

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0289</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/17/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEWPORT NEWS NURSING &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>12997 NETTLES DRIVE NEWPORT NEWS, VA 23602</b>
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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) COMPLETE DATE
F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 01/14/19 through 01/17/19. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. 10 complaints were investigated during the survey.</p> <p>The census in this 102 licensed bed facility was 84 at the time of the survey. The survey sample consisted of 34 current Resident reviews and 9 closed record reviews.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: 12VAC5-371-220 H.Please Cross Reference F580. 12 VAC 5-371-370 (A). Please Cross-Reference to F-584 12 VAC 371-150 (B. 1) Please Cross Reference to F-626 12 VAC 5-371-200 (B) . Please Cross-Reference to F-684 12 VAC 5-371-250 (A., B. C., G) Please Cross Reference to F557 and F641. 12VAC5-371-220 A. and C. Cross Reference F690.</p>	F 001	<p>For state Tags please reference the below :</p> <p>12 VAC 5-371-250 see POC for F-557 and F641</p> <p>12 VAC5-371-220H see POC for F580</p> <p>12 VAC 5-371-370(A ) see POC for F584</p> <p>12 VAC 5-371-150(B.1) see POC for F-626</p> <p>12 VAC 5-371-200(B) see POC for F 684</p> <p>12 VAC 5- 371-220 (A) see POC for F690</p>	3/1/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

02/08/19