

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

PRINTED: 11/18/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495409	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/14/2021
NAME OF PROVIDER OR SUPPLIER ABINGDON HEALTH CARE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 15051 HARMONY HILLS LANE ABINGDON, VA 24211		
(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	
E 000	Initial Comments	E 000			
	An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted onsite from 10/13/21 to 10/14/21. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.				
F 000	INITIAL COMMENTS	F 000			
	An unannounced COVID-19 Focused Infection Control Survey survey was conducted onsite from 10/13/2021 to 10/14/2021. The facility was in compliance with 42 CFR Part 483 Federal Long Term Care requirements (including F-880).				
	On 10/13/2021, the census in this 120 certified bed facility was 93. The survey sample consisted of seven (7) resident reviews. Facility staff reported, at the time of entrance, having four (4) residents positive for COVID-19.				

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

TITLE

(X6) DATE

Electronically Signed

10/22/2021

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.