HR Director or Designee by 11/10/23.</p> <p>3. Barrier Crime Policy reviewed and revised by LifeSpire HR/ Director of Talent Management on 10/19/23. Comprehensive Abuse Policy reviewed and revised by LifeSpire Director of Clinical Operations on 10/23/23. HR Director has educated HR personnel regarding requirements for all new hires (whether facility staff or contracted/agency staff) should have sworn statements & Va. criminal background checks in employee file, prior to start of onboarding.</p> <p>4. HR Director or designee will complete 100% audit of all new hires (to include facility staff and contracted/agency staff) to ensure evidence of sworn statement and criminal background check has been obtained prior to start of onboarding. Audit will be completed monthly x3 months. Any identified issues will be addressed immediately. Results of the audit will be reviewed by QAPI Committee for ongoing review and oversight.</p> <p>5. 12/1/23 and ongoing</p>	

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/18/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE CULPEPER	STREET ADDRESS, CITY, STATE, ZIP CODE 12425 VILLAGE LOOP CULPEPER, VA 22701
---	---

(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>statement at the time of hire.</p> <p>For LPN #7, hired 1/25/23, there was no sworn statement at the time of hire.</p> <p>For LPN #8, hired 6/13/23, there was no sworn statement at the time of hire.</p> <p>On 10/18/23 at 9:37 a.m., OSM #3, the human resources assistant, and OSM #4, the director of human resources, were interviewed. OSM #3 stated some of the employees who did not have sworn statements were contract staff and/or agency staff. She stated: "That is a process that we are going to have to work on." She stated until the survey team asked for the sworn statements, she did not realize these employees had not provided them. She stated the therapy staff without sworn statements fall into the same category as the other contract staff. She stated because OSM #9 is a physician, he had fallen under a different policy, and the policy needed to be updated.</p> <p>On 10/18/23 at 12:27 p.m., ASM (administrative staff member) #1, the executive director, #2, the director of nursing, ASM #3, the assisted living administrator, and LPN #1, the quality improvement nurse, were informed of these concerns.</p> <p>A review of the facility policy, "Hiring Procedure and Pre-employment Requirements," revealed, in part: "Hiring Process...The following pre-employment requirements will be completed...submit the state criminal background check request."</p> <p>No further information was provided prior to exit.</p>	F 001		