

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/29/2021
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

APPOMATTOX HEALTH & REHABILITATION CENTER **235 EVERGREEN AVE**
APPOMATTOX, VA 24522

(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 7/27/2021 through 7/29/2021. The facility was not in compliance with the Virginia Regulations for the Licensure of Nursing Facilities. The census in this 60 bed facility was 55 at the time of the survey. The survey sample consisted of 18 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 Regulations for the Licensure of Nursing Facilities. 12VAC5-371-180 Infection Control 12VAC5-371-180 (A) Cross Reference to F-880 12VAC5-371-210 Nurse Staffing 12VAC5-371-210 (B) Cross Reference to F-725 12VAC5-371-220 Nursing Services 12VAC5-371-220 (B) Cross Reference to F-684 12VAC5-371-220 (C) Cross Reference to F-686 12VAC5-371-250 Resident Assessment and Care Planning 12VAC5-371-250 (A) Cross Reference to F-641 12VAC5-371-250 (G) Cross Reference to F-656 12VAC5-371-300 Pharmaceutical Services 12VAC5-371-300 (H) Cross Reference to F-759	F 001	F001 The facility was not in compliance with the following Virginia Regulations for the Licensure of Nursing Facilities. 12VAC5-371-180 Infection Control 12VAC5-371-180 (A) Cross Reference to F-880 12VAC5-371-210 Nurse Staffing 12VAC5-371-210 (B) Cross Reference to F-725 12VAC5-371-220 Nursing Services 12VAC5-371-220 (B) Cross Reference to F-684 12VAC5-371-220 (C) Cross Reference to F-686 12VAC5-371-250 Resident Assessment and Care Planning	9/10/21

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

TITLE

(X6) DATE

Electronically Signed

08/16/21

State of Virginia

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NAME OF PROVIDER OR SUPPLIER APPOMATTOX HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 235 EVERGREEN AVE APPOMATTOX, VA 24522		
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F 001	Continued From page 1	F 001	12VAC5-371-250 (A) Cross Reference to F-641 12VAC5-371-250 (G) Cross Reference to F-656 12VAC5-371-300 Pharmaceutical Services 12VAC5-371-300 (H) Cross Reference to F-759	