

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 R-C 04/16/2022
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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 offsite paper revisit was conducted on 4/16/22 for previous deficiencies that were cited on a survey that ended on 3/3/22 with an Allegation of Compliance (AOC) Date of 4/15/22. The deficiency was determined to have been corrected. The facility is in compliance with all regulations surveyed.</p>	{F 000}		

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

Electronically Signed

TITLE

(X6) DATE

05/12/22