

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495203	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/08/2017
NAME OF PROVIDER OR SUPPLIER ENVOY OF ALEXANDRIA, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 900 VIRGINIA AVENUE ALEXANDRIA, VA 22302	
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			(X5) COMPLETE DATE

F 000 Initial Comments

F 000

An unannounced biennial State Licensure Inspection was conducted on 8.8.17. Corrections are required for compliance with the following with the Virginia Rules and Regulations for the Licensure of Nursing Facilities

The census in this 111 bed facility was 101 at the time of survey

F 001 Non Compliance

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The facility was out of compliance with the following state licensure requirements:

This RULE is not met as evidenced by 12VAC5-371-140 Policies and Procedures

Based on staff interview, facility document review, and employee record review, it was determined that the facility staff failed to follow the Code of Virginia for pre-screening prior to hire requirements for six of 25 employee record reviews: CNA (certified nursing assistant) #1, LPN (licensed practical nurse) #1, CNA #2, LPN #2, CNA #3 and RN (registered nurse) #1.

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

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

3. The facility staff failed to obtain CNA #2's reference checks

4. The facility staff failed to verify LPN #2's license to practice as a nurse was renewed after it expired on 12/31/16.

1. Reference checks were completed for CNA #1, who was hired 6/23/15; LPN #1, hired 6/22/16 and CNA #2, hired 7/21/16. CNA #2 is no longer employed at the facility.

2. Personnel files for current employees and contracted employees reviewed for completeness by the HRC, ED, and/or designee. Follow up based on review findings.

For new hires within the past 30 days, the Pre-Employment Screening Tool is applied for pre-screening prior to hire and any required documents not in file will be completed and included. Reference checks will be completed.

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VIDEVOLO

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

TITLE

DATE

8/31/17 Revised Kevin L. Korpas RN, BSN Director of Clinical Services 8/31/17

DATE FORN

R7SS11

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	<p>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.</p> <p>6. The facility staff failed to verify RN #1's license to practice as a nurse upon hire on 3/17/17.</p> <p>The findings include:</p> <p>1. The facility staff failed to obtain CNA #1's reference checks.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The facility policy titled, "Employment Application Procedure" documented, "The human resource representative or department head will diligently</p>			<p>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.</p> <p>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.</p> <p>5. Compliance date: 9/21/17</p>

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attempt to contact all references listed by the applicant, using the telephone and written reference check forms HR-205 Attachments D and E. The representative must make contact with and receive a favorable or neutral reference from at least two of the references listed prior to an offer of employment being extended to the applicant. Records of all reference checks, whether successful or not, must be retained with the employment application..."

No further information was presented prior to exit.

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

LPN #1 was hired on 7/21/16. Review of LPN #1's employee record revealed the names of two references documented by LPN #1. 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" 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.

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No further information was presented prior to exit.

3. The facility staff failed to obtain CNA #2's reference checks.

CNA #2 was hired on 7/21/16. Review of CNA #2's employee record revealed the names of two 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" 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.

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 on 12/31/16.

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

1. Licenses for LPN #2, CNA #3, and RN #1 were verified and are in good standing. Documentation of license verification was placed in employees' personnel files.

2. The ED will develop a Personnel File Monitoring Tool, which will be applied to current licensed staff to ensure that licenses are verified and filed properly.

3. HRC, DCS, or designee, will take the results from the Monitoring Tool process and develop a monthly license verification system, which will be validated by the ED, or designee. ED, DCS, and HRC will be educated on proper documentation required for license verification.

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on 12/31/16. Further review of LPN #2's employee record failed to reveal an additional "License Lookup" to evidence verification that the LPN's nursing 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 notification of when an employee's license is 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 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.

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

4. The ED, or designee, will conduct random observation of licensed employee files and a Quality Monitoring process will be performed weekly for 4 weeks to ensure compliance; then monthly for 3 months; and then quarterly thereafter. Quality Monitoring schedule to be modified based on findings of Quality Reviews. The results of the Quality Monitoring will be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis, and further recommendations.

5. Compliance date: 9/21/17

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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 copy (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 notification of when an employee's license is 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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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 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.

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