

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0199</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/25/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>WATERVIEW HEALTH &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>414 ALGONQUIN RD</b> <b>HAMPTON, VA 23661</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 Licensure inspection was conducted 8-22-23 through 8-25-23. Corrections were required for compliance Virginia Rules and Regulations for the Licensure of Nursing Facilities.  The census in this 130 licensed bed facility was 106 at the time of survey. The survey sample consisted of 25 employee 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: 12VAC5-371-370(A). Please cross reference to F584.  12VAC5-371-250(A). Please cross reference to F-641.  12VAC5-371-250(G). Please cross reference to F-657.  12VAC5-371-200(B)(1)(ii). Please cross reference to F-658.  12VAC5-371-220(D). Please cross reference to F-677.  12VAC5-371-220(C)(1). Please cross reference to F-686.  12VAC5-371-220(A). Please cross reference to F-689.  12VAC5-371-220(A). Please cross reference to	F 001	12VAC5-371-370(A). Please cross reference to F584.  12VAC5-371-250(A). Please cross reference to F-641.  12VAC5-371-250(G). Please cross reference to F-657.  12VAC5-371-200(B)(1)(ii). Please cross reference to F-658.  12VAC5-371-220(D). Please cross reference to F-677.  12VAC5-371-220(C)(1). Please cross reference to F-686.  12VAC5-371-220(A). Please cross reference to F-689.  12VAC5-371-220(A). Please cross reference to F-698.	

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

TITLE  
*Roger Wilson N/A* 9/15/2023 (X6) DATE

PRINTED: 09/07/2023

FORM APPROVED

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F 001	Continued From page 1 F-  698.  12VAC5-371-260(E). Please cross reference to F-730.  12VAC5-371-220(A). Please cross reference to F-742.  12VAC5-371-220(A). Please cross reference to F-757.  12VAC5-371-220(B). Please cross reference to F-760.  12VAC5-371-110(J). Please cross reference to F-883.	F 001	  12VAC5-371-260(E). Please cross reference to F-730.  12VAC5-371-220(A). Please cross reference to F-742.  12VAC5-371-220(A). Please cross reference to F-757.  12VAC5-371-220(B). Please cross reference to F-760.  12VAC5-371-110(J). Please cross reference to F-883.	
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