STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495099	A. BUILDING **01, 02** B. WING _____	R **08/16/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRFAX REHABILITATION AND NURSING CENTER	**10701 MAIN STREET** **FAIRFAX, VA 22030**

(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) COMPLETION DATE
{K 000}	INITIAL COMMENTS The facility consists of two 4 story buildings of Type II (222) construction and is fully sprinklered. Building 01 is an existing building and is separated from new Building 02 by a 2-hour construction with protected openings.. An unannounced 2nd revisit to a recertification Life Safety Code survey conducted on May 10, 2016 was conducted August 16, 2016 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Facilities. The facility was surveyed for compliance using the LSC 2000 Existing regulations. The facility was in compliance with the Requirements for Participation Medicare and Medicaid.	{K 000}		
{K 000}	INITIAL COMMENTS The facility consists of two 4 story buildings of Type II (222) construction and is fully sprinklered. Building 01 is an existing building and is separated from new Building 02 by a 2-hour construction with protected openings.. An unannounced 2nd revisit to a recertification Life Safety Code survey conducted on May 10, 2016 was conducted August 16, 2016 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Facilities. The facility was surveyed for compliance using the LSC 2000 New regulations. The facility was in compliance with the Requirements for Participation Medicare and Medicaid.	{K 000}		

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