

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0408	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/25/2021
NAME OF PROVIDER OR SUPPLIER THE VILLAGE AT ORCHARD RIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 100 PROCESSION WAY WINCHESTER, VA 22603		
(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 unnaounced biennial State Licensure Inspection was conducted 2/23/21 through 2/25/21. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 20 certified bed facility was 13 at the time of the survey. The survey sample consisted of 13 current resident reviews and 5 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: 12VAC5 - 371 - 140 - E3b Based on staff interview, facility document review and employee record review, it was determined the facility staff failed to ensure three of 15 employees had a Virginia State Police Criminal Background check performed within 30 days of hire, employee #9, #11, and #12. Fifteen employee records were reviewed. Three contracted therapy employee records failed to evidence the required Virginia State Police Criminal Background check. For staff members #9, #11 and #12, all three were contracted therapy staff members. What was provided to this surveyor was the Virginia State Police Sex Offenders and Crimes against Minors report. There was no Virginia State Policy Criminal Background check performed. An interview was conducted with OSM (other staff member) # 5, the director of Talent and Culture	F 001		

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

TITLE

(X6) DATE

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F 001	<p>Continued From page 1</p> <p>(formerly known as human resources) on 2/25/2021 at 4:09 p.m. When asked who is responsible for performing the criminal background check for the contracted therapy employees, OSM #5 stated she ran them for them but doesn't keep a copy of them. She only keep files on their employees not employees of contractors. When asked if a criminal background check was required for employment and working with residents in the health care center, OSM #5 stated yes.</p> <p>An interview was conducted with ASM (administrative staff member) #1, the administrator, on 2/25/2021 at 4:27 p.m. When asked if it was required for employees to have a criminal background check, even contracted employees, ASM #1 stated, "Yes, all employees must have one."</p> <p>The facility policy, "Abuse, Neglect and Notification Procedures Policy," documented in part, "Screening - all applicants being considered for employment at (name of facility) must be screened to determine that they do not have a history of abuse, neglect or mistreatment of residents. All potential team members will be subject to: a Criminal Record Check."</p> <p>ASM #1 was made aware of the above concern on 2/25/2021 at 4:30 p.m.</p> <p>No further information was obtained prior to exit.</p>	F 001		