State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				A. BUILDING: _			
		VA0073 B. WING			C 03/17/2022		
NAME OF P	ROVIDER OR SUPPLIER	ST	REET ADDI	RESS, CITY, STA	TE, ZIP CODE		
		23	020 MAIN	STREET			
COURTLA	AND REHABILITATION A	AND HEALTHCARE C	DURTLAN	ID, VA 23837			
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
F 000	00 Initial Comments			F 000			
	Inspection was cond 3/12/22 and 3/14/22 was not in compliant Regulations for the L Facilities.	-	nd				
	at the time of the sur	O certified bed facility was 8 rvey. The survey sample ent Resident record reviews reviews.					
F 001	Non Compliance			F 001			4/30/22
	The facility was out of following state licens	of compliance with the sure requirements:					
	Reference to F-607. 12VAC5-371-180 (A) F-880. 12VAC5-371-170 (A. Assurance. Cross Re 12 VAC5-371-210 (E to F-607. 12 VAC 5-371-210(A) Cross-Reference to I 12VAC5-371-220 (C. Cross Reference to I 12VAC5-371-220 (A) Cross Reference to I 12VAC5-371-250 (F 695, F-697 & F-76 12VAC 5-371-250 (F Care Planning. Cross 12VAC5-371-250 (I)), (E)(3), (a, b). Cross), (C). Cross Reference to .2). Quality Assessment & eference to F868. E). Please Cross Reference A, B, C, E). Nurse Staffing. F-725 and F7271)(H). Nursing Services. F-580,)(B)(C)(H). Nursing Services F-580, F694, F-686, F694,	S.		Upon notification of deficient practice, facility enrolled to receive updates from Virginia State Police Sex Offender Registry. Admissions Director and Administrator registered to receive the updates prior to conclusion of survey	m	
		s Reference to F-553. Emergency Plan Cross					

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

TITLE (X6) DATE

Electronically Signed

04/15/22

PRINTED: 05/18/2023 FORM APPROVED

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED			
ANDILAN	or connection	IDENTIFICATION NOWIDER.	A. BUILDING: _					
		VA0073	B. WING		C 03/17/2022			
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE				
COURTLA	COURTLAND REHABILITATION AND HEALTHCARE C 23020 MAIN STREET							
	0.11.11.15.4.07		ND, VA 23837	T	011			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	Ξ		
F 001	Continued From page 1		F 001					
		P tags (E-06,07,15,35,37,39) C). Dietary and food service rence to F-804						
	12VAC-371-150(G)							
	one person was regis	umentation and staff staff failed to ensure at least stered to receive automatic ns from the Sex Offender						
	The findings included	l:						
	During an interview on 3/10/22 at approximately 1:02 p.m. the Administrator was asked who in the facility was registered to receive automatic community notifications from the Sex Offender Registry. The Administrator stated, "The Admissions Director is who receives the sex offender updates in the facility."							
	Admission Director w registered to receive offender updated with Registry. The Admiss	automatic community sex n the state Sex Offender sion Director stated, "No I'm se who is registered in the						
	Admissions Director s was registered to rec- registered today. I di	a.m. an interview was dmissions Director. The stated, "No one in the facility eive the automatic updates, I d not know I was supposed e Administrator told me to						
	On 3/17/22 at 2:25 p. conducted with the A							

PRINTED: 05/18/2023 FORM APPROVED

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	
				7.1. 50.25.110.			С	
		VA0073		B. WING			03/17/20	22
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
COURTLA	COURTLAND REHABILITATION AND HEALTHCARE C							
	0.0000	ATTEMENT OF RESIDIENCIES	COURTLAN	ND, VA 23837	DD0//DEDI0 D/ AV			
(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 (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD E FO THE APPROPRI		(X5) MPLETE DATE
F 001	·		F 001					