

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/15/2018
NAME OF PROVIDER OR SUPPLIER SOUTH ROANOKE NURSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 3823 FRANKLIN RD, SW ROANOKE, VA 24014		
(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 3/13/18 through 3/15/18. Corrections are required for compliance with 42 CFR Part 483 Requirements for Long Term Care Facilities and Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow. The census in this 98 certified bed facility was 82 at the time of the survey. The survey sample consisted of 18 current Resident reviews and 2 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 the Licensure of Nursing Homes: Policies and Procedures Nursing Services 12 VAC 5-371-220-H cross reference to F 580 12 VAC 5-371-220-- A cross reference to F 757 12 VAC 5-371-220 B-cross reference to F 760 Director of Nursing 12VAC 5-371-200 (B) (1) cross reference to F 658 Pharmacy Services 12 VAC 5-371-140 (D) (5) cross reference to 755 12 VAC 5-371-300-A, C, G cross reference to F755	F 001	1. The identified non-compliance with 12 VAC 5-371-220-H, 12 VAC 5-371-220-A, 12 VAC 5-371-220-B, 12 VAC 5-371-140 (D) (5), 12 VAC 5-371-300-A,C,G, 12 VAC 5-371-180 A,B,C, and 12 VAC 5-371-360-E were each isolated to specific residents. No negative outcomes were experienced by the identified residents. 2. Specific reviews and audits are being performed for the above areas of non-compliance to identify any other residents with potential of being affected. 3. There are numerous interventions that have been put in place or are being put into place to address the above areas of non-compliance. These interventions include systemic changes, extensive	4/26/18

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

Electronically Signed

TITLE

(X6) DATE

04/08/18

State of Virginia

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F 001	Continued From page 1 Infection Control 12 VAC 5-371-180 A, B, C- cross reference to F880 Administration 12 VAC 5-371-360-E cross reference to F842	F 001	education and in-servicing to ensure the facility attains and maintains compliance. 4. The interventions will be monitored as outlined in the facility Plan of Correction and reviewed at the Quarterly QA meeting on 4/26/18. 5. Corrective action will be complete and compliance attained by 4/26/18.		