STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49E131	A. BUILDING _____ B. WING _____	C 09/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SW VA M H INST GERI TRT CTR	340 BAGLEY CIRCLE MARION, VA 24354

(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 A COVID-19 Focused Emergency Preparedness Survey was conducted onsite 9/6/22 through 9/7/22 and continued with offsite review occurring 9/14/22 through 9/16/22. The facility was in substantial compliance with 42 CFR Part 483.73(b)(6) emergency preparedness regulations, and has implemented The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19. The census in this 25 certified bed facility was 18 at the time of the survey.	E 000		
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated and COVID-19 Focus Infection Control survey was conducted onsite 9/6/22 through 9/7/22 and continued with offsite review occurring 9/14/22 through 9/16/22. The facility was in substantial compliance with 42 CFR Part 483 Federal Long Term Care requirement(s) and 42 CFR Part 483.80 infection control regulations, and has implemented The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19. During the survey one (1) complaint (VA00056142-unsubstantiated) was investigated. The census in this 25 certified bed facility was 18 at the time of the survey. The survey sample consisted of three (3) current resident reviews (Resident #1, Resident #2, and Resident #4) and one (1) closed record (Resident #4).	F 000		

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