

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/21/2022
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NAME OF PROVIDER OR SUPPLIER BOWLING GREEN HEALTH & REHABILITATION CENT	STREET ADDRESS, CITY, STATE, ZIP CODE 120 ANDERSON AVENUE BOWLING GREEN, VA 22427
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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 04/19/2022 through 04/21/2022. Corrections are required for compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 120 certified bed facility was 108 at the time of the survey. The survey sample consisted of 34 current resident reviews and three 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: 12VAC5-371-220. Nursing services cross reference to F695. 12VAC5-371-220 (B). Nursing services cross references to F684 12VAC5-371-200 (D). Director of Nursing cross references to F727 12VAC5-371-210 (A.5). Nurse Staffing cross references to F730 12VAC5-371-340. Dietary and food service program cross references to F812 12VAC5-371-180. Infection control	F 001	12VAC5-371-220. Nursing services cross reference to F695. 12VAC5-371-220 (B). Nursing services cross references to F684 12VAC5-371-200 (D). Director of Nursing cross references to F727 12VAC5-371-210 (A.5). Nurse Staffing cross references to F730 12VAC5-371-340. Dietary and food service program cross references to F812 12VAC5-371-180. Infection control cross reference to F880.	5/18/22

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

Electronically Signed

TITLE

(X6) DATE

05/10/22

State of Virginia

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F 001	Continued From page 1 cross reference to F880.	F 001		