

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>POTOMAC FALLS HEALTH &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>46531 HARRY BYRD HIGHWAY STERLING, VA 20164</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 biennial State Licensure Inspection was conducted 11/30/21 through 12/2/21. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.  The census in this 150 certified bed facility was 136 at the time of the survey. The survey sample consisted of 45 Resident 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 staff failed to be in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities:  12 VAC 5 - 371-150 (B-1) Resident Rights. Cross Reference F-578  12 VAC 5-371-140.D.2 (Policies and Procedures) Cross reference to F623 and F-625.  12 VAC 5-371-220 (C.1). Nursing Services. Cross-Reference to F689  12 VAC 5-371-250 (C, F). Resident Assessment and Care Planning. Cross-Reference to F-553, F-640 and F-656.  12 VAC 5-371-340 (A). Dietary and food service program. Cross-Reference to F-812.	F 001	12 VAC 5 - 371-150 (B-1) Resident Rights. Cross Reference F-578  12 VAC 5-371-140.D.2 (Policies and Procedures) Cross reference to F623 and F-625.  12 VAC 5-371-220 (C.1). Nursing Services. Cross-Reference to F689  12 VAC 5-371-250 (C, F). Resident Assessment and Care Planning. Cross-Reference to F-553, F-640 and F-656.  12 VAC 5-371-340 (A). Dietary and food service program. Cross-Reference to F-812.	1/11/22

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

Electronically Signed

TITLE

(X6) DATE

12/21/21