

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0203	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/22/2019
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) COMPLETE DATE
F 000	Initial Comments An unannounced Medicare/Medicaid Standard Survey and State Licensure survey were conducted 02/19/19 through 02/21/19. Four complaints were investigated during the survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements and Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow. The census in this 180 certified bed facility was 170 at the time of the survey. The survey sample consisted of 31 current Resident reviews and 6 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 5-371-140. Policies & Procedures 12 VAC 5-371-140 Cross reference to F-607. 12 VAC 5-371-250. Resident Assessment & Care Planning 12 VAC 5-371-250 (G) Cross reference F-656. 12 VAC 5-371-220 Nursing Services 12 VAC 5 371-220 (A, B, D) Cross reference F-684, F-689, F-695, F-758. 12 VAC 5-371-300 Pharmaceutical Services 12 VAC 5-371-300 (H) Cross reference F-755, F756.	F 001		

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

TITLE

(X6) DATE

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F 001	Continued From page 1 12 VAC 5-371-340 Dietary Services 12 VAC 5-371-340 (A) Cross reference F-812. 12 VAC 5-371-360 Clinical Records 12 VAC 5-371-360 (A) Cross reference F-842.	F 001		