

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0280</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/08/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SENTARA WOODVIEW</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>103 ROSEHILL DRIVE SOUTH BOSTON, VA 24592</b>
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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><b>Initial Comments</b></p> <p>An unannounced biennial state licensure inspection was conducted 6/6/17 through 6/8/17. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 216 bed facility was 202 at the time of the survey. The survey sample consisted of twenty-seven current resident reviews (Residents #1 through #27) and three closed record reviews (Residents #28 through 30).</p>	F 000		
F 001	<p><b>Non Compliance</b></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>Resident Assessment and Care Planning 12 VAC 5-371-250(C). - cross reference to F280</p> <p>Director of Nursing 12 VAC 5-371-200(B)(1)(ii). - cross reference to F281</p> <p>Nursing Services 12 VAC 5-371-220(C). - cross reference to F315</p> <p>Dietary and Food Service Program 12 VAC 5-371-340(A). - cross reference to F371</p> <p>Pharmaceutical Services 12 VAC 5-371-300(H). - cross reference to F428</p> <p>Pharmaceutical Services 12 VAC 5-371-300(A) and (B). - cross reference</p>	F 001	<p>Please refer to POC for F-278 on pages 1-2.</p> <p>Please refer to POC for F-280 on pages 4-6</p> <p>Please refer to POC for F-281 on pages 15-16</p> <p>Please refer to POC for F-315 on pages 19-20</p> <p>Please refer to POC for F-371 on pages 29-30</p> <p>Please refer to POC for F-428 on page 32</p> <p>Please refer to POC for F-431 on pages</p>	7/19/17

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

Electronically Signed

TITLE

(X6) DATE

06/26/17

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0280</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/08/2017</b>
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F 001	Continued From page 1 to F431  Maintenance and Housekeeping 12 VAC 5-371-370(A). - cross reference to F456  Diagnostic Services 12 VAC 5-371-310(A). - cross reference to F502  Clinical Records 12 VAC 5-371-360(E). - cross reference to F514  Safety and Emergency Procedures 12 VAC 5-371-190(C). - cross reference to F518	F 001	35-36  Please refer to POC for F-456 on pages 38-39  Please refer to POC for F-502 on pages 39-40  Please refer to POC for F-514 on pages 41-42  Please refer to POC for F-518 on page 45	