

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/06/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495306	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 0103 B. WING _____	(X3) DATE SURVEY COMPLETED R 03/15/2018
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE NURSING THERAPY CONNECTION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 LANDMARK DRIVE STUART, VA 24171	
(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) COMPLETION DATE
{K 000}	<p>INITIAL COMMENTS</p> <p>Description of Structure: Building is type a Type III (200) as identified by the Architect in the FSES. The structure is 3-stories with basement. 3rd floor is wood framing with a concrete slab between the 2nd floor and 3rd floor and contains the Administrative Offices, and residents do not access this level. The ceilings are drop-in tile suspended ceilings below metal lath and plaster. A FSES is being revised in order to meet construction Height and Area requirements.</p> <p>Construction Type: III(200)</p> <p>Sprinkler Status: The facility is protected by NFPA 13 wet and dry pipe systems. The systems are supplied by municipal water.</p> <p>An unannounced LSC PAPER revisit to the standard survey conducted on 07/26/17 was conducted on 3/15/2018 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Existing regulations. The facility was not in compliance with the Requirements for Participation Medicare and Medicaid.</p> <p>The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)</p> <p>Corrected deficiencies are noted on the 2567B form.</p>	{K 000}		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495306	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 0203 B. WING _____		(X3) DATE SURVEY COMPLETED R 03/15/2018
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE NURSING THERAPY CONNECTION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 LANDMARK DRIVE STUART, VA 24171		
(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) COMPLETION DATE	
{K 000}	<p>INITIAL COMMENTS</p> <p>Description of Structure: The facility is a 3-story masonry structure with protected steel bar joists, and metal decking with concrete floors. This building is attached to the main building 1, and separated by a 2-hour fire barrier. The structural steel is protected by fire rated suspended ceiling assemblies. The building has a built up roof.</p> <p>Construction Type: II(222)</p> <p>Sprinkler Status: The facility is protected by NFPA 13 sprinkler systems. The systems are supplied by municipal water.</p> <p>An unannounced LSC PAPER revisit to the standard survey conducted on 07/26/17 was conducted on 3/15/2018 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Existing regulations. The facility was not in compliance with the Requirements for Participation Medicare and Medicaid.</p> <p>The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)</p> <p>Corrected deficiencies are noted on the 2567B form.</p>	{K 000}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495306	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - BUILDING 0303 B. WING _____		(X3) DATE SURVEY COMPLETED R 03/15/2018
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE NURSING THERAPY CONNECTION			STREET ADDRESS, CITY, STATE, ZIP CODE 105 LANDMARK DRIVE STUART, VA 24171		
(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) COMPLETION DATE	
{K 000}	<p>INITIAL COMMENTS</p> <p>Description of Structure: The facility is a single story addition to Building 2, separated by a 2-hour fire barrier. It is a masonry structure with un-protected steel bar joists and metal decking with concrete floors. The building has a built up roof.</p> <p>Construction Type: II(000)</p> <p>Sprinkler Status: The facility is protected by NFPA 13 sprinkler systems. The systems are supplied by municipal water.</p> <p>An unannounced LSC revisit to the standard survey conducted on 07/26/17 was conducted on 3/15/2018 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Existing regulations. The facility was in compliance with the Requirements for Participation Medicare and Medicaid.</p> <p>Corrected deficiencies are noted on the 2567B form.</p>	{K 000}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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