

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0275	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/19/2022
NAME OF PROVIDER OR SUPPLIER WOODHAVEN HALL AT WILLIAMSBURG LANDING		STREET ADDRESS, CITY, STATE, ZIP CODE 5500 WILLIAMSBURG LANDING DR WILLIAMSBURG, VA 23185		
(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 8/16/22 through 8/19/22. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 73 licensed bed facility was 43 at the time of the survey. The survey sample consisted of 47 resident 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: F657--cross reference to VAC5-371-250 (C) and (F) F658--cross reference to VAC5-371-200 (B)(1)(ii) F689--cross reference to VAC5-371-220 (A) F761--cross reference to VAC5-371-300 (A) F880--cross reference to VAC5-371-180 (A) F883--cross reference to VAC5-371-110 (J)	F 001	VAC5-371-250 (C) and (F)-- cross reference F657 VAC5-371-200 (B)(1)(ii)--cross reference to F658 VAC5-371-220 ---cross reference to F689 VAC5-371-300 (A)--cross reference to F761 VAC5-371-180 (A)--cross reference to F880 VAC5-371-110 (J)--cross reference to F883	9/16/22

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

TITLE

(X6) DATE

Electronically Signed

09/06/22