

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0239</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/07/2022</b>
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**AUGUSTA NURSING & REHAB CENTER**

**83 CROSSROADS LANE  
FISHERSVILLE, VA 22939**

(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 04/05/2022 through 04/07/2022. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.  The census in this 112 certified bed facility was 74 at the time of the survey. The survey sample consisted of 20 current resident reviews and four 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:  12VAC5-371-220 D. Cross reference to F550  12VAC5-371-140 E. 3. a. b. Cross reference to F607  12VAC5-371-140 D. 2. Cross reference to F622 Cross reference to F625  12VAC5-371-220 A. Cross reference to F684  12VAC5-371-220 A., D. Cross reference to F690  12VAC5-371-220 A.	F 001	12VAC5-371-220 D Cross reference to F550  12VAC5-371-140 E.3.a.b. Cross reference to F607  12VAC5-371-140 D.2. Cross reference to F622 and Cross reference to F625  12VAC5-371-220 A. Cross reference to F684  12VAC5-371-220 A., D. Cross reference to F690  12VAC5-371-220 A. Cross reference to F698  12VAC5-371-220 B. Cross reference to F759	5/10/22

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

Electronically Signed

TITLE

(X6) DATE

04/22/22

State of Virginia

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NAME OF PROVIDER OR SUPPLIER  <b>AUGUSTA NURSING &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>83 CROSSROADS LANE</b> <b>FISHERSVILLE, VA 22939</b>		
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F 001	Continued From page 1  Cross reference to F698  12VAC5-371-220 B. Cross reference to F759  12VAC5-371-300 B. Cross reference to F761  12VAC5-371-340 A. Cross reference to F812	F 001	12VAC5-371-300 B. Cross reference to F761  12VAC5-371-340 A. Cross reference to F812	