State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	VA0005	A. BUILDING: _____ B. WING _____	02/24/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCADIA NURSING & REHAB CENT	17405 LANKFORD HIGHWAY NELSONIA, VA 23414

(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 2/22/17 through 2/24/17. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Two complaints were investigated during the survey. The census in this 60 bed facility was 49 at the time of the survey. The survey sample consisted of 14 current Resident reviews (Residents 1 through 14) and one closed record reviews (Resident 1).	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: 12VAC5-371-370 (A) Maintenance and Housekeeping: Cross Reference to F-252 12VAC5-371-370 (A) Maintenance and Housekeeping: Cross Reference to F-465 12VAC5-371-370 (A) Maintenance and Housekeeping: Cross Reference to F-468 12VAC5-371-340 Dietary and food service program: Cross Reference to F-371 12VAC-371-220 (C) Nursing Cross Reference to F-309	F 001	Please see PoC for F-252 Please see PoC for F-465 Please see PoC for F-468 Please see PoC for F-371 Please see PoC for F-309 Please see PoC for F-176 Please see PoC for F-431 Please see PoC for F-314 please see PoC for F-441	4/6/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/16/17

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F 001	Continued From page 1 12VAC 5-371-300 (B). Please Cross-Reference to F-176. (Self-Administration of Medications) 12VAC 5-371-300 (B). Please Cross-Reference to F-431 12 VAC 5-371-220 (C.1). Cross Reference to F-314. 12 VAC 5-371-180 (C). Cross Reference to F-441.	F 001		