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

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NAME OF PROVIDER OR SUPPLIER COLISEUM CONVALESCENT AND REHABILITATION CENTER SITREET ADDRESS, CITY, STATE, ZIP CODE 305 MARCELLA ROAD HAMPTON, VA. 23666 SUMMARY STATEMENT OF DEFICIENCIES RESULATORY OR LSC IDENTIFYING INFORMATION) E 000 Initial Comments An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted onsite on 12/15/20 and offsite 12/16/20 through 12/17/20. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities. F 000 An unannounced COVID-19 Focused Survey was conducted onsite 12/15/20 and continued with offsite review 12/16/20 through 12/17/20. The facility was in compliance with 42 CFR Part 483.80 infection control regulations, for the implementation of The Centers for Medicare & Medical Services and Centers for Disease Control recommended practices to prepare for COVID-19. No compliants were investigated during the survey. The census in this 180 certified bed facility was 91 at the time of survey. Ninety residents had tested positive for COVID-19, eighteen residents had died, four were in the hospital and 65 had recovered. Thirty-six employees had tested positive for COVID-19 and thirty-three had recovered. Thirty-six employees had tested positive for COVID-19 and thirty-three had recovered. Thirty-six employees had tested positive for COVID-19 and thirty-three had recovered. Thirty-six employees had tested positive for COVID-19 and thirty-three had recovered. Thirty-six employees had tested			IDENTIFICATION NUMBER:	A. BUILDING			(X3) DATE SURVEY COMPLETED	
COLISEUM CONVALESCENT AND REHABILITATION CENTER X3 ID		495305			B. WING		12/17/2020	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) E 000 Initial Comments An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted onsite on 12/15/20 and offsite 12/16/20 through 12/17/20. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities. F 000 INITIAL COMMENTS An unannounced COVID-19 Focused Survey was conducted onsite on 16/16/20 and continued with offsite review 12/16/20 and continued with offsite review 12/16/20 through 12/17/20. The facility was in compliance with 42 CFR Part 483.80 infection control regulations, for the implementation of The Centers for Medicare & Medicard Services and Centers for Disease Control recommended practices to prepare for COVID-19. No compliants were investigated during the survey. The census in this 180 certified bed facility was 91 at the time of survey. Ninety residents had tested positive for COVID-19, eighteen residents had died, four were in the hospital and 65 had recovered. Thirty-six employees had tested positive for COVID-19 and thirty-three had recovered.				:	805 MARCELLA ROAD			
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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE	F 000	An unannounced of COVID-19 Focused on 12/15/20 and of 12/17/20. The facili E0024 of 42 CFR FL Long-Term Care Faintillal COMMENT. An unannounced of was conducted ons with offsite review of The facility was in a 483.80 infection complementation of Medicaid Services Control recomment COVID-19. No complementation of the census in this 91 at the time of suttested positive for COVID-recovered. Thirty-positive for COVID-recovered.	d Survey was conducted onsite fisite 12/16/20 through ity was in compliance with Part 483.73, Requirements for acilities. TS COVID-19 Focused Survey site 12/15/20 and continued 12/16/20 through 12/17/20. compliance with 42 CFR Part ntrol regulations, for the The Centers for Medicare & and Centers for Disease ded practices to prepare for aplaints were investigated 180 certified bed facility was arvey. Ninety residents had COVID-19, eighteen residents in the hospital and 65 had six employees had tested 19 and thirty-three had	F 000				

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.