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

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	Recertification survithrough 11/16/17, compliance with 42 for Intermediate Calintellectually Disabisurvey report will for The census in this time of the survey.	led. The Life Safety Code			
W 159	- ")	W 159		
	integrated, coordinate qualified intellectual This STANDARD is Based on observate document review at was determined the ensure the QIDP (qualified professional) coordinates.	Ireatment program must be aled and monitored by a lidisability professional, is not met as evidericed by; tion, staff interview, facility and clinical record review, it at the facility staff failed to qualified intellectual disabilities inated and monitored active f three individuals in the widual #1,			
		ensure a physician ordered nplemented at Individual #1's			
	The findings include	3 ;			
	11/24/14. Individua	dmitted to the home on I #1's diagnoses included but moderate mental retardation, lood pressuro.			
BORATORY	DIBECTOR'S OR PROVID	GRISUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE	ix6[DA]E

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the Institution may be excused from correcting providing this determined that other sateguards provide sufficient protection to like patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following line date of survey whether or not a plan of correction is provided. For running 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.

FORM CMS 2567(02-99) Provious Versions Obsolete

Event ID:94LP#1

Facility IO: VA#CF[D7]]

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

PRINTED: 17/29/2017 FORM APPROVED OMB NO. 0938-0391

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W t59 Continued From page 1

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 tunch 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 tid. 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 statent the individual thid 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

W 159

12-26-17

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

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

The Program Nurse will eiten review alt rither individual adaptive equipment protocols and update as necessary.

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

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

The Program Manager will continue to moniture 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 disservations 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 & MEDICARD SERVICES

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W 159		age 2 deht fid and straw. ASM #1	W 1	59			MANAGE DATE AND STREET

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 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

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES.

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W 159	monthly visits to the ASM #2, ASM #3 as of the above finding. The facility policy tit Retardation Profess documented, "The cretardation professintegration, coordinatevelopment of the to ensure quality ac	e responsible and they make day program. At this time, nd ASM #4 were made aware is. led, "Qualified Mental sion" (also known as QIDP) QMRP (qualified mental ponal) is responsible for the ation, monitoring and Individual Service Plan, and	W 1	59		
W 196	program" No further information ACTIVE TREATME. CFR(s): 483.440(a).		W 1	96		
	treatment program, consistent impleme specialized and gen services and related subpart, that is direct (i) The acquisition the client to function determination and in (ii) The prevention	of the behaviors necessary for				
	Based on observation document review are was determined that ensure continuous a	of three individuals in the				

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

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	ordered adaptive of at the day program. The findings included Individual #1 was an 11/24/14. Individual were not limited to: epilepsy and high be Review of Individual a physician on 11/1/1 an order for a clear indent lid and straw (individualized servidocumented, "Please equipment and assil any): Clear Plastic (Lid; straw" Review of Individual #1 program revealed II a clear plastic cup vistraw. Individual #1 program documented. On 11/16/17 at 11:2 observed being assiprofessional) #1 wit program. DSP #1 ribeverage from a was at the control of the con	e: dmilted to the home on I #1's diagnoses included but moderate mental retardation,	well as Medica adaptive The Nuthysician Administration of the Protection of the Darcecond documents.	ogram Nurse will review individual #1 (adaptive or all other orders and and ensure that they are detected her orders and and ensure that they are detected to accurately reflect the newspan Supervisor will reviewfaudit all other individual order's and ensure that they are documented or atraiting Record. Agram Nurse will also review all other individual also and update as necessary. Agram Nurse will complete training reviewing the of the Medication Management Policy in the next extend the Medication Management Policy in the next extend to ensure continuity of care and the accurate that ally reflects the services are rendered for each integral Manager will continue to monitor to ensure that ally reflects the services are rendered for each integral Manager will continue to monitor to ensure that ally reflects the services are rendered for each integral Manager will continue to monitor to ensure viduals are accurately reflected through the use of the program Manager will continue. The Clinical Director will conduct review to ensure compliance. The Clinical Director land on the Person of supervision with the Program Manager.	cumented correctly on the will also rovise the eds of the individual. uals or the individual. uals or the individual. uals or colly on the Medication idealive equipment revised prolocol and staff meeting. rogram observations and acy of data collection. The the docunichtation dividual. I that all service needs of of the operation meetings. quarterly observations and or will also ensure the
		not contain a handle or a lid. ed 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

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	equipment. DSP # use any adaptive edwas asked if Individe cup and stated the On 11/16/17 at 11:4 conducted with ASM member) #1 (the daimprovement coord Individual #1's physicup with handle, individual #1's physicup with handle, individual #1's physicup with handle, individual #1's physicup with strathe day program stated, "Once we had order we let the spesiated the speech that day program that withe feeding protocol the adaptive cup was Individual #1. ASM ho could follow up. On 11/16/17 at 2:40 conducted with ASM manager), ASM #3 ASM #4 (another hold and ASM #4 were as Individuals use physicupment at the day occupational therapic make recommendal	ed any special adaptive meal 1 stated Individual #1 does not quipment with meals. DSP #1 fual #1 required any special individual did not. 0 a.m. an interview was a fadministrative staff	W 19	3	

who sends the recommendations to the primary

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

	O MILDIONID SELVAIOES			71/18 MO: 0939-0391
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(ISP)" documented, Individual Engagem ISP begins at the tir Components of the with the individual reenvironment and acto reach his or her cas defined in the ISI individuals must be treatment with the ir No further informatic PROGRAM IMPLEM CFR(s): 483.440(d): As soon as the interformulated a client's each client must rec	"G. ISP Implementation and tent: Implementation of the one of its development. plan are fully implemented, eceiving the support, learning tive engagement necessary objectives/desired outcomes PAll staff working with fully engaged in active adividual" on was presented prior to exit. MENTATION (1) disciplinary team has individual program plan, exive a continuous active	W 24	19	
	CONTINUED TO SULIMARY STA (EACH DEFICIENCY REGULATORY ON LE Continued From pa care physicians to r asked if the staff at using the physician Individual #1. ASM #2 was asked the p ASM #2 stated Individual #2 was fur coordinating and active treatment at stated the QIDPs ar monthly visits to the ASM #2, ASM #3 ar of the above finding The facility policy tit (ISP)" documented, Individual Engagem ISP begins at the tir Components of the with the individual re environment and act to reach his or her cast defined in the ISI individuals must be treatment with the in No further informatic PROGRAM IMPLET CFR(s): 483,440(d) As soon as the inter formulated a client's each client must rec freatment program of	ASM #2 stated Individual #1's active Ireatment at the day program. ASM #2 was asked who was responsible for coordinating and monitoring Individual #1's active Ireatment at the day program. ASM #2 stated the QIDPs are responsible and they make monthly visits to the day program. ASM #2 stated Individual #1's active Ireatment at the day program. ASM #2 stated Individual #1's active Ireatment at the day program. ASM #2 stated Individual #1's active Ireatment at the day program. ASM #2 stated Individual #1's active Ireatment at the day program. ASM #2 stated Individual #1's active Ireatment 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 ISPAll staff working with individuals must be fully engaged in active treatment with the individual" No further information was presented prior to exit. 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 freatment program consisting of needed	A BULDNARY STATEMENT OF DEFICIENCIES (EACH DETRICENCY JULIST BE PRECEDED BY FULL REGULATORY ON LSC IDENTIFYING INFORMATION) 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 through the purpose of the adaptive cup. ASM #2 stated Individual #1 can kind of help with drinking. ASM #2 was asked who was responsible for coordinating and monitoring Individual #1's active Ireatment 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 of the ISP begins at the time of its development. Components of the plan are fully implemented, with the individual receiving the support, tearning environment and active engagement necessary to reach his or her objectives/desired outcomes as defined in the ISPAll staff working with individuals must be fully engaged in active treatment with the individual" No further information was presented prior to exit. PROGRAM IMPLEMENTATION OFR(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	OF DEFICIENCIES A 96070 ROYJDER OR SUPPLIER OF ID SULMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY JUIST BE PRECEDED BY TUT) (BUSINATORY OKLES DEATHFYING REFORMATION) 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, "You can put it in her hand and she can participate with hand over thand." ASM #2 was asked who was responsible for coordinating and monitoring Individual #1's active treatment at the day program. ASM #2 stated the WIN #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 are day engagement necessary to reach his or her objectives/dealerd 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. PROGRAM IMPLEMENTATION OFFICIENCY STATUTION W 249 CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client mastering of the deed.

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₩ 249	objectives identified plan. This STANDARD is Based on observat document review as was determined that ensure services we individualized service individuals in the su. The facility staff failing was used for Individual that it is facility as used for Individual fundividual #1 was as 11/24/14. Individual were not limited to: epilepsy and high bit Review of Individual a physician on 11/1/13 an order for a clear indent fid and straw. (individualized servidocumented, "Please equipment and assi any): Clear Plastic Clid; straw"	pport the achievement of the lin the individual program a not met as evidenced by: ion, staff interview, facility and clinical record review, it at the facility staff failed to re provided per the per plan for one of three replan for one on the factor of the day program. If the summan record revealed summany signed by the replantic cup with a handle,	The Program and Interprogram accurate The Program accurate The Program accurate The Program accurate The Day record redocument adocument and Interprogram accurate The Day record redocument and Interprogram accurate The Day record redocument accurate accurate The Day record redocument and Interprogram accurate the Individual The Day record redocument and Interprogram and Interpr	gram Nurse will review Individual #1 (active or orders and and ensure that they are on Administration Record. The Program It prolocol to accurately reflect the neesing Supervisor will review/audit all other order's and ensure that they are document on the sand ensure that they are document on the sand update as necessary. Gram Nurse will also review all other incommendation Manager and Policy in the need category of the same and the same accurately reflected through the services are rendered to gram Manager will continue to monitor to enable the services are rendered to gram Manager will continue to monitor to enable are accurately reflected through Program Monitor Clinical Director will eview to ensure compliance. The Clinication is completed as identified in the supervision with the Program Managor	e documente in Nurse will ids of the in- ier Individual inented corre livitual adap wing the rev ixt staff mee hity day prog issure that the reach individual conduct que ial Director v i Person Ce	Indicomently on the latso revise the adaptive dividual. Is actly on the Medication prive equipment prive equipment prive equipment and are followed and process and a later of data collection. The education duel. It all service needs of the operation meetings. Interty observations and will also ensure that all
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	On 11/16/17 at 11:2 physerved being ass professional) #1 wi program. DSP #1 in beverage from a wideverage from a wideverage in a clear straw. The cup did DSP #1 was observed to Individual #1's mile as any adaptive evas asked if Individual #1 requirequipment. DSP # use any adaptive evas asked if Individual #1 at 11:4 conducted with ASM member) #1 (the daimprovement coord Individual #1's physician ordered individual #1's physician ordered a stated, "Once we had order we let the special stated the special that we the feeding protocol the adaptive cup was adaptive cup was adaptive cup was shown that we the feeding protocol the adaptive cup was program that we the feeding protocol the adaptive cup was program that we the feeding protocol the adaptive cup was a construction of the current of the curre	ed, "Regular cup with straw." 25 a.m. Individual #1 was sisted by DSP (direct support the eating lunch at the day removed Individual #1's ater bottle and placed the plastic disposable cup with a not contain a handle or a lid. Wed placing the cup and straw outh for the individual to take DSP #1 was asked if ed any special adaptive meal 1 stated Individual #1 does not quipment with meals. DSP #1 lual #1 required any special individual did not. 0 a.m. an inferview was M (administrative staff	W 2-	19		

On 11/16/17 at 2:40 p.m. an interview was

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W 249	conducted with ASM manager), ASM #3 ASM #4 (another he and ASM #4 were a Individuals use phyequipment at the de occupational therapemployed at the day occupational therapemake recommenda send the physicians to reasked if the staff at using the physician Individual #1. ASM #2 was asked the physician Individual #1. ASM #2 was asked the phand." ASM #2 stated Individual #2 was for coordinating and active treatment at stated the QIDPs are monthly visits to the ASM #2, ASM #3 are of the above finding. The facility policy titl (ISP)" documented, Individual Engagem ISP begins at the tin Components of the with the individual reenvironment and acto reach his or her oas defined in the ISF	of #2 (the home program (the home lead QIDP) and the program (the home lead QIDP) and the QIDP). ASM #2, ASM #3 asked how staff ensures siciar ordered adaptive as program. ASM #2 stated bists and speech therapists are the program. ASM #2 stated the sists and speech therapists tions for adaptive equipment, adations to the home nurse immendations to the primary eceive orders. ASM #2 was the day program should be ordered adaptive cup with #2 stated they should. ASM surpose of the adaptive cup, yidual #1 can kind of help with tated, "You can put it in her participate with hand over a saked who was responsible in monitoring individual #1's the day program. ASM #2 for eresponsible and they make the day program. At this time, and ASM #4 were made aware is a second of the me of its development. Implementation of the me of its d	W 2	49		

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

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			***	O:	MB NO. 0938-0391
	OF DEFICIENCIES DÉ CORRECTION	IXT) PROVIDER/SUPPLIET/CCLIA IDENT/FICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BURDING			(X3) DATE SURVEY COMPLETEO	
		49G070	B. WING	4-4			11/16/2017
NAME OF I	PROVIDER OR SUPPLIER		-l		ET AOORESS, CITY, STATE, Z	IP CODE	11110/2017
BURKE	CF ID				BURKE ROAD KE, VA 22015		
(X4) ID PRELIX TAG	(EACH OEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEOED BY FULL SC YOENTIFYING INFORMATION(IÐ PREFI TAG		PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCHIJ 10 1 DEFICIENC	ION SHOULO	BE COMPLETION
W 249	Continued From pa	ge 10	W 2	24 9		-	
W 436	No further informati SPACE AND EQUIF CFR(s): 483.470(g)		VV 4	136			
	and teach clients to choices about the u hearing and other c and other devices in	nish, maintain in good repair, use and to make informed se of dentures, eyeglasses, ommunications aids, braces, dentified by the mas needed by the client.	well as Medica adaptiv The No hysidas	all other tion Adar e equipn asing Sn	urse will review Individual #1 orders and and ensure that II initial ration Record. The Progrent protocol to accurately relipervisor will review audit all of and ensure that they are dockedord.	hey are doou nam Nurse w leet the need ther ladividua	mented connectly on the ill also revise the list of the individual.
	Based on observation document review ar was determined that ensure adaptive equiday program for one survey sample, Individual The facility staff falle was used for Individual The findings include Individual #1 was ad 11/24/14. Individual were not limited to; repilepsy and high bloomers.	ed to ensure an adaptive cup ual #1 at the day program. : !mitted to the home on #1's diagnoses included but moderate mental retardation, cod pressure.	The Progression of the Daland recoil of the tell	ogram Noof the Money leading the Money leading to the Money leading the Money leadin	gree will also review all other pdate as necessary. uree will complete training revealed training revealed training revealed training revealed training revealed training revealed training the services are rendered transper will continue to monitor the services are rendered transper will continue to monitor accurately reflected through the securately reflected through the ensure compliance. The nation is completed as identity supervision with the Program	riewing the re- In the next s inthly day pro- In the accuracy or to ensure the for each indi- or to ensure the ph the use of will conduct que or Clinical Dire iffed in the Pe	evised protocal and laff meeting gram observations and by of data collection, that the documentation vidual. That all service needs of the operation meetings, unrienty observations ector will also ensure
	a physician's order s physician on 11/1/17 an order for a clear p Indent lid and straw.	#1's clinical record revealed aummary signed by the . The summary documented plastic cup with a handle, . Individual #1's ISP se plan) effective 12/1/16	L				

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

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	49G070	B WING	MATERIAL TO THE TRANSPORT OF	11/	16/2017
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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, indentitid 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 crip with a straw. The crip did not contain a handle or a lid DSP #1 was observed placing the crip 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 crip 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

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	OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/OLIA (DENTIFICATION NUMBER)	(X2) MICTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
		496070	B WING		·, ·····, ·····	,	11/16/2017
NAME OF PROVIDER OR SUPPLIER BURKE ICF ID				933	REET ADDRESS, CITY, STATE, ZIP CKIIII: 12 BURKE ROAD RKE, VA 22015		***************************************
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W 436	stated the speech to day program that withe feeding protocould feeding protocould adaptive cup was tradividual #1. ASM hie could follow tip. On 11/16/17 at 2:40 conducted with ASM manager), ASM #3 ASM #4 (another not and ASM #4 were as Individuals use physical protocoupational therapemptoyed at the day occupational therapemptoyed at the asked if the staff at using the physicians to make recommend asked if the staff at using the physician Individual #1. ASM #2 was asked the p ASM #2 stated Individual #1. ASM #2 was for coordinating and active treatment at I stated the QIDPs are monthly visits to the ASM #2, ASM #3 are of the above finding. The facility policy titl.	sech therapist know." ASM #1 herapists were the staff at the ere responsible for changing ls. ASM #1 was asked why as not being used for #1 stated he didn't know and p.m. an interview was of #2 (the home program (the home lead QIDP) and ome QIDP). ASM #2, ASM #3 asked how staff ensures astician ordered adaptive as program. ASM #2 stated dists and speech therapists are by program. ASM #2 stated the dists and speech therapists and speech therapists and speech therapists and speech therapists ticins for adaptive equipment, adations to the home nurse mmendations to the primary eceive orders. ASM #2 was the day program should be ordered adaptive cup with #2 stated they should. ASM urpose of the adaptive cup, widual #1 can kind of help with tated, "You can put it in her articipate with hand over asked who was responsible monitoring Individual #1's he day program. ASM #2 e responsible and they make day program. At this time, and ASM #4 were made aware	W 4	36			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
		49G070	B. WING	·		11/16/2017	
BURKE I	PROVIDER OR SUPPLIER			933	REET ADDRESS, CITY, STATE, ZIP CODE 32 BURKE ROAD RKE, VA. 22015		
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W 436	successful use of dused in the care of programs. This is in maintenance, monit of the equipment"	promotes the safe and urable medical equipment the consumers in our nolusive of the acquisition, toring, and training on the use on was presented prior to exit.	W -	436	OLI MILIWAT)		
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