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

PRINTED: 01/20/2021 FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED C 12/18/2020	
	495272						
		TION & HEALTH CARE CENTER		1776	ET ADDRESS, CITY, STATE, ZIP C CAMBRIDGE DRIVE IMOND, VA 23238	ODE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETI DATE
E 000	Initial Comments		E 00	00			
F 000	Preparedness CC conducted on 12/ in substantial com	abbreviated Emergency OVID-19 Focused Survey was 16/20-12/18/20. The facility was upliance with 42 CFR Part uent for Long-Term Care	F 00	00			
	Focused Survey v -12/18/20. The fac compliance with F	abbreviated COVID-19 vas conducted on 12/16 cility was in substantial -880 of 42 CFR Part 483 n Care requirement(s).					
	165. Of the 165 cutested positive for residents testing p were accepted fro facilities. Four con VA00050095, VA0 were unsubstantia investigated during sample consisted (Resident #2, Resident #6, Resid	s 190 certified bed facility was arrent residents, 7 residents had the COVID-19 virus. 5 of the 7 positive for the COVID-19 virus on other long term care applaints (VA00049992, 0050275 and VA00050315-ted with no deficiencies) were go the survey. The survey of ten current resident reviews ident #3, Resident #4, Resident tesident #7, Resident #8, dent #10) and one closed sident #1).					
ΟΡΑΤΟΡΥ Ι	DIRECTOR'S OR BROWN	DER/SUPPLIER REPRESENTATIVE'S SIGNA			TITLE		

Electronically Signed

(X6) DATE

12/28/2020

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.

TITLE