

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

PRINTED: 06/22/2020
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495262 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 06/16/2020 |
|---|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER SHENANDOAH NURSING HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 339 WESTMINISTER DRIVE FISHERSVILLE, VA 22939 | | |
| (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 | |
| E 000 | Initial Comments An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted 06/03/2020 through 06/04/2020 and 06/16/2020. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities. | E 000 | | | |
| F 000 | INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted 06/03/2020 through 06/04/2020 and 06/16/2020. The facility was in substantial compliance with 42 CFR Part 483.80 infection control regulations, and has implemented the CMS and Centers for Disease Control (CDC) recommended practices to prepare for COVID-19. On 06/03/2020 the census in this 60 certified bed facility was 51. There were no cases of COVID-19 in the facility. The facility reported they had done "some" testing. On 06/16/2020 the census was 48. There were no cases of COVID-19 in the facility. The facility reported they had tested a total of 7 residents, and one employee. All were negative. The facility is scheduled for PPS testing on 06/22/2020. | F 000 | | | |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | | | TITLE | | (X6) DATE |

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.