

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/24/2021
NAME OF PROVIDER OR SUPPLIER CEDARS HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1242 CEDARS CT CHARLOTTESVILLE, VA 22903		
(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 06/22/2021 through 06/24/2021. Corrections are required for compliance with Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow. The census in this 143 certified bed facility was 124 at the time of the inspection. The survey sample consisted of twenty-five (25) current record reviews and two (2) closed record reviews.	F 000	This plan of correction is prepared and executed because it is required by the provisions of state and federal law not because Cedars Healthcare Center admits or denies the validity of the allegations and citations listed on the pages of this Statement of Deficiencies. Communicare, Cedars Healthcare Center maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor is it of such character as to limit our capacity to render adequate care. To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in the following plan of correction.	
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: 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: 12VAC5-371-220 (A). Please cross reference to F-550. 12VAC5-371-220 (A). Please cross reference to F-558. 12VAC5-371-370 (A). Please cross reference to F-584. 12VAC5-371-250 (B). Please cross reference to F-636. 12VAC5-371-250 (F). Please cross reference to F-657. 12VAC5-371-220 (A). Please cross reference to F-685.	F 001	Reference F-550 CMS 2567-POC Page 1 Reference F-558 CMS 2567-POC Page 7 Reference F-584 CMS 2567-POC Page 8-9 e F-636 CMS 2567-POC Pages 20-21 Reference F-657 CMS 2567-POC Pages 25-26 Reference F-685 CMS 2567-POC Pages 34-35	08/06/21 08/06/21 08/06/21 08/06/21 08/06/21 08/06/21

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

TITLE

(X6) DATE

Paul E. Clements, Executive Director

July 15, 2021

STATE FORM

6899

BHW211

If continuation sheet 1 of 2

State of Virginia

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F 001	Continued From page 1 12VAC5-371-220 (C-1). Please cross reference to F-686. 12VAC5-371-180 (A). Please cross reference to F-686. 12VAC5-371-300 (A). Please cross reference to F-755. 12VAC5-371-340 (D-4). Please cross reference to F-800. 12VAC5-371-370 (E) Please cross reference to F-925. 12VAC5-371-180 (C-9) Please cross reference to F-925.	F 001	Reference F-686 CMS 2567-POC Page 38 Reference F-686 CMS 2567-POC Page 38 Reference F-755 CMS 2567-POC Page 42 Reference F-800 CMS 2567-POC Page 44 Reference F-925 CMS 2567-POC Page 51 Reference F-925 CMS 2567-POC Page 51	08/06/21 08/06/21 08/06/21 08/06/21 08/06/21