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

PRINTED: 03/21/2023 FORM APPROVED OMB NO. 0938-0391

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3)) DATE SURVEY COMPLETED
	495391				R-C
			STREET ADDRESS CITY STATE 7ID CO		03/21/2023
NAME OF FROVIDER OR SUFFLIER				3 5 L	
GLENBURNIE REHAB & NURSING CENTER			RICHMOND, VA 23226		
4) ID SUMMARY STATEMENT OF DEFICIENCIES EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL AG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
Initial Comments		{E 0	00}		
3/21/2023 for all prev 2/8/2023. All deficien The facility is in comp	ious deficiencies cited on cies have been corrected.				
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3/21/2023 for all prev 2/8/2023. All deficien	ious deficiencies cited on cies have been corrected.				
	SUMMARY ST. (EACH DEFICIENCY REGULATORY OR I	An offsite paper revisit survey was conducted on 3/21/2023 for all previous deficiencies cited on 3/21/2023 for all previous deficiencies cited 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 all previous deficiencies cited 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 surveyed. INITIAL COMMENTS	A BUILDIN 495391 B. WING_ ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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 surveyed. INITIAL COMMENTS (F 00 2/8/2023. All deficiencies have been corrected. The facility are 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	A BUILDING 495391 B. WING STREET ADDRESS, CITY, STATE, ZIP CO. 1901 LIBBIE AVE RICHMOND, VA 23226 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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. INITIAL COMMENTS A BUILDING STREET ADDRESS, CITY, STATE, ZIP CO. 1901 LIBBIE AVE RICHMOND, VA 23226 PROVIDER'S PLAN OF C. (EACH CORRECTIVE ACTI DEFICIENCY (EACH CORRECTION ACT	A. BUILDING A95391 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 1901 LIBBIE AVE RICHMOND, VA 23226 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments A. BUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 1901 LIBBIE AVE RICHMOND, VA 23226 ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Initial Comments A. BUILDING STREET ADDRESS, CITY, STATE, ZIP CODE 1901 LIBBIE AVE RICHMOND, VA 23226 ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) FROM 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 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

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.