

State of Virginia

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0298 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 03/06/2025 |
| NAME OF PROVIDER OR SUPPLIER GREENSPRING VILLAGE | | STREET ADDRESS, CITY, STATE, ZIP CODE 7470 SPRING VILLAGE DR SPRINGFIELD, VA 22150 | | |
| (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 3/3/25 through 3/6/25. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities and corrections are required. No licensure complaints were investigated during the survey. The census in this 62 licensed bed facility was 56 at the time of the survey. The survey sample consisted of 33 resident reviews. | F 000 | | |
| F 001 | Non Compliance The facility was out of compliance with the following state licensure requirements: This STANDARD is not met as evidenced by: 12VAC5-371-191 (U). Based on observation, resident interview, staff interview, clinical record review and facility documentation review, the facility staff failed to notify the state survey agency when electronic monitoring was in use for one resident (Resident #39-R39) in a survey sample of 33 residents. The findings included: For R39, who had auditory and visual electronic monitoring within the room, the facility staff failed to notify the state survey agency of such monitoring. On 3/3/25, in the afternoon, while conducting a tour of the unit, the surveyor noted a sign on | F 001 | Notice of surveillance monitoring for Resident #39 was sent to OLC on 3/6/2025 NHA or Designee will audit all current residents to identify the presence of surveillance monitoring NHA or Designee will provide education to clinical managers and social workers on required notification in accordance with 12VAC5-371-191 related to surveillance monitoring NHA and/or designee will perform monthly audits x2 months to ensure surveillance monitoring notification process is being followed. Findings will be reported to Quality Assurance and Performance Improvement Committee monthly for review and further action as needed. | 4/20/25 |

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

Electronically Signed

TITLE

(X6) DATE

04/05/25

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| F 001 | <p>Continued From page 1</p> <p>R39's room door that indicated "electronic monitoring device is in use."</p> <p>On 3/4/25, a clinical record review was conducted. According to an email communication within R39's clinical record, dated 1/25/25 between R39's guardian/ power of attorney and the facility social worker. Within the document, the family of R39 agreed that they would purchase, install and maintain the camera, the positioning of the camera as to not capture R39's care during "changing" [incontinence care] due to privacy concerns, and signage would be posted on the outside of the room of such monitoring.</p> <p>On 3/5/25 at 10:23 a.m., an interview was conducted with R39 and her private duty aide. R39 was asked about the camera and stated she wasn't surprised to know there was a camera in the room. R39 did exhibit some confusion and was not clear on who could see the video footage from the camera or that her family had placed it in the room. R39 didn't express any concerns knowing the camera was present and in use. According to the private duty aide, the camera had video and auditory capability. The family could see the resident and talk to her through the camera device. The private duty aide went on to say that she provides R39's care such as toileting and changing clothes in the bathroom, where the camera cannot see for privacy. The private duty aide reported that the family had put the camera in place about 2-3 weeks ago because the no longer provide a private duty aide overnight and are concerned about the resident getting up and falling.</p> <p>On 3/5/25 at 10:37 a.m., an interview was conducted with a certified nursing assistant (CNA</p> | F 001 | | | |

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| F 001 | <p>Continued From page 2</p> <p>#2). CNA #2 reported that the camera had been placed in the room by the family about a month ago. CNA #2 stated that the facility's administration was aware of it being present and the family was told it couldn't be positioned where it could see into the bathroom.</p> <p>On 3/5/25 at 5:13 p.m., during an end of day meeting, the facility's administrator, two assistant administrators, director of nursing and two assistant directors of nursing, were made aware of the above findings.</p> <p>On 3/6/25, the facility staff reported they had no evidence that the state survey agency was notified of the electronic monitoring being conducted in R39's room prior. They did provide evidence that on 3/5/25 at 10:36 p.m., a fax was sent to the state survey agency to notify.</p> <p>According to the facility policy titled, "Electronic Monitoring and Use of Camera Surveillance in Continuing Care," provided to the survey team on 3/5/25, the policy read, "Continuing Care does not permit residents, family members or resident representatives to install or utilize electronic monitoring devices, including the use of cameras, unless allowable by a specific state regulation....</p> <p>1. The continuing care does not permit residents or families to electronically monitor residents by the installation or use of electronic or wireless devices for video, sound or remote surveillance of residents... 3. Electronic monitoring techniques may conflict with residents' rights for privacy and dignity within their rooms/apartments and within the continuing care environment... 4. In lieu of electronic monitoring, continuing care staff will work with the resident or family on alternate methods for increased monitoring which may include moving the resident to a room closer to</p> | F 001 | | |

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| F 001 | <p>Continued From page 3</p> <p>the nursing station (if SN [skilled nurse]) and working with the local ombudsman for additional review..."</p> <p>On 3/6/25, the facility provided the survey team with a policy, which was titled, "SOP- [Standard of Practice] Electronic Monitoring and Use of Camera Surveillance in Continuing Care." This policy read in part, "Continuing Care does not permit residents, family members or resident representatives to install or utilize electronic monitoring devices in Continuing Care unless allowable by a specific state regulation... 1. b. Virginia Skilled Nursing: The facility will entertain all written requests for electronic monitoring although generally the Continuing Care chooses not to offer electronic monitoring. Any request for electronic monitoring shall be reviewed in accordance with this policy and electronic monitoring SOP..."</p> <p>Neither of two above policies noted the regulatory requirement to notify the state survey agency when electronic monitoring is in use/implemented.</p> <p>No further information was provided.</p> <p>12VAC 5-371-150 (C) Please cross reference to F574. 12VAC 5-371-150 (B) Please cross reference to F585. COV 32.1-138.01 (A) (8) Please cross reference to F600. 12VAC5-371-75 (B)(3) and 12VAC5-371-140 (A). Please cross reference to F607. 12VAC 5-371-250 (B) Please cross reference to F641. 12VAC5-371-250 (A). Please cross reference to F657.</p> | F 001 | | |

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| F 001 | Continued From page 4 12 VAC 5-371-220 (C) Please cross reference to F686. 12VAC5-371-220 (A). Please cross reference to F744. 12VAC5-371-240 (F). Please cross reference to F756. 12VAC5-371-220 (B). Please cross reference to F758. 12VAC5-371-300 (B). Please cross reference to F759. 12VAC 5- 371-110 (J) Please cross reference to F883. | F 001 | | |