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E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 04/15/25 through 04/16/25. 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.	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), §485.542(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 (ii) Alternate sources of energy to maintain the following: (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (B) Emergency lighting. (C) Fire detection, extinguishing, and alarm systems.	E 015		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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 015	Continued From page 1 (D) Sewage and waste disposal. *[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures. (6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following: (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: (A) Food, water, medical, and pharmaceutical supplies. (B) Alternate sources of energy to maintain the following: (1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (2) Emergency lighting. (3) Fire detection, extinguishing, and alarm systems. (C) Sewage and waste disposal. 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 included policies and procedures to provide for sewage and waste disposal. The findings included. The facility staff failed to include policies and procedures to provide for sewage and waste disposal in the facility's emergency preparedness plan. The facility's emergency preparedness documents were reviewed with the facility's safety	E 015		

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E 015	Continued From page 2 coordinator on 04/16/25 beginning at approximately 8:35 a.m. The facility staff were not able to provide a policy and procedure that addressed sewage and waste disposal. The safety coordinator stated they did not have anything in writing, they were on city water and sewer and they would follow what the city officials directed them to do. The issue with the missing emergency preparedness policy regarding sewage and waste disposal was shared with the program managers, Registered Nurse #1, and the safety coordinator on 04/16/25 at approximately 10:40 a.m. No further information regarding this issue was provided to the surveyor prior to the exit conference.	E 015		
W 000	INITIAL COMMENTS An unannounced annual Medicaid ICF/ID recertification survey was conducted 04/15/25-04/16/25. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for the Intellectually Disabled. The Life Safety Code survey report will follow. The census in this 12 certified bed facility was 10 Individuals at the time of survey. The survey sample consisted of 3 current Individual reviews (Individuals #1 through #3).	W 000		
W 111	CLIENT RECORDS CFR(s): 483.410(c)(1) The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information,	W 111		

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and protection of the client's rights.
This STANDARD is not met as evidenced by:
Based on staff interview and clinical record review, the facility staff failed to ensure complete and accurate clinical records for 3 of 3 individuals in the survey sample, Individuals #1, #2, and #3.

The findings include.

1. For Individual #1, the facility staff failed to ensure medications ordered by the provider included a diagnosis/indication for use.

Individual #1's diagnoses included moderate intellectual disabilities, autism, and bipolar disorder.

During the clinical record review the surveyor was unable to locate diagnoses that were keyed/linked to the provider ordered medications.

A review of Individual #1's provider orders indicated this resident was receiving 19 different medication dosages on a routine basis. Individual #1's as needed (PRN) medications included indications for use.

On 04/15/25 at 12:40 p.m., during an interview with Registered Nurse (RN) #1 this staff stated they had previously identified that medications were not linked to diagnoses.

The issue with the missing diagnoses was shared with the program managers, RN #1, and the safety coordinator on 04/16/25 at approximately 10:40 a.m.

No further information regarding this issue was provided to the surveyor prior to the exit

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conference.

2. For Individual #2, the facility staff failed to ensure medications ordered by the provider included a diagnosis/indication for use.

Individual #2's diagnoses included, severe intellectual disabilities, osteoarthritis, and seasonal allergies.

During the clinical record review the surveyor was unable to locate diagnoses that were keyed/linked to the provider ordered medications.

A review of Individual #2's provider orders indicated this resident was receiving 16 different medication dosages on a routine basis. Individual #2's as needed (PRN) medications included indications for use.

On 04/15/25 at 12:40 p.m., during an interview with Registered Nurse (RN) #1 this staff stated they had previously identified that medications were not linked to diagnoses.

The issue with the missing diagnoses was shared with the program managers, RN#1, and the safety coordinator on 04/16/25 at approximately 10:40 a.m.

No further information regarding this issue was provided to the surveyor prior to the exit conference.

3. For Individual #3, the facility staff failed to ensure medications ordered by the provider included a diagnosis/indication for use.

Individual #3's diagnoses included, moderate

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W 111	Continued From page 5 intellectual disabilities, seizure disorder, arthritis, and hypothyroidism. During the clinical record review the surveyor was unable to locate diagnoses that were keyed/linked to the provider ordered medications. A review of Individual #3's provider orders indicated this resident was receiving 18 different medication dosages on a routine basis. Individual #3's as needed (PRN) medications included indications for use. On 04/15/25 at 12:40 p.m., during an interview with Registered Nurse (RN) #1 this staff stated they had previously identified that medications were not linked to diagnoses. The issue with the missing diagnoses was shared with the program managers, RN#1, and the safety coordinator on 04/16/25 at approximately 10:40 a.m. No further information regarding this issue was provided to the surveyor prior to the exit conference.	W 111		
W 159	QIDP CFR(s): 483.430(a) Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who- This STANDARD is not met as evidenced by: Based on staff interview and clinical record review, the Qualified Intellectual Disability Professional (QIDP) failed to identify and correct discrepancies in the clinical record for 3 of 3 individuals, Individual #1, #2, and #3. Failed to	W 159		

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ensure medications to manage behaviors were incorporated into the individual support plan (ISP) for 3 of 3 individuals, Individual #1, #2, and #3 and failed to ensure medications used to manage behaviors were approved by the specially constituted committee for 1 of 3 individuals, Individual #1.

The findings include.

1. For Individual #1, the QIDP failed to ensure medications used to manage behaviors were included in the ISP, failed to ensure medications used to manage behaviors were approved by the specially constituted committee, and failed to ensure medications included a diagnosis/indication for use.

Individual #1's diagnoses included moderate intellectual disabilities, autism, and bipolar disorder.

During a review of Individual #1's current medications with Registered Nurse (RN) #1 this staff identified the following medications as being used to manage this Individuals behavior(s)-Risperdal, Diazepam, Depakote, Trazodone, Hydroxyzine (vistaril), Vimpat, and Caplyta (new as of 04/14/25).

Individual #1's clinical record included a behavioral support plan with a date of 05/20/24. Target behaviors were listed as picking at skin, taking others items without permission, and obsessively washing hands. Medications listed in this plan were Diazepam (valium), Risperdal, Depakote, Trazodone, and Lacosamide (vimpat). It did not list the Hydroxyzine.

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Individual #1's current ISP with a start date of 06/01/24 and end date of 05/31/25 included a support plan to decrease anxiety and compulsive behaviors. Desired outcome will decrease his anxiety and compulsive/autistic behaviors. The surveyor was unable to find any information in the ISP that referenced the medications Individual #1 was receiving to manage behaviors.

The facility staff provided the surveyor with a copy of Individual #1's specially constituted committee approval form. This form had been signed by the authorized representative on 05/15/24 and the committee members on 05/23/24. It did not include approval for the medications Trazodone or Hydroxyzine.

During the clinical record review the surveyor was unable to locate diagnoses that were keyed/linked to the provider ordered routine medications. Individual #1's provider orders indicated this resident was receiving 19 different medication dosages on a routine basis. Individual #1's as needed (PRN) medications included indications for use.

On 04/15/25 at 12:40 p.m., during an interview with RN #1 this staff stated they had previously identified that medications were not linked to diagnoses.

On 04/16/25 at 10:20 a.m., during an interview with the program manager regarding this Individuals ISP the program manager stated the QIDP completed the ISP and the psychiatrist completes the behavior support plan.

These issues were shared with the program managers, RN #1, and the safety coordinator on

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W 159	Continued From page 8 04/16/25 at approximately 10:40 a.m. No further information regarding these issues were provided to the surveyor prior to the exit conference. 2. For Individual #2, the QIDP failed to include medications used to manage behaviors in the ISP and failed to ensure medications included a diagnosis/indication for use. Individual #2's diagnoses included, severe intellectual disabilities, osteoarthritis, and seasonal allergies. On 04/15/25 at 4:35 p.m., during a review of Individual #2's current medications with Registered Nurse (RN) #1 this staff identified the following medications as being used to manage this Individuals behavior-Klonopin, Hydroxyzine, Risperdal, and Depakote ER. These medications had been approved by the specially constituted committee and authorized representative. Individual #2's clinical record included a behavioral support plan with a date of 05/20/24. Target behaviors were listed as inappropriate assertiveness when frustrated (pushing/grabbing to hard) and lack of concern for safety when pacing. Medications listed in this plan were Depakote ER (extended release) 250 mg, Depakote ER 500 mg, "Respirdal" (sic), and Hydroxyzine. Individual #2's current ISP with a start date of 06/01/24 and end date of 05/31/25 included a support plan to decrease physical aggression and pacing. Desired outcome will decrease physical aggression and stay calm. The surveyor was	W 159		

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unable to find any information in the ISP that referenced the medications Individual #2 was receiving to manage their behaviors.

During the clinical record review the surveyor was unable to locate diagnoses that were keyed/linked to the provider ordered routine medications. Individual #2's provider orders indicated this resident was receiving 16 different medication dosages on a routine basis. Individual #2's as needed (PRN) medications included indications for use.

On 04/15/25 at 12:40 p.m., during an interview with RN #1 this staff stated they had previously identified that medications were not linked to diagnoses.

On 04/16/25 at 10:20 a.m., during an interview with the program manager regarding this Individuals ISP the program manager stated the QIDP completed the ISP and the psychiatrist completes the behavior support plan.

These issues were shared with the program managers, RN #1, and the safety coordinator on 04/16/25 at approximately 10:40 a.m.

No further information regarding this issue was provided to the surveyor prior to the exit conference.

3. For Individual #3, the QIDP failed to include medication used to manage behaviors in the ISP and failed to ensure medications included a diagnosis/indication for use.

Individual #3's diagnoses included moderate intellectual disabilities, seizure disorder, arthritis,

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and hypothyroidism.

During a review of Individual #3's current medications with Registered Nurse (RN) #1 this staff identified the medication Risperdal as being used to manage this Individuals behavior.

Individual #3's clinical record included a behavioral support plan with a date of 04/26/24. Target behaviors were documented as aggression, including hitting, grabbing and squeezing the limbs of staff/peers. Threatening to fight others and threatening to fall down. The medications that were listed in this plan were Cogentin, Risperdal, and Depakote.

Individual #3's current ISP with a start date of 05/01/24 and end date of 04/30/25 included the support area of has a plan in place to help decrease aggressive behaviors and learns to express herself to help her stay calm. Desired outcomes decrease aggressive behaviors towards others. The surveyor was unable to find any information in the ISP that referenced the medications Individual #3 was receiving to manage their behaviors.

During the clinical record review the surveyor was unable to locate diagnoses that were keyed/linked to the provider ordered routine medications. Individual #3's provider orders indicated this resident was receiving 18 different medication dosages on a routine basis. Individual #3's as needed (PRN) medications included indications for use.

On 04/15/25 at 12:40 p.m., during an interview with RN #1 this staff stated they had previously identified that medications were not linked to

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W 159	Continued From page 11 diagnoses. On 04/16/25 at 10:20 a.m., during an interview with the program manager regarding this Individuals ISP the program manager stated the QIDP completed the ISP and the psychiatrist completes the behavior support plan. These issues were shared with the program managers, RN #1, and the safety coordinator on 04/16/25 at approximately 10:40 a.m. No further information regarding this issue was provided to the surveyor prior to the exit conference.	W 159		
W 262	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on staff interview, facility document review, and clinical record review, the facility staff failed to obtain approval from the specially constituted committee for the use of medications to manage inappropriate behaviors for 1 of 3 individuals in the survey sample, Individual #1. The findings included. The facility staff failed to ensure medications to manage inappropriate behaviors were approved by the specially constituted committee. Individual #1 was receiving medications to manage their behaviors.	W 262		

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Individual #1's diagnoses included moderate intellectual disabilities, autism, and bipolar disorder.

During a review of Individual #1's current medications with Registered Nurse (RN) #1 this staff stated the resident was currently receiving Risperdal, Diazepam, Depakote, Trazodone, Hydroxyzine (vistaril), Vimpat, and Caplyta (new as of 04/14/25) to manage their behaviors.

Individual #1's clinical record included a behavioral support plan with the date of 05/20/24. Target behaviors were listed as picking at skin, taking others items without permission, and obsessively washing hands. Medications listed in this plan were Diazepam (valium), Risperdal, Depakote, Trazodone, and Lacosamide (vimpat).

The facility staff provided the surveyor with a copy of Individual #1's specially constituted committee approval form. This form had been signed by the authorized representative on 05/15/24 and the committee members on 05/23/24. It did not include the medications Trazodone or Hydroxyzine.

On 04/15/25 at 5:20 p.m., the program manager provided the surveyor with a copy of their policy titled, Active Treatment Specially Constituted Committee/Psychotropic Review. This policy read in part, "...A specially constituted committee will be appointed by the Residential Director to review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs which may involve risks to individual rights and protections...Any programs which incorporate restrictive techniques are

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W 262	Continued From page 13 reviewed by the committee prior to implementation...The committee will ensure that written consent is present prior to implementation of any program which incorporates restricted techniques..." The program manager also provided the surveyor with a copy of their policy titled, Specially Constituted committee revision date 01/17/25 this policy read in part, "The Specially Constituted Committee will meet annually and as needed to review, approve, and monitor individual programs designed to manage inappropriate behavior..." This issue was shared with the program managers, RN#1, and the safety coordinator on 04/16/25 at approximately 10:40 a.m. No further information regarding this issue was provided to the surveyor prior to the exit conference.	W 262		
W 312	DRUG USAGE CFR(s): 483.450(e)(2) be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on staff interview, and clinical record review, the facility staff failed to include medications used to manage behaviors in the Individual Support Plan (ISP) for 3 of 3 Individuals in the survey sample, Individual #1, #2, and #3. The findings include. 1. For Individual #1, the facility staff failed to	W 312		

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RIVER VIEW PLACE ICFMR	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
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include medications used to manage behaviors in their ISP. Individual #1 was receiving multiple medications to manage their behaviors.

Individual #1's diagnoses included moderate intellectual disabilities, autism, and bipolar disorder.

During a review of Individual #1's current medications with Registered Nurse (RN) #1 this staff identified the following medications as being used to manage this Individuals behavior-Risperdal, Diazepam, Depakote, Trazodone, Hydroxyzine (vistaril), Vimpat, and Caplyta (new as of 04/14/25).

Individual #1's clinical record included a behavioral support plan with an updated date of 05/20/24. Target behaviors were listed as picking at skin, taking others items without permission, and obsessively washing hands. Medications listed in this plan were Diazepam (valium), Risperdal, Depakote, Trazodone, and Lacosamide (vimpat).

Individual #1's current ISP with a start date of 06/01/24 and end date of 05/31/25 included a support plan to decrease anxiety and compulsive behaviors. Desired outcome will decrease his anxiety and compulsive/autistic behaviors. The surveyor was unable to find any information in the ISP that referenced the medications Individual #1 was receiving to manage their behaviors.

On 04/16/25 at 10:20 a.m., during an interview with the program manager regarding this Individuals ISP the program manager stated the Qualified Intellectual Disability Professional (QIDP) completed the ISP and the psychiatrist

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G047	A. BUILDING _____ B. WING _____	04/16/2025

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completes the behavior support plan.

No further information regarding this issue was provided to the surveyor prior to the exit conference.

2. For Individual #2, the facility staff failed to include medications used to manage behaviors in their ISP. Individual #2 was receiving multiple medications to manage their behaviors.

Individual #2's diagnoses included, severe intellectual disabilities, osteoarthritis, and seasonal allergies.

On 04/15/25 at 4:35 p.m., during a review of Individual #2's current medications with Registered Nurse (RN) #1 this staff identified the following medications as being used to manage this Individuals behavior-Klonopin, Hydroxyzine, Risperdal, and Depakote.

Individual #2's clinical record included a behavioral support plan that was updated on 05/20/24. Target behaviors were listed as inappropriate assertiveness when frustrated (pushing/grabbing to hard) and lack of concern for safety when pacing. Medications listed in this plan were Depakote, "Respirdal" (sic), and Hydroxyzine.

Individual #2's current ISP with a start date of 06/01/24 and end date of 05/31/25 included a support plan to decrease physical aggression and pacing. Desired outcome will decrease physical aggression and stay calm. The surveyor was unable to find any information in the ISP that referenced the medications Individual #2 was receiving to manage their behaviors.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G047	A. BUILDING _____ B. WING _____	04/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER VIEW PLACE ICFMR	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
W 312	Continued From page 16 On 04/16/25 at 10:20 a.m., during an interview with the program manager regarding this Individuals ISP the program manager stated the Qualified Intellectual Disability Professional (QIDP) completed the ISP and the psychiatrist completes the behavior support plan. No further information regarding this issue was provided to the surveyor prior to the exit conference. 3. For Individual #3, the facility staff failed to include medication used to manage behaviors in their ISP. Individual #3 was receiving medication to manage their behaviors. Individual #3's diagnoses included moderate intellectual disabilities, seizure disorder, arthritis, and hypothyroidism. During a review of Individual #3's current medications with Registered Nurse (RN) #1 this staff identified the medication Risperdal as being used to manage this Individuals behavior. Individual #3's clinical record included a behavioral support plan that had been updated on 04/26/24. Target behaviors were documented as aggression, including hitting, grabbing and squeezing the limbs of staff/peers. Threatening to fight others and threatening to fall down. Medications listed in this plan-Cogentin, Risperdal, and Depakote. Individual #3's current ISP with a start date of 05/01/24 and end date of 04/30/25 included the support area of has a plan in place to help decrease aggressive behaviors and learns to	W 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G047	A. BUILDING _____ B. WING _____	04/16/2025

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W 312	Continued From page 17 express herself to help her stay calm. Desired outcomes decrease aggressive behaviors towards others. The surveyor was unable to find any information in the ISP that referenced the medications Individual #3 was receiving to manage their behaviors. On 04/16/25 at 10:20 a.m., during an interview with the program manager regarding this Individuals ISP the program manager stated the Qualified Intellectual Disability Professional (QIDP) completed the ISP and the psychiatrist completes the behavior support plan. No further information regarding this issue was provided to the surveyor prior to the exit conference.	W 312		