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

PRINTED: 01/11/2016
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____ | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 49G034 | | 01/07/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CRC QUEEN ELIZABETH ICF | 8518 QUEEN ELIZABETH BLVD<br>ANNANDALE, VA 22003 |

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| W 000 | INITIAL COMMENTS | W 000 | | |
| | An unannounced annual 55 Fundamental Medicaid Certification survey was conducted 1/5/16 through 1/7/16. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabitities (ICF/IID). The Life Safety Code survey/report will follow. No complaints were investigated during the survey.<br><br>The census in this 7 certified bed facility was 6 at the time of the survey. The survey sample consisted of 3 Individual reviews (Individuals #1 through #3). | | | |
| W 159 | 483.430(a) QIDP | W 159 | | |
| | Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional.<br>This STANDARD is not met as evidenced by:<br>Based on observation, staff interview, and clinical record review, the facility staff failed, for 1 Individual (Individual #2) in the survey sample of 3 individuals, to coordinate and monitor active treatment.<br><br>The facility Qualified Intellectual Disability Professional (QIDP) failed to ensure that Individual #2 received active treatment at his day services program.<br><br>The Findings Included:<br><br>Individual #2 was a 49 year old who was admitted to the facility on 12/14/15. Individual #2's diagnoses included Profound Intellectual Disability, Mild Dysphasia, Impaired Communication, and Impaired Vision. | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE ____ TITLE VP Clinical (X6) DATE 1/21/16

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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| W 159 | Continued From page 1 | W 159 | | |

On 1/5/16 a review was conducted of Individual #2's clinical record, revealing the following signed physician's order: "1/5/16. I certify that this Individual continues to require ICF-MR (Intermediate Care Facility-Mental Retardation) Level of Care."

Individual #2's Day support program Preliminary Individualized Services Plan, dated 12/15/15 read, "A variety of activities, including sedentary activities, group social activities involving moving from one place to the other will be given."

On 1/6/16 at 12 Noon, an observation was made of Individual #2 a this day program. He was sitting alone. He was not involved with the other individuals in the room. Staff did not interact with him, and he was not involved in any activity.

On 1/6/16 at 12:15 P.M. an interview was conducted with Employee C - the Community Rehabilitation Specialist. When asked to describe what goals he works on with Individual #2, Employee C stated that no goals had been developed, because Individual #2 had only been at the facility for 3 weeks. He stated that he was not working on anything specific, and that his only plan for the afternoon was to "let him shred paper later." When asked what the purpose of shredding paper would be, he stated, "just to pass the time."

On 1/6/16 at 3:00 P.M. an interview was conducted with Employee B, the QIDP (. She stated that she had not visited Individual #2's day program since he had been enrolled there. When asked what her expectations were regarding his day program activities, Employee B stated, "I

The Day Program Manager will review individual #2 "Preliminary Individualize Service Plan", dated 12/15/15. The Day Program Manager in conjunction with the Day Program Nurse will ensure the assessment accurately reflect the needs of Individual #2. 2-18-16

The Day Program Manager will review all individuals Individualize Service Plan to ensure that it accurately reflects their needs and it is incorporated within the Person Center Plan.

The Day Program Manager will provide training to all staff to review the implementation of all Individual's Person Center Plans within the next staff meeting. The Day Program Manager will provide supervision to all staff to ensure that the Person Center Plan accurately reflects the individual's needs and is implemented appropriately.

The QMRP will continue to conduct monthly program visits to ensure that all services and needs of the individuals are met and accurately reflected on the QMRP note.

The Clinical Director will review within supervision with the Program Manager for documentation to support the coordination of services for each individual needs.

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| W 159 | Continued From page 2<br>expect to see him integrated with his peers, not sitting by himself. Social interaction, and assistance with his vocational tasks according to his ability. I have not visited his day program. I plan to visit after he's been there 1 month. That's when the team will put our heads together to develop his annual plan."<br><br>On 1/7/16 at 11:00 A.M. an interview was conducted with Employee A, the Clinical Director. He stated, " They are supposed to implement the Preliminary Service Plan on day 1. They should be assessing his skills in the program to help develop his annual plan. The day program staff should have been trained to know the Preliminary Service Plan so that they can help assess the Individual for the program to help develop his annual plan."<br><br>No further information was given. | W 159 | | |
| W 249 | 483.440(d)(1) PROGRAM IMPLEMENTATION<br><br>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, staff interview, and clinical record review, the facility staff failed, for 1 Individual (Individual #2) in the survey sample of 3 individuals, to implement active treatment. | W 249 | | |

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| W 249 | Continued From page 3 | W 249 | | |

The facility staff failed to ensure that Individual #2 received active treatment at his day services program.

The Findings included:

Individual #2 was a 49 year old who was admitted to the facility on 12/14/15. Individual #2's diagnoses included Profound Intellectual Disability (QIDP), Mild Dysphasia, Impaired Communication, and Impaired Vision.

On 1/5/16 a review was conducted of Individual #2's clinical record, revealing the following signed physician's order: "1/5/16. I certify that this Individual continues to require ICF-MR (Intermediate Care Facility-Mental Retardation) Level of Care."

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W 249 Continued From page 4 W 249

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On 1/6/16 at 3:00 P.M. an interview was conducted with Employee B, the QIDP. She stated that she had not visited Individual #2's day program since he had been enrolled there. When asked what her expectations were regarding his day program activities, Employee B stated, "I expect to see him integrated with his peers, not sitting by himself. Social interaction, and assistance with his vocational tasks according to his ability. I have not visited his day program. I plan to visit after he's been there 1 month. That's when the team will put our heads together to develop his annual plan."

On 1/7/16 at 11:00 A.M. an interview was conducted with Employee A, the Clinical Director. He stated, " They are supposed to implement the Preliminary Service Plan on day 1. They should be assessing his skills in the program to help develop his annual plan. The day program staff should have been trained to know the Preliminary Service Plan so that they can help assess the Individual for the program to help develop his annual plan."

No further information was given.

W 440 483.470(i)(1) EVACUATION DRILLS W 440

The facility must hold evacuation drills at least quarterly for each shift of personnel.

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| W 440 | Continued From page 5<br>This STANDARD is not met as evidenced by:<br>Based on staff interview and facility documentation, the facility staff failed to conduct quarterly evacuation drills for each shift.<br><br>The facility staff failed to conduct quarterly evacuation drills on the day, evening, and night shifts.<br><br>The Findings included:<br><br>On 1/5/16 a review was conducted of the facility evacuation drills. During the year 2015, on Day shift, there were no evacuation drills conducted in September, October, November, or December. There were no evacuation drills conducted on the Evening shift conducted in April, May, June, July, or August. There were no evacuation drills conducted on the Night shift in July, August, or September.<br><br>On 1/5/16 at 5:30 P.M. an interview was conducted with Employee A, the Clinical Director. When asked why the required drills weren't conducted, and asked about the importance of conducting the drills, he stated, "To prepare them in case of an emergency, incase of a real fire. They should go one on each shift per quarter." Employee A further stated that the facility did not have a written policy for conducting evacuation drills. | W 440 | The Program Manager will review the current fire drill schedule and documentation for accuracy.<br><br>The Program Manager will create a new fire drill schedule for 2016. The schedule will ensure that a drill is completed on the day, evening, and night shift each quarter.<br><br>The Program Manager will complete unannounced observation of fire drills to ensure that they are completed on each shift as required and it is accurately reflected in the documentation.<br><br>The Clinical Director will also review fire drill documentation quarterly and also complete unannounced fire drills.<br><br>The Clinical Director will review within supervision with Program Manager to ensure fire drills are completed as required and to ensure its documented accurately. | 2-28-16 |