

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/19/2017
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NAME OF PROVIDER OR SUPPLIER SENTARA MEADOWVIEW TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 184 BUFFALO ROAD CLARKSVILLE, VA 23927
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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 biennial State Licensure Inspection survey was conducted 10/17/17 through 10/19/17. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Three complaints were investigated during the survey.</p> <p>The census in this 168 bed facility was 149 at the time of the survey. The survey sample consisted of twenty-one current resident reviews (Residents 1 through 21) and three closed record reviews (Residents 22 through 24).</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: 12VAC5-371-250 (A) and (G). - Please cross reference to F279.</p> <p>12VAC5-371-220 (A) and (B). - Please cross reference to F309.</p> <p>12VAC5-371-240 (F). - Please cross reference to F329.</p> <p>12VAC5-371-340 (A), - Please cross reference to F371.</p> <p>12VAC5-371-360 (E). - Please cross reference to F514.</p>	F 001	<p>Disclaimer: Preparation and execution of this plan of correction in no way constitutes an admission or agreement by Sentara MeadowView terrace of the truth of the facts alleged in this statement of deficiency and plan of correction. This plan of correction is submitted exclusively to comply with state and federal law. This plan of correction serves as the allegation of compliance.</p> <p>See POC for Medicare/Medicaid survey and reference the following tags: F279, F309, F329, F371, and F514 for this POC.</p>	11/30/17

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

Electronically Signed

TITLE

(X6) DATE

11/02/17