

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/10/2019
NAME OF PROVIDER OR SUPPLIER SHENANDOAH NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 339 WESTMINISTER DRIVE FISHERSVILLE, VA 22939		
(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 04/09/19 through 04/10/19. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. One complaints were investigated during the survey. The census in this 60 bed facility was 53 at the time of the survey. The survey sample consisted of 14 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 Regulations for the Licensure of Nursing Facilities: 12 VAC 5-371-250 (G.) Resident Assessment and Care Planning Cross Reference to F-656 12 VAC 5-371-250 (F.) Resident Assessment and Care Planning Cross Reference to F-657 12 VAC 5-371-200 (B.) (1) & (2) Director of Nursing Cross Reference to F-658 12 VAC 5-371-220 (A.) (B.) Nursing Services Cross Reference to F-684 12 VAC 5-371-220 (B.) Nursing Services Cross Reference to F-695	F 001	12 VAC 5-371-250 (G.) Cross Reference to F-656: Refer to plan of correction for F-656 12 VAC 5-371-250 (F.) Cross Reference to F-657: Refer to plan of correction for F-657 12 VAC 5-371-200 (B.) (1) & (2) Cross Reference to F-658: Refer to plan of correction for F-658 12 VAC 5-371-220 (A.) (B.) Cross Reference to F-684: Refer to plan of correction for F-684 12 VAC 5-371-220 (B.) Cross Reference to F-695: Refer to plan of correction for F-695	4/19/19

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

Electronically Signed

TITLE

(X6) DATE

04/17/19

State of Virginia

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