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Magnolia Ridge ALF

1007 Amherst Street, SW
Roanoke, VA 24015
(540) 342-8861

Current Inspector: Cynthia Jo Ball (540) 309-2968

Inspection Date: April 21, 2021

Complaint Related: No

Areas Reviewed:

22VAC40-73 GENERAL PROVISIONS
22VAC40-73 ADMINISTRATION AND ADMINISTRATIVE SERVICES
22VAC40-73 PERSONNEL
22VAC40-73 STAFFING AND SUPERVISION
22VAC40-73 ADMISSION, RETENTION, AND DISCHARGE OF RESIDENTS
22VAC40-73 RESIDENT CARE AND RELATED SERVICES
22VAC40-73 RESIDENT ACCOMODATIONS AND RELATED PROVISIONS
22VAC40-73 BUILDING AND GROUNDS
22VAC40-73 EMERGENCY PREPAREDNESS
32.1 Reported by persons other than physicians
63.2 General Provisions.
63.2 Protection of adults and reporting.
63.2 Licensure and Registration Procedures
63.2 Facilities and Programs..
22VAC40-90 Background Checks for Assisted Living Facilities
22VAC40-90 The Sworn Statement or Affirmation
22VAC40-90 The Criminal History Record Report
22VAC40-80 THE LICENSE.
22VAC40-80 THE LICENSING PROCESS.
22VAC40-80 COMPLAINT INVESTIGATION.
22VAC40-80 SANCTIONS.

Comments:

This inspection was conducted by licensing staff using an alternate remote protocol necessary due to a state of emergency health pandemic declared by the Governor of Virginia. A renewal inspection was initiated on 4/21/21 and concluded on 4/21/21. The Administrator was contacted by telephone to initiate the inspection. The Administrator reported that the current census was 27. The inspector emailed the Administrator a list of items required to complete the inspection. The inspector reviewed 3 resident records, 3 staff records, health care oversight, fire and health inspections, fire drill logs, dietician oversight, medication management plan, infection control policy submitted by the facility to ensure documentation was complete. Information gathered during the inspection determined non-compliance with applicable standards or law, and violations were documented on the violation notice issued to the facility.

Violations:

Standard #:	22VAC40-73-640-A
Description:	Based on a review of the facility medication management plan, the facility failed to address all required procedures in their plan.
EVIDENCE:	1. The facility medication management plan did not include procedures for the facility standard dosing times, ensure that residents do not receive medications or dietary supplements to which they have known allergies, or procedures for identification of the medication aide or the person licensed to administer drugs responsible for routinely communicating issues or observations related to medication administration to the prescribing physician or other prescriber;

Plan of Correction: The Administrator will review the regulations and will update the facility medication management plan to include all required procedures. The Administrator will submit the revised plan to the LI for review.

Disclaimer:

This information is provided by the Virginia Department of Social Services, which neither endorses any facility nor guarantees that the information is complete. It should not be used as the sole source in evaluating and/or selecting a facility.

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