

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/03/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495295	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 11/25/2020
NAME OF PROVIDER OR SUPPLIER RIVERSIDE HEALTH & REHAB CNTR			STREET ADDRESS, CITY, STATE, ZIP CODE 2344 RIVERSIDE DRIVE DANVILLE, VA 24540		
(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) COMPLETION DATE
{E 000}	Initial Comments	{E 000}			
	An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted onsite 11/23/2020 and offsite from 11/23-11/25/2020. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.				
{F 000}	INITIAL COMMENTS	{F 000}			
	An unannounced Medicate/Medicaid revisit to the focus infection control survey conducted 09/15-09/23/2020 and COVID-19 Focused Survey was conducted onsite 11/23/2020 and continued with offsite review through 11/23-11/25/2020. The facility was found to be in compliance with 42 CFR Part 483 the Federal Long-Term Care regulations. The facility was in compliance with 42 CFR Part 483.80 infection control regulations, for the implementation of The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19.				
	The census in this 180 certified bed facility was 118 at the time of survey. At the time of the onsite survey, 6 Residents and 8 staff were positive for COVID-19. The survey sample consisted of 4 current residents reviews Residents 101 through 104.				
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.