

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0285	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2021
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NAME OF PROVIDER OR SUPPLIER ALLEGHANY HEALTH AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 1725 MAIN STREET CLIFTON FORGE, VA 24422
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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 8/31/21 through 9/2/21. Corrections were required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 105 bed facility was seventy-eight at the time of the survey. The survey sample consisted of eighteen current resident reviews and two 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>12VAC5-371-150 Cross reference to F550, F583</p> <p>12VAC5-371-250 F Cross reference to F657</p> <p>12VAC5-371-220 A Cross reference to F684, F697</p> <p>12VAC5-371-300 A, J Cross reference to F761</p> <p>12VAC5-371-310 A Cross reference to F770</p> <p>12VAC5-371-180 A, C Cross reference to F880</p>	F 001	<p>12VAC5-371-150 Please see the plan of correction for F550 and F583.</p> <p>12VAC5-371-250 F Please see the plan of correction for F657.</p> <p>12VAC5-371-220 A Please see the plan of correction for F684 and F697.</p> <p>12VAC5-371-300 A,J Please see the plan of correction for F761.</p> <p>12VAC5-371-310 A Please see the plan of correction for F770.</p> <p>12VAC5-371-180 A,C Please see the plan of correction for F880.</p> <p>12VAC5-371-370 A Please see the plan of correction for F914.</p>	9/24/21

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

Electronically Signed

TITLE

(X6) DATE

09/24/21

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F 001	Continued From page 1 12VAC5-371-370 A Cross reference to F914	F 001		