

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2017
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NAME OF PROVIDER OR SUPPLIER HIGHLAND RIDGE REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5872 HANKS STREET PO BOX 1087 DUBLIN, VA 24084
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(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	<p>Initial Comments</p> <p>An unannounced Medicare/Medicaid standard survey and biennial State Licensure Inspection was conducted 07/25/17 through 07/27/17. Corrections are required for compliance with 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.</p> <p>The census in this 132 certified bed facility was 125 at the time of the survey. The survey sample consisted of 21 current Resident reviews (Residents 1 through 21) and 4 closed record reviews (Residents 22 through 25).</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: Resident Assessment and Care Planning 12 VAC 5-371-250 (A)- cross reference to F278</p> <p>Policies and Procedures 12 VAC 5-371-240 (D.2)- cross reference to F285</p> <p>Nursing Services 12 VAC 5-371-220 (A and B)-cross reference to F309</p> <p>Diagnostic Services 12 VAC 5-371-310 (A)-cross reference to F502</p>	F 001	<p>12 VAC 5-371-250 (A) - Cross reference to F278 Please reference to Plan of Correction for F278 for the corrections.</p> <p>12 VAC 5-371-240 (D.2) - cross reference to F285 Please reference to Plan of Correction for F285 for the corrections.</p> <p>12 VAC 5-371-220 (A and B) - cross reference to F309 Please reference to Plan of Correction for F309 for the corrections.</p> <p>12 VAC 5-371-310 (A) - cross reference to F502 Please reference to Plan of Correction for</p>	9/8/17

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

TITLE

(X6) DATE

Electronically Signed

08/18/17

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2017
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F 001	Continued From page 1	F 001	F502 for the corrections.	