

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2019
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NAME OF PROVIDER OR SUPPLIER MARTINSVILLE HEALTH AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 1607 SPRUCE STREET MARTINSVILLE, VA 24112
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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 Medicare/Medicaid Standard Survey and State Licensure survey were conducted 10/8/19 through 10/18/19. Five complaints were investigated during the survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements and Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow.</p> <p>The census in this 142 certified bed facility was 111 at the time of the survey. The survey sample consisted of 23 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: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities:</p> <p>COV 32.1-138.01 Rights & Responsibilities of Patients in Nursing Homes COV 32.1-138.01 (A)(8) Crossreference F-600.</p> <p>12 VAC 5-371-140. Policies & Procedures 12 VAC 5-371-140 Cross reference to F-943.</p> <p>12 VAC 5-371-170 Quality Assessment & Assurance. 12 VAC 5-371-170 (A) Cross reference F-867.</p> <p>12 VAC 5- 371-180 Infection Control. 12 VAC 5-371-180 (A) Cross reference F-880.</p>	F 001		

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

TITLE

(X6) DATE

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F 001	<p>Continued From page 1</p> <p>12 VAC 5-371-250. Resident Assessment & Care Planning 12 VAC 5-371-250 (C, F, G) Cross reference F-636, F-656 F-657.</p> <p>12 VAC 5-371-200. Director of Nursing. 12 VAC 5-371-200 (B)(1)(ii) Cross reference F-658.</p> <p>12 VAC 5-371-210. Nurse Staffing. 12 VAC 5-371-210 (B, F(1)) Cross reference F-609, F-610, F-726.</p> <p>12 VAC 5-371-220 Nursing Services 12 VAC 5 371-220 (A, B, D, H) Cross refrence F-580 F-677, F-684, F-689, F-697, F-698, F-744, F-758.</p> <p>12 VAC 5-371-290 Special Rehabilitative Services 12 VAC 5 371-290 (A, B) Cross reference F-825, F826</p> <p>12 VAC 5-371-300 Pharmaceutical Services 12 VAC 5-371-300 (A, H, L) Cross reference F-755, F756, F758, F761.</p> <p>12 VAC 5-371-310 Diagnostic Dervices. 12 VAC 5-371-310 (A) Cross reference F-773.</p> <p>12 VAC 5-371-320 Dental Services 12 VAC 5-371-320 (A) Cross reference F-791.</p> <p>12 VAC 5-371-360 Clinical Records 12 VAC 5-371-360 (A) Cross reference F-842.</p> <p>12 VAC 5-371-370 Maintenance and Housekeeping 12 VAC 5 371-370 (A) Cross reference F-584.</p>	F 001		