


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

PRINTED: 12/28/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/15/2017
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NAME OF PROVIDER OR SUPPLIER CRI JACKSON ICF	STREET ADDRESS, CITY, STATE, ZIP CODE 807 NORTH JACKSON ARLINGTON, VA 22201
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(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		
W 000	An unannounced Emergency Preparedness survey was conducted 12/13/17 through 12/14/17. The facility was in substantial compliance with 42 CFR Part 483.73, 483.475, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities. No/# complaint(s) was/were investigated during the survey.	W 000		
W 440	INITIAL COMMENTS An unannounced annual 55 Fundamental Medicaid Certification survey was conducted 12/13/17 through 12/14/17. The facility was not 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 6 certified bed facility was 6 at the time of the survey. The survey sample consisted of 3 Individual reviews (Individuals #1 through #3).	W 440		
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on staff interview and facility documentation review, the facility staff failed to ensure that evacuation drills were conducted at least quarterly for each shift of personnel. During the previous 12 months, the facility staff	W 440		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE 1/4/18 (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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W 440	<p>Continued From page 1</p> <p>failed to conduct quarterly evacuation drills during the day shifts, and during the night shifts.</p> <p>The Findings included:</p> <p>On 12/13/17 a review was conducted of facility documentation. During the Day Shift (7:00 A.M. - 3: P.M.) there were no evacuation drills conducted from May 17, 2017 - September 16, 2017. During the Night Shift (11:00 P.M. - 7:00 A.M.) there were no evacuation drills conducted from January 21, 2017 - June 29, 2017.</p> <p>On 12/14/17 at 3:00 P.M. an interview was conducted with the Facility Manager (Administration A). He reviewed the evacuation drill documentation and agreed that all of the required drills had not been conducted. He stated the he expected the drills to be conducted at least quarterly on each shift. No further information was received.</p>	W 440	<p>The Program Manager will review the current fire drill schedule and review documentation for accuracy.</p> <p>The Program Manager will create a new fire drill schedule for 2018. The schedule will ensure that a drill is completed on the day, evening, and night shift each quarter.</p> <p>The Program Manager will complete a unannounced observation of the fire drills of all individuals in the residences to ensure that a drill is completed on each shift as required and it is accurately reflected in the documentation.</p> <p>The Clinical Director will also review the fire drill documentation quarterly and also complete an unannounced fire drills.</p> <p>The Clinical Director will review with supervision with the Program Manager to ensure fire drills are completed as required and to ensure its documented accuracy.</p>	1/22/18	