

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2022
NAME OF PROVIDER OR SUPPLIER LANCASHIRE NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 287 SCHOOL STREET KILMARNOCK, VA 22482		
(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 licensure survey was conducted 02/01/2022 through 02/03/2022. Corrections are required for compliance with Virginia nursing home requirements. The census in this 120 licensed bed facility was 73 at the time of the survey. The survey sample consisted of 38 resident 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: 12 VAC 5-371-370 (A) Please cross reference to F-584. 12 VAC 5-371-250 (A) Please cross reference to F-657. 12 VAC 5-371-220 (C) Please cross reference to F-688. 12 VAC 5-371-370 (B) Please cross reference to F-689. 12 VAC 5-371-220 (C)(5) Please cross-reference F-692. 12 VAC 5-371-300 (B) Please cross reference to F-761. 12 VAC 5-371-320 (A) Please cross reference to F-791. 12 VAC 5-371-180 (A) Please cross-reference F-880.	F 001	Please cross reference the federal tags as allegation of compliance with the corresponding state licensure requirements. 12 VAC 5-371-370 (A) Please cross reference to F-584. 12 VAC 5-371-250 (A) Please cross reference to F-657. 12 VAC 5-371-220 (C) Please cross reference to F-688. 12 VAC 5-371-370 (B) Please cross reference to F-689. 12 VAC 5-371-220 (C)(5) Please cross-reference F-692. 12 VAC 5-371-300 (B) Please cross reference to F-761. 12 VAC 5-371-320 (A) Please cross	3/18/22

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

TITLE

(X6) DATE

Electronically Signed

02/23/22

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F 001	Continued From page 1 12 VAC5-371-220 (A) Please cross reference to F-887.	F 001	reference to F-791. 12 VAC 5-371-180 (A) Please cross-reference F-880. 12 VAC5-371-220 (A) Please cross reference to F-887.	