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

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NAME OF PROVIDER OR SUPPLIER HOLLY MANOR NURSING HOME STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) [K 000] INITIAL COMMENTS [K 000] Description of structure: The main "Holly Manor"	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0101			10050	
NAME OF PROVIDER OR SUPPLIER HOLLY MANOR NURSING HOME (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (K 000) INITIAL COMMENTS STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (K 000) INITIAL COMMENTS (K 000)			495339 B. WING		10			
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) [K 000] INITIAL COMMENTS [EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY] [EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY]					STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET			
	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		
wing is a one story building with a construction type of II (000) which was accepted 06-01-1999; The "Moore Center" wing is a one story building with a construction type of V (111) which was accepted 02-11-2005; The "New" wing is a one story building with a construction type of V (111) which was accepted 02-15-2011; and The "Dayroom" wing is a one story building with a construction type of V (111) which was accepted 03-02-2016 Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced revisit to a Recertification Life Safety Code Survey was conducted on 10-08-2021 of an initial survey conducted 07-06-21 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Existing regulations. The facility was in compliance with the Requirements for Participation Medicare and Medicaid.		Description of struction wing is a one story type of II (000) which The "Moore Center with a construction accepted 02-11-200 story building with a which was accepted "Dayroom" wing is a construction type of 03-02-2016 Sprinkler Status: Further An unannounced respected Safety Code Survey 10-08-2021 of an in 07-06-21 in accordance Regulation, Part 48 Term Care Facilities compliance using the regulations. The facility was in consequence of the property of the	cture: The main "Holly Manor" building with a construction ch was accepted 06-01-1999; "wing is a one story building type of V (111) which was 05; The "New" wing is a one a construction type of V (111) d 02-15-2011; and The a one story building with a f V (111) which was accepted cally sprinklered - NFPA 13 evisit to a Recertification Life y was conducted on initial survey conducted ance with 42 Code of Federal 3: Requirements for Long s. The facility was surveyed for the LSC 2012 Existing compliance with the Participation Medicare and					

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.