

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

PRINTED: 07/21/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495068</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/17/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>SIGNATURE HEALTHCARE OF NORFOLK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1005 HAMPTON BLVD NORFOLK, VA 23507</b>		
(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><b>INITIAL COMMENTS</b></p> <p>An unannounced COVID-19 Focused Survey was conducted onsite on 7/17/2020. The facility was in compliance with F-880 and F-885 of 42 CFR Part 483 Federal Long Term Care requirements.</p> <p>The census in this 162 certified bed facility was 122 at the time of survey. The cumulative report of all residents who tested COVID-19 positive was 89 residents. The number of cumulative residents who died (denotes death in the facility or elsewhere) was 7 residents (2 residents in the facility and 5 residents in the hospital). The number of cumulative residents who were hospitalized was 23. The number of cumulative residents who remained hospitalized was. The number of cumulative residents who were currently in the facility was 43.</p> <p>The cumulative report of all staff who tested COVID-19 positive was 28. The umber of cumulative staff who died was 0. The number of cumulative staff who were hospitalized was 2. The number of cumulative staff that remained hospitalized was 0. The number of cumulative staff who was in quarantine was 14. The number of the cumulative staff who have returned to work was 9.</p>	F 000		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE

Electronically Signed

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.