State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				A. BOILDING.			
VA0243		B. WING		02/23/2017			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
SUNNYSIDE PRESBYTERIAN RETIREMENT COMMUN HARRISONBURG, VA 22801							
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
F 000	Initial Comments			F 000			
	02/23/2017. Correctic compliance with the Nagulations for the Life Safety Code sure. The census in this 84 time of the survey. Tof 15 current Resider through #14 and Resider.	ucted 02/21/2017 through ons are required for Virginia Rules and icensure of Nursing aints were investigated	. The the sisted 1				
F 001	Non Compliance		F 001			3/17/17	
	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.		the		12 VAC5-371-150(B)(1). Please cross reference to F-tag 155 Federal Plan of Correction		
	12VAC5-371-150(B)(to F-Tag 155.	1). Please Cross Refe	rence		12VAC5-371-220(B). Please Cross Reference to F-tag 281 and F-Tag 30 Federal Plans of Correction	9	
	12VAC5-371-220(B). F-Tag 281 and F-Tag	Please Cross Referen 309.	nce to		12VAC5-371-360(E). Please Cross Reference to F-Tag 514 Federal Plan Correction	of	
	12VAC5-371-360(E). F-Tag 514.	Please Cross Referen	nce to				

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

TITLE (X6) DATE

Electronically Signed

03/08/17