

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0071	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/03/2023
NAME OF PROVIDER OR SUPPLIER COMMUNITY MEMORIAL HOSPITAL HUNDLEY CENTI		STREET ADDRESS, CITY, STATE, ZIP CODE 125 BUENA VISTA CIRCLE SOUTH HILL, VA 23970		
(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 5/2/2023 through 5/3/2023. The facility was not in compliance with the Virginia Regulations for the Licensure of Nursing Facilities. The census in this 140 bed facility was 87 at the time of the survey. The survey sample consisted of 18 current Resident reviews and two 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: 32.1-126.01 Employment for compensation of persons convicted of certain offenses prohibited; criminal records check required; suspension of revocation of license. Any person desiring to work at a licensed nursing home shall provide the hiring facility with a sworn statement or affirmation disclosing any criminal convictions or any pending criminal charges, whether within or without the Commonwealth. Cross Reference to F-607. 12VAC5-371-180 Infection Control 12VAC5-371-180 (C.3) Cross Reference to F-686 12VAC5-371-108 (A) Cross Reference to F-880 12VAC5-371-220 Nursing Services 12VAC5-371-220 (B) Cross Reference to F-695 12VAC5-371-240 Physician Services 12VAC5-371-240 (C.5) Cross Reference to F-684	F 001	-Crossreference to POC for F607 -Crossreference to POC for F686 -Crossreference to POC for 880 -Crossreference to POC for F695 -Crossreference to POC for F684 -Crossreference to POC for F657	6/16/23

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

Electronically Signed

TITLE

(X6) DATE

06/02/23

State of Virginia

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F 001	Continued From page 1 12VAC5-371-250 Resident Assessment and Care Planning 12VAC5-371-250 (G) Cross Reference to F-657	F 001		