

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0045</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/04/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CENTER HEALTH AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>188 OLD FINCASTLE ROAD FINCASTLE, VA 24090</b>		
(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 Medicare/Medicaid standard survey and biennial State Licensure Inspection was conducted 3/02/21 through 3/04/21. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements and Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow.  The census in this 56 certified bed facility was 47 at the time of the survey. The survey sample consisted of 12 current Resident reviews and 3 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 Licensure of Nursing Facilities.  Policy and Procedures 12 VAC 5-371-140 - cross reference to F607  Nursing Services 12 VAC 5-371-220 (B) - cross reference to F684 , F693, and F759 12 VAC 5-371-220 (C)(1) - cross reference to F686 12 VAC 5-371-220 (A) - cross reference to F758  Pharmaceutical Services 12 VAC 5-371-300 (H) - cross reference to 756  Infection Control	F 001	12 VAC 5-371-140-refer to plan of correction for F Tag 607  12 VAC 5-371-220 (B)-refer to plan of correction for F Tag 684, 693, 759 12 VAC 5-371-220 (C)-refer to plan of correction for F Tag 686 12 VAC 5-371-220 (A) refer to plan of correction for F Tag 758  12 VAC 5 -371-300 (H)-refer to plan of correction for F Tag 756  12 VAC 5-371-180 (A)-refer to plan of correction for F Tag 880	4/18/21

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

Electronically Signed

TITLE

(X6) DATE

04/07/21

State of Virginia

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F 001	Continued From page 1  12 VAC 5-371-180 (A) - cross reference to F880	F 001			