

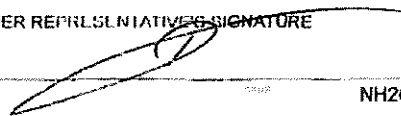
State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0043	(X2) MULTIPLE CONSTRUCTION A BUILDING: _____ B WING: _____	(X3) DATE SURVEY COMPLETED C 04/16/2019
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NAME OF PROVIDER OR SUPPLIER GREENBRIER REGIONAL MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1017 GEORGE WASHINGTON HIGHWAY NORTH CHESAPEAKE, VA 23323 CORRECTED COPY
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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	Initial Comments An unannounced biennial State Licensure Inspection was conducted 04/10/19 through 04/12/19 and 4/15/19 through 4/16/19. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. 4 complaints were investigated during the survey. The census in this 120 licensed bed facility was 103 at the time of the survey. The survey sample consisted of 36 current Resident reviews and 8 closed record reviews.	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: 12 VAC 5-371-150 (D). Resident Rights. Cross Reference to F-582. 12 VAC 5-371-150 (B)(1) Cross Reference To F-622, F-623, F-625. 12 VAC 5-371-250 B, C, D. Resident Assessment. Cross Reference to F640, F641. 12 VAC 5-371-220 C.1. Nursing Services. Cross Reference to F-684, F-686 12 VAC 5-371-220 D Nursing Services Cross Reference to F-687 12 VAC 5-371-200 (A). Nursing/Director of Nursing. Cross Reference to F-727. 12 VAC 5-371-310 B. Diagnostic Services. Cross Reference to F770.	F 001	12 VAC 5-371-150 (D). Resident Rights. Cross Reference to F-582. 12 VAC 5-371-150 (B)(1) Cross Reference To F-622, F-623, F-625. 12 VAC 5-371-250 B, C, D. Resident Assessment. Cross Reference to F640, F641. 12 VAC 5-371-220 C.1. Nursing Services. Cross Reference to F-684, F-686 12 VAC 5-371-220 D Nursing Services Cross Reference to F-687 12 VAC 5-371-200 (A). Nursing/Director of Nursing. Cross Reference to F-727. 12 VAC 5-371-310 B. Diagnostic Services. Cross Reference to F770. 12-VAC 5-371-300 A. cross referenced at F-tag 755 12 VAC 5-371-220 C. Nursing Service. Cross Reference to F810. 12VAC5-371-180 Infection Control cross referenced to F-880. 12 VAC 5-371-380. Laundry Services. Cross Reference to F-880.	

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



TITLE

NHA/JED

ISSUE DATE

5/23/19

State of Virginia

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F 001	Continued From page 1 12-VAC 5-371-300 A. cross referenced at F-tag 755 12 VAC 5-371-220 C. Nursing Service. Cross Reference to F810. 12VAC5-371-180 Infection Control cross referenced to F-880. 12 VAC 5-371-380. Laundry Services. Cross Reference to F-880.	F 001		