

State of Virginia

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0077 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 02/02/2023 |
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| NAME OF PROVIDER OR SUPPLIER KINGS DAUGHTERS COMMUNITY HEALTH & F | STREET ADDRESS, CITY, STATE, ZIP CODE 1410 NORTH AUGUSTA STREET STAUNTON, VA 24401 |
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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 1/31/2023 through 2/2/2023. The facility was not in compliance with the Virginia Regulations for the Licensure of Nursing Facilities. The census in this 117 bed facility was 95 at the time of the survey. The survey sample consisted of 19 current Resident reviews and three 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 provisions of 12VAC5-371, the Virginia Regulations for the Licensure of Nursing Facilities. 12VAC5-371-180 Infection Control 12VAC5-371-180 (C.3) Cross Reference to F-880 12VAC5-371-200 Director of Nursing 12VAC5-371-200 (B.1) Cross Reference to F-842 12VAC5-371-250 Resident Assessment and Care Planning 12VAC5-371-250 (A.6) Cross Reference to F-641 12VAC5-371-250 (F) Cross Reference to F-655 12VAC5-371-300 Pharmaceutical Service 12VAC5-371-300 (I) Cross Reference to F-756 12VAC5-371-300 (A) Cross Reference to F-761 12VAC5-371-340 Dietary and Food Service | F 001 | 12VAC5-371-180 (C.3)Cross Reference to F-880 12VAC5-371-200 (B.1)Cross Reference to F-842 12VAC5371-250 (A.6) Cross Reference to F-641 12 VAC5-371-250 (F) Cross Reference to F-655 12VAC5-371-300 (I) Cross Reference to F-756 12VAC5-371-300 (A) Cross Reference to F-761 | |

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

Jeffrey Shrewsbury

TITLE

Executive Director

(X6) DATE

3-01-23

State of Virginia

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| F 001 | Continued From page 1 Program 12VAC5-371-340 (J) Cross Reference to F-805 12VAC5-371-340 (3.c) Cross Reference to F-812 | F 001 | 12VAC5-371-340 (J) Cross Reference to F-805 12VAC5-371-340 (3.c) Cross Reference to F-812 | |