

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0181</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/09/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OUR LADY OF HOPE HEALTH CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>13700 NORTH GAYTON ROAD RICHMOND, VA 23233</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><b>Initial Comments</b></p> <p>An unannounced biennial State Licensure Inspection was conducted 12/7/21 through 12/9/21. Corrections are required for compliance with the following with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. There were no complaints investigated.</p> <p>The census in this 75 certified facility was 60 at the time of the survey. The survey sample consisted of 30 current record reviews and 2 closed record reviews.</p>	F 000		
F 001	<p><b>Non Compliance</b></p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: 12VAC5-371-140. Policies and procedures Cross reference to F730</p> <p>12VAC5-371-200. Director of nursing Cross reference to F730</p> <p>12VAC5-371-210. Nurse staffing Cross reference to F730</p> <p>12VAC5-371-260. Staff development and inservice training Cross reference to F730</p> <p>Federal tag F-812 cross referenced to state tag 12 VAC 5-371-340 (A) Dietary</p>	F 001	<p><b>F 001</b> <b>POLICIES AND PROCEDURES</b> <b>12VAC5-371-140</b> Cross Reference to F730</p> <p>Cross Reference POC for F730</p> <p><b>DIRECTOR OF NURSING</b> <b>12VAC5-371-200</b> Cross Reference to F730</p> <p>Cross Reference POC for F730</p> <p><b>NURSING STAFFING</b> <b>12VAC5-371-210</b> Cross Reference to F730</p> <p>Cross Reference POC for F730</p> <p><b>STAFF DEVELOPMENT AND INSERVICE TRAINING</b> <b>12VAC5-371-260</b> Cross Reference to F730</p> <p>Cross Reference POC for F730</p>	12/29/21

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

*Paul D. Joy*

TITLE

*ADMINISTRATOR*

(X6) DATE

*12/20/21*

State of Virginia

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		F 001	<p><b>DIETARY</b> <b>12VAC5-371-340</b> Cross Reference to F812</p> <p>Cross Reference POC for F812</p>	
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