

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  VA0179	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/11/2019
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NAME OF PROVIDER OR SUPPLIER  KEMPSVILLE HEALTH & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5520 INDIAN RIVER ROAD VIRGINIA BEACH, VA 23464
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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 biennial State Licensure Inspection was conducted 07/09/2019 through 07/11/2019. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. 3 complaints were investigated during the survey.</p> <p>The census in this 90 bed facility was 82 at the time of the survey. The survey sample was 36 which consisted of 33 current Resident reviews and 3 closed record reviews.</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: 12 VAC 5-371-140 (B). Policies and Procedures. Cross Reference to F-880.</p> <p>12 VAC 5-371-150 (A). Resident Rights. Cross Reference to F-745 &amp; F-604.</p> <p>12 VAC 5-371-180 (A). Infection Control. Cross Reference to F-880.</p> <p>12 VAC 5-371-200 (B) (1) (ii). Director of Nursing. Cross Reference to F-658.</p> <p>12 VAC 5-371-220 (A). Nursing Services. Cross Reference to F-658 &amp; F-689.</p> <p>12 VAC 5-371-220 (B) (C) (1). Nursing Services. Cross Reference to F-686.</p> <p>12 VAC 5-371-220 (A), (B) (C). Nursing Services. Cross Reference to F-698.</p>	F 001	<p>See Plan of Correction F 880</p> <p>See Plan of Correction for F 745 &amp; F 604</p> <p>See Plan of Correction for F 880</p> <p>See Plan of Correction for F 658</p> <p>See Plan of Correction for F 658 &amp; F 689</p> <p>See Plan of Correction for F 686</p> <p>See Plan of Correction for F 698</p>	

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

*[Handwritten Signature]*

TITLE

ADMINISTRATIVE RECEIVED

(X6) DATE

8/1/19

AUG 02 2019  
VDH/OLC

State of Virginia

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F 001	Continued From page 1  12 VAC 5-371-250 (I). Resident Assessment and Care Planning. Cross Reference to F-657.  12 VAC 5-371-330 (A). Restraint Usage. Cross Reference to F-604.	F 001	See Plan of Correction for F 657  See Plan of Correction for F 604	

**RECEIVED**

**AUG 02 2019**

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