State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	VA0249	A. BUILDING: _____ B. WING _____	R 09/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	2420 PEMBERTON RD RICHMOND, VA 23233

(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 State Licensure Inspection revisit to the biennial State Licensure Inspection conducted 7/30/19 through 8/2/19 and continued 8/5/19 through 8/7/19, was conducted 9/24/19 through 9/25/19. Corrections are required for compliance with the following with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 145 certified bed facility was 137 at the time of the survey. The survey sample consisted of 20 current Resident reviews (Residents #101 through #120).	{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: Clinical Records 12VAC5-371-360 E cross reference to F842	{F 001}	The Laurels of University Park wishes to have this submitted plan of correction stand as its allegation of compliance. Our date of compliance is October 11, 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 compliance. T Tag 842 Resident #116: No negative outcomes occurred as a result of this alleged	10/11/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 10/09/19

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{F 001}	Continued From page 1	{F 001}	deficient practice. Misfiled paperwork has been removed from Resident #116's record and filed in the correct record Residents currently in the facility have the potential to be affected by this practice. The RCC or designee will educate the medical records department on ensuring that documents are scanned into the appropriate resident's record. The MDS Coordinator or designee will audit all current residents records to ensure that the appropriate residents information is scanned into the corresponding records. The MDS Coordinator or designee will audit 5 charts at random 5 times a week for 1 week, 3 times a week for 2 weeks, weekly for 4 weeks, and monthly for 3 months. Any variances will be corrected, and additional education and/or counseling will be provided as needed. Any concerns will be reported to the quality assurance committee until resolved.	