

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0288</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/14/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>GRAYSON REHABILITATION AND HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 SOUTH INDEPENDENCE AVENUE INDEPENDENCE, VA 24348</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 12/11/23 through 12/14/23. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements and Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow.  The census in this 120 certified bed facility was 116 at the time of the survey. The survey sample consisted of 24 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. 12 VAC 5-371-220 (A) - cross reference to F-684. 12 VAC 5-371-220 (B) - cross references to F-760.  Staff Development and Inservice Training. 12 VAC 5-371-260 (E) and (F) - cross reference to F-730.  Pharmaceutical Services. 12 VAC 5-371-300 (A) (B) (H) - cross reference to F-755 12 VAC 5-371-300 (B) - cross reference to F761.  Policies and Procedures	F 001	The POC for F-684 and F-760 will stand for the Plan of Corrections for Nursing Services.  The POC for F-730 will stand for the Plan of Corrections for Staff Development and Inservice Training.  The POC for F-755 and F-761 will stand for the Plan of Corrections for Pharmaceutical Services.  The POC for F-689 will stand for the Plan of Corrections for Policies and Procedures.	2/16/24

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

Electronically Signed

TITLE

(X6) DATE

01/22/24

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F 001	Continued From page 1  12 VAC 5-371-140 (A) - cross reference to F689.	F 001		