

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0254</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/03/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE VIRGINIA HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1101 HAMPTON ST RICHMOND, VA 23220</b>		
(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 2/1/22 through 2/3/22. Corrections are required for compliance with the following with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.  The census in this 130 bed certified bed facility was 130 at the time of the survey. The survey sample consisted of 31 current resident record reviews and no 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: Resident assessment and care planning 12VAC5-371-250 A cross reference to F641.	F 001	See Tag F641	2/11/22

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

TITLE

(X6) DATE

Electronically Signed

02/11/22