

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0372</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/06/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE ORCHARD</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>20 DELFAE DRIVE WARSAW, VA 22572</b>		
(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 Medicare/Medicaid standard and complaint survey and biennial State Licensure Inspection was conducted 4/4/17 through 4/6/17. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care requirements and Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow. One complaint was investigated during the survey.  The census in this 80 certified bed facility was 70 at the time of the survey. The survey sample consisted of 12 current Resident reviews (Residents #1 through #12) and 4 closed record reviews (Residents #13 through #16).	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 5-371-110 Management and Administration 12 VAC 5-371-110 (B.1-3, C) Cross Reference to F-225.  12VAC5-371-200 Nursing Director 12VAC5-371-200 (B)-Cross Reference to F-281.  12VAC5-371-340 Dietary and Food Service Program 12VAC5-371-340 (A) Cross Reference to F-371.	F 001	12 VAC 5-371-110 Management and Administration 12 VAC 5-371-110 (B.1-3,C) Cross Reference to F225  12 VAC 5-371-200 Nursing Director 12 VAC 5-371-200 (B) Cross Reference to F281  12 VAC 5-371-340 Dietary and Food Service Program 12 VAC 5-371-340 (A) Cross Reference to F-371	5/17/17

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

Electronically Signed

TITLE

(X6) DATE

04/19/17