

COMPLIANCE REVIEW EVALUATION FOR ADULT CARE RESIDENCES

Facility Name: <u>Forest Hill Manor</u>		Telephone Number: <u>(804) 272-5699</u>	
Site Address: <u>7806 Forest Hill Ave. Rich. VA 23225</u>		Type of License: <u>Provisional</u>	
Name of Licensee/Sponsors: <u>Dr. Nazir Chaudhary</u>		Expiration Date: <u>August 14, 2008</u>	
Name of Owner, Board President, or Chairman: <u>Same as Above</u>		Current License Posted Conspicuous to Public Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (not applicable-new facility)	
Mailing Address: (if different from site address)		Current Compliance Plan Posted Or Where It May Be Viewed <u>NO</u>	
Number of Buildings: <u>2</u>	Date Last Fire Inspection: <u>3/10/00</u>	Date Last Health Inspection: <u>3/29/00</u>	
Licensed Capacity: <u>80</u>	Date Application Received: <u>(copy) 8/14/00</u>	Date Application Completed: <u>8/14/00</u>	
Requested Capacity: _____	Hour Begun: <u>19:30 AM</u>	Hour Ended: <u>6:30 PM</u>	
Dates of Study: <u>08-14-00</u>			
Person(s) Interviewed: <u>Mabel Jones; manager; cook; medication manager; residents</u>			
# of Persons present on day of inspection: <u>64</u>	# of Residents: <u>57</u>	# of Staff: <u>7</u>	# of Household Members: _____
Others: _____			
Number of beds available for: _____	Residents: _____	Staff: _____	Household Members: _____
			Total # of Residents on Date of Study: <u>64</u>

THIS RESIDENCE PROVIDES CARE FOR:

Residential Living	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Assisted Living	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Non-Ambulatory Residents	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Ambulatory Residents	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Aggressive Residents	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Residents in Need of Restraint	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Residents with mental illness or mental retardation or who are substance abusers	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Residents with serious cognitive deficits	Yes <input type="checkbox"/>	No <input type="checkbox"/>

ALLOWABLE VARIANCE(S):

Reevaluation of current variance(s) is recommended: Yes No N/A
 If yes, an Allowable Variance Recommendation form must be completed.

TYPE OF LICENSE RECOMMENDED: General's Annual CATEGORY: 1

Effective Dates: August 14, 2000 through August 13, 2001

Capacity: 69 Stipulation(s): 25 (2 story) 44 (1 story)
no new admissions

SUBMITTED BY: Jenna Bennett
 (Licensing Specialist)

DATE: 8/21/00

APPROVED BY: _____
 (Licensing Administrator)

DATE: _____