State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		С	
		VA0245	B. WING		10/26/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ITE, ZIP CODE		
CONSULATE HEALTH CARE OF WOODSTOCK 803 SOUTH WOODSTO				1		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
F 000	Initial Comments		F 000			
	10/26/2021. Correcti	ucted 10/19/2021 through ons are required for ollowing Virginia Rules and				
	at the time of the surv	bed certified facility was 82 vey. The survey sample nt resident reviews and reviews.				
F 001	Non Compliance		F 001		12/1/21	
	The facility was out of following state licensu					
	This RULE: is not me Resident Rights 12VAC5-371-150 cros	•		Cross Reference tags F725, F550, F5 F677, F684, F690, F695, F686, F697, F689, F656, F657, F730, F947, F745,	,	
	Nurse Staffing 12vac5-371-210 cros	s reference F725		F770, F842, F919		
	Nursing Services 12VAC5-371-220 H c 12VAC5-371-220 D c	ross reference F677.		Employee #7's background check v completed 7/27/20 and no disqualifyir offenses were observed.	ng	
	F695 12VAC5-371-220 AB	ross reference F684, F690, C1 cross reference F686. cross reference F697,		Current employee files at the facility be audited to ensure they have currer background checks.	·	
	F689. Resident Assessmen			Executive Director will be educated Regional Vice President of Operations/designee on process for	by	
		ross reference F656, F657.		obtaining background checks per regulation prior to hire.		
	Staff Development & 12VAC5-371260 BC	Inservice Training cross reference F730, F947.		New hires will be audited by Execu Director weekly x 4 weeks to ensure	tive	

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

TITLE (X6) DATE

Electronically Signed

11/18/21

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State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7. BOILDING.		С	
		VA0245	B. WING		10/26/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CONSULA	TE HEALTH CARE OF W	OODSTOCK 803 SOUTH				
240.15	CLIMMADY CT.		CK, VA 22664	PROVIDER'S PLAN OF CORRECTION	1 000	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
F 001	Continued From page	. 1	F 001			
	Social Services 12VAC5-371-270 A cross reference F745. Diagnostic Services 12VAC5-371-310 A cross reference F770.			compliance. ED/designee will report results of audits to QAPI committee for review monthly for review and recommendations. Follow-up based of		
				findings.		
	Clinical Record 12VAC5-371-360 E cross reference F 842.			5. 12/1/2021.		
	Maintenance & House 12VAC5-371-370 A co					
	review, it was determ failed to evidence tha background check wa	iew and facility document ined that the facility staff t a criminal record as obtained in accordance tate of Virginia, for one of 25				
	The findings included:					
	employee records for within the past two ye of the employee record criminal record backg	proximately 11:00 a.m., the newly hired employees ears were reviewed. Review rds failed to evidence that a round check was obtained in accordance with the laws a.				
	date 05/12/2020. Evid Police criminal backgr "7/27/20."	sing assistant] # 7. Hire dence of the Virginia State round check was dated				
		7 p.m., an interview was [other staff member] # 3,				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING			,
		VA0245	B. WING		10/2	26/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CONSUL	ATE HEALTH CARE OF V	VOODSTOCK	H MAIN ST DCK, VA 22664	l		
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
F 001	human resource coor the missing documer did not have the miss When asked to describense verifications a checks OSM # 3 stat done prior to hire and to work until it was of the facility's policy "A Misappropriation" of "1. Screening: Person with the center will be abuse, neglect, exploresident property. The Employment history, Abuse check with appregistries, prior to hir statement prior to hir verification prior to hir verification prior to hir verification from form will ensure that all procontractors, voluntee are pre-screened as Review of the state of documents "E. Person procedures shall incluant accurate and come each employee includence check." Virginia Nursing Home 12VAC5-371-150 state comply with the requirem ployment for componicted of certain convicted of certain certa	rdinator. When asked about ats OSM # 1 stated that they sing documents listed above. The process for obtaining and criminal background ed, "Background checks are at they would not be allowed obtained." Abuse, Neglect, Exploitation documented in part, as applying for employment escreened for a history of obtaining but and limited to: Criminal Background check, propriate licensing board and es, Sworn disclosure es, Licensure or Registration re, Documentation of status tion from licensing or and other registries and her employers. The center obspective consultants, rs, caregivers and students required by law." Regulation 12VAC5-371-140 annel policies and ude, but are not limited to: 3. Applete personnel record for ding: b. Criminal record The Regulation tes that a facility must irements of §32.1-126.01:	F 001			

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							С	
		VA0245		B. WING			0/26/2021	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
CONSULA	ATE HEALTH CARE OF V	VOODSTOCK	803 SOUTH	H MAIN ST OCK, VA 22664	ı			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIEN		ID	PROVIDER'S PLAN O	 DF CORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED LSC IDENTIFYING INFO	BY FULL	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	COMPLETE DATE	
F 001	Continued From page	e 3		F 001				
	of license. "A nursing of employment, obtain employees an original with respect to convict in this section or an or record from the Centre Exchange."	n for any compens al criminal record c ctions for offenses original criminal his	sated learance specified story					
	State law (§§ 32.1-126.01 and 32.1-162.9:1 Employment for compensation of persons convicted of certain offenses prohibited; criminal records check required; suspension or revocation of license.) requires that each nursing facility, home care or home health organization, and hospice obtain a criminal record background check on new hires within 30 days of employment. The law also requires that these background checks be obtained using the Central Criminal Records Exchange from the Virginia Department of State Police. See Appendix 2 for a copy of each law.							
	On 10/26/2021 at 4:0 staff member] # 1, ex director of clinical ser vice president of oper the above findings. No further information	ecutive director, A vices, ASM # 3, re rations, were mad	SM # 2, egional e aware of					