

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

PRINTED: 11/09/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495343	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/27/2021
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT GREENE COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 355 WILLIAM MILLS DRIVE STANARDSVILLE, VA 22973		
(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	
F 000	<p>INITIAL COMMENTS</p> <p>An unannounced Medicare/Medicaid abbreviated survey was conducted 10/26/2021 through 10/27/2021. Two complaints were investigated during the survey. Complaint numbers VA00052469 and VA00052912, were unsubstantiated with no deficient practice. The facility was found to be in compliance with 42 CFR Part 483 Federal Long Term Care requirements.</p> <p>The census in this 90 certified bed facility was 76 at the time of the survey. The survey sample consisted of eight (8) current Resident reviews (Residents #1 through Resident #8), and two (2) closed record reviews, (Resident #9 and Resident #10).</p>	F 000			
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.