

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0200	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/08/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RIVERSIDE HEALTHY LIVING COMMUNITY-SMITHFIE	STREET ADDRESS, CITY, STATE, ZIP CODE 101 JOHN ROLFE DRIVE SMITHFIELD, VA 23430
--	---

(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 03/06/19 through 03/08/19. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. No complaints were investigated during the survey.</p> <p>The census in this 34 licensed bed facility was 25 at the time of the survey. The survey sample consisted of 14 current Resident reviews and 3 closed record 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 Nursing facility was not in compliance with the following Virginia Rules and Regulations for Nursing Facilities:</p> <p>12 VAC 5-371-180 A. Infection Control. Cross Reference to F880.</p> <p>12 VAC 5-371-220 C. Nursing Services. Cross Reference to F690.</p> <p>12 VAC 5-371-340 A. Dietary and Food Service Program. Cross Reference to F812.</p>	F 001	<p>12 VAC 5-371-180 A. Infection Control. Please cross-reference to F880 plan of correction.</p> <p>12 VAC 5-371-220 C. Nursing Services. Please cross-reference to F690 plan of correction.</p> <p>12 VAC 5-371-340 A. Dietary and Food Service Program. Please cross-reference to F812 plan of correction.</p>	4/8/19

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

TITLE

(X6) DATE

Electronically Signed

03/23/19