

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0211</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/02/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>SALEM HEALTH &amp; REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1945 ROANOKE BLVD</b> <b>SALEM, VA 24153</b>		
(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 10/31/22 through 11/02/22. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Corrections were required.  The census in this 240 certified bed facility was 209 at the time of the survey. The survey sample consisted of 35 current resident reviews and 3 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 Licensure of Nursing Facilities.  Nursing Services 12 VAC 5-371-220 (C) - cross reference to F-692  Dietary and Food Services Program 12 VAC 5-371-340 (A) - cross reference to F-812  Clinical Records 12 VAC 5-371-360 (E) - cross reference to F-842	F 001	Nursing Services 12 VAC 5-371-220 (C) - cross reference to F-692  Dietary and Food Services Program 12 VAC 5-371-340 (A) - cross reference to F-812  Clinical Records 12 VAC 5-371-360 (E) - cross reference to F-842	12/5/22

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

TITLE

(X6) DATE

Electronically Signed

11/21/22