PRINTED: 06/09/2023 FORM APPROVED

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 01/12/2023	
		VA0182				
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE		
OUR LAD	Y OF PEACE INC		LSDALE DRIVE OTTESVILLE, VA	22901		
(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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLE	
F 000	Initial Comments		F 000			
	Inspection was cond 1/12/2023. The facil with the Virginia Reg Nursing Facilities. The census in this 30 time of the survey. T	nnial State Licensure ucted 1/10/2023 through ity was not in compliance ulations for the Licensure of 0 bed facility was 29 at the The survey sample consisted nt reviews and two closed				
F 001	Non Compliance The facility was out of following state licens	of compliance with the	F 001		2/24/23	
	This RULE: is not m The facility was not in following provisions of Regulations for the L Facilities. 12VAC5-371-220 Nu 12VAC5-371-220 (C) 12VAC5-371-220 (C) 12VAC5-371-220 Re Planning 12VAC5-371-250 (A) 12VAC5-371-250 (A)	et as evidenced by: n compliance with the of 12VAC5-371, the Virginia icensure of Nursing		The submission of the Plan of Correct does not constitute agreement on the of Our Lady of Peace that the deficien cited within the report represent deficien practices on the part of the community and its staff. The plan represents our ongoing pledge to provide quality care rendered in substantial compliance wi regulatory requirements. Cross reference plan of correction ("POC") for federal tag #F656 with Vir regulation #12VAC 5-371-250 (A). Cross reference POC for federal tag #F657 with Virginia regulation #12VAC 5-371-250 (C). Cross reference POC for federal tag #F661 with Virginia regulation #12VAC 5-371-250 (A). Cross reference POC for federal tag #F684 with Virginia regulation	part cies ent th ginia	

Electronically Signed

02/13/23

STATE FORM

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If continuation sheet 1 of 2

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	/irginia					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	VA0182		B. WING	01	/12/2023	
	ROVIDER OR SUPPLIER	751 HIL	ADDRESS, CITY, STA			
		CHARL	OTTESVILLE, VA	22901		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)			
F 001	Continued From page	e 1	F 001	#12VAC5-371-220 (B). Cross reference POC for feder #F686 with Virginia regulation #12VAC5-371-220 (C.1). Cross reference POC for feder #F692 with Virginia regulation #12VAC5-371-220 (C.5).	-	

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