

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

PRINTED: 02/22/2023  
FORM APPROVED  
OMB NO. 0938-0391

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|---|--|--|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                   |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>495420</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01 - MAIN BUILDING</b><br><br>B. WING _____                                 |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/26/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALBEMARLE HEALTH AND REHABILITATION CENTER</b> |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1540 FOUNDERS PLACE<br/>CHARLOTTESVILLE, VA 22902</b>                        |                            |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETION<br>DATE |  |
| K 000   | <p>INITIAL COMMENTS</p> <p>The facility is a one story building of Type V(111) construction. The facility is fully sprinklered with an NFPA 13 system.</p> <p>On January 20, 2016 and January 26, 2016 an announced Life Safety Code construction survey was conducted in accordance with 42 Code of Federal Regulation, Part 483 Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the 2000 Life Safety Code New regulation. The facility was in compliance with the Requirements for Participation Medicare and Medicaid.</p> | K 000  |  |                            |  |

LABORATORY 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.