

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495340	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/30/2026
NAME OF PROVIDER OR SUPPLIER  Newport News Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  12997 Nettles Drive Newport News, VA 23602	

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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation, staff interview, and facility documentation review, the facility staff failed to maintain a clean, comfortable, and homelike environment for one Resident (Resident #104) in a survey sample of 22 Residents. The findings included: From initial tour on 4-27-26 through the course of survey concluding on 4-30-26, the physical plant was observed and inspected. Those observations continue below. Initial tour of the facility revealed Resident #104's room on the Meadowdale unit to be crowded (hoarded) with boxes, and plastic storage containers in front of, and on top of his wheelchair, over bed table and air conditioning unit. There were articles of clothing scattered around, open containers of butter, food sauces, and food spices all spilled and on surfaces. Also noted were partially eaten different food items, 2 drinking glasses partially filled with dark liquid and dripped down the sides of the glasses. Nothing was refrigerated, and the room had a sour spoiled food smell. The Resident was sitting on a soiled bed encrusted with spilled food. The Resident's yellow shirt was encrusted in a 6-inch by 6-inch stain on the front with dried, spilled foods and liquids, as the resident stated when asked I just spilled something on it. Resident #104's roommate was not in the room. It was noted that during the rest of the survey Resident #104's roommate stayed out of the room most of the time and was found in the dining room, facility entry hallway, and at the nursing station most of the time during daytime hours. Resident #104's roommate was asked why he stayed out of his room, and he did not reply, and he continued walking down the hallway ending the conversation. On 4-29-26 at 12:30 p.m., an interview was conducted with the Director of Nursing (DON). The DON stated that Resident #104 was very resistant to cleaning in the room and would become very belligerent if things in the room were moved or trash was thrown away. She went on to state that the Resident refused to even speak to her now as she had been going in and cleaning the room. On 4/29/2026 at 4:00 p.m., the Administrator, and DON were notified at the end of day debriefing of the continuing concerns of hoarding and unclean areas. They stated that cleaning would be again completed in those areas mentioned and they had no further information to provide.</p>

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