

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0271	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/21/2020
NAME OF PROVIDER OR SUPPLIER WESTWOOD CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 20 WESTWOOD MEDICAL PARK BLUEFIELD, VA 24605		
(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 02/19/2020 through 02/21/2020. One complaint was 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 65 certified bed facility was 60 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: Management and Administration: 12 VAC 5-371-110(J) cross reference to F tag 883 Nursing Services: 12 VAC 5-371-220(B) cross reference to F tag 684, 695, 759, and 760. 12 VAC 5-371-220(C)(3) cross reference to F tag 690. 12 VAC 5-371-220(D) cross reference to F tag 677. Resident Assessment and Care Planning: 12 VAC 5-371-250(A) cross reference to F tag 636 12 VAC 5-371-250(F) cross reference to F tag	F 001		

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

TITLE

(X6) DATE

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F 001	Continued From page 1 657. Pharmaceutical Services: 12 VAC 5-371-300(A) cross reference to F tag 755. 12 VAC 5-371-300 cross reference to F tag 761.	F 001		