State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	VA0037	A. BUILDING: _____ B. WING _____	C 11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GALAX HEALTH AND REHAB	836 GLENDALE RD 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	Initial Comments An unannounced biennial State Licensure Inspection was conducted 11/13/23 through 11/16/23. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Corrections are required. The census in this 120 certified bed facility was 89 at the time of the survey. The survey sample consisted of 22 current resident reviews and four (4) closed record reviews. There were eight (8) complaints investigated.	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. Management and Administration 12 VAC 5-371-110 (J) - cross reference to F-883. Resident Rights 12 VAC 5-371-150 (B)(1) - cross reference to F-550. Infection Control 12 VAC 5-371-180 - cross reference to F-880. Director of Nursing 12 VAC 5-371-200 (B)(1)(ii) - cross reference to F-658.	F 001		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed

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F 001	Continued From page 1 Nursing Services 12 VAC 5-371-220 (A) - cross reference to F-684 and F-758. 12 VAC 5-371-220 (B) - cross references to F-759 and F-760. 12 VAC 5-371-220 (C)(1) - cross reference to F-686. 12 VAC 5-371-220 (H) - cross reference to F-580. Resident Assessment and Care Planning 12 VAC 5-371-250 (C) and (F) - cross reference to F-657. Staff Development and Inservice Training 12VAC5-371-260 - cross reference to F-689. 12 VAC 5-371-260 (E) and (F) - cross reference to F-730. Pharmaceutical Services 12 VAC 5-371-300 (A) (B) (H) - cross reference to F-755 and F-758. 12 VAC 5-371-300 (I) - cross reference to F-756. Restraint Usage 12 VAC 5-371-330(B)(2) - cross reference to F-604. Dietary and Food Service Program 12 VAC 5-371-340 (A) - cross reference to F-812. Clinical Records 12 VAC 5-371-360 (A) - cross reference to F-842. 12 VAC 5-371-360 (B) - cross reference to F-583.	F 001		