

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

PRINTED: 07/10/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/27/2019
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NAME OF PROVIDER OR SUPPLIER CRI SNOWFLAKE DRIVE	STREET ADDRESS, CITY, STATE, ZIP CODE 4541 SNOWFLAKE DRIVE RICHMOND, VA 23237
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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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E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 6/26/19 through 6/27/19. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. No complaints were investigated during the survey.	E 000		
W 000	INITIAL COMMENTS An unannounced Fundamental Medicaid Certification survey was conducted 6/26/2019 through 6/27/2019. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities. The Life Safety Code survey/report will follow. No complaints were investigated during the survey.	W 000		08/05/19
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) 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). The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on staff interview and facility documentation review, the facility staff failed to ensure fire drills were held quarterly for each shift. For the 3-11 shift, the facility staff failed to hold a fire drill in the fourth quarter of 2018. The findings included: Review of the facility's documentation of fire drills	W 440	<ol style="list-style-type: none"> 1. Program Manager will review and update the fire drill schedule to make sure it captures the day shift, evening shift and overnight shifts for all quarters. 2. Program Manager will post updated fire drill schedule in the Program. 3. Program Manager will conduct an in service with staff to review the importance of conducting fire drills during the day shift, evening shift and overnight shifts every quarter. 4. Program Manager will review fire drill documentation monthly to make sure the drill was completed during the appropriate shift. If the Program Manager decides to reschedule drill. It will be rescheduled for the same time within the same month. 5. Clinical Director will oversee the quality of all services in the program to include fire drills and address areas of concern with Program Manager during supervision. 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Clinical Director</i>	(X6) DATE <i>07/12/19</i>
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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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NAME OF PROVIDER OR SUPPLIER CRI SNOWFLAKE DRIVE			STREET ADDRESS, CITY, STATE, ZIP CODE 4541 SNOWFLAKE DRIVE RICHMOND, VA 23237		
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W 440	<p>Continued From page 1 revealed the following:</p> <p>The 11-7 shift conducted fire drills for the following dates: 8/11/18 11/4/18 2/22/19 5/15/19</p> <p>The 7-3 shift conducted fire drills for the following dates: 9/5/18 10/6/18 12/16/18 3/16/19 6/9/19</p> <p>The 3-11 shift conducted fire drills for the following dates: 7/20/18 9/26/18 1/15/19 4/10/19</p> <p>There was no fire drill done on the 3-11 shift in the fourth quarter of 2018.</p> <p>On 6/27/19 at approximately 3:30 PM, an interview was conducted with the Program Manager who stated "I didn't know I missed a drill in that quarter on 3-11 shift. I see that the drill was supposed to be done on 3-11 shift but an extra one was done on 7-3 shift instead." The Clinical Manager was notified of the oversight. The Clinical Manager reviewed the list of fire drills and agreed with the findings. The Program Manager stated he had no further documentation to present.</p>	W 440			