

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0265</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/23/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WESTMINSTER AT LAKE RIDGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>12185 CLIPPER DRIVE</b> <b>LAKE RIDGE, VA 22192</b>
--	--

(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 licensure survey was conducted 06/21/2022 through 06/23/2022. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 60 licensed bed facility was 38 at the time of the survey. The survey sample consisted of 19 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: 12VAC5-371-140(E)(3)(a)&amp;(b). Please cross reference to F-607</p> <p>Based on facility documentation review and staff interview, the facility staff failed to obtain a completed sworn statement for 2 employees (Employee #7 and Employee #12) in a sample size of 25 employees.</p> <p>The findings included:</p> <p>On 06/23/2022 at approximately 10:45 A.M., this surveyor and Employee E, the Human Resources Manager, reviewed 25 employee files which revealed the following:</p> <p>Employee #7, a Licensed Practical Nurse with a hire date of 06/17/2021, did not answer the question "Are you the subject of any criminal charges?" on the sworn disclosure document dated 06/17/2021.</p>	F 001	<p>F001 12VAC5-371-140E(3)(a)&amp;(b) is cross-referenced to F-607</p>	7/31/22

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

TITLE

(X6) DATE

Electronically Signed

07/08/22

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0265</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/23/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WESTMINSTER AT LAKE RIDGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>12185 CLIPPER DRIVE</b> <b>LAKE RIDGE, VA 22192</b>
--	--

(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 001	<p>Continued From page 1</p> <p>Employee #12, a Certified Nursing Assistant with a hire date of 04/14/2021 did not answer the question "Have you ever been convicted of a law violation(s) but excluding offenses committed before your eighteenth birthday that were finally adjudicated in a juvenile court or under a youth offender law?" on the sworn disclosure form dated 04/14/2021.</p> <p>On 06/23/2022 at approximately 11:35 A.M., when asked 2 employees had incomplete sworn disclosure statements, Employee E stated that it was probably an oversight and went unchecked because orientation is done in a group setting which is when these documents are filled out.</p> <p>On 06/23/2022 at approximately 1:15 P.M., the administrator and Director of Nursing were notified of findings. The administrator indicated there was no further information or documentation to submit.</p>	F 001		
-------	--	-------	--	--