

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

PRINTED: 07/13/2022
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 07/07/2022
NAME OF PROVIDER OR SUPPLIER CRI QUEEN ELIZABETH ICF			STREET ADDRESS, CITY, STATE, ZIP CODE 8518 QUEEN ELIZABETH BLVD ANNANDALE, VA 22003		
(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	E 000			
W 000	An unannounced Emergency Preparedness survey was conducted 07/05/2022 through 07/07/2022. 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. No emergency preparedness complaints were investigated during the survey INITIAL COMMENTS	W 000			
W 455	An unannounced Fundamental Medicaid re-certification survey was conducted 07/05/2022 through 07/07/2022. 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. 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 observations, staff interview, and facility documentation review, the facility staff failed to ensure an effective program for the prevention and control of communicable diseases by failing to ensure the wearing of a KN95 mask by one unvaccinated staff person in sample of 6 employees.	W 455	W 455: INFECTION CONTROL CFR(s): 483.470(l)(1) The unvaccinated employee has been immediately provided and is wearing the appropriate N95 mask/respirator at all times in the facility. The agency Mask Guidelines/Memorandum has been updated and distributed within the agency, to reflect that all unvaccinated employees should wear N95 masks /respirator at all times in facilities. The agency COVID Policy will be updated to reflect that all unvaccinated employees should wear the appropriate N95 mask/respirators within the agency facilities.	8/21/2022	

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

Bernice Meancho 

TITLE

Clinical Director

(X6) DATE

7/19/2022

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.

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

PRINTED: 07/13/2022
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 07/07/2022
NAME OF PROVIDER OR SUPPLIER CRI QUEEN ELIZABETH ICF			STREET ADDRESS, CITY, STATE, ZIP CODE 8518 QUEEN ELIZABETH BLVD ANNANDALE, VA 22003		
(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	
W 455	<p>Continued From page 1</p> <p>For one Unvaccinated staff person (Employee D), the facility staff failed to ensure a KN95 mask was worn at all times.</p> <p>The Findings included:</p> <p>On 7/5/2022 during the initial entrance and tour at 5:15 p.m., Employee D greeted the surveyor and was observed wearing a surgical mask. Employee D stated all of the facility staff wear surgical masks since the most recent memo was sent from Human Resources office. Employee D stated the facility was no longer checking temperatures and completing questionnaire on employees for a while. Employee D stated none of the Individuals residing at the facility had positive COVID-19 results and that all of the employees had negative COVID-19 results. The other employees working during the shift were observed to be wearing surgical masks.</p> <p>On 7/6/2022 at 1:15 p.m., Employee D was observed wearing a surgical mask. All other employees were noted to be wearing surgical masks as well.</p> <p>On 7/6/2022 at 2:45 p.m., the Clinical Director (Employee B) provided a copy of the staff vaccination matrix.</p> <p>On 7/6/2022 at 3 p.m., review of the staff vaccination matrix revealed 15 employees listed. There was one employee who was listed as unvaccinated and had been granted exemption. All of the other employees were completely vaccinated.</p> <p>On 7/7/2022 at 4 p.m., an interview was conducted with the Program Nurse who stated</p>	W 455	<p>The Human Resource Department will notify and train all unvaccinated staff in the agency on the updated mask/ respirator requirement.</p> <p>The updated Mask Guideline/Memorandum and COVID Policy will be reviewed in all agency meetings.</p> <p>The Clinical Directors and Program Managers will ensure the provision and monitor that unvaccinated staff wear N95 masks/respirators every time they are within the facilities.</p>	8/21/2022	

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

PRINTED: 07/13/2022
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 07/07/2022
NAME OF PROVIDER OR SUPPLIER CRI QUEEN ELIZABETH ICF			STREET ADDRESS, CITY, STATE, ZIP CODE 8518 QUEEN ELIZABETH BLVD ANNANDALE, VA 22003		
(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	
W 455	<p>Continued From page 2</p> <p>the facility changed the policy about checking temperatures, wearing N95 masks and completing questionnaires. The Program nurse stated he didn't remember when the change happened but "it was a while ago." The Program Nurse stated all staff were told they could wear "surgical masks."</p> <p>On 7/6/2022, all staff working were observed to be wearing surgical masks.</p> <p>On 7/7/2022 at 9:25 a.m., all employees, including Employee D, at the facility were observed wearing surgical masks. Employee D was observed interacting with Individual # 1. Employee D stated he was providing 1:1 observation of Individual # 1 who was not wearing a mask.</p> <p>On 7/7/2022 at 10:02 a.m., an interview was conducted with the Nursing Coordinator (Employee E) who stated he thought N95 masks should be worn by unvaccinated employees. Employee E stated he was not aware of which employees were unvaccinated and granted exemption due to HIPAA (Health Insurance Portability and Accountability Act) and that Human Resources (HR) handled that information.</p> <p>On 7/7/2022 at 10:30 a.m., an interview was conducted with the Program Manager who stated all of the employees were expected to wear surgical masks. When asked if the unvaccinated employees were expected to wear anything different, the Program Manager stated she thought all employees could wear surgical masks based on the information from the corporate office. The Program Manager stated HR handled that.</p>	W 455			

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

PRINTED: 07/13/2022
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 07/07/2022
NAME OF PROVIDER OR SUPPLIER CRI QUEEN ELIZABETH ICF			STREET ADDRESS, CITY, STATE, ZIP CODE 8518 QUEEN ELIZABETH BLVD ANNANDALE, VA 22003		
(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	
W 455	<p>Continued From page 3</p> <p>On 7/7/2022 at 11:06 a.m., an interview was conducted via Speakerphone with the Human Resources Manager who stated all unvaccinated employees who were granted exemption were expected to wear a KN95 masks while at work and to test weekly for COVID-19. The Human Resources Manager stated employees who were granted an accommodation were informed of the requirements and given paperwork explaining the requirements when the exemption was granted. The Human Resources Manager confirmed that one employee at the home/facility had been granted accommodation. The Human Resources Manager stated his expectation was that Employee would wear an KN95 mask at all times and continue with weekly COVID-19 testing.</p> <p>On 7/7/2022 at 11:32 a.m., the Human Resources Manager was interviewed again to discuss the change in the facility's policy about the type of masks worn by staff and the expressed concern by staff about HIPAA violation. The Human Resources Manager stated "this is beyond HIPAA in the sense of it is okay to tell the Managers that John Smith and Jane Smith need to wear a KN95 mask regardless of what the others are wearing." The Human Resources Manager stated he was going to talk with the Leadership team to discuss the miscommunication. When asked about the corporate memorandum dated 4/11/2022 and entitled " COVID-19 Guidance update" 4/11/2022 , the Human Resources Manager stated the corporate office disseminated the memo based on the most recent CDC (Center for Disease Control) guidance. He stated staff were informed that surgical masks were acceptable. He stated that he thought there must have been a</p>	W 455			

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

PRINTED: 07/13/2022
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 07/07/2022
NAME OF PROVIDER OR SUPPLIER CRI QUEEN ELIZABETH ICF			STREET ADDRESS, CITY, STATE, ZIP CODE 8518 QUEEN ELIZABETH BLVD ANNANDALE, VA 22003		
(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	
W 455	<p>Continued From page 4</p> <p>misunderstanding and miscommunication about the guidance. He stated there was no intention to change the expectation of the unvaccinated to continue to wear KN95 masks. The Human Resources Manager again stated there was a miscommunication and that unvaccinated employees still were expected to wear KN95 masks. Any employee who was granted accommodation was given a letter highlighting the requirement. The Human Resources Manager stated he would send a copy of the template letter and the specific letter for the unvaccinated Employee D.</p> <p>The Nursing Coordinator and Program Manager were in the room and could hear the conversation when the surveyor spoke with the Human Resources Manager via Speakerphone. Both participated in the conversation when questioned. Both stated they understood that the surgical mask guidance did not apply to the unvaccinated employees who must wear an N95 mask.</p> <p>Both were informed that their worries about HIPAA violations were not warranted since unvaccinated employees were not supposed to be asked the reason for their exemption and why they were not wearing surgical masks. The other staff members only needed to know that some employees wears N95 masks.</p> <p>The Program Manager stated she would discuss the requirements with the unvaccinated employee and that KN95 masks and N95 masks were available.</p> <p>On 7/7/2022 at 12:10 p.m., Employee D was interviewed in the presence of the Program</p>	W 455			

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

PRINTED: 07/13/2022
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 07/07/2022
NAME OF PROVIDER OR SUPPLIER CRI QUEEN ELIZABETH ICF			STREET ADDRESS, CITY, STATE, ZIP CODE 8518 QUEEN ELIZABETH BLVD ANNANDALE, VA 22003		
(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	
W 455	<p>Continued From page 5</p> <p>Manager. Employee D stated he was not aware that he needed to wear a KN95 mask after the policy was changed. Employee D stated he knew he was supposed to continue with weekly COVID testing and had done the weekly testing but thought the change to all staff wearing surgical masks applied to him as well. Employee D stated he started wearing the surgical masks after the policy changed.</p> <p>On 7/7/2022 at 12:15 p.m., the Program Manager stated she had N95 masks and KN95 masks in the safe. The Program Manager provided Employee D with an N95 mask. Employee D removed the surgical mask he was wearing and donned the N95 mask.</p> <p>Review of the Corporate Human Resource policy template on "Determination Notice of Workplace Accommodation revealed that the employee would be given a letter described the requested accommodation and whether or not the request was approved along with beginning and ending dates.</p> <p>Review of Employee D's letter of accommodation dated 4/1/2022 revealed documentation that requested accommodation was approved and included the following excerpts</p> <p>"1. Unvaccinated or undervaccinated staff must comply with [name of company redacted] COVID-19 Weekly Test Requirement and use of KN95 mask.</p> <p>2. Beginning 1/4/2022."</p> <p>The letter was signed by the Benefits Office and Delivery method documented as USPS (United States Postal Service) and Email.</p>	W 455			

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

PRINTED: 07/13/2022
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 07/07/2022
NAME OF PROVIDER OR SUPPLIER CRI QUEEN ELIZABETH ICF			STREET ADDRESS, CITY, STATE, ZIP CODE 8518 QUEEN ELIZABETH BLVD ANNANDALE, VA 22003		
(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	
W 455	<p>Continued From page 6</p> <p>Review of the Corporate Memorandum from the "Director of Nursing on behalf Clinical Leadership Team" dated 4/11/2022 directed to All [company name redacted] regarding "COVID-19 Guidance Update"</p> <p>"[company name redacted] Updated COVID-19 guidance is as follows:</p> <ul style="list-style-type: none"> * All [company name redacted] are to wear a disposable medical surgical mask that covers the nose and mouth in-doors. * KN95 masks are available as a personal choice * NO cloth masks are allowed in residential, day support..... * N95 respirators in residential programs will be worn as directed by management (COVID exposure/confirmation) * Do not reuse the disposable medical/surgical mask. * All visitors must wear at least a medical/surgical mask. NO cloth masks. * Temperature, O2 (oxygen), and COVID-19 Risk Assessments are no longer required for individuals, staff or visitors." <p>The Program Manager stated she did not know the policy written on 4/11/2022 did not apply to the unvaccinated since it was written to "all employees."</p> <p>During the end of day debriefing on 7/7/2022, the Program Manager (Employee-A) and Clinical Director (Employee B) were informed of the findings of the unvaccinated employee wearing surgical masks throughout the three days of survey. The Clinical Director stated they would ensure all unvaccinated employees wear KN95</p>	W 455			

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

PRINTED: 07/13/2022
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 07/07/2022
NAME OF PROVIDER OR SUPPLIER CRI QUEEN ELIZABETH ICF			STREET ADDRESS, CITY, STATE, ZIP CODE 8518 QUEEN ELIZABETH BLVD ANNANDALE, VA 22003		
(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	
W 455	Continued From page 7 masks. No further information was provided.	W 455			