

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0236</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/01/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OLD DOMINION REHABILITATION AND NURSING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4 RIDGEWOOD PARKWAY NEWPORT NEWS, VA 23602</b>
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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 02/25/19 through 03/1/19. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. 5 complaints were investigated during the survey.</p> <p>The census in this 115 licensed bed facility was 94 at the time of the survey. The survey sample consisted of 37 current Resident reviews and 6 closed 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: 12 VAC 5-371-150 B1. Resident Rights. Cross Reference to F622 and F623</p> <p>12 VAC 5-371-180 A.,C3 Infection Control. Cross Reference to F880</p> <p>12 VAC 5-371-220 A, B, D., C.1.; C.3, D., G.,). Nursing Services. Cross Reference to F658, F677, F687, F760</p> <p>12 VAC 5-371-250 B.2. Resident Assessment and Care Planning. Cross Reference to F641</p> <p>12 VAC 5-371-300 A. Pharmaceutical Services. Cross reference F755.</p> <p>12VAC5-371-320 A, B, Dental Services . Cross Reference F791</p>	F 001		

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

TITLE

(X6) DATE