

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/07/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>APPOMATTOX HEALTH AND REHABILITATON CENTE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>235 EVERGREEN AVE APPOMATTOX, VA 24522</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 State Licensure Inspection survey was conducted 3/5/19 through 3/7/19. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. One complaint was investigated during the survey.</p> <p>The census in this 60 bed facility was 55 at the time of the survey. The survey sample consisted of 14 current Resident reviews and 2 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>12VAC 5-371-220 (D) Cross Reference to F-Tag 550</p> <p>12VAC 5-371-220 (B, C) Cross Reference to F-Tag 684</p> <p>12 VAC 5-371-220 (C) Cross Reference to F-Tag 689</p>	F 001	<p>The statements made in this plan of correction are not an admission and do not constitute agreement with the alleged deficiencies herein. To remain in compliance with all state and federal regulations, the center has taken or will take the actions set forth in this Plan of Correction. In addition, the following plan constitutes the center's allegation of compliance. All alleged deficiencies have been or will be corrected by the dates indicated.</p> <p>12VAC 5-371-220 (D) Cross Reference to F-Tag 550</p> <p>12VAC 5-371-220 (B, C) Cross Reference to F-Tag 684</p> <p>12 VAC 5-371-220 (C) Cross Reference to F-Tag 689</p>	3/18/19

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

TITLE

(X6) DATE

Electronically Signed

03/12/19

State of Virginia

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