State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	VA0268	A. BUILDING: _____ B. WING _____	05/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTMINSTER-CANTERBURY OF LYNCHBURG INC	501 VES RD LYNCHBURG, VA 24503

(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 05/04/2021 through 05/05/2021. Corrections are required for compliance with the Virginia Regulations for the Licensure of Nursing Facilities. The census in this 105 bed facility was 95 at the time of the survey. The survey sample consisted of twenty (20) current resident reviews, and two (2) closed record reviews.	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: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities: 12VAC5-371-300 (H). Please cross reference to F-758. 12VAC5-371-140 (E-3.a). Please cross reference to F-839. 12VAC5-371-360 (A, E-10). Please cross reference to F-842.	F 001	12VAC5-371-300 (H). Please cross reference to F-758. 12VAC5-371-140 (E-3.a). Please cross reference to F-839. 12VAC5-371-360 (A, E-10). Please cross reference to F-842.	5/21/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 05/18/21