

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0048	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2022
NAME OF PROVIDER OR SUPPLIER FAIRMONT CROSSING HEALTH AND REHAB C		STREET ADDRESS, CITY, STATE, ZIP CODE 173 BROCKMAN PARK DRIVE AMHERST, VA 24521		
(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 06/1/22 through 06/2/22. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 120 bed facility was 111 at the time of the survey. The survey sample consisted of 22 current resident reviews and 3 closed record reviews.	F 000	This Plan of correction is respectfully submitted as evidence of alleged compliance. This submission is not an admission that the deficiencies existed or that we are in agreement with them. It is an affirmation that corrections to the areas cited have been made and the facility is in compliance with participation requirements.	
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 the Licensure of Nursing Facilities: Cross Reference to F-Tag 656 12VAC 5-371-140 (F) Cross Reference to F-Tag 756 12 VAC 5-371-300 (H) Cross Reference to F-Tag 758 12 VAC 5-371-210 (2) Cross Reference to F-Tag 849 12 VAC 5-371- 360 (D) Cross Reference to F-Tag 812 12 VAC 5-371-180 (A) Cross Reference to F-Tag 881 12 VAC 5-371-370 (A)	F 00 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 the Licensure of Nursing Facilities: Cross Reference to F-Tag 656 12VAC 5-371-140 (F) Cross Reference to F-Tag 756 12 VAC 5-371-300 (H) Cross Reference to F-Tag 758 12 VAC 5-371-210 (2) Cross Reference to F-Tag 849 12 VAC 5-371- 360 (D) Cross Reference to F-Tag 812 12 VAC 5-371-180 (A) Cross Reference to F-Tag 881 12 VAC 5-371-370 (A)	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE
Amanda Kocher *Administrator* *6/17/22*
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