State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` '	(X3) DATE SURVEY COMPLETED		
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMP	LETED		
		VA0388	B. WING		l l	C <b>16/2023</b>		
NAME OF P	ROVIDER OR SUPPLIER	STRE	ET ADDRESS, CITY, STA	TE, ZIP CODE				
CARRINGTON PLACE AT BOTETOURT COMMONS  290 COMMONS PARKWAY  DALEVILLE, VA 24083								
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
F 000	Initial Comments		F 000					
	the Virginia Rules and Licensure of Nursing required.  The census in this 90 at the time of the surv	ucted 2/13/23 through was not in compliance with d Regulations for the Facilities. Corrections are certified bed facility was 76 wey. The survey sample nt Resident reviews and 3 s.						
F 001	Non Compliance		F 001					
	The facility was out o following state licensi	f compliance with the ure requirements:						
	This RULE: is not me The facility was not in following Virginia Rul Licensure of Nursing	n compliance with the es and Regulations for						
	Director of Nursing							
	12 VA 5-371-200 (B) F658	(1) (ii) - cross reference to						
	Nursing Services							
	12 VA-371-220 (A) (E	3) - cross reference to F695						
	12 VA 5-371-220 (B) F698, F760	- cross reference to F684,						
	12 VA 5-371-220 (C)	(1) - cross reference to						

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

TITLE (X6) DATE

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED						
			A. BOILDING.		С						
		VA0388	B. WING		02/16/2023						
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
CARRING	CARRINGTON PLACE AT BOTETOURT COMMONS  290 COMMONS PARKWAY  DALEVILLE, VA 24083										
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODER OF THE PROPERTY)	ILD BE COMPLETE						
F 001	Continued From page 1		F 001								
	F686										
	12 VA-5-371-220 (C) (5) - cross reference to F692										
	12 VA-5-371-220 (H) - cross reference to F580,										
	Resident assessment and Care Planning										
	12 VA-5-371-250 (A) - cross reference F641										
	12 VA-5-371-250 (B) (2) - cross reference F637										
	12 VA- 5-371-250 (F) (H) - cross reference F656										
	Pharmaceutical Services										
	12 VA-5-371-300 (I) - cross reference F756										
	Diagnostic Services										
	12 VA 5-372-310 (A) - cross reference F770										
	Dietary and Food Service Program										
	12 VA-5-371-340 (A)	- cross reference F812									
	Clinical Records										
	12 VA-5-371-360 (8),	(9) - cross reference F842									