

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/11/2018
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NAME OF PROVIDER OR SUPPLIER POTOMAC FALLS HEALTH & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 46531 HARRY BYRD HIGHWAY STERLING, VA 20164
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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 State Licensure Inspection was conducted 10/9/18 through 10/11/18. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Eight (8) complaints were investigated during the survey.</p> <p>The census in this 150 licensed bed facility was 147 at the time of the survey. The survey sample consisted of 32 current Resident reviews and 8 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: The Nursing facility was not in compliance with the following Virginia Rules and Regulations for Nursing Facilities:</p> <p>12 VAC 5-371-150 B1. Resident Rights. Cross Reference to F558, F559, F582, F623.</p> <p>12 VAC 5-371-180 A. Infection Control. Cross Reference to F880.</p> <p>12 VAC 5-371-220 F. Nursing Services. Cross Reference to F677</p> <p>12VAC 5-371-220 C. Nursing Services. Cross Reference to F690 & F698</p> <p>12 VAC 5-371-250 C., A., G Resident Assessment. Cross Reference to F641, F656, F660.</p>	F 001	<p>12 Vac 5-371-150 Resident Rights Please cross reference the Plan of Correction for F558, F559, F582, F623</p> <p>12 VAC 5-371-180A. Infection Control. Please cross reference the Plan of Correction for F880.</p> <p>12 VAC 5-371-220 F. Nursing Services. Please cross reference the Plan of Correction for F677</p> <p>12VAC 5-371-220 C. Nursing Services. Please cross reference the Plan of Correction for F690 & F698</p> <p>12 VAC 5-371-250 C. A., G Resident Assessment. Please cross reference the Plan of Correction for F641, F656, F660.</p>	11/23/18

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

Electronically Signed

TITLE

(X6) DATE

11/01/18