

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0252	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/06/2021
NAME OF PROVIDER OR SUPPLIER ENVOY AT THE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 4238 JAMES MADSON HIGHWAY FORK UNION, 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 000	Initial Comments An unannounced biennial State Licensure Inspection was conducted 10/4/21 through 10/6/21. Corrections were required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. 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 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 Rules and Regulations for the Licensure of Nursing Facilities: 12VAC5-371-300 B Cross reference to F554 12VAC5-371-370 A, G Cross reference to F584 12VAC5-371-140 A, E Cross reference to F607, F609 12VAC5-371-250 F, G Cross reference to F656 12VAC5-371-250 F Cross reference to F657 12VAC5-371-220 A Cross reference to F684, F689	F 001	12vac5-371-300 B Cross reference to POC F554 12VAC5-371-370 A, G Cross reference to POC F584 12VAC5-371-140 A, E Cross reference to POC F607 and F609 12VAC5-371-250 F, G Cross reference to POC F656 12VAC5-371-250 F Cross reference to POC F657 12VAC5-371-220 A Cross reference to POC F684 AND F689 12VAC5-371-220 A,C Cross reference to POC F686 AND F690	11/2/21

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

Electronically Signed

TITLE

(X6) DATE

10/27/21

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0252	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/06/2021
NAME OF PROVIDER OR SUPPLIER ENVOY AT THE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 4238 JAMES MADSON HIGHWAY FORK UNION, 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 001	Continued From page 1 12VAC5-371-220 A, C Cross reference to F686, F690 12VAC5-371-340 Cross reference to F812 12VAC5-371-180 A Cross reference to F887 12VAC5-371- A, B Cross reference to F909	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	