State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495102	A. BUILDING _____ B. WING _____	08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES-ARLINGTON	550 SOUTH CARLIN SPRINGS ROAD ARLINGTON, VA 22204

(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	F 000		

An unannounced biennial State Licensure inspection was conducted 08/04/15 through 08/06/15. Corrections are required for compliance with Virginia Rules and Regulations for Licensure of Nursing Facilities.

The census in this 161 certified bed facility was 130 at the time of the survey. The survey sample consisted of 23 current resident reviews (Residents #1 through 21 and Residents # 26 through 27) and 4 closed record reviews (Resident's #22 through 25).

F 001 Non Compliance — F 001

The facility was out of compliance with the following state licensure requirements:

This RULE: is not met as evidenced by:
Cross Reference to F-Tag 221
12 VAC 5-371-330 (A)

Cross Reference to F-Tag 224
12 VAC 5-371-150 (A)

Cross Reference to F-Tag 279
12 VAC 5-371-250 (G)

Cross Reference to F-Tag 281
12 VAC 5-371-200 (B)(1)

Cross Reference to F-Tag 282
12 VAC 5-371-330 (B)(2)

Cross Reference to F-Tag 314
12 VAC 5-371-220 (C)(1)

12 VAC 5-371-330 (A) Cross reference plan of correction for F-tag 221

12 VAC 5-371-150 (A) Cross reference plan of correction for F-tag 224

12 VAC 5-371-250 (G) Cross reference plan of correction for F-tag 279

12 VAC 5-371-200 (B) Cross reference plan of correction for F-tag 281

12 VAC 5-371-330 (B)(2) Cross reference plan of correction for F-tag 282

12 VAC 5-371-220 (C)(1) Cross reference plan of correction for F-tag 314

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jane Rumidge		8/21/15