## PRINTED: 02/09/2018 DEPARTMENT OF HEALTH AND HYMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDI ID SERVICES OMB NO. 0938-0391 (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING \_ 49G072 B. WING 01/18/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 124 RICH ROAD **RICH ROAD HOUSE** YORKTOWN, VA 23693 PROVIDER'S PLAN OF CORRECTION **SUMMARY STATEMENT OF DEFICIENCIES** ID (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) E 000 W 440 EVACUATION DRILLS E 000 Initial Comments The facility must hold evacuation drills at The unannounced Emergency Preparedness least quarterly for each shift of personnel. survey was conducted on 01/18/18 through 01/19/18. The facility was in substantial 1. Only 3 Fire Drills were conducted on C compliance with CFR Part 483 Intermediate Care Shift (11pm-7am shift) during 2017. Upon 2/13/18 Facilities for Individuals with Disabilities (ICF/ID) discovery, the Rich Road CL Manager Federal Regulations Emergency Preparedness. revised the Fire Drill Log to indicate time The Life Safety Code report will follow. frames the drills should be conducted per shift; and the Fire Log also indicates the The census in this 4 bed facility at the time of the month each drill should be conducted per survey was 4. The survey sample consisted of 2 shift. The Fire Log will also be used to track current Individual records (Individual #1 and #2) whether drills were conducted at random. and one closed record (Individual #3). varying times and during varying weather W 000 INITIAL COMMENTS W 000 conditions. (Reference Attachment #1: Vers Ability Resources Fire Drill Log. 1pg) The unannounced Fundamental Medicaid survey 2. All Rich Road residents were identified as was conducted on 01/18/18 through 01/19/18. being effected by this deficient practice. All Corrections are required for compliance with CFR other ICF-IID Facilities will review their fire 2/13/18 Part 483 Intermediate Care Facilities for drill reports and will identify if there are Individuals with Disabilities. (ICF/ID) Federal similar incidents that have occurred. Regulations. The Life Safety Code report will follow. 3. Staff at Rich Road, as well as, other Vers Ability Resources ICF-IID Facilities. 2/13/18 The census in this 4 bed facility at the time of the will record the date, time, condition, etc. on survey was 4. The survey sample consisted of 2 the Versability Resources Fire Drill Log current Individual records (Individual #1 and #2) monthly. (Reference Attachment #1:

W 440 EVACUATION DRILLS CFR(s): 483.470(i)(1)

> The facility must hold evacuation drills at least quarterly for each shift of personnel.

and one closed record (Individual #3).

This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility staff failed to conduct evacuation drills at least quarterly for each shift of personnel.

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VDH/OLC

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Kens, LCSU

TITLE

VersAbility Resources Fire Drill Log, 1pg)

receive proper training on the Fire Drill rotation process. As a result, all shifts will

The Managers of the facility will ensure staff

conduct drills at least quarterly; all shifts will

(X6) DATE

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.

	TMENT OF HEALTH	AND HUMAN SERVICES		FOF	ED: 02/09/2018 RM APPROVEI IO: 0938-039	
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1''	IPLE CONSTRUCTION (X3) [	OATE SURVEY OMPLETED	
		49G072	B. WING_		1/18/2018	
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
RICH RO	AD HOUSE			124 RICH ROAD YORKTOWN, VA 23693		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 440	Continued From pa	ge 1	W 44	continued		
	The findings included:			conduct drills during various weather conditions; and all shifts will conduct drills at various times during their shift. In addition,		
	A review of the facilities evacuation drills did not indicate evacuation drills were conducted at least quarterly for each shift.		will be conducted randomly, alternating among shifts, times, and various weather			
	7-3 shift, drills were 1/31/17 at 8:35 A.M	cuation drills indicated: On the conducted as follows: on ., on 4/28/17 at 8:25 A.M., on ., on 10/31/17 at 8:15 A.M., 8:12 A.M.		conditions. (Reference Attachment #2: Policy #97, Conducting Fire and Safety Drills, pg 1-2). This policy, along with the Fire Log will be reviewed with Rich Road, as well as all other ICF-IID Facility Staff during their Staff	1	
	follows: on 2/28/17	rills were conducted as at 4:07 P.M., on 5/31/17 at 17 at 4:03 P.M., and on M.		<ul> <li>Mtg. in February, 2018. Signatures will be obtained from all staff trained.</li> <li>4. The CL Manager is primarly responsible for review of the Fire Log monthly. The CL Assistant Manger will review the form</li> </ul>	2/13/18	
	follows: on 3/26/17	ills were conducted as at 11: 18 P.M., on 6/25/17 at (6:13 A.M.), and on 9/30/17 at		monthly and report discrepencies to the CL Manager for correction. The CL Assistant Manager will also report the result of these reviews quarterly to the Chief Officer of CL, Assistant Director of CL, and the CL Quality		
	There were only thro	ee drills conducted on the		Assurance Committee using the "Quality Assurance Quarterly Fire/Safety Drill Report" (Reference Attachment #3: Quality Assurance		
	A review of the facility's policy and procedures indicated: "It is the policy of the facility to conduct fire drills at the facility once per month and Safety drills quarterly. The Community Living Manager and staff will be responsible for conducting, monitoring, and documenting each drill- including putting the fire alarm system in and out of test."			Quarterly Fire/Safety Drill Report. Any follow-up and/or corrections will be the responsibility of the CL Manager.		

FORM CMS-2567(02-99) Previous Versions Obsolete

Procedures: "A Fire and Safety Drill will be conducted every month, on varying shifts and may occur during various weather conditions."

During an interview on 1/19/18 at 10:08 A.M. with

Event ID 9ZEA11

Facility ID. VAICFID81

If continuation sheet Page 2 of 4



## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARE & D SERVICES

PRINTED: 02/09/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION AND INDED		IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		49G072	B. WING_		01/18/2018	
	PROVIDER OR SUPPLIER  DAD HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 124 RICH ROAD YORKTOWN, VA 23693		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
W 440	drills were not cond The facility staff faile quarterly on each st EVACUATION DRIL CFR(s): 483.470(i)( The facility must ho varied conditions.  This STANDARD is Based on record re facility staff failed to under varied conditi The findings include A review of the facili indicate evacuation various times of the A review of the evac 7-3 shift, drills were 1/31/17 at 8:35 A.M.	per he stated, "evacuation ucted quarterly on each shift."  ed to conduct evacuation drills nift.  LS  1)  Id evacuation drills under  In not met as evidenced by: view and staff interview, the conduct evacuation drills ons.  Id:  Ities evacuation drills did not drills were conducted during day or night.  In uation drills indicated: On the conducted as follows: on , on 4/28/17 at 8:25 A.M., on	W 44	<u> </u>	17) n Road 2/13/18 rces off for ther n, per nce pg) ed as 2/13/18 All r fire  s, will the 2/13/18 nthly.	
	7/24/17 at 8:00 A.M., on 10/31/17 at 8:15 A.M., and on 12/21/17 at 8:12 A.M.  On the 3-11 shift, drills were conducted as follows: on 2/28/17 at 4:07 P.M., on 5/31/17 at 5:04 P.M., on 8/31/17 at 4:03 P.M., and on 11/29/17 at 4:45 P.M.  On the 11-7 shift, drills were conducted as follows: on 3/26/17 at 11: 18 P.M., on 6/25/17 at (16:13) * should be (6:13 A.M.), and on 9/30/17 at 6:10 A.M.			receive proper training on the Fire Drill rotation process. As a result, all shifts w conduct drills at least quarterly; all shifts conduct drills during various weather conditions; and all shifts will conduct dr various times during their shift. In addit the "Conducting Fire and Safety Drills" I was updated to reflect that Fire/Safety dr	rill s will rills at ion, policy	





Facility ID VAICFID81

If continuation sheet Page 3 of 4



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 02/09/2018 FORM APPROVED

NAME OF PROVIDER OR SUPPLIER  RICH ROAD HOUSE    A SUMMARY STATEMENT OF DEFICIENCIES   10   124 RICH CORRECTION ACTION PREFIX TAG   REGULATORY OR LSC IDENTIFYING INFORMATION   100	CENTE	RS FOR MEDICARE	& MEDIL O SERVICES			OMB NO	0.0938-0391	
NAME OF PROVIDER OR SUPPLIER  RICH ROAD HOUSE    X4   ID   PROFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE	STATEMENT OF DEFICIENCIES			355			(X3) DATE SURVEY COMPLETED	
RICH ROAD HOUSE  (X4) ID PREFIX TAG  (X4) ID PROVIDER'S PLAN OF CORRECTION FOR SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  Will be conducted randomly, alternating among will be conducted: "It is the policy of the facility to conduct fire drills at the facility once per month and Safety drills quarterly. The Community Living Manager and staff will be responsible for conducting, monitoring, and documenting each drill- including putting the fire alarm system in and out of test."  Procedures: "A Fire and Safety Drill will be conducted every month, on varying shifts and may occur during various weather conditions."  During an interview on 1/19/18 at 10:00 A.M. with the Program Manager he stated, "evacuation  Tid RICH ROAD YORKTOWN, VA 23693  Diagram PROVIDER'S PLAN OF CORRECTION PROVIDER'S PLAN OF CORRECTION (CARL SAGE AND OF CORRECTION PROVIDER'S PLAN OF CORRECTION PROVIDER'S PLAN OF CORRECTION PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE			49G072	B WING		01	/18/2018	
VORKTOWN, VA 23693   VORKTOWN, VA 23693	NAME OF	PROVIDER OR SUPPLIER						
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  W 441 Continued From page 3  A review of the facility's policy and procedures indicated: "It is the policy of the facility to conduct fire drills at the facility once per month and Safety drills quarterly. The Community Living Manager and staff will be responsible for conducting, monitoring, and documenting each drill- including putting the fire alarm system in and out of test."  Procedures: "A Fire and Safety Drill will be conducted every month, on varying shifts and may occur during various weather conditions."  During an interview on 1/19/18 at 10:00 A.M. with the Program Manager he stated, "evacuation"  PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (CROSS-REFERENCED	RICH RO	AD HOUSE			YORKTOWN, VA 23693			
W 441 Shifts, times, and various weather conditions.  (Reference Attachment #2: Policy # 97, Conducting Fire and Safety Drills, pg 1-2). This policy, along with the Fire Log will be reviewed with Rich Road, as well as all other ICF-IID Facility Staff during their Staff Mtg. in February, 2018. Signatures will be obtained from all staff trained.  Procedures: "A Fire and Safety Drill will be conducted every month, on varying shifts and may occur during various weather conditions."  During an interview on 1/19/18 at 10:00 A.M. with the Program Manager he stated, "evacuation"  W 441 shifts, times, and various weather conditions.  (Reference Attachment #2: Policy # 97, Conducting Fire and Safety Drills, pg 1-2). This policy, along with the Fire Log will be reviewed with Rich Road, as well as all other ICF-IID Facility Staff during their Staff Mtg. in February, 2018. Signatures will be obtained from all staff trained.  4. The CL Manager is primarly responsible for review of the VersAbility Resources Fire Log monthly. The CL Assistant Manager will are review the form monthly and report discrepencies to the CL Manager for correction. The CL Assistant Manager will also report the result of	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFI	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A	SHOULD BE	(X5) COMPLETION DATE	
drills were not conducted under varying conditions including various times of the day and night."  The facility staff failed to conduct evacuation drills under varying times of the day and night.  The facility staff failed to conduct evacuation drills under varying times of the day and night.  The facility staff failed to conduct evacuation drills under varying times of the day and night.  The facility staff failed to conduct evacuation drills under varying times of the day and night.  The facility staff failed to conduct evacuation drills under varying times of the day and night.  The facility staff failed to conduct evacuation drills under varying times of the day and night.  The facility staff failed to conduct evacuation drills under varying times of the day and night.  The facility staff failed to conduct evacuation drills under varying times of the day and night.  The facility staff failed to conduct evacuation drills under varying times of the day and night.  The facility staff failed to conduct evacuation drills under varying times of the day and night.  The facility assurance Quarterly for the CL Quality Assurance Quarterly Fire/Safety Drill Report.  Any follow-up and/or corrections will be the responsibility of the CL Manager.	W 441	A review of the facilindicated: "It is the prize drills at the facility and staff will be resumented in the facility of the fire alarm."  Procedures: "A Fire conducted every may occur during variable of the Program Managerills were not conditions including night."	ity's policy and procedures colicy of the facility to conduct ity once per month and Safety Community Living Manager ponsible for conducting, cumenting each drill- including in system in and out of test."  and Safety Drill will be conth, on varying shifts and carious weather conditions."  on 1/19/18 at 10:00 A.M. with per he stated, "evacuation ucted under varying various times of the day and ed to conduct evacuation drills	W	141 shifts, times, and various weather (Reference Attachment #2: Policy Conducting Fire and Safety Drills This policy, along with the Fire I reviewed with Rich Road, as wel ICF-IID Facility Staff during their February, 2018. Signatures will be from all staff trained.  4. The CL Manager is primarly review of the VersAbility Resour monthly. The CL Assistant Mangthe form monthly and report discent the CL Manager for correction. Assistant Manager will also report these reviews quarterly to the Chi CL, Assistant Director of CL, and Quality Assurance Committee us "Quality Assurance Quarterly Fir Report". (Reference Attachment Assurance Quarterly Fire/Safety I Any follow-up and/or corrections	r conditions. y # 97, s, pg 1-2). Log will be il as all other ir Staff Mtg. in be obtained  esponsible for rees Fire Log ger will review crepencies to The CL rt the result of ief Officer of d the CL ing the re/Safety Drill #3: Quality Drill Report. s will be the	2/13/18	



If continuation sheet Page 4 of 4