## PRINTED: 04/29/2022 FORM APPROVED

AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3935 SUNNYSIDE DRIVE, SUITE A HARRISONBURG, VA 22801 (X4) ID PREVIX TAG UNARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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.		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
SUNNYSIDE PRESENTERIAN RETIREMENT COMUN         3333 SUNNYSIDE DRIVE, SUITE A hARRISONBURG, VA 22801           (M4,ID) PRETX TWG         SUMMARY STATEMENT OF DEFICIENCY (EACH OFFICIENCY MUST BE PRECEDED BY FULL (EACH OFFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         PRETX TAG         PROVIDER'S FLAN OF CORRECTION (EACH OFFICIENCY)         Image: CROSS-REFERENCE To THE APPROPRIATE DEFICIENCY)         Image: CROSS			VA0243	B. WING		04/25/2019	
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFX TAG       (CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERCED TO THE APPROPRIATE DEFICIENCY)       o         F 000       Initial Comments       F 000       F 000         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.       F 000       F 001         F 001       Non Compliance       F 001       F 001         F 001       Non Compliance       F 001       5/1         The facility was out of compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities.       F 001       12 VAC5-371-220. (B) Please see the Plan of Correction with Steps I-V entered for F-554       12VAC5-371-220. (C) 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-657       12VAC5-371-220. (B) 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-657       12VAC5-371-220. (B) Please see the Plan of Correction with Steps I-V entered for F-657			3935 SU	NNYSIDE DRIVE	E, SUITE A		
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Electronically Signed

05/01/19

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