PRINTED: 12/21/2023 FORM APPROVED

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BOILDING.		C		
		VA0004	B. WING		1	/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
АРРОМАТ	APPOMATTOX HEALTH & REHABILITATION CENTER  235 EVERGREEN AVE						
(Y4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	TOX, VA 2452	PROVIDER'S PLAN OF CORRECTION	N I	(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	COMPLETE DATE	
F 000	Initial Comments		F 000				
	05/10/2023. The faci	nnial State Licensure ucted 05/08/2023 through ility was not in compliance ulations for the Licensure of					
	51at the time of the s consisted of thirteen	certified bed facility was urvey. The survey sample (13) current Resident closed record reviews.					
F 001	Non Compliance		F 001		(	6/23/23	
	The facility was out of compliance with the following state licensure requirements:						
	This RULE: is not me 12VAC-371-75-(B3)	et as evidenced by:		12VAC-371-75-(B3)			
	review, the facility fai background check th	ew and employee record led to obtain a criminal rough the Virginia State of 20 employees reviewed.		The correct criminal background checks via Virginia State Police was completed for OS#10.     The facility is at risk of deficient practice related to noncompliance with criminal background checks through the Virginia State Police. The Human	n		
	conducted. Review of assistant (CNA) with indicated that a university been conducted but a	a hire date of 4/6/2022 ersal background check had a criminal background check that not in the employee record.		Resources Manager or designee will perform an audit of current employees contracted staff to ensure that crimina background checks via the Virginia St Police portal are completed and will require this check for all contracted states. The Administrator will educate Human Resources staff on appropriat	l ate aff.		
	manager (other staff, OS #10 verbalized th employee and would	OS #10) was interviewed. at the CNA was a contracted reach out to the contracting background check was on		methods of completing criminal background checks before hire.  4. The Human Resources manager perform audits of all new employees to	· will		

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

TITLE (X6) DATE

Electronically Signed

06/08/23

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					c
		VA0004	B. WING		05/10/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, ST	ATE, ZIP CODE	
<b>ΔΡΡΟΜΑ</b>	ITOX HEALTH & REHAB		RGREEN AVE		
7.1.1.0.1		APPOMA	ATTOX, VA 2452	22	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
F 001	Continued From page 1		F 001		
		AM OS #10 verbalized that ain a VSP background check		ensure compliance of obtaining the contract background check via Virginia State Police, weekly x 4, then monthly x2.  5. Results of the audits will be	orrect
	through the contracte	d agency. AM the above finding was		presented to the QAPI Committee for review and recommendation. 6. Completion date 6/23/2023	
	No other information was presented prior to exit conference on 5/10/23.			The facility was not in compliance with following Regulations for the Licensur Nursing Facilities:	
	The facility was not in compliance with the following Regulations for the Licensure of Nursing Facilities:  12 VAC5-371-370. Maintenance and Houskeeping (A)  Cross reference to F584  12 VAC5-371-150 Policies and Procedures (A)  Cross reference to F607  12 VAC5-371-240 Physician Services (C-5, C-9, D)  Cross reference to F635 and F655  12 VAC5-371-250 Resident Assessment and Care Planning (F,G) Cross reference to F656 and F657  12 VAC5-371-220 Nursing Services (B)  Cross reference to F684  12 VAC5-371-220 Nursing Services (B, C-1)			12 VAC5-371-370. Maintenance and Houskeeping (A) Cross reference to F	- - - - - - - - - - - - - - - - - - -
				12 VAC5-371-150 Policies and Procedures (A) Cross reference to F6	07
				12 VAC5-371-240 Physician Services (C-5, C-9, D) Cross reference to F635 F655	
				12 VAC5-371-250 Resident Assessmand Care Planning (F,G) Cross refere to F656 and F657	
				12 VAC5-371-220 Nursing Services (I Cross reference to F684	3)
				12 VAC5-371-220 Nursing Services (I C-1) Cross reference to F686	3,
	Cross reference	to F686		12 VAC5-371-220 Nursing Services (A	A)
	12 VAC5-371-220 Nursing Services (A) Cross reference to F689			12 VAC5-371-220 Nursing Services (AC-5)	Α,

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NAME OF PROVIDER OR SUPPLIER  APPOMATTOX HEALTH & REHABILITATION CENTER  APPOMATTOX HEALTH & REHABILITATION CENTER  APPOMATTOX, VA 24522  PROVIDER OR SUPPLIER  APPOMATTOX HEALTH & REHABILITATION CENTER  APPOMATTOX, VA 24522  PROVIDER OR SUPPLIED ON THE CONTROL OF SUPPLIED ON THE CONTROL OF SUPPLIED ON THE CONTROL OF SUPPLIED ON THE CENTER OF SUPPLIED ON	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:				
APPOMATTOX HEALTH & REHABILITATION CENTER  APPOMATTOX HEALTH & REHABILITATION CENTER  APPOMATTOX, VA 24522    CALIFORNIA   SUMMARY STATEMENT OF DEFICIENCIES   SEVERGREEN AVE APPOMATTOX, VA 24522    CALIFORNIA   SUMMARY STATEMENT OF DEFICIENCIES   PROVIDER'S PLAN OF CORRECTION   PREFIX TIVE   PROVIDER'S PLAN OF CORRECTION   P						С		
APPOMATTOX HEALTH & REHABILITATION CENTER  235 EVERGREEN AVE APPOMATTOX, VA 24522    (X4)   ID			VA0004	B. WING		05/10/2023		
SUMMARY STATEMENT OF DEFICIENCIES   PREFIX TAG   CACH DEFICIENCY MUST BE PRECEDED BY FULL   PREFIX TAG   CROSS-REFERENCED TO THE APPROPRIATE   DEFICIENCY		APPOMATTOX HEALTH & REHABILITATION CENTER  235 EVERGREEN AVE						
12 VAC5-371-340 Dietary and Food Service Program (D4) Cross reference to F692  12 VAC5-371-340 Dietary and Food Service Program (D4) Cross reference to F692  12 VAC5-371-220 Nursing Services (B) Cross reference to F695  12 VAC5-371-330 Restraint Usage (C1, 2, 3) Cross reference to F700  12 VAC5-371-330 Restraint Usage (C1, 2, 3) Cross reference to F700  12 VAC5-371-300 Pharmaceutical Services (B) Cross reference to F761  12 VAC5-371-320 Dental Services (A, B) Cross reference to F791  12 VAC5-371-340 Dietary and Food Service Program (A) Cross reference to F812  12 VAC5-371-360 Clinical Record (E-4) Cross reference to F842  12 VAC5-371-180 Infection Control (A) Cross reference to F880  12 VAC5-371-180 Infection Control (A) Cross reference to F880	PREFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE COMPLETE		
	F 001	12 VAC5-371-220 Nu 12 VAC5-371-340 Die Program (D4) Cro 12 VAC5-371-220 Nu Cross reference 12 VAC5-371-330 Re Cross reference 12 VAC5-371-300 Ph Cross reference 12 VAC5-371-320 De Cross reference 12 VAC5-371-340 Die Program (A) Cro 12 VAC5-371-360 Clin Cross reference 12 VAC5-371-360 Clin Cross reference	rsing Services (A, C-5) etary and Food Service ess reference to F692 rsing Services (B) to F695 straint Usage (C1, 2, 3) to F700 armaceutical Services (B) nce to F761 ntal Services (A, B) to F791 etary and Food Service ess reference to F812 nical Record (E-4) to F842 ection Control (A)	F 001	12 VAC5-371-340 Dietary and Food Service Program (D4) Cross reference F692  12 VAC5-371-220 Nursing Services (It Cross reference to F695  12 VAC5-371-330 Restraint Usage (C3) Cross reference to F700  12 VAC5-371-300 Pharmaceutical Services (B) Cross reference to F761  12 VAC5-371-320 Dental Services (A Cross reference to F791  12 VAC5-371-340 Dietary and Food Service Program (A) Cross reference F812  12 VAC5-371-360 Clinical Record (E-Cross reference to F842  12 VAC5-371-180 Infection Control (ACTOSS reference to F880)	3) :1, 2, , B) to 4)		