

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495093	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2026
NAME OF PROVIDER OR SUPPLIER Harrisonburg Hlth & Rehab Cntr		STREET ADDRESS, CITY, STATE, ZIP CODE 1225 Reservoir Street Harrisonburg, VA 22801	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. An unannounced Medicare/Medicaid third revisit to the 2/13/2026 standard certification survey was conducted on 7/2/26. The first revisit survey was conducted 4/13/26 through 4/15/26. The second revisit was conducted 6/8/2026 through 6/10/2026. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care requirements. Two complaints were investigated during the survey (3076062 -Compliant; 3072965 - Non-Compliant with deficiency). Corrected deficiencies are identified on the CMS-2567B. The census in this 180 certified bed facility was 141 at the time of the survey. The survey sample consisted eight current resident reviews and one closed record review.On 7/15/26 at 8:55 a.m., an observation of the facility was conducted. Layers of sticky dirt and dust were observed in the vents of the heating/air conditioning units in rooms #86, #26, #19, #12, #6, #5, #3, #41, and #34, in the ceiling air vents in the resident room bathrooms #84, #27, #8, #5, and #35, and #34, and in the ceiling air vents at the South unit nurse's station, and on the East unit short hall and the East unit long hall.On 7/15/26 at approximately 3:35 p.m., an interview was conducted with the Director of Maintenance. The Director of Maintenance stated the maintenance staff typically clean the vents of the heating/air conditioning units in the resident rooms and the ceiling air vents in the resident bathrooms once a month and clean the ceiling air vents on the halls every three months. The Director of Maintenance stated the staff had got behind on cleaning the vents due to other environmental projects. The Director of Maintenance stated that due to those other environmental projects, there has been a lot of sanding in the facility lately and this clogs up the vents so the maintenance staff would probably have to increase their cleaning schedules.On 7/15/26 at 4:58 p.m., the Administrator and Director of Nursing were made aware of the above concern.The facility did not provide a policy regarding a clean and sanitary environment.No further information was provided prior to exit.		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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