

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

PRINTED: 12/14/2022
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495372 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 12/07/2022 |
| NAME OF PROVIDER OR SUPPLIER SOUTH BOSTON HEALTH & REHAB CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 103 ROSEHILL DRIVE SOUTH BOSTON, VA 24592 | | |
| (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 onsite from 12/6/2022 through 12/7/2022. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long Term Care Facilities. | E 000 | | | |
| F 000 | INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated survey and Focused Infection Control survey was conducted on 12/6/2022 through 12/7/2022. The facility was in compliance with 42 CFR Part 483 Federal Long Term Care requirements. One complaint was investigated during the survey. VA00056423 was not substantiated. On 12/6/2022, the census in this 218 certified bed facility was 177. The survey sample consisted of one closed record review (Resident # 1), and five current record reviews (Residents # 2 through 6). There were no positive COVID-19 cases in the facility at the time of the survey. The last facility wide testing was conducted on 11/7/2022 that included 53 residents and 14 staff; 53 residents tested negative, none tested positive; 14 staff tested negative, none tested positive. | F 000 | | | |

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

TITLE

(X6) DATE

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.