	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION (X	3) DATE SURVEY COMPLETED
		VA0274	B. WING		04/13/2023
	ROVIDER OR SUPPLIER	1235 MT	ADDRESS, CITY, ST VERNON AVEN MSBURG, VA 23	UE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLE DATE
F 000	An unannounced bier Inspection was condu 4/13/23. The facility the Virginia Rules and Licensure of Nursing were investigated dur The census in this 13	ucted 4/11/23 through was not in compliance with d Regulations for the Facilities. No complaints ring the survey. 0 licensed bed facility was survey. The survey sample	F 000		
F 001		f compliance with the ure requirements:	F 001		5/16/23
	Licensure of Nursing 12VAC5-371-240(A). F-641. 12VAC5-371-250(G). F-657. 12VAC5-371-340(A). F-812. 12VAC5-371-110(J). F-883.	n compliance with the es and Regulations for the Facilities: Please cross reference to Please cross reference to Please cross reference to Please cross reference to		F001 (Please cross reference) The facility was out of compliance with th following state licensure requirements: This RULE: is not met as evidenced by: The facility was not in compliance with th following Virginia Rules and Regulations for the Licensure of Nursing Facilities: -12VAC5-371-240(A). Please cross reference toF-641. -12VAC5-371-250(G). Please cross reference toF-657. -2VAC5-371-340(A). Please cross reference toF-812. -12VAC5-371-110(J). Please cross reference toF-883.	ne
	12VAC5-371-75(B)(1 Based on staff intervi documentation review			12VAC5-371-75(B)(1): 1. Employees, N, P, Q, R, S, and T have dated sworn statement 2. All residents of the facility have the	a
	DIRECTOR'S OR PROVIDER/ ally Signed	SUPPLIER REPRESENTATIVE'S SIGNATUI	RE	TITLE	(X6) DATE 05/02/23

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If continuation sheet 1 of 11

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY
		VA0274	B. WING		04/	13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
WILLIAMS	BURG POST ACUTE &	REHABILITATION	VERNON AVEN ISBURG, VA 23			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR	ECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AF DEFICIENCY)		COMPLET DATE
F 001	Continued From pag	e 1	F 001			
	have evidence of a c	ompleted sworn statement,		potential to be affected by this d	eficient	
		r 6 employees, Employee N,		practice. The Human Resource		
	Employee P, Employ			will complete a house audit on a		
		ployee T, in a sample of 25		employee files to ensure a dated	d sworn	
	employee records.			statement is completed.		
				3. The Human Resource Directo		
	•	d to obtain a date on sworn		in-serviced by the NHA on obtain	•	
	statements for Employee N, Employee P, Employee Q, Employee R, Employee S, and			dated sworn statement for empl 4. The Facility will audit 5 person	•	
	Employee T.			week plus all new employee file		
	Employee 1.			weeks to ensure Sworn Stateme		
	The findings included	d:		completed. Results of the audit	will be	
				reported monthly to the facility C		
		kimately 5:00 PM, a review of		committee for 3 months. The QA		
		as conducted and revealed		committee is responsible for the	on-going	
	the following:	· · · · · · · · · · · · · · · · · · ·		monitoring of compliance. 5. DOC-5/16/2023		
		nired on 12/19/22. There worn statement provided for		10) (A OF 071 75(D)(0);		
	Employee N.	sworn statement provided for		12VAC5-371-75(B)(3): 1.Employees 19, O,Q,S, and T:	have	
	Linployee N.			obtained Criminal record report		
	2. Employee P was h	nired on 2/13/23. There was		Virginia Department of State Po		
		statement provided for		2. All residents of the facility have		
	Employee P.	·		potential to be affected by this d		
				practice. The Human Resource		
		hired on 1/11/23. There was		will complete a house audit on a		
		n statement provided for		employee files to ensure a Crim		
	Employee Q.			report from Virginia Department	of State	
	1 Employee B week	aired on 1/26/22 There was		Police is completed. 3. The Human Resource Directo	yr will bo	
		nired on 1/26/23. There was n statement provided for		in-serviced by the NHA on obtain		
	Employee R.	i statement provided for		Criminal record report from Virgi	•	
				Department of State Police for e		
	5. Employee S was h	nired on 2/6/23. There was no		files.	1	
	date on the sworn sta			4. The Facility will audit 5 person	nnel files a	
	Employee S.			week plus all new employee file		
				weeks to ensure Criminal record	•	
		nired on 1/3/23. There was no		from the Virginia Department of		
	date on the sworn sta	atement provided for		Police are completed. Results o		
	Employee T.			will be reported monthly to the fa	acility	

	√irginia T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SU COMPLE	
		VA0274	B. WING		04/13	/2023
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
	SBURG POST ACUTE &	REHABILITATION 1235 MT	VERNON AVEN	IUE		
		WILLIAN	ISBURG, VA 23	185		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLET DATE
F 001	Continued From page	e 2	F 001			
				QAPI committee for 3 months. The		
	Resources (HR) Rep	imately 5:30 PM, a Human resentative (Rep) was irmed the hire dates for the 6		committee is responsible for the on monitoring of compliance. 5. DOC-5/16/2023		
	referenced facility sta	Iff members. The HR Rep				
		sworn statement from each y are hired, they are stating		12VAC5-371-150(G): 1.The facility Administrator register	od tho	
		any criminal or legal issues		facility with the Virginia Department		
		from working with the		State Police to receive notice of the		
		erable". The HR Rep stated,		registration or re-registration of any		
	"I agree that [Employ	•		offender within the same or a contig		
		ee R, Employee S, and		zip code area in which the nursing		
		nave a date noted on their		is located.	,	
		I cannot say when it [the		2. All residents of the facility have t	he	
		l would consider this as		potential to be affected by this defic		
	incomplete because i			practice. The facility Administrator		
	On 1/12/22 at approv	imptoly 6:20 DM a roview of		receives updates on sex offenders		
	the facility's policy en	timately 6:30 PM, a review of		the same or a contiguous zip code		
		on page 4, subtitle, "Virginia		which the nursing facility is located.		
				3. The Facility Administrator will be	gional	
		ts", item 1a states, "Each a sworn statement or		in-serviced by the organizations Re Director of Operations on	gional	
				12VAC5-371-150(G), obtaining		
		any criminal convictions or charges, whether within or		information from the Virginia Depar	tmont	
	outside the Common	-		of State Police on any sex offender		
				the same or a contiguous zip code		
	On 4/13/23 at approx	imately 8:30 PM, the Facility		which the nursing facility is located.		
		ector of Nursing were		4. The Facility will review informatio		
		gs. No further information		regarding sex offenders within the s		
	was provided.	ge. He faraier mermaden		or a contiguous zip code area in wh		
	1			nursing facility is located weekly, re		
				the audit will be reported monthly to		
				facility QAPI committee for 3 month		
	12VAC5-371-75(B)(3)		QAPI committee is responsible for		
		·		on-going monitoring of compliance.		
	Based on staff intervi	ew and facility		5. DOC-5/16/2023		
		v, the facility staff failed to				
		ord report from the Virginia		12VAC5-371-210(E):		
		Police within 30 days of hire		1.Staff #18 professional License ha	s been	
		ff #19, Employee O,		verified.		

STATE FORM

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		VA0274	B. WING		04/13/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
		1235 MT	VERNON AVEN			
WILLIAMS	SBURG POST ACUTE &	REHABILITATION WILLIAM	ASBURG, VA 23	185		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLET	
F 001	Continued From pag	e 3	F 001			
	sample of 25 employ The facility staff faile background check w #19, Employee O, El Employee T. The findings included On 4/13/23 at approx 25 employee files wa the following: 1. Staff #19 was hire criminal background Therefore, from 2/17 have been unaware background status a	he findings included: On 4/13/23 at approximately 5:00 PM, a review of 5 employee files was conducted and revealed		 All residents of the facility have the potential to be affected by this deficite practice. The Human Resource Direct will complete a house audit on all act employee files to verify professional license are unrestricted and in good standing. The Human Resource Director will in-service by the NHA on 12VAC5-371-210(E)/verifying profess license are unrestricted and in good standing. The Facility will audit 5 personnel is week plus all new employee files for weeks to ensure professional license verified and in good standing prior to providing direct care. Results of the a will be reported monthly to the facility QAPI committee for 3 months. The Original compliance. 	ent ctor cive l be sional files a 8 es are audit 2 API	
	 1/9/23. There was no provided for Employed to present, facility statemployee O's crimin have permitted Employee I to Residents. 3. Employee Q was no criminal backgrou. Employee Q. Therefif facility staff have been criminal background 4. Employee S was h background check w dated 4/3/23. Therefit 	nired on 2/6/23. A criminal ras provided, however it was ore, from 2/6/23 through vere unaware of Employee		 5. DOC-5/16/2023 12VAC5-371-210(F): 1.Staff #22 professional certification been verified. 2. All residents of the facility have the potential to be affected by this deficie practice. The Human Resource Direct will complete a house audit on all act employee files to verify professional certifications are unrestricted and in g standing. 3. The Human Resource Director will in-service by the NHA on 12VAC5-371-210(F)/verifying profess certification are unrestricted and in g standing. 4. The Facility will audit 5 personnel week plus all new employee files for 	e ent ctor cive good l be sional ood	

6899

	/irginia F OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		VA0274	B. WING		04/13/2023
	ROVIDER OR SUPPLIER	REHABILITATION 1235 MT	ADDRESS, CITY, ST	UE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLE
F 001	background check w dated 3/16/23. There 3/16/23, facility staff T's criminal backgrou On 4/13/23 at approxinterview was conduc Resources (HR) Rep confirmed the hire da facility staff members get criminal backgrou before they are hired criminal history, no h crimes, we want to m trusted for the safety Rep verified that LPN Q, Employee S, and criminal background respective hire dates background check in D, Employee O, and On 4/13/23 at approx the facility's policy er conducted. It stated "Prevention", item c, be obtained in accord facility policy" and pa Specific Requirement record checks will be employees within 30 On 4/13/23 at approx the preliminary comp	hired on 1/3/23. A criminal as provided, however it was afore, from 1/3/23 through were unaware of Employee and status. kimately 5:30 PM, an cted with the Human presentative (Rep) who ates for the 5 referenced 5. The HR Rep stated, "We and checks on everyone to be sure there is no istory of abuse or barrier nake sure that they can be of our residents". The HR N D, Employee O, Employee Employee T did not have a report within 30 days of their and there was no criminal the personnel files for LPN Employee Q. kimately 6:30 PM, a review of ntitled, "Abuse" was on page 2, item 3 titled, "Criminal record checks will dance with state law and/or age 4, subtitle, "Virginia tts", item 1b states, "Criminal e obtained on all new days of date of hire". kimately 7:15 PM, following blance review of staff ith the HR Rep, criminal dated 4/13/23 were	F 001	 weeks to ensure professional certifiare verified and in good standing providing direct care. Results of the will be reported monthly to the facilit QAPI committee for 3 months. The committee is responsible for the on monitoring of compliance. 5. DOC-5/16/2023 12VAC5-371-260(B)(4, 5, 6, 10, 11) Development and In-service Training 1. Staff #7, Staff#1, Staff #8, Staff # Employee E have completed the mandated annual in-service training 2.All residents of the facility have th potential to be affected by this defic practice. The Human Resource Dire will complete a house audit on all a employee files to verify professional completion of mandated annual in-straining certifications. 3. The interdisciplinary team of the f will be educated by the Nursing Ho Administrator on 12VAC5-371-260(6, 10, 11)—Staff Development and In-service Training/mandatory staff training. 4. The facility will monitor the trainin provided to staff including new emp for 8 weeks. Results of these audits reported to the facility QAPI Comm 3 months. The QAPI committee is responsible for the on-going monitor compliance. 5. DOC-5/16/2023 	rior to audit ty QAPI -going)Staff ng: 49, and 9 ie sient ector ctive I service facility me B)(4, 5, 9 g ployees s will be ittee for

State of \ STATEMENT	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE	E SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
		VA0274	B. WING		04	/13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
WILLIAMS	BURG POST ACUTE &	REHABILITATION	VERNON AVENUE			
			ISBURG, VA 2318			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
F 001	Continued From pag	je 5	F 001			
	Administrator and Di	ximately 8:30 PM, the Facility irector of Nursing were ngs. No further information				
	12VAC5-371-150(G)					
	register the facility w State Police to recei re-registration of any	w, the facility staff failed to vith the Virginia Department of ve notice of the registration or vex offender within the s zip code area in which the				
	The findings include	d:				
	interview was condu Administrator to deteregistration status wi (VSP) to receive not offenders within the Administrator stated prior to their admissi are on the sex offend about registering the	ximately 10:15 AM, an cted with the Facility ermine the facility's ith the Virginia State Police ifications of registered sex local area. The Facility , "We screen our residents on to see whether or not they der registry but I am not sure e facility to get information n the area, I do not know, I				
	Facility Administrator registered to get not Department about re near our facility but v	egistered sex offenders living we have registered today and ng notices, thank you for ttention". No further				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			0
		VA0274	B. WING		04/13/2	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
WILLIAMS	BURG POST ACUTE &	REHABILITATION	VERNON AVENUE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
F 001	Continued From pag	e 6	F 001			
	12VAC5-371-210(E)					
	verify the professiona direct resident care, f	iew and facility w, the facility staff failed to al license, prior to providing for 1 nurse, Staff #18, in a Irse personnel records				
	professional license	d to verify that Staff #18's was unrestricted and in good wing her to provide direct				
	The findings included	1:				
		kimately 5:00 PM, a review of nnel records was conducted owing:				
	1/27/23, however the Virginia Department "Additional Public Inf potential for professio warranted further inq Therefore, from 2/8/2 have been unaware in nursing license is una	verification was dated ere was notation made by the of Health Professions for ormation" which indicated a onal disciplinary action and uiry by facility staff. 23 to present, facility staff if Staff #18's professional sanctioned and in good as been permitted to provide				

	/irginia F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		VA0274	B. WING		04/13/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE		1 •	
WILLIAMS	BURG POST ACUTE &	REHABILITATION	VERNON AVENUE MSBURG, VA 2318			
(X4) ID	SUMMARY ST			PROVIDER'S PLAN	OF CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	O THE APPROPRIATE	COMPLET
F 001	Continued From pag	e 7	F 001			
	make sure that we are take care of our resident no disciplinary action regarding Staff #18's Rep stated, "The lice I do not know if this li- good standing, there file to confirm this". On 4/13/23 at approx the preliminary comp personnel records wi professional license additional documenta Commonwealth of Vi Professions, dated 4. Staff #18. On 4/13/23 at approx Administrator and Dir	th the HR Rep, an additional verification, including				
	12VAC5-371-210(F)					
	verify the professiona providing direct resid	w, the facility staff failed to al certification, prior to ent care, for 1 certified NA), Staff #22, in a sample of				
	professional certification good standing with the second standing with	d to verify that Staff #22's tion was unrestricted and in ne state licensing board prior vide direct resident care.				

	/irginia TOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
			B. WING			
	ROVIDER OR SUPPLIER	VA0274	ADDRESS, CITY, STATE	04	/13/2023	
		1235 MT	VERNON AVENUE			
	BURG POST ACUTE &	WILLIA	MSBURG, VA 2318	5		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
F 001	Continued From pag	e 8	F 001			
	The findings include	d:				
		ximately 5:00 PM, a review of cords was conducted and g:				
	Staff #22 was hired on 2/20/23. Staff #22's professional certification verification was dated 2/9/23, however there was notation made by the Virginia Department of Health Professions for "Additional Public Information" which indicated a potential for professional disciplinary action and warranted further inquiry by facility staff. Therefore, from 2/20/23 to present, facility staff have been unaware if Staff #22's professional license is unsanctioned and in good standing. Staff #22 has been permitted to provide direct care to Residents.					
	interview was condu Resources (HR) Rep confirmed the finding purpose of obtaining make sure that we a take care of our resid no disciplinary action regarding Staff #22's Rep stated, "The lice	ximately 5:30 PM, an cted with the Human presentative (Rep) who gs. The HR Rep stated, "The a license verification is to re hiring qualified people to dents and to ensure there is n on their license" and s license verification, the HR ense appears to be active but icense is unrestricted and in				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		VA0274	B. WING		04	/13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
WILLIAMS	BURG POST ACUTE &	REHABILITATION	VERNON AVENUE			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETI DATE
F 001	Continued From pag	je 9	F 001			
	12VAC5-371-260(B) Development and In	(4, 5, 6, 10, 11)Staff -service Training				
	ensure resident care in-service training fo	w, the facility staff failed to e staff received annual r 5 employees, Staff #7, Staff 9, and Employee E, in a				
	mandated annual in-	ed to ensure completion of service training for Staff #7, aff #9, and Employee E.				
	The findings include	d:				
	facility training recor	ximately 11:30 AM, a copy of ds was reviewed for the cample and revealed the				
	in-service training in Use, (10) Basic Prin	ave record of required annual the areas of (5) Restraint ciples of Cardiopulmonary 11) Prevention/Treatment of				
	in-service training in Accident Prevention Confidentiality/HIPA	ave record of required annual the areas of (4) Safety and , (5) Restraint Use, (6) A, and (11) ht of Pressure Sores.				
	in-service training in Accident Prevention Confidentiality/HIPA	ave record of required annual the areas of (4) Safety and , (5) Restraint Use, (6) A, (10) Heimlich maneuver, Treatment of Pressure				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			E SURVEY PLETED
		VA0274	•		04	/13/2023
NAME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,			
VILLIAMS	BURG POST ACUTE &	REHABILITATION	ISBURG, VA 23185			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
F 001	Continued From pag	e 10	F 001			
		ve record of required annual the area of (10) Heimlich				
A	Administrator and Di	kimately 4:00 PM, the Facility rector of Nursing were ngs. No further information				