PRINTED: 06/07/2022 FORM APPROVED

(X3) DATE SURVEY

State of Virginia

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:			COMPLETED			
		VA0396	B. WING			09/12/2018			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1601 BROADROCK BLVD RICHMOND, VA 23224									
(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	An unannounced Bier Inspection was condu 09/12/18. One compl the survey. Correction compliance with Virgin for the Licensure of North Compliance with Virgin for the Licensure of North Compliance with the consisted of 59 Reside Non Compliance The facility was out of following state licensure of North Rule: is not me The facility was not in following Virginia Rules	aint was investigated during as are required for nia Rules and Regulations ursing Facilities. O licensed bed facility was survey. The survey sample ent reviews. f compliance with the are requirements: et as evidenced by: compliance with the es and Regulations for the	F 001	12VAC5-371-140(D)(15)(c F550		10/24/18			
	F554. Maintenance and Hou 12VAC5-371-370(A). F689. Infection Control 12VAC5-371-180(A). F690. Pharmaceutical Servi	res 15)(d). Please cross ces Please cross reference to usekeeping Please cross reference to		F554 12VAC5-371-370(A) F689 12VAC5-371-180(A) F690 12VAC5-371-300(A) F775 12VAC5-371-300(A) F758	See POC for				

(X2) MULTIPLE CONSTRUCTION

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

TITLE (X6) DATE

Electronically Signed

09/26/18

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State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		VA0396	B. WING		09/12/2018		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1601 BROADROCK BLVD RICHMOND, VA 23224							
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	TION SHOULD BE COMPLETE THE APPROPRIATE DATE		
F 001	F758. Dietary and Food Set 12VAC5-371-340(A). F812. COV 32.1-126.01(A) Based on staff intervidocumentation review obtain a Criminal bacemployees within 30 The findings include: A review of employee 09/12/2018. The revemployees who had achecks that were not employment. Employee #6 was hir the Criminal Backgroon 01/25/2017. Employee #14 was helicated the Criminal Completed on 11/20/2 Employee #21 was helicated the completed was helicated the Criminal Completed on 11/20/2 Employee #21 was helicated the completed was helicated the criminal completed on 11/20/2 Employee #21 was helicated the completed was helicated the criminal completed on 11/20/2 Employee #21 was helicated the completed was helicated the criminal completed on 11/20/2 Employee #21 was helicated the completed was helicated the criminal completed	Please cross reference to rvice Program Please cross reference to ew and facility v, the facility staff failed to ekground check for 3 days of employment. e records was conducted on iew showed the following a Criminal Background within 30 days of ed on 03/10/2017. However und check was completed ired on 01/10/2018. I Background check was 2017. ired on 02/12/2018. I Background check was	F 001	COV 32.1-126.01(A) 1. Background checks were complete each of the staff members listed. 2. All residents have the potential to affected. 3. Human resources staff will be educated that staff members are to be work within 30 days of the background check being completed, or a new background check would need to be completed. 4. Employee files of four new hires a month will be audited for three month ensure criminal background checks a within 30 days of hire. Results of the audits will be brought to QAA monthly three months to determine if further a is needed.	egin d s to re		