

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0198</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/20/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RIVERSIDE CONVAL CENTER-SALUDA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>672 GLOUCESTER ROAD SALUDA, VA 23149</b>
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(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	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 12/13/22 through 12/20/22. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. No complaints were investigated during the survey.</p> <p>The census in this 60 licensed bed facility was 57 at the time of the survey. The survey sample consisted of 26 resident reviews and 23 employee record reviews.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: 12VAC5-371-220 (H). Please cross reference to F580.</p> <p>12VAC5-371-360 (B). Please cross reference to F583.</p> <p>12VAC5-371-370 (A). Please cross reference to F584.</p> <p>12VAC5-371-220 (B)(i). Please cross reference to F658.</p> <p>12VAC5-371-220 (F). Please cross reference to F677.</p> <p>12VAC5-371-220 (A). Please cross reference to F685.</p> <p>12VAC5-371-220 (C)(1). Please cross reference to F686.</p>	F 001	<p>12VAC5-371-220 (H). Please cross reference to F580.</p> <p>12VAC5-371-360 (B). Please cross reference to F583.</p> <p>12VAC5-371-370 (A). Please cross reference to F584.</p> <p>12VAC5-371-220 (B)(i). Please cross reference to F658.</p> <p>12VAC5-371-220 (F). Please cross reference to F677.</p> <p>12VAC5-371-220 (A). Please cross reference to F685.</p> <p>12VAC5-371-220 (C)(1). Please cross reference to F686.</p>	1/31/23

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

Electronically Signed

TITLE

(X6) DATE

01/16/23

State of Virginia

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F 001	Continued From page 1  12VAC5-371-300 (A). Please cross reference to F755.  12VAC5-371-320 (A). Please cross reference to F791.  12 VAC5-371-110 (J). Please cross reference to F883.  12 VAC5-371-180 (A). Please cross reference to F886.	F 001	12VAC5-371-300 (A). Please cross reference to F755.  12VAC5-371-320 (A). Please cross reference to F791.  12 VAC5-371-110 (J). Please cross reference to F883.  12 VAC5-371-180 (A). Please cross reference to F886.	