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

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NAME OF PROVIDER OR SUPPLIER CRI SNOWFLAKE DRIVE STREET ADDRESS, CITY. STATE, ZIP CODE 4541 SNOWFLAKE DRIVE RICHMOND, VA 23237 ID PROVIDER'S PRAY OF CORRECTION OR LSC IDENTIFYING INFORMATION) REACH DEPICIENCY MIST BE PRECEDED BY FULL RECULATORY OR LSC IDENTIFYING INFORMATION) REACH DEPICIENCY OR LSC IDENTIFYING INFORMATION) REACH DEPICIENCY OR LSC IDENTIFYING INFORMATION) REACH DEPICIENCY OR LSC IDENTIFYING INFORMATION REACH DEPICIENCY OR LSC IDENTIFYING INFORMATION REACH DEPICE OR THE APPROPRIATE OR DEPICE OR DE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - CRI SNOWFLAKE		(X3) DATE SURVEY COMPLETED	
CRI SNOWFLAKE DRIVE (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (AT 1000 (49G0		49G050		B. WING		07/17/2019	
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) K 000 INITIAL COMMENTS Description of structure: One story construction type of V (000) Sprinkler status: The facility is not sprinklered. An unannounced Life Safety Code re-certification survey was conducted on 17 July 2019, in accordance with 42 Code of Federal Regulation, Part 483.150 and 410 to 480: Requirements for Intermediate Care Facilities for Persons with Intellectual Deficiencies. The facility was surveyed for compliance using the LSC 2012 ICF/ID Existing regulations. The facility was in compliance with the Requirements for	CRI SNOWFLAKE DRIVE 4541 S				NOWFLAKE DRIVE			
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		Description of structype of V (000) Sprinkler status: The An unannounced Lisurvey was conducted accordance with 42 Part 483.150 and 4 Intermediate Care Intellectual Deficient surveyed for complice Intellectual Deficient surveyed for complicance with the Participation in Medical Participation in	eture: One story consider facility is not sprint ife Safety Code re-ceted on 17 July 2019? Code of Federal Resolutions for Persons acies. The facility was iance using the LSC ulations. The facility is Requirements for dicare and Medicaid.	klered. ertification , in egulation, nents for s with s 2012 was in				

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.