

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0383	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/16/2023
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NAME OF PROVIDER OR SUPPLIER CHASE CITY HEALTH AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5539 HIGHWAY FORTY SEVEN CHASE CITY, VA 23924
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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 2/14/2023 through 2/16/2023. The facility was not in compliance with the Virginia Regulations for the Licensure of Nursing Facilities. The census in this 120 bed facility was 113 at the time of the survey. The survey sample consisted of 22 current Resident reviews and two closed record review.	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. 12VAC5-371-200 Director of Nursing 12VAC5-371-200 (B.1) Cross Reference to F-684	F 001	12VAC5-371-200 Director of Nursing 12VAC5-371-200 (B.1) Cross Reference to F-684 1. The facility staff failed to ensure physician ordered fluid restrictions were implemented for #99. The physician was notified that fluid restriction order was not followed. No untoward effects of residents. 2. Any resident who resides in the facility could be affected if physician ordered fluid restrictions were not followed. A review of all residents with fluid restrictions order will be completed to ensure physician order followed. Any variances will be reported to the physician. 3. The DON or Designee will educate licensed nurses, C.N.A.s, therapy staff, and dietary department on fluid restriction policy and following physician ordered fluid restrictions.	3/7/23

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

TITLE

(X6) DATE

Electronically Signed

02/24/23

State of Virginia

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F 001	Continued From page 1	F 001	<p>4. The DON or designee will audit fluid restriction practices weekly x 12 weeks to ensure physician orders are followed. Findings will be reported to QAA committee.</p> <p>5. Compliance date is 03/07/2023</p>	