DEPART	MENT OF HEALTH	AND HUM SERVICES		(PRINTED: (FORM A OMB NO. (PPROVED
STATEMENT (S FOR MEDICARE OF DEFICIENCIES CORRECTION	& MEDICA: SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IPLE CONSTRUCTION	(X3) DATE	
		49G044	B. WING_		01/2	0/2017
NAME OF P	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE		
CRI OAK	STREET ICF/MR			7811 OAK STREET MANASSAS, VA 20111		
(X4) ID PREFIX TAG	SUMMARY STA	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT	ULD BE	(X5) COMPLETION OATE
W 000	INITIAL COMMEN	TS	W 0	00		
	Intermediate Care Intellectual Disabili 1/18/17 through 1/2 compliance with 42 for Intermediate Care Retarded. The Life follow.	annual Medicaid survey for Facilities for Persons with lities (ICF/ID) was conducted 20/17. The facility was not in 2 CFR Part 483 Requirements are Facilities for the Mentally e Safety Code survey report will seven bed facility was seven	I			
W 111	consisted of five cu	survey. The survey sample urrent Individual reviews 2, # 3, # 4 and # 5). ENT RECORDS	W ·	<u>111</u> 483.410(c)(1). 1a		3/5/17
	recordkeeping sys	levelop and maintain a stem that documents the client's treatment, social information, the client's rights.	1=: A r and da impera local h	neeting will be held between re y program teams to discuss th tiveness of completing all cons uman rights committee review ual #1 correctly, completely an	e sents/ form for	3/3/17
	Based on staff int review it was dete failed to ensure the	is not met as evidenced by: terview and clinical record rmined that the facility staff the clinical record was complete tone of five individuals in the dividual # 1.	2=: Du record: individi same d	ring the coordination meeting, someting, in the coordination meeting, is for individual #1 and all other uals from the residence that at lay program will be reviewed to are in place and completely	all tend the o ensure	VD1
	1's current conser	aff failed to ensure Individual # nts forms in the (Name of Day record were complete.	3=: Pro	ogram manager or designee w ot observations and record revi	ews at	FEB 03 2017
	1's current "Local	raff failed to ensure Individual # Human Rights Committee ted 10/24/16 was in the (Name clinical record.	ensure in plac	ograms at least once per mont that all records including cons e and filled out completely and parties concerned.	ents are	

LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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 HUMA SERVICES CENTERS FOR MEDICARE & MEDICAL SERVICES

FORM APPROVED OMB NO. 0938-0391

STATEMENT OF OEFICIENCIES	
AND PLAN OF CORRECTION	

(X4) ID

PREFIX

TAG

(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION
A. BUILOING

(X3) OATE SURVEY COMPLETEO

49G044

B. WING

01/20/2017

NAME OF PROVIOER OR SUPPLIER

CRI OAK STREET ICF/MR

7811 OAK STREET
MANASSAS, VA 20111
PROVIDER'S PL

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULO BE CROSS-REFERENCEO TO THE APPROPRIATE

OEFICIENCY)

[X5] COMPLETION OATE

3/5/17

W 111 Continued From page 1

The findings include:

1a. The facility staff failed to ensure Individual # 1's current consents forms in the (Name of Day Program) clinical record were complete.

SUMMARY STATEMENT OF OEFICIENCIES

(EACH OEFICIENCY MUST BE PRECEOEO BY FULL

REGULATORY OR LSC IOENTIFYING INFORMATION)

Individual # 1 was a 24 year old male, who was admitted to (Name of Group Home) on 10/12/11. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), pervasive developmental disorder (2), mood disorder and seasonal allergies.

On 1/18/17 at approximately 12:00 p.m. Individual # 1's clinical record was reviewed at (Name of Day Program). Individual # 1's clinical record evidenced consents for "Annual Confirmation of Policies", "Media Release", "Authorization for Release of Protected Health Information" and the "Individual Rights and Informed Consent Handbook." Review of the consents revealed they were signed by Individual # 1. Further review of the consents revealed the consent form "Annual Confirmation of Policies" failed to evidence what policies Individual #1 consented to and failed to evidence the signature of "(Name of Day Program) Representative", the consent form "Media Release" failed to evidence the type of media and social media Individual # 1 consented to and failed to evidence the signature of "(Name of Day Program) Representative", the consent form "Authorization for Release of Protected Health Information" failed to evidence Individual # 1 full name, social security number, date of birth, the name and/or organization address and phone number the authorized information was being released to, the type of records being released, the purpose of why the information is being shared and failed to evidence W 111

10

PREFIX

TAG

4=Clinical Director will oversee the implementation of the above measures by reviewing day program observation notes monthly and discussing potential areas for improvement with the program manager during supervision.

STREET AOORESS, CITY, STATE, ZIP COOE

=The Department of Mission Effectiveness will conduct Quality Assurance audits at day programs periodically as needed or upon written request from the clinical director.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event IO:SUZC11

Facility IO: VAICFMR47

If continuation sheet Page 2 of 87

RECEIVED
FEB 03 2017
VDH/OLC

DEPARTI	MENT OF HEALTH	AND HUMA SERVICES			(FORM	: 01/20/2017 1APPROVED : 0938-0391
TATEMENT	S FOR MEDICARE OF DEFICIENCIES F CORRECTION	& MEDICAL SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		TE SURVEY MPLETED
		49G044	B. WING			01	/20/2017
	ROVIDER OR SUPPLIER			78	REET ADDRESS, CITY, STATE, ZIP CODE 11 OAK STREET ANASSAS, VA 20111		
(X4) ID PREFIX TAG	SUMMARY STA	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	ΊX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OLD BE	(X5) COMPLETION OATE
W 111	Continued From pa	age 2	W	111			
	Representative", a Rights and Informe evidence the expir "(Name of Day Pro On 1/18/17 at 12:4 conducted with AS member) # 3, prog Program). ASM # consent forms "Ar "Media Release", Protected Health	Name of Day Program) Ind the consent form "Individual Ind Consent Handbook" failed to ation date and the signature of ogram) Representative." 40 p.m. an interview was SM (administrative staff gram manager of (Name of Day 3 was asked to review the innual Confirmation of Policies", "Authorization for Release of Information" and the "Individual ed Consent Handbook" for					
	Individual # 1. W were complete AS incomplete. It's a	hen asked if the consent forms SM # 3 stated, "They're n oversight on my part."					
	member) # 1, pro	5 p.m. ASM (administrative staf gram manager of (Name of riewed the above consent forms ASM # 1 agreed that the complete.					
	Management" do Records: At the	cy "1.3 Written Record cumented, "A. Individual time of admission, (Name of piles individual records that nd past pertinent information"					

On 1/19/17 at 1:15 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) was made aware of the above findings.

No further information was provided prior to exit.

References:

(1) Refers to a group of disorders characterized

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: SUZC11

Facility ID: VAICFMR47

If continuation sheet Page 3 of 87



DEPART	MENT OF HEALTH	AND HUMA* PERVICES & MEDICAL JERVICES			FORM API OMB NO. 09	PROVED 38-0391
TATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG	COMPLE	TED
		49G044	B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE	01/20/	/2017
	ROVIDER OR SUPPLIER			7811 OAK STREET MANASSAS, VA 20111		
CRI OAK	STREET ICF/MR			DROVIDER'S PLAN OF CORRECT	TION	1X5)
(X4) ID PREFIX TAG	(EAGUL DECICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	A SU CORRECTIVE ACTION SHOW	TIN RE ~	DATE
\\\ 111	Continued From pa	age 3	W ²	111		
	adaptive behaviors schedules and rou Intellectual disabili 18 and may result autism or cerebral causes, such as la responsiveness. T from the website: https://report.nih.gt.aspx?csid=100.	capacity and difficulty with souch as managing money, tines, or social interactions. It originates before the age of from physical causes, such as palsy, or from nonphysical ack of stimulation and adult this information was obtained pov/nihfactsheets/ViewFactSheets/	:			
	neurological and obegins early in chegins with other what usyndrome and pedisorders. This in the website: https://medlineplutml. 1b. The facility so the current "Loca Review Form" desired the communication of the communication of the current of the current "Loca Review Form" desired the communication of the current of the c	um disorder (ASD) is a developmental disorder that ildhood and lasts throughout a fects how a person acts and ers, communicates, and learns sed to be known as Asperger reasive developmental aformation was obtained from as asserted to ensure Individual # I Human Rights Committee ated 10/24/16 was in the (Name	1=: , resident the income considering the income come come come come come come come	1-483.410(c)(1). 1b A meeting will be held between dential and day program teams mperativeness of completing a sents/ local human rights commew form for individual #1 correct pletely and dated. During the coordination meeting and for individual #1 and all other individuals from the residence that e day program will be reviewed they are in place and complete	to discuss II nittee tly, g, all er attend the I to ensure	
	of Day Program) On 1/20/17 at ap # 1's clinical reco	proximately 11:00 a.m. Individu	al 3=;	opriately. ⊃rogram manager or designee luct observations and record re		

FORM CMS-2567(02-99) Previous Versions Obsolete

Group Home). The clinical record failed to

evidence the current "Local Human Rights Committee (LHRC) Review Form" for Individual #

form and was asked to locate the form.

1. ASM # 1, (Name of Day Program) program

manager, was informed of the missing LHRC

Event ID: SUZC11

Facility ID: VAICFMR47

by all parties concerned.

ensure that all records including consents are

in place and filled out completely and signed

day programs at least once per month to

If continuation sheet Page 4 of 87



nepartM	ENT OF HEALTH	AND HUMA' RERVICES		(PRINTED: FORM A OMB NO. (\PPROVED
OLFAITEDS	FOR MEDICARE	& MEDICAL SERVICES	, <u> </u>		(X3) DATE	
TATEMENT OF	DEFICIENCIES	(X1) PRDVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		PLETED
		49G044	B. WING		01/2	20/2017
	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
NAME OF PR	OAIDEK OK SOLLEIEN		ļ	7811 OAK STREET		
CRI OAK S	TREET ICF/MR			MANASSAS, VA 20111	TION	[X5)
(X4) ID PREFIX TAG		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		OULD BE	COMPLETION DATE
VAL 111	Continued From pa	age 4	W	111		
	0 - 4/20/47 at appr	rovimately 11:15 a.m. ASM # 1	4=Cli	nical Director will oversee the		3/5/17
	aroulded this surve	avor with a copy of individual #	1	ementation of the above measu	res by	0,0,11
	4'a current "Local I	Human Rights Committee		wing day program observation	•	
	Davious Form" date	ad 10/24/16. When asked		hly and discussing potential are		<u> </u>
	where the form car	me from, ASM # 1 stated, "It e. It wasn't in the electronic or		evement with the program man		
	paper part of the c	linical record."		g supervision.	490 1	
				Department of Mission Effective	/eness	
	On 1/20/17 at 3:0	0 p.m. ASM (administrative	fwill co	onduct Quality Assurance obse	rvations	
	staff member) # 1	RN (registered nurse) # 1were	at da	y programs periodically as need	ded or	
	made aware of the	e above findings.	upon	written request from the clinica		1
			apon	written request from the climes	i director.	İ
W 112	No further informates 483.410(c)(2) CLI	ation was provided prior to exit. ENT RECORDS		/ 112		
	The facility must be	ceen confidential all information	1.	12-483.410(c)(2) Individual #3		3/5/17
	contained in the 0	lients' records, regardless of the	٠ I	Nutrition assessment will remo		
į	form or storage m	nethod of the records.	Illian	vidual #3's clinical chart and be	re-filed in	1
				right clinical chart.		
	TILL OTANDARD	is not met as evidenced by:		A thorough verification of indivi		
	Dood on staff in	iterview and clinical record	and	all other individuals' clinical ch	arts will	
	and and it was date	ermined that the facility stall	إ be d	done to ensure that there are no	o other	
	failed to maintain	the privacy of the clinical recor	^a mist	filed records.		
; :	for one of five inc	dividuals in the survey sample,	3=:	To avoid possible misfiling of h	ard copy	
	Individual # 3.			essments, clinical assessments		
	A nutritional asse	essment for another individual	nutr	ition assessment will be hence:	forth	
	was found in the	(Name of Group Home) Clinica	stor	ed in the online clinical system	for all	
	record for Individ	dual # 3.		f to review and/update as need		
	The findings incl	ude:		In coordination with the clinical		1
	The findings incl		the	program manager and fellow te	•	1
	Individual # 3 wa	as a 57 year old female, who wa	^{is} mat	es will conduct periodic audits		

FORM CMS-2567(02-99) Previous Versions Obsolete

admitted to (Name of Group Home) on 1/24/96.

not limited to: severe intellectual disability (1),

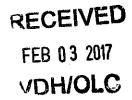
Event ID:SUZC11

Diagnoses in the clinical record included but were program files to ensure that they are

Facility ID: VAICFMR47

complete and filed in the right clinical charts.

If continuation sheet Page 5 of 87



DEPARTMENT OF HEALTH AND HUMA RERVICES CENTERS FOR MEDICARE & MEDICAL SERVICES

PRINTED: 01/26/2017 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

49G044

R WING

01/20/2017

NAME OF PROVIDER OR SUPPLIER

CRI OAK STREET ICF/MR

STREET ADORESS, CITY, STATE, ZIP CODE 7811 OAK STREET

MANASSAS, VA 20111

(X4) ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

1D PREFIX TAG

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETION DATE

3/5/17

W 112 Continued From page 5

PICA (2), grand maul seizure disorder (3), non-verbal and status/post (condition after) right ankle fracture.

On 1/20/17 at approximately 12:00 p.m. the (Name of Group Home) clinical record for Individual # 3 was reviewed. The clinical record contained a "Nutritional Assessment" dated 2/10/16 for another individual.

On 1/20/17 at approximately 12:20 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) was informed of this concern. After reviewing the clinical record for Individual # 3 and the "Nutritional Assessment" dated 2/10/16 for another individual, ASM # 1 stated, "The dietician was reviewing the clinical record on Wednesday (1/18/17). The assessment was misfiled."

On 1/20/17 at approximately 12:30 p.m. an attempt was made to contact OSM (other staff member) # 2, the dietician, without success.

On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings.

No further information was provided prior to exit.

References:

(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical

W 112

=:Clinical Director will oversee the implementation of the above measures by discussing potential areas for improvement with the program manager during monthly supervisions. =:The Department of Mission Effectiveness will conduct Quality Assurance audit at residential locations periodically as needed or upon written request from the clinical director.

If continuation sheet Page 6 of 87

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: SUZC11

Facility ID: VAICFMR47

DEPARTM	ENT OF HEALTH	AND HUMA BERVIO		(01/26/2017 PPROVED 0938-0391
TATEMENT O	FOR MEDICARE F DEFICIENCIES CORRECTION	& MEDICAL JERVIO (X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	CLIA (XZ) MO	TIPLE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		49G044	B. WING			0/2017
NAME OF PR	OVIDER OR SUPPLIER		<u></u>	STREET ADDRESS, CITY, STATE	, ZIP CODE	
	STREET ICF/MR			7811 OAK STREET MANASSAS, VA 20111		
(X4) ID PREFIX TAG	SUMMARY STA	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT	-ULL PRE	PROVIDER'S PLAN (EACH CORRECTIVE A	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE
	responsiveness. T from the website: https://report.nih. et.aspx?csid=100> (2) A pattern of ea as dirt or paper. T from the website: https://medlineplus (3) Epilepsy is a b has repeated seiz episodes of uncor brain cells that ma behavior. General seizure (involves rigid muscles, and information was of					

PKINIED. UHAULA FORM APPROVED DEPARTMENT OF HEALTH AND HUMA! SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAL JERVICES (X3) OATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIOER/SUPPLIER/CLIA COMPLETEO STATEMENT OF OEFICIENCIES IOENTIFICATION NUMBER: A. BUILOING _ ANO PLAN OF CORRECTION 01/20/2017 B. WING 49G044 STREET AOORESS, CITY, STATE, ZIP COOE NAME OF PROVIOER OR SUPPLIER 7811 OAK STREET MANASSAS, VA 20111 CRI OAK STREET ICF/MR PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF OFFICIENCIES IO. (EACH CORRECTIVE ACTION SHOULO BE (EACH OEFICIENCY MUST BE PRECEOED BY FULL PREFIX DATE (X4) IO CROSS-REFERENCEO TO THE APPROPRIATE PREFIX REGULATORY OR LSC IOENTIFYING INFORMATION) TAG OEFICIENCY) TAG W 124 W 124 Continued From page 7 3=: In coordination with the clinical 3/5/17 The facility staff failed to obtain consent for the director, the program manager and fellow "Behavior Intervention Plan" for Individual #1. team mates will conduct periodic audits of program files to ensure that they are The findings include: complete and filed in the right clinical Individual # 1 was a 24 year old male, who was charts. admitted to (Name of Group Home) on 10/12/11. Diagnoses in the clinical record included but were 4=: Clinical Director will oversee the not limited to: moderate intellectual disability (1), implementation of the above measures by pervasive developmental disorder (2), mood discussing potential areas for disorder and seasonal allergies. improvement with the program manager during monthly supervisions. Review of the (Name of Group Home) clinical record for Individual # 1 revealed a "Behavior =:The Department of Mission Intervention Plan" dated 12/1/2016 - 11/30/2017. Effectiveness will conduct Quality Review of the clinical record evidenced a form Assurance audit at residential locations that documented, "Behavior Intervention Plan Consent Form. Date of Plan: 12-1-2015 periodically as needed or upon written 11/30/2016. Restrictive Components: Safety request from the clinical director. Vest." Further review of the clinical record for Individual # 1 failed to evidence a current consent for Individuals # 1's "Behavior Intervention Plan" dated 12/1/2016 - 11/30/2017. On 1/20/17 at 2:25 p.m. an interview was conducted with ASM (administrative staff member) # 1, program manager of (Name of Group Home). When asked about a current consent for Individual # 1's behavior intervention plan. ASM # 1 stated, "I'm unable to locate the

current consent."

On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1 and RN (registered nurse) # 1were

No further information was provided prior to exit.

made aware of the above findings.

W 124 Continued From page 8 References: (1) Regulatory or LSC IDENTIFYING INFORMATION) PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION PROPERTY PROPERTY REGULATORY OR LSC IDENTIFYING INFORMATION PROPERTY PROPER	DEPARTM	ENT OF HEALTH	I AND HUMA SERVICES			(FORM A MB NO. (01/26/2017 APP R OVED 0938-0391
NAME OF PROVIDER OR SUPPLIER CRI OAK STREET IOF/MR SUMMARY STATEMENT OF DEFICIENCIES (FACH DEFICIENCY MUST BE PRECEDED BY FULL) PREFIX (FACH DEFICIENCY MUST BE PRECEDED BY FULL) TAG W 124 Continued From page 8 References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: (2) Autism spectrum disorder (ASD) is a neurological and developmental disorder that begins early in childhood and lasts throughout a person's life. It affects how a person acts and interacts with others, communicates, and learns. It includes what used to be known as Asperger syndrome and pervasive developmental disorders. This information was obtained from the website: https://medineplus.gov/autismspectrumdisorder.html. W 130 483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations and staff interviews it individuals in the horne will be checked and	TATEMENT O	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	1				(X3) DATE COMP	SURVEY LETED
TRIT DAK STREET CRI OAK STREET ICF/MR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL.) TAG W 124 Continued From page 8 References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website:			49G044	B. WING				01/2	0/2017
Regulatory Standard					7811 (DAK STREET			
References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://report.nih.gov/nihfactsheets/ViewFactShe et.aspx?csid=100>. (2) Autism spectrum disorder (ASD) is a neurological and developmental disorder that begins early in childhood and lasts throughout a person's life. It affects how a person acts and interacts with others, communicates, and learns. It includes what used to be known as Asperger syndrome and pervasive developmental disorders. This information was obtained from the website: https://redlineplus.gov/autismspectrumdisorder.html. W 130 483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations and staff interviews it individuals in the home will be checked and	(X4) ID PREFIX	SUMMARY STA	Y MUST BE PRECEDED BY FULL	PREF	ıx	PROVIDER'S PL (EACH CORRECTI' CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD ED TO THE APPROPI) BE	JX5) COMPLETION DATE
RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Rased on observations and staff interviews it W 130 483.420(a)(7). Individual #5 1=: Temporary window coverings will be put up on individual #5's window to ensure privacy during care while long term temper-proof window coverings are being acquired. 2=: Window coverings for all other individuals in the home will be checked and		References: (1) Refers to a group a limited mental adaptive behaviors schedules and rou Intellectual disabilitian or cerebral causes, such as la responsiveness. The website: https://report.nih.et.aspx?csid=100 (2) Autism spectruneurological and obegins early in chiperson's life. It affinteracts with other includes what us syndrome and per disorders. This in the website: https://medlinepluttml	oup of disorders characterized al capacity and difficulty with a such as managing money, otines, or social interactions. ity originates before the age of from physical causes, such as I palsy, or from nonphysical ack of stimulation and adult This information was obtained a gov/nihfactsheets/ViewFactSheets	h W	/ 130				
provide privacy during personal care for one of five individuals in the survey sample, Individual #	¥¥ 100	The facility must of the facil	ensure the rights of all clients. Icility must ensure privacy during are of personal needs. Do is not met as evidenced by: vations and staff interviews it that the facility staff failed to during personal care for one of	1=: T up or priva proof 2=: V indivi	empoin indiving the control of the c	rary window co idual #5's wind ing care while bw coverings a v coverings for in the home wi ncies reported	overings will be low to ensure long term ten re being acquall other ill be checked to the proper	e put nper- uired.	3/5/17

DEPARTMENT OF HEALTH AND HUMAN GERVICES CENTERS FOR MEDICARE & MEDICAL SERVICES

FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

49G044

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

7811 OAK STREET MANASSAS, VA 20111 (X3) DATE SURVEY COMPLETED

. . . .

B. WING

01/20/2017

NAME OF PROVIDER OR SUPPLIER

CRI OAK STREET ICF/MR

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)

STREET ADDRESS, CITY, STATE, ZIP CODE

(X5) COMPLETION DATE

3/5/17

W 130 Continued From page 9

5.

(X4) ID

PRÉFIX

TAG

The facility staff failed to provide window coverings in Individual # 5's bedroom during personal care.

The findings include:

Individual # 5 was a 69 year old male, who was admitted to (Name of Group Home) on 1/27/10. Diagnoses in the clinical record included but were not limited to: mild intellectual disability (1), dementia (2), seizure disorder (3), cerebral vascular accident (4) and vitamin D deficiency (5).

On 1/19/17 at 6:45 a.m. an observation of Individual # 5's bedroom was conducted during his medication administration. Upon entering Individual # 5's bedroom, Individual # 5 was dressed, neat and clean, sitting upright in his wheelchair in the middle of the room. Further observation of the bedroom revealed a double window (side by side) on the right outside wall as you enter the room. Individual # 5's bed was positioned on the same wall as the windows with the top of the mattress at the level of the window sill. Two staff members were observed in the room making up Individual # 5's bed (straightening the sheets and blankets).

On 1/19/17 at 6:50 a.m. an interview was conducted with DSP (direct support professional) #2. When asked if she provided care to Individual # 5 earlier that morning, DSP # 2 stated, "Yes. (DSP # 3) assisted me." When asked to describe the care that was provided, DSP # 2 stated, "We provided a bed bath, incontinence care, brushed his teeth, put lotion on

W 130

3=: The property department will order and install a new window (with in-built blinds) on individual #5's bedroom window to enable him adjust the blinds for out-door lighting using a knob rather than pulling (possibly ripping them).

4=: Program manager will conduct daily walk-throughs in the building at the start of the shift to ensure that privacy issues for individual #5 and all others are in compliance with regulations. Any deficiencies noticed will be submitted to the property department via a work order request to fix the deficiency.

- =: Clinical director will follow up on any pending work orders to ensure that privacy issues are addressed in a timely manner.
- =: The department of Mission Effectiveness will conduct environmental audit periodically as needed or upon written request from the Clinical Director.

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Event ID: SUZC11

Facility ID: VAICFMR47

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAL DERVICES

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

49G044

B. WING

01/20/2017

NAME OF PROVIDER OR SUPPLIER

CRI OAK STREET ICF/MR

STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET

MANASSAS, VA 20111

(X4) ID SUMMARY STATEMENT OF DEFICIENCIES
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL
TAG 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 OATE

W 130 Continued From page 10

his hands, arms, feet, leg and back, brushed his hair and dressed him." When asked where the care was provided, DSP # 2 stated, "In the bedroom on the bed." When asked if the windows were covered during the care for Individual # 5, DSP # 2 stated, "They (other staff) told me there was something on the windows so you can't see in from the outside." DSP # 2 then accompanied this surveyor outside of the home to Individual # 5's bedroom windows. While looking at Individual # 5's windows from the outside of the home, DSP # 2 was asked if she could see into Individual # 5's bedroom. DSP stated that she could see right into Individual # 5's bedroom. Further observation of the Individual # 5's bedroom windows revealed that they faced the deck of the next door neighbor's house.

On 1/19/17 at 7:10 a.m. an interview was conducted with DSP # 3. When asked if she provided care to Individual # 5 earlier that morning, DSP # 3 stated, "Yes." When asked to describe the care that was provided, DSP # 3 stated, "We undressed him gave him a bed bath, brushed his teeth and dressed him." When asked where the care was provided, DSP # 3 stated, "In the bedroom on the bed." When asked if the windows were covered during the care for Individual # 5, DSP # 3 stated, "We don't have anything for the windows, you can't see in from the outside."

On 1/19/17 at 7:20 a.m. ASM (administrative staff member) # 1, (Name of Group Home) program manager and DSP # 3 were asked to accompany this surveyor outside of the home to view Individual # 5's bedroom windows. While looking at Individual # 5's windows from the outside of the home, DSP # 3 agreed that she could see into

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FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: SUZC11

Facility ID: VAICEMR47

If continuation sheet Page 11 of 87

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DEPARTMENT OF HEALTH CENTERS FOR MEDICARE	AND HUMAN SERVICES			FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY
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NAME OF PROVIDER OR SUPPLIER CRI OAK STREET ICF/MR			7811 OAK STREET MANASSAS, VA 20111	
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Individual # 5 was morning care, DSI one outside." Who Individual # 5's be stated, "Yes. It's owindows does not and he doesn't ha manager and put fixed." An observation of 1/20/17 at 8:00 a. over and covering On 1/20/17 at 3:0 member) # 1, pro Group Home) and made aware of the No further inform References: (1) Refers to a group to a limited member adaptive behavior schedules and references and may resultism or cerebro.	droom. When asked if provided privacy during provided privacy during provided privacy during provided privacy during provided privacy denasked if she could see into droom from outside, ASM # 1 obvious that the tint on the work. He's entitled to privacy ve it. I'll call the property in a work order to get this Individual # 5's bedroom on m. revealed curtains hanging the bedroom windows. Op.m. ASM (administrative states of the property of the property in a work order to get this interest in the property in a work order to get this interest in the property in a work order to get this interest in the property in a work order to get this interest in the property in a work order to get this interest in the property in a work order to get the age of the property in a work or social interactions. Solity originates before the age of the property or from physical causes, such a lack of stimulation and adult in the property was obtained the provided prior to exit.	ff e	130	

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from the website:

et.aspx?csid=100>.

responsiveness. This information was obtained

https://report.nih.gov/nihfactsheets/ViewFactShe

(2) A group of symptoms caused by disorders that affect the brain. This information was obtained

Event IO: SUZC11

Facility IO: VAICFMR47

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[DEPARTA	MENT OF HEALTH	AND HUM/ SERVICES & MEDICA SERVICES		Ċ	OMB NO. 09	PROVED 938-0391
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			49G044	B. WING_		01/20	/2017
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	CRI OAK	STREET ICF/MR			MANASSAS, VA 20111		
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	W 130	Continued From pa	age 12	W 1	30		
		https://www.nlm.nil ml.	n.gov/medlineplus/dementia.ht				
		because of sudder the brain. This info website:	brain problem. They happen a shormal electrical activity in rmation was obtained from the h.gov/medlineplus/seizures.ht				
		brain stops. A stro attack." If blood fle few seconds, the b oxygen. Brain cells damage. This info website:	n blood flow to a part of the ke is sometimes called a "brain ow is cut off for longer than a brain cannot get nutrients and is can die, causing lasting rmation was obtained from the s.gov/ency/article/000726.htm.				
	W 159	This information w	nelps your body absorb calcium. vas obtained from the website: s.gov/vitamind.html.		159		
		integrated, coordi qualified intellectu This STANDARD Based on resider day program reco was determined t Intellectual Disab coordinate and m	re treatment program must be nated and monitored by a sal disability professional. is not met as evidenced by: ntial program record reviews, and review and staff interview, it hat the QIDP (Qualified ilities Professional) failed to onitor the individuals' active ms for three of five individuals in e, Individuals # 2, # 3 and # 4.	1=: Q data c outcor outcor skills) (comr skills)	9 483.430(a) QIDP- Individual # IDP will update the ISP objective collection outcomes for individual # mes # 1(independent living skills me #3(socialization skills), #4 (e, #5 (money management skills munication skills), #7 (personal to ensure that they are measurifiable.	res and al #2's ls), exercise s), #6 hygiene	3/5/17

FORM CMS-2567(02-99) Previous Versions Obsolete

1a. The QIDP failed to ensure objectives on the ISP (Individual Service Plan) for Individual # 2

Event ID: SUZC11

Facility ID: VAICFMR47

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PRINTED: U1/26/2017 FORM APPROVED DEPARTMENT OF HEALTH AND HUMA "SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICA **JERVICES** (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: A. BUILDING _ AND PLAN OF CORRECTION 01/20/2017 R WING 49G044 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 7811 OAK STREET CRI OAK STREET ICF/MR MANASSAS, VA 20111 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION OATE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG W 159 W 159 Continued From page 13 were developed in measurable terms. 2=: QIDP and Program Manager will 3/5/17 review the ISP objectives and data 1b. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 2 were collection outcomes of all other individuals in measurable terms. in the home and update as needed to ensure that they are measurable and 2a. The QIDP failed to ensure objectives on the quantifiable. ISP for Individual #3 were developed in 3=: Program manager and the measurable terms. interdisciplinary team that develops the 2b. The QIDP failed to ensure the data collection ISPs for each individual will ensure that of the ISP outcomes/goals for Individual #3 were subsequent ISP objectives and data in measurable terms. collection outcomes of all individuals are 3a. The QIDP failed to ensure objectives on the developed in a measurable manner. ISP for Individual # 4 were developed in 4=: Clinical Director and the department of measurable terms. Mission Effectiveness will provide support 3b. The QIDP failed to ensure the data collection and oversight as needed to ensure that of the ISP outcomes/goals for Individual # 4 were ISPs for all individuals meet the standard in measurable terms. as stipulated by Medicaid regulations. The findings include: 1a. The QIDP failed to ensure objectives on the ISP (Individual Service Plan) for Individual #2 were developed in measurable terms. Individual # 2 was a 46 year old male, who was admitted to (Name of Group Home) on 8/22/95.

Individual # 2's current ISP dated 11/01/2016 through 10/31/2017 documented,

"Desired Outcome: Outcome # 1: Independent living skills. I take care of my dirty clothes at

Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), legally blind, self-injurious behavior and vitamin D

Facility ID: VAICFMR47

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deficiency (2).

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

PRINTED: 01/26/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF OFFICIENCIES	
ANO PLAN OF CORRECTION	

(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION
A. BUILOING

(X3) OATE SURVEY COMPLETEO

49G044

B. WING

01/20/2017

NAME OF PROVIOER OR SUPPLIER

STREET AOORESS, CITY, STATE, ZIP COOE

CRI OAK STREET ICF/MR

7811 OAK STREET MANASSAS, VA 20111

(X4) IO PREFIX TAG SUMMARY STATEMENT OF OEFICIENCIES (EACH OEFICIENCY MUST BE PRECEOEO BY FULL REGULATORY OR LSC IOENTIFYING INFORMATION) IO PREFIX TAG PROVIOER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULO BE CROSS-REFERENCEO TO THE APPROPRIATE OEFICIENCY) (X5) COMPLETION DATE

W 159 Continued From page 14

home and my back pack at the day program. "Support Activities & Instructions: I am going to separate my clean clothes from the dirty ones. I am going to take care of my bag pack I book bag at the day program. Instructions: 1. I am informed that it is time for me to work on my laundry. 2. I am prompted to separate my clean clothes from the dirty ones. 3. I am prompted to place the clean clothes in the short hamper. Frequency: Weekly. Amount: 45 minutes."

"Desired Outcome: Outcome # 3: Socialization Skills. I like socializing with my family members, friends, peers, neighbors, people in my community and staff. Support Activities & Instructions: 1. I go out into my community to participate in community events. 2. I interact with the people at the event by making friends, having a friendly conversation with him or her. 3. I enjoy when I say hi to someone I meet in my neighborhood. 4. I am happy when the people I get to meet treat me with respect and are willing to engage in a conversation with me. Frequency: Weekly. Amount: 30 minutes."

"Desired Outcome: Outcome # 4: Exercise Skills. Support Activities & Instructions: I like to stay physically fit and active. I am reminded that it is time to go do some exercises. I am prompted to put on appropriate footwear. I am prompted to go for a walk at the park or neighborhood with my peers. I am prompted to some aerobic activities indoors when the weather is not very welcoming for outdoor activities. Frequency: Weekly. Amount: 30 minutes."

"Desired Outcome: Outcome # 5: Money Management. It is important for me to shop for my personal needs and also do grocery for the W 159

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Event IO: SUZC11

Facility IO: VAICFMR47

If continuation sheet Page 15 of 87



PRINTED: UTIZOIZUTI FORM APPROVED DEPARTMENT OF HEALTH AND HUMA SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICA ERVICES (X3) OATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIOER/SUPPLIER/CLIA COMPLETEO STATEMENT OF OFFICIENCIES IOENTIFICATION NUMBER: A. BUILOING ANO PLAN OF CORRECTION 01/20/2017 B. WING 49G044 STREET AOORESS, CITY, STATE, ZIP COOE NAME OF PROVIOER OR SUPPLIER **7811 OAK STREET** MANASSAS, VA 20111 CRI OAK STREET ICF/MR PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF OFFICIENCIES Ю (EACH CORRECTIVE ACTION SHOULO BE DATE (EACH OEFICIENCY MUST BE PRECEOEO BY FULL PREFIX (X4) IO CROSS-REFERENCEO TO THE APPROPRIATE PRÉFIX REGULATORY OR LSC IOENTIFYING INFORMATION) TAG OEFICIENCY) TAG W 159 W 159 Continued From page 15 house [sic]. Support Activities & Instructions: 1. At my leisure time, I practice differentiating types of money using 3D money. For example, the dollar bill as opposed to the quarter, dime, nickel and penny. 2. I am presented with a schedule on when I can go and shop. 3. I am encouraged to pick out some three household items I want to get from the shop. 4. I am encouraged to do my personal shopping to get what I need. 5. I am provided the support I need by staff. Frequency: Daily. Amount: continually." "Desired Outcome: Outcome # 6: Communication. Hike to be understood when I communicate with the people I interact with both at home and in the community. Support Activities & Instructions: 1. I am encouraged to make my views known to staff and my peers. 2. I am prompted to share my stories with the people I care about. 3. I am prompted and given the opportunity to listen to a narrative and answer

Amount: continually."

questions later. 4. Staff praises me for having a constructive conversation. Frequency: Daily.

"Desired Outcome: Outcome # 7: Personal Hygiene. It is important for me to be clean and presentable all the time. Support Activities & Instructions: 1. I am prompted to prepare for a shower by removing all clothing articles and placing them in the laundry basket meant for dirty clothes. 2. I am prompted to use some show hygiene tools to wash my body parts. 3. I spend adequate time under the water to ensure that all soap lather is properly rinsed. 4. I am prompted to use soap to wash my hands so as to get them clean. 5. I am provided some support by staff to shave and get a haircut. 6. I am reminded to wipe after a bowel movement. 7. I am praised by

FORM APPROVED DEPARTMENT OF HEALTH AND HUMA!" SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAL **ERVICES** (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING _ AND PLAN OF CORRECTION 01/20/2017 B. WING 49G044 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 7811 OAK STREET MANASSAS, VA 20111

CRI OAK STREET ICF/MR

PROVIDER'S PLAN OF CORRECTION ۱D (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY)

(X5) COMPLETION DATE

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID REGULATORY OR LSC IDENTIFYING INFORMATION) PRÉFIX TAG

W 159

TAG

W 159 Continued From page 16 staff for doing a good job each time. Frequency: Daily. Amount: 45 minutes."

During an interview on 1/19/17 at 1:15 p.m. with ASM (administrative staff member) # 1, the program manager for (Name of Group Home), and OSM (other staff member) #1, QDIP (Qualified Intellectual Disabilities Professional), the ISP for Individuals # 2 was reviewed. When asked how the outcomes are developed for an individual's ISP, ASM # 1 and OSM # 1 stated that they review the current goals, the preferences, and look at the communication, health and safety. ASM # 1 and OSM # 1 further stated that the outcomes are developed to help individuals develop skills to reach a level of independence. ASM #1 further stated, "Skill building is important and it affects the overall wellness of the individual." ASM # 1 and OSM # 1 stated, "Outcomes should be developed in both in qualitative and quantitative forms." During the interview OSM # 1 was asked to describe the responsibility of the QIDP. OSM #1 stated, "I'm part of the interdisciplinary team, responsible for the ISP, I conduct the quarterly reviews, conduct observations at the day programs and observe how the individual is engaged in the program and activities and how they take their lunch. I meet with the day program staff to discuss the individual's goals prior to the ISP review date and maintain communication between the day program and the home. Supervise the DSPs (direct support professionals), review the program notes to make sure they're done each day and occasionally read them. I read the progress notes to make sure they reflect the outcomes and make sure active treatment is being done." When asked if the clinical records at the day programs were supposed to be reviewed by the

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Facility ID: VAICFMR47

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DEPARTMENT OF HEALTH CENTERS FOR MEDICARE	AND HUMA TERVICES & MEDICAL SERVICES			FORM APPROVED OMB NO. 0938-0391
CENTERS FOR MEDICINES STATEMENT OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	•	TIPLE CONSTRUCTION	COMPLETEO
	49G044	B. WING	STREET AOORESS, CITY, STATE, ZIP COOE	01/20/2017
NAME OF PROVIOER OR SUPPLIER			7811 OAK STREET	
CRI OAK STREET ICF/MR			MANASSAS, VA 20111 PROVIOER'S PLAN OF CORRECT	TION (X5)
(A4)1以	ATEMENT OF OEFICIENCIES Y MUST BE PRECEOEO BY FULL .SC IOENTIFYING INFORMATION)	10 PREFI TAG	IX (EACH CORRECTIVE ACTION SHO	OLO BE
haven't done that y had been the QID and a half months OSM #1 was ask for Individuals #2 ISP (individual ser independent living exercise skills, mo communication ar written in measure "No." The facility's police Disabilities Profer QMRP is respons coordination, more Individual Services active treatment Qualified Intellect Monitoring Of Ser Review consume financial and me treatment and ser correctly, docum outside services program services On 1/20/17 at 3: member) #1, pr Group Home) ar made aware of the	ated, "Yes, once a month but I yet." When asked how long he P, OSM # 1 stated, "About four " ed to review the ISP outcomes . When asked if Individual # 2's rvice plan) outcomes/goals for g skills, socialization skills, oney management, and personal hygiene were able terms, OSM # 1 stated, by "8.1 Qualified Intellectual ssional" documented, "The sible for the integration, nitoring and development of the e Plan, and to ensure quality in the program." Under "8.1.2 tual Disabilities Professional struces" it documented, "A. Fer records to include clinical, dical to ensure prescribed ented appropriately and that any have been incorporated into	y aff re	159	

References:

DEPARTMENT OF HEALTH AND HUMA PERVICES CENTERS FOR MEDICARE & MEDICAL SERVICES

PRINTED: U1/20/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF OEFICIENCIES	
ANO PLAN OF CORRECTION	

(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILOING

(X3) OATE SURVEY COMPLETEO

49G044

B. WING

01/20/2017

NAME OF PROVIOER OR SUPPLIER

CRI OAK STREET ICF/MR

STREET AOORESS, CITY, STATE, ZIP COOE 7811 OAK STREET

MANASSAS, VA 20111

(X4) IO SUMMARY STATEMENT OF OEFICIENCIES
PREFIX (EACH OEFICIENCY MUST BE PRECEOEO BY FULL
REGULATORY OR LSC IOENTIFYING INFORMATION)

IO PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULO BE CROSS-REFERENCEO TO THE APPROPRIATE OEFICIENCY) (X5) COMPLETION DATE

W 159 Continued From page 18

schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website:

https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>.

- (2) Vitamin D helps your body absorb calcium. This information was obtained from the website: https://medlineplus.gov/vitamind.html.
- 1b. The QIDP failed to ensure the data collection of the ISP (Individual Service Plan) outcomes/goals for Individual # 2 were in measurable terms.

The "Progress Note" for Individual # 2 dated 12/01/2016 through 1/170/2017 were reviewed. The progress notes falled to evidence documentation of the data collection of Individual # 2's ISP outcome/goals in measurable terms.

OSM # 1 was asked to review the ISP outcomes for Individuals # 2. When asked if the data collection for Individual # 2's ISP (individual service plan) outcomes/goals for independent living skills, socialization skills, exercise skills, money management, communication and personal hygiene were written in measurable terms, OSM # 1 stated, "No."

2a. The QIDP failed to ensure objectives on the ISP (Individual Service Plan) for Individual # 3

W 159

FORM CMS-2567(02-99) Previous Versions Obsolete

Event IO: SUZC11

Facility IO: VAICFMR47

If continuation sheet Page 19 of 87



DEPARTMENT OF HEALTH AND HUMA!" *`ERVICES* CENTERS FOR MEDICARE & MEDICAL JERVICES

PRINTED: VIZOIZVII 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

49G044

B. WING

01/20/2017

NAME OF PROVIDER OR SUPPLIER

CRI OAK STREET ICF/MR

(X4) 1D

PREFIX

TAG

STREET ADDRESS, CITY, STATE, ZIP CODE **7811 OAK STREET** MANASSAS, VA 20111

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY)

(X5) COMPLETION OATE

3/5/17

W 159 Continued From page 19 were developed in measurable terms.

> Individual # 3 was a 57 year old female, who was admitted to (Name of Group Home) on 1/24/96. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), PICA (2), grand maul seizure disorder (3), non-verbal and status/post (condition after) right ankle fracture.

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

Individual # 3's current ISP dated 11/01/2016 through 10/31/2017 documented,

"Desired Outcome: Outcome # 2: Independent living skills. (Individual #3) works on her skills such as cleaning, meal preparation, washing and folding laundry, house chores and her personal hygiene. "Support Activities: (Individual #3) assists in washing dishes, laundering, meal preparation and other house chores. 2. (Individual # 3) walks to the task area where the job needs to be done. Support Instructions: Provide (Individual # 3) hand-on-hand assistance if necessary. Explain to (Individual #3) the reason for doing things in a particular way. Ask (Individual #3) to do the task on her own. Praise (Individual #3) if she completes the task. Frequency: Daily. Amount: 15 minutes."

"Desired Outcome: Outcome # 3: Community Integration. (Individual # 3) participates in community outings, events and activities of her choice. Support Activities: 1. (Individual # 3) attends advocacy events. 2. (Individual #3) volunteers in the community. 3. (Individual #3) goes out for grocery and personal shopping. Support Instructions: Allow (Individual #3) to choose the outing she wants to participate in by asking and/or showing her pictures and offering

W 159

1D

PREFIX

TAG

W 159 483.430(a) QIDP-Individual #3- 2a, 2b. 1=: QIDP will update the ISP objectives and data collection outcomes for individual #3's outcomes # 2(independent living skills). outcome #3 (community integration) to ensure that they are measurable and quantifiable. 2=: QIDP and Program Manager will review the ISP objectives and data collection outcomes of all other individuals in the home and update as needed to ensure that they are measurable and quantifiable.

3=: Program manager and the interdisciplinary team that develops the ISPs for each individual will ensure that subsequent ISP objectives and data collection outcomes of all individuals are developed in a measurable manner.

4=: Clinical Director and the department of Mission Effectiveness will provide support and oversight as needed to ensure that ISPs for all individuals meet the standard as stipulated by Medicaid regulations.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: SUZC11

Facility ID: VAICFMR47

If continuation sheet Page 20 of 87



DEPARTMENT OF HEALTH AND HUMA 'ERVICES CENTERS FOR MEDICARE & MEDICAL SERVICES

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

49G044

B. WING

01/20/2017

NAME OF PROVIDER OR SUPPLIER

CRI OAK STREET ICF/MR

STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET

7811 OAK STREET MANASSAS, VA 20111

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W 159 Continued From page 20

her choices. 2. Assist (Individual # 3) on the outing, ensuring she is safe and all needs/protocols are met. 3. While shopping allow (Individual # 3) the freedom to select what she wants to buy. If staff does not agree with her choice, offer the reason why you don't agree. 4. If (Individual # 3) is attending a community event, explain the type of event, the location, and the rationale to her. Frequency: Weekly. Amount: 60 minutes."

During an interview on 1/19/17 at 1:15 p.m. with ASM (administrative staff member) # 1, the program manager for (Name of Group Home), and OSM (other staff member) #1, QDIP (Qualified Intellectual Disabilities Professional), the ISP for Individuals #3 was reviewed. When asked how the outcomes are developed for an individual's ISP, ASM # 1 and OSM # 1 stated that they review the current goals, the preferences, and look at the communication, health and safety. ASM # 1 and OSM # 1 further stated that the outcomes are developed to help individuals develop skills to reach a level of independence. ASM #1 further stated, "Skill building is important and it affects the overall wellness of the individual." ASM # 1 and OSM # 1 stated, "Outcomes should be developed in both in qualitative and quantitative forms." During the interview OSM # 1 was asked to describe the responsibility of the QIDP. OSM # 1 stated, "I'm part of the interdisciplinary team, responsible for the ISP, I conduct the quarterly reviews, conduct observations at the day programs and observe how the individual is engaged in the program and activities and how they take their lunch. I meet with the day program staff to discuss the individual's goals prior to the ISP review date and maintain communication between the day

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FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: SUZC11

Facility ID: VAICFMR47

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PRINTED: UT/Z6/Z017 FORM APPROVED DEPARTMENT OF HEALTH AND HUMA/ ``ERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAL SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING _ AND PLAN OF CORRECTION 01/20/2017 R WING 49G044 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **7811 OAK STREET** MANASSAS, VA 20111 CRI OAK STREET ICF/MR PROVIDER'S PLAN OF CORRECTION (X51 SUMMARY STATEMENT OF DEFICIENCIES 1D COMPLETION (EACH CORRECTIVE ACTION SHOULD BE PREFIX (X4) 1D (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG W 159 W 159 Continued From page 21 program and the home. Supervise the DSPs . (direct support professionals), review the program notes to make sure they're done each day and occasionally read them. I read the progress notes to make sure they reflect the outcomes and make sure active treatment is being done." When asked if the clinical records at the day programs were supposed to be reviewed by the QIDP, OSM # 1 stated, "Yes, once a month but I haven't done that yet." When asked how long he had been the QIDP, OSM # 1 stated, "About four and a half months." During an interview on 1/19/17 at 1:15 p.m. ASM # 1 and OSM # 1 were asked to review the ISP outcomes for Individuals #3. When asked if Individual # 3's ISP (individual service plan) outcomes/goals for independent living skills and community integration were written in measurable terms OSM # 1 stated, "No." On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings. No further information was provided prior to exit. References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions.

Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained

DEPARTMENT OF HEALTH AND HUMA!" ERVICES CENTERS FOR MEDICARE & MEDICALD JERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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01/20/2017

NAME OF PROVIDER OR SUPPLIER

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7811 OAK STREET MANASSAS, VA 20111

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(X5) COMPLETION DATE

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https://report.nih.gov/nihfactsheets/ViewFactShe et.aspx?csid=100>.

(2) A pattern of eating non-food materials, such as dirt or paper. This information was obtained from the website:

https://medlineplus.gov/ency/article/001538.htm.

(3) Epilepsy is a brain disorder in which a person has repeated seizures over time. Seizures are episodes of uncontrolled and abnormal firing of brain cells that may cause changes in attention or behavior. Generalized tonic-clonic (grand mal) seizure (involves the entire body, including aura, rigid muscles, and loss of alertness). This information was obtained from the website: https://medlineplus.gov/ency/article/000694.htm

2b. The QIDP failed to ensure the data collection of the ISP (Individual Service Plan) outcomes/goals for Individual # 3 were in measurable terms.

The "Progress Note" for Individual # 3 dated 12/01/2016 through 1/170/2017 were reviewed. The progress notes failed to evidence documentation of the data collection of Individual # 3's ISP outcome/goals in measurable terms.

During an interview on 1/19/17 at 1:15 p.m. ASM # 1 and OSM # 1 were asked to review the ISP outcomes for Individuals # 3. When asked if the data collection for Individual # 3's ISP (individual service plan) outcomes/goals for independent living skills and community integration were written in measurable terms, ASM # 1 and OSM # 1 stated, "No."

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DEPARTMENT OF HEALTH AND HUMAN ERVICES CENTERS FOR MEDICARE & MEDICAID JERVICES

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NAME OF PROVIDER OR SUPPLIER

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7811 OAK STREET MANASSAS, VA 20111

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On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings.

No further information was provided prior to exit.

3a. The QIDP failed to ensure objectives on the ISP for Individual # 4 were developed in measurable terms.

Individual # 4 was a 63 year old female, who was admitted to (Name of Group Home) on 11/23/10. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), epilepsy (2), mild dysphagia (3), myopia (4) and vitamin D deficiency (5).

Individual # 4's current ISP dated 08/01/2016 through 07/31/2017 documented. "Desired Outcome: Outcome # 4: Communication. (Individual #4) is non-verbal and she communicates using her non-verbal cues. Support Activities & Instructions: (Individual # 4) uses her body gesture to communicate her wants and needs to staff and to her peers. (Individual #4) walks toward staff when she needs something. (Individual # 4) walks into the kitchen when she wants to eat. (Individual # 4) is presented with a picture book to choose what she wants and she points to it. (Individual # 4) makes loud vocalizations when she is tired, hungry, engage in something or when she wants to go somewhere. Frequency: Daily."

"Desired Outcome: Outcome # 6: Socialization Skills. (Individual # 4) is good at using body

W 159 483.430(a) QIDP-Individual #4- 3a, 3b.

3/5/17

1=: QIDP will update the ISP objectives and data collection outcomes for individual #4's outcomes # 4(communication skills), outcome #6 (socialization skills), outcome #7 (money management skills) to ensure that they are measurable and quantifiable. 2=: QIDP and Program Manager will review the ISP objectives and data collection outcomes of all other individuals in the home and update as needed to ensure that they are measurable and quantifiable.

3=: Program manager and the interdisciplinary team that develops the ISPs for each individual will ensure that subsequent ISP objectives and data collection outcomes of all individuals are developed in a measurable manner.

4=: Clinical Director and the department of Mission Effectiveness will provide support and oversight as needed to ensure that ISPs for all individuals meet the standard as stipulated by Medicaid regulations.

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gestures and body language to greet. Support Activities & Instructions: (Individual # 4) is encouraged to make eye contact or smile with the people she meets. (Individual #4) is encouraged to shake hands with the people she meets in the community. (Individual # 4) is supported by staff who takes her to the places in the community where she wants to go. Frequency: Weekly.

"Desired Outcome: Outcome #7: Money Management. (Individual #4) enjoys shopping for the house or for her personal needs. Support Activities & Instructions: (Individual # 4) chooses two items for the house she wants to go and get from the shop. (Individual #4) decides which personal needs she wants to get from the shop. (Individual # 4) is supported to the shop and given step by step prompts. (Individual # 4) is supported by staff to the shop of her choice to get what she planned to buy. (Individual # 4) is supported by staff who does hand-over-hand to swipe the card, collect her items and her receipt from the cashier. Frequency: Monthly. Amount: 120 minutes."

During an interview on 1/19/17 at 1:15 p.m. with ASM (administrative staff member) # 1, the program manager for (Name of Group Home), and OSM (other staff member) # 1, QDIP (Qualified Intellectual Disabilities Professional), the ISP for Individuals # 4 was reviewed. When asked how the outcomes are developed for an individual's ISP, ASM # 1 and OSM # 1 stated that they review the current goals, the preferences, and look at the communication, health and safety. ASM # 1 and OSM # 1 further stated that the outcomes are developed to help individuals develop skills to reach a level of independence. ASM # 1 further stated, "Skill

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building is important and it affects the overall wellness of the individual." ASM # 1 and OSM # 1 stated, "Outcomes should be developed in both in qualitative and quantitative forms." During the interview OSM # 1 was asked to describe the responsibility of the QIDP. OSM # 1 stated, "I'm part of the interdisciplinary team, responsible for the ISP, I conduct the quarterly reviews, conduct observations at the day programs and observe how the individual is engaged in the program and activities and how they take their lunch. I meet with the day program staff to discuss the individual's goals prior to the ISP review date and maintain communication between the day program and the home. Supervise the DSPs (direct support professionals), review the program notes to make sure they're done each day and occasionally read them. I read the progress notes to make sure they reflect the outcomes and make sure active treatment is being done." When asked if the clinical records at the day programs were supposed to be reviewed by the QIDP, OSM # 1 stated, "Yes, once a month but I haven't done that yet." When asked how long he had been the QIDP, OSM # 1 stated, "About four and a half months."

During an interview on 1/19/17 at 1:15 p.m. ASM # 1 and OSM # 1 were asked to review the ISP outcomes for Individuals # 4. When asked if Individual # 4's ISP (individual service plan) outcomes/goals for communication, socialization skills and money management were written in measurable terms, OSM # 1 stated, "No."

On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings.

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	schedules and ro Intellectual disabi 18 and may resul autism or cerebra causes, such as responsiveness. from the website https://report.ni et.aspx?csid=10	h.gov/nihfactsheets/viewracto 0>.	She				
	recurring seizure clusters of nerve send out the wro strange sensation strangely. They or lose conscious the size of from the set of the second services of the second services of the second services of the second services of the second services of the second services of the second services of the second services of the second services of the second services of the second services of the second second services of the second se	der that causes people to have es. The seizures happen when e cells, or neurons, in the brain ong signals. People may have ons and emotions or behave may have violent muscle spasusness. This information was ne website:					
	(3) A swallowing	g disorder. This information wa he website: m.nih.gov/medlineplus/swallov					
	eye is focused appear blurred refractive error	iness is when light entering the incorrectly, making distant obje. Nearsightedness is a type of of the eye. This information we the website.	5015				

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	This information W	s your body absorb calcium. as obtained from the website: s.gov/vitamind.html.			
	3b. The QIDP fail of the ISP outcom in measurable terr	ed to ensure the data collection es/goals for Individual # 4 were ms.			
	12/01/2016 through	te" for Individual # 4 dated gh 1/170/2017 were reviewed. es failed to evidence the data collection of Individual e/goal in measurable terms.			
	for Individuals # 4 collection for Individuals # 4 service plan) outcome socialization skills	ed to review the ISP outcomes . When asked if the data vidual # 4's ISP (individual comes/goals for communication, and money management were able terms, OSM # 1 stated,			
	member) # 1, pro	00 p.m. ASM (administrative state ogram manager of (Name of d RN (registered nurse) # 1were ne above findings.			
	No further inform	ation was provided prior to exit.	ı V	N 231	

FORM CMS-2567(02-99) Previous Versions Obsolete

W 231 483.440(c)(4)(iii) INDIVIDUAL PROGRAM PLAN

The objectives of the individual program plan must be expressed in behavioral terms that provide measurable indices of performance.

This STANDARD is not met as evidenced by:

Event ID: SUZC11

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DEPARTMENT OF HEALTH AND HUMA FRVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

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STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET

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3/5/17

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Based on residential program record reviews, day program record review and staff interview, it was determined that the QIDP (Qualified Intellectual Disabilities Professional) failed to coordinate and monitor the individuals' active treatment programs for three of five individuals in the survey sample, Individuals # 2, # 3 and # 4.

- 1a. The QIDP failed to ensure objectives on the ISP (Individual Service Plan) for Individual #2 were developed in measurable terms.
- 1b. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 2 were in measurable terms.
- 2a. The QIDP failed to ensure objectives on the ISP for Individual # 3 were developed in measurable terms.
- 2b. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 3 were in measurable terms.
- 3a. The QIDP failed to ensure objectives on the ISP for Individual # 4 were developed in measurable terms.
- 3b. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 4 were in measurable terms.

The findings include:

1a. The QIDP failed to ensure objectives on the ISP (Individual Service Plan) for Individual # 2 were developed in measurable terms.

Individual # 2 was a 46 year old male, who was

W 231

W 231 483.440(c)(4)(iii) Individual program plan-Individual #2-1a/1b

1=: QIDP will update the ISP objectives and data collection outcomes for individual #2's outcomes # 1(independent living skills), outcome #3(socialization skills), #4 (exercise skills), #5 (money management skills), #6 (communication skills), #7 (personal hygiene skills) to ensure that they are measurable and quantifiable.

2=: QIDP and Program Manager will review the ISP objectives and data collection outcomes of all other individuals in the home and update as needed to ensure that they are measurable and quantifiable.

3=: Program manager and the interdisciplinary team that develops the ISPs for each individual will ensure that subsequent ISP objectives and data collection outcomes of all individuals are developed in a measurable manner.

4=: Clinical Director and the department of Mission Effectiveness will provide support and oversight as needed to ensure that ISPs for all individuals meet the standard as stipulated by Medicaid regulations.

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STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET

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admitted to (Name of Group Home) on 8/22/95. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), legally blind, self-injurious behavior and vitamin D deficiency (2).

Individual # 2's current ISP dated 11/01/2016 through 10/31/2017 documented, "Desired Outcome: Outcome # 1: Independent living skills. I take care of my dirty clothes at home and my back pack at the day program. "Support Activities & Instructions: I am going to separate my clean clothes from the dirty ones. I am going to take care of my bag pack / book bag at the day program. Instructions: 1. I am informed that it is time for me to work on my laundry. 2. I am prompted to separate my clean clothes from the dirty ones. 3. I am prompted to place the clean clothes in the short hamper. Frequency: Weekly. Amount: 45 minutes."

"Desired Outcome: Outcome # 3: Socialization Skills. I like socializing with my family members, friends, peers, neighbors, people in my community and staff. Support Activities & Instructions: 1. I go out into my community to participate in community events. 2. I interact with the people at the event by making friends, having a friendly conversation with him or her. 3. I enjoy when I say hi to someone I meet in my neighborhood. 4. I am happy when the people I get to meet treat me with respect and are willing to engage in a conversation with me. Frequency: Weekly. Amount: 30 minutes."

"Desired Outcome: Outcome # 4: Exercise Skills. Support Activities & Instructions: I like to stay physically fit and active. I am reminded that it is time to go do some exercises. I am prompted to

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	communicate with at home and in the Activities & Instrumake my views had neonled to a people I care about the communication and the people I care about the people I care abou	e: Outcome # 6: I like to be understood when I h the people I interact with both ne community. Support actions: 1. I am encouraged to known to staff and my peers. 2 o share my stories with the out. 3. I am prompted and give to listen to a narrative and answ	en er		

Amount: continually."

questions later. 4. Staff praises me for having a constructive conversation. Frequency: Daily.

"Desired Outcome: Outcome # 7: Personal Hygiene. It is important for me to be clean and presentable all the time. Support Activities &

DEPARTMENT OF HEALTH AND HUMA! GERVICES CENTERS FOR MEDICARE & MEDICAL **JERVICES**

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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STREET ADDRESS, CITY, STATE, ZIP CODE

7811 OAK STREET MANASSAS, VA 20111

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX 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 231 Continued From page 31

shower by removing all clothing articles and placing them in the laundry basket meant for dirty clothes. 2. I am prompted to use some show hygiene tools to wash my body parts. 3. I spend adequate time under the water to ensure that all soap lather is properly rinsed. 4. I am prompted to use soap to wash my hands so as to get them clean. 5. I am provided some support by staff to shave and get a haircut. 6. I am reminded to wipe after a bowel movement. 7. I am praised by staff for doing a good job each time. Frequency: Daily. Amount: 45 minutes."

During an interview on 1/19/17 at 1:15 p.m. with ASM (administrative staff member) # 1, the program manager for (Name of Group Home), and OSM (other staff member) # 1, QDIP (Qualified Intellectual Disabilities Professional), the ISP for Individuals # 2 was reviewed. When asked how the outcomes are developed for an individual's ISP, ASM # 1 and OSM # 1 stated that they review the current goals, the preferences, and look at the communication, health and safety. ASM # 1 and OSM # 1 further stated that the outcomes are developed to help individuals develop skills to reach a level of independence. ASM # 1 further stated, "Skill building is important and it affects the overall wellness of the individual." ASM # 1 and OSM # 1 stated, "Outcomes should be developed in both in qualitative and quantitative forms." During the interview OSM # 1 was asked to describe the responsibility of the QIDP. OSM # 1 stated, "I'm part of the interdisciplinary team, responsible for the ISP, I conduct the quarterly reviews, conduct observations at the day programs and observe how the individual is engaged in the program and activities and how they take their lunch. I meet with the day program staff to discuss the

W 231

DEPARTMENT OF HEALTH AND HUMA! TERVICES CENTERS FOR MEDICARE & MEDICAL JERVICES

PRINICU. UNZUZU FORM APPROVED OMB NO. 0938-0391

STATEMENT I	DF DEFICIENCIES
AND DIAN OF	CORRECTION
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(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A, BUILDING _

(X3) DATE SURVEY COMPLETED

49G044

B. WING

01/20/2017

NAME OF PROVIDER OR SUPPLIER

CRI OAK STREET ICF/MR

STREET ADDRESS, CITY, STATE, ZIP CODE **7811 OAK STREET** MANASSAS, VA 20111

(X4) ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

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PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

[X5] COMPLETION DATE

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individual's goals prior to the ISP review date and maintain communication between the day program and the home. Supervise the DSPs (direct support professionals), review the program notes to make sure they're done each day and occasionally read them. I read the progress notes to make sure they reflect the outcomes and make sure active treatment is being done." When asked if the clinical records at the day programs were supposed to be reviewed by the QIDP, OSM # 1 stated, "Yes, once a month but ! haven't done that yet." When asked how long he had been the QIDP, OSM # 1 stated, "About four and a half months."

OSM # 1 was asked to review the ISP outcomes for Individuals # 2. When asked if Individual # 2's ISP (individual service plan) outcomes/goals for independent living skills, socialization skills, exercise skills, money management, communication and personal hygiene were written in measurable terms, OSM # 1 stated, "No."

The facility's policy "8.1 Qualified Intellectual Disabilities Professional" documented, "The QMRP is responsible for the integration, coordination, monitoring and development of the Individual Service Plan, and to ensure quality active treatment in the program." Under "8.1.2 Qualified Intellectual Disabilities Professional Monitoring Of Services" it documented, "A. Review consumer records to include clinical, financial and medical to ensure prescribed treatment and services are being implemented correctly, documented appropriately and that any outside services have been incorporated into program services." On 1/20/17 at 3:00 p.m. ASM (administrative staff

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PRINIED. UNLUKY FORM APPROVED DEPARTMENT OF HEALTH AND HUMA/ **`ERVICES** OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAIL SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING ___ AND PLAN OF CORRECTION 01/20/2017 B. WING 49G044 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 7811 OAK STREET MANASSAS, VA 20111 CRI OAK STREET ICF/MR (X5) COMPLETION OATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE (X4) ID REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PRÉFIX DEFICIENCY) TAG W 231 W 231 Continued From page 33 member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1 were made aware of the above findings. No further information was provided prior to exit. References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical

1b. The QIDP failed to ensure the data collection of the ISP (Individual Service Plan) outcomes/goals for Individual # 2 were in measurable terms.

causes, such as lack of stimulation and adult responsiveness. This information was obtained

https://report.nih.gov/nihfactsheets/ViewFactShe

(2) Vitamin D helps your body absorb calcium. This information was obtained from the website:

https://medlineplus.gov/vitamind.html.

The "Progress Note" for Individual # 2 dated 12/01/2016 through 1/170/2017 were reviewed. The progress notes failed to evidence documentation of the data collection of Individual # 2's ISP outcome/goals in measurable terms.

OSM # 1 was asked to review the ISP outcomes for Individuals #2. When asked if the data

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from the website:

et.aspx?csid=100>.

Event ID: SUZC11

Facility ID: VAICFMR47

If continuation sheet Page 34 of 87



DEPARTMENT OF HEALTH	AND HUMAN CERVICES	FOI (OMB !	RM APPROVED 10. 0938-0391
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AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	01/20/2017
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NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
		7811 OAK STREET	
CRI OAK STREET ICF/MR		MANASSAS, VA 20111	[X5)
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W 231 Continued From pa	age 34	W 231	
service plan) outco	idual # 2's ISP (individual omes/goals for independent zation skills, exercise skills, ent, communication and were written in measurable tated, "No."	W 231 483.440(c)(4)(iii) Individual progra	m 3/5/17
ISP (Individual Sewere developed in Individual # 3 was admitted to (Name Diagnoses in the not limited to: sev PICA (2), grand mon-verbal and stankle fracture. Individual # 3's cuthrough 10/31/20 "Desired Outcom living skills. (Indisuch as cleaning folding laundry, hygiene. "Supposassists in washing preparation and (Individual # 3) with pages to the second stanks."	led to ensure objectives on the rivice Plan) for Individual # 3 in measurable terms. Is a 57 year old female, who was e of Group Home) on 1/24/96. clinical record included but were receintellectual disability (1), naul seizure disorder (3), tatus/post (condition after) right current ISP dated 11/01/2016 in 17 documented, In a Coutcome # 2: Independent invidual # 3) works on her skills in meal preparation, washing an incuse chores and her personal ort Activities: (Individual # 3) ing dishes, laundering, meal other house chores. 2. Independent invidual # 3) in and-on-hand assistantial # 3) in and-on-hand # 3) in and-on-hand # 3) in and-on-hand # 3) in and-on-hand # 3) in and-on-hand # 3) in and-on-hand # 3) in and-on-hand # 3) in and-on-hand # 3) in and-on-hand # 3) in and-on-hand # 3) in and-on-hand # 3) in and-o	plan-Individual #3-2a/2b 1=: QIDP will update the ISP objectives a data collection outcomes for individual #3 outcomes # 2(independent living skills), outcome #3 (community integration) to ensure that they are measurable and quantifiable. 2=: QIDP and Program Manager will reviet the ISP objectives and data collection outcomes of all other individuals in the had and update as needed to ensure that they are measurable and quantifiable. 3=: Program manager and the interdisciplinary team that develops the IS for each individual will ensure that subsequent ISP objectives and data collection outcomes of all individuals are developed in a measurable manner. 4=: Clinical Director and the department of	ew ome y SPs

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(Individual #3) to do the task on her own. Praise

(Individual #3) if she completes the task. Frequency: Daily. Amount: 15 minutes."

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stipulated by Medicaid regulations.

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FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN CRIVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICALD (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES DENTIFICATION NUMBER: A. BUILDING AND PLAN OF CORRECTION 01/20/2017 B WING 49G044 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 7811 OAK STREET MANASSAS, VA 20111 CRI OAK STREET ICF/MR PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES 1D (EACH CORRECTIVE ACTION SHOULD BE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE (X4) ID REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PRÉFIX DEFICIENCY) TAG W 231 W 231 Continued From page 35 "Desired Outcome: Outcome # 3: Community Integration. (Individual # 3) participates in

community outings, events and activities of her choice. Support Activities: 1. (Individual # 3) attends advocacy events. 2. (Individual # 3) volunteers in the community. 3. (Individual # 3) goes out for grocery and personal shopping. Support Instructions: Allow (Individual # 3) to choose the outing she wants to participate in by asking and/or showing her pictures and offering her choices. 2. Assist (Individual # 3) on the outing, ensuring she is safe and all needs/protocols are met. 3. While shopping allow (Individual #3) the freedom to select what she wants to buy. If staff does not agree with her choice, offer the reason why you don't agree. 4. If (Individual #3) is attending a community event, explain the type of event, the location, and the rationale to her. Frequency: Weekly. Amount: 60 minutes."

During an interview on 1/19/17 at 1:15 p.m. with ASM (administrative staff member) # 1, the program manager for (Name of Group Home), and OSM (other staff member) # 1, QDIP (Qualified Intellectual Disabilities Professional), the ISP for Individuals # 3 was reviewed. When asked how the outcomes are developed for an individual's ISP, ASM # 1 and OSM # 1 stated that they review the current goals, the preferences, and look at the communication, health and safety. ASM # 1 and OSM # 1 further stated that the outcomes are developed to help individuals develop skills to reach a level of independence. ASM # 1 further stated, "Skill building is important and it affects the overall wellness of the individual." ASM # 1 and OSM # 1 stated, "Outcomes should be developed in both in qualitative and quantitative forms." During the

DEPARTMENT OF HEALTH AND HUMA' RERVICES CENTERS FOR MEDICARE & MEDICAL SERVICES

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

49G044

B. WING

01/20/2017

NAME OF PROVIDER OR SUPPLIER

CRI OAK STREET ICF/MR

STREET ADDRESS, CITY, STATE, ZIP CODE

7811 OAK STREET MANASSAS, VA 20111

(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

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interview OSM # 1 was asked to describe the responsibility of the QIDP. OSM # 1 stated, "I'm part of the interdisciplinary team, responsible for the ISP, I conduct the quarterly reviews, conduct observations at the day programs and observe how the individual is engaged in the program and activities and how they take their lunch. I meet with the day program staff to discuss the individual's goals prior to the ISP review date and maintain communication between the day program and the home. Supervise the DSPs (direct support professionals), review the program notes to make sure they're done each day and occasionally read them. I read the progress notes to make sure they reflect the outcomes and make sure active treatment is being done." When asked if the clinical records at the day programs were supposed to be reviewed by the QIDP, OSM # 1 stated, "Yes, once a month but I haven't done that yet." When asked how long he had been the QIDP, OSM # 1 stated, "About four and a half months."

During an interview on 1/19/17 at 1:15 p.m. ASM #1 and OSM #1 were asked to review the ISP outcomes for Individuals #3. When asked if Individual #3's ISP (individual service plan) outcomes/goals for independent living skills and community integration were written in measurable terms OSM #1 stated, "No."

On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings.

No further information was provided prior to exit.

References:

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Facility ID: VAICFMR47

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W 231	Continued From p	age o/			
	(1) Refers to a gro	oup of disorders characterized			
	- donting hobavior	s such as managing money,			
	a shadular and tol	itines of social interactions.			
	الطعمال لمساحمانا حسا	ity originates before the age of			
	- 48 and may result	from physical causes, such as			
	autism or cerebra	I palsy, or from nonphysical			
	causes, such as I	ack of stimulation and adult This information was obtained			
	from the website.				
	<pre>//report.nih</pre>	n.gov/nihfactsheets/ViewFactShe	9		
	et.aspx?csid=100)>.			
	as dirt or paper. from the website: https://medlinepli	us.gov/ency/article/001536.htm.			
	has repeated sel episodes of unco brain cells that m behavior. Gener seizure (involves rigid muscles, an	brain disorder in which a person zures over time. Seizures are ontrolled and abnormal firing of may cause changes in attention or ralized tonic-clonic (grand mal) is the entire body, including aura, and loss of alertness). This obtained from the website: plus.gov/ency/article/000694.htm	or		
	of the ISP (Indiv	ailed to ensure the data collection idual Service Plan) for Individual # 3 were in ms.	on		

The "Progress Note" for Individual # 3 dated 12/01/2016 through 1/170/2017 were reviewed. The progress notes failed to evidence

PRINTED: 01/26/2017 FORM APPROVED DEPARTMENT OF HEALTH AND HUMA' RERVICES CENTERS FOR MEDICARE & MEDICAL SERVICES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING _ AND PLAN OF CORRECTION 01/20/2017 B. WING 49G044

OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

7811 OAK STREET

CRI OAK STREET ICF/MR

MANASSAS, VA 20111

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SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

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3's ISP outcome/goals in measurable terms.

During an interview on 1/19/17 at 1:15 p.m. ASM # 1 and OSM # 1 were asked to review the ISP outcomes for Individuals # 3. When asked if the data collection for Individual # 3's ISP (individual service plan) outcomes/goals for independent living skills and community integration were written in measurable terms, ASM # 1 and OSM # 1 stated, "No."

On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings.

No further information was provided prior to exit.

3a. The QIDP failed to ensure objectives on the ISP for Individual # 4 were developed in measurable terms.

Individual # 4 was a 63 year old female, who was admitted to (Name of Group Home) on 11/23/10. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), epilepsy (2), mild dysphagia (3), myopia (4) and vitamin D deficiency (5).

Individual # 4's current ISP dated 08/01/2016 through 07/31/2017 documented, Based on staff interview, clinical record review and facility document review it was determined that the facility staff failed to develop objectives in measurable terms for three of five individuals in the survey sample, Individual # 1, # 2 and # 3.

1. The facility staff failed to define the following

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Facility ID: VAICFMR47

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DEPARTMENT OF HEALTH AND HUMA/ *`ERVICES* CENTERS FOR MEDICARE & MEDICAL SERVICES

PRINTED: 01/26/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF OEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILOING _

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B. WING

01/20/2017

NAME OF PROVIOER OR SUPPLIER

CRI OAK STREET ICF/MR

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PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCEO TO THE APPROPRIATE OEFICIENCY)

(X5) COMPLETION DATE

3/5/17

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ISP (individual service plan) outcomes/goals in measurable terms for Individual # 2: "Outcome # 1: Independent living skills; Outcome # 3: Socialization Skills; Outcome # 4: Exercise Skills; Outcome # 5: Money Management; Outcome # 6: Communication, Outcome # 7: Personal Hygiene."

- The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 3: "Outcome # 2: Independent living skills; Outcome # 3: Community Integration; Outcome #4: Socialization."
- 3. The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 4: "Outcome # 4: Communication; Outcome # 6: Socialization Skills and Outcome # 7: Money Management."

The findings include:

1. The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 2: "Outcome # 1: Independent living skills; Outcome # 3: Socialization Skills; Outcome # 4: Exercise Skills; Outcome # 5: Money Management; Outcome # 6: Communication; Outcome # 7: Personal Hygiene."

Individual # 2 was a 46 year old male, who was admitted to (Name of Group Home) on 8/22/95. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), legally blind, self-injurious behavior and vitamin D deficiency (2).

W 231

W 231 483.440(c)(4)(iii) Individual program plan-Individual #4-3a/3b 1=: QIDP will update the ISP objectives and data collection outcomes for individual #4's outcomes # 4(communication skills). outcome #6 (socialization skills), outcome #7 (money management skills) to ensure that they are measurable and quantifiable. 2=: QIDP and Program Manager will review the ISP objectives and data collection outcomes of all other individuals in the home and update as needed to

quantifiable. 3=: Program manager and the interdisciplinary team that develops the ISPs for each individual will ensure that subsequent ISP objectives and data collection outcomes of all individuals are developed in a measurable manner.

ensure that they are measurable and

4=: Clinical Director and the department of Mission Effectiveness will provide support and oversight as needed to ensure that ISPs for all individuals meet the standard as stipulated by Medicaid regulations.

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Facility IO: VAICFMR47

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DEPARTMENT OF HEALTH AND HUMA 'ERVICES CENTERS FOR MEDICARE & MEDICAL SERVICES

FORM APPROVED OMB NO. 0938-0391

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	3

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

49G044

B. WING

01/20/2017

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

7811 OAK STREET MANASSAS, VA 20111

CRI OAK STREET ICF/MR

(X4) ID

PREFIX

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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

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Individual # 2's current ISP dated 11/01/2016 through 10/31/2017 documented, "Desired Outcome: Outcome # 1: Independent living skills. I take care of my dirty clothes at home and my back pack at the day program. "Support Activities & Instructions: I am going to separate my clean clothes from the dirty ones. I am going to take care of my bag pack / book bag at the day program. Instructions: 1. I am informed that it is time for me to work on my laundry. 2. I am prompted to separate my clean clothes from the dirty ones. 3. I am prompted to place the clean clothes in the short hamper. Frequency: Weekly. Amount: 45 minutes."

"Desired Outcome: Outcome # 3: Socialization Skills. I like socializing with my family members, friends, peers, neighbors, people in my community and staff. Support Activities & Instructions: 1. I go out into my community to participate in community events. 2. I interact with the people at the event by making friends, having a friendly conversation with him or her. 3. I enjoy when I say hi to someone I meet in my neighborhood. 4. I am happy when the people I get to meet treat me with respect and are willing to engage in a conversation with me. Frequency: Weekly. Amount: 30 minutes."

"Desired Outcome: Outcome # 4: Exercise Skills. Support Activities & Instructions: I like to stay physically fit and active. I am reminded that it is time to go do some exercises. I am prompted to put on appropriate footwear. I am prompted to go for a walk at the park or neighborhood with my peers. I am prompted to some aerobic activities indoors when the weather is not very welcoming for outdoor activities. Frequency: Weekly. Amount: 30 minutes."

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Event ID: SUZC11

Facility ID: VAICFMR47

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"Desired Outcome: Outcome # 5: Money Management. It is important for me to shop for my personal needs and also do grocery for the house [sic]. Support Activities & Instructions: 1. At my leisure time, I practice differentiating types of money using 3D money. For example, the dollar bill as opposed to the quarter, dime, nickel and penny. 2. I am presented with a schedule on when I can go and shop. 3. I am encouraged to pick out some three household items I want to get from the shop. 4. I am encouraged to do my personal shopping to get what I need. 5. I am provided the support I need by staff. Frequency: Daily. Amount: continually."

"Desired Outcome: Outcome # 6:
Communication. I like to be understood when I communicate with the people I interact with both at home and in the community. Support Activities & Instructions: 1. I am encouraged to make my views known to staff and my peers. 2. I am prompted to share my stories with the people I care about. 3. I am prompted and given the opportunity to listen to a narrative and answer questions later. 4. Staff praises me for having a constructive conversation. Frequency: Daily. Amount: continually."

"Desired Outcome: Outcome # 7: Personal Hygiene. It is important for me to be clean and presentable all the time. Support Activities & Instructions: 1. I am prompted to prepare for a shower by removing all clothing articles and placing them in the laundry basket meant for dirty clothes. 2. I am prompted to use some show hygiene tools to wash my body parts. 3. I spend adequate time under the water to ensure that all soap lather is properly rinsed. 4. I am prompted

W 231

PRINTED: UT/Z0/ZUT/ FORM APPROVED DEPARTMENT OF HEALTH AND HUMA `ERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAL JERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING _ AND PLAN OF CORRECTION 01/20/2017 B. WING 49G044 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 7811 OAK STREET MANASSAS, VA 20111 CRI OAK STREET ICF/MR PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG W 231 W 231 Continued From page 42 to use soap to wash my hands so as to get them clean. 5. I am provided some support by staff to shave and get a haircut. 6. I am reminded to wipe after a bowel movement. 7. I am praised by staff for doing a good job each time. Frequency: Daily. Amount: 45 minutes." During an interview on 1/19/17 at 1:15 p.m. with ASM (administrative staff member) # 1, the program manager for (Name of Group Home), and OSM (other staff member) #1, QDIP (Qualified Intellectual Disabilities Professional), the ISP for Individuals # 2 was reviewed. When asked how the outcomes are developed for an individual's ISP, ASM # 1 and OSM # 1 stated that they review the current goals, the preferences, and look at the communication, health and safety. ASM # 1 and OSM # 1 further stated that the outcomes are developed to help individuals develop skills to reach a level of independence. ASM # 1 further stated, "Skill building is important and it affects the overall wellness of the individual." ASM # 1 and OSM # 1 stated, "Outcomes should be developed in both in qualitative and quantitative forms." During the interview ASM # 1 and OSM # 1 were asked to review the ISP outcomes for Individuals # 2. When asked if Individual # 2's ISP (individual service plan) outcomes/goals for independent

living skills, socialization skills, exercise skills, money management, communication and personal hygiene were written in measurable terms, ASM # 1 and OSM # 1 stated, "No."

The facility's policy "4.1 Individual Service Plan (ISP)" documented, "4.1.3 Procedures: C. (Name of Corporation) ensures that an ISP will contain at a minimum: 4. Goals / outcomes and

CENTER	S FOR MEDICARE	AND HUMA! TERVICES & MEDICAL JERVICES	(X2) M(II	TIPLE CONSTRUCTION	FOI OMB N (x3) I	RM APPROVED NO. 0938-0391 DATE SURVEY COMPLETED
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W 231	Continued From pa	ives / desired outcomes for	W:	231		
	addressing each ic Service Plan (ISP) Outcomes and Ob The objectives / de expressed in terms	dentified need. 4.1.4 Individual Development. E. Goals / spectives/Desired Outcomes: esired outcomes will be s that are behavioral and le indexes of progress."				
		O p.m. ASM (administrative staff gram manager of (Name of I RN (registered nurse) # 1were e above findings.				
	No further informa	ation was provided prior to exit.				
	by a limited menta adaptive behavior schedules and rountellectual disabination of the limit of t	n.gov/nihfactsheets/ViewFactSr)>.	•			
	This information	ps your body absorb calcium. was obtained from the website: us.gov/vitamind.html.				

2. The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 3: "Outcome #

2: Independent living skills; Outcome # 3:

DEPARTI CENTER	MENT OF HEALTH S FOR MEDICARE	AND HUMA ERVICES & MEDICAL SERVICES		(PRINTED: U1/26/2017 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY
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		49G044	8. WING	STREET ADDRESS, CITY, STATE, ZIP CODE	01/20/2017
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CRI OAK	STREET ICF/MR			MANASSAS, VA 20111	
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W 024	Continued From page 1	age 44	W 2	31	
W 231	Socialization."	age 11			
	admitted to (Name Diagnoses in the cont limited to: seven PICA (2), grand mon-verbal and stankle fracture. Individual # 3's cuthrough 10/31/20' "Desired Outcompliving skills. (Individual # 3) with preparation and control (Individual # 3) with preparation and control (Individual # 3) with preparation and control (Individual # 3) with preparation and control (Individual # 3) with preparation and control (Individual # 3) with preparation and control (Individual # 3) if Frequency: Daily "Desired Outcomplication. (Individual # 3) if Frequency: Daily "Desired Outcomplication. (Individual # 3) if Individual # 3) if Frequency: Daily "Desired Outcomplication. (Individual # 3) if Individual # 3) i	a 57 year old female, who was a of Group Home) on 1/24/96. Clinical record included but were are intellectual disability (1), aul seizure disorder (3), atus/post (condition after) right rrent ISP dated 11/01/2016 17 documented, a: Outcome # 2: Independent vidual # 3) works on her skills meal preparation, washing and ouse chores and her personal at Activities: (Individual # 3) g dishes, laundering, meal other house chores. 2. alks to the task area where the lone. Support Instructions: al # 3) hand-on-hand assistance plain to (Individual #3) the reas a particular way. Ask do the task on her own. Praising the completes the task. Amount: 15 minutes." The: Outcome # 3: Community ividual # 3) participates in gs, events and activities of her Activities: 1. (Individual # 3)	e d ce on e		

attends advocacy events. 2. (Individual # 3) volunteers in the community. 3. (Individual # 3) goes out for grocery and personal shopping. Support Instructions: Allow (Individual # 3) to choose the outing she wants to participate in by

PRINTED: UTIZUZUTI FORM APPROVED DEPARTMENT OF HEALTH AND HUMA ERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICALL JERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING _ AND PLAN OF CORRECTION 01/20/2017 B. WING 49G044 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **7811 OAK STREET** MANASSAS, VA 20111 CRI OAK STREET ICF/MR PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES 1D (EACH CORRECTIVE ACTION SHOULD BE OATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG

W 231 Continued From page 45

her choices. 2. Assist (Individual # 3) on the outing, ensuring she is safe and all needs/protocols are met. 3. While shopping allow (Individual # 3) the freedom to select what she wants to buy. If staff does not agree with her choice, offer the reason why you don't agree. 4. If (Individual # 3) is attending a community event, explain the type of event, the location, and the rationale to her. Frequency: Weekly. Amount: 60 minutes."

During an interview on 1/19/17 at 1:15 p.m. with ASM (administrative staff member) # 1, the program manager for (Name of Group Home), and OSM (other staff member) # 1, QDIP (Qualified Intellectual Disabilities Professional), the ISP for Individuals # 3 was reviewed. When asked how the outcomes are developed for an individual's ISP, ASM # 1 and OSM # 1 stated that they review the current goals, the preferences, and look at the communication, health and safety. ASM # 1 and OSM # 1 further stated that the outcomes are developed to help individuals develop skills to reach a level of independence. ASM # 1 further stated, "Skill building is important and it affects the overall wellness of the individual." ASM # 1 and OSM # 1 stated, "Outcomes should be developed in both in qualitative and quantitative forms." During the interview, ASM # 1 and OSM # 1 were asked to review Individuals # 3's ISP outcomes. When asked if Individuals # 3's ISP (individual service plan) outcomes/goals for independent living skills, community integration and socialization skills were written in measurable terms, ASM # 1 and OSM # 1 stated, "No."

On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of

W 231

PRINTED: UTIZOIZUTI FORM APPROVED DEPARTMENT OF HEALTH AND HUMA **`ERVICES** OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAL SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING _ AND PLAN OF CORRECTION 01/20/2017 B. WING 49G044 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 7811 OAK STREET MANASSAS, VA 20111 CRI OAK STREET |CF/MR (X51 PROVIDER'S PLAN OF CORRECTION COMPLETION SUMMARY STATEMENT OF DEFICIENCIES 1D (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** (X4) 1D (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **PRÉFIX** DEFICIENCY) TAG W 231 W 231 Continued From page 46 Group Home) and RN (registered nurse) # 1were made aware of the above findings. No further information was provided prior to exit. References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://report.nih.gov/nihfactsheets/ViewFactShe et.aspx?csid=100>. (2) A pattern of eating non-food materials, such as dirt or paper. This information was obtained from the website: https://medlineplus.gov/ency/article/001538.htm. (3) Epilepsy is a brain disorder in which a person

3. The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 4: "Outcome #

has repeated seizures over time. Seizures are episodes of uncontrolled and abnormal firing of brain cells that may cause changes in attention or behavior. Generalized tonic-clonic (grand mal) seizure (involves the entire body, including aura, rigid muscles, and loss of alertness). This information was obtained from the website: https://medlineplus.gov/ency/article/000694.htm

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Facility ID: VAICFMR47

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DEPARTMENT OF HEALTH AND HUMAN PERVICES CENTERS FOR MEDICARE & MEDICAL LERVICES

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

49G044

B. WING

01/20/2017

NAME OF PROVIDER OR SUPPLIER

CRI OAK STREET ICF/MR

STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET

7811 OAK STREET MANASSAS, VA 20111

(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

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4: Communication; Outcome # 6: Socialization Skills and Outcome # 7: Money Management."

Individual # 4 was a 63 year old female, who was admitted to (Name of Group Home) on 11/23/10. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), epilepsy (2), mild dysphagia (3), myopia (4) and vitamin D deficiency (5).

Individual #4's current ISP dated 08/01/2016 through 07/31/2017 documented, "Desired Outcome: Outcome # 4: Communication. (Individual # 4) is non-verbal and she communicates using her non-verbal cues. Support Activities & Instructions: (Individual # 4) uses her body gesture to communicate her wants and needs to staff and to her peers. (Individual #4) walks toward staff when she needs something. (Individual # 4) walks into the kitchen when she wants to eat. (Individual # 4) is presented with a picture book to choose what she wants and she points to it. (Individual # 4) makes loud vocalizations when she is tired, hungry, engage in something or when she wants to go somewhere. Frequency: Daily."

"Desired Outcome: Outcome # 6: Socialization Skills. (Individual # 4) is good at using body gestures and body language to greet. Support Activities & Instructions: (Individual # 4) is encouraged to make eye contact or smile with the people she meets. (Individual # 4) is encouraged to shake hands with the people she meets in the community. (Individual # 4) is supported by staff who takes her to the places in the community where she wants to go. Frequency: Weekly."

"Desired Outcome: Outcome #7: Money

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Event ID: SUZC11

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DEPARTMENT OF HEALTH AND HUMA CERVICES CENTERS FOR MEDICARE & MEDICAL SERVICES

FORM APPROVED OMB NO. 0938-0391

STATEMENT	OF DEFICIENCIES
AND PLAN O	F CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

49G044

B. WING

01/20/2017

NAME OF PROVIDER OR SUPPLIER

CRI OAK STREET ICF/MR

STREET ADDRESS, CITY, STATE, ZIP CODE

7811 OAK STREET MANASSAS, VA 20111

(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 231 Continued From page 48

Management. (Individual # 4) enjoys shopping for the house or for her personal needs. Support Activities & Instructions: (Individual # 4) chooses two items for the house she wants to go and get from the shop. (Individual # 4) decides which personal needs she wants to get from the shop. (Individual # 4) is supported to the shop and given step by step prompts. (Individual # 4) is supported by staff to the shop of her choice to get what she planned to buy. (Individual # 4) is supported by staff who does hand-over-hand to swipe the card, collect her items and her receipt from the cashier. Frequency: Monthly. Amount: 120 minutes."

During an interview on 1/19/17 at 1:15 p.m. with ASM (administrative staff member) # 1, the program manager for (Name of Group Home), and OSM (other staff member) # 1, QDIP (Qualified Intellectual Disabilities Professional), the ISP for Individuals # 3 was reviewed. When asked how the outcomes are developed for an individual's ISP, ASM # 1 and OSM # 1 stated that they review the current goals, the preferences, and look at the communication, health and safety. ASM # 1 and OSM # 1 further stated that the outcomes are developed to help individuals develop skills to reach a level of independence. ASM # 1 further stated, "Skill building is important and it affects the overall wellness of the individual." ASM # 1 and OSM # 1 stated, "Outcomes should be developed in both in qualitative and quantitative forms." During the interview, ASM # 1 and OSM # 1 were asked to review the ISP outcomes for Individual # 4. When asked if Individuals # 4's (individual service plan) outcomes/goals for socialization skills and money management were written in measurable terms, ASM # 1 and OSM # 1 stated, "No."

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Event ID: SUZC11

Facility ID: VAICEMR47

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DEPART	MENT OF HEALTH	AND HUMA TERVICES		(PRINTED: FORM A OMB NO. (PPROVED
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W 231	Continued From pa	age 49	W	231		
	member) # 1, prog Group Home) and made aware of the	p.m. ASM (administrative staff gram manager of (Name of RN (registered nurse) # 1were above findings. tion was provided prior to exit.				
	References:	tion was provided prior to exit				
	by a limited mental adaptive behavior schedules and rou Intellectual disabil 18 and may result autism or cerebra causes, such as lives ponsiveness. If the website:	oup of disorders characterized al capacity and difficulty with a such as managing money, utines, or social interactions. ity originates before the age of from physical causes, such as I palsy, or from nonphysical ack of stimulation and adult This information was obtainedgov/nihfactsheets/ViewFactSh				
	recurring seizures clusters of nerve send out the wror strange sensatior strangely. They nor lose conscious obtained from the https://medlineple	er that causes people to have s. The seizures happen when cells, or neurons, in the braining signals. People may have and emotions or behave hay have violent muscle spasmisness. This information was e website: us.gov/epilepsy.html.				
	obtained from the	e website: n.nih.gov/medlineplus/swallowir				

disorders.html>.

(4) Nearsightedness is when light entering the

DEPARTMENT OF HEALTH AND HUMA SRVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: U1/20/2017 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

49G044

B. WING

01/20/2017

NAME OF PROVIDER OR SUPPLIER

CRI OAK STREET ICF/MR

STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET

7811 UAK STREET MANASSAS, VA 20111

(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

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eye is focused incorrectly, making distant objects appear blurred. Nearsightedness is a type of refractive error of the eye. This information was obtained from the website: https://medlineplus.gov/ency/article/001023.htm.

(5) Vitamin D helps your body absorb calcium. This information was obtained from the website: https://medlineplus.gov/vitamind.html.

During an interview on 1/19/17 at 1:15 p.m. with ASM (administrative staff member) # 1, the program manager for (Name of Group Home), and OSM (other staff member) #1, QDIP (Qualified Intellectual Disabilities Professional), the ISP for Individuals # 4 was reviewed. When asked how the outcomes are developed for an individual's ISP, ASM # 1 and OSM # 1 stated that they review the current goals, the preferences, and look at the communication, health and safety. ASM # 1 and OSM # 1 further stated that the outcomes are developed to help individuals develop skills to reach a level of independence. ASM # 1 further stated, "Skill building is important and it affects the overall wellness of the individual." ASM # 1 and OSM # 1 stated, "Outcomes should be developed in both in qualitative and quantitative forms." During the interview OSM # 1 was asked to describe the responsibility of the QIDP. OSM # 1 stated, "I'm part of the interdisciplinary team, responsible for the ISP, I conduct the quarterly reviews, conduct observations at the day programs and observe how the individual is engaged in the program and activities and how they take their lunch. I meet with the day program staff to discuss the individual's goals prior to the ISP review date and maintain communication between the day program and the home. Supervise the DSPs

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Facility ID: VAICFMR47

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PRINTED. UTZUZVI FORM APPROVED DEPARTMENT OF HEALTH AND HUMAY 'ERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAL SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING _ AND PLAN OF CORRECTION 01/20/2017 B. WING 49G044 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 7811 OAK STREET MANASSAS, VA 20111 CRI OAK STREET ICF/MR (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES 1D (EACH CORRECTIVE ACTION SHOULD BE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (X4) ID CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PRÉFIX DEFICIENCY) TAG W 231 W 231 Continued From page 51 (direct support professionals), review the program notes to make sure they're done each day and occasionally read them. I read the progress notes to make sure they reflect the outcomes and make sure active treatment is being done." When asked if the clinical records at the day programs were supposed to be reviewed by the QIDP, OSM # 1 stated, "Yes, once a month but I haven't done that yet." When asked how long he had been the QIDP, OSM # 1 stated, "About four and a half months." During an interview on 1/19/17 at 1:15 p.m. ASM #1 and OSM #1 were asked to review the ISP outcomes for Individuals #4. When asked if Individual # 4's ISP (individual service plan) outcomes/goals for communication, socialization skills and money management were written in measurable terms, OSM # 1 stated, "No." On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings. No further information was provided prior to exit. References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as

from the website:

autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained

PRINTED: 01/26/2017 FORM APPROVED DEPARTMENT OF HEALTH AND HUMA RERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAL SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING AND PLAN OF CORRECTION 01/20/2017 B. WING 49G044 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **7811 OAK STREET** MANASSAS, VA 20111 CRI OAK STREET ICF/MR PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES 10 (EACH CORRECTIVE ACTION SHOULD BE (X4) 1D **PREFIX** DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG W 231 W 231 Continued From page 52 https://report.nih.gov/nihfactsheets/ViewFactShe et.aspx?csid=100>. (2) A brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain send out the wrong signals. People may have strange sensations and emotions or behave strangely. They may have violent muscle spasms or lose consciousness. This information was obtained from the website: https://medlineplus.gov/epilepsy.html. (3) A swallowing disorder. This information was

(3) A swallowing disorder. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html.

- (4) Nearsightedness is when light entering the eye is focused incorrectly, making distant objects appear blurred. Nearsightedness is a type of refractive error of the eye. This information was obtained from the website: https://medlineplus.gov/ency/article/001023.htm.
- (5) Vitamin D helps your body absorb calcium. This information was obtained from the website: https://medlineplus.gov/vitamind.html.
- 3b. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 4 were in measurable terms.

The "Progress Note" for Individual # 4 dated 12/01/2016 through 1/170/2017 were reviewed. The progress notes failed to evidence documentation of the data collection of Individual # 4's ISP outcome/goal in measurable terms.

Facility ID: VAICFMR47

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DEPARTM	MENT OF HEALTH	AND HUMA SERVICES & MEDICAL SERVICES				FORM OMB NC): U1/Z6/Z01/ MAPPROVED): 0938-0391
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NAME OF DE	ROVIDER OR SUPPLIER		<u></u>		ET ADDRESS, CITY, STATE, ZIP C	ODE	
					OAK STREET ASSAS, VA 20111		
CRI OAK	STREET ICF/MR			MAN	PROVIDER'S PLAN OF CO.	RRECTION	[X5]
(X4) ID PREFIX TAG	ACADE DE EICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	COMPLETION DATE
W 231	Continued From page	age 53	w	231			
	for Individuals # 4. collection for Individuals # 4. collection for Individuals ervice plan) outcome socialization skills written in measura "No." On 1/20/17 at 3:00 members # 1. pro-	ed to review the ISP outcomes. When asked if the data idual # 4's ISP (individual omes/goals for communication, and money management were able terms, OSM # 1 stated, 0 p.m. ASM (administrative staf gram manager of (Name of IRN (registered nurse) # 1 were a pove findings.	f				
W 252	No further informa	ation was provided prior to exit. OGRAM DOCUMENTATION	W	252			
	angolfied in client	ccomplishment of the criteria individual program plan be documented in measurable					
	Based on reside day program recowns determined Intellectual Disable coordinate and not reatment prograthe survey samp	is not met as evidenced by: ential program record reviews, ord review and staff interview, it that the QIDP (Qualified collities Professional) failed to nonitor the individuals' active ams for three of five individuals in the individuals # 2, # 3 and # 4. Called to ensure objectives on the dervice Plan) for Individual # 2 in measurable terms.	in				

1b. The QIDP failed to ensure the data collection

DEPARTMENT OF HEALTH AND HUMAY SERVICES CENTERS FOR MEDICARE & MEDICAL SERVICES

STATEMENT OF OEFICIENCIES ANO PLAN OF CORRECTION

(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILOING _

OMB NO. 0938-0391 (X3) OATE SURVEY COMPLETEO

PRINTED: UTIZOIZUTE FORM APPROVED

49G044

B. WING

01/20/2017

NAME OF PROVIOER OR SUPPLIER

CRI OAK STREET ICF/MR

(X4) IO

PRÉFIX

TAG

STREET AOORESS, CITY, STATE, ZIP COOE 7811 OAK STREET

MANASSAS, VA 20111

W 252 483.440(e)(1)-Program

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULO BE CROSS-REFERENCEO TO THE APPROPRIATE

OEFICIENCY)

(X5) COMPLETION DATE

3/5/17

W 252 Continued From page 54

of the ISP outcomes/goals for Individual # 2 were in measurable terms.

SUMMARY STATEMENT OF OEFICIENCIES

(EACH OEFICIENCY MUST BE PRECEOEO BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

- 2a. The QIDP failed to ensure objectives on the ISP for Individual # 3 were developed in measurable terms.
- 2b. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 3 were in measurable terms.
- 3a. The QIDP failed to ensure objectives on the ISP for Individual # 4 were developed in measurable terms.
- 3b. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 4 were in measurable terms.

The findings include:

1a. The QIDP failed to ensure objectives on the ISP (Individual Service Plan) for Individual # 2 were developed in measurable terms.

Individual # 2 was a 46 year old male, who was admitted to (Name of Group Home) on 8/22/95. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), legally blind, self-injurious behavior and vitamin D deficiency (2).

Individual # 2's current ISP dated 11/01/2016 through 10/31/2017 documented, "Desired Outcome: Outcome # 1: Independent living skills. I take care of my dirty clothes at home and my back pack at the day program. "Support Activities & Instructions: I am going to separate my clean clothes from the dirty ones. I W 252

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PREFIX

TAG

documentation: Individual #2- 1a/1b. 1=: QIDP will update the ISP objectives and data collection outcomes for individual #2's outcomes # 1(independent living skills). outcome #3(socialization skills), #4 (exercise skills), #5 (money management skills), #6 (communication skills), #7 (personal hygiene skills) to ensure that they are measurable and quantifiable.

2=: QIDP and Program Manager will review the ISP objectives and data collection outcomes of all other individuals in the home and update as needed to ensure that they are measurable and quantifiable. 3=: Program manager and the interdisciplinary team that develops the ISPs for each individual will ensure that subsequent ISP objectives and data

developed in a measurable manner. 4=: Clinical Director and the department of Mission Effectiveness will provide support and oversight as needed to ensure that ISPs for all individuals meet the standard as stipulated by Medicaid regulations.

collection outcomes of all individuals are

Event IO: SUZC11

Facility IO: VAICFMR47

If continuation sheet Page 55 of 87

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FORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTA	MENT OF HEALTH	AND HUMA PERVICES		(FORM OMB NO	: U1/20/2017 I APPROVED : 0938-0391		
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		49G044	B. WING			/20/2017		
	ROVIOER OR SUPPLIER			STREET AOORESS, CITY 7811 OAK STREET MANASSAS, VA 201				
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W 252	at the day program informed that it is to laundry. 2. I am proceed the clean clothes from the diplace the clean clothes from the diplace the clean clothes from the diplace the clean clothes from the clean clothes frequency: Weekly "Desired Outcomes Skills. I like social friends, peers, nei community and st Instructions: 1. I sparticipate in community and st Instructions: 1. I sparticipate in community and friendly of the people at having a friendly of the people at the peers of the peers. I am propried on appropriate for a walk at the peers. I am propried outcoms when the peers. I am propried outcoms indoors when the	are of my bag pack / book bag I. Instructions: 1. I am ime for me to work on my irompted to separate my clean irty ones. 3. I am prompted to othes in the short hamper. y. Amount: 45 minutes." E: Outcome # 3: Socialization izing with my family members, ghbors, people in my aff. Support Activities & go out into my community to munity events. 2. I interact the event by making friends, conversation with him or her. 3 if hi to someone I meet in my I am happy when the people I me with respect and are willing nversation with me. Frequency	/: 5.	252				

"Desired Outcome: Outcome # 5: Money

Management. It is important for me to shop for my personal needs and also do grocery for the house [sic]. Support Activities & Instructions: 1. At my leisure time, I practice differentiating types

DEPARTMENT OF HEALTH AND HUMA RERVICES CENTERS FOR MEDICARE & MEDICAL SERVICES

PRINTED: 01/20/40 0 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

49G044

R WING

01/20/2017

NAME OF PROVIDER OR SUPPLIER

CRI OAK STREET ICF/MR

(X4) ID

PREFIX

TAG

STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET

DEFICIENCY)

MANASSAS, VA 20111

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE

(X5) COMPLETION DATE

W 252 Continued From page 56

dollar bill as opposed to the quarter, dime, nickel and penny. 2. I am presented with a schedule on when I can go and shop. 3. I am encouraged to pick out some three household items I want to get from the shop. 4. I am encouraged to do my personal shopping to get what I need. 5. I am provided the support I need by staff. Frequency: Daily. Amount: continually."

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

"Desired Outcome: Outcome # 6: Communication. I like to be understood when I communicate with the people I interact with both at home and in the community. Support Activities & Instructions: 1. I am encouraged to make my views known to staff and my peers. 2. I am prompted to share my stories with the people I care about. 3. I am prompted and given the opportunity to listen to a narrative and answer questions later. 4. Staff praises me for having a constructive conversation. Frequency: Daily. Amount: continually."

"Desired Outcome: Outcome #7: Personal Hygiene. It is important for me to be clean and presentable all the time. Support Activities & Instructions: 1. I am prompted to prepare for a shower by removing all clothing articles and placing them in the laundry basket meant for dirty clothes. 2. I am prompted to use some show. hygiene tools to wash my body parts. 3. I spend adequate time under the water to ensure that all soap lather is properly rinsed. 4. I am prompted to use soap to wash my hands so as to get them clean. 5. I am provided some support by staff to shave and get a haircut. 6. I am reminded to wipe after a bowel movement. 7. I am praised by staff for doing a good job each time. Frequency: Daily. Amount: 45 minutes."

W 252

1D

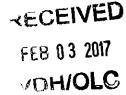
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FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: SUZC11

Facility ID: VAICFMR47

If continuation sheet Page 57 of 87



DEPARTMENT OF HEALTH AND HUMA *`ERVICES* CENTERS FOR MEDICARE & MEDICAL SERVICES

PRINTED: UTZOZUTI FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES	ė
AND PLAN OF CORRECTION	

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING _

(X3) DATE SURVEY COMPLETED

49G044

B, WING

01/20/2017

NAME OF PROVIDER OR SUPPLIER

CRI OAK STREET ICF/MR

STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET MANASSAS, VA 20111

SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG

1D PREFIX TAG

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETION OATE

W 252 Continued From page 57

During an interview on 1/19/17 at 1:15 p.m. with ASM (administrative staff member) # 1, the program manager for (Name of Group Home), and OSM (other staff member) # 1, QDIP (Qualified Intellectual Disabilities Professional), the ISP for Individuals # 2 was reviewed. When asked how the outcomes are developed for an individual's ISP, ASM # 1 and OSM # 1 stated that they review the current goals, the preferences, and look at the communication, health and safety. ASM # 1 and OSM # 1 further stated that the outcomes are developed to help individuals develop skills to reach a level of independence. ASM # 1 further stated, "Skill building is important and it affects the overall wellness of the individual." ASM # 1 and OSM # 1 stated, "Outcomes should be developed in both in qualitative and quantitative forms." During the interview OSM # 1 was asked to describe the responsibility of the QIDP. OSM # 1 stated, "I'm part of the interdisciplinary team, responsible for the ISP, I conduct the quarterly reviews, conduct observations at the day programs and observe how the individual is engaged in the program and activities and how they take their lunch. I meet with the day program staff to discuss the individual's goals prior to the ISP review date and maintain communication between the day program and the home. Supervise the DSPs (direct support professionals), review the program notes to make sure they're done each day and occasionally read them. I read the progress notes to make sure they reflect the outcomes and make sure active treatment is being done." When asked if the clinical records at the day programs were supposed to be reviewed by the QIDP, OSM # 1 stated, "Yes, once a month but I haven't done that yet." When asked how long he had been the QIDP, OSM # 1 stated, "About four

W 252

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Event ID: SUZC11

Facility ID: VAICFMR47

If continuation sheet Page 58 of 87

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PRINTED: 01/20/2011 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAY RVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID JERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING _ AND PLAN OF CORRECTION 01/20/2017 B. WING 49G044 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER DR SUPPLIER **7811 OAK STREET** MANASSAS, VA 20111 CRI OAK STREET ICF/MR [X5] PROVIDER'S PLAN OF CORRECTION COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE (X4) ID REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX DEFICIENCY) TAG W 252 W 252 Continued From page 58 and a half months." OSM #1 was asked to review the ISP outcomes for Individuals # 2. When asked if Individual # 2's ISP (individual service plan) outcomes/goals for independent living skills, socialization skills, exercise skills, money management, communication and personal hygiene were written in measurable terms, OSM # 1 stated, "No." The facility's policy "8.1 Qualified Intellectual Disabilities Professional" documented, "The QMRP is responsible for the integration, coordination, monitoring and development of the Individual Service Plan, and to ensure quality active treatment in the program." Under "8.1.2 Qualified Intellectual Disabilities Professional Monitoring Of Services" it documented, "A. Review consumer records to include clinical, financial and medical to ensure prescribed treatment and services are being implemented correctly, documented appropriately and that any outside services have been incorporated into program services." On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1 were made aware of the above findings. No further information was provided prior to exit. References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with

adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of

CENTER	MENT OF HEALTH S FOR MEDICARE OF DEFICIENCIES F CORRECTION	AND HUMA ERVICES & MEDICAL SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				FORM A MB NO. ((X3) DATE	PPROVED 0938-0391 survey
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NAME OF P	ROVIDER OR SUPPLIER				811 OAK STREET		
CRI OAK	STREET ICF/MR			N	MANASSAS, VA 20111		(X5)
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VV 252	Continued From pa	age 59	W	/ 252			
VV 232	autism or cerebral causes, such as la responsiveness. T from the website: https://report.nih.et.aspx?csid=100 (2) Vitamin D help This information whttps://medlineplus.	palsy, or from nonphysical lick of stimulation and adult his information was obtained gov/nihfactsheets/ViewFactShe>. s your body absorb calcium. vas obtained from the website: s.gov/vitamind.html. led to ensure the data collection and Service Plan)					
	outcomes/goals for measurable terms	or Individual # 2 were in s.					
	12/01/2016 through	ote" for Individual # 2 dated gh 1/170/2017 were reviewed. es failed to evidence the data collection of Individual e/goals in measurable terms.	al				
	for Individuals # 2 collection for Indi service plan) out living skills, socia	ked to review the ISP outcomes 2. When asked if the data ividual # 2's ISP (individual comes/goals for independent alization skills, exercise skills, nent, communication and e were written in measurable stated, "No."	S				

2a. The QIDP failed to ensure objectives on the ISP (Individual Service Plan) for Individual # 3

were developed in measurable terms.

DEPARTMENT OF HEALTH AND HUMA `FRVICES CENTERS FOR MEDICARE & MEDICAL SERVICES

PRINTED: UT/Zb/ZUT/ FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES
ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING ___

(X3) DATE SURVEY COMPLETED

49G044

B. WING

01/20/2017

NAME OF PROVIDER OR SUPPLIER

CRI OAK STREET ICF/MR

7811 OAK STREET MANASSAS, VA 20111

STREET ADDRESS, CITY, STATE, ZIP CODE

SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG

ID PREFIX TAG

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETION DATE

3/5/17

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admitted to (Name of Group Home) on 1/24/96. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), PICA (2), grand maul seizure disorder (3), non-verbal and status/post (condition after) right ankle fracture.

Individual # 3's current ISP dated 11/01/2016 through 10/31/2017 documented,

"Desired Outcome: Outcome # 2: Independent living skills. (Individual # 3) works on her skills such as cleaning, meal preparation, washing and folding laundry, house chores and her personal hygiene. "Support Activities: (Individual # 3) assists in washing dishes, laundering, meal preparation and other house chores. 2. (Individual # 3) walks to the task area where the job needs to be done. Support Instructions: Provide (Individual # 3) hand-on-hand assistance if necessary. Explain to (Individual #3) the reason for doing things in a particular way. Ask (Individual #3) to do the task on her own. Praise (Individual #3) if she completes the task. Frequency: Daily. Amount: 15 minutes."

"Desired Outcome: Outcome # 3: Community Integration. (Individual #3) participates in community outings, events and activities of her choice. Support Activities: 1. (Individual # 3) attends advocacy events. 2. (Individual # 3) volunteers in the community. 3. (Individual # 3) goes out for grocery and personal shopping. Support Instructions: Allow (Individual # 3) to choose the outing she wants to participate in by asking and/or showing her pictures and offering her choices. 2. Assist (Individual # 3) on the outing, ensuring she is safe and all needs/protocols are met. 3. While shopping

W 252

W 252 483.440(e)(1)-Program documentation: Individual #3- 2a/2b. 1=: QIDP will update the ISP objectives and data collection outcomes for individual #3's outcomes # 2(independent living

skills), outcome #3 (community integration) to ensure that they are measurable and quantifiable.

2=: QIDP and Program Manager will review the ISP objectives and data collection outcomes of all other individuals in the home and update as needed to ensure that they are measurable and quantifiable.

3=: Program manager and the interdisciplinary team that develops the ISPs for each individual will ensure that subsequent ISP objectives and data collection outcomes of all individuals are developed in a measurable manner.

4=: Clinical Director and the department of Mission Effectiveness will provide support and oversight as needed to ensure that ISPs for all individuals meet the standard as stipulated by Medicaid regulations.

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Event ID: SUZC11

Facility ID: VAICFMR47

If continuation sheet Page 61 of 87

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAIL JERVICES

FORM APPROVED OMB NO. 0938-0391

STATEMENT OF OFFICIENCIES	
ANO PLAN OF CORRECTION	

(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILOING

(X3) OATE SURVEY COMPLETEO

49G044

B. WING

01/20/2017

NAME OF PROVIOER OR SUPPLIER

CRI OAK STREET ICF/MR

STREET AOORESS, CITY, STATE, ZIP COOE 7811 OAK STREET

MANASSAS, VA 20111

(X4) ID PREFIX TAG SUMMARY STATEMENT OF OEFICIENCIES (EACH OEFICIENCY MUST BE PRECEOEO BY FULL REGULATORY OR LSC IOENTIFYING INFORMATION) IO PREFIX TAG PROVIOER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULO BE CROSS-REFERENCEO TO THE APPROPRIATE OEFICIENCY) (X5) COMPLETION DATE

W 252 Continued From page 61

allow (Individual # 3) the freedom to select what she wants to buy. If staff does not agree with her choice, offer the reason why you don't agree. 4. If (Individual # 3) is attending a community event, explain the type of event, the location, and the rationale to her. Frequency: Weekly. Amount: 60 minutes."

During an interview on 1/19/17 at 1:15 p.m. with ASM (administrative staff member) # 1, the program manager for (Name of Group Home), and OSM (other staff member) # 1, QDIP (Qualified Intellectual Disabilities Professional), the ISP for Individuals #3 was reviewed. When asked how the outcomes are developed for an individual's ISP, ASM # 1 and OSM # 1 stated that they review the current goals, the preferences, and look at the communication, health and safety. ASM # 1 and OSM # 1 further stated that the outcomes are developed to help individuals develop skills to reach a level of independence. ASM # 1 further stated, "Skill building is important and it affects the overall wellness of the individual." ASM # 1 and OSM # 1 stated, "Outcomes should be developed in both in qualitative and quantitative forms." During the interview OSM # 1 was asked to describe the responsibility of the QIDP. OSM # 1 stated, "I'm part of the interdisciplinary team, responsible for the ISP, I conduct the quarterly reviews, conduct observations at the day programs and observe how the individual is engaged in the program and activities and how they take their lunch. I meet with the day program staff to discuss the individual's goals prior to the ISP review date and maintain communication between the day program and the home. Supervise the DSPs (direct support professionals), review the program notes to make sure they're done each day and

W 252

FORM CMS-2567(02-99) Previous Versions Obsolete

Event IO: SUZC11

Facility IO: VAICEMR47

If continuation sheet Page 62 of 87



PRINTED: UTLANCOT FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN RVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING _ AND PLAN OF CORRECTION 01/20/2017 B. WING 49G044 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 7811 OAK STREET MANASSAS, VA 20111 CRI OAK STREET ICF/MR JX5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES 1D (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (X4) ID CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG DEFICIENCY) TAG W 252 W 252 Continued From page 62 occasionally read them. I read the progress notes to make sure they reflect the outcomes and make sure active treatment is being done." When asked if the clinical records at the day programs were supposed to be reviewed by the QIDP, OSM # 1 stated, "Yes, once a month but I haven't done that yet." When asked how long he had been the QIDP, OSM # 1 stated, "About four and a half months." During an interview on 1/19/17 at 1:15 p.m. ASM #1 and OSM #1 were asked to review the ISP outcomes for Individuals #3. When asked if Individual # 3's ISP (individual service plan) outcomes/goals for independent living skills and community integration were written in measurable terms OSM # 1 stated, "No." On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings. No further information was provided prior to exit. References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult

from the website:

et.aspx?csid=100>.

responsiveness. This information was obtained

https://report.nih.gov/nihfactsheets/ViewFactShe

DEPART	MENT OF HEALTH	AND HUMA SERVICES & MEDICAL SERVICES			OMB NO.	APPROVED 0938-0391
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		49G044	B. WING	STREET ADDRESS, CITY, STATE, ZIP COD		20/2017
NAME OF P	ROVIDER OR SUPPLIER			7811 OAK STREET	-	
CRI OAK	STREET ICF/MR			MANASSAS, VA 20111	CTION	[X5)
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W 252	Continued From pa	age 63	w:	252		
W ZOZ	(a) A pattern of eat	ing non-food materials, such				
	as dirt or paper. T	his information was obtained				
	from the website: https://medlineplus.gov/ency/article/001538.htm.					
	has repeated seizule episodes of unconbrain cells that mabehavior. General seizure (involves trigid muscles, and information was o https://medlinepl >. 2b. The QIDP fail of the ISP (Individ	rain disorder in which a person ures over time. Seizures are atrolled and abnormal firing of ay cause changes in attention outlized tonic-clonic (grand mal) the entire body, including aura, does of alertness). This btained from the website: us.gov/ency/article/000694.htm	1			
	outcomes/goals for measurable terms	or Individual # 3 were in				
	12/01/2016 throu The progress not	ote" for Individual # 3 dated gh 1/170/2017 were reviewed. es failed to evidence f the data collection of Individua e/goals in measurable terms.	al			
	# 1 and OSM # 1 outcomes for Ind data collection for service plan) out	ew on 1/19/17 at 1:15 p.m. ASM were asked to review the ISP lividuals # 3. When asked if the or Individual # 3's ISP (individual comes/goals for independent community integration were rable terms, ASM # 1 and OSM	e II			
	On 1/20/17 at 3:	00 p.m. ASM (administrative st	aff			

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member) # 1, program manager of (Name of

Facility ID: VAICFMR47

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DEPARTMENT OF HEALTH AND HUMAN RVICES CENTERS FOR MEDICARE & MEDICAID JERVICES (X1) PROVIDER/SUPPLIER/CLIA

PRINTED. UHAMAYT FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING _

(X3) DATE SURVEY COMPLETED

49G044

B WING

01/20/2017

NAME OF PROVIDER OR SUPPLIER

CRI OAK STREET ICF/MR

STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET

MANASSAS, VA 20111 PROVIDER'S PLAN OF CORRECTION

[X5] COMPLETION

(X4) ID PRÉFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

ID PREFIX TAG

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

DATE

W 252 Continued From page 64

Group Home) and RN (registered nurse) # 1were made aware of the above findings.

No further information was provided prior to exit.

3a. The QIDP failed to ensure objectives on the ISP for Individual # 4 were developed in measurable terms.

Individual # 4 was a 63 year old female, who was admitted to (Name of Group Home) on 11/23/10. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), epilepsy (2), mild dysphagia (3), myopia (4) and vitamin D deficiency (5).

Individual # 4's current ISP dated 08/01/2016 through 07/31/2017 documented, Based on staff interview, clinical record review and facility document review it was determined that the facility staff failed to develop objectives in measurable terms for three of five individuals in the survey sample, Individual #1, #2 and #3.

- 1. The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 2: "Outcome # 1: Independent living skills; Outcome # 3: Socialization Skills; Outcome # 4: Exercise Skills, Outcome # 5: Money Management; Outcome # 6: Communication; Outcome # 7: Personal Hygiene."
- The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 3: "Outcome # 2: Independent living skills; Outcome # 3: Community Integration; Outcome # 4:

W 252

W 252 483.440(e)(1)-Program documentation: Individual #4-3a/3b 1=: QIDP will update the ISP objectives and data collection outcomes for individual #4's outcomes # 4(communication skills). outcome #6 (socialization skills), outcome #7 (money management skills) to ensure that they are measurable and quantifiable. 2=: QIDP and Program Manager will review the ISP objectives and data collection outcomes of all other individuals in the home and update as needed to ensure that they are measurable and quantifiable.

3=: Program manager and the interdisciplinary team that develops the ISPs for each individual will ensure that subsequent ISP objectives and data collection outcomes of all individuals are developed in a measurable manner. 4=: Clinical Director and the department of Mission Effectiveness will provide support and oversight as needed to ensure that ISPs for all individuals meet the standard as stipulated by Medicaid regulations.

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FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: SUZC11

Facility ID: VAICFMR47

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DEPARTMENT OF HEALTH AND HUMA GERVICES CENTERS FOR MEDICARE & MEDICAL SERVICES

PRINTED: 01/20/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF OEFICIENCIES ANO PLAN OF CORRECTION (X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILOING

(X3) OATE SURVEY COMPLETEO

49G044

B. WING

01/20/2017

NAME OF PROVIOER OR SUPPLIER

CRI OAK STREET ICF/MR

STREET AOORESS, CITY, STATE, ZIP COOE

7811 OAK STREET

MANASSAS, VA 20111

(X4) ID PREFIX TAG SUMMARY STATEMENT OF OEFICIENCIES (EACH OEFICIENCY MUST BE PRECEOEO BY FULL REGULATORY OR LSC IOENTIFYING INFORMATION) IO PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULO BE CROSS-REFERENCEO TO THE APPROPRIATE OEFICIENCY) (X5) COMPLETION OATE

W 252 Continued From page 65

Socialization."

3. The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 4: "Outcome # 4: Communication; Outcome # 6: Socialization Skills and Outcome # 7: Money Management."

The findings include:

1. The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 2: "Outcome # 1: Independent living skills; Outcome # 3: Socialization Skills; Outcome # 4: Exercise Skills; Outcome # 5: Money Management; Outcome # 6: Communication; Outcome # 7: Personal Hygiene."

Individual # 2 was a 46 year old male, who was admitted to (Name of Group Home) on 8/22/95. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), legally blind, self-injurious behavior and vitamin D deficiency (2).

Individual # 2's current ISP dated 11/01/2016 through 10/31/2017 documented, "Desired Outcome: Outcome # 1: Independent living skills. I take care of my dirty clothes at home and my back pack at the day program. "Support Activities & Instructions: I am going to separate my clean clothes from the dirty ones. I am going to take care of my bag pack / book bag at the day program. Instructions: 1. I am informed that it is time for me to work on my laundry. 2. I am prompted to separate my clean clothes from the dirty ones. 3. I am prompted to place the clean clothes in the short hamper.

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FORM CMS-2567(02-99) Previous Versions Obsolete

Event IO: SUZC11

Facility IO: VAICFMR47

If continuation sheet Page 66 of 87

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DEPARTMENT OF HEALTH AND HUMAN FRVICES CENTERS FOR MEDICARE & MEDICAID JÉRVICES

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

49G044

B. WING

01/20/2017

NAME OF PROVIDER OR SUPPLIER

CRI OAK STREET ICF/MR

STREET ADDRESS, CITY, STATE, ZIP CODE

7811 OAK STREET MANASSAS, VA 20111

(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 OATE

W 252 Continued From page 66

Frequency: Weekly. Amount: 45 minutes."

"Desired Outcome: Outcome # 3: Socialization Skills. I like socializing with my family members, friends, peers, neighbors, people in my community and staff. Support Activities & Instructions: 1. I go out into my community to participate in community events. 2. I interact with the people at the event by making friends, having a friendly conversation with him or her. 3. I enjoy when I say hi to someone I meet in my neighborhood. 4. I am happy when the people I get to meet treat me with respect and are willing to engage in a conversation with me. Frequency: Weekly. Amount: 30 minutes."

"Desired Outcome: Outcome # 4: Exercise Skills. Support Activities & Instructions: I like to stay physically fit and active. I am reminded that it is time to go do some exercises. I am prompted to put on appropriate footwear. I am prompted to go for a walk at the park or neighborhood with my peers. I am prompted to some aerobic activities indoors when the weather is not very welcoming for outdoor activities. Frequency: Weekly. Amount: 30 minutes."

"Desired Outcome: Outcome # 5: Money Management. It is important for me to shop for my personal needs and also do grocery for the house [sic]. Support Activities & Instructions: 1. At my leisure time, I practice differentiating types of money using 3D money. For example, the dollar bill as opposed to the quarter, dime, nickel and penny. 2. I am presented with a schedule on when I can go and shop. 3. I am encouraged to pick out some three household items I want to get from the shop. 4. I am encouraged to do my personal shopping to get what I need. 5. I am

W 252

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Facility ID: VAICFMR47

If continuation sheet Page 67 of 87

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DEPARTMENT OF HEALTH AND HUMA CERVICES CENTERS FOR MEDICARE & MEDICAL SERVICES

PRINTED: 01/20/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIOER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

49G044

B. WING

01/20/2017

NAME OF PROVIDER OR SUPPLIER

CRI OAK STREET ICF/MR

STREET ADDRESS, CITY, STATE, ZIP CODE

7811 OAK STREET

MANASSAS, VA 20111

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDEO BY FULL REGULATORY OR LSC IOENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) JX5) COMPLETION DATE

W 252 Continued From page 67

provided the support I need by staff. Frequency: Daily. Amount: continually."

"Desired Outcome: Outcome # 6:
Communication. I like to be understood when I communicate with the people I interact with both at home and in the community. Support Activities & Instructions: 1. I am encouraged to make my views known to staff and my peers. 2. I am prompted to share my stories with the people I care about. 3. I am prompted and given the opportunity to listen to a narrative and answer questions later. 4. Staff praises me for having a constructive conversation. Frequency: Daily. Amount: continually."

"Desired Outcome: Outcome # 7: Personal Hygiene. It is important for me to be clean and presentable all the time. Support Activities & Instructions: 1. I am prompted to prepare for a shower by removing all clothing articles and placing them in the laundry basket meant for dirty clothes. 2. I am prompted to use some show hygiene tools to wash my body parts. 3. I spend adequate time under the water to ensure that all soap lather is properly rinsed. 4. I am prompted to use soap to wash my hands so as to get them clean. 5. i am provided some support by staff to shave and get a haircut. 6. I am reminded to wipe after a bowel movement. 7. I am praised by staff for doing a good job each time. Frequency: Daily. Amount: 45 minutes."

During an interview on 1/19/17 at 1:15 p.m. with ASM (administrative staff member) # 1, the program manager for (Name of Group Home), and OSM (other staff member) # 1, QDIP (Qualified Intellectual Disabilities Professional),

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DEPARTMENT OF HEALTH AND HUMA CERVICES CENTERS FOR MEDICARE & MEDICAL SERVICES

PRINTED: 01/20/2017 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

49G044

B. WING

01/20/2017

NAME OF PROVIDER OR SUPPLIER

CRI OAK STREET ICF/MR

STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET

7811 OAK STREET MANASSAS, VA 20111

(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 252 Continued From page 68

the ISP for Individuals # 2 was reviewed. When asked how the outcomes are developed for an individual's ISP, ASM # 1 and OSM # 1 stated that they review the current goals, the preferences, and look at the communication, health and safety. ASM # 1 and OSM # 1 further stated that the outcomes are developed to help individuals develop skills to reach a level of independence. ASM # 1 further stated, "Skill building is important and it affects the overall wellness of the individual." ASM # 1 and OSM # 1 stated, "Outcomes should be developed in both in qualitative and quantitative forms." During the interview ASM # 1 and OSM # 1 were asked to review the ISP outcomes for Individuals # 2. When asked if Individual # 2's ISP (individual service plan) outcomes/goals for independent living skills, socialization skills, exercise skills, money management, communication and personal hygiene were written in measurable terms, ASM # 1 and OSM # 1 stated, "No."

The facility's policy "4.1 Individual Service Plan (ISP)" documented, "4.1.3 Procedures: C. (Name of Corporation) ensures that an ISP will contain at a minimum: 4. Goals / outcomes and measurable objectives / desired outcomes for addressing each identified need. 4.1.4 Individual Service Plan (ISP) Development. E. Goals / Outcomes and Objectives/Desired Outcomes: The objectives / desired outcomes will be expressed in terms that are behavioral and provide measurable indexes of progress."

On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings.

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Facility ID: VAICFMR47

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DEPARTI	MENT OF HEALTH	AND HUMA' TERVICES & MEDICAL JERVICES	, -		FORM APPROVED OMB NO. 0938-0391 (x3) OATE SURVEY
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W 252	Continued From page No further information	age 69 tion was provided prior to exit.	W	252	
	by a limited mental adaptive behaviors schedules and rou Intellectual disabil 18 and may result autism or cerebra causes, such as it responsiveness. from the website: https://report.nihet.aspx?csid=100 (2) Vitamin D help This information of	i.gov/nihfactsheets/ViewFactShi			
	ISP (individual se measurable term 2: Independent li Community Integ Socialization." Individual # 3 wa admitted to (Nan Diagnoses in the	aff failed to define the following ervice plan) outcomes/goals in as for Individual # 3: "Outcome # as ying skills; Outcome # 3: gration; Outcome # 4: as a 57 year old female, who wane of Group Home) on 1/24/96. The clinical record included but we evere intellectual disability (1), maul seizure disorder (3),	s re		

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ankle fracture.

non-verbal and status/post (condition after) right

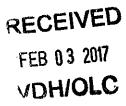
Individual # 3's current ISP dated 11/01/2016

through 10/31/2017 documented,

Event IO: SUZC11

Facility IO: VAICFMR47

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FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN TERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAL (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING _ AND PLAN OF CORRECTION 01/20/2017 R WING 49G044 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **7811 OAK STREET** MANASSAS, VA 20111 CRI OAK STREET ICF/MR PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE (X4) ID

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"Desired Outcome: Outcome # 2: Independent living skills. (Individual # 3) works on her skills such as cleaning, meal preparation, washing and folding laundry, house chores and her personal hygiene. "Support Activities: (Individual # 3) assists in washing dishes, laundering, meal preparation and other house chores. 2. (Individual # 3) walks to the task area where the job needs to be done. Support Instructions: Provide (Individual # 3) hand-on-hand assistance if necessary. Explain to (Individual #3) the reason for doing things in a particular way. Ask (Individual #3) to do the task on her own. Praise (Individual #3) if she completes the task. Frequency: Daily. Amount: 15 minutes."

REGULATORY OR LSC IDENTIFYING INFORMATION)

"Desired Outcome: Outcome # 3: Community Integration. (Individual #3) participates in community outings, events and activities of her choice. Support Activities: 1. (Individual #3) attends advocacy events. 2. (Individual # 3) volunteers in the community. 3. (Individual #3) goes out for grocery and personal shopping. Support Instructions: Allow (Individual # 3) to choose the outing she wants to participate in by asking and/or showing her pictures and offering her choices. 2. Assist (Individual # 3) on the outing, ensuring she is safe and all needs/protocols are met. 3. While shopping allow (Individual # 3) the freedom to select what she wants to buy. If staff does not agree with her choice, offer the reason why you don't agree. 4. If (Individual # 3) is attending a community event, explain the type of event, the location, and the rationale to her. Frequency: Weekly. Amount: 60 minutes."

During an interview on 1/19/17 at 1:15 p.m. with ASM (administrative staff member) # 1, the

W 252

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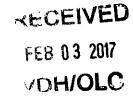
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FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: SUZC11

Facility ID: VAICFMR47

If continuation sheet Page 71 of 87



PRINTED: 01/20/2011 FORM APPROVED DEPARTMENT OF HEALTH AND HUMA/ TERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAL **JERVICES** (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING AND PLAN OF CORRECTION 01/20/2017 B. WING 49G044 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 7811 OAK STREET MANASSAS, VA 20111 CRI OAK STREET ICF/MR PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES ΙD (EACH CORRECTIVE ACTION SHOULD BE COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X4) ID DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG W 252 W 252 Continued From page 71 program manager for (Name of Group Home), and OSM (other staff member) # 1, QDIP (Qualified Intellectual Disabilities Professional), the ISP for Individuals # 3 was reviewed. When asked how the outcomes are developed for an individual's ISP, ASM # 1 and OSM # 1 stated that they review the current goals, the preferences, and look at the communication, health and safety. ASM #1 and OSM #1 further stated that the outcomes are developed to help individuals develop skills to reach a level of independence. ASM # 1 further stated, "Skill building is important and it affects the overall wellness of the individual." ASM # 1 and OSM # 1 stated, "Outcomes should be developed in both in qualitative and quantitative forms." During the interview, ASM # 1 and OSM # 1 were asked to review Individuals #3's ISP outcomes. When asked if Individuals # 3's ISP (individual service plan) outcomes/goals for independent living skills, community integration and socialization skills were written in measurable terms, ASM # 1 and OSM # 1 stated, "No." On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings.

References:

No further information was provided prior to exit.

(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical

DEPARTMENT OF HEALTH AND HUM, SERVICES CENTERS FOR MEDICARE & MEDICARE SERVICES

PRINTED: 01/26/2017 FORM APPROVED OMB NO. 0938-0391

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CENTERS FOR MEDICARE				(X3) DATE SURVEY COMPLETED		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MUL	TIPLE CONSTRUCTION			
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG			
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	1	!	STREET ADDRESS, CITY, STATE, ZIP CODE	=		
NAME OF PROVIDER OR SUPPLIER						
			7811 OAK STREET			
CRI OAK STREET ICF/MR			MANASSAS, VA 20111			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES		ID PREFI	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION DATE	
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W 252 Continued From page 72

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causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100.

- (2) A pattern of eating non-food materials, such as dirt or paper. This information was obtained from the website: https://medlineplus.gov/ency/article/001538.htm.
- (3) Epilepsy is a brain disorder in which a person has repeated seizures over time. Seizures are episodes of uncontrolled and abnormal firing of brain cells that may cause changes in attention or behavior. Generalized tonic-clonic (grand mal) seizure (involves the entire body, including aura, rigid muscles, and loss of alertness). This information was obtained from the website: https://medlineplus.gov/ency/article/000694.htm
- 3. The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 4: "Outcome # 4: Communication; Outcome # 6: Socialization Skills and Outcome # 7: Money Management."

Individual # 4 was a 63 year old female, who was admitted to (Name of Group Home) on 11/23/10. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), epilepsy (2), mild dysphagia (3), myopia (4) and vitamin D deficiency (5).

Individual # 4's current ISP dated 08/01/2016 through 07/31/2017 documented, "Desired Outcome: Outcome # 4:

W 252

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Facility tD: VAICFMR47

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FEB 03 2017

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PRINTED. UTZWZYC FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN **PERVICES** OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAL **ERVICES** (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING AND PLAN OF CORRECTION 01/20/2017 B. WING 49G044 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **7811 OAK STREET** MANASSAS, VA 20111 CRI OAK STREET ICF/MR PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION ID SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE (X4) ID CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG W 252 W 252 Continued From page 73 Communication. (Individual # 4) is non-verbal

Communication. (Individual # 4) is non-verbal and she communicates using her non-verbal cues. Support Activities & Instructions: (Individual # 4) uses her body gesture to communicate her wants and needs to staff and to her peers. (Individual # 4) walks toward staff when she needs something. (Individual # 4) walks into the kitchen when she wants to eat. (Individual # 4) is presented with a picture book to choose what she wants and she points to it. (Individual # 4) makes loud vocalizations when she is tired, hungry, engage in something or when she wants to go somewhere. Frequency: Daily."

"Desired Outcome: Outcome # 6: Socialization Skills. (Individual # 4) is good at using body gestures and body language to greet. Support Activities & Instructions: (Individual # 4) is encouraged to make eye contact or smile with the people she meets. (Individual # 4) is encouraged to shake hands with the people she meets in the community. (Individual # 4) is supported by staff who takes her to the places in the community where she wants to go. Frequency: Weekly."

"Desired Outcome: Outcome # 7: Money Management. (Individual # 4) enjoys shopping for the house or for her personal needs. Support Activities & Instructions: (Individual # 4) chooses two items for the house she wants to go and get from the shop. (Individual # 4) decides which personal needs she wants to get from the shop. (Individual # 4) is supported to the shop and given step by step prompts. (Individual # 4) is supported by staff to the shop of her choice to get what she planned to buy. (Individual # 4) is supported by staff who does hand-over-hand to swipe the card, collect her items and her receipt from the cashier. Frequency: Monthly. Amount:

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE STATEMENT OF DEFICIENCIES UND PLAN OF CORRECTION		AND HUMA* PERVICES & MEDICAL SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED
AND PLAN OF CO	PRRECTION	49G044	B. WING		01/20/2017
NAME OF PROVIDER OR SUPPLIER CRI OAK STREET ICF/MR			STREET ADDRESS, CITY, STATE, ZIP COL 7811 OAK STREET MANASSAS, VA 20111	<i>F</i>	
(X4) ID PREFIX TAG	SUMMARY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S	HOULD BE COMMERCION

W 252 Continued From page 74 120 minutes."

W 252

During an interview on 1/19/17 at 1:15 p.m. with ASM (administrative staff member) # 1, the program manager for (Name of Group Home), and OSM (other staff member) #1, QDIP (Qualified intellectual Disabilities Professional), the ISP for Individuals # 3 was reviewed. When asked how the outcomes are developed for an individual's ISP, ASM # 1 and OSM # 1 stated that they review the current goals, the preferences, and look at the communication, health and safety. ASM # 1 and OSM # 1 further stated that the outcomes are developed to help individuals develop skills to reach a level of independence. ASM # 1 further stated, "Skill building is important and it affects the overall wellness of the individual." ASM # 1 and OSM # 1 stated, "Outcomes should be developed in both in qualitative and quantitative forms." During the interview, ASM #1 and OSM #1 were asked to review the ISP outcomes for Individual # 4. When asked if Individuals # 4's (individual service plan) outcomes/goals for socialization skills and money management were written in measurable terms, ASM # 1 and OSM # 1 stated, "No."

On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings.

No further information was provided prior to exit.

References:

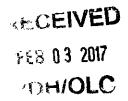
(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money,

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Facility ID: VAICFMR47

If continuation sheet Page 75 of 87



(74) 10	AND HUMA PERVICES & MEDICAL SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G044 ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	1 .	STREET ADDRESS, CITY, STATE, ZIP CONTROL OF	RRECTION (X5) SHOULD BE COMPLETION
W 252 Continued From paschedules and rou Intellectual disabiliant autism or cerebral causes, such as la responsiveness. The from the website: https://report.nihet.aspx?csid=100 (2) A brain disorder recurring seizures clusters of nerversend out the wronstrange sensation strangely. They may report or lose conscious obtained from the https://medlinepluton. (3) A swallowing obtained from the https://www.nlm disorders.html>. (4) Nearsighted neye is focused in appear blurred. Near refractive error obtained from the https://medlinepluton.put.information. (5) Vitamin D he This information.	tines, or social interactions. ty originates before the age of from physical causes, such as palsy, or from nonphysical ack of stimulation and adult this information was obtained gov/nihfactsheets/ViewFactShe that causes people to have the seizures happen when cells, or neurons, in the brain ag signals. People may have and emotions or behave any have violent muscle spasms website: us.gov/epilepsy.html. disorder. This information was website: unih.gov/medlineplus/swallowin ess is when light entering the correctly, making distant object learsightedness is a type of the eye. This information was	e s s ts	52	

DEPARTMENT OF HEALTH AND HUMA! TERVICES CENTERS FOR MEDICARE & MEDICAL

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING

> 7811 OAK STREET MANASSAS, VA 20111

OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED

01/20/2017

FORM APPROVED

49G044

CRI OAK STREET ICF/MR

(X4) ID

PREFIX

TAG

NAME OF PROVIDER OR SUPPLIER

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

1D **PREFIX** TAG

R WING

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

STREET ADDRESS, CITY, STATE, ZIP CODE

(X5) COMPLETION OATE

W 252 Continued From page 76

and OSM (other staff member) # 1, QDIP (Qualified Intellectual Disabilities Professional), the ISP for Individuals # 4 was reviewed. When asked how the outcomes are developed for an individual's ISP, ASM # 1 and OSM # 1 stated that they review the current goals, the preferences, and look at the communication, health and safety. ASM #1 and OSM #1 further stated that the outcomes are developed to help individuals develop skills to reach a level of independence. ASM # 1 further stated, "Skill building is important and it affects the overall wellness of the individual." ASM # 1 and OSM # 1 stated, "Outcomes should be developed in both in qualitative and quantitative forms." During the interview OSM # 1 was asked to describe the responsibility of the QIDP. OSM # 1 stated, "I'm part of the interdisciplinary team, responsible for the ISP, I conduct the quarterly reviews, conduct observations at the day programs and observe how the individual is engaged in the program and activities and how they take their lunch. I meet with the day program staff to discuss the individual's goals prior to the ISP review date and maintain communication between the day program and the home. Supervise the DSPs (direct support professionals), review the program notes to make sure they're done each day and occasionally read them. I read the progress notes to make sure they reflect the outcomes and make sure active treatment is being done." When asked if the clinical records at the day programs were supposed to be reviewed by the QIDP, OSM # 1 stated, "Yes, once a month but I haven't done that yet." When asked how long he had been the QIDP, OSM # 1 stated, "About four and a half months."

During an interview on 1/19/17 at 1:15 p.m. ASM

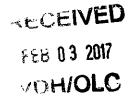
W 252

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: SUZC t1

Facility ID: VAICFMR47

If continuation sheet Page 77 of 87



DEPARTN	MENT OF HEALTH	AND HUMAN SERVICES				FOF OMB N	RM APPROVED IO. 0938-0391
TATEMENT O	FOR MEDICARE F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION		OATE SURVEY COMPLETED
		49G044	B. WING				01/20/2017
NAME OF PE	OVIDER OR SUPPLIER			1	ET ADDRESS, CITY, STAT	E, ZIP CODE	Ī
	STREET ICF/MR				OAK STREET IASSAS, VA 20111		
(X4) ID PREFIX TAG	(EACH DECICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	IX	(EACH CORRECTIVE CROSS-REFERENCED	NOF CORRECTION E ACTION SHOULD BE TO THE APPROPRIATE IENCY)	(X5) COMPLETION DATE
W 252	outcomes for Indiv Individual # 4's ISF outcomes/goals for skills and money in measurable terms On 1/20/17 at 3:00 member) # 1, progroup Home) and made aware of the No further informated aware of the No further informated aware of the No further informated aware of the No further informated aware of the No further informated aware of the No further informated aware of the No further informated aware of the No further informated aware of the No further informated aware of the No further informated aware of the No further informated aware of the No further informated aware of the No further informated aware of the No further informated inform	vere asked to review the ISP riduals # 4. When asked if P (individual service plan) or communication, socialization management were written in , OSM # 1 stated, "No." O p.m. ASM (administrative staffgram manager of (Name of IRN (registered nurse) # 1were above findings. Action was provided prior to exit. Oup of disorders characterized al capacity and difficulty with resultines, or social interactions. With the such as managing money, utines, or social interactions. With the such as managing money, at palsy, or from nonphysical lack of stimulation and adult. This information was obtained in gov/nihfactsheets/ViewFactSlo>. Ider that causes people to have as the seizures happen when a scells, or neurons, in the brain ong signals. People may have ons and emotions or behave may have violent muscle spasmess. This information was	f s he	252			

DEPARTMENT OF HEALTH	AND HUMA* SERVICES		(PRINTED: 01/20/2011 FORM A PPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G044	B. WING _		01/20/2017
NAME OF PROVIDER OR SUPPLIER CRI OAK STREET ICF/MR			STREET ADDRESS, CITY, STATE, ZIP (7811 OAK STREET MANASSAS, VA 20111	
(CACH DESIGNENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COMPLETION E APPROPRIATE DATE
obtained from the v https://www.nlm.n disorders.html>. (4) Nearsightednes eye is focused incompear blurred. Ne refractive error of tootained from the voltained from the v	sorder. This information was website: hih.gov/medlineplus/swallowing as is when light entering the prrectly, making distant objects earsightedness is a type of the eye. This information was website: a.gov/ency/article/001023.htm. as your body absorb calcium. as obtained from the website: a.gov/vitamind.html.	W 2	52	
of the ISP outcomin measurable term. The "Progress Note 12/01/2016 through The progress note documentation of # 4's ISP outcome. OSM # 1 was ask for Individuals # 4 collection for Indi	es/goals for Individual # 4 were	, ,		

"No."

written in measurable terms, OSM # 1 stated,

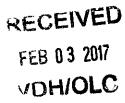
made aware of the above findings.

On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were

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Facility ID: VAICFMR47

If continuation sheet Page 79 of 87



DEPART	MENT OF HEALTH	AND HUMAN SERVICES			FORM APPROVED MB NO. 0938-0391
TATEMENT (S FOR MEDICARE OF DEFICIENCIES CORRECTION	& MEDICAL ERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G044	B. WING		01/20/2017
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET MANASSAS, VA 20111	
(X4) ID PREFIX TAG	SUMMARY STA	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULT (EACH CORRECTIVE ACTION SHOULT (EACH CORRECTION OF THE APPROPRIES OF THE A	J RE COMPETITION 1
W 252	Continued From pa	age 79	W:	252	
W 255	483.440(f)(1)(i) PR CHANGE The individual prog- least by the qualific professional and re- but not limited to s successfully comp- identified in the inc This STANDARD Based on residen interview, it was de (Qualified Intellect	gram plan must be reviewed at ed intellectual disability evised as necessary, including, ituations in which the client has leted an objective or objectives dividual program plan. is not met as evidenced by: tial record review and staff etermined that the QIDP ual Disabilities Professional) at ISP (Individual Service Plan)	W 2 char 1=: commar 2=: hom audither	255 255 483.440(f)(i). Program monitoringe- Individual #3. QIDP will revise and update the amunity integration and medication agement outcomes for individual ISP outcomes for other individual ne will be reviewed in a coordinate it (QIDP/Manager/Nurse) to determ are outcomes (similar to individual need to be revised and updated.	n #3. s in the ed team mine if ual #3's)
	for one of five individuals in the survey sample, Individual # 3. The QIDP (Qualified Intellectual Disabilities Professional) failed to review Individual # 3's ISP (Individual Service Plan) to determine if outcomes for community integration and medication management. The findings include: The QIDP (Qualified Intellectual Disabilities Professional) failed to review Individual # 3's ISP (Individual Service Plan) to determine if outcome for community integration and medication management. Individual # 3 was a 57 year old female, who was admitted to (Name of Group Home) on 1/24/96. Diagnoses in the clinical record included but wer		qual ever being to the ability part other idea boars	The program manager will review really reports completed by the QI ry quarter to ensure that the outcome worked on and make recommene individual/team on how to ameloomes to suit their particular need ities. The clinical director will coordinat icipate in quality clinical audits inver managers and QIDPs so as to see on how to improve reports acrowed the Quality improvement audits with conducted by the the department of the serious process.	IDP omes are indations and the s and e and volving share ess the ill also of

ankle fracture.

not limited to: severe intellectual disability (1),

non-verbal and status/post (condition after) right

PICA (2), grand maul seizure disorder (3),

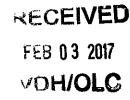
Event ID: SUZC11

director.

Facility ID: VAICFMR47

or upon written request from the clinical

If continuation sheet Page 80 of 87



DEPART!	MENT OF HEALTH	AND HUMAN SERVICES			FORM OMB NO.	APPROVED 0938-0391
TATEMENT	S FOR MEDICARE OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION ING		E SURVEY PLETED
		49G044	B. WING			20/2017
	ROVIDER OR SUPPLIER STREET ICF/MR			STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET MANASSAS, VA 20111	<u>=</u>	
(X4) ID PREFIX TAG	SUMMARY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH	OULD BE	(X5) COMPLETION DATE
W 255	Continued From page	age 80	W	255		
	through 10/31/201 "Support Activities participates in con "Support Activities fills her cup with w Individual # 3's que through 07/31/201 "Support Activities participates in cor Met." "Support Activities fills her cup with w Status of Outcom Further review of 11/01/2016 through updates and/or redressing himself On 1/20/17 at 9:5 conducted with A momber) # 1 (No.)	& Instructions: (Individual# 3) nmunity." & Instructions: (Individual# 3) vater to take her medication." larterly review dated 05/01/201 16 documented, & Instructions: (Individual# 3) nmunity." Status of Outcome: & Instructions: (Individual# 3) vater to take her medication." le: Met." Individual # 3's ISP dated gh 10/31/2017 failed to evidence evisions to outcomes for and motor skills and mobility. 50 a.m. an interview was SM (administrative staff ame of Group Home) program) ce			
	reviews ASM # 1 then the outcome skill and introduce be revised or am	asked about the quarterly stated that if an outcome is more is continued for stability of the ce the next step. The ISP would needed. When asked if Individualised ASM stated, "No." ASM in a part of the contract of the cont	d ual			

The QIDP was not available for an interview.

The facility's policy "8.1 Qualified Intellectual Disabilities Professional" documented, "The QMRP is responsible for the integration,

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: SUZC11

Facility ID: VAICFMR47

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FEB 03 2017

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CENTER TATEMENT (ND PLAN OF	S FOR MEDICARE DE DEFICIENCIES E CORRECTION ROVIDER OR SUPPLIER STREET ICF/MR	AND HUMAN SERVICES & MEDICAL ERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G044 ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL ISC IDENTIFYING INFORMATION)		STREET ADDRESS, CITY, STATE, ZIP C 7811 OAK STREET MANASSAS, VA 20111 PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION	OMB NO. (X3) DATE COM O1/2 ODE	APPROVED 0938-0391 E SURVEY PLETED 20/2017
W 255	Individual Service active treatment in Qualified Intellecture Monitoring Of Services are view consumer financial and medit treatment and services have correctly, docume outside services have program services. On 1/20/17 at 3:00 member) # 1, produced aware of the No further information of the No further information and the No further information of the No further	toring and development of the Plan, and to ensure quality the program." Under "8.1.2 all Disabilities Professional vices" it documented, "A. records to include clinical, ical to ensure prescribed vices are being implemented nted appropriately and that any lave been incorporated into." O p.m. ASM (administrative stangram manager of (Name of derivative) # 1 were above findings. ation was provided prior to exitation was provided prior to exitation was provided prior to exitation was managing money, sutines, or social interactions. If the plays in the result of the plays, or from nonphysical lack of stimulation and adult this information was obtained:	ff e f	255		

(2) Autism spectrum disorder (ASD) is a neurological and developmental disorder that begins early in childhood and lasts throughout a

person's life. It affects how a person acts and interacts with others, communicates, and learns.

TATEMENT OF OEFICIENCIES NO PLAN OF CORRECTION (X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILOING B. WING STREET AOORESS. CITY. STATE. ZIP COOE 7811 OAK STREET	DEPARTI	MENT OF HEALTH	AND HUMAN SERVICES		· .	OMB NO.	APPROVED 0938-0391			
NAME OF PROVIDER OR SUPPLIER CRI OAK STREET ICF/MR STREET AOORESS, CITY, STATE, ZIP CODE 7811 OAK STREET MANASSAS, VA 20111 (X4) IO SUMMARY STATEMENT OF OEFICIENCIES PREFIX (EACH OEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IOENTIFYING INFORMATION) W 255 Continued From page 82 Syndrome and pervasive developmental disorders. This information was obtained from the website:	TATEMENT (OF OEFICIENCIES	(X1) PROVIOER/SUPPLIER/CLIA							
TRII OAK STREET CRI OAK STREET ICF/MR TRII OAK STREET MANASSAS, VA 20111 (X4) IO PREFIX TAG COMPLETION (EACH OEFICIENCY MUST BE PRECEOEO BY FULL TAG COMPLETION TAG COMPLETION DATE W 255 Continued From page 82 Syndrome and pervasive developmental disorders. This information was obtained from The weeks its:			49G044	B. WING			20/2017			
CRI OAK STREET ICF/MR (X4) IO SUMMARY STATEMENT OF OEFICIENCIES (EACH OEFICIENCY MUST BE PRECEOSE BY FULL PREFIX TAG REGULATORY OR LSC IOENTIFYING INFORMATION) W 255 Continued From page 82 syndrome and pervasive developmental disorders. This information was obtained from the aversite:	NAME OF B	POVICER OR SUPPLIER		']		ATE, ZIP COOE				
(X4) IO SUMMARY STATEMENT OF OEFICIENCIES IO PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETION DATE OFFICIENCY) W 255 Continued From page 82 Syndrome and pervasive developmental disorders. This information was obtained from the weeks its:										
(X4) IO SUMMARY STATEMENT OF OEFICIENCIES PREFIX (EACH OEFICIENCY MUST BE PRECEOEO BY FULL TAG CROSS-REFERENCEO TO THE APPROPRIATE OEFICIENCY) W 255 Continued From page 82 syndrome and pervasive developmental disorders. This information was obtained from	CRI OAK				DROVIOER'S PLA	AN OF CORRECTION	(X5)			
syndrome and pervasive developmental disorders. This information was obtained from	PREFIX	ACACH OCCICIENC	V MIST BE PRECEOSO BY FULL	PREF	IX (EACH CORRECTIVE CROSS-REFERENCE	/E ACTION SHOULD BE O TO THE APPROPRIATE				
disorders. This information was obtained from	W 255	Continued From pa	age 82	W	255					
Ly // dlipoplus gov/autismspectrumdisorder.n		disorders. This inf	formation was obtained from							
		https://medlineplus	s.gov/autismspectrumdisorder.t	1						
tml. W 440 483.470(i)(1) EVACUATION DRILLS W 440 W 440 483.470(l)(1) Evacuation drills	M 440	tmi. 483 470(i)(1) FVA	CUATION DRILLS							
	VV 440				W 440 483.470(I)(1) Evacuation drills 3/5/17					
The facility must hold evacuation drills at least 1. A schedule will be put up for fire drills to be		The facility must h	old evacuation drills at least							
quarterly for each shift of personnel. conducted every month rotated through three shifts (morning, evening, and overnight) throughout every		quarterly for each	Still of personner.		-	•				
anneste a A mentionie a stational de la company de la comp						- , - ,				
This STANDARD is not met as evidenced by: Based on facility document review and staff Based on facility docum		This STANDARD	is not met as evidenced by.	-	the fire drill and give feedback to the program					
intentiew, it was determined that the facility falled International the flext business day. The manager will		interview it was d	etermined that the facility falled	I mana						
to conduct fire drills for each shift quarterly. review the documented drill and give advice (if		to conduct fire dril	ils for each shift quarterly.	revie		· · · · · · ·				
needed) to staff on how to improve the drill/		The finding includ	ام.	ŧ	•	prove the drill/				
The finding include: documentation and filing. 2. Impromptu/unannounced fire drills will be					<u> </u>	iro drille will bo				
Davious of the facility's "Fire Dilli Forms dated"		Review of the fac	ility's "Fire Drill Forms" dated							
1/2016 through 12/2016 failed to evidence that a fire drill was conducted in November 2016. Conducted under the supervision of the Program Manager or Clinical Director to ensure that staff can		 1/2016 through 13 	2/2016 failed to evidence that a			_				
complete the drills safely within the time limits					-					
On 1/18/17 at approximately 11:00 a.m. ASM specified. Any deficiencies noticed will be discussed		On 1/18/17 at app	proximately 11:00 a.m. ASM	-	-					
(administrative staff member) # 1, (Name of with staff on shift immediately following the drill.	ļ	 (administrative st 	aff member) # 1, (Name of			_				
provide evidence of a fire drill conducted in		provide evidence	of a fire drill conducted in			-				
provide evidence of a fire drift conducted in periodically during monthly all staff meetings. November 2016. ASM # 1 stated, "I'll look for it." 3. Quality Improvement Coordinator will conduct		November 2016.	ASM # 1 stated, "I'll look for it.			•				
On 1/20/17 at 2:45 p.m. ASM # 1 stated, "I'm audits of program clinical/medical and				J. Qu	•					
I supplie to locate any documentation of a life unit. Jenvironmental records as deemed appropriate or as I		unable to locate:	any documentation of a file uni							
in in November 2016. I can't say it was done." requested by the Clinical Director to ensure		in in November 2	2016. I can't say it was done."	reque		· · · · · · · · · · · · · · · · · · ·				
compliance with standards in place.										
The facility's policy "7.5 Emergency Preparedness and Response" documented, "B. Preparedness and Response" documented, "B. Services in the program to include ISP planning/		Drongrodness at	nd Response" documented, D.							
Proportioness: activities that build organization pervices in the program to include 151 planning/	1	Drongrodness: 3	ectivities that build organization	1301 410		•				
appositute manage the effects of emergencies. Implementation, active treatment, unigence in care		conscitute mana	age the effects of emergencies	. pumpie		•				
This includes creating an inventory of resources, including supplies and equipment that may be including fire drills.		This includes cre	eating an inventory of resource. es and equipment that may be	inclu		k environment				

Event IO: SUZC11

Facility IO: VAICFMR47

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RECEIVED

FEB 03 2017 VOH/OLC

T.N	CENTERS ATEMENT OF PLAN OF	S FOR MEDICARE OF DEFICIENCIES CORRECTION ROVIDER OR SUPPLIER STREET ICF/MR	AND HUMA** SERVICES & MEDICA). SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G044 ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	1 ` ′	STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET MANASSAS, VA 20111 PROVIDER'S PLAN OF CORRECT	LD BE CO	PROVED 38-0391 RVEY FED
		planning process, I training on basic re implementing orga No further informa	gency; maintaining an ongoing holding staff orientation and esponse actions; and inization wide drills." tion was provided.	W 4			
	W 455	There must be an prevention, contro and communicable This STANDARD Based on observe was determined the implement infection administration a	is not met as evidenced by: ations and staff interviews it nat the facility staff failed to on control practices during the istration for one of one the medication administration	Individual 1=: In couns ways possil 2=: In meeti will dipreca	5 483.470(i)(1). Infection controdual #5. dividual staff # 1 will receive reteling from the program nurse of to handle medications to reduce oility of infection. dividual staff #1 will attend the regularing which the nurse or descuss infection control and univutions to all staff present during ng. Hands-on demonstration of	raining/ n proper e next staff signee ersal the	3/5/17
		The findings included individual # 5 was admitted to (Nam Diagnoses in the pat limited to: mile	up while administering dividual #5. Ide: f scena guide 3=Pro period admir and a mana 4=: C	urios that may violate infection collines will be demonstrated to state or any manager and nurse will dically complete medication histration observation of newly half others deemed to be deficient gement.	ontrol aff. ired staff in med edication		
	VV 455	There must be an prevention, contro and communicable. This STANDARD Based on observation adminimated the implement infection medication adminimated individuals during observation, Individuals during observation, Individuals to the medication of the findings including including the medication of the findings including the important of the impor	active program for the I, and investigation of infection e diseases. is not met as evidenced by: ations and staff interviews it nat the facility staff failed to on control practices during the istration for one of one the medication administration idual #5. Ilaced her finger on the inside out while administering dividual #5. Ide: In a 69 year old male, who was	Individual 1=: In couns ways possil 2=: In meeti will di preca meeti scena guide 3=Properior and a mana 4=: C deficie	dual #5. dividual staff # 1 will receive retelling from the program nurse of to handle medications to reduce pility of infection. dividual staff #1 will attend the rang during which the nurse or descuss infection control and universions to all staff present during ang. Hands-on demonstration of the infection controls that may violate infection controls that may violate infection controls that may violate infection controls will be demonstrated to state of the infection of the i	raining/ n proper e next staff signee ersal the various ontrol aff. ired staff in med edication er during	57

An observation of the medication administration

(direct support professional) # 1 donned a pair of

was conducted on 1/19/17 at 6:30 a.m. DSP

(5).

Event ID: SUZC t1

Facility ID: VAICFMR47

make structural and procedural changes to

request and will include med observations.

reduce risk of infection. Mission Effectiveness

will conduct quality audits as needed or upon

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FEB 03 2017

VOH/OLC

FORM APPROVED DEPARTMENT OF HEALTH AND HUMA'' SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAL ERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 01/20/2017 B WING 49G044 STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER

CRI OAK STREET ICF/MR

7811 OAK STREET MANASSAS, VA 20111

(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 OATE

W 455 Continued From page 84

plastic gloves then opened the medication cabinet located in the office on the bottom floor of the group home. DSP # 1 removed a basket containing Individual # 5's medications and proceeded to dispense the medications from a bubble pack into a plastic medicine cup. After dispensing all of Individual #5's medications into the cup and while wearing the same gloves, DSP # 1 then place the basket back into the cabinet, closed the door and locked it. Wearing the same gloves DSP # 1 then picked up the medication cup containing Individual # 5's medications, walked out of the office, closed the door, retrieved a key from a shelf located in the hallway and locked the door, proceeded up the stairs to the first floor. Continuing to wear the same gloves DSP # 1 grabbed the door handle to the upstairs door, turned it and opened the door. Still wearing the same gloves, DSP #1 walked into the kitchen, obtained a cup from the kitchen counter, turned on the faucet, filled the cup with water and mixed a laxative in the cup. Keeping the same gloves on, DSP # 1 walked to Individual # 5's bedroom door, knocked on the door, grabbed the door handle, opened the door and entered Individual # 5's bedroom. Individual # 5 was observed to be dressed, neat and clean, sitting in his wheelchair in the middle of his room. DSP # 1 greeted Individual # 5, informed him that it was time for his medication, and asked him what the medication was for. Keeping the same gloves on her hands, DSP # 1 placed the plastic medication cup in Individual # 5's hand and provided hand-over-hand assistance in bringing the cup to his mouth to take the medication. Individual # 5 took some of the tablets and pills and lowered the cup. DSP # 1 prompted Individual # 5 to take more of the medication and placed a gloved finger inside the medication cup. Individual # 5

W 455

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: SUZC11

Facility ID: VAICFMR47

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RECEIVED FEB 03 2017 VOH/OLC

DEPARTMENT OF HEALTH	AND HUMAN SERVICES & MEDICAL ERVICES		(RM APPROVED IO. 0938-0391	
CENTERS FOR MEDICARE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i ·	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	49G044	B. WING _			01/20/2017	
NAME OF PROVIDER OR SUPPLIER CRI OAK STREET ICF/MR			STREET ADDRESS, CITY, STATE, ZIF 7811 OAK STREET MANASSAS, VA 20111 PROVIDER'S PLAN OF C		(X5)	
(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	ACTION ACCORDING ACTION	ON SHOULD BE HE APPROPRIATE	COMPLETION	
hand-over-hand as Individual # 5 constand lowered the cu on DSP # 1 again pathe medication cup to hand-over-hand as consumed the remathen left the bedroot the bottom floor of gloves. On 1/19/17 at 8:15 conducted with DS administration for she had placed he cup to straighten the medication could remain the medication cup on 1/19/17 at appended in the medication cup for the medication cup on 1/19/17 at appended in the medication cup was conspractical nurse) # DSP # 1 during the Individual # 5. LP have placed their when dispensing to the cup of 1/19/17 at 1:15.	on cup to his mouth again with sistance from DSP # 1. Jumed more of the medication p again. Keeping the gloves placed a gloved finger inside of the inside of the mouth again with sistance from DSP # 1 and aining medication. DSP # 1 and aining medication. DSP # 1 and aining medication. DSP # 1 and aining medication. DSP # 1 and aining medication. DSP # 1 and aining medication. DSP # 1 further stated of the inside the medication and interview was size in the medication and interview was as an interview was an in	e d d d d d d d d	55			

References:

findings.

Group Home) was made aware of the above

No further information was provided prior to exit.

(1) Refers to a group of disorders characterized Event ID: SUZC11

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c.D	.,cNT OF HEALTH S FOR MEDICARE	AND HUMAN	SERVICES					FORM MB NO	APPROVED . 0938-0391
TATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/S		l ' '	TIPLE CONSTRU				re survey MPLETED
		490	G044	B. WING				01	/20/2017
	ROVIDER OR SUPPLIER STREET ICF/MR				7811 OAK S	RESS, CITY, STAT TREET IS, VA 20111	'E, ZIP CODE		
(X4) ID PREFIX TAG		ATEMENT OF DEFIC Y MUST BE PRECE SC IDENTIFYING II	DED BY FULL	ID PREFI TAG	x (EA	PROVIDER'S PLAN ACH CORRECTIVE SS-REFERENCED DEFICE	ACTION SHOULD)BE	(X5) COMPLETION DATE
W 455	Continued From particles by a limited mental adaptive behaviors schedules and rou Intellectual disabilit autism or cerebral causes, such as laresponsiveness. The from the website: https://report.nih.et.aspx?csid=100: (2) A group of symaffect the brain. The mental from the website: https://www.nlm.n.ml.	capacity and of such as mana- tines, or social ty originates be from physical of palsy, or from ack of stimulation gov/nihfactshed by the information of this information of this information of the inform	interactions. efore the age of causes, such as nonphysical on and adult was obtained by disorders that was obtained plus/dementia.ht	t	455				
	(3) Symptoms of a because of sudde the brain. This information website: https://www.nlm.rml. (4) A stroke. Who brain stops. A stroattack." If blood few seconds, the oxygen. Brain cell damage. This information is sudden as a strong the stops.	en, abnormal ellormation was on the solution was on the solution of the soluti	ectrical activity in obtained from the obtained from the open a part of the es called a "brain or longer than a et nutrients and sing lasting	1					

https://medlineplus.gov/ency/article/000726.htm .

(5) (5) Vitamin D helps your body absorb calcium. This information was obtained from the website:

https://medlineplus.gov/vitamind.html.

website:

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