

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: 495379		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/20/2021	
NAME OF PROVIDER OR SUPPLIER CLARKSVILLE HEALTH & REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 184 BUFFALO ROAD CLARKSVILLE, VA 23927			
(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 from 10/19/2021 through 10/20/2021. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.			E 000			
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated survey and Focused Infection Control survey was conducted on 10/19/2021 through 10/20/2021. Three complaints were investigated during the survey. VA00052782, VA00052609, and VA00051893 were all unsubstantiated with no related deficiencies. The facility was in compliance with 42 CFR Part 483 Federal Long-Term Care requirements. The census in this 168 bed certified facility was 92. The survey sample consisted of 5 current resident record reviews (Resident #2, and Resident #4 through Resident #7) and 2 closed record reviews (Resident #1 and Resident #3). There were 3 COVID-19 positive cases in the facility at the time of the survey. The facility was testing staff and residents two times per week. The last facility wide testing was conducted on 10/18/2021 that included 92 residents and 59 staff; there were no positive cases on this testing date.			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.