

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495423</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/16/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>BONVIEW REHABILITATION AND HEALTHCARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7246 FOREST HILL AVE RICHMOND, VA 23225</b>		
(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) COMPLETION DATE	
E 000	Initial Comments	E 000			
	A COVID-19 Focused Emergency Preparedness Survey was conducted on 12/15/2020 through 12/16/2020. The facility was in substantial compliance with 42 CFR Part 483.73 emergency preparedness regulations, and has implemented The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19.				
F 000	INITIAL COMMENTS	F 000			
	The census in this 196 certified bed facility was 102 at the time of the survey.				
	A COVID-19 Focused Infection Control Survey was conducted on 12/15/2020 through 12/16/2020. Corrections are required for compliance with 42 CFR Part 483.80 infection control regulations, for the implementation of The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19.				
F 883 SS=E	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2)	F 883		1/14/21	
	§483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;				

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

TITLE

(X6) DATE

Electronically Signed

01/07/2021

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 883	<p>Continued From page 1</p> <p>(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;</p> <p>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and</p> <p>(iv)The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>§483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-</p> <p>(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and</p> <p>(iv)The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits</p>	F 883			

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F 883	<p>Continued From page 2</p> <p>and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, clinical record review, and facility documentation review, the facility staff failed to provide pneumococcal immunizations for 5 residents in a survey sample of 6 residents.</p> <p>The facility staff failed to provide pneumococcal immunizations for Residents #1, #2, #3, #4, and #5.</p> <p>The findings included:</p> <p>On 12/15/2020, clinical record review was performed for Residents #1, #2, #3, #4, and #5 and revealed no documentation with regard to pneumococcal immunization including the resident's current pneumococcal vaccination status, offer to provide immunization against pneumococcal infection, or documentation of resident refusal or medical contraindication. The admission dates for these residents include, Resident #1 admitted 8/29/2019, Resident #2 admitted 2/19/2019, Resident #3 admitted 10/27/2020, Resident #4 admitted 12/6/2018, and Resident #5 admitted 5/19/2020. These findings were discussed with the Facility Administrator and Director of Nursing (DON) at the end of day conference on 12/15/2020. A facility policy on pneumococcal immunization was requested and received.</p> <p>On 12/16/2020, review of the facility policy</p>	F 883	<p>1. Residents #1, 2, 3, 4 and 5 had their medical records reviewed and updated as indicated. Due to the impending COVID vaccination clinics we are unable to administer the pneumonia vaccine to the residents until after the COVID clinic dates are completed. Following these vaccination dates, these residents will be vaccinated in accordance with our policy per their Responsible Party consents.</p> <p>2. Current residents are considered to be at risk for the alleged deficient practice.</p> <p>As of 12/18/2020 the Regional Director of Clinical Services, DCS/Nurse Managers completed the audit immunizations for residents in the facility with their medical records reviewed and updated as indicated. Residents who had not refused or been offered immunizations will have consents obtained and immunizations provided as soon as practicable and in accordance with policy and procedure and CDC guidelines.</p> <p>3. On 1/4/21 the DCS/Nurse Managers began educating nurses on obtaining immunization information with admission and also on our immunization policy.</p>		

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F 883	<p>Continued From page 3</p> <p>entitled, "Pneumococcal Vaccine", revised October 2019, read: "Policy Statement...All residents will be offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections" and "Policy Interpretation and Implementation...1. Prior to or upon admission, residents will be assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, will be offered the vaccine series within thirty (30) days of admission to the facility unless medically contraindicated or the resident has already been vaccinated".</p> <p>On 12/16/2020 at approximately 10:45 AM, an interview was conducted with the Facility Administrator and the DON to discuss their follow-up on the lack of pneumococcal immunizations for Residents #1, #2, #3, #4, and #5. Both the Administrator and the DON stated they reviewed the medical records for the referenced residents and were not able to find any assessments or documentation for pneumococcal immunizations. No further information was provided.</p>	F 883	<p>This education will be ongoing until current nursing staff are educated. Newly hired nurses will receive the education in orientation.</p> <p>During the Daily Clinical Meeting Monday thru Friday, newly admitted or readmitted resident records will be reviewed to determine that their vaccination status was addressed appropriately and immunizations provided according to policy and CDC guidance.</p> <p>4. Quality improvement monitoring focusing on those residents with immunizations will be reviewed by the Director of Clinical Services/ Nurse Manager immunizations are being offered and administered to consenting residents weekly for 3 month, 1x month thereafter. The Director of Clinical Services/Nurse Manager will report findings to the Quality Assurance Performance Improvement (QAPI) Committee monthly for 6 months for continued compliance or revision to the plan.</p> <p>5. Alleged date of compliance: 1/14/2021. All items in this plan will be completed by the AOC. Immunizations will be given once the appropriate time limit has passed per the pharmacy recommendations for administering vaccines after the administration of the COVID vaccine series.</p>		