

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

PRINTED: 05/20/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>49G034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/16/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CRI QUEEN ELIZABETH ICF</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8518 QUEEN ELIZABETH BLVD ANNANDALE, VA 22003</b>
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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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E 000 Initial Comments

An unannounced Emergency Preparedness survey was conducted 5/14/19 through 5/16/19. 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.

W 000 INITIAL COMMENTS

An unannounced annual Fundamental Medicaid Certification survey was conducted 5/14/2019 - 5/16/2019. 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 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 382 DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)

The facility must keep all drugs and biologicals locked except when being prepared for administration.

This STANDARD is not met as evidenced by:  
Based on observation, staff interview and facility documentation review, the facility staff failed to ensure all drugs were kept locked in the centrally located file cabinet

The file cabinet where extra medications were stored was observed to be unlocked.

E 000

W382: DRUG STORAGE AND RECORDKEEPING CFR (s): 483.460(l)(2)

The file cabinet was immediately locked and no individuals were affected by medications not being securedly locked.

W 000

All of the individuals were identified to be at potential risk due to the unlocked medications in the file cabinet, therefore the Program Nurse will check and ensure on a daily basis that all individuals' medications and extra medications are locked when they are not being administered

The Nursing Coordinator/Program Nurse will review and provide training on the agency's policy and expectations on medication storage during the next staff meeting.

W 382

The Nursing Coordinator will conduct unannounced checks at the program to ensure that all medications and extra medications are properly locked

The Program Manager/Clinical Director will periodically perform checks of all medication and extra medications, to ensure that are kept locked and that all applicable Medication Storage guidelines are being adhered to by the program

6/24/19

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

TITLE

DATE

*Bonnie Klancher, R*

6/18/19

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 382	<p>Continued From page 1</p> <p>Findings included:</p> <p>On 5/14/2019 at 8 PM prior to observation of medication pass, the surveyor asked the staff member (Admin E) where extra medications were stored. Admin E showed the surveyor a file cabinet in a large where the extra medications were stored. The file cabinet was unlocked. Medications for the individuals were stored in the drawers. Admin E stated the file cabinet was supposed to be locked at all times.</p> <p>On 5/14/2019 at 8:05 PM, an interview was conducted with the Program Manager (Admin A) who stated "there is a key for the file cabinet, but it is not locked at this time." Admin A stated the file cabinet should always be kept locked.</p> <p>On 5/14/2019 at 8:07 PM, an interview was conducted with the Clinical Director (Admin B) who stated it was "highly unusual" for the file cabinet where medications were stored to be unlocked. Admin B stated she contacted the program nurse (Admin D) who told her the cabinet was locked when she left earlier that evening. Admin B stated the file cabinet should be kept locked. Admin B stated she was going to inservice all of the staff to always keep the file cabinet locked.</p> <p>Review of the facility policy on Inventory of Medication revealed the following statement: "The Nurse or Medication Aide/Technician is responsible for the following medication storage procedures:.... G. Store all medications in centrally located locked cabinet or refrigerator..."</p>	W 382		

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<p>W 382 Continued From page 2</p> <p>On 5/15/2019 during the end of day debriefing, Admin A, Admin B, the Nurse Coordinator (Admin C), the Program Nurse (Admin D) and Admin E were informed of the findings that the file cabinet where extra medications were stored was observed to be unlocked. All of the administrative staff stated the file cabinet with medications should always be kept locked.</p> <p>No further information was provided.</p>	<p>W 382</p>
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