

State of Virginia

PRINTED: 03/20/2023
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/28/2023
NAME OF PROVIDER OR SUPPLIER HERITAGE HALL GRUNDY		STREET ADDRESS, CITY, STATE, ZIP CODE 2966 SLATE CREEK ROAD GRUNDY, VA 24614			
(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 02/26/2023 through 02/28/2023. Corrections are required for compliance with Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow. The census in this 120 certified bed facility was 118 at the time of the survey. The survey sample consisted of 24 current Resident reviews and 3 closed record 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: NURSING SERVICES 12VAC5-371-220 (B) cross reference to F tag 695 CLINICAL RECORDS 12VAC5-371-360 (E) cross reference to F tag 842 MAINTENANCE AND HOUSEKEEPING 12VAC5-371-370 (A) cross reference to F tag 921	F 001			

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

TITLE

(X6) DATE