

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495336	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/26/2018
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NAME OF PROVIDER OR SUPPLIER AUGUSTA NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 83 CROSSROADS LANE FISHERSVILLE, VA 22939
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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
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F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 7/24/18 through 7/26/18. The facility was not in compliance with the Virginia Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 112 bed facility was 102 at the time of the survey. The survey sample consisted of 21 current Resident reviews and two 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 provisions of 12VAC5-371, the Virginia Regulations for the Licensure of Nursing Facilities.</p> <p>12VAC5-371-200 Director of Nursing 12VAC5-371-200 (B.2) Cross Reference to F-908</p> <p>12VAC5-371-210 Nurse Staffing 12VAC5-371-210 (A.1) Cross Reference to F-558 12VAC5-371-210 (A.1) Cross Reference to F-689</p> <p>12VAC5-371-220 Nursing Services 12VAC5-371-220 (A) Cross Reference to F-700</p>	F 001		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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