

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/13/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>49G028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/08/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CRI RESERVOIR LANE ICF</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4213 RESERVOIR ROAD RICHMOND, VA 23234</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) COMPLETION DATE
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<p>W 000 INITIAL COMMENTS</p> <p>An unannounced annual 55 Fundamental Medicaid Certification survey was conducted 2-6-17 through 2-8-17. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for Individuals with Intellectual disabilities (ICF/IID). The Life Safety Code survey/report will follow. No complaints were investigated during the survey.</p> <p>The census in this 6 certified bed facility was 6 at the time of the survey. The survey sample consisted of 3 Individual reviews (Individuals #1 through #3).</p>	<p>W 000</p>
<p>W 440 483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and Facility record review, the facility failed to ensure fire drills were conducted once per quarter for the facility's day shift potentially affecting all Individuals in the residence.</p> <p>The findings included;</p> <p>On 2-8-17 commencing at 8:30 AM, the facility fire and evacuation drills were reviewed. It was determined that for the day shift the facility did not conducted drills in the third quarter of 2016.</p> <p>Per concurrent interview with the facility's Program Manager (PM) (Employee-B) to ascertain if any of the drills were missing or not properly coded, the PM reviewed the dates and</p>	<p>W 440</p> <p>1) program manager will review and update the fire drill schedule to make sure it captures the day shift, evening shift and over night shifts for all quarters.</p> <p>2)Program Manager will post updated fire drill schedule in the program.</p> <p>3) Program manager will conduct an inservice with staff to review the the importance of conducting drills during the day shift, evening shift and overnight shifts every quarter.</p> <p>4) Program manager will review fire drill documentation Monthly to make sure the drill was completed during the appropriate shift</p> <p>5) Clinical Director will review fire drill documentation during monthly supervisions with program manager.</p> <p style="text-align: right;">03/21/2017</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Valerie Tansinda</i>	TITLE  Clinical Director	(X6) DATE  02/16/2017
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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times for each and acknowledged there was a missing drill for the facility's day shift in the third quarter of 2016, and a second evening shift drill was completed instead of the day shift drill. This revealed that in the third quarter of 2016 (July, August and September), 2 drills were completed on evening shift, and one drill was completed on night shift, but no drill was conducted on day shift.

The PM, and Clinical Director were made aware of the findings at the end of day debrief on 2-8-17 at 10:00. No further information was submitted by the facility.

W 440