

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0220</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/28/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE WOODLANDS HEALTH AND REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000 FAIRVIEW HEIGHTS CLIFTON FORGE, VA 24422</b>
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(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	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 07/26/2021 through 07/28/2021. Corrections are required for compliance with Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 60 certified bed facility was 50 at the time of the inspection. The survey sample consisted of thirteen (13) current record reviews and two (2) closed record reviews.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>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:</p> <p>12VAC-371-370 (A.) Please cross reference to F584.</p> <p>12VAC-371-220 (B.) Please cross reference to F695.</p> <p>12VAC-371-210 (D.) Please cross reference to F732.</p> <p>12VAC-371-180 (A., C.3.) Please cross reference to F-880.</p>	F 001	<p>This plan represents our allegation of compliance and our on-going pledge to provide quality care that is rendered in accordance with all regulatory requirements.</p> <p>F584 cross reference to 12VAC-371-370 (A.)</p> <p>F695 cross reference to 12VAC-371-220 (B.)</p> <p>F732 cross reference to 12VAC-371-210 (D.)</p> <p>F880 cross reference to 12VAC-371-180 (A., C.3.)</p>	8/31/21

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

Electronically Signed

TITLE

(X6) DATE

08/10/21