STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495323	A. Building B. Wing	06/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall - Laurel Meadows	16600 Danville Pike Laurel Fork, VA 24352

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on staff interview, clinical record review, and facility document review the facility staff failed to notify a Responsible Party (RP) of a change in condition for (1) one of (6) six closed record reviews, Resident #63. Findings included:The facility staff failed to notify the RP of a fall on 12/04/2023. Nursing documentation indicated that the resident sustained a raised area to the side of the forehead from the fall. This was a closed record review. Resident #63's diagnoses included muscle weakness, difficulty in walking, diabetes, dementia with agitation, and repeated falls. Section C (cognitive patterns) of Resident #63's quarterly Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 11/15/2023 included a Brief Interview for Mental Status (BIMS) score of 7, indicating Resident #63 was severely impaired in cognitive skills for daily decision making. Section GG (functional abilities and goals) was coded to indicate the resident had functional limitation in range of motion in the lower extremities and used a wheelchair for mobility. Review of the clinical record identified two nursing progress notes dated 12/04/2023 documenting two separate falls. Documentation for the fall at 5:30 PM indicated the resident had no complaints of pain, had a raised area on the side of the forehead, neuro checks were initiated, and the call light was within reach. There was no documentation indicating the RP had been notified. On 06/29/2026 at 11:45 AM, during a meeting with the Administrator, Director of Nursing (DON), Social Worker, and MDS Coordinator the missing information regarding the RP being notified of the Residents fall on 12/04/2023 was reviewed. On 06/30/2026 at 12:00 PM, during a meeting with the Administrator, DON, MDS Coordinator, Regional Nurse and Regional Director of Clinical Services the DON confirmed they were unable to find any information indicating the RP had been notified of the fall and the area to the resident's forehead. The facility policy titled, Change in a Resident's Condition or Status read in part, The facility promptly notifies the resident, resident's attending physician or provider, and the resident representative of changes in the resident's condition and/or status. No additional information regarding this issue was provided to the survey team prior to the exit conference.

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