

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 C 02/25/2021
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	Initial Comments An unannounced biennial State Licensure Inspection was conducted 02/23/21 through 02/25/21. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Two complaints were investigated during the survey: VA00048948 and VA00049197. Twenty facility residents tested positive for the COVID-19 virus, 17 recovered. At the time of the survey, there were no current residents that tested positive for the virus. Eighteen facility employees tested positive for the COVID-19 virus, 17 returned to work and 1 remained quarantined at home at the time of the survey. The census in this 34 licensed bed facility was 22 at the time of the survey. The survey sample consisted of 20 resident reviews: 15 current Resident reviews and 5 closed record reviews.	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities: 12 VAC 5-371-150 B1 (C, D, G & F). Resident Rights. Cross-Reference to F582, F622, F623 and F625. 12 VAC 5-371-220 (B, D, H). Nursing Services. Cross-Reference to F-580, F-686 and F687.	F 001	F580 - Notify of Changes (Injury/Denial/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) cross tag 12 VAC 5-371-220(B,D,H) F582 - Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) cross tag 12 VAC 5-371-150 B1 (C, D, G, & F) F622 - Transfer and Discharge Requirements CFR(s): 483.15(c)(1)(i)(ii)	4/9/21

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

Electronically Signed

TITLE

(X6) DATE

03/19/21

State of Virginia

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F 001	Continued From page 1	F 001	<p>(2)(i)-(iii) cross tag 12 VAC 5-371-150 B1 (C, D, G, & F)</p> <p>F623 - Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)- (6)(8) cross tag 12 VAC 5-371-150 B1 (C, D, G, & F)</p> <p>F625 - Notice of Bed Hold Policy Before/Upon Transfer CFR(s): 483.15(d) (1)(2) cross tag 12 VAC 5-371-150 B1 (C, D, G, & F)</p> <p>F686 - Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) cross tag 12 VAC 5-371-220(B,D,H)</p> <p>F687 - Foot Care CFR(s): 483.25 (b)(2)(i) (ii) cross tag 12 VAC 5-371-220(B,D,H)</p>	