

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0185</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/15/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PINEY FOREST HEALTH AND REHABILITATION CENT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>450 PINEY FOREST RD DANVILLE, VA 24540</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	Initial Comments  An unannounced biennial State Licensure Inspection was conducted 4/12/22 through 4/15/22. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Corrections are required.  The census in this 120 certified bed facility was 113 at the time of the survey. The survey sample consisted of 24 current Resident reviews and five (5) 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 Licensure of Nursing Facilities.  Clinical Records 12 VAC 5-371-360 (E)(4) and (8) - cross reference to F842 12 VAC 5-371-360 (F) - cross reference to F842  Infection Control 12 VAC 5-371-180 (C)(6) - cross reference to F880 12 VAC 5-371-180 (C)(6) - cross reference to F886  Nursing Services 12 VAC 5-371-220 (A) - cross reference to F758 and F760 12 VAC 5-371-220 (B) - cross reference to F757 12 VAC 5-371-220 (C)(1) - cross reference to F686	F 001	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's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.  Clinical Records 12 VAC 5-371-360 (E)(4) and (8) - cross reference to F842	5/17/22

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

Electronically Signed

TITLE

(X6) DATE

05/04/22

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F 001	Continued From page 1  12 VAC 5-371-220 (D) - cross reference to F677  Pharmaceutical Services 12 VAC 5-371-300 (B) - cross reference to F761 12 VAC 5-371-300 (I) - cross reference to F756  Policies and Procedures 12 VAC 5-371-140 (A) - cross reference to F607  Resident Assessment and Care Planning 12 VAC 5-371-250 (C) and (F) - cross reference to F657 12 VAC 5-371-250 (G) and (I) - cross reference to F656	F 001	12 VAC 5-371-360 (F) - cross reference to F842  Infection Control 12 VAC 5-371-180 (C)(6) - cross reference to F880 12 VAC 5-371-180 (C)(6) - cross reference to F886  Nursing Services 12 VAC 5-371-220 (A) - cross reference to F758 and F760 12 VAC 5-371-220 (B) - cross reference to F757 12 VAC 5-371-220 (C)(1) - cross reference to F686 12 VAC 5-371-220 (D) - cross reference to F677  Pharmaceutical Services 12 VAC 5-371-300 (B) - cross reference to F761 12 VAC 5-371-300 (I) - cross reference to F756  Policies and Procedures 12 VAC 5-371-140 (A) - cross reference to F607  Resident Assessment and Care Planning 12 VAC 5-371-250 (C) and (F) - cross reference to F657 12 VAC 5-371-250 (G) and (I) - cross reference to F656	