

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/08/2023
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495328 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED R-C 09/07/2023 |
|---|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE OF TAPPAHANNOCK | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1150 MARSH STREET TAPPAHANNOCK, VA 22560 | | |
| (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) COMPLETION DATE | |
| {F 000} | <p>INITIAL COMMENTS</p> <p>An unannounced Medicare/Medicaid second revisit to the abbreviated survey conducted 05/30/2023 through 06/01/2023, was conducted 09/06/2023 through 09/07/2023. The first revisit was conducted 07/18/2023 through 07/20/2023. The facility was found to be in substantial compliance with 42 CFR Part 483 the Federal Long-Term Care regulations.</p> <p>No complaints were investigated during the survey.</p> <p>The census in this 60 certified bed facility was 58 at the time of the survey. The survey sample consisted of 8 resident reviews.</p> | {F 000} | | | |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | | | TITLE | | (X6) DATE |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.