PRINTED: 06/08/2022 FORM APPROVED

State of Virginia

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE 287 EAST SOUTH BOULEVARD PETERSBURG, VA. 23905 PETERSBURG, VA. 23905 PREPRIX TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG PREFIX TAG PRESULTORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PRESULT CORNECTED TO THE APPROPRIATE ON Initial Comments ON ON Initial Comments ON O	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUP AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 287 EAST SOUTH BOULEVARD PETERSBURG HEALTHCARE CENTER PETERSBURG, VA 23805 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) [EACH ODERIC INTERPRETATION OF CORRECTION SHOULD BE COMPLETE DEFICIENCY) [F 000] Initial Comments An offsite paper revisit survey was conducted on 06/02/2022 for all previous deficiencies cited on 04/15/2022. All deficiencies have been corrected. The facility is in compliance with all				D WING		•	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE