

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0120	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/09/2021
NAME OF PROVIDER OR SUPPLIER CHARLOTTESVILLE HEALTH & REHABILITATION CEI		STREET ADDRESS, CITY, STATE, ZIP CODE 505 WEST RIO ROAD CHARLOTTESVILLE, VA 22901		
(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 11/7/2021 through 11/9/2021. The facility was not in compliance with the Virginia Regulations for the Licensure of Nursing Facilities. The census in this 105 bed facility was 95 at the time of the survey. The survey sample consisted of 22 current Resident reviews and three 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: The facility was not in compliance with the following Virginia Regulations for the Licensure of Nursing Facilities: 12VAC5-371-180 Infection Control 12VAC5-371-180 (C.3) Cross Reference to F-686 12VAC5-371-180 (C.3) Cross Reference to F-880 12VAC5-371-210 Nurse Staffing 12VAC5-371-210 (A.1) Cross Reference to F-689 12VAC5-371-220 Nursing Services 12VAC5-371-220 (B) Cross Reference to F-684 12VAC5-371- 250 Resident Assessment and Care Planning 12VAC5-371-250 (A) Cross Reference to F-641 12VAC5-371-250 (F) Cross Reference to F-655 12VAC5-371-250 (G) Cross Reference to F-656	F 001	12VAC5-371-180 Infection Control 12VAC5-371-180 (C.3) Cross Reference to F-686 12VAC5-371-180 (C.3) Cross Reference to F-880 12VAC5-371-210 Nurse Staffing 12VAC5-371-210 (A.1) Cross Reference to F-689 12VAC5-371-220 Nursing Services 12VAC5-371-220 (B) Cross Reference to F-684 12VAC5-371- 250 Resident Assessment and Care Planning 12VAC5-371-250 (A) Cross Reference to F-641 12VAC5-371-250 (F) Cross Reference to F-655 12VAC5-371-250 (G) Cross Reference to F-656	12/16/21

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

Electronically Signed

TITLE

(X6) DATE

11/23/21

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