State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	VA0266		06/14/2017

NAME OF PROVIDER OR SUPPLIER
WESTMINSTER CANTERBURY BLUE RI

STREET ADDRESS, CITY, STATE, ZIP CODE
250 PANTOPS MOUNTAIN RD
CHARLOTTESVILLE, VA 22911

(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) COMPLETE DATE
F 000	Initial Comments An unannounced biennial State Licensure Inspection was conducted on 6/13/17 through 6/14/17. The facility was not in compliance with the Virginia Regulations for the Licensure of Nursing Facilities. The census in this 52 bed facility was 43 at the time of the survey. The survey sample consisted of six current Resident reviews (Residents # 1 through 4 and Residents A and B) and one closed record review (Resident # 5).	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Regulations for the Licensure of Nursing Facilities: Resident Assessment and Care Planning 12 VAC 5-371-250(D). Please Cross Reference to F-278 12 VAC 5-371-250(F). Please Cross Reference to F-280 Nursing Services 12 VAC 5-371-220(A). Please Cross Reference to F-322	F 001	Please cross reference to POC for F-278,F-280,F-322	7/1/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE
(X6) DATE: 06/21/17