

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  VA0101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  05/26/2021
NAME OF PROVIDER OR SUPPLIER  HERITAGE HALL FRONT ROYAL		STREET ADDRESS, CITY, STATE, ZIP CODE 400 WEST STRASBURG ROAD FRONT ROYAL, VA 22630		
(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) COMPLETE DATE
F 000	Initial Comments  An unannounced biennial State Licensure Inspection was conducted 5/25/21 through 5/26/21. Corrections are required for compliance with 42CFR Part 483 Federal Long Term Care requirements and Virginia Rules and Regulations for the Licensure of Nursing Facilities.  The census in this 60 certified bed facility was 56 at the time of the survey. The survey sample consisted of 21 current resident reviews and 3 closed record reviews.	F 000	<b>F001</b>  <b>Resident Services</b> <b>12VAC5-371-220.</b>  <b>Please cross reference to F-550</b> <i>Cross Reference to POC for F Tag 550</i>  <b>Completion Date: 7/9/2021</b>	
F 001	Non Compliance  The facility was out of compliance with the following state licensure requirements:  This RULE: is not met as evidenced by: 12VAC5-371-220. Nursing Services Cross reference to F550	F 001		

RECEIVED  
JUN 29 2021  
VDH/OLC

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

TITLE

(X6) DATE

*Robert Canby*

Administrator

6/22/2021