

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0167	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/02/2023
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1776 ELLY ROAD ARODA, VA 22709		
(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 8/1/23 through 8/2/23. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 40 bed facility was 40 at the time of the survey. The survey sample consisted of 13 current resident reviews and one 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: 12VAC5-371-170 (A.1). Quality assessment and assurance. Cross reference to F868. 12VAC5-371-220 (A). Nursing services. Cross reference to F656.	F 001	12VAC5-371-170 (A.1) QA Cross reference to POC for F868 12VAC5-371-220 (A) Nursing Services Cross Reference to POC for F656	9/15/23

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

TITLE

(X6) DATE

Electronically Signed

08/11/23