

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  VA0176	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  03/15/2023
NAME OF PROVIDER OR SUPPLIER  VMRC, COMPLETE LIVING CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1475 VIRGINIA AVENUE HARRISONBURG, VA 22802		
(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 3/13/2023 through 3/15/2023. The facility was not in compliance with the Virginia Regulations for the Licensure of Nursing Facilities.  The census in this 120 bed facility was 85 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: 12VAC5-371-210 (2) and 220 A - cross reference to F658  12VAC5-371-340 A - cross reference to F804, F806, F812  12VAC5-371-180 A 7. - cross reference to F880	F 001	12VAC 5-371-210 (2) A and 220 A cross reference to F658, 12VAC5-371-340 A cross reference to F804, F806, F812 and 12VAC5-371-180 A7 cross reference to F880 tags are included in the attached Plan of Correction.	05/12/23

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

TITLE

(X6) DATE

*Rebecca Kline, RN*

*Director of Nursing*

*04/21/23*