

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/13/2022
NAME OF PROVIDER OR SUPPLIER RADFORD HEALTH AND REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 700 RANDOLPH STREET RADFORD, VA 24141		
(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	Initial Comments An unannounced Medicare/Medicaid standard survey and biennial State Licensure Inspection was conducted 1/11/22 through 1/13/22. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements and Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow. Four (4) complaints were investigated during the survey. The census in this 90 certified bed facility was 78 at the time of the survey. The survey sample consisted of 18 current Resident reviews and 6 closed record reviews.	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for Licensure of Nursing Facilities. Nursing Services 12 VAC 5-371-220 (B) - cross reference to F684 12 VAC 5-371-220 (H) - cross reference to F580 Diagnostic Services 12 VAC 5-371-310 (A) - cross reference to F773	F 001	Nursing Services 12 VAC 5-371-220 (B) - cross reference to F684 12 VAC 5-371-220 (H) - cross reference to F580 Diagnostic Services 12 VAC 5-371-310 (A) - cross reference to F773	2/18/22

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

TITLE

(X6) DATE

Electronically Signed

01/27/22