| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495257 | A. BUILDING _____ B. WING _____ | R-C 06/02/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE LAURELS OF WILLOW CREEK | 11611 ROBIOUS ROAD MIDLOTHIAN, VA 23113 |

| (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) COMPLETION DATE |
|---|---|---|---|---|
| {E 000} | Initial Comments | {E 000} | | |
| {F 000} | INITIAL COMMENTS<br><br>An unannounced Medicare/Medicaid second revisit to the standard survey conducted 3/22/2022 through 3/24/2022, was conducted 6/1/2022 through 6/2/2022. The first revisit survey was conducted 5/10/2022 through 5/12/2022. The facility was found to be in compliance with the 42 CFR Part 483 Federal Long-Term Care regulations for all of the original deficiencies.<br><br>The census in this 120 certified bed facility was 111 at the time of the survey. The survey sample consisted of five current resident reviews, Residents #201 through #205. | {F 000} | | |

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.