

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0408</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/06/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE VILLAGE AT ORCHARD RIDGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 PROCESSION WAY WINCHESTER, VA 22603</b>		
(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 4/4/18 through 4/6/18. Corrections are required for compliance with the following with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.  The census in this 20 certified bed facility was 15 at the time of the survey. The survey sample consisted of 12 current resident reviews (Residents # 9, 61, 10, 4, 112, 1, 6, 8, 3, 111, 2 and 115) and two closed record reviews (Residents # 12 and 11).	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: 12VAC5-371-180. Infection control cross reference to F880  12VAC5-371-300. Pharmaceutical services cross reference to F761  12VAC5-371-340. Dietary and food service program cross reference to F812  12VAC5-371-140. Policies and Procedures cross references to F622, F623, F624, F625  12VAC5-371-250. Resident assessment and Care Planning cross references to F657, F757, F686, F695, F697,  12VAC5-371-200. Director of Nursing cross references to F684.	F 001		

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

TITLE

(X6) DATE

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F 001	Continued From page 1  12VAC5-371-220. Nursing Services cross references to F757	F 001		