

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

PRINTED: 10/05/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G034	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2020
NAME OF PROVIDER OR SUPPLIER CRI QUEEN ELIZABETH ICF			STREET ADDRESS, CITY, STATE, ZIP CODE 8518 QUEEN ELIZABETH BLVD ANNANDALE, VA 22003	
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E 000	Initial Comments	E 000		
W 000	<p>An unannounced Emergency Preparedness survey was conducted 09/22/20 through 09/23/20. 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.</p> <p>INITIAL COMMENTS</p> <p>An unannounced annual Medicaid survey for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) was conducted on 09/22/2020 through 09/23/2020. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities. The Life Safety Code survey report will follow.</p>	W 000		
W 159	<p>The census in this six bed facility was six at the time of the survey. The survey sample consisted of three current Individual reviews (Individuals # 1, # 2 and # 3).</p> <p>QIDP CFR(s): 483.430(a)</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. This STANDARD is not met as evidenced by: Based on record reviews, and staff interview, it was determined that the QIDP [Qualified Intellectual Disabilities Professional] failed coordinated and monitored the individuals' active treatment programs for three of three individuals in the survey sample, Individuals # 1, # 2 and # 3.</p> <p>1a. The QIDP [qualified intellectual disabilities</p>	W 159		

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

Bernice Meancho

TITLE

Clinical Director

(X6) DATE

10/12/2020

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 159	<p>Continued From page 1</p> <p>professional] failed to ensure Individual #1's active treatment for money management and medication administration was implemented according to the PCP [person centered plan].</p> <p>1b. The QIDP failed to ensure the data collection for Individual # 1's outcomes of money management and medication administration was documented in measurable terms.</p> <p>2a. The QIDP failed to develop Individual #2's PCP outcome of communication in measurable terms.</p> <p>2b. The QIDP failed to ensure the data collection for Individual # 2's outcome of communication was documented in measurable terms.</p> <p>3a. The QIDP failed to develop Individual #3's PCP outcomes of personal care and adaptive equipment in measurable terms.</p> <p>3b. The QIDP failed to ensure the data collection for Individual # 3's outcomes of personal care and adaptive equipment were documented in measurable terms.</p> <p>The findings include:</p> <p>1. The QIDP [qualified intellectual disabilities professional] failed to ensure Individual #1's active treatment for money management and medication administration was implemented according to the PCP [person centered plan].</p> <p>Individual #1's PCP dated 06/01/2020 through 05/31/2021 documented, "Desired Outcome: Money Management. [Individual # 1's Initials] sorts and counts her money twice monthly to</p>	W 159	<p>QIDP: CFR(s): 483.430(a)</p> <p>The QIDP will revise Individual #1's active treatment for Money Management and Medication administration outcomes to ensure that the outcomes accurately reflect the needs of Individual #1, is implemented appropriately</p> <p>The Program Manager / QIDP will review all individuals' outcomes to ensure that they accurately reflect their needs and that they are implemented as designed within the PCPs.</p> <p>The Program Manager will provide the training to all the staff to review all individuals' PCPs during the next staff meeting. The program Manager will provide supervision to all staff and ensure that the PCPs accurately reflect the individuals needs and are implemented appropriately.</p> <p>The QIDP will conduct monthly assessments to ensure that all services and needs are met and are accurately implemented on the monthly QIDP notes.</p> <p>The Clinical Director will review within supervision with the Program Manager the documentation to support the coordination of services for each individual.</p>	11/3/2020

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W 159	<p>Continued From page 2</p> <p>maintain her knowledge and skills in money handling. Support Activities & Instructions: 1. [Individual #1] takes money from her cash box and sorts the money into notes and coins with staff support if needed. 2. [Individual #1] will counts and announces the total of coins and notes with staff assistance as needed. 3. [Individual #1] puts money back in her safe and locks them. 4. [Individual #1] receives praise from staff for handling her money. 5. Staff documents activity. Frequency: Monthly."</p> <p>"Desired Outcome: Medication Administration. [Individual # 1] identifies the color of one of her medications and self administers them after staff prepares them from her MAR [medication administration record]. Support Activities & Instructions: 1. [Individual #1] is informed by staff when it is time to take medication. 2. [Individual #1's] medications are prepared by staff. 3. [Individual #1] states the name, color and reason for taking evening medication after staff verbally prompt to identify one 8pm [8:00 p.m.] medication. 4. If [Individual #1] needs help, staff provide teaching to identify the name and reason for medication (Antibiotic Pill for UTI) and one side effect of the medication (vomiting). 5. [Individual #1] self-administers her evening medication after staff hands her the medication in a medication cup. 6. [Individual #1] receives praise and encouragement from staff for participating in medication routine, and staff documents. Frequency: Daily."</p> <p>Review of the progress notes and data collection dated 08/10/20, 08/18/20 and 0831/20 of Individual # 1's outcome for money management failed to evidence documentation that the program was implemented on the above dates.</p>	W 159	<p>The QIDP will revise Individual # 1's Money Management and Medication Administration, Individual #2's Communication and Individual #3's Personal Care and Adaptive Equipment into measurable terms.</p> <p>The Program Manager will update the individuals' PCPs to incorporate these changes.</p> <p>The Program Manager will complete this process for all the other individuals to prevent further deficiencies</p> <p>The Program Manager will continue to monitor and ensure that all service needs of the individuals are accurately reflected through the use of weekly operations meetings</p> <p>The Clinical Director will review within supervision with the Program Manager for documentation to support the coordination of services for each individual's needs.</p>	11/3/2020

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W 159	<p>Continued From page 3</p> <p>Review of the progress notes and data collection dated 08/01/20 through 08/08/20 for the outcome of medication administration failed to evidence documentation that the program was implemented on the above dates.</p> <p>On 09/23/2020 at 9:30 a.m. a telephone interview was conducted with ASM (administrative staff member) # 1, program manager and ASM # 2, clinical director. When asked if the QIDP was available for an interview ASM # 1 stated that they were not in the facility. After reviewing Individual # 1's data collection sheets for the dates listed above for the PCP outcomes for money management and medication administration ASM # 1 was asked if it was the QIDP's responsibility to maintain consistent implementation of the active treatment for Individual # 1. ASM # 1 stated yes. When asked if it was the responsibility of the QIDP to monitor the implementation of Individual #1's active treatment ASM # 1 stated yes. ASM # 2 stated that they agreed.</p> <p>On 09/23/2020 at 10:25 a.m., ASM # 1, program manager, ASM # 2, clinical director, and LPN [licensed practical nurse] # 1, were made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References: [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical</p>	W 159	<p>The QIDP will revise Individual # 2's Communication and Individual # 3's Personal Care and Adaptive Equipment outcomes into measurable terms to collect appropriate data.</p> <p>The Program Manager will update the PCPs to incorporate these changes for those individuals</p> <p>The Program Manager will complete this process for all the individuals to prevent further deficiencies</p> <p>The Program Manager will continue to monitor to ensure that all service needs of individuals are accurately reflected through the use of weekly operations meetings</p> <p>The Clinical Director will review within supervision with the Program Manager for documentation to support the coordination of services for each individual needs.</p>	11/3/2020

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W 159	<p>Continued From page 4</p> <p>causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</p> <p>1b. The QIDP failed to ensure the data collection for Individual # 1's outcomes of money management and medication administration was documented in measurable terms.</p> <p>Individual #1's PCP dated 06/01/2020 through 05/31/2021 documented, "Desired Outcome: Money Management. [Individual # 1's Initials] sorts and counts her money twice monthly to maintain her knowledge and skills in money handling. Support Activities & Instructions: 1. [Individual #1] takes money from her cash box and sorts the money into notes and coins with staff support if needed. 2. [Individual #1] will counts and announces the total of coins and notes with staff assistance as needed. 3. [Individual #1] puts money back in her safe and locks them. 4. [Individual #1] receives praise from staff for handling her money. 5. Staff documents activity. Frequency: Monthly."</p> <p>"Desired Outcome: Medication Administration. [Individual # 1] identifies the color of one of her medications and self administers them after staff prepares them from her MAR [medication administration record]. Support Activities & Instructions: 1. [Individual #1] is informed by staff when it is time to take medication. 2. [Individual #1's] medications are prepared by staff. 3. [Individual #1] states the name, color and reason for taking evening medication after staff verbally prompt to identify one 8pm [8:00 p.m.] medication. 4. If [Individual #1] needs help, staff</p>	W 159		

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W 159	<p>Continued From page 5</p> <p>provide teaching to identify the name and reason for medication (Antibiotic Pill for UTI) and one side effect of the medication (vomiting). 5. [Individual #1] self-administers her evening medication after staff hands her the medication in a medication cup. 6. [Individual #1] receives praise and encouragement from staff for participating in medication routine, and staff documents. Frequency: Daily."</p> <p>On 09/23/2020 at 9:30 a.m. a telephone interview was conducted with ASM (administrative staff member) # 1, program manager and ASM # 2, clinical director. When asked if the QIDP was available for an interview ASM # 1 stated that they were not in the facility. ASM # 1 was asked if the data was collected in measurable terms. ASM # 1 stated no. When asked if it was the responsibility of the QIDP to ensure data was collected for Individual #1's outcomes of money management and medication administration were to be documented in measurable terms ASM # 1 stated yes. ASM # 2 stated that they agreed.</p> <p>On 09/23/2020 at 10:25 a.m., ASM # 1, program manager, ASM # 2, clinical director, and LPN [licensed practical nurse] # 1, were made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References: [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical</p>	W 159		

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W 159	<p>Continued From page 6</p> <p>causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</p> <p>2a. The QIDP failed to develop Individual #2's PCP outcome of communication in measurable terms.</p> <p>Individual # 2 was a 52 year old male, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: profound intellectual disability [1], swallowing difficulties and Down Syndrome [2]. Individual #2's PCP dated 09/01/2020 through 08/31/2021 documented, "Desired Outcome: Communication. [Individual #2] communicates his needs with gestural/sign language and touching through August 31, 2021. Support Activities & Instructions: 1. [Individual #2] uses pointing, limited gestures/sign language to communicate his needs. 2. Observe [Individual #2] with close attention to understand his needs from his gestures/signs. 3. Use simple signs and gestures to inform [Individual #2] to engage in desired activity. 4. [Individual #1] learns new simple sign language techniques with staff support to improve his communication. 5. staff document communication skills utilized by [Individual #2]. Frequency: Daily."</p> <p>On 09/23/2020 at 9:30 a.m. a telephone interview was conducted with ASM (administrative staff member) # 1, program manager and ASM # 2, clinical director. When asked if the QIDP was available for an interview ASM # 1 stated that they were not in the facility. After reviewing Individual</p>	W 159			

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W 159	<p>Continued From page 7</p> <p># 2's PCP dated 09/01/2020 through 08/31/2021 for communication ASM # 1 was asked what the target behavior was or what was being measured. ASM # 1 stated, "I'm unable to identify what is being measured. The way it is written is confusing." When asked if it was the responsibility of the QIDP to ensure Individual #2's outcome of communication was developed in measurable terms ASM # 1 stated yes. ASM # 2 stated that they agreed.</p> <p>On 09/23/2020 at 10:25 a.m., ASM # 1, program manager, ASM # 2, clinical director, and LPN [licensed practical nurse] # 1, were made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References: [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</p> <p>[2] A genetic condition in which a person has 47 chromosomes instead of the usual 46. The extra chromosome causes problems with the way the body and brain develop. Down syndrome is one of the most common causes of birth defects. This information was obtained from the website: https://medlineplus.gov/ency/article/000997.htm.</p>	W 159		