

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495209</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/15/2024</b>	
NAME OF PROVIDER OR SUPPLIER  <b>RALEIGH COURT HEALTH AND REHABILITATION CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1527 GRANDIN ROAD SOUTHWEST ROANOKE, VA 24015</b>			
(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) COMPLETION DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>Construction Type: II (111)</p> <p>Number of stories: Two Stories</p> <p>Building description: The building is a two-story building of non-combustible construction. The first floor contains the operational areas including the boiler room, utility closets and maintenance areas.</p> <p>Sprinkler Status: The building is fully sprinklered and protected by NFPA #13 systems supplied by Municipal water.</p> <p>An unannounced Life Safety Code complaint survey for inoperable elevator(s) was conducted 11-15-2024 in accordance with 42 Code of Federal Regulation, Part 483:90(a) Requirements for Long Term Care Facilities. The facility elevators were surveyed for compliance using the LSC 2012 EXISTING regulations.</p> <p>The findings that follow demonstrate that facility elevators were in compliance with Title 42 Code of Regulations, 483.90(a) et seq (Life Safety from Fire.)</p>			K 000			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.