

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER VA0421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/26/2022
---	--	--	---

NAME OF PROVIDER OR SUPPLIER THE REHAB CENTER AT BRISTOL	STREET ADDRESS CITY STATE ZIP CODE 301 VILLAGE CIRCLE BRISTOL, VA 24201
---	---

(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

F 000

An unannounced biennial State Licensure Inspection was conducted 10/24/22 through 10/26/22. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Corrections are required.

The census in this 90 bed facility was 70 at the time of the survey. The survey sample consisted of 19 current resident reviews and 3 closed record reviews.

F 001 Non Compliance

F 001

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.

Infection Control
12VAC 5-371-180 (A)(B)(C.4)-cross reference to F880, F881 and F883

Nursing Services
12VAC 5-371-220(B)(D)(H)-cross reference to F623, F677 and F759

Resident Assessment and Care Planning
12VAC 5-371-250-cross reference to F645

Pharmaceutical Services
12VAC 5-371-300(A)(B)(I)-cross reference to F756 and F761

It is the desire for the team at The Rehab Center at Bristol to be compliant with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities.

Infection Control
F880, F881 and F883 cross reference to 12VAC 5-371-190 (A) (B)(C.4)

Nursing Services
F623, F677 and F759 cross reference to 12VAC 5-371-220(B)(D)(H)

Resident Assessment and Care Planning
F645 cross reference to 12VAC 5-371-250

Pharmaceutical Services
F756 and F761 cross reference to 12VAC 5-371-300(A)(B)(I)

(continued)

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

TITLE

(X6) DATE

STATE FORM

2WX411

If continuation sheet 1 of 2

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER VA0421	(X2) MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____		(X3) DATE SURVEY COMPLETED 10/26/2022
NAME OF PROVIDER OR SUPPLIER THE REHAB CENTER AT BRISTOL		STREET ADDRESS CITY STATE ZIP CODE 301 VILLAGE CIRCLE BRISTOL, VA 24201		
(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 001	Continued From page 1 Diagnostic Services 12VAC 5-371-310(A)-cross reference to F770 Dietary and Food Service Program 12VAC 5-371-340(A)(D.3.c)-cross reference to F812 Maintenance and Houskeeping 1VAC 5-371-370(A)	F 001	(continued) Diagnostic Services F770 cross reference to 12VAC 5-371- 310(A) Dietary and Food Service Program F812 cross reference to 12VAC 5-371- 340(A)(D.3.c) Maintenance and Housekeeping F584 cross reference to 12VAC 5-371- 370(A)	