

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

Printed: 09/25/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G022	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 1 B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2019
NAME OF PROVIDER OR SUPPLIER CONRAD ICF		STREET ADDRESS, CITY, STATE, ZIP CODE 4123 CONRAD STREET ALEXANDRIA, VA 22312		
(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
K 000	INITIAL COMMENTS Surveyor: 35701 The facility is a one-story structure with an attic of Type V(000) construction type. The facility does not have a fire sprinkler system. An unannounced recertification Life Safety Code survey was conducted on 09/17/2019 in accordance with 42 Code of federal Regulation, Part 483.150 and 410 to 480: Requirements for Intermediate Care Facilities for Persons with Intellectual Disability (ICF/ID). The facility was surveyed for compliance using the 2012 Life Safety Code existing regulations. The Facility was not in compliance with the Requirements for Participation for Medicare and Medicaid. The Findings that follow demonstrate non-compliance with title 42 Code of Federal Regulations Part 483.150 and 410 to 480 (Life Safety from Fire).	K 000	K0222-COMPONENT #1- CORRECTIVE ACTION: Locking bathroom door lock replaced with non-locking passage door lockset. All locking bedroom /egress door locksets replaced with no-locking passage locksets in compliance with egress door codes. K0222-COMPONENT #2- IDENTIFYING SIMILAR OCCURENCES: A checkbox item added to monthly safety inspection to include verification of compliance with egress door regulations. K0222-COMPONENT #3-ENSURING NON-RECURRENCE OF DEFICIT PRACTICE: Future occurrences of problem monitored by adding a house safety policy prohibiting installation of any locking interior egress doors, rooms/closets with locking locksets. All lock changes/repairs /replacements must state type lock set to be installed and must have prior approved in writing by house Project Director.	K0222-Item #1- 9/18/19 Order issued for lockset change K0222- Item #2- 10/7/19- Modification of Safety Checklist to include checkbox for Egress Door Compliance added K0222- Item #3- 10/7/19- House EPP plan Updated to include prohibition of locking locksets on interior egress doors. K0222- Item #4- 10/7/19- Monthly Safety Inspection Checklist updated to include verification of egress door compliance K00222-Item #5- 10/20/19- All items will be documented in EPP red binder.
K0222	Egress Doors CFR(s): NFPA 101 Egress Doors 2012 EXISTING (Prompt) Doors and paths of travel to a means of escape shall not be less than 28 inches. Bathroom doors shall not be less than 24 inches. Doors are swinging or sliding. Every closet door latch shall be readily opened from the inside in case of an emergency. Every bathroom door shall be designed to allow opening from the outside during an emergency when locked. No door in any means of escape shall be locked against egress when the building is occupied. Delayed egress locks complying with 7.2.1.6.1 shall be permitted on exterior doors only.	K0222		

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

TITLE

(X6) DATE

Gerard Bunnay Project Director 10/7/2019

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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K0222	Continued From page 1 Access-controlled egress locks complying with 7.2.1.6.2 shall be permitted. Forces to open doors shall comply with 7.2.1.4.5. Door-latching devices shall comply with 7.2.1.5.10. Corridor doors are provided with positive latching hardware, and roller latches are prohibited. Door assemblies for which the door leaf is required to swing in the direction of egress travel shall be inspected and tested not less than annually in accordance with 7.2.1.15. 33.2.2.5.1 through 33.2.2.5.7, 33.7.7, 42 CFR 483.470(j)(1)(ii) This Standard is not met as evidenced by: Surveyor: 35701 Based on observation, the facility failed to maintain egress doors. This has the potential to affect all residents. The Findings include: It was observed on 09/17/2019 at 10:50 AM, the bathroom located near the dining room was equipped with a locking mechanism that can be locked from inside.	K0222	K0222-COMPONENT #4-FACILITY MONITORING PERFORMANCE OF ENSURING NON- RECURRENCE OF DEFICIT PRACTICE: Monthly safety inspection to include a checkbox to include compliance with egress codes K0345-COMPONENT #1-CORRECTIVE ACTION: Log of Fire Alarm System Acceptance Testing and Maintenance Inspection Reports made readily available in compliance with codes. K0345-COMPONENT #2-IDENTIFYING SIMILAR OCCURENCES: A checkbox item added to monthly safety inspection to include verification of ready availability and staff awareness of location of Fire Alarm System Acceptance Testing and Maintenance Inspection Reports.	K00345-Item #1- 09/17/19- Log of Fire Alarm System Acceptance Testing and Maintenance Inspections Made Available to House. K0345- Item #2- 10/7/19- Checkbox added to inspection form for verification of compliance K0345- Item #3- 10/7/19- Fire Alarm testing added to calendars. K0345- Item #4- 10/7/19- Monthly Safety Inspection Checklist updated to include availability of required records & staff training. K00222-Item #5- 10/20/19- All items will be documented in EPP red binder
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 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: 35701	K0345		

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K0345	<p>Continued From page 2</p> <p>Based on record review, the facility failed to maintain the fire alarm system. This has the potential to affect all residents and staff.</p> <p>The Findings include:</p> <p>A record review on 09/17/2019 at 1030 AM revealed the fire alarm inspection reports for 2017 and 2018 was not available for review. The record review confirmed the last known inspection of the fire alarm system was conducted on 09/28/2016.</p>	K0345	<p>K0345-COMPONENT #3-ENSURING NON-RECURRENCE OF DEFICIT PRACTICE: Future occurrences of problem monitored by adding a schedule of annual house Fire Alarm System Testing and Maintenance Inspections to house and Quality Assurance Inspectors' Calendars and verified by inclusion of a checklist box during inspections.</p> <p>K0345-COMPONENT #4-FACILITY MONITORING PERFORMANCE OF ENSURING NON- RECURRENCE OF DEFICIT PRACTICE: Monthly safety inspection to include a checkbox to include compliance with availability of required records at house and CLA office. Staff trained in readily accessing required records.</p>	