

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/10/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CHESAPEAKE HEALTH AND REHABILITATION CENTI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>688 KINGSBOROUGH SQUARE</b> <b>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><b>Initial Comments</b></p> <p>An unannounced biennial State Licensure Inspection was conducted 06/04/19 through 06/07/19 and 6/10/19. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. 6 complaints were investigated during the survey.</p> <p>The census in this 180 licensed bed facility was 172 at the time of the survey. The survey sample consisted of 55 current Resident reviews and 8 closed record reviews.</p>	F 000		
F 001	<p><b>Non Compliance</b></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 5-371-150 (B) (1) Resident Rights. Cross reference to F-550</p> <p>12 VAC 5-371-140. Policies and Procedures. Cross references to F-622 &amp; F-625.</p> <p>12-VAC-5-371-180 (A, C). Infection Control. Cross reference to F-880.</p> <p>12-VAC 5-371-220 (B). Nursing Services. Cross reference to F-658.</p> <p>12 VAC 5-371-220 (D). Podiatry Services. Cross reference F-687</p> <p>12 VAC 5-371-220 (A) and (B) and (D). Nursing Services. Cross references to F-684</p> <p>12 VAC 5-371-220 (A) and (B) and (D). Nursing Services. Cross references to F-689</p>	F 001	<p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p>12 VAC 5-371-150 (B) (1) Resident Rights. Cross reference to F-550</p> <p>12 VAC 5-371-140. Policies and Procedures. Cross references to F-622 &amp;</p>	7/24/19

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

TITLE

(X6) DATE

Electronically Signed

06/26/19

State of Virginia

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F 001	<p>Continued From page 1</p> <p>12 VAC-5-371-220 (C.1) and (C, H) Nursing Services. Cross Reference to F-686, F-690 and F-698.</p> <p>12 VAC 5-371-220 (B). Nursing Services. Cross reference to F-693</p> <p>12 VAC 5-371-220 (B). Nursing Services. Cross reference to F-697.</p> <p>12 VAC 5-371-220 (A). Nursing Services. Cross reference to F-757.</p> <p>12 VAC 5-371-220 (D). Podiatry Services. Cross reference to F-687.</p> <p>12 VAC 5-371-250 (G). Resident Assessment and Care Planning cross references to F-656.</p> <p>12 VAC 5-371-250 (C) (F) (H)(I). Resident Assessment and Care Planning cross references to F-657, F-658.</p> <p>12 VAC 5-371-300 (B). Pharmacy Services. Cross reference to F-755.</p> <p>12 VAC 5-371-340 (A). Dietary and Food Service Program. Cross reference to F812</p>	F 001	<p>F-625.</p> <p>12-VAC-5-371-180 (A, C). Infection Control. Cross reference to F-880.</p> <p>12-VAC 5-371-220 (B). Nursing Services. Cross reference to F-658.</p> <p>12 VAC 5-371-220 (D). Podiatry Services. Cross reference F-687</p> <p>12 VAC 5-371-220 (A) and (B) and (D). Nursing Services. Cross references to F-684</p> <p>12 VAC 5-371-220 (A) and (B) and (D). Nursing Services. Cross references to F-689</p> <p>12 VAC-5-371-220 (C.1) and (C, H) Nursing Services. Cross Reference to F-686, F-690 and F-698.</p> <p>12 VAC 5-371-220 (B). Nursing Services. Cross reference to F-693</p> <p>12 VAC 5-371-220 (B). Nursing Services. Cross reference to F-697.</p> <p>12 VAC 5-371-220 (A). Nursing Services. Cross reference to F-757.</p> <p>12 VAC 5-371-220 (D). Podiatry Services. Cross reference to F-687.</p> <p>12 VAC 5-371-250 (G). Resident Assessment and Care Planning cross references to F-656.</p> <p>12 VAC 5-371-250 (C) (F) (H)(I). Resident</p>	

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F 001	Continued From page 2	F 001	<p>Assessment and Care Planning cross references to F-657, F-658.</p> <p>12 VAC 5-371-300 (B). Pharmacy Services. Cross reference to F-755.</p> <p>12 VAC 5-371-340 (A). Dietary and Food Service Program. Cross reference to F812</p>	