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

PRINTED: 10/12/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		495371	B. WING			C 01/08/2021	
NAME OF PROVIDER OR SUPPLIER HERITAGE HALL-RICH CREEK				STREET ADDRESS, CITY, STATE, ZIP CODE 120 OLD VIRGINIA AVENUE RICH CREEK, VA 24147			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTIC PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROP DEFICIENCY)			(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F 000				
	An unannounced Medicare/Medicaid abbreviated survey was conducted 1/06/21 through 1/08/21. Corrections are not required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements.						
	One complaint was investigated during the survey, VA00048185. The complaint was unsubstantiated with no deficient practice.						
	The census in this 120 certified bed facility was 90 at the time of the survey.						
	The survey sample corresident reviews.	onsisted of four (4) current					

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

TITLE (X6) DATE

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.