PRINTED: 04/18/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 15, 17, 18, 19, 23, 24, 40, 77, A2		(X3) DATE SURVEY COMPLETED		
		49G002	B. WING				⋜ 03/2016
NAME OF PROVIDER OR SUPPLIER  CENTRAL VIRGINIA TRAINING CENT		1	STREET ADDRESS, CITY, STATE, ZIP CODE 521 COLONY RD MADISON HEIGHTS, VA 24572		, 00.	<u> </u>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG				(X5) COMPLETION DATE
{K 000}	story masonry structure by a rated or protected by a dry spin was constructed in 19.  Construction Type: II  Sprinkler status: Part Dry System in the Attitelevator shafts, Wet Sand lobby storage room An unannounced Life standard survey condiconducted on 8/3/16, of Federal Regulation for Long Term Care Fisurveyed for compliar (Existing) regulations, residents, however chrequirements. The fact the Requirements for Medicaid.  Corrected deficiencies form.  Description of Structus story masonry structure where offices are local wood framed, pitched separated from the stillab and is protected. The building was constructed.	ure: Building 15 is a two re with a wood framed, f area is separated from the concrete slab and is rinkler system. The building 158.  (222)  ially Sprinklered building, c, Pre-action System in the System in building lobbies oms on both levels.  Safety Code revisit to the ucted on 6/17/16 was in accordance with 42 Code, Part 483: Requirements acilities. The facility was ince using the LSC 2000. This facility houses ICFID mooses to meet Health Care cility was in compliance with Participation Medicare and are shown on the 2567B ure: Building 17 is a two re with a partial basement, ated. The building has a roof. The roof area is ructure by a rated concrete by a dry sprinkler system. structed in 1958.	{K 0	000}			
	Construction Type: II	(444)					

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

TITLE (X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: VAICFMR03

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING 15, 17, 18, 19, 23, 24, 40, 77, A2		(X3) DATE SURVEY COMPLETED	
		49G002	B. WING	B WING		R	
NAME OF PROVIDER OR SUPPLIER		430002	B. W		STREET ADDRESS, CITY, STATE, ZIP CODE	08/	03/2016
CENTRAL VIRGINIA TRAINING CENT			521 COLONY RD  MADISON HEIGHTS, VA 24572				
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	Continued From page	e 1	{K 0	000}			
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1  Sprinkler status: Partially Sprinklered building, Dry System in the Attic, Pre-action System in the elevator shafts, Wet System in building lobbies and lobby storage rooms on both levels.  An unannounced recertification Life Safety Code survey was conducted 06/15/2016 through 06/17/2016 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2000 (Existing) regulations. This facility houses ICFID residents, however chooses to meet Health Care requirements. The facility was in compliance with the Requirements for Participation Medicare and Medicaid.  Description of Structure: Building 18 is a two story masonry structure with a partial basement, where offices are located. The building has a wood framed, pitched roof. The roof area is separated from the structure by a rated concrete slab and is protected by a dry sprinkler system. The building was constructed in 1958.  Construction Type: II (222)  Sprinkler status: Partially Sprinklered building, Dry System in the Attic, Pre-action System in the elevator shafts, Wet System in building lobbies and lobby storage rooms on both levels.  An unannounced recertification Life Safety Code survey was conducted 06/15/2016 through 06/17/2016 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING 15, 17, 18, 19, 23, 24, 40, 77, A2		(X3) DATE SURVEY COMPLETED		
		400000	B WING			R	
		49G002	B. WING _			08/	03/2016
NAME OF PROVIDER OR SUPPLIER  CENTRAL VIRGINIA TRAINING CENT					STREET ADDRESS, CITY, STATE, ZIP CODE 521 COLONY RD MADISON HEIGHTS, VA 24572		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION SHO		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	ROVIDER OR SUPPLIER  VIRGINIA TRAINING CENT  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		{K 0				
	Construction Type: II	(000)					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 15, 17, 18, 19, 23, 24, 40, 77, A2		(X3) DATE SURVEY COMPLETED		
	49G002	B. WING			R 08/03/2016	
NAME OF PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		03/2016
CENTRAL VIRGINIA TRAINING CENT				21 COLONY RD		
			MADISON HEIGHTS, VA 24572			
PREFIX (EACH DEFICIENCE	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000} Continued From pag	e 3	{K 0	000}			
Sprinkler status: Ful	lly Sprinklered					
standard survey conconducted on 8/3/16 of Federal Regulation for Long Term Care surveyed for complia (Existing) regulations residents, however or requirements. The fathe Requirements for Medicaid.  Corrected deficiencing form.  Description of Structure story masonry structure originally constructed remodeled in 2012.  Construction Type: I  Sprinkler status: Full An unannounced resurvey was conducted 06/17/2016 in accord Federal Regulation, Long Term Care Facture surveyed for complia (Existing) regulations residents, however or requirements. The factors	Corrected deficiencies are shown on the 2567B form.  Description of Structure: Building 12 is a one story masonry structure. The building was originally constructed in 1951 and completely remodeled in 2012.  Construction Type: II (000)  Sprinkler status: Fully Sprinklered  An unannounced recertification Life Safety Code survey was conducted 06/15/2016 through 06/17/2016 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2000 (Existing) regulations. This facility houses ICFID residents, however chooses to meet Health Care requirements. The facility was in compliance with the Requirements for Participation Medicare and Medicaid.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>15</b> , <b>17</b> , <b>18</b> , <b>19</b> , <b>23</b> , <b>24</b> , <b>40</b> , <b>77</b> , <b>A2</b>		(X3) DATE SURVEY COMPLETED		
		49G002	B. WING			R 08/03/2016	
NAME OF PROVIDER OR SUPPLIER					STREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	00/2010
				,	521 COLONY RD		
CENTRAL	VIRGINIA TRAINING CE	NT	ı		MADISON HEIGHTS, VA 24572		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	Continued From page	: 4	{K 0	00	}		
	The building was orig and completely remode	inally constructed in 1951 deled in 2013.					
	Construction Type: II	(000)					
	Sprinkler status: Fully	y Sprinklered					
	survey was conducted 06/17/2016 in accordate Federal Regulation, F Long Term Care Facilisurveyed for compliar (Existing) regulations residents, however characteristic requirements. The fact the Requirements for Medicaid.  Description of Structustory masonry structure.	ance with 42 Code of Part 483: Requirements for ities. The facility was not using the LSC 2000. This facility houses ICFID nooses to meet Health Care cility was in compliance with Participation Medicare and ure: Building 11 is a one re. The building was nd remodeled in 2008.					
	Sprinkler status: Fully	y Sprinklered					
{K 000}	survey was conducted 06/17/2016 in accordada Federal Regulation, Found Term Care Facilia surveyed for compliar (Existing) regulations. The facilia requirements. The facilia facilia facilia surveyed for compliant (Existing) regulations.	ance with 42 Code of Part 483: Requirements for ities. The facility was not using the LSC 2000. This facility houses ICFID nooses to meet Health Care cility was in compliance with Participation Medicare and	{K 0	100	<b>3</b>		
(1.000)	COMMENTO		(1.0				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 15, 17, 18, 19, 23, 24, 40, 77, A2		(X3) DATE SURVEY COMPLETED		
		49G002	B. WING			R	
NAME OF PROVIDER OR SUPPLIER		3		STREET ADDRESS, CITY, STATE, ZIP CODE	08/	03/2016	
CENTRAL VIRGINIA TRAINING CENT		521 COLONY RD  MADISON HEIGHTS, VA 24572		521 COLONY RD			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	story masonry structuoriginally constructed remodeled in 2015.  Construction Type: II  Sprinkler status: Fully System with quick research and unannounced recessurvey was conducted 06/17/2016 in accordated Federal Regulation, Fluong Term Care Facil surveyed for compliar (Existing) regulations residents, however chrequirements. The face	ture: Building 10 is a one tre. The building was in 1951 and completely  (000)  y Sprinklered NFPA 13 sponse heads.  ertification Life Safety Code d 06/15/2016 through	{K C	000			