

Virginia State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NH2592	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/05/2026
NAME OF PROVIDER OR SUPPLIER AUGUST HEALTHCARE AT ILIFF			STREET ADDRESS, CITY, STATE, ZIP CODE 8000 ILIFF DRIVE , DUNN LORING, Virginia, 22027	
(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
F0000	<p>Initial Comments</p> <p>An unannounced Abbreviated State Licensure Inspection was conducted 02/03/2026 through 02/05/2026. The facility was in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. One State complaint was investigated during the survey.</p> <p>Complaint 256306 was unsubstantiated.</p> <p>The census in this 130-bed licensed facility was 106 at the time of the survey. The survey sample consisted of 6 resident sample reviews.</p>	F0000		02/18/2026

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------