

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/24/2019
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NAME OF PROVIDER OR SUPPLIER BLUE RIDGE REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 300 BLUE RIDGE STREET MARTINSVILLE, VA 24112
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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 7/21/19 through 7/24/19. 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 300 certified bed facility was 225 at the time of the survey. The final survey sample consisted of 35 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>Infection Control 12 VAC 5-371-180 C cross reference to F tag 880</p> <p>Freedom from Abuse, Neglect, and Exploitation 12 VAC 5-371-330 cross reference to F tag 604</p> <p>Nursing Services. 12 VAC 5-371-220 cross reference to F tags 692, 695, 698</p> <p>Comprehensive Person-centered Care Plans 12 VAC 5-371-250 cross reference to F tags 657</p> <p>Pharmaceutical services. 12 VAC 5-371-300 cross reference to F tag 758</p> <p>Laboratory, Radiology, and Diagnostic Services</p>	F 001	<p>Please see Plan of Correction for Infection Control for F tag 580</p> <p>Please see Plan Of Correction for Freedom from Abuse/Neglect/Exploitation for F tag 604</p> <p>Please see Plan of Correction for Nursing Services for F tags 695 and 698</p> <p>(there is no F tag 692 deficiency)</p> <p>Please see the Plan of Correction for Comprehensive Person-centered care plans for F tag 657</p> <p>Please see the Plan of Correction for Pharmaceutical Services for F tag 758</p> <p>Please see the Plan of Correction for Laboratory, Radiology, and Diagnostic</p>	9/7/19

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

TITLE

(X6) DATE

Electronically Signed

08/16/19

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/24/2019
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F 001	<p>Continued From page 1</p> <p>12 VAC 5-371-310 cross reference to F tag 773</p> <p>Dietary and Food Service program. 12 VAC 5-371-340 cross reference to F tag 802, 812, 814</p> <p>Resident Rights 12 VAC 5-371-220-cross reference to F tag 580 12 VAC 5-371-150-cross reference to F tag 582 12 VAC 5-371-370-cross reference to F tag 584</p> <p>Physical Environment. 12 VAC 5-371-370 cross reference to F tag 925</p>	F 001	<p>Services for F tag 773</p> <p>Please see the Plan of Correction for Dietary and Food Services for F tags 802, 812 and 814</p> <p>Please see the Plan of Correction for Resident Rights for F tag 580, F tag 582 and F tag 584</p> <p>Please see the Plan of Correction for Physical Environment for F tag 925</p>	