

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0266	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/09/2023
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NAME OF PROVIDER OR SUPPLIER WESTMINSTER CANTERBURY BLUE RI	STREET ADDRESS, CITY, STATE, ZIP CODE 250 PANTOPS MOUNTAIN RD CHARLOTTESVILLE, VA 22911
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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 onsite biennial Licensure Inspection was conducted 03/7/2023 through 03/9/2023. The facility was not in compliance with the Virginia Regulations for the Licensure of Nursing Facilities.</p> <p>One(1) complaint was investigated during the survey: VA00056835 One allegation: Substantiated without deficient practice.</p> <p>The census in this 52 certified bed facility was 39 at the time of the survey. The survey sample consisted of twelve (12) current Resident reviews and three (3) 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: The facility was not in compliance with the following Regulations for the Licensure of Nursing Facilities:</p> <p>12VAC5-371-250 A. 9 Cross reference to F641</p> <p>12 VAC 5-371-200 Director of Nursing B.1 Cross reference to F658</p> <p>12VAC 5-371-220 Nursing Services B. Cross reference to F684</p> <p>12 VAC 5- 371-200 Director of Nursing B.5</p>	F 001	<p>12VAC5-371-250 A. 9 Cross reference to F641</p> <p>12 VAC 5-371-200 Director of Nursing B.1 Cross reference to F658</p> <p>12VAC 5-371-220 Nursing Services B. Cross reference to F684</p> <p>12 VAC 5- 371-200 Director of Nursing B.5 Cross reference to F658</p> <p>12 VAC 5-371-220 Nursing Services C.1. Cross reference to F686</p> <p>12 VAC 5-371-300 Pharmaceutical</p>	4/18/23

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

Electronically Signed

TITLE

(X6) DATE

04/07/23

State of Virginia

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F 001	<p>Continued From page 1</p> <p>Cross reference to F656</p> <p>12 VAC 5-371-220 Nursing Services C.1. Cross reference to F686</p> <p>12 VAC 5-371-300 Pharmaceutical Services B. Cross reference to F761</p> <p>12 VAC 5-371-180 Infection Control A. Cross reference to F880</p> <p>12 VAC 5-371-370 Maintenance and Housekeeping B. Cross reference to F908</p>	F 001	<p>Services B. Cross reference to F761</p> <p>12 VAC 5-371-180 Infection Control A. Cross reference to F880</p> <p>12 VAC 5-371-370 Maintenance and Housekeeping B. Cross reference to F908</p>	