State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED							
	VA0038		B. WING		07/12/2017							
NAME OF PI	ROVIDER OR SUPPLIER	STREE	ET ADDRESS, CITY, STA	ATE, ZIP CODE								
BLUE BIDGE NUBSING THERAPY CONNECTION 105 LANDMARK DRIVE												
BLUE RIDGE NURSING THERAPY CONNECTION STUART, VA 24171												
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE							
F 000	Initial Comments		F 000									
	An unannounced bier Inspection was condu 7/12/17. The facility w the Virginia Rules and Licensure of Nursing	ucted 7/10/17 through was not in compliance with d Regulations for the										
	time of the survey. The of 22 current Residen	0 bed facility was 161 at the he survey sample consisted at reviews (Residents 1 sed records (Residents 23										
F 001	Non Compliance		F 001		8/26/17							
	The facility was out of following state licensu	· · · · · · · · · · · · · · · · · · ·										
	This RULE: is not me The facility was not in following Virginia Rule Licensure of Nursing 12 VAC 5-371-220. N	n compliance with the es and Regulations for the Facilities.		The Submission of the Plan of Correct does not constitute agreement on the of Blue Ridge Nursing Center Inc. dba Blue Ridge Therapy Connection that the deficiencies cited within the report	part I							
	12 VAC 5-371-220 (B	c) Cross reference to F-329.		represent deficient practices on the pa								
	12 VAC 5-371-300. P 12 VAC 5-371-300 (J. F-431.	.3) Cross reference to		Submission of this plan of correction is requirement of Federal Law.								
	·) Cross reference to F-504.		This plan represents our on-going plet to provide quality care that is rendered accordance with all regulatory requirements.	•							
	12 VAC 5-371-310. P 12 VAC 5-371-310 (B	harmacy Services. Cross reference to F-511.		This response to the Statement of								
	12 VAC 5-371-360. C 12 VAC 5-371-360 (A F-513	linical Records ,E,F) Cross Reference to		Deficiencies is the Facility □s allegatio compliance. 12 VAC 5-371-220 12 VAC 5-371-220 220(B) Please see								

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

TITLE (X6) DATE

Electronically Signed

08/15/17

PRINTED: 03/22/2018 FORM APPROVED

State of Virginia

A BUILDING	STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY								
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED								
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE														
DEFICIENCY DEFICIENCY DEFICIENCES DEFICIENCY DE			VA0038	B. WING		07/1	07/12/2017							
STUART, VA 24171 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DEFICIENCY) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETE DEFICIENCY) F 001 Continued From page 1 F 001 F 329 F 3	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE													
SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE	I BLUE RIDGE NURSING THERAPY CONNECTION													
FREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG REGULATORY OR LSC IDENTIFY														
12 VAC 5-371-220 (A THRU G) Cross reference to F-526. F329 12 VAC 5-371-300 12 VAC 5-371-300 300(J.3) Please see F 431 12 VAC 5-371-310 12 VAC 5-371-310(A) Please see F504 12 VAC 5-371-310(B) Please see F511 12 VAC 5-371-360 12 VAC 5-371-360 12 VAC 5-371-360 12 VAC 5-371-360 12 VAC 5-371-320 (A,E,F) Please see F513 12 VAC 5-371-220 12 VAC 5-371-220 12 VAC 5-371-220(A thru0 G) Please see	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	COMPLETE							
12 VAC 5-371-220 (A THRU G) Cross reference to F-526. F329 12 VAC 5-371-300 12 VAC 5-371-300 300(J.3) Please see F 431 12 VAC 5-371-310 12 VAC 5-371-310(A) Please see F504 12 VAC 5-371-310(B) Please see F511 12 VAC 5-371-360 12 VAC 5-371-360 12 VAC 5-371-360(A,E,F) Please see F513 12 VAC 5-371-220 12 VAC 5-371-220(A thru0 G) Please see	F 001	Continued From page	e 1	F 001										
	F 001	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 12 VAC 5-371-220. Nursing Services. 12 VAC 5-371-220 (A THRU G) Cross reference		F 001	12 VAC 5-371-300 12 VAC 5-371-300 300(J.3) Please set 431 12 VAC 5-371-310 12 VAC 5-371-310(A) Please see F50 12 VAC 5-371-310(B) Please see F51 12 VAC 5-371-360 12 VAC 5-371-360(A,E,F) Please see F513 12 VAC 5-371-220 12 VAC 5-371-220 12 VAC 5-371-220(A thru0 G) Please	1								