State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	VA0083	A. BUILDING: _____ B. WING _____	03/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIZABETH ADAM CRUMP HEALTH AND REHAB	3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060

(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 3/16/21 through 3/18/21. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 180 bed facility was 118 at the time of survey. The survey sample consisted of 52 current resident record reviews and four closed records.	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 F583 12VAC5-371-250. Resident Assesment and Care Planning Cross reference to F656. 12VAC5-371-200. Director of nursing Cross reference to F658 12VAC5-371-220. Nursing services Cross reference to F677 12VAC5-371-220. Quality of Care Cross reference to F684. 12VAC5-371-220. Nursing Services Cross reference to F686 12VAC5-371-220. Nursing Services Cross reference to F695	F 001		

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

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F 001	Continued From page 1 12VAC5-371-220. Nursing Services Cross reference to F698 12VAC5-371-260. Staff development and inservice training Cross reference to F730 12VAC5-371-220. Nursing Services Cross reference to F757 12VAC5-371-300. Pharmaceutical services Cross reference to F761 12VAC5-371-360. Clinical records Cross reference to F842	F 001		