

State of Virginia

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                             |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>VA0024</b>             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>05/11/2021</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BAYSIDE OF POQUOSON HEALTH AND REHAB</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1 VANTAGE DRIVE<br/>POQUOSON, VA 23662</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)   | (X5)<br>COMPLETE<br>DATE   |
| F 000   | Initial Comments<br><br>An unannounced biennial State Licensure Inspection was conducted 5/4/21 through 5/11/21. Corrections are required for compliance with the following with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.<br><br>The census in this 60 certified bed facility was 43 at the time of the survey. The standard survey sample consisted of 27 current resident reviews and 7 closed record reviews.  | F 000  |  |  |
| F 001   | Non Compliance<br><br>The facility was out of compliance with the following state licensure requirements:<br><br>This RULE: is not met as evidenced by:<br>In the area of Pharmaceutical Services<br><br>12-VAC 5-371-300-A<br>12 VAC 5-371-370 (A). Maintenance and Housekeeping. Refer to F584.<br><br>12 VAC 5-371-150 (A) (B.2). Resident Rights and COV 32.1-138.01 (A) (8). Refer to F600.<br><br>12 VAC 5-371-110 (B) (2) and (3); and COV 32.1-126.01 (A). Refer to F602.<br><br>12 VAC 5-371-250 (A). Resident Assessment and Care Planning. Refer to F655.<br><br>12 VAC 5-371-220 (D). Nursing Services. Refer to F687.<br><br>12 VAC 5-371-260 (A). Staff Development and Inservice Training. Refer to F741.<br><br>12 VAC 5-371-300 (A) (B). Pharmaceutical | F 001  | The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or is planning to take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or are to be corrected by the date or dates indicated. | 6/14/21  |

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

TITLE

(X6) DATE

Electronically Signed

06/04/21

State of Virginia

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BAYSIDE OF POQUOSON HEALTH AND REHAB</b> |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1 VANTAGE DRIVE</b><br><b>POQUOSON, VA 23662</b>                             |  |  |
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| F 001   | <p>Continued From page 1</p> <p>Services. Refer to F755 and F761.</p> <p>12 VAC 5-371-220 (B). Nursing Services. Refer to F760.</p> <p>12 VAC 5-371-340 (A) (L). Dietary and Food Service Program. Refer to F804 and F806.</p> <p>12 VAC 5-371-180 (A) (B). Infection Control. Refer to F880.</p> <p>12 VAC 5-371-220 (F). Quality of Life. ADL Care Provided for Dependent Residents Under Section (F). Each resident shall receive tub or shower baths as often as needed, but not less than twice weekly.</p> <p>F-555 Please Cross Reference to 12 VAC 5-371-150 (A).</p> <p>F-582 Please Cross Reference to 12 VAC 5-371-150 (A).</p> <p>F657 Please Cross Reference to 12 VAC 5-371-250 (I).</p> <p>12 VAC 5-371-220. A. (Nursing Services) cross references to F558.</p> <p>12 VAC 5-371-110.B.2 (Management and Administration) cross references to F577.</p> <p>12 VAC 5-371-140.D.2 (Policies and Procedures) cross references to F622.</p> <p>12 VAC 5-371-140 (E) (3) (A)</p> <p>F-658 12 VAC 5-371-200 (B)(1)(ii)</p> | F 001  |  |  |  |

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BAYSIDE OF POQUOSON HEALTH AND REHAB

**1 VANTAGE DRIVE  
POQUOSON, VA 23662**

STATE FORM

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| F 001   | Continued From page 3<br><br>12 VAC 5-371-380. Cross-Reference to F-880  | F 001  |  |                          |  |