

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

PRINTED: 07/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G072	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2022
NAME OF PROVIDER OR SUPPLIER RICH ROAD HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 124 RICH ROAD YORKTOWN, VA 23693	
(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 An unannounced Emergency Preparedness survey was conducted 07/5/22 through 07/7/22. The facility was not in substantial compliance with 42 CFR Part 483.73, 483.475, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities. No emergency preparedness complaints were investigated during the survey	E 000	
E 015	Subsistence Needs for Staff and Patients CFR(s): 483.475(b)(1) §403.748(b)(1), §418.113(b)(6)(iii), §441.184(b)(1), §460.84(b)(1), §482.15(b)(1), §483.73(b)(1), §483.475(b)(1), §485.625(b)(1) [(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following: (1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following: (i) Food, water, medical and pharmaceutical supplies	E 015	

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

TITLE

(X6) DATE

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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.

Andie K. Kiser, LSCW

Chief Community Living Officer

7-29-2022

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

Event ID: CBH911

Facility ID: VAICFID81

If continuation sheet Page 1 of 3

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E 015	<p>Continued From page 1</p> <p>(ii) Alternate sources of energy to maintain the following:</p> <p>(A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.</p> <p>(B) Emergency lighting.</p> <p>(C) Fire detection, extinguishing, and alarm systems.</p> <p>(D) Sewage and waste disposal.</p> <p>*[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures.</p> <p>(6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following:</p> <p>(iii) The provision of subsistence needs for hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following:</p> <p>(A) Food, water, medical, and pharmaceutical supplies.</p> <p>(B) Alternate sources of energy to maintain the following:</p> <p>(1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.</p> <p>(2) Emergency lighting.</p> <p>(3) Fire detection, extinguishing, and alarm systems.</p> <p>(C) Sewage and waste disposal.</p> <p>This STANDARD is not met as evidenced by: Based on an Emergency Preparedness Plan review and staff interview, the facility staff failed to provide documentation that the emergency preparedness plan addressed vendor contracts for emergency food and water services.</p> <p>The findings included:</p>	E 015	
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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: CBH911 Facility ID: VAICFD81 If continuation sheet Page 2 of 3

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<p>E 015</p>	<p>Continued From page 2</p> <p>The facility emergency preparedness plan failed to have documentation of contract agreements for the provision of emergency food and water services during an emergency.</p> <p>During a review of the emergency preparedness plan with the House Manager on 7/7/22 at 11:00 a.m. documentation of vendor contracts for emergency food and water services was not available. The House Manager stated "I do not have documentation to include contract agreements for emergency food and water services for the house. I understand now that we have to take the plan further to include these services."</p> <p>Prior to exit no further information was shared.</p>	<p>E 015</p>	<p>E 015</p> <p>Subsistence Needs for Staff and Patients CFR(s): 483.475(b)(1)</p> <p>1. Facility failed to provide documentation that the emergency preparedness plan addressed vendor contracts for emergency food and water services. Prior to the survey, the facility implemented an Emergency Plan and Procedures policy to ensure individuals in the home and the staff have a seven-to-ten-day supply of non-perishable emergency food and emergency water, separate from other household items. (Reference Attachment #1: Policy #94-Emergency Plan and Procedures). On 7/22/22, the CL Director updated Policy #94 (line24) for all Rich Road individuals to ensure access to vendor services for emergency food and water via a renewable annual contract. This binding contract with the Virginian Peninsula Food bank will serve principle in the facility's emergency preparedness efforts. (Reference Attachment # 2: Virginia Peninsula Foodbank contract).</p> <p>All CL Managers, Assistant Managers and employees will review Policy #94: Emergency Plan and Procedures and sign signature sheet confirming knowledge of policy, vendor contract and their responsibilities.</p> <p>All vendor contract information is up to date and commenced upon the effective date of 7/26/22.</p> <p>2. In addition to Rich Road House residents, all other residents of ICF-IID facilities operated by VersAbility Resources were affected by this deficient practice. The Virginian Peninsula Food Bank contract will be extended to each ICF-IID home to ensure access to emergency food and water.</p> <p>3. CL Management, as well as Rich Road House and all other ICF-IID facilities will maintain this vendor contract on an annual basis and shall automatically renew the subsequent one-year term unless either party provides written notice of non-renewal within 60 days prior to the expiration of the then current term. If such events shall occur, CL Management will immediately obtain alternate contractual vendor services for emergency food and water.</p>	<p>7/26/22</p> <p>8/4/22</p> <p>7/26/22</p> <p>7/26/22</p> <p>Ongoing</p>
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W 000 INITIAL COMMENTS

An unannounced Fundamental Medicaid re-certification survey was conducted 07/05/2022 through 07/07/2022. The facility was in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). The Life Safety Code survey/report will follow. No complaints were investigated during the survey.

The census in this 5 certified bed facility was 5 at the time of the survey. The survey sample consisted of 3 Individual reviews (Individuals #1 through Individual #3).

W 000 4. Internal review of the vendor's contract will be assessed at least annually by CL Management or CL assigned representative to ensure Emergency Plan and Procedures are adhered to within all residential programs. This will include a review of services rendered.

7/26/22