## DEPARTMENT OF HEALTH AND HUN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/10/2021 FORM APPROVED OMB NO. 0938-0391

OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
	495105	B. WING_		12	/28/2020	
NAME OF PROVIDER OR SUPPLIER  LYNCHBURG HLTH & REHAB CNTR			STREET ADDRESS, CITY, STATE, ZIP CODE  5615 SEMINOLE AVENUE  LYNCHBURG, VA 24502			
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	CORRECTIVE ACTION SHOULD BE EFERENCED TO THE APPROPRIATE		
Initial Comments		E 00	00			
An unannounced Emergency Preparedness COVID-19 Focused Infection Control survey was conducted on 12/28/2020. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.  INITIAL COMMENTS		F 00	00			
Focused Infection ( on 12/28/2020. Th with 42 CFR Part 4 regulations, and the	Control survey was conducted e facility was in compliance 83.80 infection control e CMS and Centers for					
104 at the time of the included five current were no COVID-19 facility at the time of testing of residents on 12/21/20 with 47. The most recent structure completed on 12/22 members - all negatives.	the survey. The survey sample of resident reviews. There positive residents in the of the survey. The most recent for COVID-19 was completed residents testing negative. aff testing for COVID-19 was 2/20 and 12/23/20 (79 staff ative) and on 12/25/20 and					
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Electronically Signed

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

(X6) DATE

12/29/2020

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.

TITLE