| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495412 | A. BUILDING _____ B. WING _____ | 09/25/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| NOVA HEALTH AND REHAB | 377 CLONCE ST WEBER CITY, VA 24290 |

| (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<br><br>An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted onsite on 9/22/2020. Emergency Preparedness information was reviewed off-site on 9/22/2020, 9/24/2020, and 9/25/2020. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.<br><br>On 9/22/2020, the census in this 90 certified bed facility was 76. Facility staff reported having no residents with positive COVID-19 tests. | E 000 | | |
| F 000 | INITIAL COMMENTS<br><br>An unannounced Medicare/Medicaid complaint survey and COVID-19 Focused Infection Control Survey was conducted onsite on 9/22/2020. Infection control information was reviewed off-site on 9/22/2020, 9/24/2020, and 9/25/2020. Corrections are not required for compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirement(s).<br><br>On 9/22/2020, the census in this 90 certified bed facility was 76. Facility staff reported having no residents with positive COVID-19 tests. | F 000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 10/02/2020

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.