

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0256</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/24/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE VIRGINIAN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>9229 ARLINGTON BLVD FAIRFAX, VA 22031</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	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 5/22/2018 through 5/24/2018. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. One complaint was investigated during the survey.</p> <p>The census in this 100 bed facility was 70 at the time of the survey. The survey sample consisted of 15 current Resident reviews (Residents #6, #11, #12, #28, #47, #267, #17, #16, #38, #53, #60, #167, #7, #15 and #29) and 4 closed record reviews (Residents #116, #266, #66 and #67).</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: 12VAC5-371-250(B)(2). Please cross reference to F637.</p> <p>12VAC5-371-250(C). Please cross reference to F657.</p> <p>12VAC5-371-220(D). Please cross reference to F677.</p> <p>12VAC5-371-340(A). Please cross reference to F812.</p>	F 001	<p>Please see POC for F637 Please see POC for F677 Please see POC for F812</p>	7/5/18

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

Electronically Signed

TITLE

(X6) DATE

06/14/18