PRINTED: 05/02/2022 FORM APPROVED

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			
			A. BUILDING: _					
		VA0142	B. WING		C 03/17/2022			
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
AUGUST	AUGUST HEALTHCARE AT LEEWOOD 7120 BRADDOCK ROAD							
(V4) ID	ANNANDALE, VA 22003 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE			
F 000	Initial Comments		F 000					
	with the Virginia Rule Licensure of Nursing The census in this 13 106 at the time of the	acted 3/15/22 through are required for compliance s and Regulations for the Facilities. 2 certified bed facility was survey. The survey sample nt resident reviews and 5						
F 001	Non Compliance	•	F 001		4/20/22			
	The facility was out of following state licensu							
	12 VAC 5 - 371 - 140 Based on staff intervi	on staff interview, facility document review		F657 CROSS REFERENCES TO 12VAC5-371-250F				
	Police background ch	d employee record review, it was determined e facility staff failed to complete a Virginia State F686 CROSS REFER	F686 CROSS REFERENCES TO 12VAC5-371-220B, C1					
	and OSM #12.	(outer dan member) "Ti		F842 CROSS REFERENCES TO 12VAC5-371-360E				
		e records were reviewed. therapist, and OSM #12, a		F689 & F697 CROSS REFERENCES 12VAC5-371-220A	то			
		ed to have documented I background check		F656 CROSS REFERENCES TO 12VAC5-271-250G				
	OSM #11 was hired o	n 8/1/2020. An outside ia State Police report, was		F657 CROSS REFERENCES TO 12VAC5-371-250				
	completed on 7/8/202	n 8/6/2020. An outside		F641 CROSS REFERENCES TO 12VAC5-371-250A.6				
		ia State Police report, was		F656 CROSS REFERENCES TO				

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

TITLE (X6) DATE

Electronically Signed

04/05/22

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ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING:		COMIT EL TED	
					С	
		VA0142	B. WING		03/17/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
ALIGUST	HEALTHCARE AT LEEW	7120 BRAD	DOCK ROAD			
A00031	IILALIIIOAKL AI LLLW	ANNANDA	LE, VA 22003			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
F 001	Continued From page	e 1	F 001			
	completed on 7/8/202	20.		12VAC5-371-250F		
	director of rehabilitation a.m. OSM #6 stated to	ducted with OSM # 6, the on, on 3/17/2022 at 9:47 the therapy staff have been		F658; F686;F695 CROSS REFEREN TO 12VAC5-371-220A, B	CES	
	years. OSM #6 stated hires, the state police	companies in the past six d at the time of the above were not doing them. OSM		F686 CROSS REFERENCES TO 12VAC5-371-220 C.1		
		the rehabilitation company other source of criminal		12VAC5-371-140E 3 b 1. No resident was affected by this		
	background check.			deficient practice. Other Staff Membe (OSM) #11 Virginia State Police crimii		
		ducted with OSM #13, the cources in the facility, on		background check was completed on 03/31/2022. (OSM) #12 no longer wo		
		n. When asked the process		with the facility's Rehab contract com		
		inal background checks,		hence this deficient practice cannot be	•	
	OSM #13 stated once	e an applicant has an s the consent to send for the		retroactively corrected. 2. All the facility's contracted emplo	VAA	
	· ·	SM #13 stated it comes		staff have the potential to be affected		
	back right away, may	be ten minutes. When		this deficient practice. On 03/31/2022	•	
		r the contracted staff, dietary		facility's Human Resource Designee		
	and therapy, OSM #1	or the dietary staff but		audited the personnel files of facility's contract employees to ensure the faci	lity is	
	therapy does their ow	vn. When asked if all of the		in compliance with Virginia State Police	ce	
		used at the facility aware of Virginia State Police criminal		criminal background check completion regulation.	1	
		SM #13 stated, "I believe		3. The facility will now be responsib	e for	
	they do."	- ,		processing the Virginia State Police		
				criminal background check for all conf	ract	
	The facility policy, "Pi			employees. The task of Virginia State background check completion will no		
		'Screening of Potential nal background check forms		longer be delegated to the contract		
	are submitted via fax			company. The Administrator/Designed	e will	
		conducting the background		educate the HR Director and Assistan		
		re forwarded to the Director		the importance of ensuring all new hir		
	Human Resources to			have the Virginia State criminal		
	•	facility to extend an offer of		background check completed prior to	their	
	employment to the ca			employment date.		
	information is warran	lea.		4. The facility's Director of Human Resources/Designee will conduct a 10	00%	

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NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ITE, ZIP CODE		
AUGUST	HEALTHCARE AT LEEW	OOD 7120 BRAD	DOCK ROAD			
		ANNANDA	LE, VA 22003			
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F 001	Continued From page 2		F 001			
	ASM (administrative sadministrator, ASM #3, the director administrator from a s (registered nurse) #3, nurse, were made aw on 3/17/2022 at approximately No further information 12 VAC 5 - 371 - 250 657 12 VAC 5 - 371 - 220 686 12 VAC 5 - 371 - 360 842	staff member) #1, the 2, the director of nursing, of nursing, ASM #4, the sister facility, and RN , the staff development vare of the above concerns		audit of contracted new hire files bi- weekly for 12 weeks to ensure comple of the Virginia State Police criminal background check completion prior to employment start date. Findings of the new hire Virginia State Police backgro check audit will be presented monthly three months to the Quality Assurance Improvement Committee (QAPI) to en compliance. 5. April 20, 2022.	e ound for	
	Nursing Services 12VAC5-371-220A cross reference to F689 & F697. Resident Assessment and Care Planning					
	12VAC5-271-250G cr	ross reference to F656				
	Environment 12VAC5-271A&B					
	planning cross reference to F6 Resident Assessment 12VAC5-371-250 A.6 12VAC5-371-250 F of Nursing Services 12VAC5-371-220 A, E F686; F695					