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

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NAME OF PROVIDER OR SUPPLER	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
HARRISONBURG H.TH & REHAB CNTR MARRISONBURG H.TH & REHAB CNTR 128 ESSERVOR STREET			495093			·		
HARRISONBURG, VA 22801 CALL SUMMARY STEMEMENT OF DEFICIENCIES DEPOSITION STATEMENT OF DEFICIENCIES DEPOSITION STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FILL PRESIDENCY MACTION SHOULD BE CACHE CORRECTIVE ACTION SHOULD BE CACHE CORRECTIVE A	NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 00/0	7172021		
SIMMARY STATEMENT OF DEFICIENCIES DEPECT PREFIX TAG PREFIX PREF					1225 RESERVOIR STREET			
FREETX TAG RECULATORY OR LSC IDENTIFYING INFORMATION) FOOD INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated survey was conducted 08/31/21. Two complaints were investigated during the survey. VA000522981 with was substantiated without deficient practice. VA00052394 was unsubstantiated without deficient practice. Corrections are required for compliance with 42 CFR Part 483, the Federal Long Term Care requirements. The census in this 180 certified bed facility was 167 at the time of the survey. The survey sample consisted of 1 closed record review (Resident #1) and 6 current resident reviews (Resident #1) and 6 current resident reviews (Resident #2 through #7). F 925 Maintains Effective Pest Control Program CFR(s): 483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observation, group interview, resident interview, staff interview and facility document review, the facility failed to have an effective pest control program in place for two of three units in the facility. The facility set were observed in resident rooms and the conference room. Finding were: On 08/31/2021 at approximately 1:00 p.m., a group interview with eight cognitively intact Terms tacket correction constitute and on too constitute an admission to and do not constitute an admission to and to not constitute an effective pest control program in place for two of three units in the facility. The facility set were observed in resident rooms and the conference room. Finding were: On 08/31/2021 at approximately 1:00 p.m., a group interview with eight cognitively intact	HARRISO	NBURG HLTH & REHAB	CNTR		HARRISONBURG, VA 22801			
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APODATORY DIRECTOR'S OR PROVIDED SUIDDI IED DEDRESENTATIVE'S SIGNATI IDE TITLE (VENDATE		program so that the farodents. This REQUIREMENT by: Based on observation interview, staff interving review, the facility fail control program in plate facility. The facility was terminated by the No new contract was survey. Ants, centiper in resident rooms and Finding were: On 08/31/2021 at appropriate the facility of the facility of the facility was terminated by the facility of the facility was terminated by the facility of	is not met as evidenced n, group interview, resident ew and facility document ed to have an effective pest ace for two of three units in y's extermination contract e new owners in May 2021. put in place prior to the des and flies were observed if the conference room.		plan of correction are not an admission and do not constitute an agreement the alleged deficiencies nor the reproduction conversations and other information in support of the alleged deficiencity facility sets forth the following plan correction to remain in compliance federal and state regulations. The has taken or will take the actions so in the plan of correction. The following plan of correction constitutes the facility allegation of compliance. All allegation of compliance.	ssion to at with corted an cited es. The of with all facility et forth wing acility s ed		
	ADODATODY	DIDECTORIS OF PROVINCES!	CUDDUED DEDDECENTATIVES CLOSUATUR	_	TITLE		Y6) DATE	

Electronically Signed 09/22/2021

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.

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		495093	B. WING			C 08/31/2021	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		00/01/2021	
				1225 RESERVOIR STREET			
HARRISO	NBURG HLTH & REHAB	CNTR		HARRISONBURG, VA 22801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRICE OF T	JLD BE	(X5) COMPLETION DATE	
F 925	Continued From page residents was held. Dof the residents, ident "We need you to do sthis place." He was at "The new 'blank' own exterminator contract got ants, caterpillars, spiders, black ants, flother residents in the had seen bugs, they and stated, "He's right At 2:00 p.m., the admand asked about an estated, "We had a corcompany] where they was asked about the were in the building. It canceled the contract exterminators were how as asked if he was a in the building in resident in the contract level. They are aware the name and number the corporate level was a stated in the facility was a stated in the contract level. They are aware the name and number the corporate level was a stated in the facility was a stated in the contract level. They are aware the name and number the corporate level was a stated in the stated in the state of the facility was a stated in the state of the facility was a stated in the state of the state	uring the group meeting one ified as Resident #6 stated, omething about the bugs in sked to elaborate. He stated, ers canceled our when they took over. We've centipedes, crickets, lesall kinds of bugs." The group were asked if they all nodded their heads (yes) t." inistrator was interviewed exterminating contract. He intract with [Name of came in every month." He last time the exterminators he stated, "The new owners in May. The last time the ere was the end of May." He example that there were bugs lent rooms." He stated, een doing things to get rid of cracks and putting out ant externing that we don't have one." er of the person to contact at	F 92	DEFICIENCY)	cated. ontrol on ted auc check as. Orki as, and a1, 52, atenanc est onthly cin a x	dit	
	my window. The aide day. I have ants and	ed, "There were spiders in cleaned them out the other centipedes, they have been were observed in her room					

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AND DUAN OF CORRECTION		` ′	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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	NAME OF PROVIDER OR SUPPLIER HARRISONBURG HLTH & REHAB CNTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1225 RESERVOIR STREET HARRISONBURG, VA 22801		08/31/2021	
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F 925	Continued From pa	ge 2	F 92	5			
	centipedes were ob were observed crav bathroom. He state	was observed. Multiple dead observed on the floor and others wling beside his bed and in the d. "Would you want these a? These new owners have let					
	observed. Rooms 4 window sills and on Room 45 had a cric resident could bare	45 on the West wing were 6 and 47 had ants in the the floor near resident beds. Exet chirping so loudly the ly be heard commenting on it. d in the conference room and					
	director was intervited bugs observed in the them from time to the was an extermination of spray for bugs. He contract. It was can been in touch with the contract started antgel and it works other bugs too." He exterminator would worked. He stated, the ants before the	be needed if the ant gel "It's a whole lot better to stop y get in the building." He was and phone number of his					
	of OS (other staff) # administrator. He si responsible for all thim you would be of	00 p.m. the name and number 44 was provided by the sated, "This is the person ne company's contracts. I told alling." The first attempt to elephone was made at 3:01					

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F 925	There was no answer The maintenance dir number of his contact was called at 3:10 p. bug problem at the fabe addressed and hasked why there was company to come in normally have this product with an extended the contract cracksInspections at the residents are taken pests in their rooms [Name of OS #4] about working on a contract asked what prompted addressed at that time one since May. He sigot a call from [name are there and there is the call. A return call os #3 called at appropriated, "[Name of OS contract now, he's try but the exterminators They said they have complete reassessman a quote." He was asked one had been in to did May. He stated, "Most and the stated, "M	empt was made at 3:10 p.m. or to either call. ector provided the name and st at corporate, OS #3 who m. He was asked about the acility. He stated, "It needs to andled immediately." He was a need for an exterminating. He stated, "We don't roblem, we normally have a rminator. The company at and it just fell through the are important to make sure en care of and there are no I was on the phone with out 30 minutes ago. He is at even as we speak." He was at the contract to be the since there hadn't been stated, "Probably because he er of administrator] that you is a problem." It to contact OS #4 was made the essage left for him to return was never received. Oximately 3:30 p.m. and S #4] is working on the lying to negotiate something, is won't give him a quote. To come in and do a lent before they can give him a ged if that was because no on an extermination visit since	F 92	25			

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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF C X (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 925	and contained the fol "The center environminspected and treated corporate-approved of the above information approximately 4:10 p	lowing: nent will be monthly d by pests by a contractor" n was discussed during an g on 08/31/2021 at .m.	FS	925		