

VDH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0293	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2018
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTHCARE OF WILLIAMSBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 1811 JAMESTOWN ROAD WILLIAMSBURG, VA 23185
---	--

(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	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 8/28/18 through 8/30/18. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Five complaints were investigated during the survey.</p> <p>The census in this 90 licensed bed facility was 83 at the time of the survey. The survey sample consisted of 28 current Resident reviews and 3 closed record reviews.</p>	F 000	<p>F 000 Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>	
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities:</p> <p>Resident assessment and care planning 12 VAC 5-371-250 (A). Cross Reference to F641</p> <p>Nursing Services 12VAC5-371-220 (C)(1). Cross Reference to F686</p> <p>Nursing Services 12 VAC 5-371-220 (A). Cross Reference to F698</p> <p>Pharmaceutical services 12VAC5-371-300 (A). Cross Reference to F755</p> <p>Nursing Services 12VAC5-371-220 (A). Cross Reference to F757</p> <p>Nursing Services</p>	F 001	<p>Cross Reference to F 686</p> <p>Cross Reference to F 698</p> <p>Cross Reference to F 755</p> <p>Cross Reference to F 757</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>9/20/18</i>
---	--	---------------------------------

VDH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0293	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2018
NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTHCARE OF WILLIAMSBURG		STREET ADDRESS, CITY, STATE, ZIP CODE 1811 JAMESTOWN ROAD WILLIAMSBURG, VA 23185		
(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 1</p> <p>12VAC5-371-220 (A). Cross Reference to F758</p> <p>Infection Control 12 VAC 5-371-180 (A). Cross Reference to F880</p> <p>COV 32.1-126.01 (A)</p> <p>Based on Record Review and Staff Interview, the facility failed to collect a sworn statement prior to hire for 1 of 25 records reviewed.</p> <p>For record #25, the facility had no documentation of a Sworn Statement.</p> <p>The Findings included: -</p> <p>On 8/30/2018, a review of Employee Records was conducted. Record #25, for an Occupational Therapist, was found to be missing a Sworn Statement. The facility Administrator was informed of the incomplete record, and was asked to review HR files to locate the missing document. At the end of day meeting on 8/30/2018, the facility Administrator stated "We don't know where it is". No further documentation was provided.</p>	F 001	<p>Cross Reference to F 758</p> <p>Cross Reference to F 880</p>	