

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 03/11/2021
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 State Licensure survey was conducted 3/9/2021 through 3/11/2021. Complaints were investigated during the survey. Corrections are required for compliance with 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 143 at the time of the survey. The survey sample consisted of 28 current Resident 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: F655 cross reference to 12 VAC 5-371-250 (A) (6) F677 cross reference to 12 VAC 5-371-220 (D). F684 and F690 cross reference to 12 VAC 5-371-220 (A) and (B). F886 cross reference to 12 VAC 5-371-180.	F 001	The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies nor the reported conversations and other information cited in support of the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated. F655 cross reference to 12 VAC 5-371-250 (A) (6) F677 cross reference to 12 VAC 5-371-220 (D).		4/20/21

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

Electronically Signed

TITLE

(X6) DATE

04/05/21

State of Virginia

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F 001	Continued From page 1	F 001	F684 and F690 cross reference to 12 VAC 5-371-220 (A) and (B). F886 cross reference to 12 VAC 5-371-180.		