STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0123			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		B. WING		C 09/09/2021	
	ROVIDER OR SUPPLIER	110 LAU	DDRESS, CITY, ST CK DR STER, VA 2260		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
F 000	Initial Comments An unannounced bier Inspection was condu	nnial State Licensure icted 09/07/2021 through	F 000		
	09/09/2021. Correcti	ons are required for ollowing Virginia Rules and			
	at the time of the surv	bed certified facility was 52 vey. The survey sample nt resident reviews and eight s.			
F 001	Non Compliance		F 001		10/14/2
	The facility was out of following state licensi				
	686 Policies & Procedures 12VAC5-371-140E3a Based on staff intervir review, it was determ failed to evidence tha record background ch and/or reference cher accordance with the I for 23 of 25 employee [other staff member] # 10, receptionist, RN #3, LPN [licensed pra [certified nursing assi	C 1 - cross references to F s, b,c, ew and facility document ined that the facility staff t sworn statements, criminal necks, license verifications cks were obtained in aws of the State of Virginia, e records reviewed, (OSM # 9, physical therapist, OSM I [registered nurse] # 2, RN netical nurse] # 7, CNA stant] # 4, #5, #6, #7, #9, 14, #15, #16, #17, #18, #19,		 The records of the previous employed were not found. Current employees at the facility will audited to ensure they have current background checks, sworn statements, license verifications, and reference checks. Human Resource Coordinator will be educated by Regional Director of Employee Relations/designee on importance of having background check sworn statements, license verification, a reference checks in employee files. New hire files will be audited weekly ED/designee for 4 weeks to ensure required documentation is present. The ED/designee will report results of audits the quality assurance performance 	be ks, and by

09/30/21

STATE FORM

Electronically Signed

If continuation sheet 1 of 6

			(X3) DATE SURVEY COMPLETED
STREET AL	B. WING		L C
			09/09/2021
440 1 410	DRESS, CITY, ST	ATE, ZIP CODE	
TIU LAUC	CK DR		
WINCHE	STER, VA 2260	3	
TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLET
1	F 001		
roximately 2:45 p.m., the newly hired employees ars were reviewed. Review ds failed to evidence that c, criminal record cense verifications and/or e obtained in accordance ate of Virginia. fied were: ember] # 9, physical 8/13/2021. No evidence of onist. Hire date 02/17/2020. statement or Virginia State ound check. se] # 2. Hire date nce of sworn statement, riminal background check 05/21/2020. No evidence d. tical nurse] # 7. Hire date ence of an employee record. ing assistant] # 4. Hire evidence of sworn es. 11/19/2020. No evidence irginia State Police criminal references. a 10/15/2019. No evidence e criminal background 10/16/2019. No evidence e criminal background te 11/11/2019. No evidence		 months or committee determines substantial compliance has been met. 5. 10/14/21 Cross reference citations F622, F623, 	
	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) 1 roximately 2:45 p.m., the newly hired employees ars were reviewed. Review ds failed to evidence that , criminal record cense verifications and/or e obtained in accordance ate of Virginia. ied were: ember] # 9, physical 8/13/2021. No evidence of onist. Hire date 02/17/2020. statement or Virginia State ound check. se] # 2. Hire date nce of sworn statement, riminal background check 05/21/2020. No evidence 1. tical nurse] # 7. Hire date nce of an employee record. ing assistant] # 4. Hire evidence of sworn es. 11/19/2020. No evidence irginia State Police criminal references. a 10/15/2019. No evidence a criminal background 10/16/2019. No evidence e criminal background	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) ID PREFIX TAG 1 F 001 1 roximately 2:45 p.m., the newly hired employees ars were reviewed. Review ds failed to evidence that , criminal record cense verifications and/or e obtained in accordance ate of Virginia. ied were: ember] # 9, physical 8/13/2021. No evidence of onist. Hire date 02/17/2020. statement or Virginia State ound check. Se] # 2. Hire date nce of sworn statement, riminal background check 05/21/2020. No evidence 1. Hire date nce of an employee record. ing assistant] # 4. Hire evidence of sworn es. Hire date nce of an employee record. ing assistant] # 0. Hire evidence of sworn es. 11/19/2020. No evidence irginia State Police criminal references. a 10/15/2019. No evidence e criminal background 10/16/2019. No evidence e criminal background	INUST BE PRECEDED BY FULL PREFX TAG (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY) 1 F 001 improvement committee monthly for 3 months or committee determines substantial compliance has been met. ds failed to evidence that , criminal record cense verifications and/or e obtained in accordance ate of Virginia. F 001 ied were: ember] # 9, physical 3/13/2021. No evidence of month cord for the date nce of sworn statement, riminal background check S. 10/14/21 05/21/2020. No evidence 1. 10/16/2019. No evidence e criminal background No evidence e criminal background F 001

STATE FORM

State of V	.,					
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		VA0123	B. WING			C 109/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
		110 LAU	JCK DR			
ENVOYO	F WINCHESTER, LLC	WINCHE	ESTER, VA 22603			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF		(X5) COMPLETE
PREFIX TAG	· · · ·	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	DATE
F 001	Continued From page	2	F 001			
	evidence of Virginia S	State Police criminal				
	background check.					
	12. CNA # 10. Hire of	date 11/14/2020. Virginia				
	State Police criminal	background check obtained				
	on 01/13/2020. Not c	obtained within 30 days of				
	hire.					
	13. CNA # 11. Hire date 04/03/2020. No					
	evidence of an employee record. 14. CNA # 12. Hire date 06/11/2020. No					
	evidence of an emplo					
	15. CNA # 13. Hire of	-				
	evidence of an emplo					
	16. CNA # 14. Hire of	-				
	evidence of an emplo	yee record.				
	17. CNA # 15. Hire of					
	evidence of an emplo	-				
	18. CNA # 16. Hire of an amale					
	evidence of an emplo 19. CNA # 17. Hire of					
	evidence of an emplo					
	20. CNA # 18. Hire of					
	evidence of an emplo					
	21. CNA # 19. Hire of	-				
	evidence of an emplo	-				
		date 09/234/2019. No				
	evidence of an emplo	-				
	23. CNA # 21. Hire of an ample					
	evidence of an emplo	iyee record.				
	On 09/08/2021 at 2:4	5 p.m., an interview was				
	conducted with ASM	-				
	member] # 1, administrator. When asked about					
	the missing documents and the missing					
	employee records ASM # 1 stated, "We contacted					
	-	inistrators and director of				
	nursing to help locate					
		ASM # 1 further stated that				
	currently employed at	NAs listed above were not the facility				
		r no iaoiiry.				1

State of \	/irginia				FORM APPROVE		
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		VA0123	B. WING		C 09/09/2021		
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
		110 LAU	JCK DR				
ENVOYO	F WINCHESTER, LLC	WINCHE	ESTER, VA 22603				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRI			
PREFIX TAG	·	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)			
F 001	Continued From page	e 3	F 001				
	On 09/09/2021 at 12:	00 p.m., an interview was					
		[other staff member] # 11,					
	0	urces. When asked about					
		ning sworn statements,					
	-	round checks, license					
		rence checks, OSM # 11 eone is hired they are given					
		• •					
	a pre-hire packet that contains the forms for the sworn statements, criminal record background						
	checks, license verifications and/or reference						
	checks. The forms are completed before they						
	start orientation or they don't start their						
	orientation. OSM # 11 further stated that the						
	human resources department gathers all the						
	documents and puts together an employee file. When asked how the employee files are stored						
	OSM # 11 stated, "All active employee files are stored						
		source office. Termed					
		es up to one year are boxed					
	documents "E. Perso procedures shall inclu An accurate and com	egulation 12VAC5-371-140 nnel policies and ude, but are not limited to: 3. plete personnel record for ding: b. Criminal record					
		e Regulation tes that a facility must rements of §32.1-126.01:					
	Employment for comp convicted of certain o	pensation of persons ffenses prohibited; criminal					
	-	ed; suspension or revocation					
		y home shall, within 30 days					
		n for any compensated Il criminal record clearance					
		tions for offenses specified					
	in this section or an o						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		VA0123	B. WING		C 09/09/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
ENVOY O	F WINCHESTER, LLC	110 LAU WINCHE	CK DR STER, VA 22603			
(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 ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE CON HE APPROPRIATE C	(X5) MPLETI DATE
F 001	Continued From page record from the Centr Exchange." State law (§§ 32.1-12 Employment for comp convicted of certain of records check require of license.) requires th home care or home h hospice obtain a crim check on new hires w employment. The law background checks b Criminal Records Exc Department of State I copy of each law. On 09/09/2021 at 11: [administrative staff m ASM # 2, director of r regional nurse, were findings. No further information 12VAC5-371-140. Po Cross references to Fe	e 4 ral Criminal Records 26.01 and 32.1-162.9:1 pensation of persons offenses prohibited; criminal ed; suspension or revocation hat each nursing facility, health organization, and hinal record background within 30 days of v also requires that these be obtained using the Central change from the Virginia Police. See Appendix 2 for a 30 a.m., ASM member] # 1, administrator, hursing, and ASM # 3, made aware of the above in was provided prior to exit. F622, F623 esident Rights. 522, F623	F 001			

State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO	ONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		VA0123	B. WING			C / 09/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE		
	F WINCHESTER, LLC	110 LAU WINCHE	ICK DR ESTER, VA 22603			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
F 001	Continued From page 5 Nursing Services 12VAC5-371-220A cross reference F697 12VAC5-371-220C1 cross reference F686.		F 001			
	Quality Assessment & Assurance 12VAC5-371-170A2 cross reference F868.					
	12VAC5-371-180. Infection control cross reference to F880.					
	Clinical Records 12VAC5-371-360 B cross reference to F583					
	Pharmaceutical Services 12VAC5-371-300 B cross reference to F755					
	12VAC5-371-340. Dietary and food service program. Cross reference to F804					
	Maintenance and Ho 12VAC5-371-370 A c	usekeeping cross reference to F584				
	Restraint Usage 12VAC5-371-330A, E	81, C3 cross reference F700.				