State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:			
		VA0025	B. WING		C 05/24/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
BEAUFON	IT HEALTH AND REHAE	BILITATION CENTER 200 HIOAK RICHMON	S ROAD D, VA 23225			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
F 000	Initial Comments		F 000			
	An unannounced biennial State Licensure Inspection was conducted 5/22/22 through 5/24/22. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 120 licensed bed facility was					
		survey. The survey sample				
F 001	Non Compliance		F 001		6/28/22	
	The facility was out of following state licens	f compliance with the ure requirements:				
	This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities:			F-600 cross reference to COV 32.1-138.01 (a)(8) F-658 cross reference to 12VAC5-37 ⁻¹ (B)	I-220	
	F-658 cross reference F-677 cross reference F-760 cross reference F-842 cross reference F-883 cross reference	e to COV 32.1-138.01 (a)(8) e to 12VAC5-371-220 (B) e to 12VAC5-371-220 (F) e to 12VAC5-371-220 (B) e to 12VAC5-371-360 (E) e to 12VAC5-371-180 (A) e to 12VAC5-371-180 (A)		F-677 cross reference to 12VAC5-37 (F) F-760 cross reference to 12VAC5-37 (B) F-842 cross reference to 12VAC5-37 (E) F-883 cross reference to 12VAC5-37 (A) F-886 cross reference to 12VAC5-37 (A)	I-220 I-360 I-180	
	complete license ver employees (Employe			F001 1-The license verification for Employe #3, 4, 6, 7, 10, 13, 18, 19 and 22 are file. Employee #15 is no longer emplo at the facility. Criminal background ch were obtained for Employees # 5 and Employees #1 and 18 no longer work the facility. Sworn statement disclosure	on yed ecks 10. at	

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

TITLE (X6) DATE

Electronically Signed

06/13/22

	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
			A. BOILDING.		С			
		VA0025	B. WING		05/24/2022			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
BEAUFON	IT HEALTH AND REHAB	ILITATION CENTER 200 HIOAK	S ROAD D, VA 23225					
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)			
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE			
F 001	Continued From page	e 1	F 001					
	employees.			were obtained for Employees # 5, 6, 7 9 and 10. Employees #1, 2, 3, 4, 11, 7	I			
	The findings included	l:		13, 14, 18, 21, 23, 24 and 25 no longe work at the facility.				
	On 05/03/2022 at any	anavimantaly 4:20 D.M		2-The Human Resources Director aud	lited			
		oroximately 1:30 P.M., nan Resources Manager		current employee files to ensure that license verification was obtained prior	to			
		iewed 25 employee files.		the start date, criminal background ch	I			
	The findings included	I the following:		were obtained and that statement				
	Employee 3 a Licens	sed Practical Nurse (LPN)		disclosures were obtained. 3-The Administrator/designee educate	ed			
		/19/2021, had a license		the Human Resources Director on the				
	•	d on 04/20/2021, one day		requirements of obtaining license				
	after the hire date.			verifications, criminal background che and sworn statement disclosures for r				
	Employee 4, a Regist	tered Nurse (RN) with a date		employees.				
		ad a license verification		4-The Administrator/designee will				
	dated 06/21/2021, fiv	e days after the date of hire.		complete weekly audits of new hires t ensure that the license verifications,	0			
	Employee 6, a certifie	ed occupational therapy		criminal background checks and swor	n			
		date of 07/13/2021 had a		statements were obtained appropriate	ly.			
	months after the date	ompleted on 05/23/2022, 10		5- The results of the review will be discussed at the monthly QAPI meeting	na			
	months after the date	of the.		Once the QAPI committee determines	_			
		h therapist, with a date of		problem no longer exists, the reviews	will			
	hire 07/26/2021, had	a license verification 2021, 9 days after the date of		be completed on a random basis. The Admin/DON are responsible for				
	hire.	2021, 3 days after the date of		implementation of the plan of correction 6- Date of compliance: 6/28/2022	on.			
		ical therapist with a date of		,				
	hire 09/07/2021, had							
	date of hire.	2022, 8 months after the						
	Employee 13, a CNA	with a hire date of						
	11/09/2021, had a lice	ense verification completed						
	on 05/23/2022, 6 mor	nths after the date of hire.						
		tical nurse with a hire date of m date of 03/13/2022, did						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		
		VA0025	B. WING		C 05/24/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
BEAUFON	IT HEALTH AND REHAB	ILITATION CENTER 200 HIOAF	(S ROAD D, VA 23225		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
F 001	asked about this, the Employee 15 did not to test and eligibility to a diploma for Practica 2021 on file. Employee 18, a CNA 02/23/2022, had a lico 03/15/2022, 20 days Employee 19, a CNA 03/15/2022, had a lico on 04/18/2022, 34 da Employee 22, an occ hire date of 01/31/202 completed on 02/01/2 of hire. On 05/23/2022 at apparent of the experimental control of t	erification on file. When HR Manager stated that have the letter for eligibility o practice on file. There was al Nursing dated October with a date of hire ense verification dated after the date of hire. with a hire date of ense verification completed ays after the date of hire. supational therapist with a 22, had a license verification 2022, one day after the date broximately 1:45 P.M., when	F 001		
	12VAC5-371-75(B)(3	•			
	complete a criminal b	ew and facility w, the facility staff failed to packground check for 5 ample size of 25 employees.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	SURVEY ETED			
			A. BOILDING.					
		VA0025	B. WING		1	24/2022		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
BEAUFON	IT HEALTH AND REHAB	ILITATION CENTER 200 HIOAK	S ROAD D, VA 23225					
040.45	CLIMMADV CT		·	DDOVIDED'S DI ANI OF CORDECTION		0.5		
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F 001	Continued From page	3	F 001					
	The findings included	:						
	Employee H, the Hun and this surveyor revion The findings included Employee 1, a Certific with a date of hire 06/criminal background of Employee 5, the Direct date of hire 06/25/202 findings were unknown check documented "I processed." When as Manager stated that with information. When as of knowing the crimin results, the HR Mana "looking for barrier crisafe and not hire thos Manager also stated that with the state of the state o	ed Nursing Assistant (CNA), /15/2020, did not have a check completed. ctor of Maintenance, with a 21: the criminal background yn. The criminal background Transaction being sked about this, the HR we "do not have any further sked about the importance al background check ger stated that they were imes" to keep Residents se with barrier crimes. HR the facility staff has an t project associated with						
		ical therapist with a date of not have a criminal						
	were unknown. The c documented "Transac When asked about th "We don't have the re	nal background findings criminal background check ction being processed." is, the HR Manager stated esults."						
	On 05/23/2022 at app administrator and Dire notified of findings.	proximately 6:00P.M., the ector of Nursing were						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	URVEY ETED	
			A. BUILDING: _			
		VA0025	B. WING		05/2	, 4/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BEAUFON	IT HEALTH AND REHAB	ILITATION CENTER 200 HIOAK RICHMONE	S ROAD D, VA 23225			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	COMPLETE DATE
F 001	Continued From page	e 4	F 001			
	12VAC5-371-75(B)(1)				
	obtain sworn stateme	v, the facility staff failed to				
	The findings included	i:				
	Employee H, the Hun	proximately 1:30 P.M., nan Resources Manager iewed 25 employee files. I the following:				
		ed Nursing Assistant (CNA) /15/2020, did not have a losure on file.				
		ed Nursing Assistant (CNA) /16/2020, did not have a losure on file.				
		sed Practical Nurse (LPN) /19/2021, did not have a losure on file.				
	Employee 4, a Regist of hire 06/16/2021, di statement disclosure					
		ctor of Maintenance, with a 21, did not have a sworn on file.				
	Employee 6, a certifie	ed occupational therapy				

		(X1) PROVIDER/SUPPLIER/CLI.		1 .	CONSTRUCTION	(X3) DATE S	
ANDIEAN	7 GORREOTION	IDENTI IOATION NOMBER.		A. BUILDING: _		O O IVII E	LILD
		VA0025		B. WING		_ I	C 24/2022
NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA	TE, ZIP CODE		
BEAUFON	IT HEALTH AND REHAB	BILITATION CENTER	200 HIOAK RICHMOND	S ROAD D, VA 23225			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
F 001	Continued From page	= 5		F 001			
		date of 07/13/2021 did not	t				
		th therapist, with a date of not have a sworn statemen					
	Employee 8, a scheduler with a date of hire 08/10/2021, did not have a sworn statement disclosure on file. Employee 9, an LPN with a hire date of 08/31/2021, did not have a sworn statement disclosure on file. Employee 10, a physical therapist with a date of hire 09/07/2021, had a sworn statement disclosure dated 05/19/22, 8 months after the date of hire. Employee 11, a CNA with a hire date of 09/14/2021, did not have a sworn statement disclosure on file.						
			of				
	' '	yed in medical records wit 21, did not have a sworn on file.	th a				
	Employee 13, a CNA 11/09/2021, did not had disclosure on file.	with a hire date of ave a sworn statement					
	Employee 14, a temp date of 10/26/2021, d statement disclosure		ire				
	dated 03/01/2022, 8 d	with a date of hire worn statement disclosure days after the date of hire his, the Human Resources	·.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		VA0025		B. WING		0:	C 5/24/2022
NAME OF PROVIDER OR	SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		<i>312-112022</i>
BEAUFONT HEALTH	AND REHAE	BILITATION CENTER	200 HIOAK RICHMONI	S ROAD), VA 23225			
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
Manager statemen but this e onboardir expected Employed date of 1' statemen Employed a hire dat statemen Employed 02/22/202 disclosure Employed 10/19/202 dated 05/ hire. On 05/23 asked ab sworn state Resource done as significant control of the control of t	t signed dur mployee did ng process to e 21, a temp //09/2021, o t disclosure e 23, employ e of 05/29/2 t disclosure e 24, a CNA e 21, did not he on file. e 25, a CNA e 20, had a sw 04/2022, ov //2022 at app out the expertement disc s Manager coon as onb	he tries to get the sworring the onboarding production of not complete the timely so it took longer to corary nurse aide with a lid not have a sworn on file. The security desk 2021, did not have a swork as well as	cess, than thire t, with orn tre ate of when e be	F 001			