

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

PRINTED: 08/05/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 06/17/2025
NAME OF PROVIDER OR SUPPLIER LYNCHBURG HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5615 SEMINOLE AVENUE LYNCHBURG, VA 24502		
(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
{F 000}	<p>INITIAL COMMENTS</p> <p>An unannounced Medicare/Medicaid revisit to the abbreviated survey conducted 4/8/25 through 4/9/25, was conducted 6/16/25 through 6/17/25. The facility was found to be in compliance with 42 CFR Part 483 the Federal Long-Term Care regulations. Three complaints were investigated during the survey.</p> <p>Complaint VA00063241 was unsubstantiated. Complaint VA00063422 was substantiated with no deficiencies cited. Complaint VA00063445 was unsubstantiated.</p> <p>The census in this 180 certified bed facility was 162 at the time of the survey. The survey sample consisted of six current resident reviews and one closed record review.</p>	{F 000}			

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

TITLE

(X6) DATE

Electronically Signed

06/27/2025

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.