

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495294	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/02/2020
NAME OF PROVIDER OR SUPPLIER PULASKI HLTH & REHAB CNTR			STREET ADDRESS, CITY, STATE, ZIP CODE 2401 LEE HIGHWAY PULASKI, VA 24301		
(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 An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted 10/27/20 through 11/02/20. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000			
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey was conducted 10/27/20 through 11/02/20. Corrections are not required for compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirement(s). On 10/27/20, the census in this 102 certified bed facility was 93. Of the 93 current resident, one resident was positive for COVID-19 with no pending test results. One staff member was also positive and three staff members had pending results. Cumulative testing totals in the facility indicated a total of two COVID-19 positive residents with one resident hospitalized at the time of the survey. There have been no COVID-19 related deaths. A cumulative total of two staff members have tested positive. By closure of the survey, an additional 16 residents and 6 staff members were reported positive for COVID-19 with one COVID-19 associated resident death.	F 000			

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

TITLE

(X6) DATE

Electronically Signed

11/19/2020

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.