

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/26/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHORE HEALTH &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>26181 PARKSLEY ROAD</b> <b>PARKSLEY, VA 23421</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 7/03/24 through 07/06/24. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Eleven (11) complaints were investigated during the survey.  The census in this 136 licensed bed facility was 124 at the time of the survey. The survey sample consisted of 49 current and closed Resident reviews.	F 000		
F 001	Non Compliance  The facility was out of compliance with the following state licensure requirements:  This STANDARD is not met as evidenced by: The facility staff was not in compliance with the Rules and Regulations for the Licensure of Nursing Facilities:  12 VAC 5-371-220 (A, B, C, D, E, H). Nursing Services. Cross reference to F-557, F-558, F656, F-658, F-685, F-690, F-695, F-700, and F-740, and F-760, F-684.  12 VAC 5-371-340 (A). Dietary and food service program. Cross-Reference to F-812.  12 VAC 5-371-250 (A, C, F, H, I, G). Resident Assessment and Care Planning. Cross reference to F-656, and F-657.  12 VAC 5-371-220 (A, B, C, D, E, H). Nursing Services. Cross reference to F-557, F-658,	F 001		

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

TITLE

(X6) DATE

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F 001	Continued From page 1  F-684, F-685, F-690, F-700, and F-740,  12 VAC 5-371-340 (A). Dietary and food service program. Cross-Reference to F-812.	F 001		