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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 01/13/2022	
		VA0049				
					<u></u>	
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, ST RTH SECOND S			
BRIDGEW	ATER HOME , INC.		WATER, VA 228			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLET DATE	
F 000	Initial Comments		F 000			
	Inspection was con 01/13/2022. Correct compliance with the	ennial State Licensure ducted 01/11/2022 through ctions were required for Virginia Rules and Licensure of Nursing				
	time of the survey.	127 bed facility was 120 at the The survey sample consisted nt reviews and 2 closed				
F 001	Non Compliance		F 001		7/1/22	
	The facility was out following state licen	of compliance with the sure requirements:				
	This RULE: is not r	net as evidenced by:				
	-	in compliance with the Regulations for the Licensure		12VAC5-371-250 (G) Cross reference to F656		
	of Haroling Facilities			12VAC5-371-280 (B)		
	12VAC5-371-250 (0			Cross reference to F680		
	Cross reference to	000		12VAC5-371-220 (A) (B)		
	12VAC5-371-280 (E			Cross reference to F684		
	Cross reference to	F680				
	12VAC5-371-220 (A Cross reference to			12VAC5-371-220 (C) (1) Cross reference to F686		
				12VAC5-371-220 (C) (3)		
	12VAC5-371-220 (C Cross reference to	, , ,		Cross reference to F690		
		F000		12VAC5-371-220 (C) (5)		
	12VAC5-371-220 (Cross reference to			Cross reference to F692		
				12VAC5-371-300 (G) (H) (I)		
	12VAC5-371-220 (C Cross reference to			Cross reference to F758		
				1		
		R/SUPPLIER REPRESENTATIVE'S SIGNATU	RE	TITLE	(X6) DATE	
Electronic	ally Signed				02/01/22	

STATE FORM

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If continuation sheet 1 of 2

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State of Virginia								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:					
	VA0049	B. WING		C 01/13/202 <u>2</u>				
NAME OF PROVIDER OR SUPPI	JER STR	REET ADDRESS, CITY, STA	ITE, ZIP CODE					
BRIDGEWATER HOME , IN		2 NORTH SECOND ST IDGEWATER, VA 228 [,]	RTH SECOND STREET WATER, VA 22812					
PREFIX (EACH DE	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD F CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE				
F 001 Continued Fro	m page 1	F 001						
F 001 Continued Fro 12VAC5-371-3 Cross referend 12VAC5-371-3 Cross referend	800 (G) (H) (I) se to F758 800 (A) (B) se to F761 860 (A) (D) (E)	F 001	12VAC5-371-300 (A) (B) Cross reference to F761 12VAC5-371-360 (A) (D) (E) Cross reference to F842					

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