

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/14/2019
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NAME OF PROVIDER OR SUPPLIER BEAUFONT HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 200 HIOAKS ROAD RICHMOND, VA 23225
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(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 02/12/19 through 02/14/19. 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 120 licensed bed facility was 110 at the time of the survey. The survey sample consisted of 38 resident reviews.</p>	F 000		
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: 12 VAC 5-371-250 (G). Please cross reference to F-656.</p> <p>12 VAC 5-371-280 (A). Please cross reference to F-679</p> <p>12 VAC 5-371-220 (C) (1). Please cross reference to F-686</p> <p>12 VAC 5-371-220 (C) (2). Please cross reference to F-688</p> <p>12 VAC 5-371-220 (D). Please cross reference to F-690</p> <p>12 VAC 5-371-220 (C)(5). Please cross reference to F-692</p> <p>12 VAC 5-371-340 (B). Please cross reference to F-801.</p> <p>12 VAC 5-371-340 (J). Please cross reference to</p>	F 001	<p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p>12 VAC 5-371-250 (G). Please cross reference to F-656.</p> <p>12 VAC 5-371-280 (A). Please cross reference to F-679</p> <p>12 VAC 5-371-220 (C) (1). Please cross</p>	3/25/19

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

TITLE

(X6) DATE

Electronically Signed

03/05/19

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/14/2019
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

BEAUFONT HEALTH AND REHABILITATION CENTER **200 HIOAKS ROAD**
RICHMOND, VA 23225

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F 001	<p>Continued From page 1</p> <p>F-808</p> <p>12 VAC 5-371-340 (A). Please cross reference to F-812</p> <p>12 VAC 5-371-370 (E). Please cross reference to F-925</p> <p>COV 32.1-126.01(A)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to obtain a signed sworn statement prior to hire date for one employee, Employee #2 out of 25 employees.</p> <p>The findings included:</p> <p>On 2-14-19, a review of Employee Records was conducted. The review revealed the following:</p> <p>Employee #2, a speech therapist, had a sworn statement that was signed after hire. The hire date was 8-21-17.</p> <p>On 2-14-19 at 6:15 PM, an interview was conducted with the HR (human resources) director. She stated, "During that time, we did not have an HR manager."</p>	F 001	<p>reference to F-686</p> <p>12 VAC 5-371-220 (C) (2). Please cross reference to F-688</p> <p>12 VAC 5-371-220 (D). Please cross reference to F-690</p> <p>12 VAC 5-371-220 (C)(5). Please cross reference to F-692</p> <p>12 VAC 5-371-340 (B). Please cross reference to F-801.</p> <p>12 VAC 5-371-340 (J). Please cross reference to F-808</p> <p>12 VAC 5-371-340 (A). Please cross reference to F-812</p> <p>12 VAC 5-371-370 (E). Please cross reference to F-925</p>	
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