

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0183</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/15/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OUR LADY OF THE VALLEY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>650 NORTH JEFFERSON STREET ROANOKE, VA 24016</b>
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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 biennial State Licensure Inspection was conducted 04/13/21 through 04/15/21. 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. Complaint #VA00051288 was investigated during the survey (substantiated with deficient practice).</p> <p>The census in this 70 certified bed facility was 53 at the time of the survey. The survey sample consisted of 14 current Resident reviews and 2 closed record reviews.</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>Nursing Services 12VAC5-371-220-cross reference to F684</p> <p>Pharmacy Services 12VAC5-371-300-cross reference to F761</p> <p>Dietary and Food Services 12VAC5-371-340-cross reference to F812</p> <p>Quality Assessment and Assurance 12VAC5-371-170-cross reference to F868</p> <p>Infection Control</p>	F 001		

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

TITLE

(X6) DATE

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F 001	Continued From page 1  12VAC5-371-180-cross reference to F880	F 001		