

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/30/2025
NAME OF PROVIDER OR SUPPLIER  Belmont Bay Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  14906 Richmond Highway Woodbridge, VA 22191	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.  (continued on next page)

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

TITLE

(X6) DATE

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, staff interview, facility document review and clinical record review, the facility staff failed to perform a transfer with a mechanical lift per the manufacturer's recommendation for one of three residents in the survey sample, Resident #1 (R1). The findings include: For R1, facility staff failed to spread the legs (open the legs) of a mechanical lift while being lifted off the bed. R1 was admitted to the facility with diagnoses that included but were not limited to cerebral palsy (1), paraplegia (2) and intellectual disabilities (3). On the most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 08/15/2025, R1 scored 3 (three) out of 15 on the BIMS (brief interview for mental status), indicating the resident was severely impaired of cognition for making daily decisions. Section GG. Functional Abilities coded R1 as being dependent for Chair/bed-to-chair transfer. On 10/29/2025 at approximately 8:05 a.m., an observation of R1's transfer using a (Name of Mechanical Lift) 500 from the bed to a wheelchair was conducted in R1's room. CNA (certified nursing assistant) #2 and CNA #3 placed the mechanical lift sling under R1. CNA #3 positioned the lift under the bed with the arm and spreader bar above R1, attached the loops of the sling to the hooks on the spreader bar. CNA #2 informed R1 that she was going to be lifted off the bed and transferred to the wheelchair. As CNA #3 was lifting R1 up off the bed using the lift, an observation of the base of the lift revealed the legs were in a closed position. Continued observations revealed CNA #3 moving the lift away from the bed toward the wheelchair, opening the legs of the lift straddling the wheelchair, a lift leg on either side of the wheelchair, then lowering R1 into the wheelchair. The comprehensive care plan for R1 dated 08/12/2016 documented in part, Focus. (R1) has the potential for fall r/t (related to) immobility, secondary to paraplegia (3), Incontinence. Date Initiated: 08/12/2016, (R1) has ADL (activities of daily living) Self Care Performance Deficit r/t Cerebral palsy, intellectual disability, paraplegia. Under Interventions it documented in part, Mechanical Lift (4) - Hoyer. Date Initiated: 08/02/2018, TRANSFERS: I require total mechanical lift and 2 (two) person assist for transfers. Date Initiated: 04/25/2024. The (Name of a (Name of Mechanical Lift) 500 Owner's Manual documented in part on page 6 (six), SAFETY INSTRUCTIONS. Please pay careful attention to the following important information regarding the care, maintenance, and operation of the (Name of Mechanical) 500 Lift. Carefully read these instructions before assembling the lifter, or attempting to lift any user with the device. PLEASE NOTE THE FOLLOWING: During lifting or lowering, whenever possible, always keep the base of the lift in the widest position. On 10/29/2025 at approximately 9:00 a.m. an interview was conducted with CNA #3 regarding the procedure when transferring a resident using a mechanical lift from the bed to a wheelchair. She stated that the sling is checked to make sure there are no holes or tears in it and the loops are secure, check the battery on the lift to make sure it is fully charged and the lift is working, bring the lift into the resident's room, make sure there is another person in the room to help, a CNA is on either side of the resident's bed, inform the resident what the CNAs are going to do, place the sling under the resident, move the mechanical lift under the resident's bed, attach the loops of the sling on the hooks on the lift, recheck to make sure the sling is correctly attached to the hooks so they do not come off, tell the resident to hug themselves so they keep their hands and arms inside the sling, slowly raise the resident, move the lift with the resident to the wheelchair, lower the resident onto the wheelchair. After being informed of the observation of the position of the mechanical lift legs when R1 was being lifted off the bed, CNA #3 was asked about the position of the mechanical lift legs when raising and lowering a resident. CNA #3 stated that the legs on the lift should be closed when raising and lowering a resident. On 10/29/2025 at approximately 10:16 a.m. an interview was conducted with CNA #2 regarding the procedure when transferring a resident using a mechanical lift from the bed to a wheelchair. She stated that the sling is checked holes or tears and make sure the lift is working, put the lift under the resident's bed, lock the wheels, put the wheelchair in position and lock the breaks before lifting the resident, attach the loops of the sling to the hooks on the lift, raise the resident, unlock the wheels, move the lift with the resident to the wheelchair, open the legs on the lift to go around the wheelchair and lower the resident into the chair. After being informed of the observation of the position of the mechanical lift legs when R1 was being lifted off the bed, CNA #2 was asked about the position of the mechanical lift legs when raising and lowering a resident. CNA #2 stated that the legs on the lift should be closed when raising and lowering a resident. On 10/29/2025 at approximately 10:42 a.m. an interview was conducted with ASM (Administrative staff member) #3, assistant director of nursing, regarding a mechanical lift. ASM #3 stated that he conducted the initial and annual training for mechanical lift operations for all nursing staff. When about the position of the legs on a</p>		