

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0209</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/08/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ROMAN EAGLE REHABILITATION AND HEALTH CARI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2526 NORTH MAIN STREET DANVILLE, VA 24540</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 biennial State Licensure Inspection was conducted 03/06/23 through 03/08/23. The facility was not in substantial compliance with Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 312 certified bed facility was 192 at the time of the survey. The survey sample consisted of 35 current resident reviews and 3 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>Infection Control 12VAC5-371-180-cross reference to F880</p> <p>Nursing Services 12VAC5-371-220(A)(B)-cross reference to F658, F760 and F842</p> <p>Pharmaceutical Services 12VAC5-371-300(A)-cross reference to F761</p> <p>Maintenance and Housekeeping 12VAC5-371-370(A)-cross reference to F919</p>	F 001	<p>Please see POC for F658. 4/21/2023</p> <p>Please see POC for F760. 4/21/2023</p> <p>Please see POC for F761. 4/21/2023</p> <p>Please see POC for F842. 4/21/2023</p> <p>Please see POC for F880. 4/21/2023</p> <p>Please see POC for F919. 4/21/2023</p> <p>Upon completion of the above POC's, we allege compliance as of 4/21/2023.</p>	4/21/23

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

TITLE

(X6) DATE

Electronically Signed

03/29/23