

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0193	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/02/2017
NAME OF PROVIDER OR SUPPLIER RICHFIELD RECOVERY & CARE CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 3615 WEST MAIN STREET SALEM, VA 24153		
(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	Initial Comments An unannounced Medicare/Medicaid Standard Survey and a Biennial State Licensure Inspection was conducted 7/31/17 through 8/2/17. Three A complaint was investigated during the survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements and Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow. The census in this 315 certified bed facility was 252 at the time of the survey. The survey sample consisted of 27 current Resident reviews (Resident #1 through Resident #27) and 3 closed record reviews (Residents #29 through 30).	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities. 12VAC 5-371-220 D,E Cross Reference to F- 241 12 VAC 5-371-250. Resident assessment and care planning. 12 VAC 5-371-250 (A.1 THRU A.14) Cross Reference to F-272 12 VAC 5-371-250. Resident assessment and care planning. 12 VAC 5-371-250 (A, D, E) Cross Reference to F-278 12 VAC 5-371-250. Resident assessment and	F 001	12VAC 5-371-220 D,E Cross Reference to F- 241 12 VAC 5-371-250. Resident assessment and care planning. 12 VAC 5-371-250 (A.1 THRU A.14) Cross Reference to F-272 12 VAC 5-371-250. Resident assessment and care planning. 12 VAC 5-371-250 (A, D, E) Cross Reference to F-278 12 VAC 5-371-250. Resident assessment and care planning. 12 VAC 5-371-250 (G) Cross Reference to F-279	9/16/17

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

TITLE

(X6) DATE

Electronically Signed

08/25/17

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0193	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/02/2017
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F 001	Continued From page 1 care planning. 12 VAC 5-371-250 (G) Cross Reference to F-279 12 VAC 5-371-250. Resident assessment and care planning. 12 VAC 5-371-250 (F, H, I) Cross Reference to F-280 12 VAC 5-371-220. Quality of Care. 12 VAC 5-371-220 (A THRU G) Cross reference to F-309 12 VAC 5-371-370. Maintenance and Housekeeping 12 VAC 5-371-370 (A, D, H, J, M) Cross Reference to F- 323 12 VAC 5-371-340. Dietary Services. 12 VAC 5-371-340 (A) Cross reference to F-371 12 VAC 5-371-310. Administration. 12 VAC 5-371-310 (A) Cross reference to F-502 12 VAC 5-371-360 Clinical Records. 12 VAC 5-371-360 (A, E.4)-Cross reference to F-514	F 001	12 VAC 5-371-250. Resident assessment and care planning. 12 VAC 5-371-250 (F, H, I) Cross Reference to F-280 12 VAC 5-371-220. Quality of Care. 12 VAC 5-371-220 (A THRU G) Cross reference to F-309 12 VAC 5-371-370. Maintenance and Housekeeping 12 VAC 5-371-370 (A, D, H, J, M) Cross Reference to F- 323 12 VAC 5-371-340. Dietary Services. 12 VAC 5-371-340 (A) Cross reference to F-371 12 VAC 5-371-310. Administration. 12 VAC 5-371-310 (A) Cross reference to F-502 12 VAC 5-371-360 Clinical Records. 12 VAC 5-371-360 (A, E.4)-Cross reference to F-514	