

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/11/2023
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 000	Initial Comments An unannounced biennial State Licensure Inspection was conducted 01/10/2023 through 01/11/2023. Corrections are required for compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities. No complaints were investigated during the survey. The census in this 56 bed certified facility was 43 at the time of the survey. The survey sample consisted of 20 current resident reviews and two closed record reviews.	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: 1) 12VAC5-371-340 (A). Dietary and Food Service Program. Cross reference to F812. 2) 12VAC5-371-140. Policies and procedures. Based on staff interview and facility document review, it was determined that the facility staff failed to ensure a certification verification was obtained on or near the date of hire, for one of 10 employee records reviewed; CNA #1. The findings included: On 01/11/2023 at approximately 11:00 a.m., the employee records for newly hired employees within the past two years were reviewed. Review of the employee records failed to evidence that a certification verification was obtained on or near	F 001	Please refer POC related to F812 A. Address how correction action will be accomplished for those residents found to have been affected by the deficient practice: Upon receipt of the concern by survey team, community's HR Manager was initially educated on 12VAC5-371-140 and community's policy, "Abuse, Neglect & Exploitation - Prevention, Reporting and Investigation". B. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:	1/17/23

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

TITLE

(X6) DATE

STATE FORM

6899

GHQ911

If continuation sheet 1 of 2

If continuation sheet 2 of 2