

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0287	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/20/2022
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NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE OF TAPPAHANNOCK	STREET ADDRESS, CITY, STATE, ZIP CODE 1150 MARSH STREET TAPPAHANNOCK, VA 22560
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(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	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 1/19/2022 through 1/20/2022. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 60 certified bed facility was 46 at the time of the survey. The survey sample consisted of 22 Resident reviews.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>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:</p> <p>Resident Rights 12 VAC 371-370 (A) Please Cross Reference to F-584</p> <p>Quality of Life 12 VAC 371-220 (D) & (F) Please Cross Reference to F - 677</p> <p>Quality of Care 12 VAC 371-220 (C)(1) Please Cross Reference to F - 686 12 VAC 371-220 (A) Please Cross Reference to F- 689</p> <p>Administration 12 VAC 371-360 (E) Please Cross Reference to F - 842</p> <p>Physical Enviroment</p>	F 001	<p>Resident Rights 12 VAC 371-370 (A) Please Cross Reference to F-584</p> <p>Quality of Life 12 VAC 371-220 (D) & (F) Please Cross Reference to F - 677</p> <p>Quality of Care 12 VAC 371-220 (C)(1) Please Cross Reference to F - 686 12 VAC 371-220 (A) Please Cross Reference to F- 689</p> <p>Administration 12 VAC 371-360 (E) Please Cross Reference to F - 842</p> <p>Physical Environment 12 VAC 371-370 (E) Please Cross Reference to F - 925</p>	3/4/22

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

TITLE

(X6) DATE

Electronically Signed

02/07/22

State of Virginia

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F 001	Continued From page 1 12 VAC 371-370 (E) Please Cross Reference to F - 925	F 001		