

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0388	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/27/2021
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT BOTETOURT COMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 290 COMMONS PARKWAY DALEVILLE, VA 24083		
(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 Medicare/Medicaid standard survey and biennial State Licensure Inspection was conducted 5/25/21 through 5/27/21. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements and Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow. The census in this 90 certified bed facility was 82 at the time of the survey. The survey sample consisted of 19 current Resident reviews and 3 closed record reviews.	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for Licensure of Nursing Facilities. Policy and Procedures 12 VAC 5-371-140 - cross reference to F607 Resident Assessment and Care Planning 12 VAC 5-371-250 (A) - cross reference to F641 Nursing Services 12 VAC 5-371-220 (D and F) - cross reference to F677 12 VAC 5-371-220 (B) - cross reference to F684 Pharmaceutical Services 12 VAC 5-371-300 (H) - cross reference to F756 Nursing Home Licensure and Inspection. COV 32.1-126.01 (A) (Sworn Statement or CRC)	F 001		

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

TITLE

(X6) DATE

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0388	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/27/2021
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT BOTETOURT COMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 290 COMMONS PARKWAY DALEVILLE, VA 24083		
(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 001	<p>Continued From page 1</p> <p>Policies and Procedures 12 VAC 5-371-140 (E)(3)(A)(B) Policies and Procedures.</p> <p>Based on the Code of Virginia, employee record review, facility documentation review and staff interview, the facility staff failed to obtain Sworn Statements for 23 (Employees # 1, # 2, # 3, # 6 through # 25) of 26 Employees prior to hire in the Employee Record Check sample.</p> <p>1. The facility failed to obtain Sworn Statements for 23 of 26 employees (Employees # 1, # 2, # 3, # 6 through # 25) prior to hire.</p> <p>During employee record review on 5/25/2021-5/26/2021, no Sworn Statements were found for 23 employees (Employees # 1, # 2, # 3, # 6 through # 25) in an employee record review sample of 26 employees.</p> <p>The only three employees in the sample who did have the properly signed Sworn Statements were hired through the contract services for Dietary, Housekeeping and Therapy. None of the 23 employees hired through the facility's Business Office/Human Resources Department had signed Sworn Statements. Evidence revealed Sworn Statements were not obtained in records reviewed from new hires in 2019, 2020 and 2021.</p> <p>Employee # 1- hired 9/12/2020- Activity Director Employee # 2- hired 8/17/2020- Social Services Director Employee # 3- hired 7/6/2020- Receptionist Employee # 6- hired 4/2/2021- Certified Nursing Assistant Employee # 7- hired 3/12/2021- Certified Nursing Assistant Employee # 8- hired-2/26/2021- Certified Nursing</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0388	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/27/2021
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT BOTETOURT COMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 290 COMMONS PARKWAY DALEVILLE, VA 24083		
(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 001	Continued From page 2 Assistant Employee # 9- hired 10/13/2020-Certified Nursing Assistant Employee #10- hired 12/23/2019- Certified Nursing Assistant Employee # 11- hired 9/16/2020- Licensed Practical Nurse Employee # 12- hired 3/16/2021- Licensed Practical Nurse Employee # 13-hired 2/6/2021- Licensed Practical Nurse Employee # 14- hired 9/9/2020- Licensed Practical Nurse Employee # 15- hired 7/16/2020- Licensed Practical Nurse Employee # 16-hired 4/3/2020- Licensed Practical Nurse Employee # 17- hired 11/20/2020- Registered Nurse Employee # 18- hired 4/10/2020- Registered Nurse Employee # 19- hired 8/10/2019- Certified Nursing Assistant Employee # 20- hired 2/27/2020- Licensed Practical Nurse Employee #21- hired 4/20/2021- Licensed Practical Nurse Employee # 22- hired 1/20/2021- Certified Nursing Assistant Employee # 23- hired 8/28/2020- Certified Nursing Assistant Employee # 24- hired 6/23/2020- Licensed Practical Nurse Employee # 25- hired 8/24/2020- Nursing Assistant On 5/26/2021 at 10:44 a.m., an interview was conducted with the Business Office Manager who confirmed that signed Sworn Statements were	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0388	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/27/2021
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT BOTETOURT COMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 290 COMMONS PARKWAY DALEVILLE, VA 24083		
(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 001	<p>Continued From page 3</p> <p>not obtained by the facility staff or new employees previously. The Business Office Manager stated she had only been working two days at the start of the survey. She stated she had been informed that during the interim of the previous Business Office manager leaving and the facility hiring her as the new Business Office Manager, the facility recognized there were some problems with the personnel files regarding required documentation upon hire. She stated the expectation was that Sworn Statements would be signed prior to or on the day of hire. The Business Office Manager stated she would be sure all future new hires would have Sworn Statements signed prior to hire.</p> <p>The Administrator and Regional Nurse Consultant were made aware of the findings on 5/26/2021. The Administrator stated she was new and had only been there about 3 weeks. The Regional Nurse Consultant stated that "during the past month" a staff member from another sister facility had identified issues with several aspects of the personnel files. The Nurse Consultant and Administrator stated they were in the process of developing a plan to rectify the problems.</p> <p>During the end of day debriefing on 5/26/2021, the facility Administrator was informed there was no documentation of Sworn Statements being obtained prior to hire and no evidence of the facility staff conducting Criminal Background checks on several employees. There also were missing Reference checks. The Administrator stated Sworn Statements, Criminal Background Checks and Reference Checks should be conducted on all new hires.</p> <p>The Administrator stated the facility recently hired a new Business Office Manager who started the</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0388	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/27/2021
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT BOTETOURT COMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 290 COMMONS PARKWAY DALEVILLE, VA 24083		
(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 001	<p>Continued From page 4</p> <p>week of the survey and would develop a system to resolve the issues.</p> <p>On 5/27/2021 at 1:59 p.m. during the end of day debriefing, the facility Administrator was again informed of the findings. The Administrator stated she had no questions about the findings.</p> <p>No further information was provided.</p> <p>2. The Facility staff failed to ensure a criminal background check was obtained for 5 (Employees # 3, # 9, # 12, # 17 and # 23) prior to or upon hire.</p> <p>2 a) For Employee # 3, the facility staff failed to conduct a Criminal Background Check prior to or upon the date of hire.</p> <p>On 5/25/2021- 5/27/2021, review of employee records was conducted.</p> <p>Review of Employee # 3's personnel file revealed Employee # 3 was hired on 7/6/2020 as a Receptionist. There was no documentation of a Criminal Background Check at the time of hire in the submitted records.</p> <p>There was a Criminal Background Check document stating "Received date: 05/25/2021" and status listed as "Transaction is being Processed."</p> <p>On 5/26/2021 at 10:44 a.m., an interview was conducted with the Business Office Manager who confirmed that the Criminal Background Check for Employee # 3 was initiated on 5/25/2021 while compiling the list of records for review since there was no documentation of a Criminal Background</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0388	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/27/2021
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT BOTETOURT COMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 290 COMMONS PARKWAY DALEVILLE, VA 24083		
(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 001	<p>Continued From page 5</p> <p>search conducted prior to or upon the date of hire in the file. She stated the expectation was that Background Checks would be initiated prior to or upon hire.</p> <p>A copy of the facility's policy on Hiring, Background Checks, Personnel Files and Terminations was requested.</p> <p>During the end of day debriefing on 5/26/2021, the facility Administrator was informed there was no documentation of Sworn Statements being obtained prior to hire and no evidence of the facility staff conducting Criminal Background checks on several employees. The Administrator stated Sworn Statements, Criminal Background Checks and Reference Checks should be conducted on all new hires.</p> <p>The Administrator stated the facility recently hired a new Business Office Manager who started the week of the survey and would develop a system to resolve the issues.</p> <p>On 5/27/2021 at 1:59 p.m. during the end of day debriefing, the facility Administrator was again informed of the findings. The Administrator stated she had no questions about the findings.</p> <p>No further information was provided.</p> <p>2 b). For Employee # 9, the facility staff failed to conduct a Criminal Background Check prior to or upon the date of hire.</p> <p>On 5/25/2021- 5/27/2021, review of employee records was conducted.</p> <p>Review of Employee # 9's personnel file revealed Employee # 9 was hired on 10/13/2020 as a</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0388	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/27/2021
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT BOTETOURT COMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 290 COMMONS PARKWAY DALEVILLE, VA 24083		
(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 001	<p>Continued From page 6</p> <p>Certified Nursing Assistant. There was no documentation of a Criminal Background Check at the time of hire in the submitted records.</p> <p>There was a Criminal Background Check document stating "Received date: 05/25/2021" and status listed as "Transaction is being Processed." Employee # 9 had been employed over 7 months without a Criminal Background Check.</p> <p>On 5/26/2021 at 10:44 a.m., an interview was conducted with the Business Office Manager who confirmed that the Criminal Background Check for Employee # 9 was initiated on 5/25/2021 while compiling the list of records for review since there was no documentation of a Criminal Background search conducted prior to or upon the date of hire in the file. She stated the expectation was that Background Checks would be initiated prior to or upon hire.</p> <p>A copy of the facility's policy on Hiring, Background Checks, Personnel Files and Terminations was requested.</p> <p>Review of the Abuse Policy entitled "Abuse Prevention Program", Revised 11/2016, revealed the following:</p> <p>"Policy Statement: Our residents have the right to be free from abuse, neglect, misappropriation and exploitation...."</p> <p>"Policy Interpretation and Implementation As part of the resident abuse prevention, the administration will: 2. Conduct employee background checks and will not knowingly employ or otherwise engage any who has:</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0388	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/27/2021
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT BOTETOURT COMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 290 COMMONS PARKWAY DALEVILLE, VA 24083		
(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 001	<p>Continued From page 7</p> <p>a. Have been found guilty of abuse, neglect, exploitation, misappropriation of property or mistreatment by a court of law</p> <p>b. Have had a finding entered the State nurse aide registry concerning abuse, neglect, exploitation, misappropriation of property.</p> <p>c. Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of abuse, neglect, exploitation, misappropriation of property.</p> <p>3. Develop and implement policies and procedures to aid our facility in preventing abuse, neglect, or mistreatment of our residents."</p> <p>During the end of day debriefing on 5/26/2021, the facility Administrator was informed there was no documentation of Sworn Statements being obtained prior to hire and no evidence of the facility staff conducting Criminal Background checks on several employees. The Administrator stated Sworn Statements, Criminal Background Checks and Reference Checks should be conducted on all new hires.</p> <p>The Administrator stated the facility recently hired a new Business Office Manager who started the week of the survey and would develop a system to resolve the issues.</p> <p>On 5/27/2021 at 1:59 p.m. during the end of day debriefing, the facility Administrator was again informed of the findings of no Background Check for Employee # 9. The search was not initiated until the day of survey when the list of chosen employee records were compiled. The Administrator stated she had no questions about the findings.</p> <p>No further information was provided.</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0388	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/27/2021
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT BOTETOURT COMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 290 COMMONS PARKWAY DALEVILLE, VA 24083		
(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 001	<p>Continued From page 8</p> <p>2 c). For Employee # 12, the facility staff failed to conduct a Criminal Background Check prior to or upon the date of hire. It was obtained 55 days after the date of hire.</p> <p>On 5/25/2021- 5/27/2021, review of employee records was conducted.</p> <p>Review of Employee # 12's personnel file revealed Employee # 12 was hired on 3/16/2021 as a Licensed Practical Nurse. There was no documentation of a Criminal Background Check at the time of hire in the submitted records.</p> <p>There was a Criminal Background Check document stating "Received date: 05/10/2021" and status listed as "No Identifiable Records." The search was obtained 55 days after the hire date.</p> <p>A copy of the facility's policy on Hiring, Background Checks, Personnel Files and Terminations was requested.</p> <p>The facility policy: Review of the Abuse Policy entitled "Abuse Prevention Program", Revised 11/2016, revealed the following:</p> <p>"Policy Statement: Our residents have the right to be free from abuse, neglect, misappropriation and exploitation...."</p> <p>"Policy Interpretation and Implementation As part of the resident abuse prevention, the administration will: 2. Conduct employee background checks and will not knowingly employ or otherwise engage any who has:</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0388	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/27/2021
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT BOTETOURT COMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 290 COMMONS PARKWAY DALEVILLE, VA 24083		
(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 001	<p>Continued From page 9</p> <p>a. Have been found guilty of abuse, neglect, exploitation, misappropriation of property or mistreatment by a court of law</p> <p>b. Have had a finding entered the State nurse aide registry concerning abuse, neglect, exploitation, misappropriation of property.</p> <p>c. Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of abuse, neglect, exploitation, misappropriation of property.</p> <p>3. Develop and implement policies and procedures to aid our facility in preventing abuse, neglect, or mistreatment of our residents."</p> <p>No further information was provided.</p> <p>2 d). For Employee # 17, the facility staff failed to ensure a Criminal Background Check was completed prior to or upon hire. It was obtained 173 days after the date of hire.</p> <p>On 05/26/2021, review of the personnel records revealed Employee #17 was hired on 11/19/2020 as a Registered Nurse. There was no documentation of a Criminal Background Check at the time of hire in the submitted records.</p> <p>There was a Criminal Background Check document stating "Received date: 05/11/2021" and status listed as "No Identifiable Records." It was obtained 173 days after hire.</p> <p>On 5/26/2021 at 10:44 a.m., an interview was conducted with the Business Office Manager who confirmed that the Criminal Background Check for Employee # 17 was completed on 5/11/2021. She stated the expectation was that Background Checks would be initiated prior to or upon hire.</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0388	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/27/2021
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT BOTETOURT COMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 290 COMMONS PARKWAY DALEVILLE, VA 24083		
(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 001	<p>Continued From page 10</p> <p>A copy of the facility's policy on Hiring, Background Checks, Personnel Files and Terminations was requested.</p> <p>During the end of day debriefing on 5/26/2021, the facility Administrator was informed there was no documentation of Sworn Statements being obtained prior to hire and no evidence of the facility staff conducting Criminal Background checks on several employees. The Administrator stated Sworn Statements, Criminal Background Checks and Reference Checks should be conducted on all new hires.</p> <p>The Administrator stated the facility recently hired a new Business Office Manager who started the week of the survey and would develop a system to resolve the issues.</p> <p>Review of the Abuse Policy entitled "Abuse Prevention Program", Revised 11/2016, revealed the following:</p> <p>"Policy Statement: Our residents have the right to be free from abuse, neglect, misappropriation and exploitation...."</p> <p>"Policy Interpretation and Implementation</p> <p>As part of the resident abuse prevention, the administration will:</p> <p>2. Conduct employee background checks and will not knowingly employ or otherwise engage any who has:</p> <p>a. Have been found guilty of abuse, neglect, exploitation, misappropriation of property or mistreatment by a court of law</p> <p>b. Have had a finding entered the State nurse aide registry concerning abuse, neglect, exploitation, misappropriation of property.</p> <p>c. Have a disciplinary action in effect against his or her professional license by a state licensure</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0388	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/27/2021
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT BOTETOURT COMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 290 COMMONS PARKWAY DALEVILLE, VA 24083		
(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 001	<p>Continued From page 11</p> <p>body as a result of abuse, neglect, exploitation, misappropriation of property.</p> <p>3. Develop and implement policies and procedures to aid our facility in preventing abuse, neglect, or mistreatment of our residents."</p> <p>On 5/27/2021 at 1:59 p.m. during the end of day debriefing, the facility Administrator was again informed of the findings. The Administrator stated she had no questions about the findings.</p> <p>No further information was provided.</p> <p>2 e) For Employee # 23, the facility staff failed to ensure a criminal background check was completed prior to or upon hire.</p> <p>On 05/26/2021, review of the personnel records revealed Employee #23 was hired on 8/28/2020 as a Certified Nursing Assistant. There was no documentation of a Criminal Background Check at the time of hire in the submitted records. There was no documentation of a Criminal Background Check at any time up to the end of the survey. Employee # 23 had been employed for 9 months at the time of survey.</p> <p>On 5/26/2021 at 2:32 p.m., an interview was conducted with the facility Administrator. She was informed there was no evidence of the facility staff conducting Criminal Background checks on several employees.</p> <p>The Administrator stated Sworn Statements,</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0388	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/27/2021
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT BOTETOURT COMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 290 COMMONS PARKWAY DALEVILLE, VA 24083		
(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 001	<p>Continued From page 12</p> <p>Criminal Background Checks and Reference Checks should be conducted on all new hires. The Administrator stated the importance of screening processes and procedures prior to hire were to make sure the applicants did not have any barrier crimes and to protect the residents from the potential of abuse.</p> <p>The Administrator stated she had been working at the facility for three weeks and had been working on problems identified by a Human Resources staff member from one of their sister facilities who came to help during the interim after the previous Business Office Manager left. The Administrator stated the facility recently hired a new Business Office Manager who started the week of the survey and would develop a system to resolve the issues.</p> <p>During the end of day debriefing on 5/26/2021, the Administrator was informed of the findings. The Administrator stated the facility was going to correct the issues and make sure all new hires have the proper screening including Criminal Background Checks.</p> <p>On 5/27/2021 at 1:59 p.m. during the end of day debriefing, the facility Administrator was again informed of the findings. The Administrator stated Criminal Background checks should be conducted on all new hires. The Administrator stated she had no questions about the findings.</p> <p>No further information was provided.</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0388	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/27/2021
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT BOTETOURT COMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 290 COMMONS PARKWAY DALEVILLE, VA 24083		
(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 001	<p>Continued From page 13</p> <p>12 VAC5-371-140 (E) (1) Personnel Policies Written Job Descriptions 12 VAC5-371-140 (E) (3) (c) Based on the Code of Virginia, employee record review, facility documentation review and staff interview, the facility staff failed to implement policies and procedures to include written job descriptions for 23 of 26 employees in the Employee Record Check Sample.</p> <p>Employee # 1- hired 9/12/2020- Activity Director Employee # 2- hired 8/17/2020- Social Services Director Employee # 3- hired 7/6/2020- Receptionist Employee # 6- hired 4/2/2021- Certified Nursing Assistant Employee # 7- hired 3/12/2021- Certified Nursing Assistant Employee # 8- hired-2/26/2021- Certified Nursing Assistant Employee # 9- hired 10/13/2020-Certified Nursing Assistant Employee #10- hired 12/23/2019- Certified Nursing Assistant Employee # 11- hired 9/16/2020- Licensed Practical Nurse Employee # 12- hired 3/16/2021- Licensed Practical Nurse Employee # 13-hired 2/6/2021- Licensed Practical Nurse Employee # 14- hired 9/9/2020- Licensed Practical Nurse Employee # 15- hired 7/16/2020- Licensed Practical Nurse Employee # 16-hired 4/3/2020- Licensed Practical Nurse Employee # 17- hired 11/20/2020- Registered Nurse Employee # 18- hired 4/10/2020- Registered Nurse</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0388	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/27/2021
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT BOTETOURT COMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 290 COMMONS PARKWAY DALEVILLE, VA 24083		
(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 001	<p>Continued From page 14</p> <p>Employee # 19- hired 8/10/2019- Certified Nursing Assistant</p> <p>Employee # 20- hired 2/27/2020- Licensed Practical Nurse</p> <p>Employee #21- hired 4/20/2021- Licensed Practical Nurse</p> <p>Employee # 22- hired 1/20/2021- Certified Nursing Assistant</p> <p>Employee # 23- hired 8/28/2020- Certified Nursing Assistant</p> <p>Employee # 24- hired 6/23/2020- Licensed Practical Nurse</p> <p>Employee # 25- hired 8/24/2020- Nursing Assistant</p> <p>On 5/26/2020 at 4:32 p.m., an interview was conducted with the Business Office Manager who stated there were no signed job descriptions noted in the personnel files of the new hires selected for Employee Record Check. The Business Office Manager stated she was new employee of only two days at the beginning of the survey and found there was no documentation that job descriptions were signed upon hire. The Business Office Manager stated "this will be one of the audits I complete moving forward."</p> <p>On 5/27/2021 at 1:59 p.m. during the end of day debriefing, the facility Administrator was informed of the findings. The Administrator stated she had no questions about the findings.</p> <p>No further information was provided.</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0388	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/27/2021
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT BOTETOURT COMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 290 COMMONS PARKWAY DALEVILLE, VA 24083		
(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 001	<p>Continued From page 15</p> <p>12 VAC 5-371-210 Nursing Services 12 VAC 5-371-210 (E)</p> <p>Based on the Code of Virginia, employee record review and staff interview, the facility staff failed to verify licensure from the Department of Health Professions prior to hire for 2 (Employees # 15 and # 24) of 5 Registered Nurses, for 1 (Employee # 13) of 5 Licensed Practical Nurses.</p> <p>The findings included:</p> <p>4 a) For Employee # 17, the facility staff failed to obtain licensure verification prior to hire.</p> <p>On 5/25/2021- 5/27/2021, a review was conducted of employee records.</p> <p>Review of the personnel file for Employee # 17 was conducted and revealed Employee # 17 was hired on 11/19/2020 as a Registered Nurse. Employee # 17's Registered Nurse license was not verified by the facility staff with the Department of Health Professions until 11/23/2020 at 13:02 (1:02 p.m.), 4 days after her date of hire.</p> <p>On 5/26/2021 at approximately 3:58 p.m., an interview was conducted with the Human Resources Director who confirmed that the license for Employee # 17 was verified after the date of hire. She stated the expectation was that licenses would be verified and current prior to hire. A copy of the facility's policy on Hiring was requested. An interview was conducted with the facility Administrator who stated the expectation was for licenses to be verified prior to hire and re-verified upon expiration.</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0388	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/27/2021
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT BOTETOURT COMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 290 COMMONS PARKWAY DALEVILLE, VA 24083		
(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 001	<p>Continued From page 16</p> <p>On 05/26/2021 at 4:30 p.m., an interview was conducted with the facility Administrator who was informed of the issue. A copy of the facility's policy on Hiring, Background Checks, Personnel Files and Terminations was requested. The Administrator stated she would submit a copy of the facility's policy. The Administrator stated licenses should be verified on all new employees prior to the hire date.</p> <p>The facility policy on "Employment Standards" was reviewed. There was no documentation of the date the policy was written, date reviewed, date revised, the name of the manual in which it was located nor the name of the facility.</p> <p>Under Policy was written: "It is the policy that the facility will only hire those individuals that are best suited to perform their assigned task within the guidelines and rules set forth by the state and federal government."</p> <p>Under Procedure was written: 5. Any offer to employ must be made contingent upon a clear background check, acceptable reference checks and a clear drug screen in accordance with any state or federal guidelines. 6. Human Resources or their designee prior to hire should run all required state and federal reports on all applicants including but not limited to OIG [Office of the Inspector General], SAM [System for Award Management], Sex Offender and License/Certification checks."</p> <p>Review of the Abuse Policy entitled "Abuse Prevention Program", Revised 11/2016, revealed the following:</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0388	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/27/2021
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT BOTETOURT COMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 290 COMMONS PARKWAY DALEVILLE, VA 24083		
(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 001	<p>Continued From page 17</p> <p>"Policy Statement: Our residents have the right to be free from abuse, neglect, misappropriation and exploitation...."</p> <p>"Policy Interpretation and Implementation As part of the resident abuse prevention, the administration will: 2. Conduct employee background checks and will not knowingly employ or otherwise engage any who has: a. Have been found guilty of abuse, neglect, exploitation, misappropriation of property or mistreatment by a court of law b. Have had a finding entered the State nurse aide registry concerning abuse, neglect, exploitation, misappropriation of property. c. Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of abuse, neglect, exploitation, misappropriation of property.</p> <p>3. Develop and implement policies and procedures to aid our facility in preventing abuse, neglect, or mistreatment of our residents."</p> <p>On 5/27/2021 at 1:59 p.m. during the end of day debriefing, the facility Administrator was again informed of the findings. The Administrator stated she had no questions about the findings.</p> <p>No further information was provided</p> <p>4 b). For Employee # 16, the facility staff failed to re-verify the license after the date of expiration.</p> <p>Review of the personnel file for Employee # 6</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0388	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/27/2021
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT BOTETOURT COMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 290 COMMONS PARKWAY DALEVILLE, VA 24083		
(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 001	<p>Continued From page 18</p> <p>revealed that Employee # 6 was hired on 1/21/2020 as a Licensed Practical Nurse. At the time of hiring, Employee 16's license was verified timely and listed as expiring on 8/31/2020. Her license was not re-verified by the facility staff with the Department of Health Professions until 4/19/2021 at 18:39 (6:39 p.m.).</p> <p>On 5/26/2021 at 10:49 a.m., the findings were reviewed with the Business Office Manager who stated that she had been in that position only for a couple of days. She stated that she did not see any documentation that the license had been verified after the date it was listed to expire until the date of 4/19/2021.</p> <p>The Business Office Manager stated she had developed some procedures to make sure the verification of all of the licenses were renewed on time.</p> <p>The Administrator was notified of the issue at 4:30 p.m. on 5/26/2021. An interview was conducted with the facility Administrator who stated the expectation was for licenses/certifications to be verified prior to hire and re-verified upon expiration. The Administrator stated the facility would develop a system to obtain verification of renewal of licenses when due to expire.</p> <p>Review of the Abuse Policy entitled "Abuse Prevention Program", Revised 11/2016, revealed the following:</p> <p>"Policy Statement: Our residents have the right to be free from abuse, neglect, misappropriation and exploitation...."</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0388	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/27/2021
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT BOTETOURT COMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 290 COMMONS PARKWAY DALEVILLE, VA 24083		
(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 001	<p>Continued From page 19</p> <p>"Policy Interpretation and Implementation As part of the resident abuse prevention, the administration will:</p> <p>2. Conduct employee background checks and will not knowingly employ or otherwise engage any who has:</p> <p>a. Have been found guilty of abuse, neglect, exploitation, misappropriation of property or mistreatment by a court of law</p> <p>b. Have had a finding entered the State nurse aide registry concerning abuse, neglect, exploitation, misappropriation of property.</p> <p>c. Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of abuse, neglect, exploitation, misappropriation of property.</p> <p>3. Develop and implement policies and procedures to aid our facility in preventing abuse, neglect, or mistreatment of our residents."</p> <p>On 5/27/2021 at 1:59 p.m. during the end of day debriefing, the facility Administrator was again informed of the findings. The Administrator stated she had no questions about the findings.</p> <p>No further information was provided</p> <p>4 c). For Employee # 10, the facility staff failed to re-verify the certification after the date of expiration.</p> <p>On 5/26/2021, an Employee Record Check was conducted on Employee # 10. Review of the personnel file for Employee # 10 revealed:</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0388	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/27/2021
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT BOTETOURT COMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 290 COMMONS PARKWAY DALEVILLE, VA 24083		
(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 001	<p>Continued From page 20</p> <p>Employee # 10 was hired on 12/23/2019 as a Certified Nursing Assistant. At the time of hire, her Certification was listed as expiring on 5/31/2020. Her Certificate was not re-verified by the facility staff with the Department of Health Professions until 4/19/2021 at 16:28 (4:28 p.m.).</p> <p>On 05/26/2021 at 10:44 a.m., an interview was conducted with the Business Office Manager who stated there were no documents about License Verification after the date of expiration.</p> <p>On 05/26/2021 at 2:32 p.m., an interview was conducted with the facility Administrator who was informed of the issue. A copy of the facility's policy on Hiring, Background Checks, Personnel Files and Terminations was requested. The Administrator stated she would submit a copy of the facility's policy.</p> <p>The Administrator stated the expectation was for licenses/certifications to be verified prior to hire and re-verified upon expiration.</p> <p>Review of the Abuse Policy entitled "Abuse Prevention Program", Revised 11/2016, revealed the following:</p> <p>"Policy Statement: Our residents have the right to be free from abuse, neglect, misappropriation and exploitation...."</p> <p>"Policy Interpretation and Implementation As part of the resident abuse prevention, the administration will:</p> <p>2. Conduct employee background checks and will not knowingly employ or otherwise engage any who has:</p> <p>a. Have been found guilty of abuse, neglect,</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0388	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/27/2021
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT BOTETOURT COMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 290 COMMONS PARKWAY DALEVILLE, VA 24083		
(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 001	<p>Continued From page 21</p> <p>exploitation, misappropriation of property or mistreatment by a court of law</p> <p>b. Have had a finding entered the State nurse aide registry concerning abuse, neglect, exploitation, misappropriation of property.</p> <p>c. Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of abuse, neglect, exploitation, misappropriation of property.</p> <p>3. Develop and implement policies and procedures to aid our facility in preventing abuse, neglect, or mistreatment of our residents."</p> <p>On 5/27/2021 at 1:59 p.m. during the end of day debriefing, the facility Administrator was again informed of the findings. The Administrator stated she had no questions about the findings.</p> <p>No further information was provided.</p>	F 001		