

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0171</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/15/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NHC HEALTHCARE, BRISTOL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>245 NORTH STREET BRISTOL, VA 24201</b>
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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>A unannounced biennial State Licensure Inspection was conducted 07/13/21 through 07/15/21. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Corrections were required.</p> <p>The census in this 120 certified bed facility was 103 at the time of the survey. The survey sample consisted of 21 current resident reviews and 3 (three) closed record reviews.</p> <p>One complaint was investigated during the course of the survey.</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>Director of Nursing 658 12 VAC 5-371-200 (B)(1)(ii) - cross reference to F658</p> <p>Nursing Services 12 VAC 5-371-220 (B) - cross references to F684 and F757 12 VAC 5-371-220 (C)(4) - cross references to F689</p>	F 001		

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

TITLE

(X6) DATE