

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/26/2019
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NAME OF PROVIDER OR SUPPLIER CURIS AT LYNCHBURG NURSING & REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2081 LANGHORNE ROAD LYNCHBURG, VA 24501
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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 on 2/24/19 through 2/26/19. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. There were five complaints investigated during the survey.</p> <p>The census in this 120 bed facility was 106 at the time of the survey. The survey sample consisted of 26 current residents and five 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>12VAC5-371-370 (A) (B) (H) Cross reference to F584</p> <p>12VAC5-371-140 Cross reference to F607</p> <p>12VAC5-371-250 (C) (F) Cross reference to F657</p> <p>12VAC5-371-220 (D) Cross reference to F677</p> <p>12VAC5-371-220 (D) Cross reference to F695</p> <p>12VAC5-371-220 (A) (B) (D)</p>	F 001	<p>12VAC5-371-370 (A) (B) (H) Cross reference to F584</p> <p>12VAC5-371-140 Cross reference to F607</p> <p>12VAC5-371-250 (C) (F) Cross reference to F657</p> <p>12VAC5-371-220 (D) Cross reference to F677</p> <p>12VAC5-371-220 (D) Cross reference to F695</p> <p>12VAC5-371-220 (A) (B) (D) Cross reference to F697</p> <p>12VAC5-371-210 (B) Cross reference to F725</p>	3/15/19

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

TITLE

(X6) DATE

Electronically Signed

03/15/19

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F 001	<p>Continued From page 1</p> <p>Cross reference to F697</p> <p>12VAC5-371-210 (B) Cross reference to F725</p> <p>12VAC5-371-300 (A) Cross reference to F755</p> <p>12VAC5-371-300 (H) Cross reference to F756</p> <p>12VAC5-371-220 (B) Cross reference to F759</p> <p>12VAC5-371-300 Cross reference to F761</p> <p>12VAC5-371-360 (A) (E) Cross reference to F842</p> <p>12VAC5-371-370 (E) Cross reference to F925</p>	F 001	<p>12VAC5-371-300 (A) Cross reference to F755</p> <p>12VAC5-371-300 (H) Cross reference to F756</p> <p>12VAC5-371-220 (B) Cross reference to F759</p> <p>12VAC5-371-300 Cross reference to F761</p> <p>12VAC5-371-360 (A) (E) Cross reference to F842</p> <p>12VAC5-371-370 (E) Cross reference to F925</p>	