State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	VA0176	A. BUILDING: _____ B. WING _____	07/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VMRC, COMPLETE LIVING CARE	1475 VIRGINIA AVENUE HARRISONBURG, VA 22802

(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	Initial Comments An unannounced biennial State Licensure Inspection was conducted 07/20/21 through 07/21/21. Corrections were required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 120 bed facility was 93 at the time of the survey. The survey sample consisted of 19 current resident reviews and three closed record reviews.	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: 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. 12VAC5-371-220 A., B. Cross reference to F684	F 001	1. The medical records for residents #37 and #287 was updated to ensure that the C.N.A. task to document fluid intake is triggered, according to the MD orders. 2. The DON or designee will audit the medical records of any resident with a MD order to document fluid intake to ensure appropriate trigger for the documentation is activated and reflected in the medical record. 3. The DON or designee will provide education to nursing staff on how to activate a trigger according to the MD orders so that fluid documentation will flow to the C.N.A. task list and ensure the MD orders are followed for fluid intake documentation. DON or designee will educate the C.N.A.s on completing fluid documentation for residents with fluid intake assigned as a task. 4. The DON or designee will audit the	8/20/21

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

Electronically Signed | 07/23/21

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F 001	Continued From page 1	F 001	medical records of all residents with MD orders to document fluid intake weekly for 4 weeks to ensure compliance with following the MD order. Findings will be reported to the QAPI Committee.	