

State of Virginia

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0184 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R-C 07/15/2022 |
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| NAME OF PROVIDER OR SUPPLIER PARHAM HEALTH CARE & REHAB CEN | STREET ADDRESS, CITY, STATE, ZIP CODE 2400 E PARHAM ROAD RICHMOND, VA 23228 |
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| (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} | <p>Initial Comments</p> <p>An offsite paper revisit survey was conducted on 07/15/2022 for all previous deficiencies cited on 04/27/2022. All deficiencies have been corrected. The facility is in compliance with all regulations surveyed.</p> | {F 000} | | |

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

TITLE

(X6) DATE