## PRINTED: 05/19/2022 FORM APPROVED

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 07/06/2017	
	VA0182				
	751 HILI	SDALE DRIVE			
(X4) ID         SUMMARY STATEMENT OF DEFICIENCIES           PREFIX         (EACH DEFICIENCY MUST BE PRECEDED BY FULL           TAG         REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG			
<ul> <li>Initial Comments</li> <li>An unannounced State Licensure Inspection was conducted 07/05/17 through 07/06/17. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. No complaints were investigated. The Life Safety Code survey/report will follow.</li> <li>The census in this 30 certified bed facility was 30 at the the time of the survey. The survey sample consisted of nine (09) current Resident reviews (Residents #01 through #09) and one (01) closed record review (Resident #10).</li> </ul>		F 000			
		F 001	for F-309 to 12VAC5-371-220(B). Please cross reference plan of correction for F-371 to 12VAC5-371-180(B) and (1 (3).	on C)	
	(EACH DEFICIENC REGULATORY OR I Initial Comments An unannounced Sta conducted 07/05/17 t facility was not in com Rules and Regulation Nursing Facilities. No investigated. The Life will follow. The census in this 30 at the the time of the consisted of nine (09 (Residents #01 throu record review (Reside Non Compliance The facility was out o following state license This RULE: is not me The facility was not in following Virginia Rul Licensure of Nursing 12VAC5-371-220(B). F-309. 12VAC5-371-180(B) reference to F-371.	OF CORRECTION       IDENTIFICATION NUMBER:         VA0182       VA0182         ROVIDER OR SUPPLIER       STREET A         Y OF PEACE INC       751 HILL CHARLO         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       Initial Comments         An unannounced State Licensure Inspection was conducted 07/05/17 through 07/06/17. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. No complaints were investigated. The Life Safety Code survey/report will follow.         The census in this 30 certified bed facility was 30 at the the time of the survey. The survey sample consisted of nine (09) current Resident reviews (Residents #01 through #09) and one (01) closed record review (Resident #10).         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.         12VAC5-371-220(B). Please cross reference to F-309.         12VAC5-371-180(B) and (C)(3). Please cross reference to F-371.         12VAC5-371-360(E)(4). Please cross reference	PF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         VA0182       B. WING	OP DEFICIENCIES       (X1) PROVIDERSUPPLIERCLA DENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION A BUILDING:         VA0182       B. WING         ROWIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         Y OF PEACE INC       751 HILLSDALE DRIVE CHARLOTTESVILLE, VA 22901         ISUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDER'S PLAN OF CORRECTION (EACH OERCETIVE ACTION SHOLD B)         Initial Comments       F 000       PREFICIENCY)       ID ID FICIENCY)         Initial Comments       F 000       PROVIDER'S PLAN OF CORRECTION (EACH OERCETIVE ACTION SHOLD B)         An unannounced State Licensure Inspection was conducted 07/05/17 through 07/06/17. The facility was not in compliance with the Yignia Rules and Regulations for the Licensure of Nursing Facilities. No compliants were investigated. The Life Safety Code survey/report will follow.       F 001         The census in this 30 certified bed facility was 30 at the the time of the survey. The survey sample consisted of nine (09) current Resident reviews (Residents #01 through #09) and one (01) closed record review (Resident #10).       F 001         Non Compliance       F 001       Please cross reference plan of correctli for F-309 to 12VAC5-371-220(B).         12VAC5-371-180(B) and (C)(3). Please cross reference to F-371.       Please cross reference plan of correctli for F-514 to 12VAC5-371-360(E)(4).         12VAC5-371-180(E)(4). Please cross reference       Please	

Electronically Signed

07/18/17

If continuation sheet 1 of 1