

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0389	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/01/2023
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NAME OF PROVIDER OR SUPPLIER GAINESVILLE HEALTH AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7501 HERITAGE VILLAGE PLAZA GAINESVILLE, VA 20155
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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 survey was conducted 2/27/2023 through 3/1/2023. Corrections are required for compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 120 bed certified facility was 108 at the time of the survey. The survey sample consisted of 33 current resident reviews and 13 closed record review.	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 (A) Policies and procedures. Cross reference to F697, F698, F761. 12VAC5-371-220 (A) (B) Nursing Services Cross reference F656, F658, F697, F698. 12VAC5-371-220 (H) Nursing Services Cross references to F580 12VAC5-371-250 (A) Resident ssessment and Care Planning Cross reference to F641 12VAC5-371-250 (F) Resident Assessment and Care Planning Cross reference to F657, F689 12VAC5-371-290 (B) Specialized Rehabilitative Services Cross reference F825	F 001	12VAC5-371-140 (A) Policies and procedures. Cross reference to F697, F698, F761. 12VAC5-371-220 (A) (B) Nursing Services Cross reference F656, F658, F697, F698. 12VAC5-371-220 (H) Nursing Services Cross references to F580 12VAC5-371-250 (A) Resident ssessment and Care Planning Cross reference to F641 12VAC5-371-250 (F) Resident Assessment and Care Planning Cross reference to F657, F689 12VAC5-371-290 (B) Specialized Rehabilitative Services Cross reference F825	4/11/23

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

TITLE

(X6) DATE

Electronically Signed

03/20/23

State of Virginia

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F 001	Continued From page 1 12VAC5-371-300 (B). Pharmaceutical services. Cross reference to F761. 12VAC5-371-360 (E) - Clinical Records Cross reference to F842	F 001	12VAC5-371-300 (B). Pharmaceutical services. Cross reference to F761. 12VAC5-371-360 (E) - Clinical Records Cross reference to F842		