

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0275	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/31/2019
NAME OF PROVIDER OR SUPPLIER WOODHAVEN HALL AT WILLIAMSBURG LANDING		STREET ADDRESS, CITY, STATE, ZIP CODE 5500 WILLIAMSBURG LANDING DR WILLIAMSBURG, VA 23185		
(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 05/29/19 through 05/31/19. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Three complaints were investigated during the survey. The census in this 73 licensed bed facility was 52 at the time of the survey. The survey sample consisted of 29 resident 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: 12VAC5-371-300(B). Please cross reference to F554. COV 32.1-138.01(A)(8). Please cross reference to F600. 12VAC5-371-250(G). Please cross reference to F656. 12VAC5-371-250(G). Please cross reference to F657. 12VAC5-371-220(C)(3). Please cross reference to F690. 12VAC5-371-260(F). Please cross reference to F730. 12VAC5-371-220(A). Please cross reference to F744. 12VAC5-371-300(A). Please cross reference to	F 001		

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

TITLE

(X6) DATE

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F 001	Continued From page 1 F755. 12VAC5-371-340(A). Please cross reference to F801. 12VAC5-371-340(A). Please cross reference to F812. 12VAC5-371-180(A). Please cross reference to F880.	F 001		