State of Virginia

POC NOT FINAL

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	VA0141	A. BUILDING: ____ B. WING ____	03/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF WILLOW CREEK	**11611 ROBIOUS ROAD** **MIDLOTHIAN, VA 23113**

(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 unannounced biennial State Licensure Inspection was conducted 3/12/19 through 3/14/19. Corrections are required for compliance with the following with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 120 certified bed facility was 116 at the time of the survey. The survey sample consisted of 40 current resident reviews and 13 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. Policies and Procedures cross reference to F607. 12VAC5-371-220. Nursing Services cross reference to F677. 12VAC5-371-250. Resident Assessment and Care Planning cross reference to F656. 12VAC5-371-180. Infection Control. 12VAC5-371-180. A cross reference to F812 12 VAC 5-371-200 (A) Cross referenced to F-tag 727	F 001	Cross reference POC for: F607 F677 F656 F812 F727 All staff will be retrained on the abuse policy, reporting guidelines, and completing thorough investigations including what to do if a resident makes an allegation of abuse or a resident to resident altercation occurs. All nursing staff will be educated on the shower/bathing policy. All licensed nursing staff, dietary manager and dietician will be educated on facility care plan policy, including initiating interventions for residents with episodes of	4/26/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 04/05/19

State of Virginia

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F 001	Continued From page 1	F 001	urinary incontinence or at are risk for altered nutritional status. All dietary staff will be retrained on the hair restraint policy, handwashing policy, and disposable glove policy. The results of the audits will be reported to the Administrator weekly and to the monthly QA meeting. Any variances will be corrected at the time of observation and continued education provided. Ongoing compliance will be reported to the facility's QA committee. Additional education and monitoring will be initiated for any identified concerns.	