

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0181	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/03/2023
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NAME OF PROVIDER OR SUPPLIER OUR LADY OF HOPE HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 13700 NORTH GAYTON ROAD RICHMOND, VA 23233
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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 5/1/2023 through 5/3/2023. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Two complaints were investigated during the survey.</p> <p>The census in this 75 licensed bed facility was 71 at the time of the survey. The survey sample consisted of 22 current resident reviews and six 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: 12VAC5-371-150 (A),(B) Resident rights. Cross reference to F561.</p> <p>12VAC5-371-250 (A.6) Resident Assessment and care planning. Cross reference to F641.</p> <p>12VAC5-371-250 (G) Resident Assessment and Care Planning. cross reference to F656.</p> <p>12VAC5-371-300 (B) Pharmaceutical services. cross reference to F761.</p>	F 001		

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

TITLE

(X6) DATE

05/10/23