

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0382</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/01/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUMMIT HEALTH &amp; REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 ENTERPRISE DRIVE LYNCHBURG, VA 24502</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 was conducted 05/30/17 through 06/01/17. No complaints were investigated. The facility was not in compliance with the Virginia Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 120 bed facility was 102 at the time of the survey. The survey sample consisted of 20 current Resident reviews (Residents # 1 through #18, and # 22 and #23) and 3 closed record reviews (Residents # 19 through #21).</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: The facility was not in compliance with the following Virginia Regulations for the Licensure of Nursing Facilities.</p> <p>Nursing services. 12 VAC 5-371-220(B). Please Cross Reference to F-309.</p> <p>Nursing services. 12 VAC 5-371-220(A). Please Cross Reference to F-323.</p> <p>Dietary and food service program. 12VAC5-371-340(A). Please Cross reference to F-371.</p> <p>Special rehabilitation services. 12VAC5-371-290(A). Please Cross reference to F-406.</p>	F 001	<p>Please see POC- F-309- Provide Care/ Services</p> <p>Please see POC- F-323- Free of Accident Hazards/ Supervision Devices</p> <p>Please see POC- F-371- Food/ Procure, Store/ Prepare/ Serve Sanitary</p> <p>Please see POC- F-406- Provide/ Obtain Specialized Services</p> <p>Please see POC- F-456 Essential Equipment/ Safe Operating Condition.</p>	7/14/17

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

TITLE

(X6) DATE

Electronically Signed

06/07/17

State of Virginia

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F 001	Continued From page 1  Maintenance and housekeeping. 12VAC5-371-370(A). Please Cross reference to F-456.	F 001		