

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

PRINTED: 03/23/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495247</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/08/2021</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>NANS POINTE REHABILITATION AND NURSING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 WEST CONSTANCE ROAD SUFFOLK, VA 23434</b>
---	---

(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	E 000		
F 000	<p>INITIAL COMMENTS</p> <p>An unannounced Medicare/Medicaid Focused Infection Control (FIC) survey was conducted 10/07/21 through 10/08/21. The facility was in compliance with 42 CFR Part 483.80 infection control regulations, for the implementation of The Centers for Medicare &amp; Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19.</p> <p>Resident cumulative COVID-19 cases since 2020 totaled 99, 20 COVID-19 related deaths. Staff cumulative COVID-19 cases since 2020 totaled 57, all staff recovered with 1 related death. At the time of the survey, there were 6 Residents that tested positive for COVID-19, and zero (0) Staff that is currently positive for COVID-19.</p> <p>There were no complaints investigated during this survey.</p> <p>The census in this 148 certified bed facility was 108 at the time of the survey. The survey sample consisted of 6 current Resident reviews (Resident #1 through 6).</p>	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  10/25/2021
--	-------	-----------------------------

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.