

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/27/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>GRETNA HEALTH AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>595 VADEN DRIVE</b> <b>GRETNA, VA 24557</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 07/25/23 through 07/27/23. Corrections are required for compliance with Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow.  One complaint was investigated during the survey VA00054281-compliant with regulations.  The census in this 90 certified bed facility was 87 at the time of the survey. The survey sample consisted of 18 current resident reviews and 3 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: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities.  Nursing Services 12VAC5-371-220 (b) cross reference to F tag 684 and 759  Pharmaceutical Services 12VAC5-371-300 cross reference to F tag 756  Maintenance and Housekeeping 12VAC5-371-370 cross reference to F tag 919	F 001	Nursing Services 12VAC5-371-220 (b) cross reference to F tag 684 and 759  Pharmaceutical Services 12VAC5-371-300 cross reference to F tag 756  Maintenance and Housekeeping 12VAC5-371-370 cross reference to F tag 919  Date of compliance: August 28, 2023	8/28/23

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

Electronically Signed

TITLE

(X6) DATE

08/10/23