

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0384</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/19/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FRANCIS N SANDERS NURSING HOME, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7385 WALKER AVE GLOUCESTER, VA 23061</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>Initial Comments</p> <p>An unannounced biennial licensure survey and was conducted 4/17/18 through 4/19/18. Corrections are required.</p> <p>The census in this 55 licensed bed facility was 52 at the time of the survey. The survey sample consisted of 13 current Resident reviews (Residents #5, #29, #8, #27, #7, #28, #17, #139, #189, #23, #26, #25, #19) and 3 closed record reviews (Residents #39, #40 and #38).</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: 12 VAC 5-371-300(B) . Please Cross reference to F554.</p> <p>12 VAC 5-371-140(A). Please Cross reference to F607.</p> <p>12 VAC 5-371-140(A). Please Cross reference to F609.</p> <p>12 VAC 5-371-140(A). Please Cross reference to F610.</p> <p>12 VAC 5-371-250(G). Please Cross reference to F656.</p> <p>12 VAC 5-371-220(A). Please Cross reference to F684.</p> <p>12 VAC 5-371-340(A). Please Cross reference to F812.</p>	F 001	<p>12 VAC 5-371-300 B. Resident Self-Admin Meds-Clinically Appropriate: Please Cross reference to F-554 Plan of correction</p> <p>12 VAC 5-371-140 A. Develop/ Implement Abuse/Neglect Policies: Please Cross reference to F-607 Plan of correction</p> <p>12 VAC 5-371-140 A. Reporting of Alleged Violations: Please Cross reference to F-609 Plan of correction</p> <p>12 VAC 5-371-140 A. Investigate/ Prevent/Correct Alleged Violation: Please Cross reference to F-610 Plan of correction</p> <p>12 VAC 5-371-250 G. Develop/ Implement Abuse Neglect Policies: Please Cross reference to F-656 Plan of correction</p> <p>12 VAC 5-371-220 A. Quality of Care:</p>	5/19/18

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

TITLE

(X6) DATE

Electronically Signed

05/07/18

State of Virginia

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F 001	Continued From page 1	F 001	Please Cross reference to F-684 Plan of correction  12 VAC 5-371-340 A. Food Procurement, Store/Prepare/Serve-Sanitary: Please Cross reference to F-812 Plan of correction	