

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/09/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>GRETNA HEALTH AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>595 VADEN DRIVE GRETNA, VA 24557</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 survey and a Biennial State Licensure Inspection was conducted 3/7/17 through 3/9/17. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow.  The census in this 90 certified bed facility was 87 at the time of the survey. The survey sample consisted of 15 current Resident reviews (Resident #1 through Resident #15) and 3 closed record reviews (Resident #16 through Resident #18).	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.  Resident Assessment and Care Planning 12 VAC 5-371-250 (A)-Cross reference to F tag 272.  Nursing Services. 12 VAC 5-371-220 (B)-Cross reference to F Tag 309 and F Tag 329.  Administration. 12 VAC 5-371-310 (A) Cross reference to F Tag 502.	F 001		

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

TITLE

(X6) DATE