

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/01/2023
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NAME OF PROVIDER OR SUPPLIER HERITAGE HALL BIG STONE GAP	STREET ADDRESS, CITY, STATE, ZIP CODE 2045 VALLEY VIEW DRIVE BIG STONE GAP, VA 24219
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(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	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 1/24/23 through 2/1/23/22. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Corrections were required.</p> <p>The census in this 180 certified bed facility was 152 at the time of the survey. The survey sample consisted of 31 current resident reviews.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for Licensure of Nursing Facilities.</p> <p>Nursing Services 12 VAC 5-371-220 - cross reference to F-684 and F-698</p> <p>Physician Services Program 12 VAC 5-371-240 (C)n8 - cross reference to F-692</p> <p>Resident Assessment and Care Planning 12 VAC 5-371-250) - cross reference to F-656 and F-657</p>	F 001		

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

TITLE

(X6) DATE