

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 07/09/2021
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NAME OF PROVIDER OR SUPPLIER RIVERSIDE CONVAL CENTER-MATHEW	STREET ADDRESS, CITY, STATE, ZIP CODE 603 MAIN STREET 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 Inspection was conducted 07/06/21 through 07/09/21. 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 60 licensed bed facility was 51 at the time of the survey. The survey sample consisted of 31 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: 12VAC 5-371-140 (E) (3) (a). Please cross-reference to F-607.</p> <p>12VAC 5-371-220 (A). Please cross-reference to F-656.</p> <p>12VAC 5-371-220 (A) (B). Please cross-reference to F-678.</p> <p>12VAC 5-371-220 (B). Please cross-reference to F-760.</p> <p>12VAC 5-371-220 (C) (1). Please cross-reference to F-686.</p> <p>12VAC 5-371-250 (A) (1) (6). Please cross-reference to F-641.</p> <p>12VAC 5-371-250 (D). Please cross-reference to F-641.</p> <p>12VAC 5-371-250 (F). Please cross-reference to</p>	F 001	<p>12VAC 5-371-140 (E) (3) (a) cross-reference to F607</p> <p>12VAC 5-371-220 (A) cross-reference to F656</p> <p>12VAC 5-371 -220 (A) (B) cross-reference to F678</p> <p>12VAC 5-371-200 (B) cross-reference to F760</p> <p>12VAC 5-371-220 (C) (1) cross-reference to F686</p> <p>12VAC 5-371-250 (A) (1) (6) cross-reference to F641</p> <p>12VAC 5-371-250 (D) cross-reference F641</p> <p>12VAC 5-371-250 (F) cross-reference to</p>	8/18/21

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

TITLE

(X6) DATE

Electronically Signed

08/02/21

State of Virginia

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F 001	Continued From page 1 F656, F-657.	F 001	F656, F657 Melissa M. Evans, LNHA, CTR-S 8/22/21	