

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

PRINTED: 09/20/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G059	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2018
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NAME OF PROVIDER OR SUPPLIER CRI PARLIAMENT DRIVE	STREET ADDRESS, CITY, STATE, ZIP CODE 8714 PARLIAMENT DRIVE N SPRINGFLD, VA 22151
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E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 09/11/18 through 09/12/18. 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. No Emergency Preparedness complaints were investigated during the survey.	E 000		
E 015	Subsistence Needs for Staff and Patients CFR(s): 483.475(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 at least annually.] 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. (D) Sewage and waste disposal.	E 015	E015 Subsistence Needs for Staff and Patients CFR(s) 483.475(b)(1) All of the individuals and staff were affected by the deficient practice and this citation. While emergency food, water and supplies were present not all staff were aware of the supplies and it's location at CRI Parliament Drive Group Home. To correct and avoid future impact to the individuals and staff the CRI Parliament Drive Group Home is supplied with food and water in the Emergency supply kit for subsistence of both individuals and staff. This is documented in the Emergency Supplies checklist within the EP plan. This document will be reviewed at the CRI Parliament Drive October Team meeting to make sure staff are aware that there are adequate food and water supplies for both individuals and staff. The Community Residences Risk Management Committee will review the Emergency Plan specific to CRI Parliament Drive on an annual basis. The Clinical Director will monitor the process to ensure all staff are trained by reviewing the meeting/training	10/26/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Terrell Jones TITLE: ARD (X6) DATE: 10/24/18

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	<p>Continued From page 1</p> <p>*[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures.</p> <p>(6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following:</p> <p>(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:</p> <p>(A) Food, water, medical, and pharmaceutical supplies.</p> <p>(B) Alternate sources of energy to maintain the following:</p> <p>(1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.</p> <p>(2) Emergency lighting.</p> <p>(3) Fire detection, extinguishing, and alarm systems.</p> <p>(C) Sewage and waste disposal.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility staff failed to provide documentation that the emergency preparedness plan addressed provisions of subsistence including food and water for staff.</p> <p>The emergency preparedness plan failed to include documentation for the provision of food and water for staff during an emergency.</p> <p>The Findings included:</p> <p>On 9/12/18 at 4:00 P.M., an interview was conducted with the facility Program Manager (Administration A). The Program Manager stated that their emergency plan did not address food and water for staff during an emergency. He</p>	E 015		

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E 015	Continued From page 2 stated that the food and water that was in the facility during the time of the survey was for the individuals who lived at the facility.	E 015		
E 029	Development of Communication Plan CFR(s): 483.475(c) (c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually. This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility staff failed to provide documentation that the emergency preparedness plan included a facility-specific communication plan. The emergency preparedness plan failed to include a facility-specific communication plan. The communication plan was an overall corporate plan for the parent organization. The Findings included: On 9/12/18 at 4:00 P.M., an interview was conducted with the facility Program Manager (Administration A). When asked for documentation of a facility-specific communication plan, the Program Manager was unable to provide one. The communication plan did not address any facility-specific staff or roles, etc. The Program Manager stated that they had only recently began to attend meetings and work on their overall emergency preparedness plan.	E 029	E 029 Development of Communication Plan CFR(s): 483.475(c) All of the individuals and staff were effected by the deficiency and citation. To correct and insure no individuals and staff are effected in the future the CR agency Emergency Preparedness written Communication Plan will be reviewed for compliance to Federal, State and local laws. The agency plan will be edited to be program specific to CRI Parliament Drive Group Home. A training will occur at the October CRI Parliament Drive team meeting to review the content and utilization of the written communication plan. The Community Residences Risk Management Committee will review the Emergency Plan specific to CRI Parliament Drive Group Home on annual basis. The Clinical Director will ensure and monitor all new and existing program staff are trained on the emergency preparedness plan by reviewing the staff training sign in sheets.	10/26/18
E 032	Primary/Alternate Means for Communication CFR(s): 483.475(c)(3) [(c) The [facility] must develop and maintain an	E 032		

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E 032	<p>Continued From page 3</p> <p>emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.] The communication plan must include all of the following:</p> <p>(3) Primary and alternate means for communicating with the following: (i) [Facility] staff. (ii) Federal, State, tribal, regional, and local emergency management agencies.</p> <p>*[For ICF/IIDs at §483.475(c):] (3) Primary and alternate means for communicating with the ICF/IID's staff, Federal, State, tribal, regional, and local emergency management agencies. This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility staff failed to provide documentation that the emergency preparedness plan included a facility-specific communication plan for alternate means of communication.</p> <p>The emergency preparedness plan failed to include a facility-specific communication plan for alternate means of communication.</p> <p>The Findings included:</p> <p>On 9/12/18 at 4:00 P.M., an interview was conducted with the facility Program Manager (Administration A). When asked for documentation of a facility-specific communication plan that included alternate means of communication, the Program Manager was unable to provide one. The communication plan did not address any forms of communication other than telephone and email. The Program</p>	E 032	<p>E 032 Primary/Alternate Means for Communication CFR(s): 483.475(c)(3)</p> <p>All of the individuals and staff were effected by this deficiency and citation.</p> <p>To prevent future impact from this deficiency the following measures will be put into place. The modified program specific communication plan mentioned in E029 above includes primary and alternate means for communication with facility staff and Federal, State, tribal, regional and local emergency management agencies. Specifically these are the means of communication:</p> <ol style="list-style-type: none"> 1. Primary means of communication – land line at the program 2. Secondary – email to Program Manager and all staff 3. Additional means – cell phone – Program manager cell phone list is maintained and PM's have staff cell phone numbers 4. Additional means – In person check in on program via agency vehicle and Emergency Response team member. <p>The Community Residences Risk Management Committee will review the Emergency Plan specific to Parliament Drive Group Home on annual basis. The Clinical Director will ensure all program staff are trained annually and monitor the training process by reviewing the staff training sign in sheets.</p>	10/26/18

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E 032	Continued From page 4 Manager stated that they had only recently began to attend meetings and work on their overall emergency preparedness plan.	E 032			
W 000	INITIAL COMMENTS An unannounced annual 55 Fundamental Medicaid Certification Survey was conducted 9/11/18 through 9/12/18. 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 6 certified bed facility was 5 at the time of the survey. The survey sample consisted of 3 Individual reviews (Individuals #1 through #3).	W 000			