COMMONWEALTH of VIRGINIA

Department of Health

Office of Licensure and Certification

M. Norman Oliver, MD, MA
State Health Commissioner

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March 18, 2019

Terell Jones
Cri Jackson Icf
807 North Jackson
Arlington, VA 22201

RE: Cri Jackson Icf
Arlington, Virginia
ICF/ID: 49G037

Dear Terell Jones:

An unannounced Medicaid survey, ending March 7, 2019 was conducted, by the VDH Office of Licensure and Certification staff. All references to regulatory requirements are found in Title 42, Code of Federal Regulations

Survey Results and Plan of Correction

Enclosed is the CMS-2567, Statement of Deficiencies, for the Fundamental Health Survey. This document contains a listing of the deficiencies found at the time of this inspection. [Any deficiencies found as a result of a Life Safety Code inspection will be mailed separately from the office of the State Fire Marshall.]

You are required to file a plan for correcting these deficiencies. Your statements shall reflect the specific detailed actions you will take to correct deficiencies, prevent a recurrence of the deficiencies, and measures implemented to maintain compliance. You must also give the specific calendar date on which correction for each deficiency is expected to be completed. The response "Corrected" is not an acceptable response. That kind of response does not fulfill the requirement to provide information on preventing recurrence or maintaining compliance. The response "will train staff" is not an acceptable response unless specific information is given on the plan for frequency and methods to evaluate results.

Correction/completion dates must be within forty-five (45) days from the day of the inspection. If you have been cited for physical plant or Life Safety Code deficiencies that will require more than 45 days to correct and you intend to request an exception, you must provide a specific reason for the request and the expected completion date.

After signing and dating your Plan of Correction, retain one copy of the Report for your files and return the original to this office within ten (10) calendar days from receiving the report. You will be notified if your Plan of Correction is not acceptable.

Failure to return your Plan of Correction within the time frame specified above can result in a loss of Medicaid reimbursement.

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 LTC 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/content/uploads/sites/96/2019/02/LTC-facility-survey-response-form.pdf"
We will appreciate your participation.

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

Sincerely,

Paul Wade

Paul Wade, LTC 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
	49G037	A. BUILDING _____ B. WING _____	03/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRI JACKSON ICF	807 NORTH JACKSON ARLINGTON, VA 22201

(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 03/05/2019 through 03/07/2019. The facility was in 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 Certification survey was conducted 3/5/19 through 3/7/19. 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 6 certified bed facility was 6 at the time of the survey. The survey sample consisted of 3 Individual reviews (Individuals #1 through #3).	W 000		
W 455	INFECTION CONTROL CFR(s): 483.470(l)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observation, staff interview, clinical record review, and facility documentation review, the facility staff failed to administer medications in a manner to prevent the spread of infection. For Individual #1, the facility staff failed to perform proper hand hygiene prior to administering	W 455		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Terell Jones Terell Jones Acting Clinical Director 3/19/19

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 455	Continued From page 1 medications. The Findings included: Individual #1 was a 33 year old who was admitted to the facility on 6/27/05. Individual #1's diagnoses included Profound Intellectual Disability, and Seizure Disorder. On 3/4/19 at 4:00 P.M., an observation was conducted of the facility medication pass. Direct Service Personnel (DSP -Employee D) was observed performing hand hygiene prior to administering medications to Individual #1. Employee D turned on the faucet and wet both hands. He then applied liquid soap, and immediately rinsed the soap off without washing his hands first. He then prepared and administered Gabapentin 1200 MG, and Oxcarbazepine 600 MG. to Individual #1. When asked about his understanding of the proper handwashing technique, he said he didn't realize that he hadn't actually performed proper handwashing technique. He further acknowledged that his handwashing technique had not been observed by a facility nurse for feedback and training purposes. On 3/6/19, a review was performed of facility documentation, revealing an undated Medication Management policy. It read, "Wash hands thoroughly". On 3/7/19 the facility Manager (Employee A) was informed of the findings. No further information was received.	W 455	1. The Program Nurse will monitor individual #1 for any adverse effects from the Medication Administration on 3/4/19. 2. The Program Nurse will review the Medication Administration and Infection Control Policies with staff. The staff will sign acknowledging their responsibilities maintaining infection control procedures during medication administration. 3. The Program Nurse will complete training regarding medication administration and infection control as outlined in the CRi's Policy and Procedures. All program staff will sign acknowledging their awareness of their responsibilities in infection control during medication administration (hand washing). 4. The Program Manager and Program Nurse will continue to perform unannounced Medication Observations for staff to ensure the compliance of the Medication Administration and infection control procedures. 5. Annual recertification of the Medication Administration and Infection Control training is required by all staff. The Clinical Director will review to ensure that all staff members have completed the training within a timely manner.	6. 4/12/19