

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0293	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/12/2022
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NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTHCARE OF WILLIAMSBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 1811 JAMESTOWN ROAD WILLIAMSBURG, VA 23185
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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	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 05/10/2022 through 05/12/2022. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Three complaints were investigated during the survey.</p> <p>The census in this 90 licensed bed facility was 86 at the time of the survey. The survey sample consisted of 33 resident 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: 12 VAC 5-371-220 (E). Please cross reference to F550. 12 VAC 5-371-370 (A). Please cross reference to F584. 12 VAC 5-371-250 (G). Please cross reference to F657. 12 VAC 5-371-200 (B)(1)(ii). Please cross reference to F658. 12 VAC 5-371-220 (C)(1). Please cross reference to F686. 12 VAC 5-371-220 (A). Please cross reference to F689. 12 VAC 5-371-180 (A). Please cross reference to F880. 12 VAC 5-371-110 (J). Please cross reference to F883.</p>	F 001	Please cross reference to 2567 with PoC dated 05/12/22	

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



TITLE

Executive Director

(X6) DATE

6/7/22

State of Virginia

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F 001	<p>Continued From page 1</p> <p>12 VAC 5-371-260 (B) (1-11)--Staff Development and In-service Training</p> <p>Based on staff interview and facility documentation review, the facility staff failed to ensure resident care staff received annual in-service training for 3 employees (CNA E, LPN B, and RN C) , in a sample of 4 employee training records.</p> <p>The facility staff failed to ensure completion of mandated annual in-service training for the CNA E, LPN B, and RN C).</p> <p>The findings included:</p> <p>On 5/11/22, a copy of facility training records for the four employees sampled were requested.</p> <p>1. CNA E was hired 10/15/20. She did not have a record of any of the required annual in-service training in the areas of (1) Special Needs of residents (2) Prevention and control of infections (3) Fire prevention or control and emergency preparedness (4) Safety and accident prevention (5) Restraint Use (6) Confidentiality of resident information (7) Understanding the needs of the aged and disabled (8) Resident Rights (9) Care of the cognitively impaired (10) Heimlich maneuver and (11) Prevention/Treatment of Pressure Sores.</p> <p>2. LPN B did not have record of required annual in-service training in the areas of (1) Special Needs of residents (2) Prevention and control of infections (3) Fire prevention or control and emergency preparedness (4) Safety and accident prevention (5) Restraint Use (7) Understanding the needs of the aged and disabled (9) Care of the cognitively impaired (10) basic principles of</p>	F 001	<p>12 VAC 5-371-260 (B) (1-11) - Staff Development and In-service Training</p> <p>1. CNA E will complete all required annual in-services training by 6/8/2022 LPN B will complete all required annual in-services training by 6/8/2022 RN C will complete all required annual in-services training by 6/8/2022</p> <p>2. Quality review conducted by the Administrator/Human Resource Coordinator/designee to ensure all resident care staff (CNA, LPN, RN) have received annual in-service training</p> <p>3. Administrator/designee will educate Human Resource Coordinator and all resident care staff are required to complete mandated annual in-service training</p> <p>4. The Administrator/designee to conduct quality monitoring audits of resident care staff files to monitor staff education completion.</p> <p>The findings of these quality monitoring's to be reported to the Quality Assurance/Performance Improvement Committee monthly. Quality Monitoring schedule modified based on findings with quarterly monitoring by the Regional Director of Clinical Services / designee.</p>	06/15/22

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F 001	<p>Continued From page 2</p> <p>cardiopulmonary resuscitation and (11) Prevention/Treatment of Pressure Sores.</p> <p>3. RN C did not have record of required annual in-service training in the areas of (1) Special Needs of residents (2) Prevention and control of infections (3) Fire prevention or control and emergency preparedness (8) Resident Rights and (9) Care of the cognitively impaired.</p> <p>On 5/12/22 at 9:42 AM, an interview was conducted with the Director of Nursing. She was notified of the above findings and given a listing of the missing training for each of the employees.</p> <p>On 5/12/22 at 2:32 PM, the DON indicated she had looked for the training for CNA E, LPN B and RN C. The only additional item she found was a CPR card for LPN B which expired 04/2022. When asked about this, the DON said, "We have scheduled CPR training for the staff that need it, but she [LPN B] never works alone, there is always another nurse on duty.</p> <p>On 5/12/22, during an end of day meeting the facility Administrator and DON were made aware of the above findings. They stated they had no further information to provide the survey team.</p> <p>No further information was provided.</p>	F 001		