State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 04/14/2023	
		VA0040				
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
NORTHER	RN CARDINAL REHABILI	TATION AND NURSI	GE ROAD , VA 23435			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
F 000	Initial Comments		F 000	12 VAC 5-371-180 (B,C) Infectio	n Control	
	An unannounced biennial State Licensure Inspection was conducted 4/11/23 through 4/14/23. The facility was not in compliance with the Virginia Rules and Regulations for the			Cross Reference to F-880. F-883	and F-887	
				Cross Reference to TAG F880		
	Licensure of Nursing F			12 VAC 5-371-180 (B,C) Infection	1 Control	
	complaints were investigated during the survey.			Cross Reference to F-880. F-883	and F-887	
	The census in this 120 licensed bed facility was 94 at the time of the survey. The survey sample consisted of 57 current and closed record			Cross Reference to TAG F883		
	reviews.			12 VAC 5-371-180 (B,C) Infection	Control	
F 001	Non Compliance		F 001	Cross Reference to F-880. F-883	and F-887) C	
	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 5-371-180 (B, C). Infection Control. Cross Reference to F-880, F-883 and F-887. 12 VAC 5-371-220 (B, D, E, F, H). Nursing Services. Cross Reference to F-658, F-677, F-760, F-689, F-695, and F-885. 12 VAC 5-371-250 (A, F). Resident Assessment and Care Planning. Cross reference to F-641 and Cross reference to F-657.			Cross Reference to TAG F887		
				12 VAC 5-371-220 (B, D, E, F, H) Nursing Services Cross Reference to F-658, F-677, F760, F689, F695, and F885		
				Cross Reference to Tag F-658	to Tag F-658	
			12 VAC 5-371-220 (B, D, E, F, H) N Cross reference to F-658, F-677, F F695 and F885	9, E, F, H) Nursing Services 8, F-677, F760, F689,		
υ				Cross Reference to Tag F-677		
				12 VAC 3-371-220 (B, D,E,F,H) Nur Cross reference to F658 , F-677, F F695, and F885	rsing Services 760, F689,	
	12 VAC 5-371-260 (B9). Staff Development and In-Service Training. Cross reference F-947			Cross reference to Tag F-760		
	12 VAC 5-371-300 (B). Cross Reference to F-7	Pharmaceutical Services. 756 and F-761.				

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

STATE FORM

B00Z11

1

If continuation sheet 1 of 2

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	(X3) DATE SURVEY COMPLETED		
		VA0040		B. WING		04/14/2023	
NAME OF PROVIDE		TATION AND NURSI	STREET ADD 4775 BRIDG SUFFOLK,	GE ROAD	ATE, ZIP CODE		
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	SHOULD BE COMPLETE	
					12 VAC 5-371-220 (B, D, E, F, H) Services Cross Reference to F-65 F689, F695, and F885 Cross reference to Tag F-689 12 VAC 5-371-220 (B,D,E,F,H) Nu Cross Reference to F-658, F677, F-695 and F-885 Cross reference to Tag F-695 12 VAC 5-371-220 (B,D,E,F,H) Nu Cross Reference to F-658, F677, I F-695 and F-885 Cross reference to Tag F-885 12 VAC 5-371-250 (A,F) Resident and Care Planning Cross reference F657 Cross reference to Tag F641 12 VAC 5-371-250 (A,F) Resident and Care Planning Cross reference F657 Cross reference to tag F-657 Cross reference to tag F-657	rsingServices F-760, F-689, rsingServices F-760, F-689, Assessment e to F-641 and	

State of Virginia

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		VA0040		B. WING		04/14/2023		
NAME OF PROVIDER OR SUPPLIER STREET ADDR					TATE, ZIP CODE			
NORTHE	NORTHERN CARDINAL REHABILITATION AND NURSI 4775 BRIDGE ROAD							
(X4) ID	SUMMARY STA		SUFFOLK,		DROWNERS STATE OF STA			
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)				BE C	(X5) COMPLETE DATE		
					or section visited to reach their section of the first process and the section of the section of	lopment are tical Services tical Services tical Services tical Services tical Services from trol defenses from F-677, ssessment to F-641	nd es,	
					and In-Service Training. Cross refe Date of Compliance 5/16/23	rence F-947	7	