

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0291	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/30/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOLLY MANOR NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901
---	--

(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 6/28/21 through 6/30/21. Corrections are required for compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 120 bed certified facility was 101 at the time of the survey. The survey sample consisted of 34 current resident reviews and 4 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: !2 VAC 5 - 371 - 250 G - cross references to F 656 12 VAC 5 - 371 - 220 C 1 - cross references to F 686 12 VAC 5 - 371 - 220 C 3 - cross references to F 690 12 VAC 5 - 371 - 220 B - cross references to F 697 12 VAC 5 - 371 - 220 A - cross references to F 756 12 VAC 5 - 371 - 220 B - cross references to F 757 12 VAC 5-371-340 (A) Food and Nutrition Services cross referenced to F812	F 001	plan of correction	8/1/21

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

Electronically Signed

TITLE

(X6) DATE

07/15/21