

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0196	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2017
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NAME OF PROVIDER OR SUPPLIER CONCORDIA TRANSITIONAL CARE AND REHAB-RIVI	STREET ADDRESS, CITY, STATE, ZIP CODE 4142 BONNEY ROAD VIRGINIA BEACH, VA 23452
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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 State licensure inspection was conducted 2/7/17 through 2/9/17. Two complaints were investigated during the survey. The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The Life Safety Code survey/report will follow.</p> <p>The census in this 138 certified bed facility was 124 at the time of the survey. The survey sample consisted of 26 resident reviews; 21 current residents (Residents #1 through #21) and 5 closed record reviews (Residents #22 through #26).</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: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities:</p> <p>12 VAC5-371-300 Pharmaceutical Services A. Refer to F431</p> <p>12 VAC 5-371-220 (C.1) Nursing Services; Cross Reference F-314</p> <p>12 VAC 5-371-370 A, B, C & G. Maintenance and Housekeeping; Cross Reference F-253, F-323 and F-465</p> <p>12 VAC 5-371-250 (B.2) Resident Assessment and Care Plans Please Cross Reference F 274 and F 280</p>	F 001		

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

TITLE

(X6) DATE

State of Virginia

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F 001	Continued From page 1 12 VAC 5-371-360 (E) Clinical Records Please Cross Reference F 514 12 VAC5-371-360 (B., C., D.) Please Cross Reference to F-164 COV 32.1-138.1 Article 2 (#9.) Please Cross-Reference to F-164	F 001		