

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0214</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/20/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SENTARA REHABILITATION &amp; CARE RESIDENCE-CH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>776 OAK GROVE RD PO BOX 1277 CHESAPEAKE, VA 23320</b>
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(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	<p>Initial Comments</p> <p>An unannounced Medicare/Medicaid standard survey and biennial State Licensure Inspection was conducted on 10/18-10/20/2016. The facility was not in compliance with Virginia Rules and Regulations for the licensing of nursing facilities.</p> <p>The census in this 120 bed facility was 104 at the time of the survey. The survey sample consisted of 23 current residents (1-18 and 23) and three closed records (19-22).</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: The facility was not in compliance with the following rules and regulations for the licensing of nursing facilities:</p> <p>12 VAC 5-371-220 (H)-Cross reference to F157</p> <p>12 VAC 5-371-110 (B.2-3)-Cross reference to F225</p> <p>COV 32.1-126-01 (A)-Cross reference to F226</p> <p>12 VAC 5-371-270 (A)-Cross reference to F250</p> <p>12 VAC 5-371-250 (A, D, E)-Cross reference to F278</p> <p>12 VAC 5-371-250 (G)-Cross reference to F279</p> <p>12 VAC 5-371-220 (A/B/D)- Cross reference to F309</p> <p>12 VAC 5-371-220 (C)(1)-Cross reference to</p>	F 001	<p>For all Virginia Administrative Code (VAC)and state licensing deficiencies cited, cross-reference the corresponding plan of correction related to the federal F tag, as follows:</p> <p>12 VAC 5-371-220-H cross reference plan of correction for F157</p> <p>12 VAC 5-371-110 B.2-3 cross reference plan of correction for F225</p> <p>COV 32.1-126-01 cross reference plan of correction for F226</p> <p>12 VAC 5-371-270-A cross reference plan of correction for F250</p> <p>12 VAC 5-371-250 A,D,E cross reference plan of correction for F278</p> <p>12 VAC 5-371-250-G cross reference to plan of correction for F279</p> <p>12 VAC 5-371-220 A,B,D cross reference plan of correction for F309</p> <p>12 VAC 5-371-220-C-1 cross reference plan of correction for F314</p>	12/1/16

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

TITLE

(X6) DATE

Electronically Signed

11/11/16

State of Virginia

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F 001	<p>Continued From page 1</p> <p>F314</p> <p>12 VAC 5-371-220 (C.3, G)-Cross reference to F315</p> <p>12 VAC 5-371-220 (C.5)-Cross reference to F325</p> <p>12 VAC 5-371-240 (E, F)- Cross reference to F386</p> <p>12 VAC 5-371-240 (F)-Cross reference to F387</p> <p>12 VAC 5-371-300 (B)-Cross reference to F431</p> <p>12 VAC 5-371-360 (A, B, E)-Cross reference to F514</p>	F 001	<p>12 VAC 5-371-220 C.3, G cross reference plan of correction for F315</p> <p>12 VAC 5-371-220 C.5 cross reference plan of correction for F325</p> <p>12 VAC 5-371-240 E, F cross reference plan of correction for F386</p> <p>12 VAC 5-371-240 F cross reference plan of correction for F387</p> <p>12 VAC 5-371-300 B cross reference plan of correction for F431</p> <p>12 VAC 5-371-360 A,B,E cross reference plan of correction for F514</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the accuracy of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>	