DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495015	B. WING	B. WING		11/18/2020	
NAME OF PROVIDER OR SUPPLIER ROMAN EAGLE REHABILITATION AND HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2526 NORTH MAIN STREET DANVILLE, VA 24540			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	X (EACH CORREC' CROSS-REFEREN	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
E 000	Initial Comments		E	000			
F 000	An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted onsite on 11/17/2020. Emergency Preparedness information had also been reviewed off site on 11/18/2020. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey was conducted on 11/17/2020. Infection Control information was also reviewed off site on 11/18/2020. The facility was in substantial compliance with 42 CFR Part 483, Requirement for Long-Term Care Facilities. On 11/17/2020, the census in this 312 certified bed facility was 196. Of the 196 current residents, no residents are currently positive for the COVID-19 virus and 58 have recovered. The survey sample consisted of three current resident reviews (Residents #1, #2 and #3).			DOOD		(X6) DATE	

Electronically Signed

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14

other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

12/14/2020