

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0172	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/09/2019
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NAME OF PROVIDER OR SUPPLIER NORFOLK HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 901 EAST PRINCESS ANNE ROAD NORFOLK, VA 23504
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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 05/07/19 through 05/09/19. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 180 licensed bed facility was 150 at the time of the survey. The survey sample consisted of 55 current Resident reviews and 5 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: 12 VAC 5-371-150(B). Cross Reference to F622, F623 and 625.</p> <p>12 VAC 5-371-250(A). Cross Reference to F641 and F657.</p> <p>12 VAC 5-371-220(A). Cross reference F658, F677, F689 and F695.</p> <p>12 VAC 5-371-250(G). Cross Reference to F656.</p> <p>12 VAC 5-371-300(B). Cross-Reference to F755.</p> <p>12 VAC 5-371-180(A). Cross Reference to F880.</p>	F 001	<p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p>12 VAC 5-371-150(B). Cross Reference to F622, F623 and 625.</p> <p>12 VAC 5-371-250(A). Cross Reference to F641 and F657.</p> <p>12 VAC 5-371-220(A). Cross reference</p>	6/17/19

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

TITLE

(X6) DATE

Electronically Signed

05/22/19

State of Virginia

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F 001	Continued From page 1	F 001	<p>F658, F677, F689 and F695.</p> <p>12 VAC 5-371-250(G). Cross Reference to F656.</p> <p>12 VAC 5-371-300(B). Cross-Reference to F755.</p> <p>12 VAC 5-371-180(A). Cross Reference to F880.</p>	