

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

PRINTED: 03/03/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495215	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/25/2021
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NAME OF PROVIDER OR SUPPLIER OAK GROVE HEALTH & REHAB CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 776 OAK GROVE RD CHESAPEAKE, VA 23320
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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

A COVID-19 Focused Emergency Preparedness Survey was conducted onsite 02/23/2021 and continued with offsite review through 02/25/2021. The facility was in substantial compliance with 42 CFR Part 483.73 emergency preparedness regulations, and has implemented The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19.

The census in this 120 certified bed facility was 79 at the time of survey.

F 000 INITIAL COMMENTS F 000

A COVID-19 Focused Infection Control Survey was conducted onsite 02/23/2021 and continued with offsite review through 02/25/2021. The facility was in substantial compliance with 42 CFR Part 483.80 infection control regulations, and has implemented The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19.

The Census in this 120 certified bed facility was 79 at the time of survey. The survey sample consisted of 5 Resident reviews and 3 Employee reviews. 58 Residents had tested positive for COVID-19. 54 Staff had tested positive. 31 Residents had recovered from COVID-19. 47 Staff had recovered from COVID-19. 8 Residents expired from COVID-19. Currently there are 19 Residents positive for COVID-19. Currently there are 7 Staff that are positive for COVID-19.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE
DeAnne F. Hayes, MHA 3.26.21

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.