

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

PRINTED: 12/30/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495234</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/17/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>PELICAN HEALTH AT VIRGINIA BEACH</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5580 DANIEL SMITH ROAD VIRGINIA BEACH, VA 23462</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	
E 000	Initial Comments  An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted onsite on 12/16/20 and continued with offsite review through 12/17/20. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.	E 000			
F 000	INITIAL COMMENTS  An unannounced COVID-19 Focused Survey was conducted onsite on 12/16/20 and continued with offsite review 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 & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19. No complaints were investigated during the survey.  The census in this 90 bed facility was 77 at the time of survey. Since the last COVID-19 test conducted on 12/8/20 a total of 75 residents were tested resulting in zero confirmed case of COVID-19. One resident had tested positive on 11/30/20 and had since recovered. A total of 82 staff members were tested on 12/15/20 resulting in zero confirmed cases of COVID-19. There were two staff that tested positive on 12/1/20 and had since recovered.	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.