

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0100</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/04/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>HENRICO HEALTH &amp; REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>561 NORTH AIRPORT DRIVE HIGHLAND SPRINGS, VA 23075</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 09/25/2023 through 10/04/2023. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Four complaints were investigated during the survey. (VA00059688=Substantiated with Deficiency, VA00059493=Substantiated with Deficiency, VA00059313=Substantiated with Deficiency, VA00059202=Substantiated with Deficiency).  The census in this 120 licensed bed facility was 115 at the time of the survey. The survey sample consisted of 48 resident reviews and 25 staff 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: 12VAC5-371-250 (I). Please cross reference to F553. 12VAC5-371-220 (H). Please cross reference to F580. 12VAC5-371-370 (A). Please cross reference to F584. 12VAC5-371-150 (A). Please cross reference to F600. 12VAC5-371-140 (A). Please cross reference to F607. 12VAC5-371-110 (B)(3). Please cross reference to F609 & F610. 12VAC5-371-250 (B)(2). Please cross reference F637. 12VAC5-371-250 (C). Please Cross Reference to F657.	F 001	12VAC5-371-250 (I). Please cross reference to F553. 12VAC5-371-220 (H). Please cross reference to F580. 12VAC5-371-370 (A). Please cross reference to F584. 12VAC5-371-150 (A). Please cross reference to F600. 12VAC5-371-140 (A). Please cross reference to F607. 12VAC5-371-110 (B)(3). Please cross reference to F609 & F610. 12VAC5-371-250 (B)(2). Please cross reference F637. 12VAC5-371-250 (C). Please Cross Reference to F657.	11/19/23

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

Electronically Signed

TITLE

(X6) DATE

11/10/23

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F 001	<p>Continued From page 1</p> <p>12VAC5-371-220 (B). Please cross reference to F658.</p> <p>12VAC5-371-370 (A). Please Cross Reference to F689.</p> <p>12VAC5-371-220 (C)(5). Please cross reference to F692.</p> <p>12VAC5-371-220 (D). Please cross reference to F695.</p> <p>12VAC5-371-220 (A). Please Cross Reference to F742.</p> <p>12VAC5-371-270 (A). Please Cross Reference to F745.</p> <p>12VAC5-371-300 (L). Please Cross Reference to F755.</p> <p>12VAC5-371-340 (A). Please cross reference to F804.</p> <p>12VAC5-371-340 (B). Please Cross Reference to F 809.</p> <p>12VAC5-371-170 (B)(2). Please cross reference to F867.</p> <p>12VAC5 -371-180 (A). Please Cross Reference to F 880.</p> <p>12VAC5-371-110 (J). Please cross reference to F883.</p> <p>12VAC5-371-370 (E). Please Cross Reference to F 925.</p> <p>12VAC5-371-260 (B)(1). Please cross reference to F949.</p> <p>12VAC5-371-75 (B) (1)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to obtain a sworn disclosure for 1 employee (Staff #25) in a survey sample of 25 employees reviewed.</p> <p>For Staff #25, the facility staff failed to obtain a sworn disclosure statement.</p>	F 001	<p>12VAC5-371-220 (B). Please cross reference to F658.</p> <p>12VAC5-371-370 (A). Please Cross Reference to F689.</p> <p>12VAC5-371-220 (C)(5). Please cross reference to F692.</p> <p>12VAC5-371-220 (D). Please cross reference to F695.</p> <p>12VAC5-371-220 (A). Please Cross Reference to F742.</p> <p>12VAC5-371-270 (A). Please Cross Reference to F745.</p> <p>12VAC5-371-300 (L). Please Cross Reference to F755.</p> <p>12VAC5-371-340 (A). Please cross reference to F804.</p> <p>12VAC5-371-340 (B). Please Cross Reference to F 809.</p> <p>12VAC5-371-170 (B)(2). Please cross reference to F867.</p> <p>12VAC5 -371-180 (A). Please Cross Reference to F 880.</p> <p>12VAC5-371-110 (J). Please cross reference to F883.</p> <p>12VAC5-371-370 (E). Please Cross Reference to F 925.</p> <p>12VAC5-371-260 (B)(1). Please cross reference to F949.</p> <p>12VAC5-371-75 (B) (1)</p> <p>1. Staff #25, a sworn disclosure statement was obtained.</p> <p>2. Current residents in the facility have the potential to be affected. An audit of sworn disclosure statements was completed on current employees by the HR Director to verify completed.</p> <p>3. The Administrator educated the HR Director on the hiring process to include a sworn disclosure statement.</p>	

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F 001	<p>Continued From page 2</p> <p>The findings included:</p> <p>On 9/27/23 at approximately 1:00 PM, an interview was conducted with the Human Resources Director (HRD) who stated, "A sworn statement has always been a very important part of the hiring process, it's like a contract, taking an oath to do the right thing".</p> <p>The HRD verified that Staff #25 did not have a sworn disclosure on file.</p> <p>Prior to conclusion of the survey, the facility staff provided the survey team with a facility policy titled, "Onboarding/Virginia", with an effective date of 10/1/23, which was reviewed. This policy read, "The company will comply with all local and state regulations and guidelines as required for all employees who are employed in the Commonwealth of Virginia. 1. A complete and accurate personnel file, as outlined in Policy #207 and in accordance with 12VAC5-371-140-E of the Administrative Code of Virginia, will be created for each new employee which contains the basic demographic and indicative data needed for employment, as well as: ... b. A sworn Disclosure Statement as required 32.1-126.01 of the Code of Virginia...".</p> <p>On 9/27/23, the facility Facility's Administrative Representative and Director of Nursing were made aware of the findings.</p> <p>No additional information was received.</p> <p>12VAC5-371-75 (B)(3)</p>	F 001	<p>4. The Administrator or designee will conduct audits weekly x 4 then monthly x 2 months on all new hires or rehires to ensure a sworn disclosure statement was completed. Results of the review will be presented to the QAPI committee for review and recommendation. Once the committee determines the problem no longer exist and sustained the review will be conducted on a random basis.</p> <p>5. Date of compliance: 11/19/2023</p> <p>12VAC5-371-75 (B)(3)</p> <p>1. Staff #4, #10, #13, #24 has not returned to the facility and were termed from the facility.</p> <p>2. Current residents in the facility have the potential to be affected. An audit of all criminal background checks was completed by the HR Director and Regional HR support on all current staff had background checks Any staff providing direct patient care that did not have a criminal background check on file was immediately removed from the schedule.</p> <p>3. The Regional HR Director and Regional Director of Clinical Operations educated the Administrator, HR Director and Department Managers on the hiring process, screening new and prior hires employees with review of prior employment and must have a Virginia State Police criminal background check returned, reviewed for barrier crimes prior to employee work with direct resident care.</p> <p>4. The Administrator or designee will conduct audits weekly x 4 then monthly x 2 months on all new hires or rehires to</p>	

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F 001	<p>Continued From page 3</p> <p>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 4 employees, Staff #4, #10, #13, and #24, 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 #4, #10, #13, and #24.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>Staff #4 was hired 3/17/22 and terminated employment on 10/1/22. Staff #4's had no evidence that a criminal background check had been obtained. Therefore, from 3/17/22-10/1/22, facility staff were unaware of Staff #4's criminal background status, and the staff member provided direct Resident care during this time.</li> <li>Staff #10 was hired on 10/31/22 and terminated employment on 1/10/23. There was no evidence provided to indicate that Staff #3 had a criminal background check performed. Therefore, from 10/31/22-1/10/23, facility staff were unaware of Staff #10's criminal background status and was permitted to provide direct care to Residents.</li> <li>Staff #13 was hired 7/5/22 and terminated employment on 10/8/22. Staff #13's had no criminal background check on file. Therefore, from 7/5/22-10/8/22, facility staff were unaware of Staff #13's criminal background status and was permitted to provide direct care to Residents.</li> <li>Staff #24 was hired 3/8/23. Staff #24's criminal background check was requested on 3/7/23 and noted to read, "transaction is being processed"</li> </ol>	F 001	<p>ensure the VA criminal background checks are received prior to the onboarding process and employee working. Results of the review will be presented to the QAPI committee for review and recommendation. Once the committee determines the problem no longer exist and sustained the review will be conducted on a random basis.</p> <p>5. Date of compliance: 11/19/2023</p> <p>12VAC5-371-150 (G)</p> <ol style="list-style-type: none"> <li>The facility registered with the Virginia Department of State Police to receive notice of the registration of any sex offender within the same or a contiguous zip code area in which the nursing facility is located.</li> <li>Current residents in the facility have the potential to be affected.</li> <li>The Administrator educated the admission team on the registered with the Virginia Department of State Police to receive notice of the registration of any sex offender within the same or a contiguous zip code area in which the nursing facility is located and to retain record of the alerts received.</li> <li>The Administrator or designee will conduct audits weekly x 4 then monthly x 2 months to verify any notices received regarding sex offenders were retained. Results of the review will be presented to the QAPI committee for review and recommendation. Once the committee determines the problem no longer exist and sustained the review will be</li> </ol>	

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F 001	<p>Continued From page 4</p> <p>and the final report was not on file. Therefore, from 3/8/23, until the time of survey, the facility staff were unaware of Staff #24's criminal background status and the employee was permitted to continue to work without knowing if the employee was guilty of a barrier crime.</p> <p>On 9/27/23 at approximately 1:00 PM, an interview was conducted with the Human Resources Director (HRD) who stated, "We get criminal background checks on every applicant. For the Virginia State Police, we wait 30 days, and they can work with another employee while we wait for it".</p> <p>The HRD verified that Staff #4, #10, #13, and #24 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>Prior to conclusion of the survey, the facility staff provided the survey team with a facility policy titled, "Onboarding/Virginia", with an effective date of 10/1/23, which was reviewed. This policy read, "The company will comply with all local and state regulations and guidelines as required for all employees who are employed in the Commonwealth of Virginia. 1. A complete and accurate personnel file, as outlined in Policy #207 and in accordance with 12VAC5-371-140-E of the Administrative Code of Virginia, will be created for each new employee which contains the basic demographic and indicative data needed for employment, as well as: a. A criminal history</p>	F 001	<p>conducted on a random basis</p> <p>5. Date of compliance: 11/19/2023</p> <p>12VAC5-371-210 (E)</p> <p>1. Staff #4, #5, #8, #9, #10 are no longer employed by the facility, Staff #6, #7, #21 license and certifications are active.</p> <p>2. Current residents in the facility have the potential to be affected. An audit by the HR Director to verify all current staff with license or certification are active.</p> <p>3. The Administrator educated HR director on ensuring staff that are licensed or certified have an active license and review of any additional information on license to determine if able to proceed with hiring process. Licensed and certified cannot work until license and certification is verified to protect residents.</p> <p>4. The Administrator or designee will conduct audits weekly x 4 then monthly x 2 months on all staff to verify staff with license and certifications are active. Results of the review will be presented to the QAPI committee for review and recommendation. Once the committee determines the problem no longer exist and sustained the review will be conducted on a random basis.</p> <p>5. Date of compliance: 11/19/2023</p> <p>12VAC5-371-210 (F)(1)</p> <p>1. Staff #11, #13 #14 are no longer employed by the facility.</p> <p>2. Current residents in the facility have the potential to be affected. An audit by the HR Director to verify all current staff with license or certification are active.</p> <p>3. The Administrator educated the HR</p>	

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F 001	<p>Continued From page 5</p> <p>check of the Central Criminal Records Exchange conducted via Virginia State Police Non-Criminal Justice Interface (NCJI) in accordance with 32.1-126.01 of the Code of Virginia..."</p> <p>On 9/27/23, the Facility's Administrative Representative and Director of Nursing were updated on the findings.</p> <p>No additional information was provided.</p> <p>12VAC5-371-150 (G)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to register with the Virginia Department of State Police to receive notice of the registration or re-registration of any sex offender within the same or a contiguous zip code area in which the nursing facility is located.</p> <p>The findings included:</p> <p>On 9/25/23 at approximately 1:15 PM, a group interview was conducted with Employee E, the Director of Nursing (DON), and Regional Nurse Consultant (RNC) to determine the facility's registration status with the Virginia State Police (VSP) to receive notifications of registered sex offenders within the local area. The RNC stated, "I am not certain, we will look into it".</p> <p>On 9/26/23 at approximately 10:30 AM, Employee E stated, "This facility was not registered to receive sex offender notifications from the State Police but we were able to register yesterday afternoon to begin receiving the notifications". Employee E provided a copy of the facility's confirmed registration status to receive sex</p>	F 001	<p>Director on the process for ensuring all staff with licensed and certification are renewed and active to protect residents .The staff member cannot work if license or certification is expired and termed if not renewed.</p> <p>4. The Administrator or designee will conduct audits weekly x 4 then monthly x 2 months on all staff to verify staff with license and certifications are active. Results of the review will be presented to the QAPI committee for review and recommendation. Once the committee determines the problem no longer exist and sustained the review will be conducted on a random basis.</p> <p>5. Date of compliance: 11/19/2023</p>	

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F 001	<p>Continued From page 6</p> <p>offender notifications from the Virginia State Police effective 9/25/23 at 3:38 PM.</p> <p>On 9/26/23 at approximately 5:30 PM, the RNC was updated on the findings at the end of day conference. No further 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 8 licensed professional nurses, Staff #4, Staff #5, Staff #6, Staff #7, Staff #8, Staff #9, Staff #10, and Staff #21, in a sample of 11 licensed professional nurse employee records reviewed.</p> <p>The facility staff failed to verify the professional nursing license was active and in good standing with the State Licensing Board for Nurses for Staff #4, Staff #5, Staff #6, Staff #7, Staff #8, Staff #9, Staff #10, and Staff #21, prior to allowing them to provide direct resident care.</p> <p>The findings included:</p> <p>On 9/27/23, a review of staff nursing personnel records was conducted and revealed the following:</p> <p>1. Staff #4 was hired on 3/17/22 and terminated on 10/1/22. Staff #4's nursing license was not verified until 5/11/22. Therefore, from 3/17/22 through 5/11/22, facility staff was unaware if Staff #4 was an active, registered nurse and in good standing with the State Licensing Board. Staff #4 was permitted to provide direct care to Residents.</p>	F 001		

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F 001	<p>Continued From page 7</p> <p>2. Staff #5 was hired on 10/7/21 and remained an active employee at the time of survey. There was no professional license verification conducted until 11/30/21. Therefore, from 10/7/21 through 11/30/21, facility staff were unaware if Staff #5 was an active, registered nurse and in good standing with the State Licensing Board. Staff #5 was permitted to provide direct care to Residents.</p> <p>3. Staff #6 was hired on 7/17/23 and remained an active employee at the time of inspection/survey. Staff #6's professional license verification was dated 7/20/23. Therefore, Staff #6 was hired and employed as a Registered Nurse, without the facility knowing if he/she held a current and active nursing license.</p> <p>4. Staff #7 was hired on 10/3/22. Staff #7's professional nursing license verification was dated 11/1/22. Therefore, from 10/3/22 through 11/1/22, facility staff was unaware if Staff #7's nursing license was an active, and in good standing with the State Licensing Board, during that time.</p> <p>5. Staff #8 was hired on 7/11/22 and terminated employment on 3/30/23. There was a professional license verification conducted 7/8/22, which indicated there was additional information available, against the employee's nursing license. The facility staff failed to look up the additional information to determine what actions had been taken against the license to determine if this was an applicant they wanted to employ.</p> <p>6. Staff #9 was hired on 11/14/22 and terminated employment on 1/28/23. There was no professional license verification conducted until 9/27/23. Therefore, throughout the duration of Staff #9's employment, facility staff were unaware</p>	F 001		



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F 001	<p>Continued From page 8</p> <p>if Staff #9 held an active license without any restrictions to practice as a licensed practical nurse, and if the license was in good standing with the State Licensing Board. Staff #9 was permitted to provide direct care to Residents.</p> <p>7. Staff #10 was hired on 10/31/22 and terminated employment on 1/10/23. The nursing license was checked on 10/26/22 and indicated there was additional information on the license. The facility staff took no steps to determine what the additional information was and if it posed any threat to the Residents if Staff #10 was employed.</p> <p>8. Staff #21 was hired at the facility on 6/20/23, as a licensed practical nurse. The facility staff failed to verify that Staff #21 held a current, and active nursing license until 7/17/23. Staff #21 was permitted to work in the capacity of a nurse from 6/20/23-7/17/23, without the facility knowing if he/she held an active nursing license.</p> <p>On 9/27/23, an interview was conducted with the human resources manager/Employee F. When asked about checking a person's professional license, the HR manager said, "That is very important to do, if you don't have a license, we can't hire you in those positions". The HRD verified the above findings and had no further information to provide.</p> <p>On 9/27/23, the Facility's Administrative Representative and Director of Nursing were made aware of the above findings. No additional information was provided.</p> <p>12VAC5-371-210 (F)(1)</p>	F 001		

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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 001	<p>Continued From page 9</p> <p>Based on staff interview and facility documentation review, the facility staff failed to verify the certification for 3 certified staff members, Staff #11, #13, and #14, in a sample of 5 certified staff employee records reviewed.</p> <p>The facility staff failed to verify that the certification as a nursing assistant was in good standing with the State Certification Board for Staff #11, #13, and #14 prior to allowing them to provide direct resident care.</p> <p>The findings included:</p> <p>On 9/27/23, a review of the sampled staff records was conducted. The following was noted:</p> <ol style="list-style-type: none"> <li>1. Staff #11 was hired on 4/4/22 and terminated employment on 2/4/23. The employee file for Staff #11's did not include any verification that their certification as a nursing assistant was verified with the board of nursing. Therefore, Staff #11 was permitted to work for 10 months, providing direct Resident care, without the facility staff knowing if they held an active and unencumbered certification to practice/work in that capacity.</li> <li>2. Staff #13 was hired on 7/5/22 and terminated employment on 10/8/22. Throughout the duration of Staff #13's employment as a certified nursing assistant (CNA), the facility staff failed to verify that the employee held a current and active certification to practice in such capacity.</li> <li>3. For Staff #14, who was hired 7/26/22, and terminated on 3/20/23, the facility staff permitted the employee to work as a CNA and provide direct care to Residents. The facility staff did not verify that Staff #14 held a current and</li> </ol>	F 001		

State of Virginia

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F 001	Continued From page 10  unencumbered certification as a CNA until 8/10/22.  On 9/27/23, an interview was conducted with the Human Resources Director (HRD) who confirmed the above findings.  On 9/27/23, during an end of day meeting, the Facility's Administrative Representative and Director of Nursing were made aware of the above findings.  No further information was provided.	F 001			