

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

PRINTED: 01/21/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495372	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/01/2020
NAME OF PROVIDER OR SUPPLIER SOUTH BOSTON HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 103 ROSEHILL DRIVE SOUTH BOSTON, VA 24592		
(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 and Medicare/Medicaid abbreviated standard survey were conducted 9/29/20 through 10/1/20. 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 Medicare/Medicaid abbreviated standard survey and COVID-19 focused infection control survey were conducted on 9/29/20 through 10/1/20. Two complaints were investigated during the survey. Complaints VA00049409 and VA00049721 were unsubstantiated. The facility was in substantial compliance with 42 CFR Part 483 Federal Long Term Care requirements. The census in this 216 certified bed facility was 199 at the time of the survey. The survey sample consisted of three current record reviews and two closed record reviews. There was one COVID-19 positive resident in the facility during the survey. The last facility-wide COVID-19 testing was completed on 9/27/20 for 199 residents and on 9/28/20 for 198 staff members. Test results indicated 1 resident as COVID-19 positive, 197 residents as negative with one resident test result pending. Staff test results were all pending.	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

10/07/2020

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.