State of Virginia

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL AND PLAN OF CORRECTION IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
		VA0028		B. WING		01/11/2023					
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STATE, ZIP CODE							
BELVOIR WOODS HEALTH CARE CENTER AT THE FA 9160 BELVOIR WOODS PKWY											
FORT BELVOIR, VA 22060											
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	OULD BE COMPLETE						
F 000 Initial Comments			F 000								
	01/11/2023. Correctic compliance with the form Regulations for the Li Facilities. No compla during the survey. The census in this 56 at the time of the survey.	octed 01/10/2023 through ons are required for ollowing Virginia Rules a censure of Nursing ints were investigated bed certified facility was ey. The survey sample of resident reviews and t	and 3 43								
F 001	Non Compliance			F 001							
	The facility was out of compliance with the following state licensure requirements:										
	This RULE: is not me 1) 12VAC5-371-340 (Service Program. Cross reference to F8	A). Dietary and Food			Please refer POC related to F812						
	Based on staff interview review, it was determined to ensure a cert		t ·		A. Address how correction action will be accomplished for those residents found to been affected by the deficient practice: Upon receipt of the concern by survey tean community's HR Manager was initially educed on 12VAC5-371-140 and community's polic "Abuse, Neglect & Exploitation - Prevention, Reporting and Investigation".	n, 1/17/23 cated					
	On 01/11/2023 at app employee records for within the past two ye of the employee recor	roximately 11:00 a.m., the newly hired employees ars were reviewed. Revide failed to evidence that mas obtained on or ne	riew at a		B. Address how the facility will identify othe residents having the potential to be affected the same deficient practice:						

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

TITLE

(X6) DATE

you b

Administrator

1/20/2023

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
		VA0028		B. WING		01/11/2023				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9160 BELVOIR WOODS PKWY FORT BELVOIR, VA 22060										
(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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	HOULD BE COMPLETE					
F 001	CNA (certified nursing assistant) #1's hire date of 11/30/2022. The employee identified was: 1. CNA #1. Hire date 11/30/2022, had a certification verification date 04/11/2022. On 01/11/2023 at approximately 2:17 p.m. an interview was conducted with OSM #1, medical records director. When asked to describe the prescreening procedures for obtaining a license/certification verification of new employees OSM #1 stated that the license verification is obtained before they are hired. When asked about the license verification for CNA #1, OSM #1 stated that CNA #1 was a re-hired employee and that they did not realize that a new license verification was needed.			F 001	HR Manager and/or designee will audit all r hires and re-hires in the last 2 years to iden any other non-compliance with 12VAC5-37 and community's policy, "Abuse, Neglect & Exploitation - Prevention, Reporting and Investigation".	tify				
					All current HR team members will be educa on 12VAC5-371-140 and community's polic "Abuse, Neglect & Exploitation - Prevention Reporting and Investigation". C. Address what measures will be put into por systemic changes made to ensure that the deficient practice will not recur:	y, ,				
					Newly hired HR team member(s) will be educated on 12VAC5-371-140 and commur policy, "Abuse, Neglect & Exploitation - Prevention, Reporting and Investigation" as a part of their on-boarding process. D. Indicate how the facility plans to monitor performance to make sure that solutions are	its				
	The facility's policy "Abuse, Neglect & Exploitation - Prevention, Reporting and Investigation" documented in part, "Screening: Action Steps 1. The Business Office Coordinator/designee performs background checks to screen prospective team members in accordance with state and federal law and prior to hiring. a. The community must not employ or otherwise engage individuals who: ii. Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property;"		sustained: HR Manger and/or designee will audit new a re-hires for the next 3 months for compliance with 12VAC5-371-140 and community's pol "Abuse, Neglect & Exploitation - Prevention Reporting and Investigation". HR Manager and/or designee will report resof the audits at the Quality Assurance and Performance Improvement (QAPI) Committee for the next 3 months.		and 1/31/23 le licy,					
	(administrative staff m and ASM #2, director aware of the above fir	roximately 2:30 p.m., Astember) #1, administrate of nursing, were made addings. was provided prior to e	or,		During and at the conclusion of the 3 month the QAPI Committee will re-evaluate and ini necessary action or extend the review perio. The Administrator and/or designee is respondentiation and ongoing conwith the components of the Plan of Correction and designed and resolving variances that ma	itiate the d. nsible for npliance on and				