PRINTED: 03/22/2016 FORM APPROVED

State of Vi	rginia	1.		1	T CONSTRUCTION	(X3) DATE SURV	/FY	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION		COMPLETE			
				A. BUILDING				
		495045		B. WNG		02/24/2	2016	
NAME OF PR	OVIDER OR SUPPLIER			ESS, CITY, STA	TE, ZIP CODE			
MANORCA	RE HEALTH SERVICES	S-RICHMOND	2125 HILLIA RICHMOND					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		LILL ION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ON SHOULD BE COMPL HE APPROPRIATE DAT		
F 000	Initial Comments			F 000				
	was conducted 2/23 Corrections are required following Virginia Rulaicensure of Nursing The census in this 1 148 at the time of the consisted of 21 curr	94 certified bed facility of the survey. The survey sent residents reviews gh #21), and 5 closed re	h the the was ample				The colon and th	
F 001	This RULE: is not recommendate to registration or reregistration or reregistration or review, it was determined to register with the facility is the Code of Virginia Based on staff interreview, it was determined to register with Offender Registry to notifications if a sexarea or contiguous On 2/23/16 at appropriate to registered to reg	met as evidenced by: Resident rights. lity shall register with the e Police to receive notice of the gistration of any sex offender a contiguous zip code area in located pursuant to §9.1-914 of a. rview and facility document mined that the facility staff th the Virginia State Police Sex to receive automatic ax offender has moved to the areas of the facility. roximately 11:45 a.m., during rence, evidence that the facility eceive automatic notifications tate Police Sex Offender		F 001	It is the intended practice of facility to obtain information related to registered sex of residing in or relocating wour facility's zip code/surranea. Criteria 1 The facility registered on Wednesday, 2/24/2016 to ralerts from the sex offender Criteria 2 All residents have the potential series of the saffected.	of this on fenders ithin ounding eccive	3/31/2016	
		CALCULAR INC. INC. INC. INC. INC. INC. INC. INC.	EIS SIGNATURE		TITLE		X6) DATE	

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State of Vi	irginia				- CANATANATION	(V3) DATE SUDVEY		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		· ·	A, BUILD					
			B. WNG		02/24/2016			
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STAT	re, zip code			
MANORCA	RE HEALTH SERVICES	S-RICHMOND	2125 HILLIA RICHMOND	ARD ROAD), VA 23228				
'(X4) ID PREFIX TAG	(EACH DEFICIEN	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	SHOULD BE COMPLETE		
F 001	On 2/24/16 at 4:35 p.m., the administrator stated the facility was not registered. He stated this was a regulation he was not aware of, being new to Virginia as of September 2015, and therefore, he had not registered as the administrator, to receive these notifications. A review of the facility's policies "Abuse" and "Resident Rights" failed to reveal any direction for the facility to register to receive these automatic notifications. No further information was provided by the end of the survey. 12VAC5-371-340. Dietary and food service program. (revised 9/2010) A. The dietary and food service operation shall meet all applicable sections of 12VAC5-421.		is was v to re, he eccive d ion for natic end of	F 001	Criteria 3 Facility administration and admissions department will educated on receiving and reviewing alerts from the retimely. Criteria 4 Administrator or designee vaudit received alerts daily x 3 times weekly x3 weeks, r x2 months to ensure timely receipt. Criteria 5 The facility's alleged date	egistry will so days, nonthly facility		
	Cross references to Federal Deficiency F 371 12VAC5-371-110B2 cross reference F167 12VAC5-371-250B1 cross reference F278 12VAC5-371-310A cross reference F508 12VAC5-371-220. Nursing services cross reference to F309. 12VAC5-371-310. Diagnostic services cross reference to F502. 12VAC5-371-220A. Nursing services Cross reference to F-246 and F-323 12VAC5-371-200B. Director of Nursing Cross reference to F-281				Cross references to F-371. 12VAC5-371-340 A. 12VAC5-371 Cross references to F-371. 12VAC5-371-11	<u>-421</u>		
	F 157 cross referen	ces to 12VAC 5 - 371-2	220 H	:				

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State of V	rginia			T			A
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/24/2016	
	RE HEALTH SERVICES	-RICHMOND	2125 HILLIAF RICHMOND, V	RD ROAD			
SUMMARY STATEMENT OF DEFICIENCIES			<u> </u>	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
'(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE PRIATE	COMPLETE DATE
F 001	Continued From Page 2 F329 cross references to 12VAC 5 - 371 - 200 B			F 001	12VAC5-371-250B1		
					Cross references to F-278		
					12VAC5-371-310A	-	
			:	Cross references to F-508			
					12VAC5-371-220		
				Cross references to F-309			
				12VAC5-371-310			
				Cross references to F-502			
					12VAC5-371-220A		
					Cross references to F-246 &	բ F-323	
					12VAC5-371-200B		
					Cross references to F-281		
					12VAC5-371-220H	<u> </u>	
					Cross references to F-157		
					12VAC5-371-200E		
					Cross references to F329		

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