

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2023
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NAME OF PROVIDER OR SUPPLIER NORTHERN CARDINAL REHABILITATION AND NURSI	STREET ADDRESS, CITY, STATE, ZIP CODE 4775 BRIDGE ROAD SUFFOLK, VA 23435
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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 4/11/23 through 4/14/23. 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.</p> <p>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 reviews.</p>	F 000	<p>12 VAC 5-371-180 (B,C) Infection Control Cross Reference to F-880. F-883 and F-887</p> <p>Cross Reference to TAG F880</p> <p>12 VAC 5-371-180 (B,C) Infection Control Cross Reference to F-880. F-883 and F-887</p> <p>Cross Reference to TAG F883</p>	
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: The facility staff was not in compliance with the Rules and Regulations for the Licensure of Nursing Facilities:</p> <p>12 VAC 5-371-180 (B, C). Infection Control. Cross Reference to F-880, F-883 and F-887.</p> <p>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.</p> <p>12 VAC 5-371-250 (A, F). Resident Assessment and Care Planning. Cross reference to F-641 and F-657</p> <p>12 VAC 5-371-260 (B9). Staff Development and In-Service Training. Cross reference F-947</p> <p>12 VAC 5-371-300 (B). Pharmaceutical Services. Cross Reference to F-756 and F-761.</p>	F 001	<p>Cross Reference to TAG F887</p> <p>12 VAC 5-371-220 (B, D, E, F, H) Nursing Services Cross Reference to F-658, F-677, F760, F689, F695, and F885</p> <p>Cross Reference to Tag F-658</p> <p>12 VAC 5-371-220 (B, D, E, F, H) Nursing Services Cross reference to F-658, F-677, F760, F689, F695 and F885</p> <p>Cross Reference to Tag F-677</p> <p>12 VAC 3-371-220 (B, D,E,F,H) Nursing Services Cross reference to F658 , F-677, F760, F689, F695, and F885</p> <p>Cross reference to Tag F-760</p>	4C

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

[Handwritten Signature]

TITLE

Administrator

(X6) DATE

5/15/23

State of Virginia

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NAME OF PROVIDER OR SUPPLIER NORTHERN CARDINAL REHABILITATION AND NURSI		STREET ADDRESS, CITY, STATE, ZIP CODE 4775 BRIDGE ROAD SUFFOLK, VA 23435		
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			<p>12 VAC 5-371-220 (B, D, E, F, H) Nursing Services Cross Reference to F-658, F-677, F760, F689, F695, and F885</p> <p>Cross reference to Tag F-689</p>	
			<p>12 VAC 5-371-220 (B,D,E,F,H) Nursing Services Cross Reference to F-658, F677, F-760, F-689, F-695 and F-885</p> <p>Cross reference to Tag F-695</p>	
			<p>12 VAC 5-371-220 (B,D,E,F,H) Nursing Services Cross Reference to F-658, F677, F-760, F-689, F-695 and F-885</p> <p>Cross reference to Tag F-885</p>	
			<p>12 VAC 5-371-250 (A,F) Resident Assessment and Care Planning Cross reference to F-641 and F657</p> <p>Cross reference to Tag F641</p>	
			<p>12 VAC 5-371-250 (A,F) Resident Assessment and Care Planning Cross reference to F-641 and F657</p> <p>Cross reference to tag F-657</p>	

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			<p>12 VAC 5-371-260 (B9) Staff development and In-Service Training. Cross Reference F-947</p> <p>Cross Reference to tag F-947</p> <p>12 VAC 5-371-300 (B) Pharmaceutical Services, Cross reference to F-756 and F-761</p> <p>Cross reference to Tag F-756</p> <p>12 VAC 5-371-300 (B) Pharmaceutical Services, Cross reference to F756 and F-761</p> <p>Cross reference to tag F-761</p> <p>12VAC 5-371-180 (B, C) Infection Control Cross reference to F-880, F-883 and F-887 Date of Compliance 5/16/23</p> <p>12VAC 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. Date of Compliance 5/16/23</p> <p>12VAC5-371-250 (A,F). Resident Assessment and Care Panning. Cross reference to F-641 and F-657. Date of Compliance 5/16/23</p> <p>12 VAC 5-371-260 (B9). Staff Development and In-Service Training. Cross reference F-947 Date of Compliance 5/16/23</p>	
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