

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495390</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/12/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BIRMINGHAM GREEN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8605 CENTREVILLE ROAD MANASSAS, VA 20110</b>
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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><b>Initial Comments</b></p> <p>An unannounced biennial State Licensure Inspection was conducted on 9/12/17. The facility was in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 180 certified bed facility was 170 at the time of the survey.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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