

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

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FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 493300 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 09/25/2019 |
| NAME OF PROVIDER OR SUPPLIER CUMBERLAND HOSPITAL LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 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 | <p>INITIAL COMMENTS</p> <p>An unannounced Medicare/Medicaid Hospital Complaint Investigation survey was conducted September 24 through September 25, 2019 by two Medical Facilities Inspectors from the Virginia Department of Health's Office of Licensure and Certification.</p> <p>The survey process included: a review of the facility's Governing Body, Patient Rights, Quality, Medical Staff and Nursing Services. Interviews were conducted, Medical Records and policies and procedures were reviewed.</p> <p>Complaint #VA00047421 and #VA00047433 were investigated during the survey.</p> <p>The facility was determined to be in compliance with the following Federal regulations as stated in 42 CFR Part §482. Conditions of Participation for Hospitals.</p> <p>The Complaints were substantiated with no deficient practice identified.</p> | 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.