

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

PRINTED: 01/24/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495338</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/17/2020</b>	
NAME OF PROVIDER OR SUPPLIER  <b>CHOICE HEALTHCARE AT ABINGDON</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 WALDEN ROAD ABINGDON, VA 24210</b>			
(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  An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted onsite on 09/16/2020-09/17/2020. Emergency Preparedness information had also been reviewed off site on 09/16/2020. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.			E 000			
F 000	INITIAL COMMENTS  An unannounced COVID-19 Focused Infection Control Survey was conducted on 09/16/2020-09/17/2020. Infection Control information had also been reviewed off site on 09/16/2020-09/17/2020. The facility was in substantial compliance with 42 CFR Part 483, Requirement for Long-Term Care Facilities.  On 09/16/2020, the census in this 109 certified bed facility was 61. Of the 61 current residents, 32 were positive, 29 were negative and 2 positive residents were hospitalized. The facility had a cumulative total of 44 COVID-19 positive residents. Of the 44 COVID positive residents, 9 had recovered. The survey sample consisted of 3 current residents (#1, #2, #3).			F 000			

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

TITLE

(X6) DATE

Electronically Signed

11/30/2020

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.