

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0199	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2017
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NAME OF PROVIDER OR SUPPLIER RIVERSIDE REHABILITATION CENTER AT HAMPTON	STREET ADDRESS, CITY, STATE, ZIP CODE 414 ALGONQUIN RD HAMPTON, VA 23661
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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 8/1/17 through 8/4/17. Three 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 130 certified bed facility was 101 at the time of the survey. The survey sample consisted of 22 resident reviews; 18 current residents (Residents #1 through #18) and 4 closed record reviews (Residents #19 through #22).</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: 12 VAC 5-371-150 A. Residents Rights. Cross Reference F206.</p> <p>12 VAC 5-371-370 A. Maintenance and Housekeeping Cross-Reference to F-253</p> <p>12 VAC 5-371-370 B. Nursing Services Cross Reference F323</p>	F 001	<p>12 VAC 5-371-150 A. Residents Rights. Cross Reference F206. Please cross-Reference to F-206 Plan of correction</p> <p>12 VAC 5-371-370 A. Maintenance and Housekeeping Cross-Reference to F-253. Please cross-Reference to F-253 Plan of correction</p> <p>12 VAC 5-371-370 B. Nursing Services Cross Reference F-323. Please cross-Reference to F-323 Plan of correction</p>	9/5/17

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

TITLE

(X6) DATE

Electronically Signed

08/26/17