STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G033	A. BUILDING **01** B. WING _____	R **02/28/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANDVIEW RESIDENCE	**1206 RED TOP ORCHARD ROAD** **WAYNESBORO, VA 22980**

(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 Construction type: V (000) Description of structure: The facility is a single story wood frame structure with a full basement used for storage and utilities only. Sprinkler status: The facility is protected by an NFPA 13R system, with protection in the attic provided by dry sprinklers. The closets and small bathrooms do not have sprinklers. The system is supplied by the municipal water supply. An unannounced LSC revisit to the standard survey conducted on 2/6/17 was conducted on 2/28/17 in accordance with 42 Code of Federal Regulation, Part 483.150 and 410 to 480, Requirements for Intermediate Care Facilities for Persons with Intellectual Difficulties. The facility was surveyed for compliance using the LSC 2012 ICFIID Existing Regulations. The facility was in compliance with the requirements for Participation Medicare and Medicaid. Corrected deficiencies are identified on the CMS 2567B.	{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.