

State of Virginia

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0223 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 05/27/2021 |
| NAME OF PROVIDER OR SUPPLIER SHENANDOAH VALLEY HEALTH AND REHAB | | STREET ADDRESS, CITY, STATE, ZIP CODE 3737 CATALPA AVE BUENA VISTA, VA 24416 | | |
| (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 05/25/2021 through 05/27/2021. Corrections are required for compliance with Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 93 certified bed facility was 65 at the time of the inspection. The survey sample consisted of twenty (20) current record 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: 12VAC-371-370 (A.) Please cross reference to F-558. 12VAC-371-250 (A. 14.) Please cross reference to F-578. 12VAC-371-150 (A.) Please cross reference to F-600. 12VAC-371-250 (G.) Please cross reference to F-656. 12VAC-371-250 (C.) Please cross reference to F-657. 12VAC-371-220 (C. 5.) Please cross reference to F-684. | F 001 | F000 "This plan of correction is being submitted in compliance with specific regulatory requirements and preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the facts alleged or conclusions set forth on the statement of deficiencies." 12VAC-371-370 (A.) Please cross reference to F-558. 12VAC-371-250 (A. 14.) Please cross reference to F-578. 12VAC-371-150 (A.) Please cross reference to F-600. 12VAC-371-250 (G.) Please cross reference to F-656. | 6/25/21 |

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

Electronically Signed

TITLE

(X6) DATE

06/21/21

State of Virginia

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| F 001 | Continued From page 1 12VAC-371-220 (C.1.) Please cross reference to F686. 12VAC-371-300 (A.) Please ceoss reference to F-755. 12VAC-371-340 (D.4.) Please cross reference to F-800. 12VAC-371-140 (13.) Please cross reference to F-838. 12VAC-371-360 (E.4.) Please cross reference to F-842. 12VAC-371-180 (A., C.3.) Please cross reference to F-880. | F 001 | 12VAC-371-250 (C.) Please cross reference to F-657. 12VAC-371-220 (C. 5.) Please cross reference to F-684. 12VAC-371-220 (C.1.) Please cross reference to F686. 12VAC-371-300 (A.) Please cross reference to F-755. 12VAC-371-340 (D.4.) Please cross reference to F-800. 12VAC-371-140 (13.) Please cross reference to F-838. 12VAC-371-360 (E.4.) Please cross reference to F-842. 12VAC-371-180 (A., C.3.) Please cross reference to F-880. | |