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Karolwood Gardens at Norfolk

6403 Granby Street
Norfolk, VA 23505
(757) 451-2400

Current Inspector: Darunda Flint (757) 807-9731

Inspection Date: Nov. 18, 2021

Complaint Related: No

Areas Reviewed:

22VAC40-73 ADMINISTRATION AND ADMINISTRATIVE SERVICES
22VAC40-73 STAFFING AND SUPERVISION
22VAC40-73 RESIDENT CARE AND RELATED SERVICES
22VAC40-73 RESIDENT ACCOMODATIONS AND RELATED PROVISIONS
22VAC40-73 BUILDING AND GROUNDS
22VAC40-73 ADDITIONAL REQUIREMENTS FOR FACILITIES THAT CARE FOR ADULTS WITH SERIOUS COGNITIVE IMPAIRMENTS

Article 1
Subjectivity

Comments:

An initial inspection was initiated on 11-18-2021 and concluded on 11-19-2021. The Administrator contacted by telephone to initiate the inspection. The Administrator reported that the current census was 34. A Licensing Administrator and a Licensing Inspector conducted the on-site portion of the inspection on 11-19-2021. An exit interview was conducted with the Administrator on the date of inspection, where findings were reviewed and an opportunity was given for questions, as well as for providing any information or documentation which was not available during the inspection.

Information gathered during the inspection determined non-compliance(s) with applicable standards or law, and violations were documented on the violation notice issued to the facility.

Violations:

Standard #: 22VAC40-73-1180-B

Description: Based on observation, the facility failed to ensure when there are indications that ordinary materials or objects may be harmful to a resident that these materials or objects be inaccessible to the resident except under staff supervision.

Evidence:

1. On 11-19-2021, during a tour of the facility with Staff #1, Staff #2, and Staff #3, while in the outdoor area of the safe, secure environment, an unlocked door that led back to the unit was observed. The unlocked door led to a back hallway that included a laundry room and housekeeping closet. Both the laundry room and housekeeping closet were unlocked and contained cleaning products that could be harmful to a resident.
2. It was also noted during an inspection of the common area in the safe, secure environment that the wires connected to the TV were hanging and pose as a potential safety hazard.
3. Staff #2 acknowledged the aforementioned doors should be and have been locked to be inaccessible to residents for their safety. Staff #1 also acknowledged the potential safety risk of the TV wires.

Plan of Correction: The door was immediately locked. Staff will be in-serviced on the definition of a secure environment and the importance of locking the door leading to the laundry room and housekeeping closet. The Administrator/Designee will monitor the door during daily rounds to ensure a secure environment.

The maintenance director will secure and cover the wires leading to the TV.

Standard #: 22VAC40-73-870-A

Description: Based on observation, the facility failed to the interior and exterior of all buildings are maintained in good repair and kept

clean and free of rubbish.

Evidence:

1. On 11-19-2021, during a tour of the facility with Staff #1, Staff #2, and Staff #3, the outdoor area of the safe, secure environment and assisted living was observed. The following was observed in the safe, secure environment outdoor area: screening of screen porch door ripped; debris and branches noted throughout courtyard; walkway noted unlevelled and posed tripping hazard; sharp corner noted on fence; and exposed wires by outdoor lighting. The walkway of the assisted living courtyard also was noted to be unlevelled.
2. On 11-19-2021, during a tour of the facility with Staff #1, Staff #2, and Staff #3, multiple carpet stains in the community's central activity space were observed.
3. On 11-19-2021, during a tour of the facility with Staff #1, Staff #2, and Staff #3, ten units (2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, and 2110) were observed to be unable to be occupied by residents due to air conditioning system repair underway. The bathrooms in each of the units had exposed ceilings to include hanging wires and ductwork. In unit 2107, there was noted standing water on the floor of the bathroom with a black substance on the floor and walls. Two units, 2103 and 2104 did not have door knobs to open the unit. Each unit also had miscellaneous items from facility files, furniture, and or decor stored in them.
4. Staff #1 acknowledged the aforementioned issues noted to the interior and exterior of the facility.

Plan of Correction: The screen on the porch will be repaired. Landscaper will remove the debris and branches throughout the courtyard. The Maintenance Director/Designee will repair the exposed wires. A contractor will repair the walkway in special care and assisted living.

A carpet cleaning company will clean and spot treat the carpets in the community's central activity space.

The ten rooms will not be occupied until the ac units are repaired; the ceilings, floors, walls, doors, will be repaired. The items that are stored in these rooms will be removed and stored appropriately.

Disclaimer:

This information is provided by the Virginia Department of Social Services, which neither endorses any facility nor guarantees that the information is complete. It should not be used as the sole source in evaluating and/or selecting a facility.

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