

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: 495305	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2020
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NAME OF PROVIDER OR SUPPLIER COLISEUM NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 305 MARCELLA ROAD HAMPTON, VA 23666
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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 An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted from 07/28/2020 to 07/29/2020. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Survey was conducted 07/28/2020 through 07/29/2020. The facility was in compliance with F-880 and F-885 of 42 CFR Part 483 Federal Long Term Care requirements. The census in this 180 certified bed facility was 128 at the time of the survey. On 06/29/2020 the National Guard did PPS testing on 100% of Residents and staff. 100 % of Residents tested negative and 1 staff member tested positive. On 07/07/2020 the facility conducted a second round of testing and 2 Residents had tested positive for COVID-19. The 2 Residents were retested on 07/16/2020 and 07/18/2020 and received negative test results. Both Residents have recovered from COVID-19. The 1 Staff member who tested positive was asymptomatic and was off work for 14 days. No retesting was done. Staff member recovered from COVID-19.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/30/2020
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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.