

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

PRINTED: 09/22/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495340</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/17/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEWPORT NEWS NURSING &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>12997 NETTLES DRIVE NEWPORT NEWS, VA 23602</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) COMPLETION DATE
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E 000	Initial Comments	E 000		
F 000	<p>An unannounced COVID-19 Emergency Preparedness Survey was conducted onsite 9/11/20 and continued with offsite review 9/14/20 through 9/17/20. The facility was in substantial compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.</p> <p>INITIAL COMMENTS</p> <p>An unannounced COVID-19 Focused Survey was conducted onsite 9/11/20 and continued with offsite review 9/14/20 through 9/17/20. The facility was in compliance with 42 CFR Part 483.80 infection control regulations, for the implementation of The Centers for Medicare &amp; Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19. No complaints were investigated during the survey.</p> <p>The census in this 102 certified bed facility was 78 at the time of survey. One resident was reviewed during the survey (Resident #1). Eighteen residents had tested positive for COVID-19 and 15 recovered. There were currently no active COVID-19 positive residents. Twelve staff had tested positive for COVID-19 with 10 recovered.</p>	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.