

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

PRINTED: 11/24/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495372</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/17/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SOUTH BOSTON HEALTH &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>103 ROSEHILL DRIVE SOUTH BOSTON, VA 24592</b>
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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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E 000	Initial Comments  An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted on 11/17/2020. 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  An unannounced COVID-19 Focused Infection Control Survey was conducted on 11/17/2020. The facility was in substantial compliance with 42 CFR Part 483.80 infection control regulations, and had implemented the CMS and Centers for Disease Control (CDC) recommended practices to prepare for COVID-19.  The census in this 216 certified bed facility was 162, which included 82 COVID positive residents. The survey sample consisted of 3 record reviews.  On 11/1/2020 the facility started testing residents and staff twice weekly. The most recent resident testing was completed on 11/16/2020 that included 40 residents, with 7 testing positive. The next resident testing was scheduled on 11/19/2020. The most recent staff testing was completed on 11/17/2020 that included 96 staff, with all testing negative. The next staff testing was scheduled on 11/20/2020.	F 000		

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.