

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0382	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/24/2019
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NAME OF PROVIDER OR SUPPLIER SUMMIT HEALTH AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1300 ENTERPRISE DRIVE 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 10/22/2019 through 10/24/2019. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 120 certified bed facility was 91 at the time of the survey. The survey sample consisted of 19 current Resident reviews and (3) three closed record reviews.</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>Cross Reference to F-Tag 635 12VAC5-371-240. C-5,9</p> <p>Cross Reference to F-Tag 655 12VAC5-371-250. A-6; G</p> <p>Cross Reference to F-Tag 656 12VAC5-371-250. A-6; G</p> <p>Cross Reference to F-Tag 657 12VAC5-371-250. C; F</p> <p>Cross Reference to F-Tag 700 12VAC5-371-370. G</p> <p>Cross Reference to F-Tag 758 12VAC5-371-300. H</p>	F 001		

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

TITLE

(X6) DATE

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