

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0137	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/14/2023
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

KING'S GRANT RETIREMENT COMMUN **350 KING'S WAY ROAD**
MARTINSVILLE, VA 24112

(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 9/12/2023 through 9/14/2023. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 32 bed facility was 29 at the time of the survey. The survey sample consisted of 12 current Resident 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: 12 VAC 5-371-110-(J) cross reference to F883	F 001	HC Survey Plan of Correction 2023: September 12-14, 2023 1. Residents #12 and #13 and their associated POAs were educated and offered the pneumonia vaccine. Both Residents #12 and #13 received the vaccine. This education, offer, acceptance and administration date noted on their vaccine immunization records within the Electronic Medical Record (EMR). 2. 100% Audit conducted on all Residents checking compliance for influenza and pneumonia vaccines noting documented evidence of the vaccines being offered / accepted / rejected, vaccine education provided, and administration noted on the Resident vaccine immunization record within the EMR. 3. Staff educated on the revised King's	10/27/23

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

Electronically Signed

TITLE

(X6) DATE

10/02/23

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F 001	Continued From page 1	F 001	<p>Grant policy now reflecting CDC Guidance including vaccine history assessment upon admission, resident / POA vaccine education, and proper documentation along with acceptance / rejection of vaccine offer and vaccine administration where applicable per CDC recommended guidance per vaccine type.</p> <p>4. Administrator Designee will conduct vaccine audits ongoing monthly for 3 months then quarterly with QAPI oversight to ensure compliance with this new policy revision.</p> <p>5. All above noted corrective actions will be completed by 10/27/23.</p>	