

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

PRINTED: 04/11/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495373		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02, 03 B. WING _____		(X3) DATE SURVEY COMPLETED R 08/01/2017	
NAME OF PROVIDER OR SUPPLIER BRANDON OAKS NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 3837 BRANDON AVENUE ROANOKE, VA 24018			
(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
{K 000}	<p>INITIAL COMMENTS</p> <p>Description of Structure: The facility is a one story frame construction structure with concrete slab floors.</p> <p>Construction Type: V (111)</p> <p>Sprinkler status: Fully Sprinklered, NFPA 13 system.</p> <p>An unannounced Life Safety Code revisit to the standard survey conducted on 03/13//2017 was conducted on 08/01/2017, in accordance with 42 Code of Federal Regulation, Part 483: Requirements for for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Health Existing regulations. The facility was in compliance with the Requirements for Participation Medicare and Medicaid.</p> <p>Corrected deficiencies are identified on the CMS-2567B.</p> <p>Description of Structure: The facility is a one story frame construction structure, un-separated addition to the main building with concrete slab floors.</p> <p>Construction Type: V (111)</p> <p>Sprinkler status: Fully Sprinklered, NFPA 13 system.</p> <p>An unannounced recertification Life Safety Code survey was conducted 06/13/2017 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Existing regulations. The facility was in</p>			{K 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.

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{K 000}	<p>Continued From page 1</p> <p>compliance with the Requirements for Participation Medicare and Medicaid.</p> <p>Description of Structure: This is a 3 story, fully sprinklered building of protected non-combustible construction. Patient rooms are located on floor one. A rehabilitation unit, laundry, and mechanical rooms are located on the ground floor, and the second floor is built as a shell for future expansion. The structure is separated from the main building by a two hour fire barrier wall.</p> <p>Construction Type: II (111)</p> <p>Sprinkler status: The facility is fully sprinklered, quick response heads.</p> <p>An unannounced Life Safety Code revisit to the standard survey conducted on 03/13//2017 was conducted on 08/01/2017, in accordance with 42 Code of Federal Regulation, Part 483: Requirements for for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Health Existing regulations. The facility was in compliance with the Requirements for Participation Medicare and Medicaid.</p> <p>Corrected deficiencies are identified on the CMS-2567B.</p>	{K 000}			