

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0254</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/20/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE VIRGINIA HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1101 HAMPTON ST RICHMOND, VA 23220</b>
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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 2/19/20 through 2/21/20. Corrections are required for compliance with the following with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 130 bed certified bed facility was 130 at the time of the survey. The survey sample consisted of 32 current resident record reviews and no 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: 12VAC5-371-110. Management and administration. Cross reference to F623, F730</p> <p>12VAC5-371-140. Policies and Procedures. Cross reference to F623</p> <p>12VAC5-371-150. Resident Rights. Cross reference to F623</p> <p>12VAC5-371-200. Director of Nursing. Cross reference to F730</p> <p>12VAC5-371-210. Nurse Staffing. Cross reference to F730</p> <p>12VAC5-371-260. Staff Development and Inservice Training. Cross reference to F730</p>	F 001	<p>Plan of care was developed to address the flowing FTags: F550,F583, F623, F671 and F947.</p>	3/16/20

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

Electronically Signed

TITLE

(X6) DATE

03/05/20