PRINTED: 09/18/2023 FORM APPROVED

State of Virginia

NAME OF PROVIDER OR SUPPLIER  MOUNTAIN VIEW NURSING HOME  (X4) ID  SUMMARY STATEMENT OF DEFICIENCIES  STREET ADDRESS, CITY, STATE, ZIP CODE  ARODA, VA 22709  PROVIDER'S PLAN OF CORRECTION  (X5)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1776 ELLY ROAD ARODA, VA 22709   (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  [F 000] Initial Comments  An offsite paper revisit survey was conducted on								
MOUNTAIN VIEW NURSING HOME  1776 ELLY ROAD ARODA, VA 22709  (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  [F 000] Initial Comments An offsite paper revisit survey was conducted on	VA0167			l		09/1	09/18/2023	
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An offsite paper revisit survey was conducted on	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETE	
An offsite paper revisit survey was conducted on 9/18/2023 for all previous deficiencies cited on	{F 000]	Initial Comments		{F 000}				
8/1/2023. All deficiencies have been corrected. The facility is in compliance with all regulations surveyed.	{F 000	An offsite paper revis 9/18/2023 for all prev 8/1/2023. All deficier The facility is in comp	rious deficiencies cited on nices have been corrected.	{ <del>+</del> 000}				

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

TITLE (X6) DATE