

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0269	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/30/2017
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NAME OF PROVIDER OR SUPPLIER WESTMINSTER-CANTERBURY OF RICHMOND	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 WESTBROOK AVE RICHMOND, VA 23227
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(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	<p>Initial Comments</p> <p>Citation Text for Tag 0000, Regulation VUJL</p> <p>An unannounced Medicare/Medicaid standard and Licensure survey was conducted 3/28/17 through 3/30/17. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. One complaint was investigated during the survey.</p> <p>The census in this 158 certified bed facility was 152 at the time of the survey. The survey sample consisted of 21 current Resident reviews (Resident #1 through #21) and three closed record reviews (Resident #22 through #24).</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: 12 VAC 5-371-340 (A) Cross Reference to F-371</p>	F 001	12 VAC 5-371-340 (A) Cross reference F-371 Food Procure, Store/Prepare/Serve - Sanitary	4/21/17

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

TITLE

(X6) DATE

Electronically Signed

04/10/17