

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0251	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/30/2023
NAME OF PROVIDER OR SUPPLIER VALLEY REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 940 EAST LEE HIGHWAY CHILHOWIE, VA 24319		
(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	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 06/27/23 through 06/30/23. Corrections are required for compliance with Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow.</p> <p>Eight complaints were investigated during the survey: VA00055284-compliant with regulations VA00055440-compliant with regulations VA00055773-compliant with regulations VA00056652-compliant with regulations VA00056759-compliant with regulations VA00058135-compliant with regulations VA00058356-compliant with regulations VA00058986-compliant with regulations</p> <p>The census in this 180 certified bed facility was 164 at the time of the survey. The survey sample consisted of 32 current Resident reviews and 7 closed record reviews.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>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.</p> <p>Resident Rights 12VAC5-371-150-cross reference to F583</p> <p>Nursing Services 12VAC5-371-220(B)-cross reference to F759</p>	F 001	<p>Resident Rights 12VAC5-371-150-cross reference to F583</p> <p>Nursing Services 12VAC5-371-220(B)-cross reference to F759</p> <p>Resident Assessment and Care Planning 12VAC5-371-250(B)(C)-cross reference to</p>	7/27/23

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

TITLE

(X6) DATE

Electronically Signed

07/13/23

State of Virginia

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F 001	Continued From page 1 Resident Assessment and Care Planning 12VAC5-371-250(B)(C)-cross reference to F657	F 001	F657 Date of compliance 7/27/2023		