

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

PRINTED: 03/11/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495381	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/01/2022
NAME OF PROVIDER OR SUPPLIER SUMMIT HEALTH AND REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 ENTERPRISE DRIVE LYNCHBURG, VA 24502	

(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		
F 000	<p>An unannounced Emergency Preparedness COVID-19 Focused Infection Control Survey was conducted offsite on 03/01/2022. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long Term Care Facilities.</p> <p>INITIAL COMMENTS</p> <p>An unannounced COVID-19 Focused Infection Control/Abbreviated survey was conducted on 03/01/2022. One complaint was investigated. Complaint VA00053704 was unsubstantiated. The facility was found in substantial compliance with requirements 42 CFR Part 483.80, Infection Control Regulations, and 42 CFR Part 483, the Federal Long Term Care Requirements.</p> <p>The census in this 120 certified bed facility was 76 at the time of the survey. The survey sample consisted of one current resident record review, Resident #1.</p> <p>There were 8 (eight) positive COVID-19 cases in the facility at the time of the survey. The facility was testing residents and staff weekly.</p>	F 000		

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

TITLE

(X6) DATE

Electronically Signed

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.