

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0420	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2020
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NAME OF PROVIDER OR SUPPLIER LAKE MANASSAS HEALTH & REHABILITATION CENT	STREET ADDRESS, CITY, STATE, ZIP CODE 14935 HOLLY KNOLL LANE GAINESVILLE, VA 20155
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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 02/25/20 through 02/27/20. Corrections are required with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 120 certified bed facility was 109 at the time of the survey. The survey sample consisted of 42 current Resident reviews and 7 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: 12VAC5-371-110. Management and Administration. Cross reference to F600</p> <p>12VAC5-371-140. Policies and Procedures. Cross reference to F600, F812</p> <p>12VAC5-371-180. Infection Control. Cross reference to F812</p> <p>12VAC5-371-340. Dietary and Food Service Program. Cross reference to F812</p> <p>12VAC5-371-220. Nursing Services Cross reference to F558</p> <p>12VAC5-371-250. Resident Assesment and Care Planning Cross reference to F655.</p> <p>12VAC5-371-220. Nursing Services</p>	F 001	<p>The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies nor the reported conversations and other information cited in support of the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>12VAC5-371-110. Management and Administration. Cross reference to F600</p> <p>12VAC5-371-140. Policies and Procedures.</p>	3/16/20

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

TITLE

(X6) DATE

Electronically Signed

03/12/20

State of Virginia

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F 001	Continued From page 1 Cross reference F692 12VAC5-371-340. Dietary and Food Service Program Cross reference F692	F 001	Cross reference to F600, F812 12VAC5-371-180. Infection Control. Cross reference to F812 12VAC5-371-340. Dietary and Food Service Program. Cross reference to F812 12VAC5-371-220. Nursing Services Cross reference to F558 12VAC5-371-250. Resident Assessment and Care Planning Cross reference to F655. 12VAC5-371-220. Nursing Services Cross reference F692 12VAC5-371-340. Dietary and Food Service Program Cross reference F692	