CENTERS FOR MEDICARE & MEDICALD SERVICES     OMB NO. 0938-0391       AND RUNN OF CORRECTION     IN (PROVIDER/BURNING)     PROVIDER UNITY     PROVIDER	DEPARTMENT OF HEALTH AND HUMAN SERVICES							FORM APPROVED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING C C   198206 1204/2019 STREET ADDRESS.gtr, STATE_ZP CODE C   INMENT OF DRANDER OR SUPPLIER   NORTHERN CARDINAL REHABILITATION AND NURSING   SUMMARY STATEMENT OF DEPRECEDED BY FULL   PRECIN SUMMARY STATEMENT OF DEPRECEDED BY FULL PRECIN PRECIN COORD RECTION COMMUNICATION   PAGE OF PROVIDER OF AUX OF CONFECTION ECOLORIS TECHNOLOGY ON USE OF ENCINCE PRECIN COORD RECTION COORD RECTION   PAGE OF PROVIDER OF STATEMENT OF DEPRECEDED BY FULL SUMMARY STATEMENT OF DEPRECEDED BY FULL PRECIN COORD RECTION COORD RECTION   PAGE OF ROAD CONTROL OF CONFERCENCY SUMMARY STATEMENT OF DEPRECEDED BY FULL PRECIN COORD RECTION COORD RECTION   PAGE OF ROAD CONFERCENCY WAS TO EXEMPTIONS INFORMATION TAG PRECIN COORD RECTION COORD RECTION   PAGE OF ROAD CONFERCENCY WAS TO THE APRACEMENT COORD RECTION THE APRACEMENT COORD RECTION THE APRACEMENT COORD RECTION   PAGE OF ROAD CONFERCENCE An unannounced Medicare/Medicaid abbreviated standard SURVEY was insubstantial coord Read Control Read C									
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PREFIX TAG     IEACH DEFICIENCY MUST BE PRECIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     PREFIX TAG     IEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE PREPRIVATE DEFICIENCY     COMPARISON DEFICIENCY       F 000     INITIAL COMMENTS     F 000       An unannounced Medicare/Medicaid abbreviated standard survey was conducted 12/02/19 through 12/04/19. The facility was in substantial compliance with 42 CFR Part 433 Federal Long-Term Care requirements. One complaint was investigated during the survey. The census in this 120 certified bed facility was 95 at the time of the survey. (Residents #1 through #7) and 5 closed record reviews (Residents #8 through #12).     F 000     Image: Consistence of the survey of the survey of the survey of the survey.     Image: Consistence of the survey of the survey of the survey.     Image: Consistence of the survey of the survey.     Image: Consistence of the survey of the survey.     Image: Consistence of the survey.     Image: Consurvey.     Imag	NORTHERN CARDINAL REHABILITATION AND NURSING				SUFFOLK, VA 23435				
An unannounced Medicare/Medicaid abbreviated standard survey was conducted 12/02/19 through 12/04/19. The facility was in substantial compliance with 42 CFR Part 433 Federal Long-Term Care requirements. One complaint was investigated during the survey. The census in this 120 certified bed facility was 95 at the time of the survey. The survey sample consisted of 7 current Resident reviews (Residents #1 through #7) and 5 closed record reviews (Residents #8 through #12).	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFI	IX (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR		LD BE COMPLETION		
standard survey was conducted 12/02/19 through 12/04/19. The facility was in substantial compliance with 20 CFR Part 485 Federal Long-Term Care requirements. One complaint was investigated during the survey. The census in this 120 certified bed facility was 95 at the time of the survey. The survey sample consisted of 7 current Resident reviews (Residents #1 through #7) and 5 closed record reviews (Residents #8 through #12).	F 000	INITIAL COMMENTS		F	000				
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		standard survey was 12/04/19. The facility compliance with 42 C Long-Term Care required was investigated duri The census in this 12 95 at the time of the s consisted of 7 current (Residents #1 through	conducted 12/02/19 through was in substantial FR Part 483 Federal irrements. One complaint ng the survey. O certified bed facility was survey. The survey sample at Resident reviews h #7) and 5 closed record						
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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.

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