

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

PRINTED: 01/19/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495346	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/30/2020
NAME OF PROVIDER OR SUPPLIER BON SECOURS DEPAUL,TCC			STREET ADDRESS, CITY, STATE, ZIP CODE 150 KINGSLEY LANE NORFOLK, VA 23505		
(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 attempted offsite on 6/22/20 and onsite on 6/30/20. An onsite walk-through of the Transitional Care Unit was made on 6/30/20 at approximately 2:30 p.m. with the Administrative DON (Director of Nursing). The unit was empty; there were no residents and no staff members were present. The DON stated that the unit has been closed since February 2020.	E 000			
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Survey was attempted to be conducted offsite on 6/22/20 and onsite on 6/30/20. An onsite walk-through of the Transitional Care Unit was made on 6/30/20 at approximately 2:30 p.m. with the Administrative DON (Director of Nursing). The unit was empty; there were no residents and no staff members were present. The DON stated that the unit had been closed since February 2020.	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.