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Heritage Hall – Blackstone • P.O. Box 550 • 900 S. Main Street • Blackstone, VA 23824 • (P) 434.292.5301

February 16, 2017

Office of Licensure and Certification
Division of Long Term Care Services
9960 Mayland Drive – Suite 401
Attn: Wietske G Weigel-Delano, Long Term Care Supervisor
Richmond, VA 23233-1463

Ms. Weigel-Delano,

Attached to this cover letter you will find Heritage Hall–Blackstone’s Modified Plan of Correction for the State Licensure requirement per our phone conversation. The Plan of Correction addresses the corrective action, identification of deficient practices, systemic changes, and monitoring that will be implemented to address deficient practices identified during our annual standard Licensing inspection.

If I can be of further assistance don't hesitate to contact me at (434) 292-5301.


Sincerely;



Diane Barksdale
Administrator



HERITAGE HALL
HEALTHCARE AND REHABILITATION CENTERS

Managed by  AMERICAN HEALTHCARE, LLC

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495353	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2017
NAME OF PROVIDER OR SUPPLIER HERITAGE HALL BLACKSTONE		STREET ADDRESS, CITY, STATE, ZIP CODE 900 S MAIN ST BLACKSTONE, VA 23824		
(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	Initial Comments An unannounced biennial State Licensure survey was conducted 1/17/17 through 1/19/17. Corrections are required for compliance with the following with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 180 certified bed facility was 147 at the time of the survey. The survey sample consisted of 21 current resident reviews (Residents 1 through 21) and 5 closed record reviews (Residents 22 through 26).	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: 12 VAC 5 - 371 - 160 E cross references to the Federal deficiency of F 160 12VAC5-371-150B1. Resident rights Cross reference to F-157 12VAC5-371-220H. Nursing services. Cross reference to F-157 12VAC5-371-210A3. Nurse staffing. Cross reference to F-280 12VAC5-371-200B5. Director of nursing Cross reference to F-282 12VAC5-371-310. Diagnostic services Cross reference to F-502	F 001	F 001 12 VAC 5-371-160 E Cross References to F-160 Cross Reference POC for 160 12 VAC 5-371-150 B1 Resident Rights Cross Reference to F-157 Cross Reference POC for F-157 12 VAC 5-371-220 H Nursing Services Cross Reference to F-157 Cross Reference POC for F-157 12 VAC 5-371-210 A3 Nurse Staffing Cross Reference to F-280 Cross Reference POC for F-280 + 12 VAC 5-371-200 B5 Director of Nursing Cross Reference to F-282 Cross Reference POC for F-282 12 VAC 371-310. Diagnostic Services Cross Reference to F-502	

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

Deane W. [Signature]

TITLE

Administrator

(X6) DATE

2-16-17

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495353	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/19/2017
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F 001	Continued From Page 1 12 VAC5-371-360. Clinical Records cross referenced to F514.	F 001	Cross Reference POC for F-502 12 VAC 371-360. Clinical Record Cross Reference to F-514 Cross Reference POC for F-514 Completion Date: 3-3-2017	

* * * Communication Result Report (Feb. 16. 2017 5:01PM) * * *

1) Heritage Hall Blackstone
2)

Date/Time: Feb. 16. 2017 5:00PM

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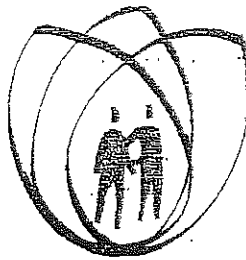
800 South Main Street • P.O. Box 550 • Blackstone, VA 23624
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Heritage Hall- Blackstone
VIA FAX

To: Office of Insurance and Certification
 Attention: Ms. Nigel Nelson
 From: Alvare B. Baskette
 Date: 2-16-17
 Fax #: 804-584-4523
 Pages: 1 (including cover sheet)
 Subject: Modified POC

Notes:

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HERITAGE HALL

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Heritage Hall- Blackstone VIA FAX

To: Office of Licensure and Certification
Attention: Ms. Weigel - Delano
From: Miane Barksdale
Date: 2-16-17
Fax #: 804-527-4523
Pages: 4 (including cover sheet)
Subject: Modified POC

Notes:

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