STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	493300	A. BUILDING _____ B. WING _____	C 08/13/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUMBERLAND HOSPITAL LLC	**9407 CUMBERLAND ROAD NEW KENT, VA 23124**

(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
A 000	INITIAL COMMENTS An unannounced Medicare/Medicaid Hospital Complaint Investigation survey was conducted August 12 through August 13, 2019 by three (3) Medical Facilities Inspectors from the Virginia Department of Health, Office of Licensure and Certification. In accordance with the Centers for Medicare and Medicaid Services (CMS) instructions, the following Conditions of Participation were reviewed: Governing Body (482.12), Patient Rights (482.13), Quality (482.21), Medical Staff (482.22), and Nursing Services (482.23). Interviews were conducted, Clinical Records and Policies and Procedures were reviewed. Four (4) complaints were investigated. 1. Complaint #VA00046998 was investigated during the survey and found to be unsubstantiated due to lack of sufficient evidence with no deficient practice. 2. Complaint # VA00046977 was investigated during the survey and found to be unsubstantiated due to lack of sufficient evidence with no deficient practice. 3. Complaint # VA00046631 was investigated during the survey and found to be unsubstantiated with no deficient practice. 4. Complaint # VA00046632 was investigated during the survey and found to be substantiated with no deficient practice.	A 000		

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

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.