

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2018
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NAME OF PROVIDER OR SUPPLIER RIVERSIDE CONVAL CENTER-MATHEW	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 370 MATHEWS, VA 23109
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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 biennial state licensure survey was conducted 6/5/18 through 6/7/18. The facility was not in compliance with Virginia State Licensure regulations. Life Safety Code Survey/Report will follow.</p> <p>The census in this 60 licensed bed facility was 59 at the time of the survey. The survey sample consisted of 17 current Resident reviews (Residents #6, #43, #20, #34, #52, #48, #28, #47, #23, 34, #50, #3, #40, #17, #39, #26, #5) and 2 closed record reviews (Residents #60 (a), (b).</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: 12VAC5-371-250(B)(2). Please Cross-Reference to F-637.</p> <p>12VAC5-371-250(F). Please Cross-Reference to F-657</p> <p>12VAC5-371-220(D). Please Cross-Reference to F-677.</p> <p>12VAC5-371-180(A). Please Cross-Reference to F-880.</p>	F 001	<p>12 VAC-371-250(B) (2). Please Cross Reference POC to F □ 637.</p> <p>12VAC5-371-250(F). Please Cross Reference POC to F - 657.</p> <p>12VAC 5-371-220(D). Please Cross Reference POC to F - 677.</p> <p>12VAC 5- 371- 180(A). Please Cross Reference POC to F - 880.</p>	7/13/18

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

Electronically Signed

TITLE

(X6) DATE

06/28/18