

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 08/29/2019
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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
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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	Initial Comments An unannounced biennial State Licensure Inspection was conducted 08/26/2019 through 08/29/2019. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. 7 complaints were investigated during the survey. The census in this 124 licensed bed facility was 106 at the time of the survey. The survey sample consisted of 62 resident reviews.	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: 12VAC5-371-140. Policies and Procedures. 12VAC5-371-140 (E)(3)(b) Facility staff failed to maintain a complete personnel file for one of 25 employee records reviewed. The record of Registered Nurse (RN) #4 did not have a criminal background check completed within 30 days of hire. The findings included: A review of Employee Records was conducted as part of the State licensure process. Upon review, the record for RN #4 was found to have a criminal background check completed greater than 30 days prior to her hire date. RN #4 had a documented hire date of 05/14/2018. However, her criminal background check was completed on 03/14/2018. This was	F 001	The Laurels of Bon Air wishes to have this submitted plan of correction stand as its allegation of compliance. Our date of alleged compliance is September 20, 2019. Preparation and/or execution of this plan of correction does not constitute admission to, nor agreement with, either the existence of or the scope and severity of any of the cited deficiencies, or conclusions set forth in the statement of deficiencies. This plan is prepared and/or executed to ensure continuing compliance with regulatory requirements. 1. Employee no longer works in facility. All other current employee files were audited to ensure background check was obtained within 30 days of hire date. 2. All residents/new hires are at risk. 3. ADON provided education to the payroll department and Staffing	9/20/19

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

TITLE

(X6) DATE

Electronically Signed

09/18/19

State of Virginia

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F 001	Continued From page 1 61 days prior to hire. Administrative Staff Member (ASM) #1, the Administrator, was informed of the findings at the end of day meeting on 08/28/2019. He stated that RN #4 had been intended to start earlier, but circumstances had led to her start date being delayed. No further information was provided. 12VAC5-371-220. Nursing Services. Cross reference to F688 12VAC5-371-250. Resident Assessment and Care Planning. Cross reference to F688 12VAC5-371-250. Resident Assesment and Care Planning Cross reference to F656. 12VAC5-371-220. Quality of Care Cross reference to F684.	F 001	Coordinator on policy that background check must be performed within 30 days of start date. 4. The payroll department will audit new hires weekly x 4 weeks and monthly x 3 months to ensure compliance.	