

State of Virginia

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NP | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 04/20/2017 |
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| NAME OF PROVIDER OR SUPPLIER HERMITAGE ON THE EASTERN SHORE | STREET ADDRESS, CITY, STATE, ZIP CODE 23610 NORTH STREET ONANCOCK, VA 23417 |
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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 |
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| F 000 | <p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted on 4/18/17 through 4/20/17. The facility was in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 35 bed facility was 18 at the time of the survey. The survey sample consisted of 2 current resident reviews (Residents 1 through 2).</p> | F 000 | | |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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