

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0267	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/04/2017
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NAME OF PROVIDER OR SUPPLIER WESTMINSTER-CANTERBURY ON CHESAPEAKE BA	STREET ADDRESS, CITY, STATE, ZIP CODE 3100 SHORE DRIVE VIRGINIA BEACH, VA 23451
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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 and Medicare/Medicaid standard survey was conducted 05/02/17 through 05/04/17. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. One complaint was investigated during the survey.</p> <p>The census in this 95 certified bed facility was 76 at the time of the survey. The survey sample consisted of 13 current Resident reviews (Residents #1 through 13) and 4 closed record reviews (Residents #14 through 17).</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: COV 32.1-126.01 A Employment for compensation of persons convicted of certain offenses prohibited; criminal records check required; suspension or revocation of license. Please Cross-Reference to F-226</p>	F 001		

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

TITLE

(X6) DATE