

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495173	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 05/20/2016
NAME OF PROVIDER OR SUPPLIER SENTARA NURSING CENTER NORFOLK			STREET ADDRESS, CITY, STATE, ZIP CODE 249 SOUTH NEWTOWN RD NORFOLK, VA 23502		
(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	
{F 000}	<p>INITIAL COMMENTS</p> <p>An unannounced Medicare/Medicaid revisit to the standard survey conducted 3/22/2016 through 3/24/2016 and the extended survey conducted 3/25/2016 through 3/29/2016 was conducted 5/17/2016 through 5/20/2016. The facility was in compliance with 42 CFR, Part 483 Federal Long Term Care Requirements. Four complaints were investigated during the survey. Corrected deficiencies are identified on the CMS 2567-B.</p> <p>The census in this 197 certified bed facility was 153 at the time of the survey. The survey sample consisted of 11 current resident reviews, Residents #1 through #8 and Residents # 10, 11 and 12 and 3 closed resident reviews, Residents # 9, 13 and 14.</p>	{F 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.