

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

Printed: 05/28/2019  
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>01 - QUEEN ELIZABETH HOUSE</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/23/2019</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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K 000	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 29282 The facility is a two story, single family type residence.</p> <p>The facility is type V construction.</p> <p>An unannounced life safety code survey was conducted on 5/23/2019 in accordance with 42 Code of Federal Regulations, Part 483.150 and 410 to 480: Requirements for Intermediate Care Facility for Persons with Mental Retardation. The facility was surveyed for compliance using the LSC 2012 Existing Regulations. The facility was not in compliance with the requirements for participation for Medicare and Medicaid.</p> <p>The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, Part 483.150 and 410 to 480 (Life Safety from Fire.)</p>	K 000		
K0300	<p>Protection - Other CFR(s): NFPA 101</p> <p>Protection - Other 2012 EXISTING List in the REMARKS section any LSC Section 33.2.3 Protection requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This Standard is not met as evidenced by: Surveyor: 29282 Based on observation it was determined that the facility failed to maintain fire extinguishers as per NFPA 10.</p> <p><b>The Findings Include:</b> On 5/23/2019 at approximately 11:45 AM, it was</p>	K0300		

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

*Jeff Scannell*

TITLE

Facility Manager

(X6) DATE

5/31/19

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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K0300	Continued From page 1 <b>revealed by observation there were no monthly checks on the fire extinguishers for March and April 2019.</b>	K0300	I spoke to the Program Manager (PM) about the importance of making sure the fire extinguishers are reviewed monthly. The PM will review this with the rest of the team at the next staff meeting. Calendar reminders will be set up to prevent this from happening again. The Clinical Director (CD) will also do surprise inspections to make sure this does not happen again.	6/28/19
K0311	Vertical Openings - Enclosure CFR(s): NFPA 101  Vertical Openings - Enclosure 2012 EXISTING (Prompt) Vertical openings shall be protected so as not to expose a primary means of escape. Vertical openings shall be considered protected if separated by smoke partitions in accordance with 8.2.4 that resist the passage of smoke from one story to any primary means of escape on another story. Smoke partitions shall have a fire resistance rating on not less than 1/2 hour. Any doors or openings to the vertical opening shall be capable of resisting fire for not less than 20 minutes. Stairs shall be permitted to be open where complying with sections 33.2.2.4.6 or 33.2.2.7. 33.2.3.1.1 through 33.2.3.1.4 This Standard is not met as evidenced by: Surveyor: 29282 Based on observation it was determined the facility failed to maintain a vertical opening.  <b>The Findings Include:</b> <b>On 5/23/2019 at approximately 11:55 AM, it was revealed by observation the door at the bottom of the enclosed stairwell was not closing and latching properly.</b>	K0311		6/23/19
K0345	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101  Fire Alarm System - Testing and Maintenance 2012 EXISTING (Prompt) A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National	K0345		

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K0345	Continued From page 2 Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This Standard is not met as evidenced by: Surveyor: 29282 Based on observation it was determined the facility failed to maintain the fire alarm system power supply.  <b>The Findings Include:</b> On 5/23/2019 at approximately 11:37 AM, it was revealed by observation the fire alarm power supply was not secured.	K0345		
K0511	Utilities - Gas and Electric CFR(s): NFPA 101  Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NPFA 70, National Electric Code. 32.2.5.1, 33.2.5.1, 9.1.1, 9.1.2 This Standard is not met as evidenced by: Surveyor: 29282 Based on observation it was determined the facility failed to prevent utility related hazards.  The Findings Include: On 5/23/2019 at approximately 11:35 AM, it was revealed by observation there was an unsupported power strip in Michael's room.  On 5/23/2019 at approximately 11:38 AM, it was revealed by observation there was an excessive accumulation of dryer lint in the laundry room.	K0511	I spoke to the PM and explained to him that power supplies must be secured properly. He will review with the rest of his team at the next staff meeting. The maintenance team will come in and do this right away. The PM will make sure that this stays secure.	6/23/19
			I spoke with the PM and explained the importance of not letting dryer lint get built up in the dryer. He will review with his team at the next staff meeting to make sure the lint trap gets emptied after every load. The team will go thru the dryer and remove all excess lint. The CD will make this part of her inspections when visiting the program to make sure it is being done. Signs will also be made and posted above the dryer.	6/23/19