

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0257	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/19/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WADDELL NURSING AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 202 PAINTER ST GALAX, VA 24333
---	--

(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 4/17/23 through 4/19/23. The facility was in substantial compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 129 certified bed facility was 126 at the time of the survey. The survey sample consisted of 25 current resident reviews.</p> <p>Two complaints were investigated.</p>	F 000		

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

Electronically Signed

TITLE

(X6) DATE

05/03/23