

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

PRINTED: 01/25/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G058	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/03/2021
NAME OF PROVIDER OR SUPPLIER GILBERTSON LODGE			STREET ADDRESS, CITY, STATE, ZIP CODE 301 BOWMAN LANE NEWPORT NEWS, VA 23606		
(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 survey was conducted 02/02/21 through 02/03/21. The facility was in compliance with Emergency Preparedness 42 CFR Part 483.73, 483.75, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities.	E 000			
W 000	INITIAL COMMENTS The unannounced Fundamental Medicaid recertification survey was conducted on 02/02/21 through 02/03/21. The facility was in compliance with CFR Part 483 Intermediate Care Facilities for Individuals with Disabilities (ICF/ID), Federal Regulations. The Life Safety Code report will follow. The census in this 5 bed facility at the time of the survey was 4. The survey sample consisted of two (2) current Individual records (Individual #1 through #2) and one closed (Individual #3).	W 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.