PRINTED: 03/21/2023 FORM APPROVED

State of Virginia

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1901 LIBBIE AVE RICHMOND, VA 23226    PRETEX   PROVIDER'S PLAN OF CORRECTION   (EACH OPERCENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PRETEX   (F 000)   Initial Comments   An offsite paper revisit survey was conducted on 3/21/2023 for all previous deficiencies rive ben corrected. The facility is in compliance with all regulations surveyed.	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  GLENBURNIE REHAB & NURSING CENTER  STREET ADDRESS, CITY, STATE, ZIP CODE  1901 LIBBIE AVE RICHMOND, VA 23226   (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  [EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY)  [F 000]  Initial Comments  An offsite paper revisit survey was conducted on 3/21/2023 for all previous deficiencies cited on 2/8/2023. All deficiencies have been corrected. The facility is in compliance with all regulations						R-C		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE