

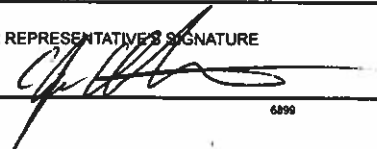
State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0242	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/26/2018
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NAME OF PROVIDER OR SUPPLIER STRATFORD HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 508 RISON STREET DANVILLE, VA 24541
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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 Medicare/Medicaid standard survey and State Licensure survey was conducted 4/24/18 through 4/26/18. Three complaints were investigated. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow.</p> <p>The census in this 60 certified bed facility was 53 at the time of the survey. The survey sample consisted of 15 current Resident reviews 5 closed record reviews.</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 5-371-220. Quality of Care. 12 VAC 5-371-220 (A THRU G) Cross reference to F-684.</p> <p>12 VAC 5-371-250. Resident assessment and care planning. 12 VAC 5-371-250 (F, H, I) Cross Reference to F-657.</p> <p>12 VAC 5-371-310. Administration. 12 VAC 5-371-310 (A) Cross reference to F-773</p> <p>12VAC5-371-340. Dietary and food service program. 12VAC5-371-340. (I) Cross Reference to F Tag 809.</p> <p>12 VAC 5-371-360. Clinical Records 12 VAC 5-371-360 (A,E,f,j) Cross Reference to F-842.</p>	F 001	<p style="text-align: center;">RECEIVED MAY 14 2018 VDH/OLC</p>	

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



TITLE

Administrator

(X6) DATE