State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	VA0109	A. BUILDING: ______ B. WING ______	05/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HALL CLINTWOOD	1225 CLINTWOOD MAIN STREET, ROUTE 607 CLINTWOOD, VA 24228

(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	Initial Comments An unannounced biennial State Licensure Inspection was conducted 5/3/2022 through 5/5/2022. Corrections are required for compliance with Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 100 licensed bed facility was 90 at the time of the survey. The survey sample consisted of 18 current Resident reviews.	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities: 12 VAC5-371-220-B Nursing Services please cross reference to F 693.	F 001	F693 Corrective Action(s): Resident #1's attending physician has been notified that Resident 1 did not receive the tube feeding per physician order. Identification of Deficient Practice(s) & Corrective Action(s): All other tube-feeding residents may have been potentially affected. A 100% review of all tube-feeding residents was performed to identify those residents who have not received tube feedings as ordered by the physician. Any negative findings will be corrected at the time of discovery. Systemic Change(s): The facility Policy and Procedure was reviewed and no changes are warranted at this time. All licensed staff will be in-serviced by the DON/designee on the	6/7/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE
(X6) DATE: 06/01/22

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HERITAGE HALL CLINTWOOD	**1225 CLINTWOOD MAIN STREET, ROUTE 607 CLINTWOOD, VA 24228**

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F 001	Continued From page 1	F 001	facility policy and procedure for administration of tube feedings as ordered by the physician. The DON/designee will make rounds on each unit daily to monitor compliance. Monitoring: The Director of Nursing is responsible for compliance. The DON and/or designee will perform 2 random tube feeding audits weekly to monitor for compliance. All negative findings identified during the audit will be corrected at time of discovery and appropriate disciplinary action taken. Detailed findings of these reviews will be provided to the Quality Assurance Committee for review, analysis, and recommendations for change in facility policy, procedure, and/or practice.	