(X3) DATE SURVEY

State of Virginia

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION IDENTIFICATION		IDENTIFICATION NUMBER:	N NUMBER: A. BUILDING:		COMPLETED				
VA0151		B. WING		C 09/30/2021					
NAME OF PROVIDER OR SUPPLIER STREET A			ADDRESS, CITY, STATE	, ZIP CODE	_				
		340 LY	NN SHORES DRIVE						
BIRCHWO	BIRCHWOOD PARK REHABILITATION VIRGINIA BEACH, VA 23452								
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R 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		F 000						
	Inspection was cond 09/30/21. The facility	ennial State Licensure ducted 09/20/21 through y was not in compliance with nd Regulations for the g Facilities.							
	80 at the time of the	50 certified bed facility was survey. The survey sample ent and closed records.							
F 001	Non Compliance		F 001						
	The facility was out following state licen	of compliance with the sure requirements:							
	The facility staff faile	net as evidenced by: ed to be in compliance with censure requirements:							
	Cross-Reference to	B.2). Resident Rights. Cross-							
	Assurance. Cross R 12 VAC 5-371-220 (684	A) (H) Cross Reference to F-							
	685 12 VAC 5-371-220 (A) (D) Cross Refrence to F- H). Nursing Services. Cross							
	In-Service Training. 12 VAC 5-371-360 (F). Staff Development and Cross Reference to F- 730 E.9) Clinical Records. Cross							
	Reference to F-842 12 VAC 5-371- 380	Cross Reference to F-584							
	12VAC5-371-250 (C	C), (F). Please Cross							

(X2) MULTIPLE CONSTRUCTION

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

TITLE (X6) DATE

Electronically Signed 11/02/21

State of Virginia
STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND I BUTCH CONTINUE IN THE INTERIOR OF THE IN		A. BUILDING: _				
		VA0151	B. WING	-	C 09/30/202<u>1</u>	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BIRCHWO	OOD PARK REHABILITAT	TION	SHORES DRIV SEACH, VA 23			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETE	
F 001	Reference to F-842. 12VAC5-371-180 (A) Reference to F-880. 12VAC5-371-150 (G) Based on facility documenterviews the facility one person in the factoric receive automatic not State Police Sex Offer The findings included On 9/21/21 at 11:45 asked to provide documenter facility was registered notifications from the Offender Registry. On 9/22/21 at 10:30 asked who was registed who was registed automatic sex offended Administrator stated, registered, I'm still wood on 9/22/21 at 3:30 purovided this surveyof that himself and the Aregistered to receive the Virginia State Police.	3). Please Cross , (E, 8). Please Cross , (C). Please Cross ument review and staff staff failed to ensure at least illity was registered to tifications from the Virginia ender Registry. I: a.m., the Administrator was umentation to show that the d to receive automatic Virginia State Police Sex a.m., the Administrator was tered in the facility to receive er updates. The "I really don't think anyone is	F 001	DEFICIENCY)		
	"No one in the facility	The Administrator stated, was registered to receive the Admissions Director				

State of Virginia

,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	(X3) DATE SURVEY COMPLETED	
		VA0151	B. WING		C 09/30/202 <u>1</u>
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE	
BIBCHIMA	NOD DADIK DELLABILITA	340 LYN	N SHORES DRIVE		
BIRCHWC	OOD PARK REHABILITA	VIRGINI	A BEACH, VA 2345	2	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE COMPLETE O THE APPROPRIATE DATE
F 001	receive updates. I ca a state requirement.' On 9/30/21 at 6:42 p conducted with the A Director of Nursing, the Clinical Services and Operations, where the	the Sex Offender Registry to n't find a policy but I know it's	F 001		
	document review and staff failed to ensure criminal background	(E) (3) (B). record review, facility d staff interviews the facility that Virginia State Police checks were obtained for 12 rithin 30 days of their hire			
	were reviewed. The revealed that 12 curr a Virginia State Polic check. The 12 currer State Police criminal identified in the nursi housekeeping and re On 9/23/21 at 10:30 conducted with the E (BOM) regarding the without Virginia State	d: ve current employee records employee record review ent employees did not have e criminal background at employees with no Virginia background check were ng, dietary, activities, chabilitation departments. a.m., an interview was susiness Office Manager 12 current employees e Police criminal background tated, "Those 12 employees			

State of Virginia
STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		C
VA0151			B. WING	I	09/30/202 <u>1</u>
NAME OF PROVIDER	R OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
BIRCHWOOD PA	RK REHABILITAT	ION	SHORES DRIV BEACH, VA 23		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COMPLETE THE APPROPRIATE DATE
shoul within positic check what backs stated in the reside backs responsacks. On 9/condustric service obtain backs Region provide protection of the reside of service of the provide protection of the provide protection of the provide protection of the provide protection of the provide current of the provide current of the provide current of the provide current of the provide protection of the provide provide protection of the provide provide provide protection of the provide provid	a the first two we on and I was not as had not been is the importance ground checks od, "To make sure building that capents. It's very impround checks." 229/21 at 4:03 p. Jucted with the Reces. The Regiones was asked whing Virginia Starground checks on all Director of Code and make sure cted. We do not revices to our resinger the resident all background checks on the major the resident to keep the resident code in the major to keep the resident according to the complex with the Administrator start ance be followed as to be obtained to keep the resident code in the major to the complex to the comple	inal background checks eks of hire. I am new to this t aware that the background done." The BOM was asked e of obtaining criminal n new hires. The BOM e that we don't have anyone n cause harm to us or the uportant to have the criminal I did not know that I was not employees criminal m. an interview was regional Director of Clinical what was the importance of the Police criminal n all new employees. The Clinical Services stated, "To re our residents are to want staff providing care dents that could possibly t." m., an interview was diministrator regarding the 12 thout Virginia State Police checks and his expectations. ted, "I would expect the for the criminal background d within 30 days for our new dents safe.	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL AND PLAN OF CORRECTION IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			X3) DATE SURVEY COMPLETED		
		VA0151		B. WING			C 30/2021	
NAME OF PROVIDER OR SUPPLIER STREET			STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
BIRCHWO	BIRCHWOOD PARK REHABILITATION 340 LYNN SHORES DRIVE							
(VA) ID	SHMMARV ST/	ATEMENT OF DEFICIENCIES	VIRGINIA B	SEACH, VA 23		N OF CORRECTION	(V5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION		ID PREFIX TAG	(EACH CORRECTIVI CROSS-REFERENCED	E ACTION SHOULD BE O TO THE APPROPRIATE CIENCY)	(X5) COMPLETE DATE	
F 001	Continued From page	: 4		F 001				
		nducted on all personner r employment with this	el					
	On 9/30/21 at 6:42 p.i conducted with the Ac Director of Nursing, th Clinical Services and Operations, where the	m., a pre-exit debriefing dministrator, the acting he Regional Director of the Regional Director of e above information wa no further information w	of s					