State of Virginia

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		VA0280	B. WING		05/05/2016		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
SENTARA WOODVIEW  103 ROSEHILL DRIVE							
SOUTH BOSTON, VA 24592							
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE		
F 000	00 Initial Comments		F 000				
	An unannounced biennieal State licensure inspection was conducted on 05/03/16 through 05/05/16. No complaints were investigated during the survey. Corrections are required for compliance with compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow.  The census in this 216 certified bed facility was 182 at the time of the survey. The survey sample consisted of 28 current Resident reviews (Residents # 1 through 25) and three closed record reviews (Residents # 26 through 28).						
F 001	Non Compliance		F 001			6/7/16	
	The facility was out of following state licensu						
	This RULE: is not met as evidenced by: The facility was not in compliance with the following Regulations for the Licensure of Nursing Facilities.  Cross Reference to F-Tag 250 12VAC5-371-270 (A) and (E) and (F)  Cross Reference to F-Tag 280 12VAC5-371-210 (A)(3)  Cross Reference to F-Tag 328 12VAC5-371-220 (B)  Cross Reference to F-Tag 502 12VAC5-371-310 (A)			Please refer to POC for F-250 on Pag 1-3.  Please refer to POC for F-280 on Pag 11-12.  Please refer to POC for F-328 on Pag 13-14.  Please refer to POC for F-502 on Pag 16-17.	jes jes		

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

TITLE

(X6) DATE

Electronically Signed

05/19/16