

State of Virginia

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0411 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 02/10/2022 |
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| NAME OF PROVIDER OR SUPPLIER LIBERTY RIDGE HEALTH & REHAB | STREET ADDRESS, CITY, STATE, ZIP CODE 189 MONICA BLVD LYNCHBURG, VA 24502 |
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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 2/8/22 through 2/10/22. Corrections are required for compliance with Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 90 certified bed facility was 72 at the time of the inspection. The survey sample consisted of 18 current resident reviews and three closed record review.</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>12VAC5-371-270 E. Cross reference to F645</p> <p>12VAC5-371-220 B. Cross reference to F684</p> <p>12VAC5-371-340 A. Cross reference to F812</p> <p>12VAC5-371-360 E. Cross reference to F842</p> <p>12VAC5-371-180 A. C.6 Cross reference to F880</p> | F 001 | <p>12VAC5-371-270 E. See POC above for F645 Cross reference to F645</p> <p>12VAC5-371-220 B. See POC above for F684 Cross reference to F684</p> <p>12VAC5-371-340 A. See POC above for F812 Cross reference to F812</p> <p>12VAC5-371-360 E. See POC above for F842 Cross reference to F842</p> <p>12VAC5-371-180 A. C.6 See POC above for F880 Cross reference to F880</p> | 2/22/22 |

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

TITLE

(X6) DATE

Electronically Signed

02/21/22