

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

PRINTED: 09/04/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495237	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/02/2020
NAME OF PROVIDER OR SUPPLIER VIRGINIA BEACH HEALTHCARE AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1801 CAMELOT DRIVE VIRGINIA BEACH, VA 23454		
(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	
E 000	Initial Comments An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted onsite on 9/1/20 and offsite on 9/2/20. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities. The census in this 180 bed facility was 124 at the time of survey. A total of 142 residents were tested resulting in 59 confirmed case of COVID. A total of 157 staff members were tested resulting in 35 confirmed cases of COVID. There were 52 resident recoveries and 34 staff recoveries from COVID-19.	E 000			
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Survey was conducted onsite on 9/1/20 and offsite on 9/2/20. Two complaints were investigated during the course of survey. The facility was in compliance with F880 and F885 of 42 CFR Part 483, Federal Long Term Care requirements. The census in this 180 bed facility was 124 at the time of survey. A total of 142 residents were tested resulting in 59 confirmed case of COVID. A total of 157 staff members were tested resulting in 35 confirmed cases of COVID. There were 52 resident recoveries and 34 staff recoveries from COVID-19.	F 000			

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

TITLE

(X6) DATE

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.