

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0274</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/17/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ENVOY OF WILLIAMSBURG, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1235 MT VERNON AVENUE WILLIAMSBURG, VA 23185</b>
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F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 09/15/21 through 09/17/21. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. No complaints were investigated during the survey.</p> <p>The census in this 130 licensed bed facility was 91 at the time of the survey. The survey sample consisted of 29 resident reviews.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities:</p> <p>12 VAC 5-371-250 (G) cross reference to F-656 12 VAC 5-371-220 (D) cross reference to F-677 12 VAC 5-371-220 (C)(2) cross reference to F-688 12 VAC 5-371-220 (B) cross reference to F-689 12 VAC 5-371-220 (A) cross reference to F-758</p> <p>12 VAC 5-371 140 (E)(3)(A)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to verify the professional license, prior to hire, for 2 employees, LPN B and CNA D, in a sample of 25</p>	F 001	<p>12 VAC 5-371-140(E)(3)(A) 1. LPN B's license was verified on 12/1/2019 and CNA D license was verified on 6/28/2021</p> <p>2. Current facility residents are at risk for the alleged deficient practice. An audit of all current employees that require a license was conducted to ensure all had a license verification.</p> <p>3. The Executive Director will educate the Human Resources Director on the proper verification of licensure prior to the employee start date.</p> <p>4. The Executive Director will audit new hires for two months to ensure license are verified prior to their start date. Any negative findings will be addressed immediately and brought before the monthly Quality Assurance meeting for</p>	10/19/21

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

TITLE

(X6) DATE

Electronically Signed

10/07/21

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F 001	<p>Continued From page 1</p> <p>employee records.</p> <p>The facility staff failed to verify that professional licenses were active and in good standing for LPN B and CNA D.</p> <p>The findings included:</p> <p>On 9/16/21, a review of 25 employee files was conducted by Surveyor B and revealed the following:</p> <p>1. LPN B began working at the facility on 9/17/19. LPN B's license verification was dated 12/1/19. Therefore, from 9/17/19-12/1/19, facility staff was unaware if LPN B's license was active and in good standing. LPN B was permitted to provide direct care to Residents.</p> <p>2. CNA D began working at the facility on 3/16/21. CNA D's license verification was dated 6/28/21. Therefore, from 3/16/21-6/28/21, facility staff was unaware if CNA D's license was active and in good standing. CNA D was permitted to provide direct care to Residents.</p> <p>On 9/16/21, Surveyor B interviewed the Director of Nursing (DON) who confirmed the hire dates for the 2 referenced facility staff members. The DON stated, "The purpose of obtaining a license verification before hiring a potential staff member is to ensure there is a license to qualify them to do their job and that there are no professional disciplinary actions against their license". The DON also stated, "I do not know why the license verification was not performed for these two staff members [LPN B and CNA D] prior to their date of hire".</p> <p>A review of the facility's policy entitled, "Abuse,</p>	F 001	<p>review</p> <p>5. 10/19/2021</p> <p>COV 32.1-126.01(A)</p> <p>1. Employee K's background was checked on 2/17/2020. Employee K is no longer employed by the facility.</p> <p>2. All current residents are at risk for the alleged deficient practice. An audit of employees hired in the last 60 days to ensure proper back ground check was obtained.</p> <p>3. The Executive Director will educate the Human Resources Director on the proper verification of background check prior to the employee start date.</p> <p>4. The Executive Director will audit new hires for two months to ensure background checks are verified prior to their start date. Any negative findings will be addressed immediately and brought before the monthly Quality Assurance meeting for review</p> <p>5. 10/19/2021</p> <p>12 VAC-371-260(B)(5 &amp;10)</p> <p>1. CNA D obtained training on 6/24/2020 for CPR refresher (includes Heimlich training) and on 7/2/20 for restraints.</p> <p>2. All current residents are at risk for the alleged deficient practice. Current employees that are required to complete mandated training are at risk for the deficient practice. An audit of current</p>	

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F 001	<p>Continued From page 2</p> <p>Neglect, Exploitation &amp; Misappropriation", revision date 11/28/2017, subtitle, "Procedure--1. Screening", read, "Persons applying for employment with the center will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property. This includes but not limited to: employment history, criminal background check, abuse check with appropriate licensing board and registries-prior to hire, sworn disclosure statement-prior to hire, licensure or registration verification-prior to hire, documentation of status of any disciplinary actions from licensing or registration boards and other registries, and information from former employers ...The center will ensure that all prospective consultants, contractors, volunteers, caregivers, and students are pre-screened as required by law".</p> <p>No further information was provided.</p> <p>COV 32.1-126.01 (A)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to obtain a criminal background check with the Central Criminal Records Exchange within 30 days of hire for 1 employees, Employee K, in a sample of 25 employee records.</p> <p>The facility staff failed to obtain a criminal background check within 30 days of hire for Employee K.</p> <p>The findings included:</p> <p>Employee K was hired 10/10/19. Employee K's criminal background check was dated 2/17/20.</p>	F 001	<p>employees that are required to complete mandated training was completed and outliers will be addressed.</p> <p>3. The Director of Clinical Services or designee will educate those employees that require mandated training on the requirements and timeliness of completion.</p> <p>4. The HRC will audit the completion of mandatory education for current employees that are required to complete Weekly x 4 weeks and then monthly times</p> <p>2. Any negative findings will be addressed immediately and brought before the monthly Quality Assurance meeting for review</p> <p>5. 10/19/2021</p>	
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F 001	<p>Continued From page 3</p> <p>Therefore, from 10/10/19-2/17/20, facility staff was unaware of Employee K's criminal background status. Employee K was permitted to provide direct care to Residents.</p> <p>On 9/16/21, Surveyor B interviewed the Director of Nursing (DON) who confirmed the hire date for Employee K. The DON stated, "The purpose of obtaining a criminal background check is to help ensure safe care of our Residents". The DON also stated, "I am unable to locate a criminal background check for [Employee K] that was performed within 30 days of their date of hire".</p> <p>A review of the facility's policy entitled, "Abuse, Neglect, Exploitation &amp; Misappropriation", revision date 11/28/2017, subtitle, "Procedure--1. Screening", read, "Persons applying for employment with the center will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property. This includes but not limited to: employment history, criminal background check, abuse check with appropriate licensing board and registries-prior to hire, sworn disclosure statement-prior to hire, licensure or registration verification-prior to hire, documentation of status of any disciplinary actions from licensing or registration boards and other registries, and information from former employers ...The center will ensure that all prospective consultants, contractors, volunteers, caregivers, and students are pre-screened as required by law".</p> <p>No further information was provided.</p> <p>12 VAC5-371-260 (B)(5 &amp; 10)--Staff Development and In-service Training</p>	F 001		

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F 001	<p>Continued From page 4</p> <p>Based on staff interview and facility documentation review, the facility staff failed to ensure resident care staff received annual in-service training for 1 employee, CNA D, in a sample of 4 employee training records.</p> <p>The facility staff failed to ensure completion of mandated annual in-service training for CNA D.</p> <p>The findings included:</p> <p>On 9/16/21, a copy of facility training records was reviewed for the selected employee sample and revealed, in the year 2019, the following:</p> <p>CNA D, hire date 6/26/18, did not have record of required annual in-service training in the areas of (5) Restraint Use and (10) Heimlich maneuver.</p> <p>On 9/16/21, an interview was conducted with the Director of Nursing (DON) who had provided the staff training records and concurred with the findings. No further information was provided.</p>	F 001		