

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0402	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2021
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NAME OF PROVIDER OR SUPPLIER TYLER'S RETREAT AT IRON BRIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 12001 IRON BRIDGE RD CHESTER, VA 23831
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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 8/3/21 through 8/5/21. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 90 bed facility was 68 at the time of the survey. The survey sample consisted of 33 current resident reviews and four 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: 12VAC5-371-250. Resident assessment and care planning cross reference to F641.</p> <p>12VAC5-371-250. Resident assessment and care planning cross reference to F657.</p> <p>12VAC5-371-220. Nursing Services Cross reference to F558</p> <p>12VAC5-371-360. Clinical Records Cross reference F622 and F623</p> <p>12VAC5-371-250. Resident Assesment and Care Planning Cross reference to F655 and F656.</p> <p>12VAC5-371-140. Policies and Procedures Cross reference to F689</p> <p>12VAC5-371-300. Pharmaceutical Services</p>	F 001	<p>12VAC5-371-250. Resident assessment and care planning Cross Reference POC for F641</p> <p>12VAC5-371-250. Resident assessment and care planning cross reference POC for F657.</p> <p>12VAC5-371-220. Nursing Services Cross reference POC for F558</p> <p>12VAC5-371-360. Clinical Records Cross reference POC for F622 and POC for F623</p> <p>12VAC5-371-250. Resident Assessment and Care Planning Cross reference POC for F655 and POC for F656.</p> <p>12VAC5-371-140. Policies and Procedures</p>	9/10/21

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

TITLE

(X6) DATE

Electronically Signed

08/25/21

State of Virginia

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F 001	<p>Continued From page 1</p> <p>Cross reference to F758</p> <p>Resident assessment and care planning 12VAC5-371-250 G cross reference to F656</p> <p>Cross reference : F-656 to state tag 12 VAC 5-371-250 (G)</p>	F 001	<p>Cross reference POC for F689</p> <p>12VAC5-371-300. Pharmaceutical Services Cross reference POC for F758</p> <p>12VAC5-371-250 G Resident assessment and care planning Cross reference POC for F656</p>	