

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/26/2022
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NAME OF PROVIDER OR SUPPLIER LOUDOUN NURSING AND REHAB CNTR	STREET ADDRESS, CITY, STATE, ZIP CODE 235 OLD WATERFORD ROAD, NORTHWEST LEESBURG, VA 20176
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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 4/24/22 through 4/26/22. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 100 bed facility was 98 at the time of the survey. The survey sample consisted of 35 current resident reviews and 15 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: 12VAC5-371-140. Policies and procedures. Cross reference to F550, F812, F842</p> <p>12VAC5-371-150. Resident rights. Cross reference to F550</p> <p>12VAC5-371-200. Director of nursing. Cross reference to F658</p> <p>12VAC5-371-250. Resident assessment and care planning. Cross reference to F641</p> <p>12VAC5-371-340. Dietary and food service program. Cross reference to F812</p> <p>12VAC5-371-360. Clinical records. Cross reference to F842</p> <p>Nursing Services 12VAC5-371-220 A cross reference to F658.</p>	F 001	<p>12VAC5-371-140. Policies and procedures. Cross reference to F550, F812, F842 POC</p> <p>12VAC5-371-150. Resident rights. Cross reference to F550 POC</p> <p>12VAC5-371-200. Director of nursing. Cross reference to F658 POC</p> <p>12VAC5-371-250. Resident assessment and care planning. Cross reference to F641 POC</p> <p>12VAC5-371-340. Dietary and food service program. Cross reference to F812 POC</p> <p>12VAC5-371-360. Clinical records. Cross reference to F842POC</p> <p>Nursing Services 12VAC5-371-220 A cross reference to F658 POC</p> <p>Staff development and in service training 12VAC5-371-260 B.9, cross reference to F947 POC</p> <p>12VAC5-371-220. Nursing Services Cross reference to F758 POC</p>	6/6/22

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

TITLE

(X6) DATE

Electronically Signed

05/12/22

State of Virginia

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F 001	<p>Continued From page 1</p> <p>Staff development and inservice training 12VAC5-371-260 B.9, cross reference to F947.</p> <p>12VAC5-371-220. Nursing Services Cross reference to F758</p> <p>12VAC5-371-220. Nursing Services Cross reference to F550</p>	F 001	12VAC5-371-220. Nursing Services Cross reference to F550 POC	