

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

Printed: 07/17/2019  
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>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/21/2019</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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K 000	INITIAL COMMENTS  Description of structure: The facility is a 1 story with a basement with a construction type of V (000). Sprinkler status: The facility is fully sprinklered with a 13D system.  An unannounced recertification Life Safety Code survey was conducted 5/21/2015 in accordance with 42 Code of Federal Regulation, Part 483.150 and 410 to 480: Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities. The facility was surveyed for compliance using the LSC 2012 Existing regulations. The facility was not in compliance with the Requirements for Participation for Medicare and Medicaid.	K 000		
K0300	Protection - Other CFR(s): NFPA 101  Protection - Other 2012 EXISTING List in the REMARKS section any LSC Section 33.2.3 Protection requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This Standard is not met as evidenced by: Based upon observations the storage is not orderly and there is excessive dust in exhaust fan.	K0300		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Jeff Scannell</i>	TITLE <b>Facility Manager</b>	(X6) DATE <b>7/22/19</b>
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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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K0300	Continued From page 1 <b>Findings include:</b>  Between 2:00 pm and 2:30 pm during the walkthrough it was observed that the sprinkler room has excessive combustibile storage inside as referenced by 2015 Virginia SFPC section 315.3. Between 2:00 pm and 2:30 pm during the walkthrough it was observed that there is excessive combustibile dust in the exhaust fan in the hallway bathroom as referenced by the 2015 Virginia SFPC section 110.1(4).	K0300	I spoke to the Program Manager (PM) about having excessive combustibile storage inside the sprinkler room. These items will be removed by staff and the property team. The PM will review this with the team at the next staff meeting. The Clinical Director (CD) will also make a point to check this area out during future visits to the program to make sure it does not happen again.  I spoke to the PM about the excessive dust in the exhaust fan in the bathroom. I explained that we cannot have this happen. She will review with her team at the next staff meeting and make it a point that this gets cleaned when they are cleaning the bathrooms and other areas where fans might be. The CD will also review on his trips to the program.	8/15/19  8/15/19
K0345	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101  Fire Alarm System - Testing and Maintenance 2012 EXISTING (Prompt) A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This Standard is not met as evidenced by: Based upon observations the heat detectors are not being maintained.	K0345		
K0353	<b>Findings include:</b> Between 1:15 pm and 2:00 pm during document review it was observed that not all of the heat detectors were listed on the fire alarm report.	K0353	I spoke to the PM about the importance of making sure all equipment is getting inspected during the inspections. She will review with the rest of the team at the next staff meeting. A call will be made by the Facility Manager to our Vendor to get this added to the report. He will also review future report to make sure it's added.	8/15/19
	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101  Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt) NFPA 13 and 13R Systems			

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K0353	Continued From page 2 All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System. NFPA 13D Systems Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25: 1. Control valves inspected monthly (NFPA 25, section 13.3.2). 2. Gauges inspected monthly (NFPA 25, section 13.2.71). 3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6). 4. Alarm devices tested semiannually (NFPA 25, section 5.3.3). 5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5). 6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1). 7. Visible pipe inspected annually (NFPA 25, section 5.2.2). 8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3). 9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5). 10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2). 11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25,	K0353		

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K0353	<p>Continued From page 3 section 5.3.1.1.15).</p> <p>12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4).</p> <p>13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1).</p> <p>14. Operating stems of OS&amp;Y valves are lubricated annually (NFPA 25, section 13.3.4).</p> <p>15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4).</p> <p>A. Date sprinkler system last checked and necessary maintenance provided.</p> <p>_____</p> <p>B. Show who provided the service.</p> <p>_____</p> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <p>_____</p> <p>(Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.)</p> <p>33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This Standard is not met as evidenced by: Based upon observations the sprinkler system is not being maintained.</p> <p><b>Findings include:</b></p> <p>Between 2:00 pm and 2:30 pm during the walkthrough it was observed that there were multiple ceiling tiles missing throughout the basement.</p> <p>Between 2:00 pm and 2:30 pm during the walkthrough it was observed that the storage in the main sprinkler room was closer than 18 inches from the bottom of the sprinkler heads.</p> <p>Between 2:00 pm and 2:30 pm during the walkthrough it was observed that there are</p>	K0353	<p>I spoke to the PM about having missing tiles from the drop ceiling in the basement. We were in the midst of drying out the area due to a leaking pipe. She will review this information with her team at the next staff meeting. The property team will replace the tiles immediately. The Facility Manager will also stop by to review during his visits to the program.</p> <p>I spoke to the PM about having at least an 18" clearance from a sprinkler head. She will review this information with the rest of her team at the next staff meeting. The items in the room will be relocated to make sure this does not happen again. The CD will also review this area during his trips to the program.</p>	<p>8/15/19</p> <p>8/15/19</p>

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K0353	Continued From page 4 openings above the casement windows that can allow smoke/heat above the drop ceiling in the basement. Between 2:00 pm and 2:30 pm during the walkthrough it was observed that there is a missing escutcheon plate in the closet of the bedroom at the end of the hallway.	K0353	I spoke to the PM about having openings above the casement windows. She will review this information with the team at the next staff meeting. The property team will make arrangements to have this area closed off. The Facility Manager will review to make sure this gets done properly.	8/15/19
K0511	Utilities - Gas and Electric CFR(s): NFPA 101  Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NPFA 70, National Electric Code. 32.2.5.1, 33.2.5.1, 9.1.1, 9.1.2 This Standard is not met as evidenced by: Based upon observations the electrical system is not being maintained.  <b>Findings include:</b>  Between 2:00 pm and 2:30 pm during the walkthrough it was observed that there are exposed wire connections that are not located inside of junction boxes above the drop ceiling in the basement.  Between 2:00 pm and 2:30 pm during the walkthrough it was observed that there are romex cables and fire alarm cables being supported by the sprinkler pipe and drop ceiling in the basement.	K0511	I spoke to the PM about having missing escutcheon plates. She will review this with the rest of the team at the next staff meeting. The Facility Manager will reach out to the vendor and have them replace this immediately. The CD and PM will make sure they review the sprinklers on a regular basis to keep this from happening again.  I spoke to the PM and explained the importance of not having exposed wires. She will review this with the rest of the team at the next staff meeting. The property team will make arrangements to get this taken care of immediately. The Facility Manager will review to make sure it gets done correctly.  I spoke to the PM about having the cables being supported by the sprinkler pipe and the drop ceiling. She will review this with the rest of the team at the next staff meeting. The property team will make arrangements to get this properly taken care of. The Facility Manager will review the work to make sure it gets done correctly.	8/15/19  8/15/19  8/15/19