

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0198</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/07/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RIVERSIDE CONVAL CENTER-SALUDA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>PO BOX 303 US 17 SALUDA, VA 23149</b>
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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 Medicaid standard survey and biennial Virginia State Licensure Inspection was conducted on 9/5-9/7/2017. The facility was not in compliance with 42 CFR Part 483 Federal Long Term Care requirements and the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Corrections are required for compliance. The Life Safety Code survey/report will follow.</p> <p>The census in this 60 bed facility was 56 at the time of the survey. The survey sample consisted of 12 current resident reviews (Resident 1-12) and 2 closed records (Residents 13 and 14).</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:</p> <p>Nurse Staffing 12 VAC 5-371-210 (F.1). Cross-Reference to F225</p> <p>Policies and Procedures 12 VAC 5-371-140. Cross-Reference to F226</p> <p>Nursing Services 12 VAC 5-371-220 (A/B/D). Cross-Reference to F309</p>	F 001	<p>F001</p> <p>Nurse Staffing 12 VAC 5-371-210 (F.1) Cross-Reference F225</p> <p>Policy and Procedures 12 VAC 5-371-140 Cross Reference F226</p> <p>Nursing Services 12 VAC 5-371-220 (A/B/D) Cross Reference F309</p>	9/22/17

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

TITLE

(X6) DATE

Electronically Signed

09/22/17