

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0417	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/19/2021
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NAME OF PROVIDER OR SUPPLIER ALBEMARLE HEALTH AND REHABILITATION CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE 1540 FOUNDERS PLACE CHARLOTTESVILLE, VA 22902
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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
F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 03/16/2021 through 03/19/2021. Corrections are required for compliance with Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow.</p> <p>The census in this 120 certified bed facility was 91 at the time of the inspection. The survey sample consisted of nineteen (19) current resident reviews and three (3) closed record reviews.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities:</p> <p>12VAC5-371-240 (C). Please cross reference to F-635.</p> <p>12VAC5-371-250 (B, C). Please cross reference to F-641.</p> <p>12VAC5-371-240 (C). Please cross reference to F-655.</p> <p>12VAC5-371-220 (B). Please cross reference to F-658.</p> <p>12VAC5-371-220 (B). Please cross reference to F-684.</p> <p>12VAC5-371-220 (C-1).</p>	F 001	<p>The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies nor the reported conversations and other information cited in support of the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>12VAC5-371-240 (C). Please cross reference to F-635.</p>	4/27/21

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

Electronically Signed

TITLE

(X6) DATE

04/08/21

State of Virginia

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F 001	<p>Continued From page 1</p> <p>Please cross reference to F-686.</p> <p>12VAC5-371-180 (C-6). Please cross reference to F-690.</p> <p>12VAC5-371-220 (C). Please cross reference to F-698.</p> <p>12VAC5-371-300 (A). Please cross reference to F-761.</p> <p>12VAC5-371-340 (A). Please cross reference to F-812.</p> <p>12VAC5-371-360 (A, E-10) Please cross reference to F-842.</p> <p>12VAC5-371-180 (A). Please cross reference to F-880.</p>	F 001	<p>12VAC5-371-250 (B, C). Please cross reference to F-641.</p> <p>12VAC5-371-240 (C). Please cross reference to F-655.</p> <p>12VAC5-371-220 (B). Please cross reference to F-658.</p> <p>12VAC5-371-220 (B). Please cross reference to F-684.</p> <p>12VAC5-371-220 (C-1). Please cross reference to F-686.</p> <p>12VAC5-371-180 (C-6). Please cross reference to F-690.</p> <p>12VAC5-371-220 (C). Please cross reference to F-698.</p> <p>12VAC5-371-300 (A). Please cross reference to F-761.</p> <p>12VAC5-371-340 (A). Please cross reference to F-812.</p> <p>12VAC5-371-360 (A, E-10) Please cross reference to F-842.</p> <p>12VAC5-371-180 (A). Please cross reference to F-880.</p>	