

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0113	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2021
NAME OF PROVIDER OR SUPPLIER HERITAGE HALL LEXINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 205 HOUSTON STREET EAST LEXINGTON, VA 24450		
(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 05/11/2021 through 05/12/2021. Corrections are required for compliance with 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 inspection. The survey sample consisted of fourteen (14) current record reviews and two (2) closed record reviews.	F 000	F001 Resident Services 12VAC5-371-250 (A). Please cross reference to F-641 <i>Cross Reference to POC for F Tag 641</i> F641 Corrective Action(s): Resident #2 has had their most recent MDS corrected to accurately document the presence of a Level 11 PASRR. A copy of the Level 11 PASRR has been placed in the resident's clinical record.	
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities: 12VAC5-371-250 (A). Please cross reference to F-641.	F 001	Identification of Deficient Practice(s) and Corrective Action(s): All other residents with a Level 11 PASRR may have potentially been affected. A 100% audit of all current resident MDS assessments will be completed by the MDS Coordinator and/or designee to ensure that MDS to identify residents at risk. All negative findings will be reported to the MDS department for immediate correction. A correction will be completed for each discrepancy identified on the most current MDS. Systemic Change(s): The MDS Coordinator has been inserviced by the Regional Nurse consultant on the proper assessment and coding of all areas of the MDS to include section A – Identification Information of the MDS. All comprehensive MDS's and quarterly MDS's will now be reviewed each week according to the MDS schedule by the RCC and/or DON to ensure the accuracy and integrity of the data in section A.	

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

Brad J. CWA

TITLE

Administrator

(X6) DATE

05/24/2021

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0113	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/12/2021
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Brad J. CVHA

TITLE

Administrator

(X6) DATE

05/24/2021