COMMONWEALTH of VIRGINIA

Department of Health

Office of Licensure and Certification

M. Norman Oliver, MD, MA
State Health Commissioner

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Henrico, Virginia 23233-1485
Fax (804) 527-4502

July 16, 2018

Kris Hollins, Director
Cri McKinley
1612 McKinley Road
Arlington, VA22205

RE: Cri McKinley
Arlington, VA
ICF/IID: 49G036

Dear Mr. Hollins:

An unannounced Medicaid survey, ending July 12, 2018, was conducted by the Office of Licensure and Certification staff. All references to regulatory requirements are found in Title 42, Code of Federal Regulations for Intermediate Care Facilities for Persons with Intellectually Disabilities.

Survey Results

The Fundamental Health survey determined your facility was in substantial compliance with the Federal Conditions of Participation for the Title XIX Intermediate Care Facility for Persons with Intellectually Disabilities (ICF/ID).

Enclosed is provider copy of the CMS 2567, Statement of Deficiencies and Plan of Correction that reflects deficiencies cited at the time of this survey. [Any deficiencies found as a result of a Life Safety Code inspection will be mailed separately from the office of the State Fire Marshall.]

A copy of the completed form (CMS-2567) will be kept on file in this office and will be available for public review. This Division is required to make copies of this report available to other Federal and State regulatory or reimbursement agencies upon request.

Survey Response Form

The Survey Response Form is offered as a method to share your review of the onsite survey process. Please take a moment to complete this evaluation, which is available at: "http://www.vdh.virginia.gov/OLC/Downloadables/documents/2011/pdf/LTC%20facility%20survey%20response%20form.pdf". We will appreciate your participation.

If you have any questions, please call me at (804) 367-2100.

Sincerely,

Paul Wade

Paul Wade, Supervisor
Division of Long Term Care Services

Enclosures

cc: Bertha Ventura, Department of Medical Assistance Services (Sent Electronically)
Susan Elmore, Department of Behavioral Health and Developmental Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G036	A. BUILDING _____ B. WING _____	07/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRI MCKINLEY	1612 MCKINLEY ROAD ARLINGTON, VA 22205

(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 07/10/2018 through 07/12/2018. 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.	E 000		
W 000	INITIAL COMMENTS An unannounced Fundamental Medicaid re-certification survey was conducted 07/10/2018 through 07/12/2018. 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 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 000		

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.