State of Virginia

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | VA0299 | A. BUILDING: _____ B. WING _____ | C 06/02/2022 |



| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LEE HEALTH AND REHAB CENTER | 208 HEALTH CARE DRIVE PENNINGTON GAP, VA 24277 |

| (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<br><br>An unannounced biennial State Licensure Inspection was conducted 05/31/2022 through 06/07/2022. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Corrections were required.<br><br>The census in this 110 bed facility was 101 at the time of the survey. The survey sample consisted of 21 current resident reviews and 3 closed records. | F 000 | | |
| F 001 | Non Compliance<br><br>The facility was out of compliance with the following state licensure requirements:<br><br>This RULE: is not met as evidenced by:<br>The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities.<br><br>Clinical Records<br>12 VAC 5-371-360 (E)-cross reference to F-842. | F 001 | Clinical Records<br>12 VAC 5-371-360 (E)-cross reference to F-842 POC. | 6/20/22 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/27/22