

State of Virginia

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0034 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/08/2017 |
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| NAME OF PROVIDER OR SUPPLIER LEXINGTON COURT REHABILITATION & HEALTH CAI | STREET ADDRESS, CITY, STATE, ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238 |
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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>An unannounced biennial State Licensure Inspection was conducted 6/6/17 through 6/8/17. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow.</p> <p>The census in this 190 certified bed facility was 163 at the time of the survey. The survey sample consisted of 22 current resident reviews (Residents #1 through #22) and six closed record reviews (Residents #23 through #28).</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:</p> <p>12 VAC 5 - 371 - 220 H - cross references to F 157.</p> <p>12 VAC 5 - 371 - 110 B.2.- cross references to F 167.</p> <p>12 VAC 5 - 371 - 370 A - cross references to F 252 and F 253.</p> <p>12 VAC 5 - 371 - 250 A - cross references to F 278.</p> <p>12 VAC 5 - 371 - 210 A.3. - cross references to F 280</p> <p>12 VAC 5 - 371 - 220 B - cross references to F 281</p> <p>12 VAC 5 - 371 - 200 B.5. - cross references to F 282.</p> | F 001 | <p>Cross reference F 157</p> <p>Cross reference F 167</p> <p>Cross reference F 252 and 253</p> <p>Cross reference F 278</p> <p>Cross reference F 280</p> <p>Cross reference F 281</p> <p>Cross reference F 282</p> <p>Cross reference F 309</p> <p>Cross reference F 314</p> <p>Cross reference F 323</p> | 7/19/17 |

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

Electronically Signed

TITLE

(X6) DATE

07/03/17

State of Virginia

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

LEXINGTON COURT REHABILITATION & HEALTH CAI **1776 CAMBRIDGE DRIVE**
RICHMOND, VA 23238

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| F 001 | Continued From page 1 12 VAC 5 - 371 - 220 A. - cross references to F 309 12 VAC 5 - 371 - 220 C.1. - cross references to F 314 12 VAC 5 - 371 - 220 B - cross references to F 323. 12 VAC 5 - 371 - 220 B. - cross references to F 328 12 VAC 5 - 371 - 220 B - cross references to F 333. 12 VAC 5 - 340 - cross references to F 371. 12 VAC 5 - 371 - 300 A - cross references to F 425. 12 VAC 5 - 371 - 180 A. - cross references to F 441 12 VAC 5 - 514 - 360 E - cross references to F 514. | F 001 | Cross reference F 328 Cross reference F 333 Cross reference F 371 Cross reference F 425 Cross reference F 441 Cross reference F 514 | |