

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0209	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2017
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NAME OF PROVIDER OR SUPPLIER ROMAN EAGLE REHABILITATION AND HEALTH CARI	STREET ADDRESS, CITY, STATE, ZIP CODE 2526 NORTH MAIN STREET DANVILLE, VA 24540
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(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) COMPLETE DATE
F 000	<p>Initial Comments</p> <p>An unannounced Medicare/Medicaid standard survey and a Biennial State Licensure Inspection was conducted on 7/18/17 through 7/20/17. Corrections are required for complainance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey report will follow.</p> <p>The census in this 312 bed certified bed facility was 288 at the time of the survey. The survey sample consisted of 27 current Resident Reviews (Resident #'s 1 through 27) and 3 closed record reviews (Resident #'s 28 through 30).</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>Resident Assessment 12 VAC 5-371-250 (F) Cross reference to F-278</p> <p>Comprehensive Person Centered Care Planning 12 VAC 5-371-250-(D,E) Cross reference to F 279</p> <p>Resident Rights 12 VAC 5-371-250 (F,H,I) Cross reference to F 280</p> <p>Laboratory, Radiology, and Other Diagnostics Services 12 VAC 5-371-310 (B) Cross reference to F 502</p>	F 001	<p>The facility will allege compliance with all of the listed Virginia rules and regulations for the licensure of nursing facilities as evidenced by the individual plan of correction for each rule and regulation listed.</p>	9/1/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

08/22/17

State of Virginia

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F 001	Continued From page 1 Administration. 12 VAC 5-371-360 (A, E) Cross reference to F-514	F 001		