

State of Virginia

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                      |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>VA0188</b>                   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>08/04/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>PULASKI HLTH &amp; REHAB CNTR</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2401 LEE HIGHWAY</b><br><b>PULASKI, VA 24301</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE   |
| {F 000}  | Initial Comments<br><br>An offsite revisit survey was conducted on 8/4/23<br>for all previous deficiencies cited on 6/23/23. All<br>deficiencies have been corrected. The facility is<br>in compliance with all regulations surveyed. | {F 000}  |  |  |

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

TITLE

(X6) DATE