

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0191	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/13/2022
NAME OF PROVIDER OR SUPPLIER RAPPAHANNOCK WESTMINSTER CANTERBURY		STREET ADDRESS, CITY, STATE, ZIP CODE 132 LANCASTER DRIVE IRVINGTON, VA 22480		
(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 01/11/2022 through 01/13/2022. Corrections are required for compliance with Virginia Nursing Home regulations. No complaints were investigated during this survey. The census in this 42 licensed bed facility was 30 at the time of the survey. The survey sample consisted of 27 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 5-371-220 (A). Cross Reference to F 689. 12 VAC 5-371-340 (A). Cross Reference to F 812.	F 001	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in this plan of correction. The plan constitutes the center's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates included. 12 VAC 5-371-220 (A). Cross Reference to F 689. 12 VAC 5-371-340 (A). Cross Reference to F 812.	2/8/22

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

TITLE

(X6) DATE

Electronically Signed

02/03/22