

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0279	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/25/2023
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NAME OF PROVIDER OR SUPPLIER WOODMONT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 11 DAIRY LANE FREDERICKSBURG, VA 22405
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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 1/23/23 through 1/25/23. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 120 certified bed facility was 96 at the time of the survey. The survey sample consisted of 26 current resident reviews and three 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: 12VAC5-371-110 (B.1), (B.2), (B.3)- Management and Administration. Cross reference to F607, F609.</p> <p>12VAC5-371-140 (A)- Policies and Procedures. Cross reference to F609, F689, F839.</p> <p>12VAC5-371-150 (A), (B.1) - Resident Rights. Cross reference to - F578, F625.</p> <p>12VAC5-371-220 (A), (B), (H) - Nursing Services. Cross reference to - F580, F684, F690, F695.</p> <p>12VAC5-371-250 (F), (G) - Resident Assessment and Care Planning. Cross reference to F655, F656, F657.</p> <p>12VAC5-371-340 - Dietary and Food Services Program. Cross reference to F806, F812.</p>	F 001		

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

TITLE

(X6) DATE

02/16/23

State of Virginia

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F 001	Continued From page 1 12VAC5-371-360 (A), (E), (F) - Clinical Records. Cross references to F842.	F 001		