

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/08/2018
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NAME OF PROVIDER OR SUPPLIER BERRY HILL NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592
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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 11/06/2018 through 11/08/2018. Corrections are required for compliance with Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow.</p> <p>The census in this 120 certified bed facility was 73 at the time of the inspection. The survey sample consisted of 18 current Resident reviews and three (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>12VAC5-371-220 (A) Please cross reference to F-558.</p> <p>12VAC5-371-250 (A) Please cross reference to F-641.</p> <p>12VAC5-371-250 (A-7) Please cross reference to F-644.</p> <p>12VAC5-371-250 (G) Please cross reference to F-656.</p> <p>12VAC5-371-360 (E-11) Please cross reference to F-661.</p> <p>12VAC5-371-280 (A) Please cross reference to F-679.</p>	F 001	<p>12VAC5-371-220 (A) Please cross reference to F-558 Plan of Correction.</p> <p>12VAC5-371-250 (A) Please cross reference to F-641 Plan of Correction.</p> <p>12VAC5-371-250 (A-7) Please cross reference to F-644 Plan of Correction.</p> <p>12VAC5-371-250 (G) Please cross reference to F-656 Plan of Correction.</p> <p>12VAC5-371-360 (E-11) Please cross reference to F-661 Plan of Correction.</p> <p>12VAC5-371-280 (A)</p>	12/23/18

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

Electronically Signed

TITLE

(X6) DATE

11/26/18

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/08/2018
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F 001	<p>Continued From page 1</p> <p>12VAC5-371-250 (E) Please cross reference to F-684</p> <p>12VAC5-371-220 (C-1) Please cross reference to F-686.</p> <p>12VAC5-371-220 (B) Please cross reference to F-759.</p> <p>12VAC5-371-300 (A, B) Please cross reference to F-761.</p> <p>12VAC5-371-340 (A) Please cross reference to F-812.</p> <p>12VAC5-371-180 (A, C-3) Please cross reference to F-880.</p>	F 001	<p>Please cross reference to F-679 Plan of Correction.</p> <p>12VAC5-371-250 (E) Please cross reference to F-684 Plan of Correction</p> <p>12VAC5-371-220 (C-1) Please cross reference to F-686 Plan of Correction</p> <p>12VAC5-371-220 (B) Please cross reference to F-759 Plan of Correction</p> <p>12VAC5-371-300 (A, B) Please cross reference to F-761 Plan of Correction</p> <p>12VAC5-371-340 (A) Please cross reference to F-812 Plan of Correction</p> <p>12VAC5-371-180 (A, C-3) Please cross reference to F-880 Plan of Correction</p>	