

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0190	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/12/2020
NAME OF PROVIDER OR SUPPLIER RALEIGH COURT HEALTH AND REHABILITATION CEI		STREET ADDRESS, CITY, STATE, ZIP CODE 1527 GRANDIN ROAD SOUTHWEST ROANOKE, VA 24015		
(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 03/10/2020 through 03/12/2020. Significant 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. One complaint was investigated. The census in this 120 certified bed facility was 111 at the time of the survey. The survey sample consisted of 23 current Resident reviews and 5 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 Facilities: Resident Assessment and Care Planning. 12 VAC 5-371-250 cross reference to F tags 641 Nursing Services. 12 VAC 5-371-220 cross reference to F tag 689	F 001	The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated. Resident Assessment and Care Planning. 12 VAC 5-371-250 cross reference to F tags 641	4/13/20

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

Electronically Signed

TITLE

(X6) DATE

04/10/20

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F 001	Continued From page 1	F 001	Nursing Services. 12 VAC 5-371-220 cross reference to F tag 689		