

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2023
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NAME OF PROVIDER OR SUPPLIER BAY POINTE REHABILITATION AND NURSING	STREET ADDRESS, CITY, STATE, ZIP CODE 1148 FIRST COLONIAL RD VIRGINIA BEACH, VA 23454
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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 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 8/22/23 through 8/24/23. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 112 licensed bed facility was 105 at the time of the survey. The survey sample consisted of 30 current resident reviews and three closed record 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 (A) (D.10). Policies and procedures. Cross reference to F698 & F840.</p> <p>12VAC5-371-180 (C.7). Infection control. Cross reference to F695</p> <p>12VAC5-371-210 (D). Nurse staffing. Cross reference to F732.</p> <p>12VAC5-371-220 (A). Nursing services. Cross reference to F656 and F695</p> <p>12VAC5-371-220 (D) Nursing services. Cross references to F677.</p> <p>12VAC5-371-250 (A) (G). Resident assessment and care planning. Cross reference to F641 & F656.</p> <p>12VAC5-371-270 (A). Social services.</p>	F 001	<p>12VAC5-371-75. (B.1). Criminal records check.</p> <ol style="list-style-type: none"> Sworn disclosure statements were immediately obtained for OSM #7, RN #3, CNA #2. Residents are at risk when the facility does not obtain sworn disclosure statements from staff. On 8/25/23, the business office manager initiated an of audit of current staff to ensure current staff have sworn disclosure statements with any deficiencies corrected. On 8/25/23, administrator educated the business office manager and business office assistant on the Abuse, Neglect and Exploitation policy regarding the expectations and process for acquiring sworn disclosure statements for staff. The administrator/ designee will audit 	10/8/23

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

Electronically Signed

TITLE

(X6) DATE

09/18/23

State of Virginia

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F 001	<p>Continued From page 1</p> <p>Cross reference to F745.</p> <p>12VAC5-371-300 (H.1). Pharmaceutical services. Cross reference to F756.</p> <p>12VAC5-371-300 (B) Pharmaceutical services. Cross reference to F658 and F761</p> <p>12VAC5-371-360 (E.7) Clinical records. Cross reference to F842.</p> <p>12VAC5-371-370 (A) Maintenance and housekeeping. Cross reference to F584.</p> <p>12VAC5-371-75. (B.1). Criminal records check. Based on staff interview and facility document review, the facility staff failed to obtain sworn statements for three of 25 employee record reviews.</p> <p>The findings include:</p> <p>For OSM (other staff member) #7 (a staffing coordinator), RN (registered nurse) #3, and CNA (certified nursing assistant) #2, the facility staff failed to obtain a sworn statement.</p> <p>OSM #7 was hired on 4/4/22. A review of OSM #7's employee record failed to reveal a sworn statement.</p> <p>RN #3 was hired on 12/15/22. A review of RN #3's employee record failed to reveal a sworn statement.</p> <p>CNA #2 was hired on 5/29/22. A review of CNA #2's employee record failed to reveal a sworn statement.</p> <p>On 8/24/23 at 12:42 p.m., an interview was</p>	F 001	<p>new hires <input type="checkbox"/> personnel files 1x a week for 1 month, and then 1x a month for 3 months. The results of these audits will be presented to the QAPI committee monthly to determine effectiveness of plan of correction.</p> <p>5. Facility will be in compliance by 10/8/23.</p> <p>12VAC5-371-140 (A) (D.10). Policies and procedures. Cross reference to F698 & F840.</p> <p>12VAC5-371-180 (C.7). Infection control. Cross reference to F695</p> <p>12VAC5-371-210 (D). Nurse staffing. Cross reference to F732.</p> <p>12VAC5-371-220 (A). Nursing services. Cross reference to F656 and F695</p> <p>12VAC5-371-220 (D) Nursing services. Cross references to F677.</p> <p>12VAC5-371-250 (A) (G). Resident assessment and care planning. Cross reference to F641 & F656.</p> <p>12VAC5-371-270 (A). Social services. Cross reference to F745.</p> <p>12VAC5-371-300 (H.1). Pharmaceutical services. Cross reference to F756.</p> <p>12VAC5-371-300 (B) Pharmaceutical services. Cross reference to F658 and F761</p>	

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F 001	<p>Continued From page 2</p> <p>conducted with OSM #6 (the human resources manager). OSM #6 stated she provides potential employees with an application that contains the sworn statement then she checks to make sure the sworn statement, and entire application is complete during orientation. OSM #6 was made aware of the above concerns and could not locate sworn statements for all three employees.</p> <p>On 8/24/23 at 2:31 p.m., ASM (administrative staff member) #1 (the executive director) and ASM #2 (the director of nursing) were made aware of the above concern.</p> <p>The facility policy titled, "Abuse, Neglect and Exploitation" documented, "1. Screening- A. Potential employees will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property."</p>	F 001	<p>12VAC5-371-360 (E.7) Clinical records. Cross reference to F842.</p> <p>12VAC5-371-370 (A) Maintenance and housekeeping. Cross reference to F584.</p>	