

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0415</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/03/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>PRINCESS ANNE HEALTH &amp; REHABILITATION CENTE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1948 LANDSTOWN CENTRE WAY</b> <b>VIRGINIA BEACH, VA 23456</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 3/28/23 through 3/31/23 and 4/3/23. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.  The census in this 120 certified bed facility was 112 at the time of the survey. The survey sample consisted of 62 Resident record 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 was not in compliance with the following Regulations for the Licensure of Nursing Facilities:  12 VAC 5-371-250 (A) Resident Assessment-Refer to F641.  12 VAC 5-371-250 (G) Resident Assessment-Refer to F656.  12 VAC 5-371-140 (A) & (D) Policies and Procedures-Refer to F660.  12 VAC 5-371-360 (E) (11) Clinical Records-Refer to F661.  12 VAC 5-371-220 (D) Nursing Services-Refer to F677.  12 VAC 5-371-220 (A) & (B) Nursing Services-Refer to F697.	F 001	The facility was not in compliance with the following Regulations for the Licensure of Nursing Facilities:  12 VAC 5-371-250 (A) Resident Assessment-Refer to F641.  12 VAC 5-371-250 (G) Resident Assessment-Refer to F656.  12 VAC 5-371-140 (A) & (D) Policies and Procedures-Refer to F660.  12 VAC 5-371-360 (E) (11) Clinical Records-Refer to F661.  12 VAC 5-371-220 (D) Nursing Services-Refer to F677.  12 VAC 5-371-220 (A) & (B) Nursing Services-Refer to F697.	5/15/23

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

Electronically Signed

TITLE

(X6) DATE

04/25/23

State of Virginia

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F 001	Continued From page 1  12 VAC 5-371-220 (A) Nursing Services-Refer to F-700.	F 001	12 VAC 5-371-220 (A) Nursing Services-Refer to F-700.  Date of completion: 5/15/20263	