STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495237	A. Building B. Wing	12/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Virginia Beach Healthcare and Rehab Center	1801 Camelot Drive Virginia Beach, VA 23454

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, staff interview, and review of facility documents, the facility staff failed to assure that a medication cart was not kept locked or under direct observation of authorized staff in an area where residents could access it. The findings included: During an observation tour of unit 1 on 12/22/25 at 11:35 AM, medication cart A was found unlocked outside of the nursing station, with no authorized staff within eyesight. At 11:37 AM the Unit 1 Manager approached the State Surveyor and stated, May I help you?'. The Unit 1 Manager further stated that she did not know where the Nurse that is assigned to medication cart A is currently located. On 12/22/25 at 11:38 AM Licensed Practical Nurse (LPN) #1 entered the building through the outside entrance door and approached the State Surveyor. LPN #1 stated that she is the nurse assigned to medication cart A and she was outside making a phone call. On 12/22/25 at 1:15 PM an interview was conducted with the Unit 1 Manager. The Unit 1 Manager stated that LPN #1 should not have been outside of the building while medication cart A was unlocked and not under direct observation of authorized staff. On 12/22/25 at 1:20 PM an interview was conducted with LPN #1. LPN #1 stated that she knows it was wrong being outside of the building while medication cart A was not locked or under observation of authorized staff. LPN #1 further stated it was a mistake. The facility's Storage of Medications policy with an effective date of 09-2018 read: 2. Only licensed nurses, pharmacy personnel, and those lawfully authorized to administer medications (such as medication aides) are permitted to access medications. Medication rooms, carts, and medication supplies are locked when they are not attended by persons with authorized access. On 12/22/25 at approximately 5:30 PM, a final interview was conducted with the Administrator, Assistant Administrator, Director of Nursing, and Regional Director of Clinical Services. They had no further comments and voiced no concerns regarding the above allegation.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE