

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0372</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/16/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NORTHERN NECK SENIOR CARE COMMUNITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>20 DELFAE DRIVE WARSAW, VA 22572</b>
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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	Initial Comments  An unannounced biennial State Licensure Inspection was conducted 3/14/23 through 3/16/23. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.  The census in this 80 licensed bed facility was 61 at the time of the survey. The survey sample consisted of 31 resident reviews.	F 000		
F 001	Non Compliance  The facility was out of compliance with the following state licensure requirements:  This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities:  12VAC5-371-220 (A) cross reference to F550.  12VAC5-371-220 (H) cross reference to F580.  12VAC5-371-250 (C) cross reference to F657.  12VAC5-371-200 (B)(ii) cross reference to F658.  12VAC5-371-220 (A) cross reference to F695.  12VAC5-371-300 (A) cross reference to F755.  12VAC5-371-300 (B) cross reference to F761.	F 001	12VAC-371-220 (A) cross reference to F550.  12VAC5-371-220 (H) cross reference to F580.  12VAC-371-250 (C) cross reference to F657.  12VAC5-371-200 (B)(ii) cross reference to F658.  12VAC5-371-220 (A) cross reference to F695.  12VAC5-371-300 (A) cross reference to F755.  12VAC5-371-300 (B) cross reference to F761.	4/20/2023

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

*Emilia A. Hausman*

TITLE

*Administrator*

(X6) DATE

*3/31/2023*