

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/14/2019
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NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 188 OLD FINCASTLE ROAD FINCASTLE, VA 24090
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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 02/12/19 through 02/14/19. One complaint was investigated during this survey. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 56 certified bed facility was 51 at the time of the survey. The final survey sample consisted of 16 current Resident reviews and 3 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 facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities:</p> <p>Resident Rights. 12 VAC 5-371-150 cross reference to F tag 583</p> <p>Nursing Services. 12 VAC 5-371-220 (B) cross reference to F tag 684 12 VAC 5-371-220 (C.1.) cross reference to F tag 686</p> <p>Pharmaceutical services. 12 VAC 5-371-300 (A) cross reference to F tag 761</p> <p>Dietary and Food Service program. 12 VAC 5-371-340 cross reference to F tag 812</p>	F 001	<p>12 VAC 5-371-150-Cross Reference to F tag-583</p> <p>12 VAC 5-371-220 (B)-Cross Reference to F tag-684 12 VAC 5-371-220 (C.1.)-Cross Reference to F tag-686</p> <p>12 VAC 5-371-300 (A)-Cross Reference to F tag-761</p> <p>12 VAC 5-371-340-Cross Reference to F tag 812</p> <p>12 VAC 5-371-360 (A)-Cross Reference to F tag 842</p> <p>12 VAC 5-371-370 (A)- Cross Reference to F tag 921</p>	3/26/19

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

TITLE

(X6) DATE

Electronically Signed

03/18/19

State of Virginia

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F 001	<p>Continued From page 1</p> <p>Clinical Records. 12 VAC 5-371-360 (A) cross reference to F tag 842</p> <p>Maintenance and Housekeeping. 12 VAC 5-371-370 (A) cross reference to F tag 921</p>	F 001		