State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	VA0418	A. BUILDING: _____ B. WING _____	C 09/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BONVIEW REHABILITATION AND HEALTHCARE	7246 FOREST HILL AVE RICHMOND, VA 23225

(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 8/31/2021 through 9/3/2021. Corrections are required for compliance with Virginia Nursing Home regulations. The census in this 196 licensed bed facility was 136 at the time of the survey. The survey sample consisted of 46 Resident 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: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities: 12 VAC 5-371-150 (B)(1). Please cross reference to F573. 12 VAC 5-371-150 (A). Please cross reference to F583. 12 VAC 5-371-140 (A). Please cross reference to F607. 12 VAC 5-371-110 (B, 3). Please cross reference to F609. 12 VAC 5-371-250(A). Please cross reference to F641. 12 VAC 5-371-250(C). Please cross reference to F657.	F 001		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 001	Continued From page 1 12 VAC 5-371-220(D). Please cross reference to F677. 12VAC 5-371-280(B)(1). Please cross-reference to F680. 12 VAC 5-371-220(D). Please cross reference to F687. 12 VAC 5-371-300(B) & (L) Please cross reference to F761. 12 VAC 5-371-180(A) Please cross reference to F880. Hospital and Nursing Home Licensure and Inspection. COV 32.1-126.01 (A) (Sworn Statement or CRC) Policies and Procedures 12 VAC 5-371-140 (E)(3)(A)(B) Policies and Procedures. Based on employee record review, facility documentation review and staff interview, the facility staff failed to obtain Sworn Statement prior to hire for 1 (Employees # 1) of 25 Employees in the Employee Record Check sample. 1. The facility failed to obtain a Sworn Statement for 1 of 25 employees (Employee # 1) prior to hire. During employee record review on 9/2/2021-9/3/2021, review of the Employee file for Employee # 1- the Dietary Manager revealed she was hired 8/27/2019 and the Sworn Statement was signed on 9/16/2019 On 9/3/2021 at 2:44 p.m., an interview was	F 001		

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F 001	Continued From page 2	F 001		

conducted with the Manager who stated that the expectation was that Sworn Statements would be signed prior to or on the day of hire.

On 9/3/2021 at 3:30 p.m., the administrator was informed of the findings. The Administrator stated the Sworn Statement should be signed prior to or on the day of hire.

Review of the Abuse Policy entitled "Abuse, Neglect, Exploitation and Misappropriation", Revised 11/28/2017, revealed the following:

The Policy Statement stated residents have the right to be free from abuse, neglect, misappropriation and exploitation.

Under 1. Screening was written:
Persons applying for employment will be screened for a history of abuse,neglect, exploitation or misappropriation of resident property, This includes but not limited to:

"Sworn Disclosure Statement Prior to hire"

The policy also stated the facility would "ensure all prospective consultants, contractors, volunteers, caregivers and students are pre-screened as required by law."

On 9/3/2021 during the end of day debriefing, the facility Administrator was informed of the findings.

No further information was provided