

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/20/2022
NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING AND REHAB (ALEX/		STREET ADDRESS, CITY, STATE, ZIP CODE 1510 COLLINGWOOD ROAD ALEXANDRIA, VA 22308		
(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 1/19/22 through 1/20/22. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 90 certified bed facility was 72 at the time of the survey. The survey sample consisted of 28 current resident reviews and six 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: 12 VAC 5 - 371 - 250 -F - cross references to Federal Deficiency F 656 12 VAC 5 - 371 - 220 B - cross references to Federal Deficiency F 697 12 VAC 5 - 371 - 220 B - cross references to Federal Deficiency F 757. Resident Assessment and Care Planning 12VAC5-371-250 F cross reference to F656. Resident Services 12VAC5-317-210 A.3 cross reference to F657. Nursing Services 12VAC5-371-220 A cross reference to F758. 12VAC5-371-220. Nursing Services Cross reference to F558 12VAC5-371-370 Maintenance and Housekeeping Cross reference to F584	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 the following plan of correction. The following POC constitutes the center's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date indicated. 12 VAC 5 - 371 - 250 -F - cross references to Federal Deficiency F 656 *Please refer to POC for F656 12 VAC 5 - 371 - 220 B - cross references to Federal Deficiency F 697 *Please refer to POC for F697 12 VAC 5 - 371 - 220 B - cross references	2/3/22

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

TITLE

(X6) DATE

Electronically Signed

02/03/22

State of Virginia

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F 001	Continued From page 1 12VAC5-371-220. Nursing Services Cross reference to F690	F 001	to Federal Deficiency F 757. *Please refer to POC for F757 Resident Assessment and Care Planning 12VAC5-371-250 F cross reference to F656. * Please refer to POC for F656 Resident Services 12VAC5-317-210 A.3 cross reference to F657. * Please refer to POC for F657 Nursing Services 12VAC5-371-220 A cross reference to F758. * Please refer to POC for F758 12VAC5-371-220. Nursing Services Cross reference to F558 * Please refer to POC for F558 Per request of state agency, this POC has been resubmitted.	