

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0380	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/09/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SPRINGTREE HEALTHCARE & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3433 SPRINGTREE DRIVE ROANOKE, VA 24012
---	---

(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 6/05/23 through 6/09/23. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Corrections were required.</p> <p>The census in this 120 certified bed facility was 110 at the time of the survey. The survey sample consisted of 22 current resident reviews and 12 closed record reviews.</p> <p>There were ten (10) complaints investigated.</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 Licensure of Nursing Facilities.</p> <p>COV 32.1-138.1 (A) cross reference to F-559</p> <p>Infection Control 12 VAC 5-371-180 (A) - cross reference to F880</p> <p>Director of Nursing 12 VAC 5-371-200 (B)(1)(ii) - cross reference to F658</p> <p>Nurse Staffing 12 VAC 5-371-210 (B) - cross reference to F-725, F727</p>	F 001	<p>COV 32.1-138.1 (A) cross reference to F-559</p> <p>Infection Control 12 VAC 5-371-180 (A) - cross reference to F880</p> <p>Director of Nursing 12 VAC 5-371-200 (B)(1)(ii) - cross reference to F658</p> <p>Nurse Staffing 12 VAC 5-371-210 (B) - cross reference to F-725, F727</p> <p>Nursing Services 12 VAC 5-371-220 (A) - cross reference to F684</p>	7/21/23

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

Electronically Signed

TITLE

(X6) DATE

06/29/23

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0380	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/09/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SPRINGTREE HEALTHCARE & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3433 SPRINGTREE DRIVE ROANOKE, VA 24012
---	---

(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 001	<p>Continued From page 1</p> <p>Nursing Services 12 VAC 5-371-220 (A) - cross reference to F684 12 VAC 5-371-220 (B) - cross reference to F684, F695, F697, F760. 12 VAC 5-371-220 (H) - cross reference to F-580</p> <p>Resident Assessment and Care Planning 12 VAC 5-371-250 (B)(2) - cross reference to F637 12 VAC 5-371-250 (G) - cross reference to F656</p> <p>Staff development and inservice training 12VAC5-371-260 - cross reference to F689</p> <p>Dietary and Food Service Program 12 VAC 5-371-340 (A) - cross reference to F812</p>	F 001	<p>12 VAC 5-371-220 (B) - cross reference to F684, F695, F697, F760. 12 VAC 5-371-220 (H) - cross reference to F-580</p> <p>Resident Assessment and Care Planning 12 VAC 5-371-250 (B)(2) - cross reference to F637 12 VAC 5-371-250 (G) - cross reference to F656</p> <p>Staff development and inservice training 12VAC5-371-260 - cross reference to F689</p> <p>Dietary and Food Service Program 12 VAC 5-371-340 (A) - cross reference to F812</p> <p>Date of compliance : 7/21/2023</p>	