

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495260	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/23/2022
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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F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard survey was conducted 3/22/22 through 3/23/22. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Two complaints, VA00054626-Substantiated with deficiency and VA00051382-Unsubstantiated, were investigated during the survey. The census in this 120 certified bed facility was 96 at the time of the survey. The survey sample consisted of 2 resident reviews and 3 staff record reviews.	F 000		
F 602 SS=D	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review, facility documentation review, and in the course of a complaint investigation, the facility staff failed to ensure Residents were free from misappropriation of Resident property for one Resident (Resident #1) in a survey sample of 2 Residents. The findings included: 1. For Resident #1, the facility staff discarded her	F 602	The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies nor the reported conversations and other information cited in support of the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following	4/26/22

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

TITLE

(X6) DATE

Electronically Signed

04/12/2022

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 602	<p>Continued From page 1</p> <p>personal belongings, without providing the family written notice to pick-up the belongings or they would be disposed of.</p> <p>On 3/22/22 and 3/23/22, Resident #1's closed electronic health record was reviewed. This review revealed no inventory of personal belongings being noted. The progress notes were read in their entirety and there was no mention of personal belongings and/or affects, or the disposition of those items following the Resident's transfer to the emergency room on 4/14/21.</p> <p>On 3/22/22, during an end of day meeting the facility Administrator and Director of Nursing were asked about the facility protocol with regards to Resident's personal belongings following discharge. The facility Administrator stated that Resident's personal belongings are packed up by nursing and housekeeping staff and arrangements are made to get those items to the family.</p> <p>On 3/23/22 at 11:34 AM, an interview was conducted with LPN B, the unit manager. LPN B was asked about the disposition of Resident #1's belongings following her transfer to the hospital on 4/14/21. LPN B said, "I believe the family took forever to come get them and when they came to pick them up, it had been discarded". LPN B said she was not aware if anyone had called the family to notify the belongings would be discarded, but housekeeping handled that, and the manager for that department is no longer employed at the facility and therefore was not available for interview.</p> <p>On 3/23/22 at 11:59 AM, an interview was</p>	F 602	<p>plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F602</p> <ol style="list-style-type: none"> 1- Resident #1 was discharged from the facility. 2- Current residents are at risk for deficient practice related misappropriation of resident property. The Admission Director, or designee will contact residents or the resident's responsible party who were discharged from the facility in the past two weeks to ensure that they received their personal belongings appropriately. 3-The Administrator, or designee will educate the Admissions department, the Discharge planner, Nursing staff and the Housekeeping Department staff on the proper procedure of packing resident belongings and ensuring that the resident or the resident responsible party receive their personal belongings when discharged from the facility. The Administrator will educate Nursing staff on the proper procedure of completing a Resident property list for residents upon admission to the facility. 4-The Administrator or designee will complete weekly audits of residents discharged from the facility to ensure that the resident or resident's responsible party received the personal belongings appropriately. 5. Results of the audits will be presented to the QAPI Committee for review and 		

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F 602	<p>Continued From page 2</p> <p>conducted with Employee D, the admissions coordinator. Employee D stated that when Residents are admitted nursing completes a form to indicate what personal belongings the Resident has coming in. Employee D said when a Resident discharges and the family doesn't pick up the items they discard it. Employee D was not aware of a specific timeframe of when the items get discarded.</p> <p>On 3/23/22 at 12:04 PM, another interview was conducted with LPN B. LPN B said when Residents are admitted their personal belongings are logged by staff on a form. LPN B was asked if items are added to that list throughout the Resident's stay as they are brought in by family. LPN B said, "Yes". LPN B said, "After they are discharged it in scanned into the chart". LPN B was made aware that Surveyor C was unable to find the personal property listing/document in Resident #1's chart.</p> <p>On 3/23/22 at approximately 12:20 PM, an interview was conducted with LPN C. LPN C was asked about Resident #1's personal belongings. LPN C said she recalled the family coming to pick them up [the belongings] and were told they had been discarded. LPN C was asked what the family's response to this was and she said she recalled they talked to the Administrator.</p> <p>On 3/22/22 and 3/23/22, the survey team reviewed the facility's FRIs (Facility reported incidents/investigations) and grievances. No information was provided with regards to Resident #1.</p> <p>On 3/23/22 at approximately 12:30 PM, the facility Administrator was asked to provide any evidence</p>	F 602	<p>recommendation, one the committee determines the problem no longer exists the audits will be conducted on a random basis.</p> <p>.6- Completion date 4/26/22.</p> <p>The Admin/DON are responsible for implementation of the plan of correction.</p>		

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F 602	<p>Continued From page 3</p> <p>of Resident #1's family be notified/requested to pick up the personal belongings of Resident #1, or they would be discarded.</p> <p>The admissions agreement for Resident #1 was requested, received and reviewed. In the admissions agreement on page 4 of the "General Acknowledgements", it read, "Personal Property: I hereby acknowledge and agree that the [facility name redacted] more than 30 days after notice has been given to remove the property from the premises as outlined in the Resident Handbook. I further acknowledge and agree that the [facility name redacted] is released from and against any liability for disposing of the personal belongings or property as a result of my and/or Responsible Party's failure to remove the property following my discharge from the [facility name redacted].</p> <p>The Resident Handbook was reviewed. On page 9, it read, "....In an effort to ensure security and accountability of the resident's personal belongings, the Health & Rehabilitation Center requires that when any resident is discharged from the Health & Rehabilitation Center, the responsible party must make immediate arrangements with the Admissions Director to pick up the resident's belongings from the Health & Rehabilitation Center".</p> <p>"If such arrangements are not made, the Health & Rehabilitation Center will notify the resident and/or responsible party, in writing, that the resident's personal belongings and other property must be picked up within 30 days of the date of the notice or the Health & Rehabilitation Center will dispose of the property..."</p> <p>Review of the facility policy titled,</p>	F 602			

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F 602	<p>Continued From page 4</p> <p>"Abuse/Neglect/Misappropriation/Crime: Patient Protection", was conducted. This policy read, "There is a zero tolerance for mistreatment, abuse, neglect, misappropriation of property, or any crime against a patient of the Health and Rehabilitation Center". "...4. Any and all suspected or witnessed incidents of patient/patient abuse, neglect, theft, and/or exploitation or any reasonable suspicion of a crime against a patient/patient Center brought to the attention of the Center's Administration will result in internal investigation, appropriate and timely reporting to the State Survey Agency (SSA) and other legally designated agencies, as well as staff corrective action."</p> <p>The facility policy titled, "Abuse/Neglect/Misappropriation/Crime: Prevention/Screening/Training" was reviewed. It read, "...7. Patient Rights and grievance proceedings are presented to the patient/responsible party both orally and in writing at the time of admission ([corporate facility name redacted] Admission Agreement Package and [corporate facility name redacted] Resident Handbook), and a hardbound Health and Rehabilitation Center Resident Handbook Reference Guide is made available in each patient's room as well as in the Center lobby for reference during the patient's length of stay..."</p> <p>On 3/23/22 at 12:30 PM, during an end of day meeting with the Administrator and Director of Nursing (DON), they were made aware of the findings.</p> <p>On 3/23/22 at 1:59 PM, the facility Administrator submitted a typed statement from LPN B. This statement was dated 3/23/22, and read, "I spoke</p>	F 602			

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F 602	Continued From page 5 to [name redacted], daughter of [Resident #1's name redacted] after [Resident #1's name redacted] was discharged from our facility. During this conversation I made her aware that her mother's belongings were packed and available for pick up at her convenience and that the belongings would be kept in the shower room on the unit".	F 602			
F 888 SS=D	No further information was provided to the survey team prior to the exit conference at 2:40 PM. COVID-19 Vaccination of Facility Staff CFR(s): 483.80(i)(1)-(3)(i)-(x) §483.80(i) COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine. §483.80(i)(1) Regardless of clinical responsibility or resident contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its residents: (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the facility and/or its residents, under contract or by other arrangement.	F 888		4/26/22	

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F 888	Continued From page 6 §483.80(i)(2) The policies and procedures of this section do not apply to the following facility staff: (i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i) (1) of this section; and (ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i)(1) of this section. §483.80(i)(3) The policies and procedures must include, at a minimum, the following components: (i) A process for ensuring all staff specified in paragraph (i)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its residents; (iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19; (iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (i)(1) of this section;	F 888			

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F 888	Continued From page 7 (v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC; (vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law; (vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements; (viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains: (A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and (B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications; (ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and	F 888			

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F 888	<p>Continued From page 8</p> <p>considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and</p> <p>(x) Contingency plans for staff who are not fully vaccinated for COVID-19.</p> <p>Effective 60 Days After Publication: §483.80(i)(3)(ii) A process for ensuring that all staff specified in paragraph (i)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations; This REQUIREMENT is not met as evidenced by: Based on staff interview and facility documentation review, the facility staff failed to implement their policy and procedure with regards to tracking the COVID-19 vaccination status of facility employees.</p> <p>The findings included:</p> <p>The facility staff failed to track the COVID-19 vaccination status for CNA B, CNA C, and LPN D.</p> <p>On 3/22/22, the Director of Nursing (DON) submitted the facility's staff COVID-19 vaccination tracking logs. Review of these logs revealed a total of 159 facility staff members listed. The DON also submitted an "as worked" schedule for all staff members who worked in the facility on 3/22/22.</p>	F 888	<p>F888</p> <p>1-The COVID-19 vaccination status for CNA B, CNA C and LPN D was obtained and updated on the COVID <input type="checkbox"/>19 vaccination tracking log. The updated COVID-19 Vaccination information was submitted to the NHSN.</p> <p>2-The facility is at risk for deficient practice related to not obtaining or recording the COVID vaccination status of staff members. The Infection Preventionist will complete an audit of current staff members to ensure that the COVID vaccination status is obtained and documented on the COVID-19 tracking log and that all information is submitted accurately to NHSN.</p> <p>3-The DON/designee will educate the Human Resource Director, Staffing</p>		

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F 888	<p>Continued From page 9</p> <p>On 3/23/22, the facility's "as worked" schedule from 3/22/22 was reviewed and compared to the facility staff COVID-19 vaccination tracking logs. This review revealed 3 staff members, CNA B, CNA C, and LPN D, were noted as having worked on 3/22/22 but were not listed on the staff COVID-19 vaccination logs.</p> <p>On 3/23/22 at 2:00 PM, a group interview was conducted with the Facility Administrator and the DON to discuss the findings. The Facility Administrator confirmed that CNA B, CNA C, and LPN D were active employees that worked on 3/22/22, and they were not listed on the facility staff COVID-19 vaccination logs.</p> <p>The Facility Administrator also confirmed that incomplete tracking of staff COVID-19 vaccination status made the mandatory data reported to the NHSN (National Health Care Safety Network) inaccurate.</p> <p>The facility administrator provided evidence that CNA B, CNA C and LPN D had been fully vaccinated which kept the facility staff vaccination rate at 100 percent.</p> <p>Review of the facility policy titled, "COVID-19 Vaccination Policy", effective date 01/25/2022, read, "POLICY: The Center requires that all health care personnel be fully vaccinated against COVID-19, in accordance with CDC, CMS, and OSHA regulations" and subheading, "PROCEDURE", item 9, read, "Proof of full COVID-19 vaccination should be maintained for all employees in their personnel file. The center will track and securely document each staff member's vaccination status including exemptions".</p>	F 888	<p>Coordinator and the Infection Preventionist on obtaining and documenting COVID vaccine status information for staff members.</p> <p>4-The Infection Preventionist/designee will complete weekly audits of the schedule to ensure that newly hired staff members and Agency staff <input type="checkbox"/>s COVID vaccination status is obtained and documented, and that the updated information is submitted to NHSN.</p> <p>5. Results of the audits will be presented to the QAPI Committee for review and recommendation, once the committee determines the problem no longer exists, the audits will be conducted on a random basis.</p> <p>6.-Completion date 4/26/22.</p> <p>The Admin/DON are responsible for implementation for implementation of the plan of correction.</p>		

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F 888	Continued From page 10 No further information was provided.	F 888		