

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/17/2021
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NAME OF PROVIDER OR SUPPLIER HERITAGE HALL BLACKSTONE	STREET ADDRESS, CITY, STATE, ZIP CODE 900 S MAIN ST BLACKSTONE, VA 23824
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(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	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 11/15/2021 through 11/17/2021. Corrections are required with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. One complaint was investigated during the survey (VA00053137-Substantiated without deficiency).</p> <p>The census in this 180 bed facility was 134 at the time of the survey. The survey sample consisted of 44 resident reviews.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: 12 VAC 5-371-150 (A) Resident Rights cross reference to F584.</p> <p>12 VAC 5-371-360 (F) Clinical Records cross reference to F842.</p> <p>12 VAC 5-371-370 (A) Maintenance and Housekeeping cross reference to F584.</p> <p>12 VAC 5-371-220 (A) Nursing Services cross reference to F658.</p> <p>12 VAC 5-371-300 (B) (L) Pharmaceutical Services cross reference to F761.</p> <p>12 VAC 5-371-340 (A) Dietary and Food Service program cross reference to F812.</p> <p>Federal Tag F-761 cross referenced to state tag 12 VAC 5-371-300 (L) -pharmaceutical services.</p>	F 001		

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

TITLE

(X6) DATE

12/01/21

State of Virginia

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