PRINTED: 08/15/2017

State of	Virginia						FORM	APPROVED	
		(X1) PROVIDER SUPPLIE IDENTIFICATION NUI				E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495203		B. WING			08/08	/2017	
NAME OF F	PROVIDER OR SUPPLIER		STREET ADD	DRESS. CITY, ST	ATE. ZIP COD	DE .	1 00/03	72017	
ENVOY	OF ALEXANDRIA, LLC			NIA AVENUE RIA, VA 2230	2				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	IEACH	VIDER'S PLAN OF CORR COPRECTIVE ACTION S REFERENCED TO THE AT DEFICIENCY;	HOULD BE	ZXS. COMPLETE DATE	
F 000	Initial Comments			F 000		1000 to VPA 1000			
	Inspection was con- are required for con- the Virginia Rules a Licensure of Nursin	ennial State Licensuducted on 8,8,17. Canpl ance with the folload Regulations for the Facilities.	orrections owing with ne						
F CO:	Non Compliance			F 001					
	following state licen This RULE is not i	of compliance with the sure requirements: met as evidenced by tolicies and Procedul	jn		who w and CN	nce checks were comp as hired 6/23/16; LPN IA #2, hired 7/21/16. C yed at the facility.	#1, hired 6/22/16		
	and employee reco that the facility staff Virginia for pre-scre requirements for si reviews. CNA (cert (licensed practical	x of 25 employee red fied nursing assistar nurse) #1, CNA #2, I	ermined Code of cord at) #1, LPN		contra by the	nnel files for current en icted employees review HRC, ED, and/or desig on review findings.	ved for completer	ness	
	1. The facility staff reference checks	egistered nurse) #1. failed to obtain CNA failed to obtain LPN			Emplo screer docur	ew hires within the pass syment Screening Tool ning prior to hire and a ments not in file will be led. Reference checks	is applied for pre- ny required completed and		
	3 The facility staff	failed to obtain CNA	#2's			RECEI	VED		
	reference checks.			SEP 0 1	2017				
1	 The facility staff failed to verify LPN #2's license to practice as a nurse was renewed after it expired 					ADIM	NC		

on 12/31/16.

FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER SUPPLIER CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER. (X3) DATE SURVEY COMPLETED A. BUILDING 495203 B WING NAME OF PROVIDER OR SUPPLIER 08/08/2017 STREET ADDRESS, CITY, STATE, ZIP CODE ENVOY OF ALEXANDRIA, LLC 900 VIRGINIA AVENUE ALEXANDRIA, VA 22302 SUMMARY STATEMENT OF DEFICIENCIES (X4) 1D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE DEFICIENCY,

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- 5. The facility staff failed to verify CNA #3's license to practice as a CNA was renewed after it expired on 1/31/17.
- 6. The facility staff failed to verify RN #1's license to practice as a nurse upon hire on 3/17/17.

The findings include:

1. The facility staff failed to obtain CNA #1's reference checks.

CNA #1 was hired on 6/23/16. Review of CNA #1's employee record revealed the name of one reference documented by CNA #1. Further review of the form failed to reveal the reference was checked by facility staff; the sections titled: "SECTION 2: REFERENCE RESPONSES" "SECTION 3: TELEPHONE REFERENCE ONLY" and "SECTION 4: WRITTEN REFERENCE" were blank.

On 8/8/17 at 11:10 a.m. an interview was conducted with ASM (administrative staff member) #1 (the executive director), OSM (other staff member) #1 (the human resources director, newly hired on 6/13/17) and OSM #2 (the assistant business office manager who had previously assisted the human resources department). OSM #1 stated references are checked prior to hiring employees and before employee orientation. OSM #1 stated references are checked by calling the listed references.

On 8/8/17 at 12:35 p.m. ASM #1 and ASM #2 (the director of clinical services) were made aware of the above concern.

The facility policy titled, "Employment Application Procedure" documented, "The human resource representative or department head will diligently

- 3. The facility Employment Application Procedure is followed. For new hires, the Pre-Employment Screening Tool to be applied by the HRC with review by ED, or designee, who will validate for completeness. Hiring Managers and HRC to be educated regarding employee file compliance prior to start date.
- 4. The ED, or designee, to complete quality reviews of new hire personnel files for completeness prior to scheduled orientation. The ED, and/or designee, to complete a quality review of a 10% random sample of employee files to be completed weekly for 4 weeks; then monthly for 3 months; and then quarterly to ensure compliance. Quality Monitoring schedule to be modified based on findings of Quality Reviews. The results of the Quality Monitoring to be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis, and further recommendations.

Compliance date: 9/21/17 ZECEIVED

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STATEMENT AND PLAN (T OF DEFICIENCIES OF CORRECTION	X1. PROVIDER SUPPLIE IDENTIFICATION NUM	R CLIA MBER	X2: MULTIPL A. BUILDING	E CONSTRUCTION		E SURVEY PLETED
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	PROVIDER OR SUPPLIER	10 W 20 W	STREET ADD	RESS CITY STA	ATE ZIP CODE	08/	08/2017
ENVOY (OF ALEXANDRIA. LLC		900 VIRGII	NIA AVENUE RIA, VA 2230:			
(X4 ID PREFIX TAG	LEACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY I SC IDENTIFYING INFORMA	5 F! (1)	ID PREFIX TAG	PROVIDER'S PLAN OF CO EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY.	N SHOLLIN BE	X5. COMPLETE DATE
F 001	Continued From Pa	ge 2		F 001			
	applicant, using the reference check for and E. The represe with and receive a fiftom at least two of an offer of employmapplicant. Records whether successful the employment applicant. No further information. The facility staff for reference checks. LPN #1 was hired on employee record review of the form facility staff for references document review of the form facility staff fac	all references listed by telephone and writter ms HR-205 Attachmentative must make contained by the references listed the references listed the references listed the reference chector not, must be retain plication" On was presented primalled to obtain LPN # or 7/21/16. Review of wealed the names of the hotel by LPN #1. Furtialled to reveal the reference to respect to the response properties. The section of the reference response properties.	ents D contact eference prior to o the ks. ned with or to exit. 1's LPN #1's two cher erences es titled: ES" E ONLY"				
	#1 (the executive di member) #1 (the hu hired on 6/13/17) ar business office mar assisted the human #1 stated reference employees and before	a.m. an interview was a.m. an interview was a (administrative staff rector). OSM (other suman resources directed OSM #2 (the assistance) are checked prior to be employee oriental rences are checked s.	member) staff tor, newly stant usly ont). OSM o hiring tion.				
		p.m. ASM #1 and AS ervices) were made a					

the above concern.

PRINTED: 08/15/2017 State of Virginia FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER SUPPLIER CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 495203 B. WING NAME OF PROVIDER OR SUPPLIER 08/08/2017 STREET ADDRESS, CITY, STATE, ZIP CODE **ENVOY OF ALEXANDRIA, LLC** 900 VIRGINIA AVENUE ALEXANDRIA, VA 22302 (XALID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX ID PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION: TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5. CROSS-REFERENCED TO THE APPROPRIATE COMPLETE TAG DEFICIENCY) DATE F 001 Continued From Page 3 F 001 No further information was presented prior to exit. 3. The facility staff failed to obtain CNA #2's 1. Licenses for LPN #2, CNA #3, and RN #1 were reference checks. verified and are in good standing. CNA #2 was hired on 7/21/16. Review of CNA Documentation of license verification was placed #2's employee record revealed the names of two in employees' personnel files. references documented by CNA #2. Further review of the form failed to reveal the references were checked by facility staff; the sections titled: "SECTION 2: REFERENCE RESPONSES" "SECTION 3: TELEPHONE REFERENCE ONLY" The ED will develop a Personnel File Monitoring and "SECTION 4: WRITTEN REFERENCE" were Tool, which will be applied to current licensed blank. staff to ensure that licenses are verified and filed properly. On 8/8/17 at 11:10 a.m. an interview was conducted with ASM (administrative staff member) #1 (the executive director). OSM (other staff member) #1 (the human resources director, newly hired on 6/13/17) and OSM #2 (the assistant business office manager who had previously assisted the human resources department). OSM #1 stated references are checked prior to hiring 3. HRC, DCS, or designee, will take the results from employees and before employee orientation. the Monitoring Tool process and develop a OSM #1 stated references are checked by calling monthly license verification system, which will be the listed references. validated by the ED, or designee. ED, DCS, and HRC will be educated on proper documentation On 8/8/17 at 12:35 p.m. ASM #1 and ASM #2 (the director of clinical services) were made aware of required for license verification. the above concern. No further information was presented prior to exit. 4. The facility staff failed to verify LPN #2's license to practice as a nurse was renewed after it expired RECEIVEL on 12/31/16. SEP 0 1 2017

LPN #2 was hired on 9/29/16. Review of LPN #2's employee record revealed a nursing "License

Lookup" obtained on 10/4/16. The license expired

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State of Virginia				-	PRINTED: 08/15/20 FORM APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER SUPPLIE IDENTIFICATION NU	ER CLIA JMBER	:X2) MULTIPLI	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495203		B WING _		
NAME OF PROVIDER OR SUPPLIER		STREET ADE	RESS CITY, STA	TE ZID CORE	08/08/2017
ENVOY OF ALEXANDRIA, LLC		900 VIRGI	NIA AVENUE RIA, VA 2230:		
TAG REGULATORY OR L	NTEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	S	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	N (CA)
F 001 Continued From Pa	ige 4		F 001		
employee record fa "License Lookup" to LPN's nursing licens On 8/8/17 at 11:10 a conducted with ASM #1 (the executive di member) #1 (the hu hired on 6/13/17) an business office man	a.m. an interview was a (administrative staff rector). OSM (other staff rector). OSM (other staff of OSM #2 (the assistager who had previous resources department alert that provides an employee's licens M #2 stated the alert of days prior to the licenstated she told the stated she told the staff coordinator contact 2 stated she used to oyees renewed their	itional in that the second staff ctor, newly stant custy ent). OSM see is t was ense staff ere about cted the check to licenses	4. 5.	The ED, or designee, will conduct observation of licensed employed Quality Monitoring process will be performed weekly for 4 weeks at compliance; then monthly for 3 is then quarterly thereafter. Quality schedule to be modified based or Quality Reviews. The results of the Monitoring will be reviewed at the Quality Assurance Performance In (QAPI) meetings for review, analy recommendations. Compliance date: 9/21/17	e files and a e to ensure months; and y Monitoring n findings of ne Quality e monthly

On 8/8/17 at 11:55 a.m. ASM #2 (the director of clinical services) stated no further information could be provided.

On 8/8/17 at 12:35 p.m. ASM #1 and ASM #2 were made aware of the above concern.

The facility policy titled, "Licensure and Certification Verification" documented, "A copy of the individual's current license/certification will be made on or prior to the date of hire and placed in the individual's personnel file. In addition, a copy of the electronic version stating the license is in good standing will also be maintained in the personnel file...At the beginning of each month, the facility human resources representative will generate a report from the payroll system to

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FORM APPROVED State of Virginia STATEMENT OF DEFICIENCIES X1 PROVIDER SUPPLIER CLIA X2: MULTIPLE CONSTRUCTION X31 DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER. COMPLETED A. BUILDING 495203 B WING 08/08/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY STATE Z.P CODE **ENVOY OF ALEXANDRIA, LLC** 900 VIRGINIA AVENUE ALEXANDRIA, VA 22302 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION EACH DEFICIENCY MUST BE PRECEDED BY FULL IX5: PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR USC IDENTIFYING INFORMATION: COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEF:CIENCY; F 001 Continued From Page 5 F 001 determine which licenses/certifications will expire the following month. Employees whose license will expire the next month will be notified a minimum of a month prior to expiration. As the license or certification is renewed the facility human resources representative will add a copy of the new license/certification to the employee's personnel file. In addition, an updated coy (sic) of the electronic verification of the license/certification from the state's Board of Nursing will be printed and placed in the personnel file..." No further information was presented prior to exit. 5 The facility staff failed to verify CNA #3's license to practice as a CNA was renewed after it expired on 1/31/17. CNA #3 was hired on 1/5/17. Review of CNA #3's employee record revealed a nursing "License Lookup" obtained on 12/12/16. The license expired on 1/31/17. Further review of CNA #3's employee record failed to reveal an additional "License Lookup" to evidence verification that the CNA's license was renewed. On 8/8/17 at 11:10 a.m. an interview was conducted with ASM (administrative staff member) #1 (the executive director), OSM (other staff member) #1 (the human resources director, newly hired on 6/13/17) and OSM #2 (the assistant business office manager who had previously assisted the human resources department). OSM #2 stated "we" get an alert that provides RECEIVED notification of when an employee's license is

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about to expire. OSM #2 stated the alert was

received "maybe" 30 days prior to the license expiration. OSM #2 stated she told the staff

coordinator when employees licenses were about to expire and the staff coordinator contacted the

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FORM APPROVED State of Virginia STATEMENT OF DEFICIENCIES X11 PROVIDER SUPPLIER CLIA X2. MULTIPLE CONSTRUCTION X3: DATE SURVEY AND PLAN OF CORRECTION IDENT:FICATION NUMBER COMPLETED A BUILDING 495203 B WING 08/08/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ENVOY OF ALEXANDRIA, LLC 900 VIRGINIA AVENUE ALEXANDRIA, VA 22302 (X4. ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX :X5: EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY. F 001 Continued From Page 6 F 001 employees. OSM #2 stated she used to check to make sure the employees renewed their licenses and would put the license checks in a separate book. On 8/8/17 at 11:55 a.m. ASM #2 (the director of clinical services) stated no further information. could be provided. On 8/8/17 at 12:35 p.m. ASM #1 and ASM #2 were made aware of the above concern. No further information was presented prior to exit. 6. The facility staff failed to verify RN #1's license to practice as a nurse upon hire on 3/17/17. Review of RN #1's employee record failed to reveal a "License lookup" to evidence verification of the RN's nursing license. On 8/8/17 at 11:10 a.m. an interview was conducted with ASM (administrative staff member) #1 (the executive director). OSM (other staff member) #1 (the human resources director, newly hired on 6/13/17) and OSM #2 (the assistant business office manager who had previously assisted the human resources department). OSM #1 stated she obtains the license lookups before employees begin orientation to ensure their licenses are not expired. On 8/8/17 at 11:55 a.m. ASM #2 (the director of clinical services) stated no further information RECEIVEL could be provided. On 8/8/17 at 12:35 p.m. ASM #1 and ASM #2 were made aware of the above concern.

No further information was presented prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1: PROVIDER SUPPLIER CLIA IDENTIFICATION NUMBER:		X2 MULTIP	(X3 DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER			495203			08/08/2017
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