

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0029</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/18/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BERKSHIRE HEALTH &amp; REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>705 CLEARVIEW DRIVE</b> <b>VINTON, VA 24179</b>
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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 8/15/22 through 8/18/22. The facility was not in substantial compliance with Virginia Rules and Regulations for the Licensure of Nursing Facilities. Corrections are required.</p> <p>The census in this 180 certified bed facility was 166 at the time of the survey. The survey sample consisted of 34 current resident reviews and 8 closed record 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 Licensure of Nursing Facilities:</p> <p>Nursing Services 12 VAC 5-371-220 (B) - cross reference to F684 12 VAC 5-371-220 (D) - cross reference to F677</p> <p>Resident Assessment and Care Planning 12 VAC 5-371-250 (A) - cross reference to F641</p> <p>Clinical Records 12 VAC 5-371- 360 (E) - cross reference to F842</p>	F 001	<p>Tag 0001</p> <p>Nursing Services 12 VAC 5-371-220 (B) - cross reference to F684 12 VAC 5-371-220 (D) - cross reference to F677</p> <p>Resident Assessment and Care Planning 12 VAC 5-371-250 (A) - cross reference to F641</p> <p>Clinical Records 12 VAC 5-371- 360 (E) - cross reference to F842</p>	9/29/22

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

Electronically Signed

TITLE

(X6) DATE

09/06/22