

STREET ADDRESS, CITY, STATE, ZIP CODE

14906 JEFFERSON DAVIS HIGHWAY  
WOODBIDGE, VA 22191

(X6) DATE

8/26/2022

STATE FORM

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0278</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/21/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>ENVOY OF WOODBRIDGE, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>14906 JEFFERSON DAVIS HIGHWAY</b> <b>WOODBIDGE, VA 22191</b>		
(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 001	<p>Continued From page 2</p> <p>failed to evidence reference checks for OSM #7, OSM #8, and OSM #9.</p> <p>The findings include:</p> <p>A review was conducted of the employee records for 25 employees hired by the facility within the past 24 months. This review revealed included the record of LPN #6. Facility records revealed LPN #6 was hired 2/8/22, but the license was not verified until 2/28/22. Facility records revealed LPN #7 was hired 11/15/21, but the license was not verified until 6/14/22. OSM #7 was hired 4/25/22, but the facility could not evidence a sworn statement from OSM #7, or reference checks for her. OSM #8 was hired 5/30/22, but the facility could not evidence reference checks for him. OSM #9 was hired 12/16/21, but the facility could not evidence reference checks for her.</p> <p>On 7/20/22 at 1:05 p.m., OSM (other staff member) #5, the human resources director, stated she had taken over the job in January 2022. She stated she had discovered that there many pre-hire tasks that had not been completed on some employees hired before she started her job. She stated licenses should be verified before a staff member has any resident contact. She stated the sworn statement should be completed during the interview process, and that references should always be checked. She stated she has implemented a system for all of these tasks to be completed in a timely manner prior to the staff member's orientation from this point forward. She stated OSM #7's, #8's, and #9's pre-hire checks were the responsibility of the contract company for which they worked. She stated she would need to start verifying that these pre-hire checks had been completed, and she would need to start</p>	F 001	<p>1. The facility recognizes that it could not evidence reference checks and sworn statements for OSM#7, OSM#8 and OSM#9.</p> <p>The facility recognizes that it did not verify timely LPN#6 licenses for CNA#2, LPN#6 and LPN#7</p> <p>2. All residents are at risk to be impacted by the alleged deficient practice.</p> <p>3. Prior to hire, HR will ensure that reference checks, sworn statements and license verification are done for all new hires The HR will review new hires in the AM meeting to ensure reference checks, sworn statements and license verifications are completed.</p> <p>4. The Executive Director/Human Resource Coordinator will review all new hires weekly x 6 weeks to ensure both reference checks and license verifications are completed..</p>	9/1/2022

State of Virginia

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F 001	<p>Continued From page 3</p> <p>keeping a copy of the evidence supporting these pre-hire checks.</p> <p>On 7/20/22 at 5:17 p.m., ASM (administrative staff member) #1, the executive director, ASM #2, the director of nursing, and ASM #3, the regional director of clinical services, were informed of these concerns.</p> <p>A review of the facility policy, "Abuse, Neglect, Exploitation, and Misappropriation," revealed, in part: "Persons applying for employment with the center will be screened for a history of abuse, neglect, exploitation or misappropriation of resident property. This includes but is not limited to...Licensure or Registration verification prior to hire...information from former employers."</p> <p>A review of the facility policy, "Licensure and Certification Verification," revealed, in part: "It is the policy of the Company to ensure that all employees requiring professional licensure or certification possess and produce a current license, certification or other authorization to practice in the state that they are employed in...The individual's current license/certification will be verified on or prior to the date of hire by the Human Resources Representative using the original source."</p> <p>No further information was provided prior to exit.</p> <p>2. Code of Virginia, Title 32.1, Chapter 5, Article 1, § 32.1-127. Regulations</p> <p>Based on staff interview and facility document review, it was determined that the facility staff failed to evidence a system to receive automatic notice from the Department of State Police of the registration, reregistration, or verification of</p>	F 001		

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F 001	<p>Continued From page 4</p> <p>registration information of persons required to register with Sex Offender Registry within the same or contiguous zip code area in which the facility is located.</p> <p>The findings include:</p> <p>On 7/19/22 at 11:26 a.m., ASM (administrative staff member) #1, the administrator, was asked to provide evidence that the facility was registered to receive automatic notification from the Department of State Police of registered sex offenders in the same or contiguous zip code as the facility.</p> <p>On 7/20/22 at 5:17 p.m., ASM #1 was again asked to provide this evidence. ASM #1 stated: "Frankly speaking, all we do is check if a new resident coming to the facility is on the registry." ASM #1 stated the facility has not been receiving notification of registered sex offenders residing in the same or contiguous zip codes as the facility. He stated the facility did not have a policy related to receiving automatic notifications regarding the sex offender registry.</p> <p>No further information was provided prior to exit.</p>	F 001	<p>1. Facility enrolled in the Virginia State Police SOR Community Notification on 7/21/2022 to receive daily updates on sex offenders in the area</p> <p>2. All residents could be affected by the alleged deficiency</p> <p>3. Executive director will review the notification daily to make sure there is no sex offender in the facility.</p> <p>4. Daily notification review will be discussed at the Daily Stand Up and QAPI monthly</p>	9/1/2022