

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0222</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/10/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHENANDOAH NURSING HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>339 WESTMINISTER DRIVE FISHERSVILLE, VA 22939</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 03/08/2022 through 03/10/2022. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.  The census in this 60 bed facility was 57 at the time of the survey. The survey sample consisted of fifteen (15) current resident reviews and two (2) 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 the Licensure of Nursing Facilities:  12VAC5-371-250 (F). Cross reference to F-657  12VAC5-371-220 (A, B, C). Cross reference to F-688	F 001	12VAC5-371-250 (F) Cross Reference to F-657: See Plan of Correction for F-657  12VAC5-371-220 (A, B, C) Cross Reference to F-688: See Plan of Correction for F-688	3/30/22

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

TITLE

(X6) DATE

Electronically Signed

03/23/22