

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0145	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/06/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF NEW MARKET	STREET ADDRESS, CITY, STATE, ZIP CODE 315 EAST LEE HIGHWAY NEW MARKET, VA 22844
---	---

(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 1/4/22 through 1/6/22. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 118 bed facility was 87 at the time of the survey. The survey sample consisted of 30 current resident reviews and 5 closed record 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>12VAC5-371-140. Policies and Procedures. Cross reference to F622</p> <p>Resident Rights 12VAC5-371-150. A Resident rights Cross reference to F554.</p> <p>12VAC5-371-150. Resident Rights. Cross reference to F622</p> <p>12VAC5-371-220. Nursing Services Cross reference to F757</p> <p>12VAC5-371-220. Nursing Services Cross reference to F695</p> <p>12VAC5-371-220. Quality of Care Cross reference to F684.</p> <p>12VAC5-371-250. Resident Assesment and Care</p>	F 001	<p>12VAC5-371-140. Policies and Procedures. Cross reference to F622</p> <p>Resident Rights 12VAC5-371-150. A Resident rights Cross reference to F554.</p> <p>12VAC5-371-150. Resident Rights. Cross reference to F622</p> <p>12VAC5-371-220. Nursing Services Cross reference to F757</p> <p>12VAC5-371-220. Nursing Services Cross reference to F695</p> <p>12VAC5-371-220. Quality of Care Cross reference to F684.</p> <p>12VAC5-371-250. Resident Assessment and Care Planning</p>	2/18/22

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

TITLE

(X6) DATE

Electronically Signed

01/18/22

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0145	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/06/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF NEW MARKET	STREET ADDRESS, CITY, STATE, ZIP CODE 315 EAST LEE HIGHWAY NEW MARKET, VA 22844
---	---

(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 001	Continued From page 1 Planning Cross reference to F656. 12VAC5-371-250. A.6, B.2 Resident Assessment and Care Planning Cross reference to F641.	F 001	Cross reference to F656. 12VAC5-371-250. A.6, B.2 Resident Assessment and Care Planning Cross reference to F641.	