

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/10/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G002	(X2) MULTIPLE CONSTRUCTION A. BUILDING 15 - ED DEV CNT 1581 B. WING _____	(X3) DATE SURVEY COMPLETED R 09/26/2017
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{K 000}	<p>INITIAL COMMENTS</p> <p>Description of Structure: Building 15 is a two story masonry structure with 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. Patients occupy the ground floor of this building. The building was constructed in 1958.</p> <p>Construction Type: II (222)</p> <p>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.</p> <p>An unannounced Life Safety Code revisit to the standard survey conducted on 08/04/2017 through 08/09/2017 was conducted on 08/26/2017, 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 2012 Health 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.</p> <p>Corrected deficiencies are identified on the CMS-2567B.</p>	{K 000}		
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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G002	(X2) MULTIPLE CONSTRUCTION A. BUILDING 17 - ED DEV CNT 1781 B. WING _____		(X3) DATE SURVEY COMPLETED R 09/26/2017
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{K 000}	<p>INITIAL COMMENTS</p> <p>Description of Structure: Building 17 is a two story masonry structure with a partial basement. 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 does not house any patients at this time, but is maintained ready for occupancy. The building was constructed in 1958.</p> <p>Construction Type: II (222)</p> <p>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.</p> <p>An unannounced Life Safety Code revisit to the standard survey conducted on 08/04/2017 through 08/09/2017 was conducted on 08/26/2017, 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 2012 Health 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.</p> <p>Corrected deficiencies are identified on the CMS-2567B.</p>	{K 000}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{K 000}	<p>INITIAL COMMENTS</p> <p>Description of Structure: Building 8 is a one story masonry structure. The building was originally constructed in 1951 and completely remodeled in 2012.</p> <p>Construction Type: II (000)</p> <p>Sprinkler status: Fully Sprinklered NFPA 13 System with quick response heads.</p> <p>An unannounced Life Safety Code revisit to the standard survey conducted on 08/04/2017 through 08/09/2017 was conducted on 08/26/2017, 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 2012 Health 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.</p> <p>Corrected deficiencies are identified on the CMS-2567B.</p>	{K 000}			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G002	(X2) MULTIPLE CONSTRUCTION A. BUILDING 24 - BUILDING 12 RENOVATED 2012 B. WING _____		(X3) DATE SURVEY COMPLETED R 09/26/2017
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{K 000}	<p>INITIAL COMMENTS</p> <p>Description of Structure: Building 12 is a one story masonry structure. The building was originally constructed in 1951 and completely remodeled in 2012.</p> <p>Construction Type: II (000)</p> <p>Sprinkler status: Fully Sprinklered NFPA 13 System with quick response heads.</p> <p>An unannounced Life Safety Code revisit to the standard survey conducted on 08/04/2017 through 08/09/2017 was conducted on 08/26/2017, in accordance with 42 Code of Federal Regulation, Part 483: Requirements for for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Health 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.</p> <p>Corrected deficiencies are identified on the CMS-2567B.</p>	{K 000}			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G002	(X2) MULTIPLE CONSTRUCTION A. BUILDING 40 - BUILDING 10 B. WING _____		(X3) DATE SURVEY COMPLETED R 09/26/2017
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{K 000}	<p>INITIAL COMMENTS</p> <p>Description of Structure: Building 10 is a one story masonry structure. The building was originally constructed in 1951 and completely remodeled in 2015.</p> <p>Construction Type: II (000)</p> <p>Sprinkler status: Fully Sprinklered NFPA 13 System with quick response heads.</p> <p>An unannounced Life Safety Code revisit to the standard survey conducted on 08/04/2017 through 08/09/2017 was conducted on 08/26/2017, 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 2012 Health 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.</p> <p>Corrected deficiencies are identified on the CMS-2567B.</p>	{K 000}			

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TITLE

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NAME OF PROVIDER OR SUPPLIER CENTRAL VIRGINIA TRAINING CENT			STREET ADDRESS, CITY, STATE, ZIP CODE 521 COLONY RD MADISON HEIGHTS, VA 24572		
(X4) IO 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}	<p>INITIAL COMMENTS</p> <p>Description of Structure: Building 9 is a one story masonry structure with a partial basement. The building was originally constructed in 1951 and completely remodeled in 2013.</p> <p>Construction Type: II (000)</p> <p>Sprinkler status: Fully Sprinklered NFPA 13 System with quick response heads.</p> <p>An unannounced Life Safety Code revisit to the standard survey conducted on 08/04/2017 through 08/09/2017 was conducted on 08/26/2017, 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 2012 Health 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.</p> <p>Corrected deficiencies are identified on the CMS-2567B.</p>	{K 000}			

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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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{K 000}	<p>INITIAL COMMENTS</p> <p>Description of Structure: Building 11 is a one story masonry structure. The building was constructed in 1951 and remodeled in 2008.</p> <p>Construction Type: II (000)</p> <p>Sprinkler status: Fully Sprinklered.</p> <p>An unannounced Life Safety Code revisit to the standard survey conducted on 08/04/2017 through 08/09/2017 was conducted on 08/26/2017, 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 2012 Health 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.</p> <p>Corrected deficiencies are identified on the CMS-2567B.</p>	{K 000}			

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POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 49G002	MULTIPLE CONSTRUCTION A. Building 24 - BUILDING 12 RENOVATED 2012 B. Wing	DATE OF REVISIT 9/26/2017
NAME OF FACILITY CENTRAL VIRGINIA TRAINING CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 521 COLONY RD MADISON HEIGHTS, VA 24572

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K021t	09/26/2017	LSC K0353	09/26/2017	LSC K0355	09/26/2017
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0902	09/26/2017	LSC K0904	09/26/2017	LSC K0914	09/26/2017
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC K0918	09/26/2017	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input checked="" type="checkbox"/>	REVIEWED BY (INITIALS) <i>COH</i>	DATE 09-26-17	SIGNATURE OF SURVEYOR <i>[Signature]</i>	DATE 09/26/2017
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 8/9/2017

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 49G002	MULTIPLE CONSTRUCTION A. Building 15 - ED DEV CNT 1581 B. Wing	DATE OF REVISIT 9/26/2017
NAME OF FACILITY CENTRAL VIRGINIA TRAINING CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 521 COLONY RD MADISON HEIGHTS, VA 24572

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0353	09/26/2017	LSC K0914	09/26/2017	LSC K0918	09/26/2017
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input checked="" type="checkbox"/>	REVIEWED BY (INITIALS) <i>COH</i>	DATE 09-26-17	SIGNATURE OF SURVEYOR <i>[Signature]</i>	DATE 09/26/2017
REVIEWED BY CMS RD <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 8/9/2017	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 49G002	MULTIPLE CONSTRUCTION A. Building 17 - ED DEV CNT 1781 B. Wing	DATE OF REVISIT 9/26/2017
NAME OF FACILITY CENTRAL VIRGINIA TRAINING CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 521 CDLONY RD MADISON HEIGHTS, VA 24572

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ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0353	09/26/2017	LSC K0914	09/26/2017	LSC K0918	09/26/2017
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input checked="" type="checkbox"/>	REVIEWED BY (INITIALS) <i>COH</i>	DATE 09-26-17	SIGNATURE OF SURVEYOR <i>[Signature]</i>	DATE 09/26/2017
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 8/9/2017	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 49G002	MULTIPLE CONSTRUCTION A. Building 23 - BUILDING 8 RENOVATED 2012 B. WIng	DATE OF REVISIT 9/26/2017
NAME OF FACILITY CENTRAL VIRGINIA TRAINING CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 521 COLONY RD MADISON HEIGHTS, VA 24572

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ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA t01	Completed
LSC K0904	09/26/2017	LSC K0914	09/26/2017	LSC K0918	09/26/2017
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input checked="" type="checkbox"/>	REVIEWED BY (INITIALS) <i>COH</i>	DATE 09-26-17	SIGNATURE OF SURVEYOR <i>[Signature]</i>	DATE 09/26/2017
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 8/9/2017

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 49G002	MULTIPLE CONSTRUCTION A. Building 77 - BUILDING 9 B. Wing	DATE OF REVISIT 9/26/2017
NAME OF FACILITY CENTRAL VIRGINIA TRAINING CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 521 COLONY RD MADISON HEIGHTS, VA 24572

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # _____	Completed
LSC K0914	09/26/2017	LSC K0918	09/26/2017	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____

REVIEWED BY STATE AGENCY <input checked="" type="checkbox"/>	REVIEWED BY (INITIALS) <i>COH</i>	DATE 09-26-17	SIGNATURE OF SURVEYOR <i>[Signature]</i>	DATE 09/26/2017
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 8/9/2017

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 49G002	MULTIPLE CONSTRUCTION A. Building 40 - BUILDING 10 B. Wing	DATE OF REVISIT 9/26/2017
NAME OF FACILITY CENTRAL VIRGINIA TRAINING CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 521 COLONY RD MADISON HEIGHTS, VA 24572

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ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # _____	Completed
LSC K0211	09/26/2017	LSC K0914	09/26/2017	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____

REVIEWED BY STATE AGENCY <input checked="" type="checkbox"/>	REVIEWED BY (INITIALS) <i>COH</i>	DATE 09-26-17	SIGNATURE OF SURVEYOR <i>[Signature]</i>	DATE 09/26/2017
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 8/9/2017		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 49G002	MULTIPLE CONSTRUCTION A. Building A1 - BUILDING ELEVEN B. Wing	DATE OF REVISIT 9/26/2017
NAME OF FACILITY CENTRAL VIRGINIA TRAINING CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 521 COLONY RD MADISON HEIGHTS, VA 24572

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ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0211	09/26/2017	LSC K0363	09/26/2017	LSC K0914	09/26/2017
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 10t	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC K0918	09/26/2017	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

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FOLLOWUP TO SURVEY COMPLETED ON 8/9/2017

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