

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0389	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/16/2021
NAME OF PROVIDER OR SUPPLIER GAINESVILLE HEALTH AND REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7501 HERITAGE VILLAGE PLAZA GAINESVILLE, VA 20155		
(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 9/14/21 through 9/16/21. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 120 bed facility was 89 at the time of the survey. The survey sample consisted of 24 current resident reviews, and seven 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: 12 VAC 5 - 371 - 250 A - cross references to F 641 12 VAC 5 - 371 - 220 B - cross references to F 697 12 VAC 5 - 371 - 300 - cross references to F 761 12VAC5-371-140. Policies and Procedures. Cross references to F623, F804, F812, 12VAC5-371-180. Infection control. Cross reference to F812 12VAC5-371-340. Dietary and food service program. Cross reference to F804, F812 12VAC5-371-110. Management and administration. Cross reference to F609	F 001	12 VAC 5 - 371 - 250 A - cross references to F 641 12 VAC 5 - 371 - 220 B - cross references to F 697 12 VAC 5 - 371 - 300 - cross references to F 761 12VAC5-371-140. Policies and Procedures. Cross references to F623, F804, F812, 12VAC5-371-180. Infection control. Cross reference to F812 12VAC5-371-340. Dietary and food service program. Cross reference to F804, F812	10/26/21

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

Electronically Signed

TITLE

(X6) DATE

10/07/21

State of Virginia

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F 001	Continued From page 1 12VAC5-371-140. Policies and procedures. Cross reference to F644 12VAC5-371-250. Resident Assessment and Care Planning Cross reference to F657 12VAC5-371-140. Policies and Procedures Cross reference to F689 12VAC5-371-220. Nursing Services Cross reference to F698 12VAC5-371-250. Resident assessment and care planning. Cross reference to F740 12VAC5-371-180. Infection Control Cross reference to F880	F 001	12VAC5-371-110. Management and administration. Cross reference to F609 12VAC5-371-140. Policies and procedures. Cross reference to F644 12VAC5-371-250. Resident Assessment and Care Planning Cross reference to F657 12VAC5-371-140. Policies and Procedures Cross reference to F689 12VAC5-371-220. Nursing Services Cross reference to F698 12VAC5-371-250. Resident assessment and care planning. Cross reference to F740 12VAC5-371-180. Infection Control Cross reference to F880	