					0038 0301	
CENTERS FOR MEDICARE & MEDICAID SERVICES					MB NO. 0938-0391	
	IDENTIFICATION NUMBER:	A. BUILDING		(X3) DATE SURVEY COMPLETED		
495272		B. WING		R-C 04/04/2023		
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
CANTERBURY REHABILITATION & HEALTH CARE CENTER			1776 CAMBRIDGE DRIVE			
		RICHMOND, VA 23238				
X4) ID SUMMARY STATEMENT OF DEFICIENCIES REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	ULD BE	(X5) COMPLETION DATE	
)} INITIAL COMMENTS		{F 000}				
04/04/2023 for all p 02/23/2023. All def corrected. The fac	revious deficiencies cited on ficiencies have been ility is in compliance with all					
					(X6) DATE	
	RBURY REHABILITATI SUMMARY STA (EACH DEFICIENCY REGULATORY OR L INITIAL COMMENT An offsite paper re 04/04/2023 for all p 02/23/2023. All def corrected. The fac regulations surveye	DEF CORRECTION LIDENTIFICATION NUMBER: 495272 PROVIDER OR SUPPLIER BURY REHABILITATION & HEALTH CARE CENTER 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 04/04/2023 for all previous deficiencies cited on 02/23/2023. All deficiencies have been corrected. The facility is in compliance with all regulations surveyed.	IDENTIFICATION NUMBER: A. BUILDING 495272 B. WING PROVIDER OR SUPPLIER B. WING RBURY REHABILITATION & HEALTH CARE CENTER ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID INITIAL COMMENTS INITIAL COMMENTS {F 000} An offsite paper revisit survey was conducted on 04/04/2023 for all previous deficiencies cited on 02/23/2023. All deficiencies have been corrected. The facility is in compliance with all INITIAL	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 495272 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE REQUERY REHABILITATION & HEALTH CARE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES In CHMOND, VA 23238 CEAH OPERIORICY WILL BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECT ACTION SING REGULATORY OR LSC IDENTIFYING INFORMATION) PAGE: INITIAL COMMENTS (F 000) An offsite paper revisit survey was conducted on 04/04/2023 for all previous deficiencies cited on 02/223/023. All deficiencies have been corrected. The facility is in compliance with all regulations surveyed.	OF CORRECTION DENTIFICATION NUMBER: A BUILDING CON 495272 B. WING THEET ADDRESS, CITY, STATE, ZIP CODE PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES ID SUMMARY STATEMENT OF DEFICIENCIES ID REGULATORY OR LSC DENTIFYING INFORMATION) PREFIX INITIAL COMMENTS IC An difficite paper revisit survey was conducted on 04/04/2023 for all previous deficiencies cited on 02/23/2023. All deficiencies have been corrected. The facility is in compliance with all regulations surveyed.	

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.

DEDARTMENT OF LIEALTH AND LUMANN SERVICES

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