

State of Virginia

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0402 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 01/19/2023 |
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| NAME OF PROVIDER OR SUPPLIER TYLER'S RETREAT AT IRON BRIDGE | STREET ADDRESS, CITY, STATE, ZIP CODE 12001 IRON BRIDGE RD CHESTER, VA 23831 |
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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 | Initial Comments An unannounced biennial State Licensure Inspection was conducted 1/17/2023 through 1/19/2023. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. One complaint was investigated during the survey. The census in this 90 licensed bed facility was 80 at the time of the survey. The survey sample consisted of 30 resident 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: 12VAC5-371-140 (D), (F). Policies and Procedures. Cross reference to F622, F623, F689, F695. 12VAC5-371-150 (A), (B). Resident Rights. Cross reference to F622 & F623. 12VAC5-371-220 (A), (B). Nursing Services Cross reference to F684, F695, F698 & F760. 12VAC5-371-220 (A), (C.1). Nursing Services. Cross reference to F686. 12VAC5-371-220 (H). Nursing Services Cross reference to F580. 12VAC5-371-250 (A), (B), (F), (G). Resident Assessment and Care Planning Cross reference to F656 & F695. 12VAC5-371-250 (A.14). Resident Assessment | F 001 | 12VAC5-371-140 (D), (F). Policies and Procedures. Cross reference to F622, F623, F689, F695. Refer to POC for F622, F623, F689, F695. 12VAC5-371-150 (A), (B). Resident Rights. Cross reference to F622 & F623. Refer to POC F622 & F623. 12VAC5-371-220 (A), (B). Nursing Services Cross reference to F684, F695, F698 & F760. Refer to POC for F684, F695, F698 & F760. 12VAC5-371-220 (A), (C.1). Nursing Services. Cross reference to F686. Refer to POC for F686. 12VAC5-371-220 (H). Nursing Services Cross reference to F580. | 2/14/23 |

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

Electronically Signed

TITLE

(X6) DATE

02/06/23

State of Virginia

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| F 001 | Continued From page 1 and Care Planning. Cross reference to F578. 12VAC5-371-281 (B1). Director of Nursing Cross reference to F 658. 12VAC5-371-360 (A), (E), (G). Clinical Records. Cross reference to F661, F622, F623, F842. | F 001 | Refer to POC F580. 12VAC5-371-250 (A), (B), (F), (G). Resident Assessment & Care Planning Cross reference to F656 & F695. Refer to POC for F656 & F695 12VAC5-371-250 (A.14). Resident Assessment and Care Planning. Cross reference to F578. Refer to POC for F578 12VAC5-371-281 (B1). Director of Nursing Cross reference to F 658. Refer to POC for F658 12VAC5-371-360 (A), (E), (G). Clinical Records. Cross reference to F661, F622, F623, F842. Refer to POC for F661, F622, F623, F842. | |