State of Virginia

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION (X		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
VA0012			B. WING	EINI/	C 02/23/202<u>3</u>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE	
AUTUMN	CARE OF MADISON		R ONE AUTUMN N, VA 22727	COURT	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETE
F 000	Initial Comments		F 000		
	An unannounced biennial State Licensure Inspection was conducted 2/21/2023 through 2/23/2023. Corrections are required with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.				
	at the time of the surv	certified bed facility was 71 vey. The survey sample nt resident reviews and four s.			
F 001	Non Compliance		F 001		3/28/23
	The facility was out o following state license				
	This RULE: is not mo 12VAC5-371-110 (B.2 administration.	2), (B.3). Management and		12VAC5-371-75. Criminal Records Ch (1) Corrective Action(s) Human Resources has been in-service	
	Cross reference to F6 12VAC5-371-150 (A)	, (B.1). Resident rights.		on the requirement of conducting a criminal background check prior to any potential employee being hired at Autu Care of Madison.	,
	Cross reference to F6 12 VAC5-371-180 (A Cross reference to F6). Infection control.		(2) Identification of Deficient Practice and Corrective Action(s): Current residents have the potential to	
	12VAC5-371-210 (A.: Cross reference to F6 12VAC5-371-210 (A.:	695.		affected by this deficient practice. A 1 audit of all employee files will be conducted. All discrepancies will be corrected at the time of discovery.	• • • • • • • • • • • • • • • • • • •
	Cross reference to F6				
	12VAC5-371-220 (A) Cross reference to F6	, (B). Nursing services. 684, F686 & F697.		(3) Systematic Change(s) The facility policy and procedure has be	peen

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

TITLE

(X6) DATE

Electronically Signed

03/09/23

· · · · · · · · · · · · · · · · · · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
			A. BUILDING:						
		VA0012	B. WING		C 02/23/2023				
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
		NUMBER O	NE AUTUMN	COURT					
AUTUMN	CARE OF MADISON	MADISON,							
(X4) ID	SUMMARY S	FATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)				
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE				
F 001	Continued From pag	e 1	F 001						
	12VAC5-371-220 (D Cross Reference to I 12VAC5-371-220 (H cross reference to F	687.). Nursing services.		reviewed and no changes are warran at this time. Human Resources will b in-serviced by the Administrator on th requirements of conducting backgrou checks prior to hire.	e e				
	12\/\CE 271 250 /\	, (F). Resident assessment		(4) Monitoring The Administrator will audit all new hi	ro				
	and care planning.	i, (F). Resident assessment		paperwork for 12 weeks to ensure all					
	Cross reference to F	657.		criminal background checks have been					
		6) Resident assessment and		properly conducted in a timely manner along with paperwork.	I				
	1) 12VAC5-371-75. (Criminal Records Check.		12VAC5-371-140 (A) (E.3). Policies a	and				
	review, it was detern failed to evidence cri sworn disclosure in a	iew and facility document nined that the facility staff minal records check and/or accordance with the laws of for one of 25 employee		(1) Corrective Action(s): Human Resources has been in-service on the policy and procedure for conditional background checks including Sams, reference checks prior to hire as well ensuring exclusion attestation is signi	ucting OIG, as				
	The findings include:			properly. (2) Identification of Deficient Practi and Corrective Action(s):					
	facility provided emp sample of 25 employ the past two years fo employee records fa statement and a Virg	roximately 8:00 a.m., the loyee records for a selected rees that were hired within review. Review of the filed to evidence a sworn inia State Police criminal or one of the 25 records		Current residents have the potential taffected by this deficient practice. A audit of all employee files will be conducted. All discrepancies will be corrected at the time of discovery. (3) Systemic Change(s): The facility policy and procedure has	100%				
	CNA (certified nursin record was reviewed documented they we 1/28/2022. Further re			reviewed and no changes are warran at this time. Human Resources will b in-serviced by the Administrator on th requirements of conducting backgrou checks prior to hire. (4) Monitoing: The Administrator will audit all new hi	ted e e nd				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		3 110	A. BUILDING: _	ET NI		
VA0012				/ \/ /	02/2	, 3/202 <u>3</u>
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
AUTUMN	CARE OF MADISON	NUMBER O MADISON,	NE AUTUMN VA 22727	COURT		
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F 001	Continued From page	e 2	F 001			
	7/13/2020 and a Virg check dated 7/13/202	inia State Police background 20.		paperwork for 12 weeks to ensure all proper paperwork has been complete		
	conducted with OSM human resources/pay they had been in thei and CNA #2 was re-resource staff. OSM worked at the facility left and was re-hired stated that they were file for the re-hire and OSM #2 stated that the staff had kept separa been able to find the stated that their procesto get the application with the completed and then i #2 stated that after the offer they obtained the checked the license is references the same that they kept in the references that they we 1/28/2022 employee On 2/22/2023 at 4:47 staff member) #1, the director of nursing, A of nursing/infection pubusiness office manal and ASM #5, the registervices were asked employee file with the background check for 1/28/2022.	nterview the applicant. OSM le applicant accepted the le background check, f applicable and obtained day and made a single file numan resource office. OSM bould continue to look for the				

NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MADISON NUMBER ONE AUTUMN COURT MADISON, VA 22727 NUMBER ONE AUTUMN COURT MADISON, VA 22727 TAG FRETTX TAG CONTINUE OF PROVIDER OR SUPPLIER ON THE PRECEDED BY TILL PRETTX TAG FOOT Continued From page 3 they were unable to locate the employee file for CNA #2 for the re-hire on 1/28/2022. OSM #2 stated that they had attempted to contact the Virginia State Prolice to get evidence of the background check however they were told that they do not keep the checks after 90 days. The facility policy "Virginia Resident Abuse Policy" effective May 2008, Revised 10/03/2022, documented in part, "It. It is the policy of the Facility to undertake background checks of all employees and to retain on file applicable records of current employees regarding such checksConduct a criminal background check in accordance with State law and Facility policy. This Facility Will generally require that all potential employees certify as part of the employment application process that they have not been convicted of an offense or otherwise been found guilty of the found found found found found found fou	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		· '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MADISON NUMBER ONE AUTUMN COURT MADISON, VA. 22727 **CAYLOR **CAYLOR				T A. BOILDING		
NUMBER ONE AUTUMN COURT MADISON NA 22727			VA0012	B. WING		
MADISON, VA 22727 CALL DEPICIENCIES SUMMARY STATEMENT OF DEPICIENCIES PROVIDERS PLAN OF CORRECTION PREFIX TAG PROVIDERS PLAN OF CORRECTION PREFIX TAG PROVIDERS PLAN OF CORRECTION PREFIX TAG PROVIDERS PLAN OF CORRECTION PROVI	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
FREFIX TAG REQULATORY OR LSC (DENTIFYING INFORMATION) F 001 Continued From page 3 they were unable to locate the employee file for CNA #2 for the re-hire on 1/28/2022. OSM #2 stated that they had attempted to contact the Virginia State Police to get evidence of the background check however they were told that they do not keep the checks after 90 days. The facility policy "Virginia Resident Abuse Policy" effective May 2008, Revised 10/03/2022, documented in part."It is the policy of the Facility to undertake background checks of all employees and to retain on file applicable records of current employees regarding such checksConduct a criminal background check in accordance with State law and Facility policyThis Facility will generally require that all potential employees certify as part of the employment application process that they have not been convicted of an offense or otherwise been found guilty of an offense that would preclude employment in a nursing facility" On 2/29/2023 at 11:12 a.m., ASM #1, the administrator, ASM #2, the director of clinical services were made aware of the concern. No further information was provided prior to exit. 2) 12VAC5-371-140 (A) (E.3). Policies and Procedures. Based on staff interview and facility document review, it was determined that the facility staff failed to evidence an accurate employee personnel record including a criminal record check or perform reference checks in accordance with the laws of the State of Virginia, for one of 25	AUTUMN	CARE OF MADISON			COURT	
they were unable to locate the employee file for CNA #2 for the re-hire on 1/28/2022. OSM #2 stated that they had attempted to contact the Virginia State Police to get evidence of the background check however they were told that they do not keep the checks after 90 days. The facility policy "Virginia Resident Abuse Policy" effective May 2008, Revised 10/03/2022, documented in part, " It is the policy of the Facility to undertake background checks of all employees and to retain on file applicable records of current employees regarding such checks Conduct a criminal background check in accordance with State law and Facility policy This Facility will generally require that all potential employees certify as part of the employment application process that they have not been convicted of an offense or otherwise been found guilty of an offense that would preclude employment in a nursing facility" On 2/23/2023 at 11:12 a.m., ASM #1, the administrator, ASM #2, the director of inlicial services were made aware of the concern. No further information was provided prior to exit. 2) 12VAC5-371-140 (A) (E.3). Policies and Procedures. Based on staff interview and facility document review, it was determined that the facility staff failed to evidence an accurate employee personnel record including a criminal record check or perform reference checks in accordance with the laws of the State of Virginia, for one of 25	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE COMPLETE THE APPROPRIATE DATE
The findings included:	F 001	they were unable to le CNA #2 for the re-hire stated that they had a Virginia State Police background check he they do not keep the The facility policy "Vireffective May 2008, For documented in part," Facility to undertake employees and to ret of current employees checksConduct a caccordance with State policyThis Facility we potential employees demployment application to been convicted or been found guilty of a preclude employment. On 2/23/2023 at 11:1 administrator, ASM # and ASM #5, the register services were made as further information was a furthe	ocate the employee file for e on 1/28/2022. OSM #2 attempted to contact the to get evidence of the owever they were told that checks after 90 days. rginia Resident Abuse Policy" Revised 10/03/2022, 'It is the policy of the background checks of all ain on file applicable records regarding such riminal background check in e law and Facility will generally require that all certify as part of the on process that they have f an offense or otherwise an offense that would t in a nursing facility" 2 a.m., ASM #1, the 2, the director of nursing, onal director of clinical aware of the concern. No as provided prior to exit. (A) (E.3). Policies and ew and facility document ined that the facility staff accurate employee uding a criminal record rence checks in accordance state of Virginia, for one of 25 viewed.	F 001		

State of Virginia

	OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/ DF CORRECTION IDENTIFICATION NUMB		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		SURVEY PLETED
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	VA0012		B. WING		02	/23/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE ZIP CODE		
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AUTUMN	CARE OF MADISON	MADISON,				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S P	LAN OF CORRECTION	(X5)
PRÉFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATI		PREFIX TAG	CROSS-REFERENC	IVE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	COMPLETE DATE
F 001	Continued From page 4		F 001			
	CNA (certified nursing assistant) #2's employer record was reviewed. CNA #2's employee redocumented they were hired as a CNA with facility on 1/28/2022. Further review of CNA employee record evidenced a Virginia State Police background check dated 7/13/2020 a reference checks dated 7/15/2020. On 2/22/2023 at 2:10 p.m., an interview was conducted with OSM (other staff member) # human resources/payroll. OSM #2 stated that they had been in their position for about a yeand CNA #2 was re-hired by the previous huresource staff. OSM #2 stated that CNA #2 worked at the facility previously in 2020 and left and was re-hired on 1/28/2022. OSM #2 stated that they were unable to find the currefile for the re-hire and only had access to the OSM #2 stated that the previous human resource staff had kept separate files and they had on been able to find the original hire file. OSM # stated that their process for hiring new staff to get the application with the sworn statemet completed and then interview the applicant. #2 stated that after the applicant accepted the offer they obtained the background check, checked the license if applicable and obtains references the same day and made a single that they kept in the human resource office. #2 stated that they would continue to look for 1/28/2022 employee file for CNA #2. On 2/22/2023 at 4:47 p.m., ASM (administra staff member) #1, the administrator, ASM #2 director of nursing, ASM #3, the assistant director of nursing the factor of nursing the facto	ecord the #2's nd 2, at ear uman had had ent at file. ource nly #2 was ent OSM ne ed file OSM r the				
	of nursing/infection preventionist, ASM #4, the business office manager/administrator in trainand ASM #5, the regional director of clinical services were asked to assist in locating the	ining				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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F 001	Continued From page	e 5	F 001		
	reference checks for 1/28/2022.	e background check and the re-hire of CNA #2 on			
	they were unable to lead to the CNA #2 for the re-hire stated that they had a Virginia State Police background check had	200 a.m., OSM #2 stated that cocate the employee file for the on 1/28/2022. OSM #2 attempted to contact the to get evidence of the cowever they were told that checks after 90 days.			
	effective May 2008, F documented in part, ' following prior to hirin	"The Facility will do the ng a new employee: i. obtain references from 2			
	and ASM #5, the regi services were made	2 a.m., ASM #1, the 42, the director of nursing, ional director of clinical aware of the concern. No as provided prior to exit.			