

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NP</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/07/2021</b>
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NAME OF PROVIDER OR SUPPLIER <b>MASONIC HOME OF VIRGINIA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4101 NINE MILE ROAD RICHMOND, VA 23223</b>
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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
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F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 10/06/2021 through 10/07/2021. The facility was in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. No complaints were investigated during the survey.</p> <p>The census in this 67 licensed bed facility was 10 at the time of the survey. The survey sample consisted of 2 resident reviews.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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