State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	VA0038	A. BUILDING: _____ B. WING _____	C 10/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUE RIDGE THERAPY CONNECTION	105 LANDMARK DRIVE STUART, VA 24171

(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 10/17/22 through 10/19/22. 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 190 certified bed facility was 138 at the time of the survey. The survey sample consisted of 27 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 Licensure of Nursing Facilities. Maintenance and Housekeeping 12 VAC 5-371-370 (A) - cross reference to F584 12 VAC 5-371-370 (B) and (D) - cross reference to F908 Resident Assessment and Care Planning 12 VAC 5-371-250 (A) - cross reference to F641	F 001	All deficiencies noted are addressed in the enclosed plan of correction.	12/1/22

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

Electronically Signed | 11/11/22