

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0202	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2018
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NAME OF PROVIDER OR SUPPLIER RIVERSIDE CONVALESCENT CNTR WE	STREET ADDRESS, CITY, STATE, ZIP CODE 2960 CHELSEA ROAD WEST POINT, VA 23181
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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 Inspection was conducted 10/30/2018 through 11/1/2018. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this licensed bed facility was 53 at the time of the survey. The survey sample consisted of 27 resident reviews.</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 state licensure requirements:</p> <p>Nursing services. 12 VAC 5-371-220 (A). Please cross-reference to F-689.</p> <p>Nursing Services. 12 VAC 5-371-220 (C)(3). Please cross-reference to F-690.</p> <p>Nursing Services. 12 VAC 5-371-220 (A). Please cross-reference to F-695.</p> <p>Nursing Services. 12 VAC 5-371-300 (A). Please cross-reference to F-755.</p>	F 001	<p>Nursing services.12 VAC 5-371-220 (A). Please cross-reference to Plan of Correction for F-689.</p> <p>Nursing Services.12 VAC 5-371-220 (C) (3). Please cross-reference to Plan of Correction F-690.</p> <p>Nursing Services.12 VAC 5-371-220 (A). Please cross-reference to Plan of Correction F-695.</p> <p>Nursing Services.12 VAC 5-371-300 (A). Please cross-reference to Plan of Correction F-755.</p>	12/7/18

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

Electronically Signed

TITLE

(X6) DATE

11/24/18