

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

PRINTED: 12/05/2020
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495240 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 10/16/2020 |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER FREDERICKSBURG HEALTH AND REHAB | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3900 PLANK ROAD FREDERICKSBURG, VA 22407 | | |
| (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 abbreviated Emergency Preparedness COVID-19 Focused Survey was conducted from 10/15/20 through 10/16/20. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. | E 000 | | | |
| F 000 | INITIAL COMMENTS An unannounced abbreviated COVID-19 Focused Survey was conducted 10/15/20 through 10/16/20. The facility was in substantial compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirement(s). The census in this 177 certified bed facility was 80. Of the 80 current residents, 5 residents were currently positive for the COVID-19 virus. The survey sample consisted of five current resident reviews (Residents #1 through #5). | 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.