State of Virginia

State Of V	riigiilia									
, ,		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY					
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED					
					С					
		VA0252	B. WING		10/06/2021					
NAME OF D	ROVIDER OR SUPPLIER	QTDEET A	DDRESS, CITY, ST	ATE ZIR CODE						
NAME OF T	TOVIDEIT OIT SOI I EIEIT		, ,	,						
ENVOY AT THE VILLAGE 4238 JAMES MADSON HIGHWAY FORK UNION, VA 23055										
			NION, VA 23055							
(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 CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	ON SHOULD BE COMPLETE BE APPROPRIATE DATE					
F 000	Initial Comments		F 000							
	An unannounced bier Inspection was conduted 10/6/21. Corrections compliance with the Negulations for the Li Facilities.	icted 10/4/21 through were required for /irginia Rules and								
	The census in this sixty-bed facility was 55 at the time of the survey. The survey sample consisted of fifteen current resident reviews and three closed record reviews.									
F 001	Non Compliance		F 001		11/2/21					
	The facility was out of following state licensu									
	Licensure of Nursing	compliance with the es and Regulations for the		12vac5-371-300 B Cross reference to POC F554 12VAC5-371-370 A, G						
	12VAC5-371-300 B Cross reference to F5	554		Cross reference to POC F584 12VAC5-371-140 A, E						
	12VAC5-371-370 A, C Cross reference to F5			Cross reference to POC F607 and F6	09					
				12VAC5-371-250 F, G						
	12VAC5-371-140 A, E	<u> </u>		Cross reference to POC F656						
	Cross reference to F6	607, F609								
		_		12VAC5-371-250 F						
	12VAC5-371-250 F, (Cross reference to POC F657						
	Cross reference to F6	556		12) (A O.F. 271, 220, A						
	12VAC5-371-250 F			12VAC5-371-220 A Cross reference to POC F684 AND F6	689					
	Cross reference to F6	657		10,405,074,000 : 3						
				12VAC5-371-220 A.C						

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

12VAC5-371-220 A

Cross reference to F684, F689

(X6) DATE TITLE

Cross reference to POC F686 AND F690

Electronically Signed 10/27/21

PRINTED: 01/05/2022 FORM APPROVED

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED						
ANDIEAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING:								
		VA0252	B. WING		C 10/06/2021						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
ENVOY AT THE VILLAGE 4238 JAMES MADSON HIGHWAY											
FORK UNION, VA 23055											
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE						
F 001	Continued From page	21	F 001								
F 001	Continued From page 12VAC5-371-220 A, 0 Cross reference to F6 12VAC5-371-340 Cross reference to F6 12VAC5-371-180 A Cross reference to F6 12VAC5-371- A, B Cross reference to F6 12VAC5- A, A Cross reference to F6 12VAC5	C 686, F690 312 387	F 001	12VAC5-371-340 Cross reference to POC F812 12VAC5-371-180 A Cross reference to POC F887 12VAC5-371-A,B Cross reference to F909							
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