

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0236	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/03/2022
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NAME OF PROVIDER OR SUPPLIER OLD DOMINION REHABILITATION AND NURSING	STREET ADDRESS, CITY, STATE, ZIP CODE 4 RIDGEWOOD PARKWAY NEWPORT NEWS, VA 23602
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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 02/28/22 through 03/03/22. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. No complaints were investigated during the survey.</p> <p>The census in this 115 licensed bed facility was 65 at the time of the survey. The survey sample consisted of 35 current and closed resident/record reviews.</p>	F 000		
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>12VAC 5-371-150 (G). Resident rights. § 9.1-914. Based on review of facility documents the facility staff failed to register with the Department of State Police to receive notice of the registration or reregistration of any sex offender within the same or a contiguous zip code area in which the nursing facility is located.</p> <p>The findings included:</p> <p>An interview was conducted on 3/1/22 at approximately 1:10 p.m., with Social Worker #1 and the to establish which individual (s) received the Department of State Police automatic</p>	F 001	<p>1. Facility registered with Department of State Police to receive notice of registration or reregistration of any sex offender within the same or contiguous zip code area on 03-10-2022</p> <p>2. All residents may be affected.</p> <p>3. Facility will monitor notification weekly.</p> <p>4. Administrator and or designee will review weekly notifications, discuss with IDT, and report to QAPI x 2 months.</p>	4/15/22

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

TITLE

(X6) DATE

Electronically Signed

04/04/22

State of Virginia

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

OLD DOMINION REHABILITATION AND NURSING **4 RIDGEWOOD PARKWAY**
NEWPORT NEWS, VA 23602

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F 001	<p>Continued From page 1</p> <p>notifications of registration or reregistration of any sex offender within the same or a contiguous zip code as the facility. Social Worker #1 also stated that the Social Services Department obtains the sex offender search for Residents to be admitted and they provide each resident and/or Resident Representative with information on how to access the Sex Offender Registry but the Department didn't receive automatic notification and she wasn't aware of any staff member at the facility who was registered to receive such information.</p> <p>An interview was also conducted with the Administrator on 3/1/22 at approximately 1:20 p.m., regarding who in the facility was registered to receive automatic notifications of registered sex offender within the same or a contiguous zip code area in which the nursing facility. The Administrator stated there was no one registered to receive the Department of State Police automatic notifications.</p> <p>On 3/3/22 at approximately 9:00 p.m., the above findings were shared with the Administrator, Director of Nursing and Corporate Consultant. An opportunity was offered to the facility's staff to present additional information but no additional information was provided and no concerns were voiced.</p> <p>12 VAC 5-371-140 Policies and Procedures. Policies and Procedures. Cross-Reference to F-226.</p> <p>12 VAC 5-371-150 (B.1). Resident Rights. Please Cross-Reference to F-622.</p> <p>12 VAC 5-371-160 (B, D). Financial Controls and</p>	F 001		
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F 001	<p>Continued From page 2</p> <p>Resident Funds. Cross-Reference to F567 and F-568.</p> <p>12 VAC 5-371-170 (A, B). Quality Assessment and Assurance. Cross-Reference to F-868.</p> <p>12 VAC 5-371-210(B, C, E). Nurse Staffing. Cross-Reference to F-726.</p> <p>12VAC 5-371-220 (A, B, C, D, F, H). Nursing Services. Cross Reference to F-758, F-580, ^-677, F-688, F-689, F-697 and 698</p> <p>12VAC 5-371-240 (C.10). Physician Services. Please cross reference to F-578.</p> <p>12VAC 5-371-250 (F). Resident Assessment & Care Planning. Cross reference to F-657.</p> <p>12VAC 5-371-300 (A, B, D). Pharmaceutical Services. Cross Reference to F-756, F-757, F-761.</p> <p>12 VAC 5-371-310 (B). Diagnostic Services. Cross-Reference to F-775.</p> <p>22VAC 40-73-90. Emergency Plan. Cross Reference all cited Federal EP tags (E-06, 07, 13, 15, 18, 20, 22, 23, 24, 25, 26, 30, 31, 32, 33, 34, 35, 36, 37, 39). https://law.lis.virginia.gov/vacode/</p>	F 001		