

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0117</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/26/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE HALL TAZEWELL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>282 BEN BOLT AVENUE TAZEWELL, VA 24651</b>		
(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 5/24/2022 through 5/26/2022. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.  The census in this 180 bed facility was 138 at the time of the survey. The survey sample consisted of 27 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 VAC 5-371-300 (B) cross reference to F761 12 VAC 5-371-220 (D) cross reference to F677	F 001	<b>F001</b>  <b>Resident Services</b>  12 VAC 5-371-300 (B) cross reference to F761 plan of correction 12 VAC 5-371-220 (D) cross reference to F677 plan of correction  <b>Completion Date: 7/5/22</b>	

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

*Brittany Price*

TITLE

*Administrator*

(X6) DATE

*6/20/22*