

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0230</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/24/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOUTH ROANOKE NURSING AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3823 FRANKLIN RD, SW</b> <b>ROANOKE, VA 24014</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) COMPLETE DATE
F 000	Initial Comments  An unannounced biennial State Licensure Inspection was conducted 04/22/25 through 04/24/25. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Two complaints were investigated during the survey.  1. VA00062563-Unsubstantiated, compliant with regulations. 2. VA00056512-Substantiated, compliant with regulations.  The census in this 98 bed facility was 85 at the time of the survey. The survey final sample consisted of 21 current resident reviews and 3 closed records.	F 000		
F 001	Non Compliance  The facility was out of compliance with the following state licensure requirements:  This STANDARD is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for Licensure of Nursing Facilities.  Policies and Procedures 12 VAC 5-371-140-cross reference to F623, F922, E0007, E0015, E0031, E0036, and E0039.  Resident Assessment and Care Planning 12 VAC 5-371-250-cross reference to F 637, F641, and F656.  Director of Nursing	F 001	F001  Policies and Procedures 12 VAC 5-371-140  Cross reference to F623, F922. E0007. E0015, E0031, E0036, and E 0039.  Resident Assessment and Care Planning 12 VAC 5-371-250  Cross reference to F637, F641, and F656.	6/3/25

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

Electronically Signed

TITLE

(X6) DATE

07/09/25

State of Virginia

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F 001	Continued From page 1  12 VAC 5-371-200-cross reference to F658.  Nursing Services 12 VAC 5-371-220-cross reference to F684, F689 and 695.  Dietary and Food Service Program 12 VAC 5-371-340-cross reference to F812.  Clinical Records 12 VAC 5-371-360-cross reference to F842.	F 001	Director of Nursing 12 VAC-371-200  Cross reference to F658.  Nursing Services 12 VAC 5-371-220  Cross reference to F684, F689, and F695.  Dietary and Food Service Program 12 VAC 5-371-340  Cross reference to F812.  Clinical Records 12 VAC 5-371-360  Cross reference to F842.	