

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

PRINTED: 01/30/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/05/2020
NAME OF PROVIDER OR SUPPLIER THE BRIAN CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 ALLEGHANY REGIONAL HOSPITAL LANE LOW MOOR, VA 24457		
(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 was conducted 11/4/2020 through 11/5/2020, and 6/16/2020. 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 Medicare/Medicaid abbreviated survey and Focused Infection Control survey was conducted on 11/04/2020 - 11/05/2020. One complaint was investigated during the survey. VA00049774 was unsubstantiated with no deficient practice. The facility was in compliance with 42 CFR Part 483 Federal Long Term Care requirements, 42 CFR Part 483.80 infection control regulations, and the CMS and Centers for Disease Control (CDC) recommended practices for COVID-19. The census in this 89 certified bed facility was 77 at the time of the survey. The survey sample consisted of one closed record review (Resident #1) and three current record reviews (Residents #2 through #4). There was one COVID-19 positive resident case in the facility at the time of the survey. One staff member tested positive on 10/07/2020 which prompted outbreak testing.	F 000			

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

TITLE

(X6) DATE

Electronically Signed

11/09/2020

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.