

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

PRINTED: 01/25/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G035	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2017
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NAME OF PROVIDER OR SUPPLIER CRI PARK ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 4500 PARK ROAD ALEXANDRIA, VA 22312
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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
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W 000 INITIAL COMMENTS

W 000

An unannounced annual 55 Fundamental Medicaid Certification survey was conducted 1/17/17 through 1/19/17. 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 8 certified bed facility was 7 at the time of the survey. The survey sample consisted of 4 Individual reviews (Individuals #1 through #4).

W 440 483.470(i)(1) EVACUATION DRILLS

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 failed to conduct quarterly evacuation drills during the day shifts, and during the evening shifts.

The Findings included:

On 1/17/17 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 February 1, 2016 - September 14, 2016. During the Evening Shift (3:00 P.M. - 11:00 P.M.) there were no evacuation drills

W 440

1. A schedule will be put up for fire drills to be conducted every month rotated through three shifts (morning, evening, and overnight) throughout every quarter. A particular staff will be designate to lead the fire drill and give feedback to the program manager on the next business day.
2. Impromptu/unannounced fire drills will be conducted under the supervision of the Program Manager or Clinical Director to ensure that staff can complete the drills safely within the time limits specified. Any deficiencies noticed will be discussed with staff on shift immediately following the drill. More follow up and/or training will be done periodically during monthly all staff meetings.

3/4/2017
and
ongoing.

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

TITLE

(X6) DATE

[Signature]

Clinical Director

1/26/17

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 Continued From page 1
conducted from January 24, 2016 - May 12, 2016.

On 1/17/17 at 4:30 P.M. an interview was conducted with the Clinical 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. He submitted a copy of the Staff Meeting Minutes dated 11/18/16. It read, "Fire Drills: Ensure that fire drills are completed and rotated among different teams."

On 1/17/17 at 5:00 P.M. the Clinical Manager was notified of the findings. No further information was received.

W 440

3. Quality Improvement Coordinator will conduct audits of program clinical/medical and environmental records as deemed appropriate or as requested by the Clinical Director to ensure compliance with standards in place. 4. Clinical Director will oversee the quality of all services in the program to include ISP planning/implementation, active treatment, diligence in care routines and safety of the work environment including fire drills.	3/4/2017 and ongoing
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