

State of Virginia

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>VA0054</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>09/17/2019</b> |
|---|--|--|--|

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**LYNCHBURG HEALTH & REHABILITATION CENTER** **5615 SEMINOLE AVENUE**  
**LYNCHBURG, VA 24502**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)   | (X5)<br>COMPLETE<br>DATE |
|--------------------------|--|---------------------|--|--------------------------|
| F 000                    | Initial Comments<br><br>An unannounced biennial State Licensure Inspection survey was conducted 9/15/19 through 9/17/19. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Six complaint was investigated during the survey.<br><br>The census in this 180 bed facility was 164 at the time of the survey. The survey sample consisted of 32 current resident reviews and 7 closed record reviews.   | F 000               |  |                          |
| F 001                    | Non Compliance<br><br>The facility was out of compliance with the following state licensure requirements:<br><br>This RULE: is not met as evidenced by:<br>The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities (cross referenced to federal tag numbers).<br><br>12VAC 5-371-220- (D)<br>Cross Reference to F-Tag 550<br><br>12VAC 5-371-250- (F)<br>Cross Reference to F-Tag 656<br><br>12 VAC 5-371-250 (F)<br>Cross Reference to F-Tag 657<br><br>12 VAC 5-371-220 (B)<br>Cross Reference to F-Tag 684<br><br>12 VAC 5-371-220 (B,C)<br>Cross Reference to F-Tag 686<br><br>12 VAC 5-371-220 (B,C) | F 001               | The statements made in this plan of correction are not an admission and do not constitute agreement with the alleged deficiencies herein. To remain in compliance with all state and federal regulations, the center has taken or will take the actions set forth in this Plan of Correction. In addition, the following plan constitutes the center's allegation of compliance. All alleged deficiencies have been or will be corrected by the dates indicated.<br><br>12VAC 5-371-220- (D)<br>Cross Reference to F-Tag 550<br><br>12VAC 5-371-250- (F)<br>Cross Reference to F-Tag 656<br><br>12 VAC 5-371-250 (F)<br>Cross Reference to F-Tag 657 | 11/18/19                 |

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

Electronically Signed

TITLE

(X6) DATE

10/10/19

State of Virginia

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|---|---|--|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                     |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>VA0054</b>                   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>09/17/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>LYNCHBURG HEALTH &amp; REHABILITATION CENTER</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5615 SEMINOLE AVENUE<br/>LYNCHBURG, VA 24502</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)   | (X5)<br>COMPLETE<br>DATE                               |
| F 001   | Continued From page 1<br><br>Cross Reference to F-Tag 688<br><br>12 VAC 5-371-220 (A)<br>Cross Reference to F-Tag 689<br><br>12 VAC 5-371-220 (B,C)<br>Cross Reference to F-Tag 695<br><br>12 VAC 5-371-370 (A)<br>Cross Reference to F-Tag 700<br><br>12 VAC 5-371-300 (A)<br>Cross Reference to F-Tag 755<br><br>12 VAC 5-371-180 (C-3)<br>Cross Reference to F-Tag 880 | F 001  | 12 VAC 5-371-220 (B)<br>Cross Reference to F-Tag 684<br><br>12 VAC 5-371-220 (B,C)<br>Cross Reference to F-Tag 686<br><br>12 VAC 5-371-220 (B,C)<br>Cross Reference to F-Tag 688<br><br>12 VAC 5-371-220 (A)<br>Cross Reference to F-Tag 689<br><br>12 VAC 5-371-220 (B,C)<br>Cross Reference to F-Tag 695<br><br>12 VAC 5-371-370 (A)<br>Cross Reference to F-Tag 700<br><br>12 VAC 5-371-300 (A)<br>Cross Reference to F-Tag 755<br><br>12 VAC 5-371-180 (C-3)<br>Cross Reference to F-Tag 880 |  |