

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/13/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN CARE OF NORFOLK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1401 HALSTEAD AVENUE      REVISED</b> <b>NORFOLK, VA 23502</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) COMPLETE DATE
F 000	Initial Comments  An unannounced biennial State Licensure Inspection was conducted 01/10/23 through 01/13/23. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.  The census in this 120 licensed bed facility was 106 at the time of the survey. The survey sample consisted of 43 resident reviews.	F 000		
F 001	Non Compliance  The facility was out of compliance with the following state licensure requirements:  This RULE: is not met as evidenced by: The facility staff was not in compliance with the Rules and Regulations for the Licensure of Nursing Facilities:  12 VAC 5-371-220 (A, B, C, H ). Nursing Services. Cross-Reference to F580, F677, F687, and F698.  12 VAC 5-371-250 (B1). Resident Assessment and Care Planning. Cross-Reference to F636.  12 VAC 5-371-290 (B). Special rehabilitative services. Cross-Reference to F825.  12 VAC 5-371-300 (A, B,C, D, I). Pharmaceutical Services. Cross-Reference to F755, F756, F759 and F760.	F 001		

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

TITLE

(X6) DATE

02/04/23