

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0298	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/06/2021
NAME OF PROVIDER OR SUPPLIER GREENSPRING VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 7470 SPRING VILLAGE DR SPRINGFIELD, VA 22150		
(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 State Licensure Inspection survey was conducted 10/05/21 through 10/06/21. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 76 certified bed facility was 57 at the time of the survey. The survey sample consisted of twenty (20) current resident reviews, and three (3) 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: 12 VAC 5-371-230 (B.1) Cross Reference to F-Tag 645 12 VAC 5-371-250 (F) Cross Reference to F-Tag 657 12 VAC 5-371-220 (B) Cross Reference to F-Tag 684 12 VAC 5-371-300 (A, B) Cross Reference to F-Tag 761	F 001	12 VAC 5-371-230 (B.1) Cross Reference to F-Tag 645 12 VAC 5-371-250(F) Cross Reference to F-Tag 657 12 VAC 5-371-220 (B) Cross Reference to F-Tag 684 12 VAC 5-371-300 (A,B) Cross Reference to F-Tag 761	11/12/2021

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

[Handwritten Signature]

TITLE

NHA

(X6) DATE

10/21/2021