

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0393	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2022
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NAME OF PROVIDER OR SUPPLIER HARBOR'S EDGE	STREET ADDRESS, CITY, STATE, ZIP CODE ONE COLLEY AVENUE NORFOLK, VA 23510
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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 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 12VAC5-371-140(E) (3) (B). Criminal Record Checks: Sworn Disclosure and Reference Checks. Please cross reference to F607.</p> <p>12 VAC 5-371-250 (A) & (D) & (E) Accuracy of Records Please cross reference to F641</p>	F 001	<p>12VAC 5-371-140(E) (3) (B)</p> <ol style="list-style-type: none"> Reference checks, sworn statements and criminal history checks have been completed for those staff records identified as deficient. All current employee files will be audited to ensure compliance with the facility policy for screening of new employees. Personnel responsible for new hire paperwork completion was in-serviced on the policy and required documents for screening new employees. The Human Resources manager/designee will conduct audits on all new employee files for a period of six weeks to ensure compliance. Audit results and any trends will be reported to the Quality Assurance committee. <p>12VAC 5-371-250(A) (D) (E)</p> <ol style="list-style-type: none"> The discharge disposition for Resident #27 was corrected during the onsite survey. An audit will be conducted for all discharges within the past eight weeks to ensure discharge disposition accuracy. The MDS Coordinator was in-serviced on the importance of accurate assessments. The Director of Nursing/designee will audit all discharge disposition coding for accuracy for a period of six weeks to ensure compliance. Audit results and any trends will be reported to the Quality 	9/16/22

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

TITLE

(X6) DATE

Electronically Signed

09/02/22

State of Virginia

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F 001	Continued From page 1	F 001	Assurance committee.	