

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0105	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER HERITAGE HALL - LAUREL MEADOWS		STREET ADDRESS, CITY, STATE, ZIP CODE 16600 DANVILLE PIKE LAUREL FORK, VA 24352		
(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 6/1/21 through 6/3/21. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Corrections were required. The census in this 60 bed facility was 50 at the time of the survey. The survey sample consisted of 13 current resident reviews and four (4) closed record reviews.	F 000		
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: Infection Control 12 VAC 5-371-180 - cross reference to F880.	F 001	F001 Resident Services 12 VAC 5-371-180. Infection Control Cross reference to F880. Completion Date: 6-25-2021	

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

[Signature]

STATE FORM

6899

Q1MM11

TITLE

Administration

(X6) DATE

RECEIVED
6/15/21

If continuation sheet 1 of 1

JUN 21 2021

VDH/OLC