

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NP	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/14/2021
NAME OF PROVIDER OR SUPPLIER WOODHAVEN NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 13055 WEST LYNCHBURG/SALEM PIKE BLUE RIDGE, VA 24064			
(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 10/12/2021. The facility was in substantial compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 48 bed facility was 27 at the time of the survey. The survey sample consisted of 4 current Resident reviews (Residents 1 through 4).</p>	F 000			

RECEIVED
DEC 28 2021
VDH/OLC

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

Randy Jones

TITLE

Administrator

(X6) DATE

12/16/2021