

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/14/2022
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHARLOTTESVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 490 HILLSDALE DRIVE CHARLOTTESVILLE, VA 22901		
(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 04/12/22 through 04/14/22. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 120 bed facility was 113 at the time of the survey. The survey sample consisted of twenty-three (23) current resident reviews and six (6) 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: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities: 12VAC5-371-140 E. 3 cross reference to F607 12VAC5-371-250 A. cross reference to F641 12VAC5-371-250 C., F. cross reference to F657 12VAC5-371-220 B. cross reference to F684, F690, F759 12VAC5-371-220 C.1. cross reference to F686 12 VAC5-371-340 D.1. cross reference to F692	F 001	12VAC5-371-140 E. cross reference to F607 12VAC5-371-250 A. cross reference to F641 12VAC5-371-250 C,F. cross reference to F657 12VAC5-371-250 B. cross reference to F684, F690, F759 12VAC5-371-220 C.1. cross reference to F686 12VAC5-371-340 D.1 cross reference to F692 12 VAC5-371-300 A.B. cross reference to F755, F761	5/17/22

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

Electronically Signed

TITLE

(X6) DATE

05/05/22

State of Virginia

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE LAURELS OF CHARLOTTESVILLE

**490 HILLSDALE DRIVE
CHARLOTTESVILLE, VA 22901**

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F 001	Continued From page 1 12VAC5-371-300 A., B. cross reference to F755, F761 12VAC5-371-340 D.4. cross reference to F804, F806 12VAC5-371-340 A. cross reference to F812, F814 12VAC5-371-360 A., E. cross reference to F842 12VAC5-371-180 A.,B. cross reference to F880	F 001	12 VAC5-371-D.4. cross reference to F804, F806 12 VAC5-371-340 A. cross reference to F812, F814 12 VAC5-371-360 A. cross reference to F842 12 VAC5-371-180 A, B. cross reference to F880	