

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0238</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/13/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>STANLEYTOWN HEALTH AND REHABILITATIO</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>240 RIVERSIDE DRIVE BASSETT, VA 24055</b>		
(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 4/10/23 through 4/13/23. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Corrections are required.  The census in this 120 certified bed facility was 105 at the time of the survey. The survey sample consisted of 22 current resident reviews and 3 closed record reviews.  There were four (4) complaints investigated.	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 Virginia Rules and Regulations for Licensure of Nursing Facilities:  Policies and Procedures 12VAC5-371-140 (E) - cross referenced to 607  Infection Control 12 VAC 5-371-180 (A) - cross reference to F880  Nursing Services 12 VAC 5-371-220 (A) - cross reference to F684 and 695 12 VAC 5-371-220 (B) - cross reference to F684 and 760  Diagnostic Services 12 VAC 5-371-310 (A) - cross reference to F770	F 001	The facility was not in compliance with the following Virginia Rules and Regulations for Licensure of Nursing Facilities:  Policies and Procedures 12VAC5-371-140 (E) - cross referenced to 607  Infection Control 12 VAC 5-371-180 (A) - cross reference to F880  Nursing Services 12 VAC 5-371-220 (A) - cross reference to F684 and 695 12 VAC 5-371-220 (B) - cross reference to F684 and 760	5/10/23

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

TITLE

(X6) DATE

Electronically Signed

05/03/23

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0238</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/13/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>STANLEYTOWN HEALTH AND REHABILITATIO</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>240 RIVERSIDE DRIVE BASSETT, VA 24055</b>		
(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 001	Continued From page 1  Clinical Records 12VAC5-371-360 (A) and (E) - cross reference to 842	F 001	Diagnostic Services 12 VAC 5-371-310 (A) - cross reference to F770  Clinical Records 12VAC5-371-360 (A) and (E) - cross reference to 842	