

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/09/2022
NAME OF PROVIDER OR SUPPLIER ENVOY OF STAUNTON, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 512 HOUSTON STREET STAUNTON, VA 24401		
(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 6/7/2022 through 6/9/2022. The facility was not in compliance with the Virginia Regulations for the Licensure of Nursing Facilities. The census in this 170 bed facility was 122 at the time of the survey. The survey sample consisted of 24 current resident reviews and seven closed record review.	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 Regulations for the Licensure of Nursing Facilities: 12VAC5-371-190 Safety and Emergency Procedures 12VAC5-371-190 (A) Cross Reference to E0013 12VAC5-371-190 (A) Cross Reference to E0031 12VAC5-371-140 Policies and Procedures 12VAC5-371-140 (D.15..d) Cross Reference to F-600 12VAC5-371-140 (E.3.a and E.3.b) Cross Reference to F-607 12VAC5-371-200 Director of Nursing 12VAC5-371-200 (B.1) Cross Reference to F-684 12VAC5-371-200 (C) Cross Reference to F-727 12VAC5-371-210 Nurse Staffing 12VAC5-371-210 (A.1) Cross Reference to F-692 12VAC5-371-210 (A.1) Cross Reference to F-693	F 001	12VAC5-371-190 (A) Cross Reference to E0013 12VAC5-371-190 (A) Cross Reference to E0031 12VAC5-371-140 (D.15..d) Cross Reference to F-600 12VAC5-371-140 (E.3.a and E.3.b) Cross Reference to F-607 12VAC5-371-200 (B.1) Cross Reference to F-684 12VAC5-371-200 (C) Cross Reference to F-727 12VAC5-371-210 (A.1) Cross Reference to F-692 12VAC5-371-210 (A.1) Cross Reference to F-693 12VAC5-371-250 (G) Cross Reference to F-656 12VAC5-371-300 (B) Cross Reference to F-761	

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

TITLE

(X6) DATE

STATE FORM

6885

K20U11

If continuation sheet 1 of 2

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F 001	Continued From page 1 12VAC5-371-250 Resident Assessment and Care Planning 12VAC5-371-250 (G) Cross Reference to F-656	F 001		
	12VAC5-371-300 Pharmaceutical Services 12VAC5-371-300 (B) Cross Reference to F-761			