STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   (X2) MULTIPLE CONSTRUCTION A. BUILDING   (X3) DATE SI COMPLE     R-C	1 APPROVED		
AND PLAN OF CORRECTION   IDENTIFICATION NUMBER:   A. BUILDING	0.0938-0391		
R-C   Reference   Reference   TYLER'S RETREAT AT IRON BRIDGE   STREET ADDRESS, CITY, STATE, ZIP CODE   12001 IRON BRIDGE RD   (X4) ID SUMMARY STATEMENT OF DEFICIENCIES   PREFIX CHESTER, VA 23831   (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION   PREFIX CROSS-REFERENCED TO THE APPROPRIATE   CR-CO2/19 OTHER   (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION   PREFIX CHESTER, VA 23831   (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION SHOULD BE   CR-CO2/19 OTHER OF DEFICIENCY   Y REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX   TAG SUMMENTS (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   {F 000} INITIAL COMMENTS {F 000} INITIAL COMMENTS Image: Colspan="2">Image: Colspan="2"   Image: Colspan="2	COMPLETED		
495401 B. WING 02/11   NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12001 IRON BRIDGE RD   TYLER'S RETREAT AT IRON BRIDGE 12001 IRON BRIDGE RD CHESTER, VA 23831   (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY) D PREFIX TAG   {F 000} INITIAL COMMENTS {F 000} {F 000} F 000} F	-C		
NAME OF PROVIDER OR SUPPLIER   STREET ADDRESS, CITY, STATE, ZIP CODE     TYLER'S RETREAT AT IRON BRIDGE   12001 IRON BRIDGE RD     (X4) ID   SUMMARY STATEMENT OF DEFICIENCIES     PREFIX   (EACH DEFICIENCY MUST BE PRECEDED BY FULL     TAG   (EACH DEFICIENCY MUST BE PRECEDED BY FULL     TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)     INITIAL COMMENTS   {F 000}     An offsite paper revisit survey was conducted on 2/15/2023 for all previous deficiencies cited on 1/19/2023. All deficiencies have been corrected. The facility is in compliance with all regulations	15/2023		
TYLER'S RETREAT AT IRON BRIDGE     CHESTER, VA 23831     (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)     {F 000}   INITIAL COMMENTS   {F 000}   F 000}   F 000}     An offsite paper revisit survey was conducted on 2/15/2023 for all previous deficiencies cited on 1/19/2023. All deficiencies have been corrected. The facility is in compliance with all regulations   F 000}			
CHESTER, VA 23831     (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)     {F 000}   INITIAL COMMENTS   {F 000}     An offsite paper revisit survey was conducted on 2/15/2023 for all previous deficiencies cited on 1/19/2023. All deficiencies have been corrected. The facility is in compliance with all regulations   F 000			
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An offsite paper revisit survey was conducted on 2/15/2023 for all previous deficiencies cited on 1/19/2023. All deficiencies have been corrected. The facility is in compliance with all regulations	(X5) COMPLETION DATE		
2/15/2023 for all previous deficiencies cited on1/19/2023. All deficiencies have been corrected.The facility is in compliance with all regulations			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X	(X6) DATE		

PRINTED: 02/15/2023

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.