

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

PRINTED: 11/29/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G070	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/16/2017
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NAME OF PROVIDER OR SUPPLIER BURKE ICF ID	STREET ADDRESS, CITY, STATE, ZIP CODE 9332 BURKE ROAD BURKE, VA 22015
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	III PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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W 000 INITIAL COMMENTS

W 000

An unannounced Medicaid ICF/MR Health Care Recertification survey was conducted 11/15/17 through 11/16/17. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for the Intellectually Disabled. The Life Safety Code survey report will follow.

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 through #3).

W 159

QIDP
CFR(s): 483.430(a)

W 159

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 observation, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to ensure the QIDP (qualified intellectual disabilities professional) coordinated and monitored active treatment for one of three individuals in the survey sample, Individual #1.

The QIDP failed to ensure a physician ordered adaptive cup was implemented at Individual #1's day program.

The findings include:

Individual #1 was admitted to the home on 11/24/14. Individual #1's diagnoses included but were not limited to: moderate mental retardation, epilepsy and high blood pressure.

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

TITLE

(X6) DATE

[Signature] Clinical Director 12/11/17

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>Review of Individual #1's clinical record revealed a physician's order summary signed by the physician on 11/1/17. The summary documented an order for a clear plastic cup with a handle, indent lid and straw. Individual #1's ISP (individualized service plan) effective 12/1/16 documented, "Please describe any adaptive equipment and assistive technology supports (if any): Clear Plastic Cup with open Handle; Indent Lid; straw..."</p> <p>Review of Individual #1's clinical record at the day program revealed the above physician's order for a clear plastic cup with a handle, indent lid and straw. Individual #1's eating protocol at the day program documented, "Regular cup with straw."</p> <p>On 11/16/17 at 11:25 a.m. Individual #1 was observed being assisted by DSP (direct support professional) #1 with eating lunch at the day program. DSP #1 removed Individual #1's beverage from a water bottle and placed the beverage in a clear plastic disposable cup with a straw. The cup did not contain a handle or a lid. DSP #1 was observed placing the cup and straw to Individual #1's mouth for the individual to take a sip. At this time, DSP #1 was asked if Individual #1 required any special adaptive meal equipment. DSP #1 stated Individual #1 does not use any adaptive equipment with meals. DSP #1 was asked if Individual #1 required any special cup and stated the individual did not.</p> <p>On 11/16/17 at 11:40 a.m. an interview was conducted with ASM (administrative staff member) #1 (the day program quality improvement coordinator). ASM #1 was shown Individual #1's physician order for a clear plastic</p>	W 159	<p style="text-align: right;">12-26-17</p> <p>The Program Nurse will review Individual #1 (adaptive cup) physician order's as well as all other orders and ensure that they are documented correctly on the Medication Administration Record. The Program Nurse will also revise the adaptive equipment protocol to accurately reflect the needs of the individual.</p> <p>The Nursing Supervisor will review/audit all other Individuals physician order's and ensure that they are documented correctly on the Medication Administration Record</p> <p>The Program Nurse will also review all other individual adaptive equipment protocols and update as necessary.</p> <p>The Program Nurse will complete training reviewing the revised protocol and review of the Medication Management Policy in the next staff meeting.</p> <p>The Program Manager/QIP will conduct monthly day program observations and record review to ensure continuity of care and the accuracy of data collection. The Program Manager will continue to monitor to ensure that the documentation accurately reflects the services are rendered for each individual.</p> <p>The Program Manager will continue to monitor to ensure that all service needs of the individuals are accurately reflected through the use of the operation meetings.</p> <p>The Day Program Monitor/Clinical Director will conduct quarterly observations and record review to ensure compliance. The Clinical Director will also ensure that all documentation is completed as identified in the Person Center Plan through monthly supervision with the Program Manager.</p>

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W 159	<p>Continued From page 2</p> <p>cup with handle, indent lid and straw. ASM #1 was shown the day program eating protocol that documented Individual #1 was supposed to use a regular cup with straw. ASM #1 was asked how the day program staff ensures Individuals use physician ordered adaptive equipment. ASM #1 stated, "Once we have a change in physician order we let the speech therapist know." ASM #1 stated the speech therapists were the staff at the day program that were responsible for changing the feeding protocols. ASM #1 was asked why the adaptive cup was not being used for Individual #1. ASM #1 stated he didn't know and he could follow up.</p> <p>On 11/16/17 at 2:40 p.m. an interview was conducted with ASM #2 (the home program manager), ASM #3 (the home lead QIDP) and ASM #4 (another home QIDP). ASM #2, ASM #3 and ASM #4 were asked how staff ensures Individuals use physician ordered adaptive equipment at the day program. ASM #2 stated occupational therapists and speech therapists are employed at the day program. ASM #2 stated the occupational therapists and speech therapists make recommendations for adaptive equipment, send the recommendations to the home nurse who sends the recommendations to the primary care physicians to receive orders. ASM #2 was asked if the staff at the day program should be using the physician ordered adaptive cup with Individual #1. ASM #2 stated they should. ASM #2 was asked the purpose of the adaptive cup. ASM #2 stated Individual #1 can kind of help with drinking. ASM #2 stated, "You can put it in her hand and she can participate with hand over hand." ASM #2 was asked who was responsible for coordinating and monitoring Individual #1's active treatment at the day program. ASM #2</p>	W 159		

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W 159	Continued From page 3 stated the QIDPs are responsible and they make monthly visits to the day program. At this time, ASM #2, ASM #3 and ASM #4 were made aware of the above findings. The facility policy titled, "Qualified Mental Retardation Profession" (also known as QIDP) documented, "The QMRP (qualified mental retardation professional) is responsible for the integration, coordination, monitoring and development of the Individual Service Plan, and to ensure quality active treatment in the program..."	W 159		
W 196	ACTIVE TREATMENT CFR(s): 483.44D(a)(1) Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward: (i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and (ii) The prevention or deceleration of regression or loss of current optimal functional status. This STANDARD is not met as evidenced by: Based on observation, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to ensure continuous active treatment was implemented for one of three individuals in the survey sample, Individual #1.	W 196		

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W 196 Continued From page 4

The facility staff failed to ensure a physician ordered adaptive cup was used for Individual #1 at the day program.

The findings include:

Individual #1 was admitted to the home on 11/24/14. Individual #1's diagnoses included but were not limited to: moderate mental retardation, epilepsy and high blood pressure.

Review of Individual #1's clinical record revealed a physician's order summary signed by the physician on 11/1/17. The summary documented an order for a clear plastic cup with a handle, indent lid and straw. Individual #1's ISP (individualized service plan) effective 12/1/16 documented, "Please describe any adaptive equipment and assistive technology supports (if any): Clear Plastic Cup with open Handle; Indent Lid; straw..."

Review of Individual #1's clinical record at the day program revealed the above physician's order for a clear plastic cup with a handle, indent lid and straw. Individual #1's eating protocol at the day program documented, "Regular cup with straw."

On 11/16/17 at 11:25 a.m. Individual #1 was observed being assisted by DSP (direct support professional) #1 with eating lunch at the day program. DSP #1 removed Individual #1's beverage from a water bottle and placed the beverage in a clear plastic disposable cup with a straw. The cup did not contain a handle or a lid. DSP #1 was observed placing the cup and straw to Individual #1's mouth for the individual to take a sip. At this time, DSP #1 was asked if

W 196

12-26-17

The Program Nurse will review Individual #1 (adaptive cup) physician orders as well as all other orders and ensure that they are documented correctly on the Medication Administration Record. The Program Nurse will also revise the adaptive equipment protocol to accurately reflect the needs of the individual.

The Nursing Supervisor will review/audit all other individuals physician orders and ensure that they are documented correctly on the Medication Administration Record.

The Program Nurse will also review all other individual adaptive equipment protocols and update as necessary.

The Program Nurse will complete training reviewing the revised protocol and review of the Medication Management Policy in the next staff meeting.

The Program Manager/QIDP will conduct monthly day program observations and record review to ensure continuity of care and the accuracy of data collection. The Program Manager will continue to monitor to ensure that the documentation accurately reflects the services are rendered for each individual.

The Program Manager will continue to monitor to ensure that all service needs of the individuals are accurately reflected through the use of the operation meetings.

The Day Program Monitor/Clinical Director will conduct quarterly observations and record review to ensure compliance. The Clinical Director will also ensure that all documentation is completed as identified in the Person Center Plan through monthly supervision with the Program Manager.

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W 196	Continued From page 5 Individual #1 required any special adaptive meal equipment. DSP #1 stated Individual #1 does not use any adaptive equipment with meals. DSP #1 was asked if Individual #1 required any special cup and stated the individual did not. On 11/16/17 at 11:40 a.m. an interview was conducted with ASM (administrative staff member) #1 (the day program quality improvement coordinator). ASM #1 was shown Individual #1's physician order for a clear plastic cup with handle, indent lid and straw. ASM #1 was shown the day program eating protocol that documented Individual #1 was supposed to use a regular cup with straw. ASM #1 was asked how the day program staff ensures Individuals use physician ordered adaptive equipment. ASM #1 stated, "Once we have a change in physician order we let the speech therapist know." ASM #1 stated the speech therapists were the staff at the day program that were responsible for changing the feeding protocols. ASM #1 was asked why the adaptive cup was not being used for Individual #1. ASM #1 stated he didn't know and he could follow up. On 11/16/17 at 2:40 p.m. an interview was conducted with ASM #2 (the home program manager), ASM #3 (the home lead QIDP) and ASM #4 (another home QIDP). ASM #2, ASM #3 and ASM #4 were asked how staff ensures Individuals use physician ordered adaptive equipment at the day program. ASM #2 stated occupational therapists and speech therapists are employed at the day program. ASM #2 stated the occupational therapists and speech therapists make recommendations for adaptive equipment, send the recommendations to the home nurse who sends the recommendations to the primary	W 196			

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W 196	Continued From page 6 care physicians to receive orders. ASM #2 was asked if the staff at the day program should be using the physician ordered adaptive cup with Individual #1. ASM #2 stated they should. ASM #2 was asked the purpose of the adaptive cup. ASM #2 stated Individual #1 can kind of help with drinking. ASM #2 stated, "You can put it in her hand and she can participate with hand over hand." ASM #2 was asked who was responsible for coordinating and monitoring Individual #1's active treatment at the day program. ASM #2 stated the QIDPs are responsible and they make monthly visits to the day program. At this time, ASM #2, ASM #3 and ASM #4 were made aware of the above findings. The facility policy titled, "Individual Service Plan (ISP)" documented, "G. ISP Implementation and Individual Engagement: Implementation of the ISP begins at the time of its development. Components of the plan are fully implemented, with the individual receiving the support, learning environment and active engagement necessary to reach his or her objectives/desired outcomes as defined in the ISP...All staff working with individuals must be fully engaged in active treatment with the individual..." No further information was presented prior to exit.	W 196		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number	W 249		

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W 249 Continued From page 7

and frequency to support the achievement of the objectives identified in the individual program plan.

This STANDARD is not met as evidenced by: Based on observation, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to ensure services were provided per the individualized service plan for one of three individuals in the survey sample, Individual #1.

The facility staff failed to ensure an adaptive cup was used for Individual #1 at the day program.

The findings include:

Individual #1 was admitted to the home on 11/24/14. Individual #1's diagnoses included but were not limited to: moderate mental retardation, epilepsy and high blood pressure.

Review of Individual #1's clinical record revealed a physician's order summary signed by the physician on 11/1/17. The summary documented an order for a clear plastic cup with a handle, indent lid and straw. Individual #1's ISP (individualized service plan) effective 12/1/16 documented, "Please describe any adaptive equipment and assistive technology supports (if any): Clear Plastic Cup with open Handle; Indent Lid; straw..."

Review of Individual #1's clinical record at the day program revealed the above physician's order for a clear plastic cup with a handle, indent lid and straw. Individual #1's eating protocol at the day

W 249

12-26-17

The Program Nurse will review individual #1 (adaptive cup) physician order's as well as all other orders and ensure that they are documented correctly on the Medication Administration Record. The Program Nurse will also revise the adaptive equipment protocol to accurately reflect the needs of the individual.

The Nursing Supervisor will review/audit all other individuals physician order's and ensure that they are documented correctly on the Medication Administration Record.

The Program Nurse will also review all other individual adaptive equipment protocols and update as necessary.

The Program Nurse will complete training reviewing the revised protocol and review of the Medication Management Policy in the next staff meeting.

The Program Manager/QIDP will conduct monthly day program observations and record review to ensure continuity of care and the accuracy of data collection. The Program Manager will continue to monitor to ensure that the documentation accurately reflects the services are rendered for each individual.

The Program Manager will continue to monitor to ensure that all service needs of the individuals are accurately reflected through the use of the operation meetings.

The Day Program Monitor/Clinical Director will conduct quarterly observations and record review to ensure compliance. The Clinical Director will also ensure that all documentation is completed as identified in the Person Center Plan through monthly supervision with the Program Manager.

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W 249	Continued From page 8 program documented, "Regular cup with straw." On 11/16/17 at 11:25 a.m. Individual #1 was observed being assisted by DSP (direct support professional) #1 with eating lunch at the day program. DSP #1 removed Individual #1's beverage from a water bottle and placed the beverage in a clear plastic disposable cup with a straw. The cup did not contain a handle or a lid. DSP #1 was observed placing the cup and straw to Individual #1's mouth for the individual to take a sip. At this time, DSP #1 was asked if Individual #1 required any special adaptive meal equipment. DSP #1 stated Individual #1 does not use any adaptive equipment with meals. DSP #1 was asked if Individual #1 required any special cup and stated the individual did not. On 11/16/17 at 11:40 a.m. an interview was conducted with ASM (administrative staff member) #1 (the day program quality improvement coordinator). ASM #1 was shown Individual #1's physician order for a clear plastic cup with handle, indent lid and straw. ASM #1 was shown the day program eating protocol that documented Individual #1 was supposed to use a regular cup with straw. ASM #1 was asked how the day program staff ensures individuals use physician ordered adaptive equipment. ASM #1 stated, "Once we have a change in physician order we let the speech therapist know." ASM #1 stated the speech therapists were the staff at the day program that were responsible for changing the feeding protocols. ASM #1 was asked why the adaptive cup was not being used for Individual #1. ASM #1 stated he didn't know and he could follow up. On 11/16/17 at 2:40 p.m. an interview was	W 249			

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W 249	<p>Continued From page 9</p> <p>conducted with ASM #2 (the home program manager), ASM #3 (the home lead QIDP) and ASM #4 (another home QIDP). ASM #2, ASM #3 and ASM #4 were asked how staff ensures individuals use physician ordered adaptive equipment at the day program. ASM #2 stated occupational therapists and speech therapists are employed at the day program. ASM #2 stated the occupational therapists and speech therapists make recommendations for adaptive equipment, send the recommendations to the home nurse who sends the recommendations to the primary care physicians to receive orders. ASM #2 was asked if the staff at the day program should be using the physician ordered adaptive cup with Individual #1. ASM #2 stated they should. ASM #2 was asked the purpose of the adaptive cup. ASM #2 stated Individual #1 can kind of help with drinking. ASM #2 stated, "You can put it in her hand and she can participate with hand over hand." ASM #2 was asked who was responsible for coordinating and monitoring Individual #1's active treatment at the day program. ASM #2 stated the QIDPs are responsible and they make monthly visits to the day program. At this time, ASM #2, ASM #3 and ASM #4 were made aware of the above findings.</p> <p>The facility policy titled, "Individual Service Plan (ISP)" documented, "G. ISP Implementation and Individual Engagement: Implementation of the ISP begins at the time of its development. Components of the plan are fully implemented, with the individual receiving the support, learning environment and active engagement necessary to reach his or her objectives/desired outcomes as defined in the ISP...All staff working with individuals must be fully engaged in active treatment with the individual..."</p>	W 249		

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W 249 Continued From page 10

W 249

W 436 No further information was presented prior to exit.
SPACE AND EQUIPMENT
CFR(s): 483.470(g)(2)

W 436

The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communication aids, braces, and other devices identified by the interdisciplinary team as needed by the client.

This STANDARD is not met as evidenced by: Based on observation, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to ensure adaptive equipment was furnished at the day program for one of three individuals in the survey sample, Individual #1.

The facility staff failed to ensure an adaptive cup was used for Individual #1 at the day program.

The findings include:

Individual #1 was admitted to the home on 11/24/14. Individual #1's diagnoses included but were not limited to: moderate mental retardation, epilepsy and high blood pressure.

Review of Individual #1's clinical record revealed a physician's order summary signed by the physician on 11/1/17. The summary documented an order for a clear plastic cup with a handle, lid and straw. Individual #1's ISP (individualized service plan) effective 12/1/16

12-28-17

The Program Nurse will review Individual #1 (adaptive cup) physician orders as well as all other orders and ensure that they are documented correctly on the Medication Administration Record. The Program Nurse will also revise the adaptive equipment protocol to accurately reflect the needs of the individual.

The Nursing Supervisor will review/audit all other individuals physician orders and ensure that they are documented correctly on the Medication Administration Record.

The Program Nurse will also review all other individual adaptive equipment protocols and update as necessary.

The Program Nurse will complete training reviewing the revised protocol and review of the Medication Management Policy in the next staff meeting.

The Program Manager/QIDP will conduct monthly day program observations and record review to ensure continuity of care and the accuracy of data collection. The Program Manager will continue to monitor to ensure that the documentation accurately reflects the services are rendered for each individual.

The Program Manager will continue to monitor to ensure that all service needs of the individuals are accurately reflected through the use of the operation meetings.

The Day Program Monitor/Clinical Director will conduct quarterly observations and record review to ensure compliance. The Clinical Director will also ensure that all documentation is completed as identified in the Person Center Plan through monthly supervision with the Program Manager.

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

PRINTED: 11/29/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G070	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/16/2017
NAME OF PROVIDER OR SUPPLIER BURKE ICF ID			STREET ADDRESS, CITY, STATE, ZIP CODE 9332 BURKE ROAD BURKE, VA 22015		
(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 436	Continued From page 11 documented. "Please describe any adaptive equipment and assistive technology supports (if any): Clear Plastic Cup with open Handle; Indent Lid, straw..." Review of Individual #1's clinical record at the day program revealed the above physician's order for a clear plastic cup with a handle, indent lid and straw. Individual #1's eating protocol at the day program documented, "Regular cup with straw." On 11/16/17 at 11:25 a.m. Individual #1 was observed being assisted by DSP (direct support professional) #1 with eating lunch at the day program. DSP #1 removed Individual #1's beverage from a water bottle and placed the beverage in a clear plastic disposable cup with a straw. The cup did not contain a handle or a lid. DSP #1 was observed placing the cup and straw to Individual #1's mouth for the individual to take a sip. At this time, DSP #1 was asked if Individual #1 required any special adaptive meal equipment. DSP #1 stated Individual #1 does not use any adaptive equipment with meals. DSP #1 was asked if Individual #1 required any special cup and stated the individual did not. On 11/16/17 at 11:40 a.m. an interview was conducted with ASM (administrative staff member) #1 (the day program quality improvement coordinator). ASM #1 was shown Individual #1's physician order for a clear plastic cup with handle, indent lid and straw. ASM #1 was shown the day program eating protocol that documented Individual #1 was supposed to use a regular cup with straw. ASM #1 was asked how the day program staff ensures individuals use physician ordered adaptive equipment. ASM #1 stated, "Once we have a change in physician	W 436			

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NAME OF PROVIDER OR SUPPLIER BURKE ICF ID		STREET ADDRESS, CITY, STATE, ZIP CODE 9332 BURKE ROAD BURKE, VA 22015	
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W 436 Continued From page 12

order we let the speech therapist know." ASM #1 stated the speech therapists were the staff at the day program that were responsible for changing the feeding protocols. ASM #1 was asked why the adaptive cup was not being used for Individual #1. ASM #1 stated he didn't know and he could follow up.

On 11/16/17 at 2:40 p.m. an interview was conducted with ASM #2 (the home program manager), ASM #3 (the home lead QIDP) and ASM #4 (another home QIDP). ASM #2, ASM #3 and ASM #4 were asked how staff ensures Individuals use physician ordered adaptive equipment at the day program. ASM #2 stated occupational therapists and speech therapists are employed at the day program. ASM #2 stated the occupational therapists and speech therapists make recommendations for adaptive equipment, send the recommendations to the home nurse who sends the recommendations to the primary care physicians to receive orders. ASM #2 was asked if the staff at the day program should be using the physician ordered adaptive cup with Individual #1. ASM #2 stated they should. ASM #2 was asked the purpose of the adaptive cup. ASM #2 stated Individual #1 can kind of help with drinking. ASM #2 stated, "You can put it in her hand and she can participate with hand over hand." ASM #2 was asked who was responsible for coordinating and monitoring Individual #1's active treatment at the day program. ASM #2 stated the QIDPs are responsible and they make monthly visits to the day program. At this time, ASM #2, ASM #3 and ASM #4 were made aware of the above findings.

The facility policy titled, "Durable Medical Equipment Management" documented, "(Name

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NAME OF PROVIDER OR SUPPLIER BURKE ICF ID	STREET ADDRESS, CITY, STATE, ZIP CODE 9332 BURKE ROAD BURKE, VA 22015
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(X1) 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) COMPLETE ITEM DATE
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W 436	<p>Continued From page 13</p> <p>of facility company) promotes the safe and successful use of durable medical equipment used in the care of the consumers in our programs. This is inclusive of the acquisition, maintenance, monitoring, and training on the use of the equipment..."</p> <p>No further information was presented prior to exit.</p>	W 436		
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