

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0102</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/21/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE HALL GRUNDY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2966 SLATE CREEK ROAD GRUNDY, VA 24614</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	Initial Comments  An unannounced hybrid State Licensure Inspection was conducted 2/22/18. Corrections are required for compliance with Virginia Rules and Regulations for the Licensure of Nursing Facilities.	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: Based on staff interview, facility document review, and the Code of Virginia, the facility staff failed to annually review their policy and procedures.  The findings include:  12 VAC 5-371-140 (B). Policies and procedures.  On 2/21/17, the director of nurses was asked to show the surveyor proof of the annual review of their policies and procedures. At approximately 12:00pm, the director of nurses brought the surveyor a form titled Record of Adoption. The form was dated 1/04/16. The director of nurses informed the surveyor that she could not located any policy/procedure that had a date later than the one provided.  Prior to exit the director of nurses informed the surveyor she would ensure the issue would be corrected as soon as the administrator was back at the facility.	F 001		

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

TITLE

(X6) DATE