

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

PRINTED: 04/28/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/08/2019
NAME OF PROVIDER OR SUPPLIER RIVER VIEW PLACE ICFMR			STREET ADDRESS, CITY, STATE, ZIP CODE 504 MIDDLE STREET DANVILLE, VA 24540	
(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	E 000		
E 007	<p>An unannounced Emergency Preparedness survey was conducted 10/07/19 through 10/08/19. 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.</p> <p>EP Program Patient Population CFR(s): 483.475(a)(3)</p> <p>§403.748(a)(3), §416.54(a)(3), §418.113(a)(3), §441.184(a)(3), §460.84(a)(3), §482.15(a)(3), §483.73(a)(3), §483.475(a)(3), §484.102(a)(3), §485.68(a)(3), §485.625(a)(3), §485.727(a)(3), §485.920(a)(3), §491.12(a)(3), §494.62(a)(3).</p> <p>[(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following:]</p> <p>(3) Address [patient/client] population, including, but not limited to, persons at-risk; the type of services the [facility] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.**</p> <p>*[For LTC facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do all of the following: (3) Address resident population, including, but not limited to, persons at-risk; the type of services the LTC facility has the ability to provide in an emergency; and continuity of operations,</p>	E 007		

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

TITLE

(X6) DATE

11/01/2019

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 007	Continued From page 1 including delegations of authority and succession plans. *NOTE: ["Persons at risk" does not apply to: ASC, hospice, PACE, HHA, CORF, CMCH, RHC/FQHC, or ESRD facilities.] This STANDARD is not met as evidenced by: Based on staff interview and facility document review, the facility staff failed to develop an emergency preparedness plan that addressed the facility's individual population that would be at risk during an emergency. The findings included: The facility staff failed to ensure that the facility emergency preparedness plan addressed the facility's individual population that would be at risk during an emergency. On 10/08/19 beginning at approximately 8:40 a.m., the surveyor and the Director of Residential Services reviewed the facility's emergency preparedness plan. After reviewing the plan this staff person verbalized to the surveyor that they could not think of anything in the plan that addressed this facility's specific population. No further information regarding this issue was provided to the surveyor prior to the exit conference on 10/08/19.	E 007			
W 000	INITIAL COMMENTS An unannounced Medicaid re-certification survey was conducted on 10/07/19 through 10/08/19. The facility was not in compliance with the following Federal ICF/ID regulations. The Life Safety Code will follow.	W 000			

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W 000	Continued From page 2	W 000			
W 382	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility staff failed to ensure medications and biological were kept secured.</p> <p>The findings included:</p> <p>The facility staff left medications unattended, on top of a table in the opened medication room after removing them from the medication cart, and failed to lock the medication cart prior to leaving the room.</p> <p>On 10/07/2019 beginning at approximately 4:10 p.m., the surveyor observed support specialist #1 prepare and administer unsampled Individual #1's clonazepam and risperidone.</p> <p>Support specialist #1 removed these medications from the medication cart and laid the blister packs that contained the medications on top of a table in the medication room. Without locking the medication cart support specialist #1 left the medication room and without closing the door walked up the hallway to ask unsampled</p>	W 382			

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W 382	<p>Continued From page 3</p> <p>Individual #1 to accompany them to the medication room.</p> <p>After returning to the medication room and administering unsampled Individual #1's medication support specialist #1 assisted unsampled Individual #1 back to the day room. Support specialist #1 did not lock the medication cart and did not shut the door.</p> <p>Upon returning to the medication room, support specialist #1 removed unsampled Individual #2's nasal spray and chap stick from the medication cart placed them on the table and left the room to assist the Individual to the medication room. Support specialist #1 did not shut the door or lock the medication cart prior to leaving the medication room.</p> <p>On 10/08/19 at 8:25 a.m., support specialist #1 was interviewed regarding the unlocked and unsecured medications. Support Specialist #1 verbalized to the surveyor that they usually had someone assisting during medication administration. Support specialist #1 also stated they had realized they had left the medication cart unlocked and that they usually locked the cart and shut the door when leaving the room.</p> <p>The Director of Residential Services was notified of the issue regarding the unsecured medications on 10/08/19 at approximately 9:25 a.m.</p> <p>No further information regarding this issue was provided to the surveyor prior to the exit conference.</p>	W 382			