| DEPARTMENT OF HEALTH AND HUMAN SERVICES | | | | FORM APPROVED OMB NO. 0938-0391 | | |
|--|--|---|--|---|---|--|
| OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | | (X3) DATE SURVEY COMPLETED 06/02/2021 | | |
| | 495150 | | | | | |
| NAME OF PROVIDER OR SUPPLIER THE CITADEL VIRGINIA BEACH LLC | | | STREET ADDRESS, CITY, STATE, ZIP CODE | | | |
| | | | 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452 | | | |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | (EACH CORRECTIVE ACTION SHO | OULD BE | BE COMPLÉTION | |
| Initial Comments | | E 000 | | | | |
| A COVID-19 Focused Emergency Preparedness Survey was conducted onsite on 06/01/2021 through 06/02/2021. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities. INITIAL COMMENTS | | F 000 | | | | |
| Requirements for Long-Term Care Facilities. | | | | | | |
| | ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LI SUMMARY ST. (EACH DEFICIENC REGULATORY OR I Initial Comments A COVID-19 Focuser Survey was conducted through 06/02/2021. compliance with E002 Requirements for Lor INITIAL COMMENTS A COVID-19 Focuser was conducted onsite 06/02/2021. The faci 42 CFR Part 483.80 i for the implementatio Medicare & Medicaid Disease Control reco prepare for COVID-19 The census in the 151 at the time of survey. consisted of 5 Reside 3 Employee reviews. positive for COVID-19 positive. 9 Staff reco Currently there are 0 COVID-19. Currently | S FOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A95150 ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LLC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments A COVID-19 Focused Emergency Preparedness Survey was conducted onsite on 06/01/2021 through 06/02/2021. 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Currently there are 0 Staff that are | AS FOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES F CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150 ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LLC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments A COVID-19 Focused Emergency Preparedness Survey was conducted onsite on 06/01/2021 through 06/02/2021. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities. INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted onsite on 06/01/2021 through 06/02/2021. The facility was in compliance with 42 CFR Part 483.80 infection control Survey was conducted onsite on 06/01/2021 through 06/02/2021. The facility was in compliance with 42 CFR Part 483.80 infection control Survey was conducted onsite on 06/01/2021 through 06/02/2021. 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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

PRINTED: 11/09/2021

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.