

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

PRINTED: 10/25/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G046	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/18/2018
NAME OF PROVIDER OR SUPPLIER CRI - NORTH RIVERSIDE			STREET ADDRESS, CITY, STATE, ZIP CODE 2332 NORTH RIVERSIDE DRIVE RICHMOND, VA 23225		
(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	
E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 10/16/18 through 10/18/18. Corrections are required for compliance with 42 CFR Part 483.73, 483.475, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities.	E 000			
E 015	Subsistence Needs for Staff and Patients CFR(s): 483.475(b)(1) [(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually.] At a minimum, the policies and procedures must address the following: (1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following: (i) Food, water, medical and pharmaceutical supplies (ii) Alternate sources of energy to maintain the following: (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (B) Emergency lighting. (C) Fire detection, extinguishing, and alarm systems. (D) Sewage and waste disposal. *[For Inpatient Hospice at §418.113(b)(6)(iii):]	E 015	Subsistence Needs for Staff Patients CFR(s): 483(b)(1) To avoid this deficient practice which affected all the individuals and staff on the premises, The program is going to do following: 1) North Riverside will update its emergency preparedness plan to include menus for individuals during emergencies. 2) The Program Manager will work with the dietician to create 3 days worth of menus for all individuals and staff on the premises during emergencies. The individuals dietary needs will be taken into consideration while creating menus 3)The program Manager will ensure that there is adequate food supply in the emergency cabinet following the menus to last at least three days for all individuals and staff on premises. 4)The Program Manager will during Riversides next staff meeting review the updated menus in the Programs emergency preparedness plan with all staff. The Clinical Director or CRI's Risk Management committee will review the program's emergency preparedness plan on an annual basis	11/30/2018	

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

TITLE

(X6) DATE

Valerie Tansinda Valumfunda

Clinical Director 11/05/2018

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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E 015	<p>Continued From page 1</p> <p>Policies and procedures.</p> <p>(6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following:</p> <p>(iii) The provision of subsistence needs for hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following:</p> <p>(A) Food, water, medical, and pharmaceutical supplies.</p> <p>(B) Alternate sources of energy to maintain the following:</p> <p>(1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.</p> <p>(2) Emergency lighting.</p> <p>(3) Fire detection, extinguishing, and alarm systems.</p> <p>(C) Sewage and waste disposal.</p> <p>This STANDARD is not met as evidenced by: Based on observation, staff interview and facility documentation review, the facility staff failed to ensure that there was an adequate supply of emergency food and water on hand for individuals and staff.</p> <p>The Findings included:</p> <p>On 10/17/18, a review was conducted of emergency preparedness documentation. The Program Manager (Administration B), was present. When asked to review emergency menus, the Program Manager stated that the facility did not have menus for the foods they would prepare during emergencies. In addition, the facility emergency plan did not address adequate emergency food supply for staff.</p>	E 015			

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E 015	Continued From page 2 The emergency food pantry was observed. The Program Manager was asked how much food and water was available for individuals and staff during emergencies. She stated that the facility had a three day supply on hand for 4 individuals and three staff. The program Manager was asked to identify that there was enough food to cover 3 meals daily for 7 people, totaling 28 meals daily. The Program Manager reviewed the foods and stated that there was not enough on hand. On 10/18/17, at 11:00 A.M. an interview was conducted with the Registered Dietician (Employee A). She stated that she had not prepared emergency menus for the facility, but would be doing so in the future, when her "contracted work schedule increases." She further stated that she will be providing additional services to the facility in the near future. On 10/18/17 at 11:15 A.M., the Program Manager (Administration B) was informed of the findings. No further information was received.	E 015			
E 020	Policies for Evac. and Primary/Alt. Comm. CFR(s): 483.475(b)(3) [(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:]	E 020	Policies for evac. and primary/Alt. Comm. CFR (s): 483.475(b)(3) To avoid this deficient practice which affected all the individuals at North Riverside, the program will update its communication plan to include the following: 1) Primary means of communication - land line at the Program using staff numbers and emergency contacts listed in the communication plan. 2) Secondary means of communication - email to Program Manager and all staff. 3) Additional means of communication - Cell phone - phone calls or text message,s using staff	11/30/2018	

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E 020	<p>Continued From page 3</p> <p>Safe evacuation from the [facility], which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.</p> <p>*[For RNHCs at §403.748(b)(3) and ASCs at §416.54(b)(2):] Safe evacuation from the [RNHC] or ASC] which includes the following: (i) Consideration of care needs of evacuees. (ii) Staff responsibilities. (iii) Transportation. (iv) Identification of evacuation location(s). (v) Primary and alternate means of communication with external sources of assistance.</p> <p>* [For CORFs at §485.68(b)(1), Clinics, Rehabilitation Agencies, OPT/Speech at §485.727(b)(1), and ESRD Facilities at §494.62(b)(2):] Safe evacuation from the [CORF; Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services; and ESRD Facilities], which includes staff responsibilities, and needs of the patients.</p> <p>* [For RHCs/FQHCs at §491.12(b)(1):] Safe evacuation from the RHC/FQHC, which includes appropriate placement of exit signs; staff responsibilities and needs of the patients. This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility staff failed to provide documentation that the emergency preparedness plan included a facility-specific communication plan for alternate</p>	E 020	<p>numbers and emergency contact information listed in the communication plan.</p> <p>4)Alternate means of communication - in person check in on program by emergency response team member via agency vehicle.</p> <p>The updated communication plan will be reviewed with all staff during the next Riverside staff meeting. The Clinical Director or CRI's Risk Management Committee will review the programs emergency preparedness plan on an annual basis.</p>		

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E 020	Continued From page 4 means of communication with outside sources of assistance. The Findings included: On 10/16/18 at 5:00 P.M., an interview was conducted with the facility Program Manager (Administration A). When asked for documentation of a facility-specific communication plan that included alternate means of communication, the Program Manager was unable to provide one. The communication plan did not address any forms of communication other than telephone and email. When asked to see the facility's alternative communication methods, the Program Manager stated that they didn't have any such methods. No further information was received.	E 020			
W 000	INITIAL COMMENTS An unannounced Medicaid Fundamental survey was conducted 10/16/18 through 10/18/18. Corrections are required for 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.	W 000			
W 345	NURSING STAFF CFR(s): 483.460(d)(3) The facility must utilize registered nurses as appropriate and required by State law to perform the health services specified in this section.	W 345	Nursing Staff: CFR(s): 483.460 (d) (3) CRi will continue working on recruiting a full time RN for Richmond, to avoid this deficient practice. In the interim, North Riverside will do the following:	11/30/2018	

North Riverside will secure the
services of one of CRi's PRN Registered Nurse's
to do the following:

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W 345	<p>Continued From page 5</p> <p>This STANDARD is not met as evidenced by: Based on observation, facility staff interview, clinical record review, and facility documentation review, the facility staff failed, for 1 individual (#1) to provide the services of a Registered Nurse.</p> <p>For Individual #1, the facility staff failed to provide Registered Nursing services for a Quarterly Review in June, 2018.</p> <p>The Findings included:</p> <p>Individual #1 was admitted to the facility on 3/1/09. His diagnoses included Moderate Intellectual Disability, Hypertension, Acute Myocardial Infarction, Hyperlipidemia, Diabetes Mellitus -Type 2, Schizophrenia, and Constipation.</p> <p>On 10/16/18 at 6:00 P.M. an observation was conducted of Individual #1 eating dinner. He ate independently, and without the use of specialized equipment.</p> <p>On 10/17/18 at review was conducted of Individual #1's clinical record. The quarterly review for June, 2018 was not signed by a Registered Nurse. The facility Licensed Practical Nurse (LPN A) was present during the review. LPN A stated that she prepares reports for review and signature of the RN. She further stated that the RN "quit in May and we don't have a replacement yet". She further stated that RN's are hard to find due to the salary offered and extensive travel required.</p> <p>On 10/17/18 the Program Manger was informed</p>	W 345	<p>1) Secure the Services of one of CRI's PRN Registered Nurses from Northern Virginia to pro vide RN services at Riverside as needed.</p> <p>2) The RN will review and sign Individual #1's quarterly review for June 2018.</p> <p>3) The RN will review and sign the quarterly reviews of all the individuals at North Riverside on a regular basis.</p> <p>4) The clinical Director and Director of Nursing will provide oversight to make sure that RN duties are being offered at the Program.</p>		

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W 345	Continued From page 6 of the findings. No further information was received.	W 345			
W 362	<p>DRUG REGIMEN REVIEW CFR(s): 483.460(j)(1)</p> <p>A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly.</p> <p>This STANDARD is not met as evidenced by: Based on facility staff interview, clinical record review, and facility documentation review, the facility staff failed, for 1 individual (#1) to provide the services of a Licensed Pharmacist.</p> <p>For Individual #1, the facility staff failed to provide Pharmacy services for a Quarterly Medication Review in August 2018.</p> <p>The Findings included:</p> <p>Individual #1 was admitted to the facility on 3/1/09. His diagnoses included Moderate Intellectual Disability, Hypertension, Acute Myocardial Infarction, Hyperlipidemia, Diabetes Mellitus -Type 2, Schizophrenia, and Constipation.</p> <p>On 10/16/18 at 6:00 P.M. an observation was conducted of Individual #1 eating dinner. He ate independently, and without the use of specialized equipment.</p> <p>On 10/17/18 at review was conducted of Individual #1's clinical record. The Quarterly Pharmacy Review for August 2018 was not completed. The Program Nurse (LPN A) was</p>	W 362	<p>Drug Regimen Review CFR(s) 483.460(i) (1)</p> <p>1) The North Riverside LPN will ensure that Indi- dual #1's Pharmacy quarterly medication review for August 2018 is signed by a pharmacist.</p> <p>2) The North Riverside LPN will ensure that the pharmacy medication quarterly review for all individuals is signed by the pharmacist on going.</p> <p>3) The PRN Registered Nurse will during the next nurses meeting review with all LPN's the importance of having pharmacy Services for Quarterly Medication Review.</p> <p>4) The PRN Registered Nurse is going to review all quarterly medication reviews for phar- macy services ongoing till a Registered Nurse is hired for Richmond who will continue providing this oversight.</p>	11/30/2018	

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W 362	Continued From page 7 present during the review. LPN A stated that the facility had not had a licensed pharmacist in August. She stated that the previous pharmacist was not available, and that since then, the facility had obtained the services of another pharmacist. There was no interruption in the availability of medications for the Individuals who resided at the facility.	W 362			
W 477	On 10/17/18 the Program Manger was informed of the findings. No further information was received. MENUS CFR(s): 483.480(c)(1)(i) Menus must be prepared in advance. This STANDARD is not met as evidenced by: Based on observation, staff interview and facility documentation review, the facility staff failed to ensure that menus were prepared in advance. The facility staff failed to ensure that menus were prepared in advance for emergency food service in the absence of electricity, natural gas or refrigeration. The Findings included: On 10/17/18, a review was conducted of emergency preparedness documentation. The Program Manager (Administration B), was present. When asked to review emergency menus, the Program Manager stated that the facility did not have menus for the foods they would prepare during emergencies. She stated that the facility staff went shopping and decided	W 477	Menus CFR(s): 483.480(c)(1)(i) To avoid this deficient practice which affected all the individuals and staff on the premises, The program is going to do following: 1) The Program Manager will work with the dietician to create 3 days worth of menus for all individuals and staff on the premises during emergencies. The individuals dietary needs will be taken into consideration while creating menus 3) The dietician will create a grocery list which staff will use to purchase menu items for emergency food. 4) The program Manager will ensure that there is adequate food supply in the emergency cabinet following the menus to last at least three days for all individuals and staff on premises. 4)The Program Manager will during Riversides next staff meeting review the updated menus in the Programs emergency preparedness plan with all staff. The Clinical Director or CRI's Risk Management committee will review the program's emergency preparedness plan on an annual basis to make sure it contains emergency food.	11/30/2018	

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W 477	<p>Continued From page 8 what foods to purchase.</p> <p>The emergency food pantry was observed. The Program Manager was asked how much food and water was available for individuals and staff during emergencies. She stated that the facility had a three day supply on hand for 4 individuals and three staff. The Program Manager was asked to identify that there was enough food to cover 3 meals daily for 7 people, totaling 28 meals daily. The Program Manager reviewed the foods and stated that there was not enough on hand.</p> <p>On 10/18/17, at 11:00 A.M. an interview was conducted with the Registered Dietician (Employee A). She stated that she had not prepared emergency menus for the facility, but would be doing so in the future, when her "contracted work schedule increases." She further stated that she will be providing additional services to the facility in the near future.</p> <p>On 10/18/17 at 11:15 A.M., the Program Manager (Administration B) was informed of the findings. No further information was received.</p>	W 477			