

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0243</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/25/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUNNYSIDE PRESBYTERIAN RETIREMENT COMMUN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3935 SUNNYSIDE DRIVE, SUITE A HARRISONBURG, VA 22801</b>		
(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 04/23/2019 through 04/25/2019. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.  The census in this 84 bed facility was 77 at the time of the survey. The survey sample consisted of 18 current Resident reviews and two (2) 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.  12VAC5-371-220. (B) Please cross reference to F-554.  12VAC5-371-250. (F) Please cross reference to F-657.  12VAC5-371-220. (B) Please cross reference to F-684.	F 001	12 VAC5-371-220. (B) Please see the Plan of Correction with Steps I-V entered for F-554  12VAC5-371-250. (F) Please see the Plan of Correction with Steps I-V entered for F-657  12VAC5-371-220. (B) Please see the Plan of Correction with Steps I-V entered for F-684	5/14/19

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

Electronically Signed

TITLE

(X6) DATE

05/01/19