

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0124</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/21/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SIGNATURE HEALTHCARE OF NORFOLK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1005 HAMPTON BLVD NORFOLK, VA 23507</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 7/18/23 through 7/21/23. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. No state complaints were investigated during the survey.  The census in this 169 licensed bed facility was 135 at the time of the survey. The survey sample consisted of 59 current and closed 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 was not in compliance with the following regulations for the Licensure of Nursing Facilities:  12 VAC-371-370 (A) Please refer to F557.  12 VAC-371-220 (H) Please refer to F580.  12 VAC-371-370 (A) Please refer to F584.  12 VAC-371-140 (D) Please refer to F623 and F660.  12 VAC-371-250 (A) Please refer to F657.  12 VAC-371-220 (D) Please refer to F677.  12 VAC-371-220 (C) Please refer to F690.  12 VAC-371-220 (B) Please refer to F760.	F 001	This is our credible allegation of compliance, Signature Healthcare of Norfolk respectfully request a desk review.	8/31/23

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

Electronically Signed

TITLE

(X6) DATE

08/17/23

State of Virginia

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