

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

PRINTED: 01/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495142		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/18/2020	
NAME OF PROVIDER OR SUPPLIER EVERGREEN HEALTH AND REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 380 MILLWOOD AVENUE WINCHESTER, VA 22601			
(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 abbreviated COVID-19 Focused Survey was conducted 12/18/2020. The facility was in substantial compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirement(s).						
F 000	INITIAL COMMENTS			F 000			
	An unannounced abbreviated COVID-19 Focused Survey was conducted 12/18/2020. The facility was currently out of compliance at the time of the 12/18/2020 survey, based on findings from the Focused Infection Control survey ending 12/03/20. No new findings were identified with F-880 of 42 CFR Part §483 Federal Long Term Care requirement(s).						
	The census in this 176 certified bed facility was 106. Of the 106 current residents, 40 residents were currently positive for the COVID-19 virus. The survey sample consisted of seven current resident reviews (Residents #1 through #7).						

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.