		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
A. BOILDING.			0			
		VA0123	B. WING		C <b>04/12/2023</b>	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
WINCHES	TER HEALTH & REHABI	LITATION 110 LAUCK WINCHEST	DR ER, VA 22603			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (XS (EACH CORRECTIVE ACTION SHOULD BE COMPI CROSS-REFERENCED TO THE APPROPRIATE DAT DEFICIENCY)		
F 000	with the following Virg for the Licensure of N The census in this 60 at the time of the surv	cted 4/10/23 through are required for compliance linia Rules and Regulations ursing Facilities.  bed certified facility was 50 rey. The survey sample nt resident reviews and 19	F 000	This Plan of Correction constitution this facility's written allegation compliance for the deficiencited. This Plan of Correction submitted to meet requirement established by state and federal leading.	of cies n is ents	
F 001	Non Compliance The facility was out of following state licensu		F 001	F 001 12VAC5-371-140 (A). Policy as procedures. Cross reference F622, F623, F625, F689 & F695.		
		et as evidenced by: Policies and procedures. 322, F623, F625, F689 &		12VAC5-371-180 (A) (C). Infection Control. Cross reference to F880 F945.	&	
	12VAC5-371-180 (A) Cross reference to F8	(C). Infection control. 380 & F945.		12VAC5-371-190 (B). Safety a Emergency Procedures. Cro Reference to E0037.		
	12VAC5-371-190 (B). procedures. Cross reference to E0	Safety and emergency		12VAC5-371-200 (B.1) Director Nursing. Cross Reference to F658		
	12VAC5-371-200 (B. Cross reference to F6	1). Director of nursing. 558.		12VAC5-371-210 (B). Nur Staffing. Cross Reference to F725	5.	
	12VAC5-371-210 (B). Cross reference to F7			12VAC5-371-220 (A) Nursi services. Cross Reference to F658	-	
	12VAC5-371-220 (A). Cross reference to F6	_		12VAC5-371-220 (B)(C). Nursi Services. Cross Reference to F68 F689, F691, F695, F697.		
	12VAC5-371-220 (B)	(C). Nursing services.				

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

STATE FORM

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	D PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING:		COMPLETED			
			_			
		VA0123	B. WING		C	
		VA0123			04/12/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WINCHES	TER HEALTH & REHABI	LITATION 110 LAUCK	DR			
WINCHES	TER HEALIN & REHADI	WINCHEST	ER, VA 22603			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)	
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RIATE DATE	
F 001	Continued From page	9.1	F 001	12VAC5-371-220 (F). Nur	sing	
	Cross reference to F	686, F689, F691, F695,		Services. Cross Reference to F6		
	F697.	000,1 000,1 001,1 000,		Services. Cross Reference to Fb.	//.	
				12VAC5-371-220 (H). Nur	sing	
	12VAC5-371-220 (F).	Nursing services.		services. Cross Reference to F5		
	Cross reference to F6			Services. Gross Neterence to 15	80.	
				12VAC5-371-250 (F). Resid	dent	
	12VAC5-371-220 (H)	. Nursing Services		Assessment and Care Plann	ning	
	Cross references to F	580		Cross reference to F657.		
	101110000000000000000000000000000000000			0.000 1010100 10 1007.		
		Resident Assessment and		12VAC5-371-250 (G). Resid	dent	
	Care Planning	-057		Assessment and Care Plann	ning	
	Cross references to F	-057.		Cross Reference to F656.	6.	
	12\/AC5_371_250 (G\	Resident Assessment and		Cross Reference to 1 050.		
	12VAC5-371-250 (G). Resident Assessment and Care Planning			12VAC5-371-300	(C).	
	Cross references to F	F656.	1	Control of the Act	ross	
				reference to F756.	.033	
	12VAC5-371-300 (C)			reference to 1750.		
	Cross reference to F7			12VAC5-371-300 (A	A)(B)	
					ross	
	12VAC5-371-300 (A)	(B) Pharmaceutical		reference to F755.	.035	
	services.			reference to 1755.		
	Cross reference to F7	755.		12VAC5-371-75. Crim	inal	
	12\/AC5-371-75 Crin	ninal Background Chack		Background Check.		
	12 VA 00-01 1-10. OIIII	5-371-75. Criminal Background Check		1. The facilit	v did an	
	Based on staff intervi	ew, facility document review		audit of all		
		review, it was determined		employees to	1	
	and the second s	to implement their policies		they have a		
		background checks and		,	ı	
		14 of 25 employee record		criminal bac		
	reviews.	• • • • • • • • • • • • • • • • • • • •			facility	
				does not have	i i	
	The findings include:			to the emplo		
				l .	ployees	
	For the following emp			terminated p	·	
		nd/or sworn statements were		12/1/22 and		
	not completed within			make change	s to the	
		nember) #9, physical therapy		personnel file	s.	
	assistant hired 12/2/2	2022. Criminal background				

State of Virginia

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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		VA0123	B. WING		C	
		VAUIZS			04/12/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WINCHES	TER HEALTH & REHABI	LITATION 110 LAUCK	DR			
	TERTIFICATION OF REINAUT	WINCHEST	ER, VA 22603			
(X4) ID	the control of the co	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		
IAG	NEODENIONI ONE	iso BERTII TINO IRI GRAMATION)	IAG	DEFICIENCY)	NATE DATE	
F 001	Continued From none	. 2	F 001			
F 001	Continued From page	3 2	F 001	2. All reside	nts of	
	check dated 4/11/202	3, after it was requested by		the facility c		
	the survey team.			affected by		
	2. LPN (licensed prac					
	1	ackground check was dated		deficient practi	1	
	9/26/2022.			facility will com	•	
		14/2022. There was no		criminal back		
		I background check or		check within 3	• 1	
		ere was no employee record.		of hire. The faci		
		se) #4, hired 6/1/2022.		complete an a		
		ce of a criminal background		current em	ployee	
	check or sworn stater employee record.	Hert. There was no		files to ensur	e they	
		sing assistant) #7, hired		have a	current	
		al background check was		criminal back	ground	
	dated 3/15/2023.	ar background check was		check.		
	6. LPN #8, hired 7/13	/2021. There was no				
	100	I background check or		3. Facility		
	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ere was no employee		leadership and	HR will	
	record.			receive educat		
	7. LPN #9, hired 2/14	/2022. There was no		facility policy		
	evidence of a crimina	l background check or		procedure	for	
	sworn statement. The	ere was no employee		·	criminal	
	record.			Sec. 2007. 100 100 100 100 100 100 100 100 100 10	34 314 X 24 1 4 2 5 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
		sing assistant) #9, hired		background ch	ecks.	
	The state of the s	s no evidence of a criminal				
	_	sworn statement. There		4. The		
	was no employee rec 9. RN #5, hired 5/16/2			administrator/		
	10 10 10 10 10 10 10 10 10 10 10 10 10 1	l background check or		ee will audit u	5	
		ere was no employee		new hire pe	1	
	record.	c.cao no ompioyoo		files weekly X 8		
		n Resources coordinator,		to ensure com	pliance	
	The second state of the second	e was no evidence of a		with the new	w hire	
	criminal background	check or sworn statement.		check list. Res	sults of	
	There was no employ			the weekly audi	ts will	
	A company of the comp	10/2022. There was no		be reported mo	onthly	
	evidence of a crimina	l background check or		to the facility	QAPI	
	sworn statement. Th	ere was no employee		Committee	200	
	record.			months. The	QAPI	
	12. OSM #14, activitie	es coordinator, hired		111011111111111111111111111111111111111		

	) PROVIDER/SUPPLIER/CLIA				(3) DATE SURVEY	
AND PLAN OF CORRECTION	ND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING:		COMPLE	ETED		
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	VA0123	B. WING	the state of the s		2/2023	
NAME OF PROVIDER OR SUPPLIER						
WINCHESTER HEALTH & REHABILITAT	ATION 110 LAUCK	DR				
	WINCHEST	ER, VA 22603				
PREFIX (EACH DEFICIENCY MUS	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE	
8/2/2021. There was no elbackground check. 13. OSM #15, social service 7/7/2022. Criminal background sayon statement. There were record.  An interview was conducted business office/human resort member, on 4/12/2023 at asked about the process for member, OSM #4 stated to recruiting site and select point interview, complete an appear done on the recruitment sinchecks, they complete the which includes fair credit in check authorization, and saccepting the employee, to license, sex offenders reginspector general) report, background check. Once the staff member in for ori how long employee record state she did not know that might be seven years. When missing and not complete checks, OSM #4 stated the position as HR in addition duties. OSM #4 further state an audit a few months agones missing. She stated not available since the chathe building [12/1/2022).  The facility policy, "Abuse	vices assistant, hired iround check was dated 22. There was no ackground check or was no employee at the with OSM #4, the asources (HR) staff to 12:19 p.m. When for hiring a new staff they go through a potential employees. Fing them in for an initial application if not already site, do the reference are rest of the package, reporting, background sworn statement. If then they pull the gistry, OIG (office of the and criminal are is all done, they bring rientation. When asked ards are retained, OSM #4 and answer, but thinks it then asked why there are and criminal background that she just took on this in to her business office tated she did complete go and ran some of the did the other records were mange of ownership of	F 001	Committee responsible for on-going more of compliance.	nitoring		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
			B WING		С			
		VA0123	B. WING		04/12/2023			
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  110 LAUCK DR							
WINCHES	TER HEALTH & REHABI	LITATION	TER, VA 22603	3				
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COM CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				
F 001	Continued From page "The organization will for a history of abuse, residents."  ASM (administrative s administrator, ASM #3 and ASM #4, the region made aware of the abundance p.m.  No further information  12VAC5-371-140 (E.3  Based on staff intervious and employee record the facility staff failed employee record for 2 to include criminal bas statements, reference The findings include: 1. OSM #9, PT (physi 12/2/2022. The crimin completed 4/11/2023 survey team. There w completed. 2. CNA #4, hired 12/1 were completed. 3. LPN #6, hired 12/1 check completed. 4. OSM #10, activity a No reference checks 5. RN #3, hired 12/1/2 verified on 2/9/2023. I	screen potential employees neglect or mistreating  staff member) #1, the 2, the director of nursing, onal nurse consultant, were love on 4/12/2023 at 1:31  It was obtained prior to exit.  B). Policies and Procedures  ew, facility document review review, it was determined to maintain a complete 20 of 25 employee records, ckground checks, sworn as and license verifications.  I call therapy) assistant, hired all background check was after it was requested by the lere no references checks  I/2022. No reference checks  I/2022. Vo reference checks  I/2022. No reference checks	F 001	12VAC5-371-140 (E.3). Policies Procedures. F607  1. The facility di audit of all cur employees to en they have a comp employee re including crin background ch sworn statemereferences and lic verifications. facility does not access to employee files employees terminated prio 12/1/22 and ca make changes to	and d an rrent sure blete cord ninal neck, ents, ents ents the have the for r to nnot			
	completed. 6. LPN #7, hired 2/14, background check, sv	/2022. No criminal vorn statement, license		personnel files.				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WINCHES	TER HEALTH & REHABI	LITATION 110 LAUCI	CDR			
WINOTIES	TER HEALIT & REHADI	WINCHES.	TER, VA 22603			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX		Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE	
TAG	REGOLATORTORE	ESCIDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RIATE DATE	
			<del>                                     </del>		<u> </u>	
F 001	Continued From page	5	F 001	2. All resider	its of	
	verification or referen	ces. No employee record		the facility ca	K	
	was in the facility.	out the ampleyee receive		affected by	this	
	7. CNA #6, hired 10/2	2/2022. No references		deficient practic	5+962x7677	
	completed.				l l	
	8. RN #4, hired 6/12/2	2021. No criminal		facility will com		
		vorn statement, license		criminal backg		
	The state of the s	ces. No employee record		check within 30		
	was in the facility.	2 to 1 and 1 to 1 and 1		of hire, the facil	ity will	
	9. CNA #7, hired 7/1/2	2022. Criminal background	1	have a	sworn	
	check completed on 3	3/15/2023, license		statement, refe	rences	
	verification was comp	leted on 3/15/2023, and		and	license	
		ice checks completed.		verification upo	n hire.	
	10. LPN #8, hired 7/1			The facility	will	
		worn statement, license		complete an au		
		ces. No employee record			ployee	
	was in the facility.	Company to the second s		files to ensure		
		4/2022. No references			current	
	completed.	4/0000 14 - 14 - 1		criminal back	NOTES A STEEN OF	
	12. LPN #9, hired 2/1					
		worn statement, license	}	check,	sworn	
		ces. No employee record		statement, refe		
	was in the facility.	1/2022 No oriminal			license	
		worn statement, license		verification	with	
		ces. No employee record		corrections	as	
	was in the facility.	occ. No employee record		appropriate.		
	14. RN #5, hired 5/16	/2022. No criminal				
		worn statement, license		3. Facility		
		ces. No employee record		leadership and	HR will	
	was in the facility.	,		receive educat		
		resources, hired 8/2/2021.		facility policy	1 021 12 2010/0	
		nd check, sworn statement,			or a	
		references. No employee		1	ployee	
	record was in the faci	lity.		record. The	pioyee	
	16. LPN #10, hired 5/				lasiam	
	background check, sv	worn statement, license		administrator/o	-	
	11 12 12 12 12 12 12 12 12 12 12 12 12 1	ces. No employee record		ee will audit u		
	was in the facility.			new hire per		
	17. RN #6, hired 8/17		1	files weekly X 8		
	background check, sv	worn statement, license		to ensure comp	oliance	

			(X3) DATE SURVEY			
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
					l c	
		VA0123	B. WING			2/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	0-4/1	1,2020
WINDUE	TED HEALTH & DEHADI	110 LAUCH	DR			
WINCHES	TER HEALTH & REHABI	WINCHEST	ER, VA 22603	<b>(</b>		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	1	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	IIATE	DATE
F 001	Continued From page	e 6	F 001	with the new		
	verification or referen	ces. No employee record		check list. Resul		
	was in the facility.	ood. No employee record		the weekly audits		
	,	1/15/2021. No reference		be reported mor	,	
	checks completed.			to the facility	QAPI	
	19. OSM #14, activitie	es coordinator, hired		Committee x	3	
		no criminal background		months. The	QAPI	
	check completed.			Committee	is	
	20. OSM #15, social :	services assistant, hired		responsible for	the	
	7/7/2022. Criminal ba	ckground check completed		on-going monito	oring	
		re no reference checks		of compliance.		
	completed.			,		
		ducted with OSM #4, the	l			
	E7 7 - N. W. HONDON SCHOOL	n resources (HR) staff				
		23 at 12:19 p.m. When rhiring a new staff member,				
		go through a recruiting site				
		employees. Then the process				
	is to bring them in for	A section of the sect				
		on if not already done on the				
		ne reference checks, they				
		he package, which includes	1			
	fair credit reporting, b		1			
	authorization, and sw	orn statement. If accepting				
		ney pull the license, sex	1			
		G (office of the inspector				
		criminal background check.	1			
	E	y bring the staff member in				
	Programme Committee and the Committee of	asked how long employee				
	150	OSM #4 state she did not				
		t thinks it might be seven	1			
	15	hy there are missing and all background checks, OSM				
	•	st took on this position as HR				
		iness office duties, OSM #4				
		complete an audit a few				
		some of the ones missing.	1			
		records were not available				
		ownership of the building.				
	When asked if referen					

PRINTED: 04/21/2023 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				c	
	VA0123	B. WING		04/12/2023	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	, ZIP CODE		
WINCHESTER HEALTH & REHAB	ILITATION 110 LAUC WINCHES	K DR TER, VA 22603			
PREFIX (EACH DEFICIENCE	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
to attempt to get the not find them on the  The facility policy do employment reference personal references  ASM (administrative administrator, ASM and ASM #4, the regulate made aware of the ap.m.	stated, per our policy, we are m. She stated that she could ones listed above.  cumented in part, "Abuse: If ces cannot be obtained,	F 001			