PRINTED: 03/28/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		49G035	B. WING _			03/17/2022		
NAME OF PROVIDER OR SUPPLIER  CRI PARK ROAD				STREET ADDRESS, CITY, STATE, ZIP C 4500 PARK ROAD ALEXANDRIA, VA 22312	CODE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APPR DEFICIENCY)		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE		
E 000	Initial Comments		E	000				
W 000	survey was conduct The facility was in s CFR Part 483.73, 40 Participation for Inte Individuals with Inte	mergency Preparedness (EP) and 3/15/22 through 3/17/22. Substantial compliance with 42 83.475, Condition of ermediate Care Facilities for allectual Disabilities. No EP estigated during the survey.	W	000				
	re-certification surve through 3/17/22. Co compliance with 42 for Intermediate Car with Intellectual Disa Safety Code survey	undamental Medicaid ey was conducted 3/15/22 brrections are required for CFR Part 483 Requirements re Facilities for Individuals abilities (ICF/IID). The Life //report will follow. No						
W 104	the time of the surve consisted of 4 Indivi through #4).		w ·	104				
	budget, and operating This STANDARD is Based on observating documentation reviews.	must exercise general policy, and direction over the facility. In the not met as evidenced by: It is not met as evidenced by						
	The findings include	ed:						
	of the kitchen, dining	or on 3/15/2022, observations groom and other rooms		TITLE		(YE) DATE		

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

Clinical Director

Facility ID: VAICFMR33

4/5/2022

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.

Bernice Meanchop

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W 104	1) In the kitchen, their missing doors and mi When entering the gar cabinet to the left was four exposed shelves crumbs of food notice of that cabinet. There right in the kitchen that doors of the two cabin unable to close and midd not have the door shelves. An interview staff person (Employe She stated the kitchen missing doors for a lomanagement team was kitchen.  2) On 3/16/2022 at 12 toured the outside of Clinical Manager. The two were overflowing closed due to the amount those two had the lidit trash standing at leas the trash can The oth open about 8 inches we from closing.) There on the ground beside right. There were seven the control of the ground of include an ottoman, la mop bucket, a broken rope handles with two	e were cabinets with saligned doors. Iley-style kitchen, the first missing the doors for the	W	104	The Maintenance team will immediately cand install temporary cabinets doors in the facility kitchen.  The Facility Manager will immediately playorder for replacement kitchen cabinets for facility kitchen.  The Program Manager will perform week environmental checks of the facility and swork orders for repairs as needed.  The Clinical Director will perform randomentally checks of the facility and ensure the environment is clean and repairs have completed on work orders submitted.  The Facility Manager will complete quartework order quality assurance visits to the to ensure that all work orders have been completed and the environment is clean.	ce an r the  ly ubmit  n that been	4/25/2022	
	ottoman, and a large	red umbrella (for outdoor a chair available for use						

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W 104	seat. When asked al Manager removed the area by the trash bind should be in good read to be very be dirt and food part two blinds broken on There were large dedirt in the window sill a latch to lock the bolive ants observed or sills and in the cornecourtyard.  4) There were cobweroom as well as on the food part two blinds broken on There were large dedirt in the window sill a latch to lock the bolive ants observed or sills and in the cornecourtyard.  4) There were cobweroom as well as on the food part two files and in the corners. The floor that the food part two files in the tiles, perimeter of the room the corners. The floor than dirty but rather the staff cleaned the Manager stated the Manager also stated with a cleaning computation of the corners and the Manager stated she with a cleaning computation of the corners and the staff cleaned the Manager stated she with a cleaning computation of the corners and the staff cleaned the Manager stated she with a cleaning computation of the corners and the staff cleaned the Manager stated she with a cleaning computation of the corners and the corners are considered to the corners a	that had two large tears in the cout the chair, the Clinical he chair and placed it in the s. She stated the chairs pair.  If the window blinds were soiled with what appeared to icles. One set of blinds had a both ends with sharp edges. and insects and thick dust and its where the top windows use of the windows. There were rawling in the lower window or near the door to the outside the light fixture in the middle he windows were very soiled riticles.  It in the cracks and thick dust and the facility had a contract pany also. The Clinical would check to see the last mpany had serviced the interest of the last mpany had serviced the	W 1	04	The area around the facility trash cans we immediately cleaned with all trash cans we covered and all bulk items removed.  The Program Manager will immediately the facility trash distribution and proper in all trash cans during a staff meeting to that all staff fully understand how to han trash.  The Program Manager will submit bulk tworkers as needed by the facility, for all be picked up and disposed by the mainted team.  The Program Manager will perform were environmental checks around the program ensure that all trash cans are properly util and bulk is removed as needed.  The Clinical Director will perform randomonthly checks around the program and that the trash area is arranged and free of the Facility Manager will complete quar work order quality assurance visits to the to ensure that all work orders have been completed and the trash area is free of b clean.	review storage ensure dle removal bulk to enance kly m and lized m ensure f bulk terly e facility	4/25/2022	

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W 104	externally.  The Clinical Manager When asked if the apwindows and walls mcClinical Manager state.  The Clinical Manager state.  The Clinical Manager began cleaning the bowindow sills.  7) Tour of the outside several issues includi on the porch, loose bowned on the siding an An interview was conducted within the kitchen and other projitems in disrepair. The the Asset Manager was the next day and providescribing future plant.  On 3/17/2022 at 10:00 conduced with the Ashad toured the home request of the Clinical day. The Asset Manager stated he was the kitchen but had dispersional manager stated he was the kitchen but had dispersional manager stated he was the kitchen but had dispersional with the dispersional manager stated he was the kitchen but had dispersional manager s	stated the home was old. Dearance of the floors, et her expectation, the ed "No."  retrieved a paper towel and ags and dirt out of the  of the facility revealed ag rotten siding, broken tiles rick pavers in the walkway, d bricks.  ducted with the Clinical she would contact the Asset e if he could meet with the she plans for resolving e home involving the ects involving repair of the e Clinical Manager stated as able to inspect the home ide a report to the surveyors s to resolve the disrepair.  5 a.m., an interview was set Manager who stated he earlier that morning at the Manager on the previous ager stated that the last time inside of the home was e stated contractors had	W	104	A detailed deep cleaning of the facility we completed 3/30/22 by a professional cle company to ensure areas are free of cobinsects, dried food particles and filth.  A detailed tile and grout cleaning was company to the facility by a professional cleaning company to thoroughly clean at the Facility Manager will schedule quart deep cleaning of the facility in addition the routine cleaning, to ensure the program clean at all times.  The Program Manager will review with the program staff during a staff meeting, the routine cleaning of the facility to ensure areas of the facility are are always cleaned remain clean.  The Program Manager will perform were weekly environmental checks of the facility completed and the facility is constantly completed and the facility and ensure the environment is clean.  The Facility Manager will complete quart quality assurance visits to the facility to enthat all work orders have been completed the environment is clean.	eaning webs, ompleted steam II tiles. eterly to daily remains the etaily ethat all d and elkly lity to clean om ethat	4/25/2022
	doors due to a backlo						

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W 104			W 104	The exterior of the facility will be power washed, broken tiles and loose brick pay replaced.  The Facility Manager and Director of As Management will identify scope of work replace deteriorating siding and trim.  The Facility Manager and Director of As Management will work with contractors Rebuilding Together to complete the scowork.  The Facility Manager and Director of As Management will ensure the exterior pai original section of the house where woo exists  The Facility Manager will complete quar quality assurance visits of the facility to a and ensure completion of exterior work	esset to sset and ope of sset nting of d siding	5/1/2022
	home were observed within the home. The observed in the crack There were missing a	of survey, the floors in the to be filthy in several places ere was a buildup of dirt is and crevices on the floors. In the broken cabinet doors in the cracked tiles and loose lkway outside,				

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W 104	Continued From page The Clinical Manager	5 and program nurse were	W 10	04	The dining table and love seat will be imputed in the discarded and replaced with new furniture. Program manager		4/25/2022
	informed of the findings. The Clinical Manager stated the administration would address the issues.				The other facility furniture will be throug assessed by the Program Manager and reneeded.		
	During the three days of the survey, Individual #1 was observed to have heavily soiled feet (thick black shiny substance covering the soles of both feet). The facility floors were observed to be heavily soiled with a thick black substance daily from 3/15/22-3/17/22.			,	A detailed deep cleaning of the facility wi immediately be completed by a professio cleaning company to ensure areas are free cobwebs, insects, dried food particles and The Program Manager will review with the program staff during a staff meeting, the	nal e of l filth.	
				:	routine cleaning of the facility to ensure areas of the facility are are always cleaned remain clean.  The Program Manager will perform week	that all l and	7
	Individual #1 did not r	who lived at the facility.			environmental checks of the facility to er routine cleaning is properly completed ar facility is constantly clean	facility to ensure that ompleted and the form random	
	at 11:00 A.M., Individ to be heavily soiled. F shoes. The soles of h thick, black shiny sub-	ual #1's feet were observed le didn't wear socks or is feet were covered with a stance. On 3/16/22, at 2:00		1	The Clinical Director will perform rando monthly checks of the facility and ensure environment is clean.		
	P.M., Individual #1's feet were observed. He didn't wear shoes or socks. The soles of his feet were covered with a thick, black shiny substance. On 3/17/22 at 10:00 A.M., Resident #1's feet were observed. The soles of his feet were			:	The Facility Manager will complete quart quality assurance visits to the facility to e all work orders have been completed and environment is clean.	nsure tha	t
	covered with a thick, I A review was conduct record. According to t Individual #1 received	olack shiny substance. ed of Individual #1's clinical					

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X:) ND PLAN OF CORRECTION (XI) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X:) A. BUILDING			(X3) DATE SURVEY COMPLETED			
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W 104	conducted with the CA). When asked to do the soles of Individual dirty, they are black a Manager stated that not cleaned the floors the pandemic. She the	linical Manager (Employee escribe the substance on al #1's feet, she said they're and shiny." The Clinical the cleaning company had a for the past 2 years, due to be stated that the facility e for cleaning the facility.	W 1	Individual #1's feet will immed and the soles of his feet thorous. The Program Manager will cheindividuals' feet and ensure the and cleaned.  The Program Manager will revenext staff meeting all individual routines with emphasis on ensindividuals' feet are thoroughly remain clean through out the contract all individuals feet are was. The Clinical Director will perfected on individuals' feet at the ensure that their feet are constituted in the contract of the program of the contract of the c	wighly cleand eck other at they are warden during alls y washed and and day.  Induct week times to enshed.  Form randor he facility to	ed.  washed  the time  nd  ly nsure	4/25/2022