

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2020
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NAME OF PROVIDER OR SUPPLIER MAPLE GROVE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 318 SOUTH EAST MAIN STREET LEBANON, VA 24266
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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	Initial Comments An unannounced biennial State Licensure Inspection was conducted 03/09/2020 through 03/12/2020. No complaints were investigated during the survey. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 60 certified bed facility was 56 at the time of the survey. The survey sample consisted of 15 current resident reviews and 3 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: Infection Control 12 VAC 5-371-180(A) cross reference to F tag 880 Nursing Services 12 VAC 5-371-220(B) cross reference to F tag 684 Pharmaceutical Services 12 VAC 5-371-300(H) cross reference to F tag 756 12 VAC 5-371-300(B) cross reference to F tag 761	F 001	12 VAC 5-371-180(A)-Infection Control-please refer to the plan of correction for Federal F-tag 880 12 VAC 5-371-220(B)-Nursing Services-please refer to the plan of correction for Federal F-tag-684 12 VAC 5-371-300(H)-Pharmaceutical Services-please refer to the plan of correction for Federal F-tag-756 12 VAC 5-371-300(B)-Pharmaceutical Services-please refer to the plan of correction for Federal F-tag-761	4/23/20

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

TITLE

(X6) DATE

Electronically Signed

04/15/20