State of Virginia

NAME OF PROVIDER OR SUPPLIER  KINGS DAUGHTERS COMMUNITY HEALTH & F  STREET ADDRESS, CITY, STATE, ZIP CODE  1410 NORTH AUGUSTA STREET  SAUNTON, VA 24401  FEACURETERS WINDS BEFORE STREET STAUNTON, VA 24401  FEACURETERS WINDS THE PRECEDE STREET STAUNTON, VA 24401  FEACURETERS WINDS THE PRECEDE STREET STAUNTON, VA 24401  FEACURETERS WINDS THE PRECEDE STREET STAUNTON, VA 24401  FEACURETERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DAMED AND CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DAMED AND CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DAMED AND CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DAMED AND CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DAMED AND CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DAMED AND COMMENT OF THE APPROPRIATE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION (	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  KINGS DAUGHTERS COMMUNITY HEALTH & F  TATUNTON, VA 24401    DOLD   SUMMANY STATEMENT OF DEFICIENCIES   STAULTON, VA 24401   PREFEX   IRACH DEFICIENCY MUSTS EP PRECEDED BY FULL   PREFEX   TAGS   PROVIDER'S PLAN OF CORRECTION   (EACH COSNECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DAY'S DEFICIENCY)  F 000 Initial Comments   F 000   Initial Comments   F		VA0077		B. WING			
Initial Comments  F 000  Initial Comments  An unannounced biennial State 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 001  The facility was not in compliance with the following state licensure requirements:  This RULE: is not met as evidenced by: The facility was not in 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 12VAC5-371.180 (C.3) Cross Reference to F-842  12VAC5-371-180 Infection Control 12VAC5-371-200 (B.1) Cross Reference to F-842  12VAC5-371-200 Resident Assessment and Care Planning 12VAC5-371-250 (R.6) Cross Reference to F-855  12VAC5-371-250 (R.6) Cross Reference to F-655  12VAC5-371-300 (R) Cross Reference to F-656  12VAC5-371-300 (R) Cross Reference to F-756	NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
Description   Summary statement of Deficiencies   Paperix   (Each Deficiency Wash see Rescord By Full REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   REGULATORY OR LSC IDENTIFYING INFORMATION   PREFIX TAG   REGULATORY OR LSC IDENTIFYING INFORMATION   PROPRIATE   DATE	KINGS D	AUGHTERS COMMU	INITY HEAI TH & F				
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 001  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 (C.3) Cross Reference to F-880 12VAC5-371-200 (B.1) Cross Reference to F-842 12VAC5-371-200 (B.1) Cross Reference to F-842 12VAC5-371-200 (B.1) Cross Reference to F-841 12VAC5-371-250 (A.6) Cross Reference to F-841 12VAC5-371-250 (F) Cross Reference to F-655 12VAC5-371-300 (A.6) Cross Reference to F-655 12VAC5-371-300 (B) Cross Reference to F-756 12VAC5-371-300 (A.6) Cross Reference to F-756	PREFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE COMPLET	
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12VAC5-371-300 Pharmaceutical Service 12VAC5-371-300 (I) Cross Reference to F-756 12VAC5-371-300 (A) Cross Reference to F-761		Planning 12VAC5-371-250 (	A.6) Cross Reference to F-641		12VAC5-371-300 (Á) Cross Reference to I	<del>-</del> -761	
12VAC5-371-340 Dietary and Food Service		12VAC5-371-300 F 12VAC5-371-300 (	Pharmaceutical Service I) Cross Reference to F-756				
		12VAC5-371-340 [	Dietary and Food Service				

TITLE

(X6) DATE

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

STATE FORM

6899

**Executive Director** 

3-01-23

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED						
		VA0077	B. WING		02/0	2/2023						
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE												
KINGS DAUGHTERS COMMUNITY HEALTH & F  1410 NORTH AUGUSTA STREET  STAUNTON, VA 24401												
(X4) <b>I</b> D PREF <b>I</b> X TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ACTION SHOULD BE COMPLÉTE TO THE APPROPRIATE DATE							
F 001	Program 12VAC5-371-340 (J	ge 1  J) Cross Reference to F-805  3.c) Cross Reference to F-812	F 001	12VAC5-371-340 (J) Cross F 12VAC5-371-340 (3.c) Cross	<u>·</u>							