State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	VA0413	A. BUILDING: _____ B. WING _____	03/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHBY PONDS INC	21160 MAPLE BRANCH TERRACE ASHBURN, VA 20147

(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 3/23/21 through 3/26/21. Corrections are required for complilance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 44 certified bed facility was 27 at the time of the survey. The survey sample consisted of 17 current resident reviews and seven closed record 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: 12VAC5-371-140. Policies and procedures. Cross reference to F695, F756, F757, and F812 12VAC5-371-210. Nurse staffing. Cross reference to F657 12VAC5-371-220. Nursing services. Cross reference to 658, F695, F697, F698, F757 12VAC5-371-240. Physician services. Cross reference to F757 12VAC5-371-250. Resident assessment and care planning. Cross reference to F656, F657, F 658, F695, F697, F698, F757 12VAC5-371-270. Social services. Cross reference to F656 12VAC5-371-300. Pharmaceutical services. Cross reference to F757	F 001		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	VA0413	A. BUILDING: _____ B. WING _____	03/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHBY PONDS INC	21160 MAPLE BRANCH TERRACE ASHBURN, VA 20147

(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 001	Continued From page 1 12VAC5-371-340. Dietary and food service program. Cross reference to F812	F 001		