

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0238</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/18/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>STANLEYTOWN HEALTH AND REHABILITATION CEN'</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>240 RIVERSIDE DRIVE</b> <b>BASSETT, VA 24055</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 04/15/24 through 04/18/24. 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 114 at the time of the survey. The survey sample consisted of 23 current Resident reviews and 4 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 12VAC 371-220-cross reference to F677  Dietary and Food Service Program 12VAC 371-340-cross reference to F812  Clinical Records 12VAC 371-360 (E)-cross reference to F842	F 001	Nursing Services 12VAC 371-220-cross reference to F677  Dietary and Food Service Program 12VAC 371-340-cross reference to F812  Clinical Records 12VAC 371-360 (E)-cross reference to F842  Date of completion: 5/21/2024	5/21/24

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

Electronically Signed

TITLE

(X6) DATE

05/10/24