COMMONWEALTH of VIRGINIA

Department of Health

Office of Licensure and Certification

M. Norman Oliver, MD, MA
State Health Commissioner

TYY 7-1-1 OR
1-800-828-1120
9960 Mayland Drive, Suite 401
Henrico, Virginia 23233-1485
Fax (804) 527-4502

June 29, 2018

Ms. Pamela Villar, Administrator
Envoy Of Lawrenceville, Llc
1722 Lawrenceville Plank Road
Lawrenceville, VA 23868

RE: Envoy Of Lawrenceville, Llc
Provider Number 495192

Dear Ms. Villar:

Based on deficiencies cited during the survey ending April 5, 2018, your facility was found not to be in compliance with Federal participation requirements for the long term care Medicare and/or Medicaid programs. On June 26-27, 2018, surveyors from the Virginia Department of Health's Office of Licensure and Certification conducted an unannounced revisit to verify that your facility had achieved and maintained compliance for deficiencies cited during the previous survey.

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

Full Admin Name (Ms. Jo Adam, Director)()]

Survey Results

The survey findings are reflected on the enclosed Statement of Isolated Deficiencies ("A" Form) and/or the Statement of Deficiencies and Plan of Correction (CMS-2567) and/or the Post-Certification Revisit Report (CMS-2567). All survey findings generated on these forms (including the most recent standard survey and any subsequent revisits or complaint investigations) constitute the facility's current survey report. In accordance with §483.10(g) of the Federal requirements, the current survey report must be made available for examination in a place readily accessible to residents and is disclosable to all interested parties.

In regards to previously listed potential remedies, by copy of this letter we are notifying the Centers for Medicare and Medicaid Services (CMS) Regional Office and the State Medicaid Agency (DMAS) that this revisit found your facility in substantial compliance with the Health participation requirements of CFR Part 483, Subpart B. **Please be advised that compliance with the Health requirements does not necessarily end the Federal enforcement track. You must also achieve compliance with the Life Safety Code in order to end any enforcement action that may be in effect.**

Survey Response Form

The Survey Response Form is offered as a method to share your review of the onsite survey process. Please take a moment to complete this evaluation, which is available at: http://www.vdh.virginia.gov/OLC/Downloadables/documents/2011/pdf/LTC%20facility%20survey%20response%20form.pdf We will appreciate your participation.

If you have any questions concerning the content of this letter, please contact me at 804/367-2100.

Sincerely,

Nicole Keeney

Nicole Keeney, LTC Supervisor
Division of Long Term Care Services

Enclosures

cc: Roxanne Rocco, Centers For Medicare & Medicaid Services
Joani Latimer, State Ombudsman
Bertha Ventura, Dmas (Sent Electronically)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495192	A. BUILDING _____ B. WING _____	R-C 06/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENVOY OF LAWRENCEVILLE, LLC	1722 LAWRENCEVILLE PLANK ROAD LAWRENCEVILLE, VA 23868

(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
{F 000}	INITIAL COMMENTS	{F 000}		

An unannounced Medicare/Medicaid second revisit to the abbreviated survey conducted 4/3/18 through 4/5/18, was conducted on 6/26/18 through 6/27/18. The first revisit was conducted 5/22/18 through 5/23/18. No complaints were investigated on this survey. Corrected deficiencies are identified on the CMS 2567-B report. The facility was found to be in compliance with 42 CFR Part 483, the Federal Long Term Care requirements.

The census in this 77 certified bed facility was 66 at the time of the survey. The survey sample consisted of five current Resident reviews (Residents #201 through # 205).

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.