

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0293	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/05/2020
NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTHCARE OF WILLIAMSBURG		STREET ADDRESS, CITY, STATE, ZIP CODE 1811 JAMESTOWN ROAD WILLIAMSBURG, VA 23185		
(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 An unannounced biennial State Licensure Inspection was conducted 03/03/20 through 03/05/20 . The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Two complaints were investigated during the survey. The census in this 90 licensed bed facility was 87 at the time of the survey. The survey sample consisted of 26 resident reviews.	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: 12VAC5-371-150(A). Please cross reference to F-550. 12VAC5-371-220(A). Please cross reference to F-558. 12VAC5-371-150(B)(1). Please cross reference to F-561. 12VAC5-371-370(A). Please cross reference to F-584. 12VAC5-371-220(A). Please cross reference to F-695. 12VAC5-371-220(A). Please cross reference to F-758. 12VAC5-371-310(A). Please cross reference to F-770. 12VAC5-371-180(A). Please cross reference to	F 001	Refer to POC F550 Refer to POC F558 Refer to POC F561 Refer to POC F584 Refer to POC F695 Refer to POC F758 Refer to POC F770 Refer to POC F880	4/14/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

03/25/20

State of Virginia

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F 001	Continued From page 1 F-880.	F 001		