

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 03/24/2022
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 biennial State Licensure Inspection was conducted 03/22/2022 through 03/24/2022. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 96 bed facility was 82 at the time of the survey. The survey sample consisted of 20 current resident reviews and 3 closed records.	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 Facilities: Resident Assessment and Care Planning: 12 VAC 5-371-250 (F) and (I) Cross reference to F-657 Nursing Services: 12 VAC 5-371-220 (B), (C: 5,6) and (D) Cross reference to F-677, F-684, Pharmaceutical services: 12VAC5-371-300 (B) Cross reference to F-761 Dietary and Food Services: 12 VAC 5-371-340 (A) Cross reference to F-812 Quality Assessment and Assurance: 12 VAC 5-371-170 (A), (B) and (C)	F 001	F001 <u>Resident Assessment and Care Planning:</u> 12 VAC 5-371-250 (F) and (I) Cross reference to F-657 <u>Nursing Services:</u> 12 VAC 5-371-220 (B), (C: 5,6) and (D) Cross reference to F-677, F-684, <u>Pharmaceutical services:</u> 12VAC5-371-300 (B) Cross reference to F-761 <u>Dietary and Food Services:</u> 12 VAC 5-371-340 (A) Cross reference to F-812 <u>Quality Assessment and Assurance:</u> 12 VAC 5-371-170 (A), (B) and (C) Cross reference to F-865, F-867, F-868 Infection Control: 12 VAC 5-371-180 Cross reference to F-880, F-886, F-887, and F-888	

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

TITLE

(X6) DATE

Walker Champney, LHA

Administrative RECEIVED 4/7/2022

STATE FORM

6899

Q3TK11

If continuation sheet 1 of 2

APR 12 2022

VDH/OLC

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F 001	Continued From page 1 Cross reference to F-865, F-867, F-868 Infection Control: 12 VAC 5-371-180 Cross reference to F-880, F-886, F-887, and F-888 Management and administration: 12VAC5-371-110 (J) Cross reference to F-883	F 001	<u>Management and administration:</u> <u>12VAC5-371-110 (J)</u> Cross reference to F-883 Completion Date: May 8, 2022	