## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/09/2021 FORM APPROVED OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		495415	B. WING _		02	02/25/2021	
	PROVIDER OR SUPPLIER  LAGE AT ORCHARD I	RIDGE		STREET ADDRESS, CITY, STATE, ZIP COD 100 PROCESSION WAY WINCHESTER, VA 22603		120/2021	
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 000	survey was conduct The facility was four CFR Part 483 Fede requirements. The I Survey/Report will for The census in this 2 at the time of the su consisted of 13 curr closed record review	edicare/Medicaid standard ted 2/23/21 through 2/25/21. Indicate to be in compliance with 42 ral Long Term Care Life Safety Code collow.  20 certified bed facility was 13 irvey. The survey sample tent resident reviews and 5	F 00	TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  VA0408			10000 0000	E CONSTRUCTION (XX	(X3) DATE SURVEY COMPLETED	
		B. WING		02/25/2024		
IAME OF PR	ROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE. ZIP CODE	02/25/2021	
THE VIII	AGE AT ORCHARD RIDO	100 PRO	CESSION WAY			
INE VILLA	AGE AT ORCHARD RIDG	WINCHE	STER, VA 2260	3		
(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)	OULD BE COMPLETE	
F 000	Initial Comments		F 000			
	2/25/21. Corrections	ucted 2/23/21 through are required for compliance s and Regulations for the				
	at the time of the surv	certified bed facility was 13 vey. The survey sample nt resident reviews and 5 s.				
F 001	Non Compliance  The facility was out of compliance with the following state licensure requirements:		F 001	F001 How corrective action will be accomplishe those residents found to have been affect the deficient practice.		
				A new Virginia State Police background che was conducted on March 4, 2021 on contra employee number 9, 11 and 12. No identifi records were found on the Virginia State Poreport.	acted able	
	the facility staff failed to ensure three of 15 employees had a Virginia State Police Criminal Background check performed within 30 days of hire, employee #9, #11, and #12.			How facility will identify other residents h the potential to be affected by the same deficient practice.	aving	
	contracted therapy en evidence the required Criminal Background #9, #11 and #12, all the	check. For staff members		The Talent and Culture Director completed audit on March 4, 2021 on all contracted st ensure they had the Virginia State Police background check completed and on file. Nidentifiable records were found.	aff to	
	surveyor was the Virg Offenders and Crimes	inia State Police Sex against Minors report. State Policy Criminal		RECEIVED MAR 10 2021		
		ducted with OSM (other staff ctor of Talent and Culture		VDHVOLC		

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

TITLE

(X6) DATE



Heathcare MTFP11

3-5-2021 If continuation sheet 1 of 2

State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ VA0408 B. WING 02/25/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 PROCESSION WAY THE VILLAGE AT ORCHARD RIDGE WINCHESTER, VA 22603 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE. REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 001 Continued From page 1 F 001 Measure or system change to ensure the (formerly known as human resources) on deficient practice will not recur. 2/25/2021 at 4:09 p.m. When asked who is responsible for performing the criminal A new process was implemented on March 4, background check for the contracted therapy 2021 whereby a Virginia State Police background employees, OSM #5 stated she ran them for them but doesn't keep a copy of them. She only check will be conducted on all contracted staff keep files on their employees not employees of prior to hire. The Village at Orchard Ridge Talent contractors. When asked if a criminal background and Culture (T&C) Director will keep records of check was required for employment and working all contracted staff on file. The contracted employer's Human Resource business partner or with residents in the health care center, OSM #5 designee will also keep records in their office. stated yes. The contracted employer's business partner or An interview was conducted with ASM designee to will not grant employee access to The Village at Orchard Ridge community until (administrative staff member) #1, the administrator, on 2/25/2021 at 4:27 p.m. When the Virginia State Police report is completed. asked if it was required for employees to have a criminal background check, even contracted Education regarding state regulation 12VAC employees, ASM #1 stated, "Yes, all employees 371-140-E3b was completed with the contracted must have one." employer's Human Resources team on March 5, 2021. The facility policy, "Abuse, Neglect and How the facility plans to monitor its Notification Procedures Policy," documented in performance to make sure that solutions are part, "Screening - all applicants being considered sustained. for employment at (name of facility) must be screened to determine that they do not have a The Talent and Culture Director or designee will history of abuse, neglect or mistreatment of audit 10 percent monthly of all current and new residents. All potential team members will be contracted hires to verify that the Virginia State subject to: a Criminal Record Check." Police has been completed prior to hire. Any actionable trends or patterns will be reported ASM #1 was made aware of the above concern monthly to the Quality Assurance Performance on 2/25/2021 at 4:30 p.m. Improvement (QAPI) committee.

STATE FORM

No further information was obtained prior to exit.

RECEIVED
MAR 10 2021
VDH/OLC

All corrected actions complete by March 10,

If continuation sheet 2 of 2

3-10-21

2021.