

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

PRINTED: 07/17/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495277	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/01/2020
NAME OF PROVIDER OR SUPPLIER HERITAGE HALL NASSAWADOX			STREET ADDRESS, CITY, STATE, ZIP CODE 9468 HOSPITAL ROAD NASSAWADOX, VA 23413		
(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	
F 000	<p>INITIAL COMMENTS</p> <p>A COVID-19 Focused Survey was conducted offsite 5/4/20 through 5/8/20 and onsite from 06/29/20 through 07/01/20. The facility was in compliance with the requirements for F-880 and F-885 of 42 CFR Part 483 Federal Long Term Care requirements.</p> <p>The census in this 145 certified bed facility was 83 at the time of survey. The total number of Residents were tested for COVID-19 was 112. 60 Residents had tested positive for COVID-19. 36 Residents recovered, 20 Residents expired, 2 Residents were in the hospital and were positive and 2 Residents went home. The total number of Staff that were tested for COVID-19 was 131. 50 Staff had tested positive for COVID-19. All staff had recovered and were back at work.</p>	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.