	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		VA0388	B. WING		05/27/2021	
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CARRING	TON PLACE AT BOTET		MMONS PARKWAY LLE, VA 24083			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	) THE APPROPRIATE	COMPLET DATE
F 000	Initial Comments		F 000			
	survey and biennial was conducted 5/25, Corrections are required CFR Part 483 Feder requirements and Vi for the Licensure of I Safety Code survey/ The census in this 9 at the time of the sur	aired for compliance with 42 ral Long Term Care rginia Rules and Regulations Nursing Facilities. The Life report will follow. 0 certified bed facility was 82 rvey. The survey sample ent Resident reviews and 3				
F 001	Non Compliance		F 001			
	The facility was out of following state licens	of compliance with the sure requirements:				
	-	n compliance with the les and Regulations for				
	Policy and Procedur 12 VAC 5-371-140 -	es cross reference to F607				
		nt and Care Planning A) - cross reference to F641				
	F677	D and F) - cross reference to				
	12 VAC 5-371-220 (I	B) - cross reference to F684				
	Nursing Home Licen	vices H) - cross reference to F756 Isure and Inspection. .) (Sworn Statement or CRC)				

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

TITLE

(X6) DATE

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY PLETED
			A. BUILDING:			
		VA0388	B. WING		05/27/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CARRING	TON PLACE AT BOTET	OURT COMMONS	IMONS PARKWAY			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF C						(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET
F 001	Continued From page	e 1	F 001			
	Policies and Procedu 12 VAC 5-371-140 (E Procedures.	res E)(3)(A)(B) Policies and				
	review, facility docum	f Virginia, employee record nentation review and staff staff failed to obtain Sworn				
	· · · ·	mployees # 1, # 2, # 3, # 6 imployees prior to hire in the neck sample.				
	-	o obtain Sworn Statements es (Employees # 1, # 2, # 3, or to hire.				
	found for 23 employe	, no Sworn Statements were es (Employees # 1, # 2, # 3, an employee record review				
	have the properly sig hired through the con Housekeeping and T employees hired thro Office/Human Resou Sworn Statements. E Statements were not	yees in the sample who did ned Sworn Statements were stract services for Dietary, herapy. None of the 23 ugh the facility's Business rces Department had signed Evidence revealed Sworn obtained in records ires in 2019, 2020 and 2021.				
	Employee # 1- hired Employee # 2- hired Director Employee # 3- hired Employee # 6- hired Assistant Employee # 7- hired	9/12/2020- Activity Director 8/17/2020- Social Services 7/6/2020- Receptionist 4/2/2021- Certified Nursing 3/12/2021- Certified Nursing				
	Assistant Employee # 8- hired-	2/26/2021- Certified Nursing				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		VA0388	B. WING		05/27/2021	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	. ZIP CODE	1 00	"Z1/2021
		290 CON	MONS PARKWAY			
CARRING	TON PLACE AT BOTET	DURT COMMONS DALEVIL	LE, VA 24083			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
F 001	Continued From page	e 2	F 001			
	Assistant					
		10/13/2020-Certified Nursing				
		12/23/2019- Certified				
		9/16/2020- Licensed				
	Employee # 12- hired Practical Nurse	3/16/2021- Licensed				
	Employee # 13-hired Practical Nurse	2/6/2021- Licensed				
	Employee # 14- hired Practical Nurse	9/9/2020- Licensed				
	Employee # 15- hired Practical Nurse	1 7/16/2020- Licensed				
	Employee # 16-hired Practical Nurse	4/3/2020- Licensed				
	Nurse	11/20/2020- Registered				
	Nurse	d 4/10/2020- Registered				
	Nursing Assistant	1 8/10/2019- Certified				
	Practical Nurse	2/27/2020- Licensed				
	Practical Nurse	4/20/2021- Licensed				
	Nursing Assistant	1/20/2021- Certified				
	Nursing Assistant	3 8/28/2020- Certified				
	Practical Nurse	1 6/23/2020- Licensed				
	Employee # 25- hired Assistant	a 0/24/2020- Nursing				
		4 a.m., an interview was				
		usiness Office Manager who				
	confirmed that signed	d Sworn Statements were				

	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
	ROVIDER OR SUPPLIER	VA0388	DDRESS, CITY, STATE		05	5/27/2021	
		290 COM					
CARRING	TON PLACE AT BOTET	OURT COMMONS DALEVIL	LE, VA 24083				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLET DATE	
F 001	Continued From pag	e 3	F 001				
	previously. The Busin she had only been w of the survey. She st that during the interin Office manager leavi as the new Business recognized there wen personnel files regar- upon hire. She stated Sworn Statements w the day of hire. The stated she would be	acility staff or new employees ness Office Manager stated rorking two days at the start ated she had been informed m of the previous Business ing and the facility hiring her c Office Manager, the facility re some problems with the ding required documentation d the expectation was that rould be signed prior to or on Business Office Manager sure all future new hires tatements signed prior to					
	were made aware of The Administrator sta only been there abou Nurse Consultant sta month" a staff memb had identified issues personnel files. The Administrator stated developing a plan to During the end of day the facility Administrator	ad Regional Nurse Consultant the findings on 5/26/2021. ated she was new and had at 3 weeks. The Regional ated that "during the past eer from another sister facility with several aspects of the Nurse Consultant and they were in the process of rectify the problems. y debriefing on 5/26/2021, ator was informed there was Sworn Statements being					
	obtained prior to hire facility staff conducti checks on several er missing Reference c stated Sworn Statem Checks and Referen conducted on all new The Administrator sta	and no evidence of the ing Criminal Background mployees. There also were hecks. The Administrator nents, Criminal Background ce Checks should be					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
		VA0388	B. WING		05	5/27/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CARRING	TON PLACE AT BOTET	OURT COMMONS	IMONS PARKWAY LLE, VA 24083			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
F 001	Continued From page 4		F 001			
	week of the survey a to resolve the issues	nd would develop a system				
	debriefing, the facility	9 p.m. during the end of day y Administrator was again ngs. The Administrator stated s about the findings.				
	No further informatio	n was provided.				
	background check w	failed to ensure a criminal as obtained for 5 # 12, # 17 and # 23) prior to				
		43, the facility staff failed to ackground Check prior to or				
	On 5/25/2021- 5/27/2 records was conduct	2021, review of employee ed.				
	Employee # 3 was hi Receptionist. There	# 3's personnel file revealed ired on 7/6/2020 as a was no documentation of a I Check at the time of hire in s.				
	There was a Crimina document stating "Re and status listed as " Processed."	eceived date: 05/25/2021"				
	conducted with the E confirmed that the C for Employee # 3 wa compiling the list of r	4 a.m., an interview was Business Office Manager who riminal Background Check s initiated on 5/25/2021 while ecords for review since there on of a Criminal Background				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		VA0388	B. WING		05	/27/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CARRING	TON PLACE AT BOTET	OURT COMMONS	MONS PARKWAY			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	OF CORRECTION	(X5)
PRÉFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	D THE APPROPRIATE	COMPLET
F 001	Continued From pag	e 5	F 001			
	in the file. She state Background Checks upon hire.	ior to or upon the date of hire d the expectation was that would be initiated prior to or				
	A copy of the facility's policy on Hiring, Background Checks, Personnel Files and Terminations was requested.					
	the facility Administra no documentation of obtained prior to hire facility staff conducti checks on several er stated Sworn Statem	y debriefing on 5/26/2021, ator was informed there was Sworn Statements being and no evidence of the ing Criminal Background mployees. The Administrator nents, Criminal Background ice Checks should be v hires.				
	a new Business Offic	ated the facility recently hired ce Manager who started the and would develop a system				
	debriefing, the facilit	9 p.m. during the end of day ty Administrator was again ngs. The Administrator stated s about the findings.				
	No further informatio	n was provided.				
		# 9, the facility staff failed to Background Check prior to or 9.				
	On 5/25/2021- 5/27/2 records was conduct	2021, review of employee ted.				
		# 9's personnel file revealed ired on 10/13/2020 as a				

STATE FORM

	/irginia FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		VA0388	B. WING		05	5/27/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CARRING	TON PLACE AT BOTET	DURT COMMONS	MMONS PARKWAY LLE, VA 24083			
(X4) ID PREFIX TAG	(EACH DEFICIENC	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED		PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
F 001	at the time of hire in the time of tim	<ul> <li>A spoke of the submitted records.</li> <li>A submitted records.</li> <li>A submitted records.</li> <li>Background Check eccived date: 05/25/2021" Transaction is being ee # 9 had been employed at a Criminal Background</li> <li>A a.m., an interview was usiness Office Manager who riminal Background Check is initiated on 5/25/2021 while ecords for review since there on of a Criminal Background loor to or upon the date of hire d the expectation was that would be initiated prior to or</li> <li>A spolicy on Hiring, Personnel Files and quested.</li> <li>Policy entitled "Abuse", Revised 11/2016, revealed</li> <li>A ur residents have the right to neglect, misappropriation</li> </ul>	F 001	DEFICIEN		

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		VA0388	B. WING		05	6/27/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	·	
CARRING	TON PLACE AT BOTET		MMONS PARKWAY			
			LLE, VA 24083			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION )			(X5) COMPLETI DATE
F 001	Continued From pag	je 7	F 001			
	exploitation, misappi mistreatment by a co b. Have had a findir aide registry concerr exploitation, misappi c. Have a disciplina or her professional li body as a result of a misappropriation of p 3. Develop and imple procedures to aid ou neglect, or mistreatm During the end of da the facility Administra no documentation of obtained prior to hire facility staff conduct checks on several en stated Sworn Statem Checks and Referen conducted on all new The Administrator st a new Business Offic week of the survey a to resolve the issues On 5/27/2021 at 1:50 debriefing, the facilit informed of the findin for Employee # 9. T	ng entered the State nurse ning abuse, neglect, ropriation of property. ry action in effect against his idense by a state licensure abuse, neglect, exploitation, property. ement policies and ur facility in preventing abuse, nent of our residents." hy debriefing on 5/26/2021, ator was informed there was f Sworn Statements being e and no evidence of the sing Criminal Background mployees. The Administrator nents, Criminal Background hace Checks should be w hires. ated the facility recently hired ce Manager who started the and would develop a system s. 9 p.m. during the end of day y Administrator was again ngs of no Background Check he search was not initiated ey when the list of chosen				
	Administrator stated the findings. No further informatic	she had no questions about on was provided.				

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		VA0388	B. WING		05/27/2021	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
CARRING	TON PLACE AT BOTET	DURT COMMONS	MMONS PARKWAY LLE, VA 24083			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETI
F 001	Continued From page 8		F 001			
	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.					
	On 5/25/2021- 5/27/2021, review of employee records was conducted.					
	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.					
	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.					
	A copy of the facility's Background Checks, Terminations was rec	Personnel Files and				
		Policy entitled "Abuse , Revised 11/2016, revealed				
		ur residents have the right to neglect, misappropriation				
	administration will: 2. Conduct employee	and Implementation ht abuse prevention, the background checks and will y or otherwise engage any				

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY PLETED
		VA0388	B. WING		05/27/2021	
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		/2//2021
CARRING	TON PLACE AT BOTET	OURT COMMONS	MMONS PARKWAY LLE, VA 24083			
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION) BIO PREFIX TAG CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
F 001	exploitation, misappr mistreatment by a co b. Have had a findin aide registry concerr exploitation, misappr c. Have a disciplinar or her professional li- body as a result of al misappropriation of p 3. Develop and imple procedures to aid ou neglect, or mistreatm No further informatio	guilty of abuse, neglect, opriation of property or ourt of law g entered the State nurse ning abuse, neglect, opriation of property. y action in effect against his cense by a state licensure buse, neglect, exploitation, property. ement policies and r facility in preventing abuse, nent of our residents."	F 001			
	ensure a Criminal Ba completed prior to or 173 days after the da On 05/26/2021, revie revealed Employee # as a Registered Nurs documentation of a C at the time of hire in	ackground Check was upon hire. It was obtained ate of hire. we of the personnel records 417 was hired on 11/19/2020 se. There was no Criminal Background Check the submitted records.				
	document stating "Re and status listed as " was obtained 173 da On 5/26/2021 at 10:2 conducted with the E confirmed that the C for Employee # 17 w She stated the expect	al Background Check eccived date: 05/11/2021" No Identifiable Records." It tys after hire. 44 a.m., an interview was Business Office Manager who riminal Background Check as completed on 5/11/2021. ctation was that Background iated prior to or upon hire.				

State of V	rginia	1				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED
		VA0388	B. WING		05/27/2021	
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
CARRING	TON PLACE AT BOTET	DURT COMMONS	MMONS PARKWAY LLE, VA 24083			
(X4) ID	SUMMARY S	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLETE
F 001	Continued From pag	e 10	F 001			
	A copy of the facility' Background Checks, Terminations was red	Personnel Files and				
	the facility Administra no documentation of	y debriefing on 5/26/2021, ator was informed there was Sworn Statements being				
	facility staff conduction checks on several errors stated Sworn Statem Checks and Referen conducted on all new The Administrator state a new Business Office	ated the facility recently hired æ Manager who started the nd would develop a system				
		Policy entitled "Abuse , Revised 11/2016, revealed				
	be free from abuse, i and exploitation" "Policy Interpretation	ur residents have the right to neglect, misappropriation and Implementation nt abuse prevention, the				
	not knowingly emplo who has:	e background checks and will y or otherwise engage any guilty of abuse, neglect,				
	exploitation, misappr mistreatment by a co	opriation of property or				
	aide registry concern exploitation, misappr					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		VA0388	B. WING		05	/27/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CARRING	TON PLACE AT BOTETO	OURT COMMONS	IMONS PARKWAY LE, VA 24083			
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES     ID     PROVIDER'S PLAN OF (CONCERNING)       (EACH DEFICIENCY MUST BE PRECEDED BY FULL     PREFIX     (EACH CORRECTIVE ACTIVE A		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE	
F 001	Continued From page 11 body as a result of abuse, neglect, exploitation, misappropriation of property.		F 001			
	3. Develop and imple procedures to aid our neglect, or mistreatm	facility in preventing abuse,				
	debriefing, the facility	p.m. during the end of day / Administrator was again gs. The Administrator stated about the findings.				
	No further information	n was provided.				
	2 e) For Employee # ensure a criminal bac completed prior to or	-				
	revealed Employee # as a Certified Nursing documentation of a C at the time of hire in t was no documentation Check at any time up	w of the personnel records 23 was hired on 8/28/2020 3 Assistant. There was no riminal Background Check he submitted records. There n of a Criminal Background to the end of the survey. een employed for 9 months				
	conducted with the fa was informed there w	2 p.m., an interview was cility Administrator. She as no evidence of the facility ninal Background checks on				
	The Administrator sta	ted Sworn Statements,				

STATEMEN	Virginia T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
		VA0388	B. WING		05	/27/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CARRING	TON PLACE AT BOTET	DURT COMMONS	IMONS PARKWAY LLE, VA 24083			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
F 001	Checks should be co The Administrator sta screening processes were to make sure th any barrier crimes ar from the potential of a The Administrator sta the facility for three w on problems identifie staff member from or who came to help du previous Business O The Administrator sta a new Business Offic week of the survey a to resolve the issues During the end of day the Administrator was The Administrator sta correct the issues an have the proper scre Background Checks. On 5/27/2021 at 1:59 debriefing, the faciliti informed of the findin Criminal Background conducted on all new	Checks and Reference inducted on all new hires. ated the importance of and procedures prior to hire he applicants did not have nd to protect the residents abuse. Ated she had been working at weeks and had been working d by a Human Resources he of their sister facilities ring the interim after the ffice Manager left. Ated the facility recently hired are Manager who started the nd would develop a system y debriefing on 5/26/2021, s informed of the findings. Ated the facility was going to d make sure all new hires ening including Criminal A p.m. during the end of day y Administrator was again ngs. The Administrator stated i checks should be whires. The Administrator testions about the findings.	F 001			

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
	ST CONNECTION	IDENTIFICATION NOWIDER.	A. BUILDING:			LLILD
		VA0388	B. WING		05	/27/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
CARRING	TON PLACE AT BOTETO	OURT COMMONS	MONS PARKWAY			
		DALEVI	LLE, VA 24083			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
F 001	Continued From page	e 13	F 001			
	12 \/AC5_371_1/0 (E)	) (1) Personnel Policies				
	Written Job Description					
	12 VAC5-371-140 (E)					
		f Virginia, employee record				
		nentation review and staff				
	•	staff failed to implement				
		res to include written job				
	descriptions for 23 of	-				
	Employee Record Ch					
	Employee # 1- hired	9/12/2020- Activity Director				
		8/17/2020- Social Services				
	Director					
	Employee # 3- hired	7/6/2020- Receptionist				
	Employee # 6- hired	4/2/2021- Certified Nursing				
	Assistant					
		3/12/2021- Certified Nursing				
	Assistant Employee # 8- hired- Assistant	2/26/2021- Certified Nursing				
	Employee # 9- hired 10/13/2020-Certified Nursing Assistant					
		12/23/2019- Certified				
	Employee # 11- hired	9/16/2020- Licensed				
	Practical Nurse					
		3/16/2021- Licensed				
	Practical Nurse					
	Employee # 13-hired	1 2/0/2021- LICENSED				
	Practical Nurse	10/0/2020 Licensed				
	Employee # 14- hired Practical Nurse	I JIJIZUZU- LICENSEU				
		7/16/2020- Licensed				
	Practical Nurse					
	Employee # 16-hired	4/3/2020- Licensed				
	Practical Nurse					
		11/20/2020- Registered				
	Nurse					
		4/10/2020- Registered				
	Nurse					

STATE FORM

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY	
		BENTI IOATION NOMBER.	A. BUILDING:				
		VA0388	B. WING		05	/27/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
CARRING	TON PLACE AT BOTET	OURT COMMONS	MONS PARKWAY				
(X4) ID	SUMMARY ST		ID	PROVIDER'S PLAN O	F CORRECTION	(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET	
F 001	Continued From page	e 14	F 001				
	Employee # 19- hired	d 8/10/2019- Certified					
	Nursing Assistant						
		d 2/27/2020- Licensed					
	Practical Nurse Employee #21- hired	4/20/2021- Licensed					
	Practical Nurse						
		d 1/20/2021- Certified					
	Nursing Assistant	d 8/28/2020- Certified					
	Nursing Assistant						
	Employee # 24- hired	d 6/23/2020- Licensed					
	Practical Nurse Employee # 25- hired 8/24/2020- Nursing						
	Assistant						
	conducted with the B stated there were no noted in the personn selected for Employe Business Office Man employee of only two survey and found the that job descriptions Business Office Man of the audits I comple On 5/27/2021 at 1:59 debriefing, the facilit	9 p.m. during the end of day by Administrator was informed Administrator stated she had he findings.					

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		VA0388	B. WING		05	/27/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CARRING	TON PLACE AT BOTET		MMONS PARKWAY LLE, VA 24083			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
F 001	Continued From pag	je 15	F 001			
	12 VAC 5-371-210 N 12 VAC 5-371-210 (I					
	review and staff inter to verify licensure fro Professions prior to l and # 24) of 5 Regis	of Virginia, employee record rview, the facility staff failed om the Department of Health hire for 2 (Employees # 15 tered Nurses, for 1 5 Licensed Practical Nurses.				
	The findings include	d:				
	4 a) For Employee # obtain licensure verit	17, the facility staff failed to fication prior to hire.				
	On 5/25/2021- 5/27/2 conducted of employ					
	was conducted and i hired on 11/19/2020 Employee # 17's Re- not verified by the fa Department of Healt	5				
	interview was condu Resources Director v license for Employee date of hire. She sta licenses would be ve hire. A copy of the f requested. An interv facility Administrator	proximately 3:58 p.m., an cted with the Human who confirmed that the e # 17 was verified after the ated the expectation was that erified and current prior to facility's policy on Hiring was iew was conducted with the who stated the expectation be verified prior to hire and iration				

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		VA0388	B. WING		05	/27/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CARRING	TON PLACE AT BOTET	OURT COMMONS	IMONS PARKWAY LLE, VA 24083			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
F 001	Continued From page	e 16	F 001			
	conducted with the fa informed of the issue policy on Hiring, Bacl Files and Termination Administrator stated the facility's policy. T licenses should be ve prior to the hire date.	80 p.m., an interview was acility Administrator who was . A copy of the facility's kground Checks, Personnel as was requested. The she would submit a copy of The Administrator stated erified on all new employees "Employment Standards"				
	was reviewed. There the date the policy was	e was no documentation of as written, date reviewed, ne of the manual in which it				
	facility will only hire the suited to perform the	tten: "It is the policy that the nose individuals that are best ir assigned task within the set forth by the state and				
	upon a clear backgro reference checks and accordance with any 6. Human Resources hire should run all red reports on all applica to OIG [Office of the	y must be made contingent ound check, acceptable d a clear drug screen in state or federal guidelines. s or their designee prior to quired state and federal nts including but not limited Inspector General], SAM anagement], Sex Offender				
		Policy entitled "Abuse , Revised 11/2016, revealed				

STATEMENT	/irginia OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED		
		VA0388	B. WING		05	/27/2021		
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE	· · · ·			
CARRING	TON PLACE AT BOTET	OURT COMMONS	MMONS PARKWAY					
(X4) ID	DALEVILLE, VA 24083           D         SUMMARY STATEMENT OF DEFICIENCIES         ID         PROVIDER'S PLAN OF CORRECTION							
PRÉFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	) THE APPROPRIATE	COMPLET DATE		
F 001	Continued From pag	le 17	F 001					
	"Policy Statement: Our residents have the right to be free from abuse, neglect, misappropriation and exploitation"							
	"Policy Interpretation and Implementation As part of the resident abuse prevention, the administration will:							
	<ul><li>2. Conduct employee background checks and will not knowingly employ or otherwise engage any who has:</li><li>a. Have been found guilty of abuse, neglect, exploitation, misappropriation of property or</li></ul>							
	aide registry concerr exploitation, misappl	ng entered the State nurse						
	or her professional li	cense by a state licensure buse, neglect, exploitation,						
		ement policies and Ir facility in preventing abuse, nent of our residents."						
	debriefing, the facili	9 p.m. during the end of day ty Administrator was again ngs. The Administrator stated s about the findings.						
	No further informatic	n was provided						
		# 16, the facility staff failed to after the date of expiration.						
	Review of the perso	nnel file for Employee # 6						

STATE FORM

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
			A. BOILDING.			
		VA0388	B. WING	. WING		/27/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
CARRING	TON PLACE AT BOTET	OURT COMMONS	MONS PARKWAY			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
F 001	Continued From pag	e 18	F 001			
	revealed that Employ	yee # 6 was hired on				
	1/21/2020 as a Licer	nsed Practical Nurse. At the				
	<b>.</b>	yee 16's license was verified				
		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.).					
	On 5/26/2021 at 10.	19 a.m., the findings were				
		isiness 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.					
	The Business Office Manager stated she had					
	developed some procedures to make sure the					
		ne licenses were renewed on				
	time.					
	The Administrator wa	as notified of the issue at				
	-	21. An interview was				
		acility Administrator who				
	stated the expectation	s to be verified prior to hire				
	and re-verified upon	•				
		the facility would develop a				
	-	ification of renewal of				
	licenses when due to	лехрие.				
	Review of the Abuse	Policy entitled "Abuse				
		', Revised 11/2016, revealed				
	the following:	· · · · · · · ·				
	"Policy Statement: C	our residents have the right to				
	be free from abuse,	neglect, misappropriation				
	and exploitation"					

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X				
		A. BUILDING:			PLETED			
		VA0388	B. WING		05	5/27/2021		
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE				
CARRING	TON PLACE AT BOTET	DURT COMMONS	MMONS PARKWAY LLE, VA 24083					
(X4) ID								
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	O THE APPROPRIATE	COMPLETI DATE		
F 001	Continued From pag	e 19	F 001					
	As part of the resider administration will: 2. Conduct employed not knowingly employ who has: a. Have been found exploitation, misappr mistreatment by a co b. Have had a findin aide registry concerr exploitation, misappr c. Have a disciplination or her professional li body as a result of a misappropriation of p 3. Develop and imple procedures to aid ou neglect, or mistreatm On 5/27/2021 at 1:59 debriefing, the faciliti informed of the findir she had no question No further information 4 c). For Employee re-verify the certificat expiration.	g entered the State nurse ing abuse, neglect, opriation of property. y action in effect against his cense by a state licensure buse, neglect, exploitation, oroperty. ement policies and r facility in preventing abuse, nent of our residents." 9 p.m. during the end of day y Administrator was again ngs. The Administrator stated s about the findings. n was provided # 10, the facility staff failed to tion after the date of						
	conducted on Emplo	nployee Record Check was yee # 10. nnel file for Employee # 10						

	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		VA0388	B. WING		05	5/27/2021
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,			
CARRING	TON PLACE AT BOTET	DURT COMMONS	MMONS PARKWAY LLE, VA 24083			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETI DATE
F 001	Certified Nursing Ass her Certification was 5/31/2020. Her Cert the facility staff with the Professions until 4/19 On 05/26/2021 at 10 conducted with the B stated there were no Verification after the On 05/26/2021 at 2:3 conducted with the fa- informed of the issue policy on Hiring, Bac Files and Termination Administrator stated the facility's policy. The Administrator stated the facility's policy. Review of the Abuse Prevention Program" the following: "Policy Statement: O	hired on 12/23/2019 as a sistant. At the time of hire, listed as expiring on rtificate was not re-verified by the Department of Health 9/2021 at 16:28 (4:28 p.m.). 44 a.m., an interview was susiness Office Manager who documents about License date of expiration. 22 p.m., an interview was acility Administrator who was acility Administra	F 001	DEFICIE	NCY)	
	As part of the resider administration will: 2. Conduct employee not knowingly employ who has:	nt abuse prevention, the e background checks and will y or otherwise engage any guilty of abuse, neglect,				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				NSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		VA0388	B. WING		05	5/27/2021	
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, 2	ZIP CODE			
CARRING	TON PLACE AT BOTET	OURT COMMONS	MMONS PARKWAY LLE, VA 24083				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
F 001	Continued From pag		F 001				
	mistreatment by a co b. Have had a findin aide registry concern exploitation, misappi c. Have a disciplinar or her professional li body as a result of a misappropriation of p 3. Develop and imple procedures to aid ou neglect, or mistreatm On 5/27/2021 at 1:59 debriefing, the facilit	Ig entered the State nurse ning abuse, neglect, ropriation of property. ry action in effect against his cense by a state licensure buse, neglect, exploitation, property. ement policies and ir facility in preventing abuse, nent of our residents." P. p.m. during the end of day ty Administrator was again ngs. The Administrator stated s about the findings.					