STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495093	A. BUILDING _____ B. WING _____	07/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARRISONBURG HLTH & REHAB CNTR	1225 RESERVOIR STREET HARRISONBURG, VA 22801

(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
E 000	Initial Comments A second unannounced Emergency Preparedness COVID-19 Focused Survey was conducted onsite on 07/14/2020. The facility was in compliance with E0024 of 42 CFR Part 483.73, requirements for Long-Term Care Facilities.	E 000		
F 000	INITIAL COMMENTS An unannounced onsite COVID-19 Focused Infection Control Survey was conducted on 07/14/2020. The facility was in substantial compliance with 42 CFR Part 483.80 infection control regulations, and had implemented the CMS and Centers for Disease Control (CDC) recommended practices for COVID-19. The census in the 180 certified bed facility was 136. The facility reported that on 06/30/2020, a total of 212 COVID19 tests were conducted at the facility for 95 residents and 117 employees. (Per guidance from the local health department and approval from the health director of their region, residents who had previously tested positive were not retested). Three positive results, all residents, were reported. The facility did not receive reports from the 06/30/2020 testing until 07/10/2020. Additional testing was conducted on 07/07/2020, with a total of 199 tests administered for 88 residents and 111 staff. As of 07/14/2020, 155 test results had been reported as negative. Forty-four test results were pending for 43 staff and one resident. The facility was conducting continued testing on	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		07/17/2020

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.

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F 000	Continued From page 1 07/14/2020.	F 000		