

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

PRINTED: 02/14/2021
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495411 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 12/29/2020 |
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| NAME OF PROVIDER OR SUPPLIER LIBERTY RIDGE HEALTH & REHAB | STREET ADDRESS, CITY, STATE, ZIP CODE 189 MONICA BLVD LYNCHBURG, VA 24502 |
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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 | E 000 | | |
| | An unannounced Emergency Preparedness COVID-19 Focused Infection Control survey was conducted on 12/29/2020. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities. | | | |
| F 000 | INITIAL COMMENTS | F 000 | | |
| | An unannounced Medicare/Medicaid onsite Focused Infection Control survey was conducted on 12/29/2020. The facility was in compliance with 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 90 certified bed facility was 62 at the time of the survey. The survey sample included five current resident reviews. There were 6 COVID-19 positive residents in the facility. The most recent testing of residents for COVID-19 was completed on 12/27/2020 with 57 residents testing negative and one resident testing positive. The most recent staff testing for COVID-19 was completed on 12/27/2020 with 134 staff testing negative and one staff member testing positive. | | | |

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| 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.