

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/09/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>49E004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/17/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>BEDFORD CO NURSING HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1229 COUNTY FARM ROAD</b> <b>BEDFORD, VA 24523</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) COMPLETION DATE	
{K 000}	<p><b>INITIAL COMMENTS</b></p> <p>Description of Structure: The facility is a one story frame construction structure. Bearing walls are covered with a one hour rated gypsum board. The interior ceiling is also a one hour rated gypsum board protecting the wood trusses. There is a drop in acoustical tile ceiling below the rated ceiling in the corridors and other areas in the building. There are four wings in the building separated by two hour fire barriers used for smoke compartmentalization to meet the requirements of the Life Safety Code. Resident rooms are located in wings A, B, and C. The administrative offices, laundry, kitchen, boiler room, beauty shop, and physical therapy are located in Wing D.</p> <p>Construction Type: V (111)</p> <p>Sprinkler status: Fully Sprinklered, NFPA 13 system, quick response heads.</p> <p>An unannounced Life Safety Code revisit to the standard survey conducted on 07/05//2017 was conducted on 08/17/2017, in accordance with 42 Code of Federal Regulation, Part 483: Requirements for for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Health Existing regulations. The facility was in compliance with the Requirements for Participation Medicare and Medicaid.</p> <p>Corrected deficiencies are identified on the CMS-2567B.</p>	{K 000}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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.