

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/12/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>49G070</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - BURKE ROAD</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/11/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>BURKE ICF ID</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>9332 BURKE ROAD BURKE, VA 22015</b>		
(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) COMPLETION DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>The Facility is a single story family type residence. The Facility is Type V construction and is sprinklered. An unannounced recertification Life Safety Code survey was conducted on 6/11/19 in accordance with 42 Code of Federal Regulations, Part 483.150 and 410 to 480: Requirements for Intermediate Care Facilities for Persons with mental Retardation. The Facility was surveyed for compliance using the LSC 2012 Existing Regulations. The Facility was in compliance with the Requirements for Participation for Medicare and Medicaid. The Findings that follow demonstrate compliance with title 42 Code of Regulations. Part 483.150 and 410 to 480 (Life safety from Fire)</p>	K 000		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.