

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0038</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/12/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>BLUE RIDGE NURSING THERAPY CONNECTION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 LANDMARK DRIVE STUART, VA 24171</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 biennial State Licensure Inspection was conducted 7/10/17 through 7/12/17. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.  The census in this 190 bed facility was 161 at the time of the survey. The survey sample consisted of 22 current Resident reviews (Residents 1 through 22) and 6 closed records (Residents 23 through 28).	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 5-371-220. Nursing Services. 12 VAC 5-371-220 (B) Cross reference to F-329.  12 VAC 5-371-300. Pharmacy Services. 12 VAC 5-371-300 (J.3) Cross reference to F-431.  12 VAC 5-371-310. Diagnostic Services. 12 VAC 5-371-310 (A) Cross reference to F-504.  12 VAC 5-371-310. Pharmacy Services. 12 VAC 5-371-310 (B) Cross reference to F-511.  12 VAC 5-371-360. Clinical Records 12 VAC 5-371-360 (A,E,F) Cross Reference to F-513	F 001	The Submission of the Plan of Correction does not constitute agreement on the part of Blue Ridge Nursing Center Inc. dba Blue Ridge Therapy Connection that the deficiencies cited within the report represent deficient practices on the part of Blue Ridge Therapy Connection. Submission of this plan of correction is a requirement of Federal Law.  This plan represents our on-going pledge to provide quality care that is rendered in accordance with all regulatory requirements.  This response to the Statement of Deficiencies is the Facility's allegation of compliance.  12 VAC 5-371-220 12 VAC 5-371-220 220(B) Please see	8/26/17

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

Electronically Signed

TITLE

(X6) DATE

08/15/17

State of Virginia

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F 001	Continued From page 1  12 VAC 5-371-220. Nursing Services. 12 VAC 5-371-220 (A THRU G) Cross reference to F-526.	F 001	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 12 VAC 5-371-310(B) Please see F511  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 thru G) Please see F526	