

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/08/2021
NAME OF PROVIDER OR SUPPLIER HIGHLAND RIDGE REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5872 HANKS STREET DUBLIN, VA 24084		
(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 A unannounced biennial State Licensure Inspection was conducted 10/05/2021 through 10/08/2021. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Corrections were required. The census in this 132 certified bed facility was 100 at the time of the survey. The survey sample consisted of 20 current resident reviews and 5 (five) closed record reviews. Two (2) complaints were investigated during the course of the survey.	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: Resident Rights 12 VAC 5-371-150 (A) - cross reference to F583 Resident Assessment and Care Planning 12 VAC 5-371-250 (F) - cross reference to F657 Nursing Services 12 VAC 5-371-220 (D) - cross reference to F677 12 VAC 5-371-220 (B) - cross reference to F684 Pharmaceutical Services 12 VAC 5-371-300 (B) - cross reference to F761 Clinical Records	F 001	Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not construed as an admission of fault by the facility, its employees, agents, or other individuals who draft this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance. Resident Rights 12 VAC 5-371-150 (A) - cross reference to F583 Resident Assessment and Care Planning 12 VAC 5-371-250 (F) - cross reference to	11/22/21

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

TITLE

(X6) DATE

Electronically Signed

12/02/21

State of Virginia

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F 001	Continued From page 1 12 VAC 5-371-360 (E) - cross reference to F842	F 001	<p>F657</p> <p>Nursing Services 12 VAC 5-371-220 (D) - cross reference to F677 12 VAC 5-371-220 (B) - cross reference to F684</p> <p>Pharmaceutical Services 12 VAC 5-371-300 (B) - cross reference to F761</p> <p>Clinical Records 12 VAC 5-371-360 (E) - cross reference to F842</p> <p>This plan of correction is respectfully submitted as evidence of alleged compliance. The submission is not an admission that the deficiencies existed or that we are in agreement with them. It is an affirmation that corrections to the areas cited have been made and the facility is in compliance with participation requirements.</p>	