



COMMONWEALTH of VIRGINIA

Department of Health

Office of Licensure and Certification

M. Norman Oliver, MD, MA
State Health Commissioner

TTY 7-1-1 OR
1-800-828-1120
9960 Mayland Drive, Suite 401
Henrico, Virginia 23233-1485
Fax (804) 527-4502

August 30, 2019

Ms. Elizabeth Nugent, Administrator
Heartland Health Care Center - Lynchburg
2200 Landover Place
Lynchburg, VA 24501-2116

RE: Heartland Health Care Center - Lynchburg
Provider Number 495077

Dear Ms. Nugent:

An unannounced abbreviated (complaint) survey ending August 28, 2019 was conducted at your facility by staff from the Virginia Department of Health's Office of Licensure and Certification (the State Survey Agency) to determine if your facility was in compliance with Federal long term care participation requirements for the Medicare and/or Medicaid programs and, if applicable, State licensure regulations. One (1) complaint was investigated during the survey. One (1) complaint was substantiated, with no deficiencies.

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

Survey Results

The results of this survey are reflected on the enclosed Statement of Isolated Deficiencies, "A" Form and/or the Statement of Deficiencies and Plan of Correction, CMS-2567. All survey findings generated on these forms (including the most recent standard survey and any subsequent revisits or complaint investigations) constitute the facility's current survey report. In accordance with §483.10(g), the current survey report must be made available for examination in a place readily accessible to residents and is disclosable to all interested parties.

DIRECTOR
(804) 367-2102

ACUTE CARE
(804) 767-2104

COPH
(804) 367-2128

VDH VIRGINIA
DEPARTMENT
OF HEALTH
Protecting You and Your Environment
www.vdh.virginia.gov

COMPLAINTS
1-800-952-1819

LONG TERM CARE
(804) 367-2100

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This survey determined your facility in substantial compliance with the participation requirements, in that no deficiencies were cited with the Health requirements. **The facility must maintain compliance with both the Health and the Life Safety Code requirements in order to continue provider certification.**

Survey Response Form

The LTC Survey Response Form is offered as a method to share your review of the onsite survey process. Please take a moment to complete this evaluation, which is available at:

"<http://www.vdh.virginia.gov/content/uploads/sites/96/2019/02/LTC-facility-survey-response-form.pdf>"

We will appreciate your participation.

If you have any questions concerning this letter, please contact me at (804) 367-2100.

Sincerely,



Nicole Keeney, LTC Supervisor
Division of Long Term Care

Enclosure

cc: Joani Latimer, State Ombudsman (Sent Electronically)
Bertha Ventura, Dmas (Sent Electronically)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/30/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495077	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/28/2019
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NAME OF PROVIDER OR SUPPLIER HEARTLAND HEALTH CARE CENTER - LYNCHBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 LANDOVER PLACE LYNCHBURG, VA 24501
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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) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>An unannounced Medicare/Medicaid abbreviated complaint survey was conducted on 8/28/2019. The facility was found to be in substantial compliance with 42 CFR Part 483 Federal Long Term Care requirements. One complaint was investigated during the survey.</p> <p>The census in this 118 bed facility was 98 at the time of the survey. The survey sample consisted of one resident review and one closed record review.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.