

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

PRINTED: 02/22/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495105</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/15/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LYNCHBURG HLTH &amp; REHAB CNTR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5615 SEMINOLE AVENUE LYNCHBURG, VA 24502</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 07/15/2020. 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  A COVID-19 Focused Infection Control Survey was conducted 07/15/2020. The facility was in substantial compliance with 42 CFR Part 483.80 infection control regulations, and has implemented the CMS and Centers for Disease Control (CDC) recommended practices to prepare for COVID-19.  On 07/15/2020 the census in this 180 certified bed facility was 140. There were a total of five confirmed resident cases of COVID-19 in the facility.  The facility reported that they had a total of 17 residents with pending test results. The facility also reported four staff members had tested positive for COVID 19 and three staff members had been tested with pending results.  Due to the number of pending case results, the epidemiologist from the health department recommended the entire facility be placed on enhanced droplet precautions. This was implemented on 07/10/2020.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>07/23/2020</b>
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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.