

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

PRINTED: 10/12/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495378	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/22/2021
NAME OF PROVIDER OR SUPPLIER SPRINGTREE HEALTHCARE & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3433 SPRINGTREE DRIVE ROANOKE, VA 24012		
(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	
E 000	Initial Comments An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted onsite on 02/08/2021. Emergency Preparedness information was reviewed offsite between 02/08/2021 through 02/22/2021. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long Term Care Facilities.	E 000			
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid complaint survey was conducted onsite on 01/12/21 and continued with offsite review through 02/22/21. On 02/08/21 an onsite COVID-19 focused infection control survey was added. No corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Two (2) complaints were investigated during the survey. The census in this 120 certified bed facility was 78 on 01/12/21 during the onsite survey for complaints. On 02/08/21 when the focused infection control portion of the survey was added, the census was 101 with two (2) residents and no staff positive for the COVID-19 virus.	F 000			

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

TITLE

(X6) DATE

Electronically Signed

02/25/2021

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.