

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0288	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/07/2022
NAME OF PROVIDER OR SUPPLIER GRAYSON REHABILITATION AND HEALTH CARE CEI		STREET ADDRESS, CITY, STATE, ZIP CODE 400 SOUTH INDEPENDENCE AVENUE INDEPENDENCE, VA 24348		
(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 04/05/22 through 04/07/22. Corrections are required for compliance with Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 120 licensed bed facility was 111 at the time of the survey. The survey sample consisted of 23 current Resident reviews and 4 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 Nursing Services 12VAC 5-371-220(B)(C)(D)(H)-cross reference to F580, F677, F684, and F759 Resident Assessment and Care Planning 12VAC 5-371-250-cross reference to F637 and F657 Pharmacy Services 12VAC 5-371-300(H)-cross reference to F756 Infection Control 12 VAC 5-371-180-cross reference to F888	F 001	The statements made in this plan of correction are not an admission and do not constitute agreement with the alleged deficiencies herein. To remain in compliance with all state and federal regulations, the center has taken or will take the actions set forth in this plan of correction. In addition, the following plan constitutes the center's allegation of compliance. All alleged deficiencies have been or will be corrected by the dates indicated	5/18/22

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

Electronically Signed

TITLE

(X6) DATE

05/18/22