DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/06/2022 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER WESTMINSTER-CANTERBURY OF RICHMOND PRED GRAND RESIDENCES BY PULL REQUIRED FOR SECURIOR SE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER WESTMINSTER-CANTERBURY OF RICHMOND (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) [E 000] Initial Comments [F 000] Initial COMMENTS An offsite paper revisit survey was conducted on 09/06/2022 for all previous deficiencies cited on 07/27/2022. All deficiencies have been corrected. The facility is in compliance with all								
WESTMINSTER-CANTERBURY OF RICHMOND 1600 WESTBROOK AVE RICHMOND, VA 23227	495096			B. WING			09/06/2022	
RICHMOND, VA 23227	NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) [E 000] Initial Comments [F 000] INITIAL COMMENTS An offsite paper revisit survey was conducted on 09/06/2022 for all previous deficiencies cited on 07/27/2022. All deficiencies have been corrected. The facility is in compliance with all	WESTMINISTED CANTERDURY OF DICHMOND				1600 WESTBROOK AVE			
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	I ARORATORY	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.