| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|---|---|---|-------------------------------|-------------------------|
| | | | | с | | |
| | | VA0278 | B. WING | | 07/2 | 21/2022 |
| NAME OF PR | ROVIDER OR SUPPLIER | | ADDRESS, CITY, STAT | | | |
| | WOODBRIDGE, LLC | | EFFERSON DAVIS BRIDGE, VA 22191 | | | |
| (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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | SHOULD BE | (X5) COMPLET DATE |
| F 000 | Initial Comments | | F 000 | | | |
| | 7/21/22. Corrections with the Virginia Rule Licensure of Nursing The census in this 12 96 at the time of the s | ucted 7/19/22 through are required for compliance s and Regulations for the Facilities. 20 certified bed facility was survey. The survey sample nt resident reviews and 8 | | | | |
| F 001 | Non Compliance | | F 001 | | | |
| | The facility was out of compliance with the following state licensure requirements: | | | | | |
| | This RULE: is not me The facility was not in following crossed refe requirements: | | | | | |
| | Resident Rights. 12VAC5-371-150 (A) Cross reference to F | | | Resident Rights. 12VAC5-371-150 (A), (B.3) Cross reference to F550 & F | -585. | 9/1/202 |
| | Nursing services. 12VAC5-371-220 (A) | 20 (A), (F) e to F676 & F677. 20 (B) | | Nursing services. 12VAC5-371-220 (A), (F) Cross reference to F676 & F | -677. | 9/1/202 |
| | Cross reference to Fe 12VAC5-371-220 (B) Cross references to F | | | 12VAC5-371-220 (B) Cross references to F695 & Social Services | F684 | 9/1/202 |
| | Social Services 12VAC5-371-270 (A) Cross reference to F Resident Assessmen 12VAC5-371-250 (A) | 745. t and care planning | | 12VAC5-371-270 (A) Cross reference to F745. Resident Assessment and c 12VAC5-371-250 (A) Cross references to Federa Clinical records | | 9/1/202 |

STATE FORM

Executive Director

If continuation sheet 1 of 5

| | /irginia | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MUI TIPI F (| CONSTRUCTION | (X3) DATE S | URVEY |
|------------------------|---|--|-----------------------------------|---|-------------|----------------------------------|
| AND PLAN OF CORRECTION | | · · / | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | ETED |
| | | VA0278 | B. WING | | 07/2 |) 1/2022 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STAT | E, ZIP CODE | | |
| ENVOY O | F WOODBRIDGE, LLC | | EFFERSON DAVIS RIDGE, VA 22191 | | | |
| (X4) ID | SUMMARY ST | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CO | RRECTION | (X5) |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | | COMPLETE DATE |
| F 001 | Continued From page | 91 | F 001 | | | |
| | Based on staff intervie review, it was determ failed to evidence ver at the time of hire, a s days of hire, and/or re accordance with the la for six of 25 employed (license practical nurs (certified nursing assi member) #7, a dietary housekeeper, and OS facility staff failed to e at the time of hire for #2. The facility staff fa | 383. 303 304 309 312 ad Inservice Training. 347 vice Program (H),(M). 302 304 309 312 a compliance with the are requirements: Policies and procedures. ew and facility document ined that the facility staff ification of a current license sworn statement within 30 efference checks in aws of the State of Virginia, e records reviewed, LPN se) #6, LPN #7, CNA stant) #2, OSM (other staff | | 12VAC5-371-360 (B). Cross reference to F583. Policies and Procedures 12VAC5-371-140 (D.6). Cross reference to F803 Cross reference to F809 Cross reference to F812 Staff Development and In 12VAC5-371-260. Cross reference to F947 Dietary and Food Service 12VAC5-371-340 (A),(H), Cross reference to F802 Cross reference to F809 Cross reference to F809 Cross reference to F812 | Program | 9/1/2022 9/1/2022 9/1/2022 |

| State of \ | /irginia | | | | FORM | APPROVED |
|--|---|--|---|--|---|--------------------------|
| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | |
| | | VA0278 | B. WING | | 07/2 | ; 1/2022 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AL | DDRESS, CITY, ST | ATE, ZIP CODE | | |
| ENVOY O | F WOODBRIDGE, LLC | | FFERSON DAV | | | |
| ()(4) ID | | ATEMENT OF DEFICIENCIES | | PROVIDER'S PLAN OF CORRECTION | | (NE) |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY) | D BE | (X5) COMPLETE DATE |
| F 001 | Continued From page failed to evidence refe OSM #8, and OSM # | erence checks for OSM #7, | F 001 | 1. The facility recognizes that it cou evidence reference checks and sw statements for OSM#7, OSM#8 an | orn | |
| | The findings include: 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. 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 | | | The facility recognizes that it did no timely LPN#6 licenses for CNA#2, and LPN#7 | ot verify LPN#6 | 9/1/2022 |
| | | | and LPN#7 2. All residents are at risk to be impact the alleged deficient practice. 3. Prior to hire, HR will ensure that refechecks, 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, sistatements and license verifications are completed. 4. The Executive Director/Human Reso Coordinator will review all new hires wax 6 weeks to ensure both reference check and license verifications are completed. | | reference hse es AM s, sworn s are Resource s weekly checks | |
| | a staff member has a stated the sworn state during the interview p should always be che implemented a syster completed in a timely member's orientation stated OSM #7's, #8's were the responsibilit for which they worked need to start verifying | tes should be verified before ny resident contact. She ement should be completed process, and that references ecked. She stated she has m for all of these tasks to be manner prior to the staff from this point forward. She s, and #9's pre-hire checks y of the contract company d. She stated she would that these pre-hire checks and she would need to start | | | | |

| State of \ | /irginia | (X1) PROVIDER/SUPPLIER/CLIA | | | | | |
|--------------------------|---|---|---------------------|---|----------------|-------------------------------|--|
| | | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
| | VA0278 | | B. WING | | 07 | C / 21/2022 | |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE | , ZIP CODE | | | |
| | F WOODBRIDGE, LLC | | EFFERSON DAVIS | HIGHWAY | | | |
| | 1 | | RIDGE, VA 22191 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE | (X5) COMPLETE DATE | |
| F 001 | Continued From page 3 | | F 001 | | | | |
| | keeping a copy of the evidence supporting these pre-hire checks. | | | | | | |
| | 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. | | | | | | |
| | Exploitation, and Misa part: "Persons applyin center will be screene neglect, exploitation of resident property. Thi | / policy, "Abuse, Neglect, appropriation," revealed, in ng for employment with the ed for a history of abuse, or misappropriation of is includes but is not limited istration verification prior to n former employers." | | | | | |
| | Certification Verification the policy of the Comemployees requiring provide the comployees requiring provide the certification of practice in the state the state the state the inThe individual's certified on or provide the certified the certified on or provide the certified the | / policy, "Licensure and on," revealed, in part: "It is pany to ensure that all professional licensure or and produce a current or other authorization to that they are employed urrent license/certification prior to the date of hire by as Representative using the | | | | | |
| | 2. Code of Virginia, 1 | n was provided prior to exit. Fitle 32.1, Chapter 5, Article | | | | | |
| | review, it was determ failed to evidence a s notice from the Depa | ations ew and facility document ined that the facility staff ystem to receive automatic rtment of State Police of the ation, or verification of | | | | | |

STATE FORM

| State of Virginia STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0278 | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|--|---|---|--|---|---|--------------------------|
| | | B. WING | | | C 07/21/2022 | |
| | (EACH DEFICIENC | 14906 JI | ADDRESS, CITY, STAT EFFERSON DAVIS RIDGE, VA 2219 ID PREFIX TAG | S HIGHWAY | ON SHOULD BE | (X5) COMPLETE DATE |
| F 001 | register with Sex Offe same or contiguous a facility is located. The findings include: On 7/19/22 at 11:26 a staff member) #1, the provide evidence tha receive automatic no Department of State offenders in the same the facility. On 7/20/22 at 5:17 p asked to provide this "Frankly speaking, al resident coming to th ASM #1 stated the fa notification of registe the same or contiguo He stated the facility to receiving automati sex offender registry. | on of persons required to ender Registry within the zip code area in which the a.m., ASM (administrative e administrator, was asked to t the facility was registered to tification from the Police of registered sex e or contiguous zip code as .m., ASM #1 was again evidence. ASM #1 stated: I we do is check if a new le facility is on the registry." we facility is on the registry." icility has not been receiving red sex offenders residing in bus zip codes as the facility. did not have a policy related c notifications regarding the | F 001 | 1. Facility enrolled in the Police SOR Community N 7/21/2022 to receive daily offenders in the area 2. All residents could be a alleged deficiency 3. Executive director will notification daily to make sex offender in the facility 4. Daily notification review discussed at the Daily St monthly | Virginia State Notification on y updates on sex affected by the review the sure there is no /. w will be | 9/1/202 |