

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0182	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2019
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NAME OF PROVIDER OR SUPPLIER OUR LADY OF PEACE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 751 HILLSDALE DRIVE CHARLOTTESVILLE, VA 22901
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(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 7/9/19 through 7/11/19. The facility was not in compliance with the Virginia Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 30 bed facility was 28 at the time of the survey. The survey sample consisted of 24 current Resident reviews and two 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 Regulations for the Licensure of Nursing Facilities:</p> <p>12VAC 5-371-180 Infection Control 12VAC 5-371-180 (C.3) Cross Reference to F-880</p> <p>12VAC 5-371-200 Director of Nursing 12VAC 5-371-200 (B.1) Cross Reference to F-658</p> <p>12VAC 5-371-220 Nursing Services 12VAC 5-371-220 (B) Cross Reference to F-684</p> <p>12VAC 5-371-250 Resident Assessment and Care Planning 12VAC 5-371-250 (G) Cross Reference to F-656 12VAC 5-371-250 (C) Cross Reference to F-657</p> <p>12VAC 5-371-300 Pharmaceutical Services 12VAC 5-371-300 (H) Cross Reference to F-758</p>	F 001	<p>Please cross reference plan of correction for F-880 to 12VAC 5-371-180 Infection Control and 12VAC 5-371-180 (C.3)</p> <p>Please cross reference plan of correction for F-658 to 12VAC 5-371-200 Director of Nursing and 12VAC 5-371-200 (B.1).</p> <p>Please cross reference plan of correction for F-684 to 12VAC 5-371-220 Nursing Services and 12VAC 5-371-220 (B).</p> <p>Please cross reference plans of correction for F-656 and F-657 to 12VAC 5-371-250 Resident Assessment and Care Planning.</p> <p>Please cross reference plans of correction for F-758 and F-761 to 12VAC 5-371-300 Pharmaceutical Services.</p> <p>Please cross reference plan of correction</p>	8/15/19

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

TITLE

(X6) DATE

Electronically Signed

07/26/19

State of Virginia

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F 001	Continued From page 1 12VAC 5-371-300 (B) Cross Reference to F-761 12VAC 5-371-370 Maintenance and Housekeeping 12VAC 5-371-370 (A) Cross Reference to F-921	F 001	for F-921 to 12VAC 5-371-370 Maintenance and Housekeeping and 12VAC 5-371-370 (A.)	