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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G046 NAME OF PROVIDER OR SUPPLIER CRI - NORTH RIVERSIDE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION B	(X3) DATE SURVEY COMPLETED	
		49G046	B. WING			
			STREET ADDRESS, CITY, STATE, ZIP CODE 2332 NORTH RIVERSIDE DRIVE RICHMOND, VA 23225		10/18/2018	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
E 000	Initial Comments		E 000	D		
E 015	survey was conducted to 10/18/18. Correction compliance with 42 Condition of Participacilities for Individual Disabilities.	Emergency Preparedness sted 10/16/18 through ons are required for CFR Part 483.73, 483.475, pation for Intermediate Care luals with Intellectual	E 018			11/30/2018
	CFR(s): 483.475(b) [(b) Policies and prodevelop and impler policies and proced plan set forth in parassessment at para and the communication this section. The poreviewed and update the communication of the proviewed and update the communication of the policy in the po	ocedures. [Facilities] must ment emergency preparedness dures, based on the emergency ragraph (a) of this section, risk agraph (a)(1) of this section, ation plan at paragraph (c) of olicies and procedures must be ted at least annually.] At a	Eor	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 following: 1) North Riverside will update its emergen preparedness plan to include menus for in duals during emergencies.	cy divi-	1133,201
	and patients whether place, include, but a (i) Food, water, mer supplies (ii) Alternate source following: (A) Temperatures	subsistence needs for staff er they evacuate or shelter in are not limited to the following: dical and pharmaceutical es of energy to maintain the sto protect patient health and afe and sanitary storage of		cian to create 3 days worth of menus for a individuals and staff on the premises durin emergencies. The individuals dietary need be taken into consideration while creating 3) The program Manager will ensure that the adequate food supply in the emergency car following the menus to last at least three differ all individuals and staff on premises.	g Is will menus nere is	
	(B) Emergency li (C) Fire detection systems. (D) Sewage and	n, extinguishing, and alarm		4)The Program Manager will during Rivers next staff meeting review the updated mer the Programs emergency preparedness pl with all staff. The Clinical Director or CRi's Management committee will review the program of	nus in an Risk ogram's	
i		ER/SUPPLIER REPRESENTATIVE'S SIGN	A+1:12	hasis		(X8) DATE

Any deliciency 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.

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

Event iD: XYOU11

Facility ID: VAICEMRS8

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49 G 046	B. WING			10/18/2018	
	PROVIDER OR SUPPLIER PRIVERSIDE			STREET ADDRESS, CITY, STATE, ZIP 2332 NORTH RIVERSIDE DRIVE RICHMOND, VA 23225	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD I E APPROPR	BE COMPLETION	
E 015	hospice-operated in The policies and profollowing: (iii) The provision or hospice employees evacuate or shelter limited to the follow (A) Food, water, supplies. (B) Alternate sout following: (1) Temperature and safety and for the of provisions. (2) Emergency (3) Fire detections systems. (C) Sewage and This STANDARD is Based on observated documentation reviews and staff. The Findings included on 10/17/18, a review emergency prepare Program Manager (present. When asked menus, the Program facility did not have would prepare during the facility emergency emergency emergency would prepare during the facility emergency emergency emergency would prepare during the facility emergency emergency emergency emergency would prepare during the facility emergency emergency emergency emergency emergency would prepare during the facility emergency emergency emergency emergency emergency would prepare during the facility emergency emer	lures. e additional requirements for apatient care facilities only. occdures must address the subsistence needs for and patients, whether they in place, include, but are not ing: medical, and pharmaceutical rees of energy to maintain the res to protect patient health he safe and sanitary storage lighting. on, extinguishing, and alarm waste disposal. In the safe interview and facility ew, the facility staff failed to as an adequate supply of disposal water on hand for	E	p15			

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. 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. Policies for Evac. and Primary/Alt. Comm. CFR (s): 483.475(b)(3) [(b) Policies and procedures, based on the emergency plan set forth in paragraph (a)(1) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan to include the following: 1) Primary means of communication - land line	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
CRI - NORTH RIVERSIDE (X4] ID SUMMARY STATEMENT OF DEFICIENCIES IEACH DEFICIENCY MUST BE PRECEDED BY PULL REDULATORY ON LSC IDENTIFYING INFORMATION) 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 three staff. The program Manager was asked how much food and water was available for individuals and three staff. The program Manager was asked to identify that there was enough food to cover 3 meals daily. The Program Manager was asked to identify that there was not enough on hand. On 10/18/17, at 11:00 A.M. an interview was conducted with the Registered Dictician (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 turther 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 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) (1) of this section, and the communication plan to include the following: and three days are prepared to the communication of the program will update its communication plan to include the following: 11/20/2018 11/20/2018 12/2018 13/2018 1	49G046		B. WING			10/18/2019		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) 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 lo 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 Distician (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. Polices for Evac. and Primary/Alt. Comm. CFR (s): 483.475(b)(3) [(b) Policies and procedures, based on the emergency plan set forth in paragraph (a)(1) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan to include the following: 1) Primary means of communication - land line		CRI - NO	RTH RIVERSIDE			2332 NORTH RIVERSIDE DRIVE		17072010
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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:] at the Program using staff numbers and emer gency contacts listed in the communication plan. 2)Secondary means of communication - email to Program Manager and all staff.		E 020	The emergency foo Program Manager vand water was avail during emergencies had a three day sup and three staff. The asked to identify that asked to identify that cover 3 meals daily meals daily. The Profoods and stated that hand. On 10/18/17, at 11:0 conducted with the I (Employee A). She sprepared emergency would be doing so in "contracted work solf further stated that she services to the facility (Administration B) who further information Policies for Evac. and CFR(s): 483.475(b)(I(b) Policies and proceduplan set forth in para assessment at paragand the communication this section. The policies weed and update minimum, the policies minimum, the policies minimum, the policies and proceduplanimum, the policies minimum, the policies minimum, the policies minimum, the policies and water minimum, the policies and update minimum, the policies minimum, the policies and update minimum the policies and update minimum, the policies and update minimum the update minimum	d pantry was observed. The was asked how much food able for individuals and staff and stated that the facility oply on hand for 4 individuals a program Manager was at there was enough food to for 7 people, totaling 28 ogram Manager reviewed the at there was not enough on the facility of the future, when her hedule increases." She he will be providing additional by in the near future. 5 A.M., the Program Manager as informed of the findings. On was received. In the future of the findings. On was received. In the emergency preparedness ares, based on the emergency graph (a) of this section, ion plan at paragraph (c) of cies and procedures must be at and procedures must be at and procedures must		Policies for evac. and primary/Alt. Comm (s): 483.475(b)(3) To avoid this deficient practice which affethe individuals at North Riverside, the proviil update its communication plan to inc following: 1) Primary means of communication - lar at the Program using staff numbers and gency contacts listed in the communication - 2)Secondary means of communication -	ected all ogram lude the nd line emer on plan.	

NAME OF PROVIDER OR SUPPLIER CRI - NORTH RIVERSIDE (XM ID SUMMARY STATEMENT OF DEFICIENCIES SIZE AND PREFIX PROVIDERS TAND OF CORRECTION AND PREFIX TAG SIZE AND PREFIX TAG SIZE AND PROVIDERS TAND OF CORRECTION STORED BY TAG PREFIX TAG SIZE AND PROVIDERS TAND OF CORRECTION AND PREFIX TAG SIZE AND PREFIX TAG SIZE AND PREFIX TAG SIZE AND PROPRIATE DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) E 020 Continued From page 3 Sale evacuation from the [facility], which includes consideration of care and treatment needs of evacues; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance. '(For RNHCs at \$403.748(b)(3) and ASCs at \$416.54(b)(2):] Safe evacuation from the [RNHCl or ASC] which includes the following: (i) Consideration of care needs of evacuees. (iii) Staff responsibilities. (iii) Transportation. (iv) Identification of evacuation location(s), (v) Primary and alternate means of communication with external sources of assistance. '(For CORFs at \$485.68(b)(1), Clinics, Rehabilitation Agencies, OPT/Speech at \$485.727(b)(1), and ESRD Facilities, which includes staff responsibilities, and needs of the patients. '(For RHCs/FOHCs at \$491.12(b)(1);) Safe evacuation from the RIVCFOHC, which includes staff responsibilities and needs of the patients. This STANDARD is not met as evidenced by;			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	03 19 60	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
STREET ADDRESS, CITY, STAY, ZIP CODE 233 NORTH RIVERSIDE DRIVE RICHMOND, VA 23225 RICHMOND, VA 23225 RECHORAGE TO THE APPROPRIATE CROSS-REFERENCE TO THE APPROPRIATE CRO	49G046		B. WING		10/18/2018		
XAI D SUMMARY STATEMENT OF DEFICIENCIES TRACH DEFICIENCIES TRACH DEFICIENCY MUST BE PRECEDED BY PULL AEGULATORY OR LSC IDENTIFYING INFORMATION E 020 Continued From page 3 Safe evacuation from the [facility], which Includes consideration of care and treatment needs of evacuaees, staff responsibilities, transportation, identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance. Yeor RNHCs at §403.748(b)(3) and ASCs at §416.54(b)(2):] Safe evacuation from the [RNHCl 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. Yeor RNHCs at §405.68(b)(1), Clinics, Rehabilitation Agencies, oPT/Speech at §495.82(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. Yeor RHCSPHCHC	NAME OF I	PROVIDER OR SUPPLIER	න් ය. සම්බන් ම <u>ම ම ම මේ ම</u>		STREET ADDRESS, CITY, STATE, ZIP CODE	1	IOEOIO
SUMMARY STATEMENT OF DEFICIENCIES PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG)	CDI NO	DTU DWEDOIDE			2332 NORTH RIVERSIDE DRIVE		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) E 020 Continued From page 3 Safe evacuation from the [facility], which includes consideration of care and treatment needs of evacuees; staff responsibilities, rransportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance. *[For RNHCs at \$403.748(b)(3) and ASCs at \$416.54(b)(2):] Safe evacuation from the [RNHCl or ASC] which includes the following: (i) Consideration of care needs of evacuees. (ii) Staff responsibilities, (iii) Transportation. (iv) Identification of evacuation location(s), (y) Primary and alternate means of communication plan will be review dew that all staff during the next Riverside staff meeting. The Clinical Director or CR's Risk Management Committee will review the programs emergency preparedness plan on and annual basis. *[For CORFs at \$485.68(b)(1), Clinics, Rehabilitation Agencies, OPT/Speech at \$494.52(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 appropriate placement of exit signs; staff responsibilities and needs of the patients.	CHI-NO	HIN HIVENSIDE			RICHMOND, VA 23225		
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. '[For RNHCs at §403.748(b)(3) and ASCs at §416.54(b)(2):] Safe evacuation from the [RNHCI 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. ' [For CORFs at §485.68(b)(1), Clinics, Rehabilitation Agencies, OPT/Speech at §495.727(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. ' [For RHCs/FCHCs at §491.12(b)(1):] Safe evacuation from the RHC/FCHC, which includes appropriate placement of exit signs; staff responsibilities and needs of the patients.	PREFIX	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			X (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETION
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		Safe evacuation fro consideration of can evacuees; staff respidentification of evaprimary and alternativith external source '[For RNHCs at §40 §416.54(b)(2):] Safe evacuation from includes the following (i) Consideration of (ii) Staff responsibility (iii) Transportation. (iv) Identification of (v) Primary and alter communication with assistance. * [For CORFs at §40 Rehabilitation Agency §485.727(b)(1), and §494.62(b)(2):] Safe evacuation from Rehabilitation Agency and Speecy Services; and ESRI staff responsibilities * [For RHCs/FQHCs evacuation from the appropriate pfacemer responsibilities and This STANDARD is Based on record refacility staff failed to the emergency prep	om the [facility], which includes re and treatment needs of ponsibilities; transportation; cuation location(s); and te means of communication as of assistance. 03.748(b)(3) and ASCs at communication as of assistance. 03.748(b)(3) and ASCs at communication as of assistance. 03.748(b)(3) and ASCs at communication as of assistance. 03.748(b)(1) and ASCs at communication as of evacuees. 03.748(b)(1) and ASCs at communication that aredness plan included a	ΕO	numbers and emergency contact informed in the communication plan. 4)Alternate means of communication - icheck in on program by emergency respectant member via agency vehicle. The updated communication plan will be ed with all staff during the next Riversid meeting. The Clinical Director or CRi's Inagement Committee will review the program of the program of the communication of the program of the committee will review the program of the committee will review the program of the communication of the communication plan will be expected by the communication of the communication plan.	e review e staff Risk Ma-	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	10 1000 100000	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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WANTE HIGH VAROUS S	PROVIDER OR SUPPLIER DRTH RIVERSIDE			STREET ADDRESS, CITY, STATE, ZIP CODE 2332 NORTH RIVERSIDE DRIVE RICHMOND, VA 23225		
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E 020	means of communic assistance.	cation with outside sources of	E 020)		W MARTHURA COLO
W 000	conducted with the (Administration A). I documentation of a communication plan means of communic was unable to provide plan did not address other that telephone see the facility's alter methods, the Progradidn't have any such information was recommended.	D.P.M., an interview was facility Program Manager When asked for facility-specific in that included alternate cation, the Program Manager ide one. The communication is any forms of communication is and email. When asked to emative communication am Manager stated that they himethods. No further serived.	W 000			
AND THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PR	was conducted 10/1 Corrections are requirements for In Individuals with Intel The Life Safety Cod	Medicaid Fundamental survey 16/18 through 10/18/18. uired for 42 CFR Part 483 htermediate Care Facilities for llectual Disabilities (ICF/IID). Ie survey/report will follow. No vestigated during the survey.			en Granden en e	
W 345	the time of the surve	5 certified bed facility was 4 at ey. The survey sample ridual reviews (Individuals #1	W 345	Nursing Staff: CFR(s): 483.460 (d) (3) CRt will continue working on recruiting a RN for Richmond, to avoid this deficient p		2018
	The facility must utilize registered nurses as appropriate and required by State law to perform the health services specified in this section.			In the interim, North Riverside will do the following:	demonstrate and control to the second	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	20 100 0000 000		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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8	PROVIDER OR SUPPLIER DRTH RIVERSIDE			S1 23	TREET ADDRESS, CITY, STATE, ZIP CODE 332 NORTH RIVERSIDE DRIVE RICHMOND, VA 23225	100	18/2018
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W 345	W 345 Continued From page 5		WЗ	45	PRN ia to pro d.		
	This STANDARD is Based on observati clinical record review review, the facility st to provide the service			2) The RN will review and sign Individual #1's quarterly review for June 2018. 3) The RN will review and sign the quarterly reviews of all the individuals at North Riverside			
	For Individual #1, th Registered Nursing Review in June, 201 The Findings Include	20 No. 1		on a regular basis. 4) The clinical Director and Director of N will provide oversight to make sure that			•
	Individual #1 was ac 3/1/09. His diagnose Intellectual Disability	dmitted to the facility on es included Moderate y, Hypertension, Acute on, Hyperlipidemia, Diabetes		The same of the same of the same transfer to the sa	duties are being offered at the Program.	The state of the s	
Collegence Collegence Assessment	On 10/16/18 at 6:00 conducted of Individing independently, and vequipment.				19		
	Individual #1's clinical review for June, 201. Registered Nurse, Tonurse (LPN A) was pure LPN A stated that shand signature of the the RN "quit in May a replacement yet". Shard to find due to the extensive travel requirements.					Communication of the state of t	
	On 10/17/18 the Pro	gram Manger was informed		i			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
49G046		B. WING		10/	10/18/2018	
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
CDL NO	RTH RIVERSIDE			2332 NORTH RIVERSIDE DRIVE		3
0(11-110				RICHMOND, VA 23225		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPP DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 345	Continued From pa	(T) pr. (2007)	W 34	45		
	of the findings. No f received.	urther information was				44 (20)2049
W 362	DRUG REGIMEN F CFR(s): 483.460(j)(W 36	Drug Regimen Review CFR(s) 483.4	60(i) (1)	11/30/2018
				1) The North Riverside LPN will ensu	re that Indi	4
		nput from the interdisciplinary		dual #1's Pharmacy quarterly medica		
	team must review to at least quarterly,	he drug regimen of each client		for August 2018 is signed by a pharr	acist.	
				2) The North Riverside LPN will ensu		
	This STANDARD is	s not met as evidenced by:		pharmacy medication quarterly revie		
	Based on facility st	aff interview, clinical record		individuals is signed by the pharmac	st on going	
		documentation review, the or 1 individual (#1) to provide		3) The PRN Registered Nurse will du	ring the	
	the services of a Lic			next nurses meeting review with all t importance of having pharmacy Sen	.PN's the	· Dar - Couple spatter
	For Individual #1, th	e facility staff failed to provide		Quarterly Medication Review.		
	Pharmacy services	for a Quarterly Medication				
	Review in August 20	018.		4) The PRN Registered Nurse is goi	- n jyjen	
	The Findings includ	ed:		review all quarterly medication review macy services ongoing till a Register is hired for Richmond who will contin	ed Nurse	
	Individual #1 was ad	dmitted to the facility on		providing this oversight.	76	
		es included Moderate		processing time even agree		
		y, Hypertension, Acute n, Hyperlipidemia, Diabetes		₹ -		i i
	Mellitus -Type 2, Sc					
	Constipation.	meopyroma, and				
		P.M. an observation was				
		lual #1 eating dinner. He ate				
	equipment.	without the use of specialized				4.
i ju	On 10/17/18 at revie	ew was conducted of				
	Individual #1's clinic	al record. The Quarterly				e e
35 32		or August 2018 was not		Paris de la companya		;
	competed. The Proj	gram Nurse (LPN A) was				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DAT COM	(X3) DATE SURVEY COMPLETED	
49G046		B. WING	considerant objectives	10/18/2018			
272-80 2020	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2332 NORTH RIVERSIDE DRIVE RICHMOND, VA 23225			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUNDS: CROSS-REFERENCED TO THE APPR DEFICIENCY)	LO BE	(XS) COMPLETION DATE	
W 362	facility had not had August. She stated was not available, a had obtained the se There was no intern	ge 7 review, LPN A stated that the a licensed pharmacist in that the previous pharmacist and that since then, the facility ervices of another pharmacist, uption in the availability of Individuals who resided at the	W 36	62			
W 477		e tirerosa	W 47	77 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 goir	g to do	11/30/2018	
This STANDARD is not met as evidenced by: Based on observation, staff interview and facili documentation review, the facility staff failed to ensure that menus were prepared in advance. The facility staff failed to ensure that menus we 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		ion, staff interview and facility ew, the facility staff failed to were prepared in advance. ed to ensure that menus were enforced for emergency food service ectricity, natural gas or ed: ew was conducted of dness documentation. The Administration B), was ed to review emergency in Manager stated that the menus for the foods they g emergencies. She stated		following: 1) The Program Manager will work we cian to create 3 days worth of menus individuals and staff on the premises emergencies. The individuals dietary be taken into consideration while creat 3) The dietician will create a grocery staff will use to purchase menu items emergency food. 4) The program Manager will ensure adequate food supply in the emerger following the menus to last at least the for all individuals and staff on premise 4) The Program Manager will during finext staff meeting review the updated the Programs emergency preparedness with all staff. The Clinical Director or Management committee will review the emergency preparedness plan on an basis to make sure it contains emergency	for all during needs will ating menue ist which for that there is cy cabinet ree days es. iversides menus in ss plan CRi's Risk te program annual		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		The substance of the su		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		49G046	B. WING			10/	18/2018
	PROVIDER OR SUPPLIER		1	233	REET ADDRESS, CITY, STATE, ZIP CODE 12 NORTH RIVERSIDE DRIVE CHMOND, VA 23225	1908-0-	
(X4) JD PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 477	Program Manager and water was avail during emergencies had a three day supand three staff. The asked to identify the cover 3 meals daily meals daily. The Property of the conducted with the (Employee A). She prepared emergency would be doing so in "contracted work so further stated that is services to the faciliary of the conducted with the services to the faciliary of the conducted work so further stated that is services to the faciliary and water than the conducted work so further stated that is services to the faciliary of the conducted work so further stated that is services to the faciliary of the conducted work so further stated that is services to the faciliary of the conducted work so further stated that is services to the faciliary of the conducted work so further stated that is services to the faciliary of the conducted work so further stated that is services to the faciliary of the conducted work so further stated that is services to the faciliary of the conducted work so further stated that is services to the faciliary of the conducted with the condu	od pantry was observed. The was asked how much food lable for individuals and staff is. She stated that the facility oply on hand for 4 individuals e Program Manager was at there was enough food to for 7 people, totaling 28 ogram Manager reviewed the at there was not enough on 00 A.M. an interview was Registered Dietician stated that she had not by menus for the facility, but in the future, when her chedule increases." She will be providing additional ity in the near future.		\$777			