

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0064	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/18/2022
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NAME OF PROVIDER OR SUPPLIER CHERRYDALE HEALTH AND REHABILITATION CENTI	STREET ADDRESS, CITY, STATE, ZIP CODE 3710 LEE HIGHWAY ARLINGTON, VA 22207
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(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	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 8/16/2022 through 8/18/2022. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 180 certified bed facility was 174 at the time of the survey. The survey sample consisted of thirty-four (34) current resident reviews and three (3) closed record reviews.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: 12VAC5-371-150 A - cross reference to F554, F561</p> <p>12VAC5-371-220 H - cross reference to F580</p> <p>12VAC5-371-75 A, B - cross reference to F607</p> <p>12VAC5-371-250 A - cross reference to F641</p> <p>12VAC5-371-240 C - cross reference to F655</p> <p>12VAC5-371-240 G - cross reference to F656</p> <p>12VAC5-371-240 C, F - cross reference to F657</p> <p>12VAC5-371-220 A, B - cross reference to F684</p> <p>12VAC5-371-210 B - cross reference to F725</p> <p>12VAC5-317-300 A - cross reference to F755</p>	F 001	<p>12VAC5-371-150 A - cross reference to F554, F561</p> <p>12VAC5-371-220 H - cross reference to F580</p> <p>12VAC5-371-75 A, B - cross reference to F607</p> <p>12VAC5-371-250 A - cross reference to F641</p> <p>12VAC5-371-240 C - cross reference to F655</p> <p>12VAC5-371-240 G - cross reference to F656</p> <p>12VAC5-371-240 C, F - cross reference to F657</p>	9/20/22

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

TITLE

(X6) DATE

Electronically Signed

09/07/22

State of Virginia

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F 001	Continued From page 1 12VAC5-371-300 I - cross reference to F756 12VAC5-371-220 A - cross reference to F757, F758 12VAC5-371-340 A - cross reference to F804, F812 12VAC5-371-180 A 7. - cross reference to F880 12VAC5-371-370 A - cross reference to F908	F 001	12VAC5-371-220 A, B - cross reference to F684 12VAC5-371-210 B - cross reference to F725 12VAC5-317-300 A - cross reference to F755 12VAC5-371-300 I - cross reference to F756 12VAC5-371-220 A - cross reference to F757, F758 12VAC5-371-340 A - cross reference to F804, F812 12VAC5-371-180 A 7. - cross reference to F880 12VAC5-371-370 A - cross reference to F908	