

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/19/2021
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NAME OF PROVIDER OR SUPPLIER BAYSIDE HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1004 INDEPENDENCE BLVD VIRGINIA BEACH, VA 23455
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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) COMPLETE DATE
F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 02/17/2021 through 02/19/2021. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. No complaints were investigated during the survey.</p> <p>The census in this 60 licensed bed facility was 42 at the time of the survey. The survey sample consisted of 21 current Resident reviews and 3 closed record reviews.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: 12 VAC 5-371-150 A. Resident rights. Reference F-578 12VAC5-371-210 (B). Please Cross-Reference to F-725 12VAC5-371-140. Policies and Procedures. Cross reference to F689. 12VAC5-371-220. B Nursing Services. Cross references to F695.</p>	F 001	<p>12 VAC 5-371-150 A. Resident rights. Reference F-578</p> <p>12VAC5-371-210 (B). Please Cross-Reference to F-727</p> <p>12VAC5-371-140. Policies and Procedures. Cross reference to F689. 12VAC5-371-220. B Nursing Services. Cross references to F695.</p>	3/19/21

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

Electronically Signed

TITLE

(X6) DATE

02/26/21