

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0394	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE LAURELS OF BON AIR	STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235
---	--

(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 6/1/21 through 6/3/21. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 124 certified bed facility was 101 at the time of the survey. The survey sample consisted of fifty current residents and three closed record 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: 12VAC5-371-200. Director of nursing Cross reference to F658</p> <p>12VAC5-371-250. Resident assessment and care planning Cross reference to F641 and 657</p> <p>12VAC5-371-370. Maintenance and housekeeping Cross reference to F700 and F909</p> <p>12VAC5-371-220. Nursing Services Cross reference F580</p> <p>12VAC5-371-250. Resident Assesment and Care Planning Cross reference to F656.</p> <p>Clinical Records 12VAC5-371-360 E cross reference to F842</p>	F 001	<p>12VAC5-371-200 Director of Nursing Cross Reference to F658 - Please reference the plan of correction submitted for F658.</p> <p>12VAC5-371-250 Resident assessment and care planning Cross Reference to F641 and 657 - Please reference the plan of correction submitted for F641 and F657.</p> <p>12VAC5-371-370 Maintenance and housekeeping Cross reference to F700 and F909 - Please reference the plan of correction submitted for F700 and F909.</p> <p>12VAC5-371-200 Nursing services Cross reference F580 - Please reference the plan of correction submitted for F580.</p> <p>12VAC5-371-250 Resident Assessment and Care Planning Cross reference to</p>	6/30/21

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

Electronically Signed

TITLE

(X6) DATE

06/22/21

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0394	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE LAURELS OF BON AIR	STREET ADDRESS, CITY, STATE, ZIP CODE 9101 BON AIR CROSSINGS DRIVE BON AIR, VA 23235
---	--

(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	Continued From page 1	F 001	<p>F656 - Please reference the plan of correction submitted for F656.</p> <p>12VAC5-371-360E - cross reference to F842 - Please reference the plan of correction submitted for F842.</p>	