

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/28/2022
NAME OF PROVIDER OR SUPPLIER HANOVER HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 8139 LEE DAVIS ROAD MECHANICSVILLE, VA 23111		
(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 04/26/22 through 04/28/22. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 120 bed facility was 109 at the time of the survey. The survey sample consisted of 30 current resident reviews and 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: 12VAC 5-371-250 (A) Cross Reference to F-Tag 655 12VAC 5-371-250 (G) Cross Reference to F-Tag 656 12 VAC 5-371-220 (A) Cross Reference to F-Tag 658 12 VAC 5-371-220 (B, C, D) Cross Reference to F-Tag 684 12 VAC 5-371-220 (C) Cross Reference to F-Tag 686 12 VAC 5-371- 220 (B) Cross Reference to F-Tag 759	F 001	12VAC 5-371-250 (A) Cross Reference to F-Tag 655 12VAC 5-371-250 (G) Cross Reference to F-Tag 656 12 VAC 5-371-220 (A) Cross Reference to F-Tag 658 12 VAC 5-371-220 (B, C, D) Cross Reference to F-Tag 684 12 VAC 5-371-220 (C) Cross Reference to F-Tag 686 12 VAC 5-371- 220 (B) Cross Reference to F-Tag 759 12 VAC 5-371-300 (A) Cross Reference to F-Tag 761	6/7/22

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

Electronically Signed

TITLE

(X6) DATE

05/17/22

State of Virginia

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

HANOVER HEALTH AND REHABILITATION CENTER **8139 LEE DAVIS ROAD**
MECHANICSVILLE, VA 23111

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F 001	Continued From page 1 12 VAC 5-371-300 (A) Cross Reference to F-Tag 761 12 VAC 5-371-320 (A,B) Cross Reference to F-Tag 790 12 VAC 5-371-210 (A.2) Cross Reference to F-Tag 842	F 001	12 VAC 5-371-320 (A,B) Cross Reference to F-Tag 790 12 VAC 5-371-210 (A.2) Cross Reference to F-Tag 842 Completion date 6/7/22	