

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0294	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/21/2022
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NAME OF PROVIDER OR SUPPLIER THE WYBE AND MARIETJE KROONTJE HEALTH CAR	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LITTON LANE BLACKSBURG, VA 24060
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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 biennial State Licensure Inspection was conducted 04/19/22 through 04/21/22. Corrections are required for compliance with Virginia Rules and Regulations for the Licensure of Nursing Facilities. Two complaints were investigated during the survey. The Life Safety Code survey/report will follow.</p> <p>VA00053934 unsubstantiated with an unrelated deficient practice. VA00050521 substantiated with deficient practice.</p> <p>The census in this 60 certified bed facility was 52 at the time of the survey. The survey sample consisted of 13 current resident 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>NURSING SERVICES 12 VAC 5-371-220 (B)-cross reference to F-580 and F-684.</p> <p>Pharmacy Services 12VAC 5-371-300(H)-cross reference to F-756.</p> <p>Clinical Records 12 VAC 5-371-360 (E)-cross reference to F-842.</p>	F 001		

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

TITLE

(X6) DATE