

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

PRINTED: 02/07/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  01/26/2017
NAME OF PROVIDER OR SUPPLIER  BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(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 000	INITIAL COMMENTS		W 000		
	<p>An unannounced annual Medicaid survey for Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) was conducted 1/24/17 through 1/26/17. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for the Intellectually Disabled. The Life Safety Code survey report will follow.</p> <p>The census in this seven bed facility was six at the time of the survey. The survey sample consisted of four current Individual reviews (Individuals # 1, # 2, # 3 and # 4).</p>				
W 111	483.410(c)(1) CLIENT RECORDS		W 111		
	<p>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and clinical record review it was determined that the facility staff failed to ensure the clinical record was complete and accurate for three of four individuals in the survey sample, Individuals # 1, #2 and # 3.</p> <p>1. The facility staff failed to ensure the documentation of Individual # 1's emergency evacuation drill program was accurate in the (Name of Group Home) clinical record.</p> <p>2. The facility staff failed to ensure the documentation of Individual # 2's emergency evacuation drill program was accurate in the (Name of Group Home) clinical record.</p>				

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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.

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W 111 Continued From page 1

W 111

3a. The facility staff failed to ensure the documentation of Individual # 3's emergency evacuation drill program was accurate in the (Name of Group Home) clinical record.

b. The facility staff failed to ensure Individual # 3's current consent for the behavior treatment plan was in the (Name of Day Program) clinical record.

The findings include:

1. The facility staff failed to ensure the documentation of Individual # 1's emergency evacuation drill program was accurate in the (Name of Group Home) clinical record.

Individual # 1 was a 35 year old male, who was admitted to (Name of Group Home) on 7/19/11. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), gastroesophageal reflux disease (2), dysphagia (3), history of seizure disorder (4), impulse control disorder (5) and anxiety (6).

Individual # 1's current ISP dated 07/01/2016 through 07/01/2017 documented, "Desired Outcome: (Individual # 1) maintains his safety. Support Activities: (Individual # 1) practices emergency evacuation drills. Support Instructions: 1. (Individual # 1) is notified when it is time to perform an emergency evacuation drill. 2. (Individual # 1) dresses appropriately. 3. (Individual # 1) exits the building in a safe and timely manner. 4. (Individual # 1) waits in the designated safety zone. 5. (Individual # 1) re-enters the building after it has been determined to be safe. 6. Staff provides supports and assistance as needed. Frequency:

W111

The Program Manager/ QMRP will review #1,2, and 3; current fire drill schedules for accurate documentation. 3/8/17

The Program Manager/ QMRP will also review all other individuals current fire drill schedule for accurate documentation.

The Program Manager will update a the fire drill schedule for 2017. The schedule will ensure that a drill is completed on the day, evening, and night shift each quarter.

The Clinical Director will also review fire drill documentation quarterly and also complete unannounced fire drills.

The Clinical Director will review within supervision with the Program Manager to ensure fire drills are completed as required and to ensure its documented accurately.

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W 111	Continued From page 2 Monthly. Amount: Continually.  The "Progress Notes" for Individual # 1 dated 01/01/2017 through 01/07/2017 for the emergency evacuation drill program were reviewed. The "Progress Notes" dated 01/01/17, 01/02/17, 01/03/17, 01/05/17, 01/06/17 and 01/07/17 documented Individual # 1 had participated in an evacuation drill on each date.  On 1/25/17 at approximately 12:00 p.m. Individual # 1's "Progress Notes" and data collection dated 01/01/2017 through 01/07/2017 were reviewed with ASM (administrative staff member) # 1, (Name of Group Home) program manager. During the review of Individual # 1's progress notes and data collection for the emergency evacuation drill program, ASM # 1 stated that the January 2017 evacuation drill had not yet been conducted and was scheduled for January 26, 2017. ASM #1 stated the documentation in the progress notes for Individual # 1 indicating participation in drills was inaccurate.  The facility's policy "1.3.2 Written Record Management" documented, "A. Documentation occurs on a regular basis in accordance with the program requirements [i.e. progress notes, assessment, individual service planning, IDT notes, quarterly reports, monthly QIDP notes, and monthly nursing notes]. The entries into an Individual's written or electronic record must be legible, current, dated, authenticated by the staff member by signing / notating with full name and title."  On 1/25/17 at 4:40 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1 were	W 111			

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W 111 Continued From page 3  
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/ViewFactSheet.aspx?csid=100>.

(2) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website:  
<https://www.nlm.nih.gov/medlineplus/gerd.html>.

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

(4) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website:  
<https://www.nlm.nih.gov/medlineplus/seizures.html>.

(5) Impulse control disorders are characterized by an inability to resist the impulse to perform an action that is harmful to one's self or others. This

W 111

W111

The QMRP will complete a day program record review to ensure that individual #3 consents "Behavioral Support Plan" is current and signed in a timely manner or as needed. 3/8/17

The QMRP will complete a day program review of all other individuals to ensure that the "Behavioral Support Plan" is current and signed in a timely manner annually or as needed.

The Program Manager/QMRP will conduct monthly day program observations and quarterly record review to ensure all consents is current, up-to-date, and to ensure continuity of care.

The Program Manager will review this process to ensure compliance and to prevent further deficiencies. Mission Effectiveness/ Clinical Director will also conduct quarterly day program record review to ensure compliance.

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W 111	Continued From page 4  is a relatively new class of personality disorders, and the most common of these are intermittent explosive disorder, kleptomania, pyromania, compulsive gambling disorder, and trichotillomania. This information was obtained from the website: <a href="http://medical-dictionary.thefreedictionary.com/Impulse+Control+Disorders">http://medical-dictionary.thefreedictionary.com/Impulse+Control+Disorders</a> .  (6) Fear. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/anxiety.html#summary">https://www.nlm.nih.gov/medlineplus/anxiety.html#summary</a> .  2. The facility staff failed to ensure the documentation of Individual # 2's emergency evacuation drill program was accurate in the (Name of Group Home) clinical record.  Individual # 2 was a 29 year old male, who was admitted to (Name of Group Home) on 5/5/14. Diagnoses in the clinical record included but were not limited to: mild intellectual disability (1), spastic diplegia (2), gastroesophageal reflux disease (3), seizure disorder (4), renal calculi (right) side (5).  Individual # 2's current ISP dated 07/01/2016 through 07/01/2017 documented, "Desired Outcome: I will manage my safety by participating in monthly emergency evacuation drills. Support Activities: 1. (Individual # 2) gets up and gets ready for the emergency evacuation drill; wearing appropriate clothing for the weather. 2. (Individual # 2) goes to the designated safety zone. 3. Once at the designated safety zone, (Individual # 2) waits until the emergency evacuation drill is over to ensure safety. 4. (Individual # 2) enters his home when the	W 111			

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W 111	Continued From page 5  emergency evacuation drill is completed and it is safe to re-enter. 5. Staff provides supports and assistance as needed. Frequency: Monthly. Amount: Continually."  The "Progress Notes" for Individual # 2 dated 01/01/2017 through 01/07/2017 for the emergency evacuation drill program were reviewed. The "Progress Notes" dated 01/02/17 and 01/05/17 documented Individual # 2 had participated in the evacuation drill on each date.  On 1/25/17 at approximately 12:00 p.m. Individual # 2's "Progress Notes" and data collection dated 01/01/2017 through 01/07/2017 were reviewed with ASM (administrative staff member) # 1, (Name of Group Home) program manager. During the review of the progress notes and data collection for the emergency evacuation drill program ASM # 1 stated that the January 2017 evacuation drill had not yet been conducted and was scheduled for January 26, 2017. ASM #1 stated the documentation in the progress notes for Individual # 2 indicating participation in drills was inaccurate.  On 1/25/17 at 4:40 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	W 111			

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W 111	Continued From page 6  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: <a href="https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100">https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</a> .  (2) A form of cerebral palsy, a neurological condition that usually appears in infancy or early childhood and permanently affects muscle control and coordination. Affected people have increased muscle tone which leads to spasticity (stiff or tight muscles and exaggerated reflexes) in the legs. The arm muscles are generally less affected or not affected at all. Other signs and symptoms may include delayed motor or movement milestones (i.e. rolling over, sitting, standing); walking on toes; and a "scissored" gait (style of walking). It occurs when the portion of the brain that controls movement is damaged or develops abnormally. This information was obtained from the website: <a href="https://rarediseases.info.nih.gov/diseases/9637/spastic-diplegia-cerebral-palsy">https://rarediseases.info.nih.gov/diseases/9637/spastic-diplegia-cerebral-palsy</a> .  (3) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a> .  (4) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a>	W 111			

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W 111	Continued From page 7 ml.  (5) A kidney stone is a solid mass made up of tiny crystals. One or more stones can be in the kidney or ureter at the same time. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000458.htm">https://medlineplus.gov/ency/article/000458.htm</a> .  3a. The facility staff failed to ensure the documentation of Individual # 3's emergency evacuation drill program was accurate in the (Name of Group Home) clinical record.  Individual # 3 was a 28 year old female, who was admitted to (Name of Group Home) on 9/22/11. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), gastroesophageal reflux disease (2), seizure disorder (3), and anxiety (4).  Individual #3's current ISP dated 10/01/2016 through 09/30/2017 documented, "Support Activities: (Individual # 3) participates in emergency evacuation drills. Support Instructions: 1. (Individual # 3) acknowledges the emergency evacuation drill. 2. (Individual # 3) makes sure she is dressed appropriately. 3. (Individual # 3) walks to the designated safe zone. 4. (Individual # 3) remains in the safe zone until she is notified it is safe to return inside the building. 5. Staff provides support and assistance as needed. Frequency: Monthly. Amount: 15 minutes."  The "Progress Notes" for Individual # 3 dated 01/01/2017 through 01/07/2017 for the emergency evacuation drill program were reviewed. The "Progress Notes" dated 01/01/17,	W 111			



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W 111	Continued From page 8  01/02/17, 01/03/17, 01/04/17, 01/05/17, 01/06/17 and 01/07/17 documented Individual # 3 had participated in the evacuation drill on each date.  On 1/25/17 at approximately 12:00 p.m. Individual # 3's "Progress Notes" and data collection dated 01/01/2017 through 01/07/2017 were reviewed with ASM (administrative staff member) # 1, (Name of Group Home) program manager. During the review of the progress notes and data collection for the emergency evacuation drill program, ASM # 1 stated that the January 2017 evacuation drill had not yet been conducted and was scheduled for January 26, 2017. ASM #1 stated the documentation in the progress notes for Individual # 3 indicating participation in drills was inaccurate.  On 1/25/17 at 4:40 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 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: <a href="https://report.nih.gov/nihfactsheets/ViewFactSheet">https://report.nih.gov/nihfactsheets/ViewFactSheet</a>	W 111			

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W 111	Continued From page 9 t.aspx?csid=100.  (2) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a> .  (3) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a> .  (4) Fear. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/anxiety.html">https://www.nlm.nih.gov/medlineplus/anxiety.html</a> #summary.  b. The facility staff failed to ensure Individual # 3's current consent for the behavior treatment plan was in the (Name of Day Program) clinical record.  On 1/25/17 at 10:00 a.m. the (Name of Day Program) clinical record for Individual # 3 was reviewed. The (Name of Day Program) clinical record revealed a "Behavior Support Plan" for Individual # 3 dated 10/01/2015 through 09/30/2017. Further review of the clinical record failed to evidence consent for the "Behavior Support Plan."  On 1/25/17 at 11:00 a.m. an interview was conducted with OSM (other staff member) # 4, (Name of Day Program) program manager. When asked about the missing consent for Individual # 3's "Behavior Support Plan" dated 10/01/2015 through 09/30/2017, OSM # 4 stated,	W 111			

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W 111	Continued From page 10 "I'll look for it." At 11:20 a.m. OSM # 4 presented to this surveyor a copy of the consent dated and signed by the guardian on 09/01/16 for Individual # 3's behavior support plan and stated, "It wasn't in the clinical record, it was in a pile of papers that needed to be filed."  On 1/25/17 at 4:40 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.	W 111			
W 113	No further information was provided prior to exit. 483.410(c)(3) CLIENT RECORDS  The facility must develop and implement policies and procedures governing the release of any client information, including consents necessary from the client, or parents (if the client is a minor) or legal guardian.  This STANDARD is not met as evidenced by: Based on staff interview and clinical record review it was determined that the facility staff failed to ensure a media and video release form was obtained for one of four individuals in the survey sample, Individual #3.  The (Name of Group Home) staff failed to obtain a current media and video release form for Individual # 3.  The findings include:  Individual # 3 was a 28 year old female, who was admitted to (Name of Group Home) on 9/22/11. Diagnoses in the clinical record included but were	W 113			

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NAME OF PROVIDER OR SUPPLIER  BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(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 113	Continued From page 11 not limited to: severe intellectual disability (1), gastroesophageal reflux disease (2), seizure disorder (3), and anxiety (4).  On 1/26/17 at approximately 10:15 a.m. Individual #3's clinical record was reviewed at (Name of Group). Further review of Individual #3's day program record revealed a "Media Release" form and a "Video Release" form signed by Individual #3's guardian on 9/10/15. Further review of the (Name of Group) clinical record failed to evidence a current "Media Release" form and a current "Video Release" form.  On 1/26/17 at approximately 10:45 a.m., an interview was conducted with ASM (administrative staff member) # 1, (Name of Group Home) program manager. When asked about Individual #3's missing current "Media Release" and "Video Release" forms, ASM # 1 stated she would try and locate it. ASM # 1 then called OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional). ASM # 1 stated, "He (OSM #1) said he put the consents in the clinical record." At 10:50 a.m. ASM # 1 stated that she was unable to locate Individual #3's current consents for media and video release. ASM # 1 further stated, "I can't say the consents were obtained."  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	W 113	W113  The QMRP will complete a record review to ensure that individual #3 consents "Media Release" is current and signed in a timely manner. 3/8/17  The QMRP will complete a record review of all other individuals to ensure that the "Media Release" is current and signed in a timely manner annually.  The Program Manager/QMRP will conduct monthly observations and quarterly record review to ensure all consents is current, up-to-date, and to ensure continuity of care.  The Program Manager will review this process to ensure compliance and to prevent further deficiencies. Mission Effectiveness/ Clinical Director will also conduct quarterly record review to ensure compliance.		

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W 113 Continued From page 12

W 113

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) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website:

<https://www.nlm.nih.gov/medlineplus/gerd.html>.

(3) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website:

<https://www.nlm.nih.gov/medlineplus/seizures.html>.

(4) Fear. This information was obtained from the website:

<https://www.nlm.nih.gov/medlineplus/anxiety.html#summary>.

W 154 483.420(d)(3) STAFF TREATMENT OF CLIENTS

W 154

The facility must have evidence that all alleged violations are thoroughly investigated.

This STANDARD is not met as evidenced by:

Based on staff interview and clinical record review it was determined that the facility staff failed to conduct a thorough investigation of injuries of unknown origin for one of four individuals in the survey sample, Individual # 4.

The facility staff failed to conduct an investigation for two incidents of injuries of unknown origin for Individual # 4 on 2/17/16 and 4/7/16.

The findings include:

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W 154	Continued From page 13  Individual # 4 was a 49 year old female, who was admitted to (Name of Group Home) on 6/4/13. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), encephalopathy (2), history of Graves disease (3), vitamin D deficiency (4), autism (5) and self-injurious behavior (6).  Review of the facility's "Incident Reports" revealed two injuries of unknown origin dated 2/17/16 and 4/7/16 for individual # 4.  The "Incident Report" dated 2/17/16 for Individual # 4 documented, "Significant and Serious Incidents: Bruising or injury of unknown origin." Under "Incident /Behavior" it documented, "Staff noticed a large black spot on her right buttocks." Under the heading "Clinical Director Notes" it documented, "Reviewed. (Name of Clinical Director) [ASM (administrative staff member) # 3], clinical director of another group home.  The "Incident Report" dated 4/7/16 for Individual # 4 documented, "Significant and Serious Incidents: Bruising or injury of unknown origin." Under "Incident /Behavior" it documented, "(Individual # 4) had a dark spot the size of a fingertip semi-circular in shape on her right bicep." Further review of the "Incident Report" dated 4/7/16 failed to document clinical director's notes.  On 1/24/17 at 1:45 p.m. an interview was conducted with ASM # 1 (Name of Group Home) program manager. When asked about the process staff follows for incidents of injuries of unknown origin, ASM # 1 stated, "We interview the staff, Individual and day program staff if necessary. If it needs further investigation it's				
W 154	W154  The Program Manager will review individual #4 incident reports that were dated 2/17/16 and 4/7/16 to ensure that it is documented accurate and thorough. 3/8/17  The Program Manager will evaluate and determine if this incident should be reported to Human Rights, APS, and Licensure.  The Program Manager, Clinical Director and/or Mission Effectiveness will conduct a fact finding and document the findings on the incident report to initiate an investigation.  The Clinical Director will schedule an IDT and develop a corrective action plan and recommendations if needed.  The Program Manager and Clinical Director will review incidents involving all other individuals to ensure that they are investigated thoroughly.  The Clinical Director will review this process to ensure compliance to prevent further deficiencies.				

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W 154	Continued From page 14  given to 'Mission Effectiveness'. It's a team from the corporate office who reviews all incidents and determines if further investigations are required." When asked for the investigations for Individual # 4's incidents of injury of unknown origin dated 2/17/16 and 4/7/16, ASM # 1 stated that there was another clinical director (ASM # 4) who was covering (Name of Group Home). ASM # 1 stated she would contact ASM # 4 regarding the investigations.  On 1/25/17 at approximately 3:40 p.m. ASM # 1 provided this surveyor with a copy of an email from ASM # 4 in regard to the incidents dated 2/17/16 and 4/7/16.  The email dated 1/25/17 at 3:32 p.m. from ASM # 4 documented, "I don't remember keeping any records specific to the incidents. This is an oversight because the incident was supposed to have been changed to 'known', thereby not necessitating further probing."  On 1/25/17 at 4:40 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.	W 154			
W 159	483.430(a) QIDP  Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. This STANDARD is not met as evidenced by: Based on residential program record reviews, day program record review and staff interview, it was determined that the QIDP (Qualified	W 159			

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(X5) COMPLETION DATE			

W 159 Continued From page 15

Intellectual Disabilities Professional) failed to coordinate and monitor the individuals' active treatment programs for three of five individuals in the survey sample, Individuals # 1, # 2 and # 3.

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

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

c. The QIDP failed to ensure Individual # 1's ISP for social skills, ADLs (Activities for Daily Living) and medication administration were implemented.

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

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

c. The QIDP failed to ensure Individual # 2's ISP for ADLs (Activities of Daily Living); fine motor skills; restroom use and medication management were implemented.

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

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

c. The QIDP failed to ensure Individual # 3's ISP

W 159

W159

The QMRP will revise individuals #1, 2, and 3's Person Center Plan outcomes/goals into measurable terms.

3/8/17

The QMRP will update their goals to ensure that it is accurately reflect the needs of individuals #1,2,& 3.

The Program Manager/QMRP will review all other individual's outcomes objectives to ensure that it accurately reflects their needs and it is incorporated within the Person Center Plan.

The Program Manager/QMRP will provide training to all staff to review all individual's Person Center Plans within the next staff meeting.

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

The Program Manager/QMRP will conduct monthly assessments to ensure that all services and needs are met and are accurately reflected on the QMRP note.

The Clinical Director will review within supervision with the Program Manager the documentation to support the coordination of services for each individual needs.



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W159	<p>Continued From page 16</p> <p>for ADLs (Activities of Daily Living); Leisure Time; Communication; Activity; Money Management; Participate in House Meetings; medication Management; Evacuation Drills were implemented.</p> <p>The findings include:</p> <p>1a. The QIDP failed to ensure objectives on the ISP (Individual Service Plan) for Individual # 1 were developed in measurable terms.</p> <p>Individual # 1 was a 35 year old male, who was admitted to (Name of Group Home) on 7/19/11. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), gastroesophageal reflux disease (2), dysphagia (3), history of seizure disorder (4), impulse control disorder (5) and anxiety (6).</p> <p>Individual # 1's current ISP dated 07/01/2016 through 07/01/2017 documented, "Desired Outcome: (Individual # 1) increases his social skills. "Support Activities: (Individual # 1) practices appropriate social interactions to increase his social skills. Support Instructions: 1. (Individual # 1) uses proper etiquette for conversation; active listening, body language, tone of voice, personal boundaries, appropriate subject matter, etc. 2. Staff provides support and assistance as needed. Frequency: Daily. Amount: Continually. Support Activities: (Individual # 1) engages in activities with others. Support Instructions: 1. (Individual # 1) chooses an activity, i.e.: drawing painting, exercising, board games, video games, etc. 2. (Individual # 1) invites his housemates and/or staff members</p>		W159	<p>The QMRP will revise the outcome/objectives into measurable terms to collect appropriate data for individuals #1,2, &amp; 3.</p> <p>The Program Manager/QMRP will update the Person Center Plan to incorporate these changes for those individuals.</p> <p>The Program Manager/QMRP will complete this process for all other individuals to prevent further deficiencies.</p> <p>The Program Manager/QMRP will continue to monitor to ensure that all service needs of the individuals are accurately reflected through the use of weekly operation meetings.</p> <p>The Clinical Director will review within supervision with the Program Manager for documentation to support the coordination of services for each individual.</p>	3/8/17
			W159	<p>The QMRP will revise the individuals outcomes/objectives to ensure that it accurately reflect their needs:</p> <ol style="list-style-type: none"> <li>1: Social Skills, ADLs, and Medication Administration</li> <li>2: ADL's, Fine Motor Skills, Restroom use, and Medication management.</li> <li>3: ADL's, Leisure Time, Communication, Activity, Money Management, and Evacuation Drills.</li> </ol> <p>The Program Manager/QMRP will review all individual's outcomes/objectives to ensure that it accurately reflects their needs and it is incorporated within the Person Center Plan.</p> <p>The Program Manager/QMRP will provide training to all staff to review all individual's Person Center Plans within the next staff meeting. The Program Manager will provide supervision to all staff to ensure that the Person Center Plan accurately reflects the needs and is implemented appropriately.</p> <p>The Program Manager/QMRP will conduct monthly assessments to ensure that all services and needs are met and are accurately reflected on the QMRP note.</p> <p>The Clinical Director will review within supervision with the Program Manager the documentation to support the coordination of services for each individual needs</p>	3/8/17

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W 159	Continued From page 17 to participate in the selected activity. 3. Staff provides support and assistance as needed. Frequency: Weekly. Amount: 15 minutes.  "Desired Outcome: (Individual # 1) practices his ADLs to increase his independence. "Support Activities: (Individual # 1) maintains his room's appearance. Support Instructions: 1. (Individual # 1) recognizes when his room is out of order. 2. (Individual # 1) keeps his floor clean of clutter. 3. (Individual # 1) keeps his belongings organized; DVDs (Digital Versatile Disc), CDs (compact disk), laundry, pictures, etc. 4. Staff provides support and assistance as needed. Frequency: Daily. Amount: 15 minutes. Support Activities: (Individual # 1) completes his oral hygiene. Support Instructions: 1. (Individual # 1) retrieves his toothbrush from the cabinet. 2. (Individual # 1) put water and toothpaste on his toothbrush. 3. (Individual # 1) brushes his teeth. 4. (Individual # 1) flosses and rinses. Staff follows up with (Individual # 1) to ensure his teeth have been thoroughly cleaned. Frequency: Daily. Amount: 15 minutes. Support Activities: (Individual # 1) grooms his facial hair. Support Instructions: 1. (Individual # 1) chooses a style of facial hair, clean shave, goatee, beard, mustache, etc. 2. (Individual # 1) gets his grooming supplies. 3. (Individual # 1) grooms his facial hair. 4. Staff provides support and assistance as needed. Frequency: Daily. Amount: 15 minutes. Support Activities: (Individual # 1) his laundry. Support Instructions: 1. (Individual # 1) chooses when he is ready to do his laundry. 2. (Individual # 1) takes his dirty clothes to the laundry room and places them in the water. 3. (Individual # 1) selects the appropriate cycle and soap amount. 4. (Individual # 1) adds the soap and starts the washer. 5. (Individual # 1) puts his washed	W 159			

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W 159	Continued From page 18 clothes in the dryer. 6. (Individual # 1) selects the dryer cycle and starts the dryer. 7. (Individual # 1) takes his clean clothes to his room and puts them away. 8. Staff provides support and assistance as needed. Frequency: Daily. Amount: 30 minutes."  "Desired Outcome: (Individual # 1) utilizes his community resources. Support Activities: (Individual # 1) participates in volunteer and outings and activities. Support Instructions: 1. (Individual # 1) communicates his preference for volunteer outings and activities. 2. (Individual # 1) plans volunteer outings and activities. 3. (Individual # 1) participates in volunteer outings and activities of his choice. 4. Staff provides support and assistance as needed. Frequency: Monthly. Amount: 30 minutes. Support Activities: (Individual # 1) tries new activities. Support Instructions: 1. (Individual # 1) chooses a new activity he would like to try. 2. (Individual # 1) schedules the activity. 3. (Individual # 1) Participates in the activity. 4. Staff provides support and assistance as needed. Frequency: Monthly. Amount: 15 minutes. Support Activities: (Individual # 1) develops new abilities. Support Instructions: (Individual # 1) choose a new ability he would like to develop. 2. (Individual # 1) schedules a time to practice developing his ability. 3. (Individual # 1) practices developing his ability. 4. Staff provides support and assistance as needed. Frequency: Monthly. Amount: 15 minutes."  "Desired Outcome: (Individual # 1) practices decision making to increase his personal control over things in his life. Support Activities: (Individual # 1) participates in the scheduled house meetings. Support Instructions: 1.	W 159		

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W 159	<p>Continued From page 19</p> <p>(Individual # 1) chooses to attend the scheduled house meeting. 2. (Individual # 1) will verbally communicate his preferences for community outings, meal choices, and other activities he would like to be available/participate in. 3. Staff provides support and assistance as needed. Frequency: Weekly. Amount: 30 minutes. Support Activities: (Individual # 1) has regular contact with his mom, dad and brother. Support Instructions: 1. (Individual # 1) chooses to contact his family. 2. (Individual # 1) uses the phone to contact his family. 3. (Individual # 1) chooses to schedule visits or outings with his mom, dad or brother. 4. (Individual # 1) schedules visits or outings with his mom, dad or brother. Staff provides support and assistance as needed. Frequency: Weekly. Amount: 15 minutes."</p> <p>"Desired Outcome: (Individual # 1) chooses to live a healthy lifestyle and increase his overall well-being. Support Activities: (Individual # 1) completes his medication administration. Support Instructions: 1. (Individual # 1) communicates when he is ready to complete his medication administration. 2. (Individual # 1) get his medication box out. 3. (Individual # 1) takes out the correct medication for administration. 4. (Individual # 1) explains his medication times, reason and dosage. 5. (Individual # 1) takes his medication as prescribed. (Individual # 1) puts his medication box away. 6. Staff provides supports and assistance as needed. Frequency: Daily. Amount: Continually."</p> <p>"Desired Outcome: (Individual # 1) maintains his safety. Support Activities: (Individual # 1) practices emergency evacuation drills. Support Instructions: 1. (Individual # 1) is notified when it</p>	W 159		

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W 159	Continued From page 20 is time to perform an emergency evacuation drill. 2. (Individual # 1) dresses appropriately. 3. (Individual # 1) exits the building in a safe and timely manner. 4. (Individual # 1) waits in the designated safety zone. 5. (Individual # 1) re-enters the building after it has been determined to be safe. 6. Staff provides supports and assistance as needed. Frequency: Monthly. Amount: Continually."  On 1/24/17 at 2:30 p.m. a meeting and interview was conducted in the presence of and with ASM (administrative staff member) # 1, program manager of (Name of Group Home), ASM # 2, clinical director of (Name of Group Home), OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and OSM # 3, the QIDP. OSM #1 was asked how outcomes for an individual's ISP are developed. OSM # 1 stated, "From multiple sources, input from family, the individual, the team (interdisciplinary team) using the individual's strengths, wants, needs and what is important to the individual." When asked the purpose of the ISP (Individual Service Plan), ASM #1 and OSM # 1 stated, "To teach various skills to develop a level of independence to the individual's potential." When asked about the outcomes being written/developed in measurable terms, ASM # 1, program manager of (Name of Group Home) and ASM # 2, the clinical director of (Name of Group Home) stated that all the outcomes, for all the individual's ISPs were reviewed and that none of them were written in measurable terms. They further stated that they were aware of the issue. When asked if it was the responsibility of the QIDP to review the outcomes and ensure they were written in measurable terms, OSM # 1 and ASM # 1 stated, "Yes."	W 159			

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NAME OF PROVIDER OR SUPPLIER  BRAMBLETON GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148			
(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 159	Continued From page 21			W 159			
	<p>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."</p> <p>On 1/25/17 at 4:40 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.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(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: <a href="https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100">https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</a>.</p> <p>(2) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information</p>						

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W 159	Continued From page 22 was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/geid.html">https://www.nlm.nih.gov/medlineplus/geid.html</a> .  (3) A swallowing disorder. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html">https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html</a> .  (4) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a> .  (5) Impulse control disorders are characterized by an inability to resist the impulse to perform an action that is harmful to one's self or others. This is a relatively new class of personality disorders, and the most common of these are intermittent explosive disorder, kleptomania, pyromania, compulsive gambling disorder, and trichotillomania. This information was obtained from the website: <a href="http://medical-dictionary.thefreedictionary.com/Impulse+Control+Disorders">http://medical-dictionary.thefreedictionary.com/Impulse+Control+Disorders</a> .  (6) Fear. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/anxiety.html#summary">https://www.nlm.nih.gov/medlineplus/anxiety.html#summary</a>  b. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 1 were in measurable terms.  The "Progress Note" for Individual # 1 dated 01/01/2017 through 01/07/2017 were reviewed.	W 159			

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W 159	Continued From page 23  The progress notes failed to evidence documentation of the data collection of Individual # 1's ISP outcome/goals in measurable terms.  On 1/24/17 at 2:30 p.m. a meeting and interview was conducted in the presence of and with ASM (administrative staff member) # 1, program manager of (Name of Group Home), ASM # 2, clinical director of (Name of Group Home), OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and OSM # 3, the QIDP. When asked about the progress notes or data collection being written/documented in measureable terms, ASM # 1, program manager of (Name of Group Home) and ASM # 2, the clinical director of (Name of Group Home) stated that all the progress notes for all the individuals were reviewed and that none of them were written in measurable terms. They further stated that they were aware of the issue. When asked if it was the responsibility of the QIDP to review the outcomes and ensure they were written in measurable terms, OSM # 1 and ASM # 1 stated, "Yes."  On 1/25/17 at 4:40 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.  c. The QIDP failed to ensure Individual # 1's ISP (Individual Support Plan) for social skills, ADLs (Activities for Daily Living) and medication administration were implemented.  Individual # 1's current ISP dated 07/01/2016	W 159			



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W 159	Continued From page 24 through 07/01/2017 documented. "Desired Outcome: (Individual # 1) increases his social skills. "Support Activities: (Individual # 1) practices appropriate social interactions to increase his social skills. Support Instructions: 1. (Individual # 1) uses proper etiquette for conversation; active listening, body language, tone of voice, personal boundaries, appropriate subject matter, etc. 2. Staff provides support and assistance as needed. Frequency: Daily. Amount: Continually. Support Activities: (Individual # 1) engages in activities with others. Support Instructions: 1. (Individual # 1) chooses an activity, i.e.: drawing painting, exercising, board games, video games, etc. 2. (Individual # 1) invites his housemates and/or staff members to participate in the selected activity. 3. Staff provides support and assistance as needed. Frequency: Weekly. Amount: 15 minutes."  "Desired Outcome: (Individual # 1) practices his ADLs to increase his independence. "Support Activities: (Individual # 1) maintains his room's appearance. Support Instructions: 1. (Individual # 1) recognizes when his room is out of order. 2. (Individual # 1) keeps his floor clean of clutter. 3. (Individual # 1) keeps his belongings organized; DVDs (Digital Versatile Disc), CDs (compact disk), laundry, pictures, etc. 4. Staff provides support and assistance as needed. Frequency: Daily. Amount: 15 minutes. Support Activities: (Individual # 1) completes his oral hygiene. Support Instructions: 1. (Individual # 1) retrieves his toothbrush from the cabinet. 2. (Individual # 1) put water and toothpaste on his toothbrush. 3. (Individual # 1) brushes his teeth. 4. (Individual # 1) flosses and rinses. Staff follows up with (Individual # 1) to ensure his teeth have been thoroughly cleaned. Frequency: Daily. Amount:	W 159	

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W 159	Continued From page 25 15 minutes. Support Activities: (Individual # 1) grooms his facial hair. Support Instructions: 1. (Individual # 1) chooses a style of facial hair, clean shave, goatee, beard, mustache, etc. 2. (Individual # 1) gets his grooming supplies. 3. (Individual # 1) grooms his facial hair. 4. Staff provides support and assistance as needed. Frequency: Daily. Amount: 15 minutes. Support Activities: (Individual # 1) his laundry. Support Instructions: 1. (Individual # 1) chooses when he is ready to do his laundry. 2. (Individual # 1) takes his dirty clothes to the laundry room and places them in the water. 3. (Individual # 1) selects the appropriate cycle and soap amount. 4. (Individual # 1) adds the soap and starts the washer. 5. (Individual # 1) puts his washed clothes in the dryer. 6. (Individual # 1) selects the dryer cycle and starts the dryer. 7. (Individual # 1) takes his clean clothes to his room and puts them away. 8. Staff provides support and assistance as needed. Frequency: Daily. Amount: 30 minutes."  "Desired Outcome: (Individual # 1) chooses to live a healthy lifestyle and increase his overall well-being. Support Activities: (Individual # 1) completes his medication administration. Support Instructions: 1. (Individual # 1) communicates when he is ready to complete his medication administration. 2. (Individual # 1) get his medication box out. 3. (Individual # 1) takes out the correct medication for administration. 4. (Individual # 1) explains his medication times, reason and dosage. 5. (Individual # 1) takes his medication as prescribed. (Individual # 1) puts his medication box away. 6. Staff provides supports and assistance as needed. Frequency: Daily. Amount: Continually."	W 159	

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W 159 Continued From page 26

W 159

On 1/25/17 at approximately 12:00 p.m. Individual # 1's "Progress Notes" and data collection dated 01/01/2017 through 01/07/2017 were reviewed with ASM (administrative staff member) # 1, (Name of Group Home) program manager. Further review of the progress notes and data collection revealed Individual # 1's social skills program was implemented only five out of seven opportunities; the ADL program was implemented on only three out of seven opportunities; the medication administration program was implemented on only three out of seven opportunities.

On 1/25/17 at 2:45 p.m. an interview was conducted with OSM # 1, the QIDP (Qualified Intellectual Disabilities Professional). When asked about the documentation regarding Individual # 1's participation in their active treatment programs, OSM # 1 stated, "It should reflect the outcome statement and all parts of it. If the documentation does not reflect the outcome I cannot say that the active treatment program was implemented."

On 1/25/17 at 4:40 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.

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

Individual # 2 was a 29 year old male, who was admitted to (Name of Group Home) on 5/5/14.

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W 159	<p>Continued From page 27</p> <p>Diagnoses in the clinical record included but were not limited to: mild intellectual disability (1), spastic diplegia (2), gastroesophageal reflux disease (3), seizure disorder (4), renal calculi (right) side (5).</p> <p>Individual # 2's current ISP dated 07/01/2016 through 07/01/2017 documented,</p> <p>"Desired Outcome: I have opportunities in my schedule to practice decision making skills. Support Activities: (Individual # 2) plans his lunch and makes it. Support Instructions: 1. (Individual # 2) chooses what he wants for tomorrow's lunch. 2. (Individual # 2) chooses what he wants to be included in his lunch. 3. (Individual # 2) makes his lunch. 4. (Individual # 2) packs his lunch in his lunch box. 5. Staff provides support and assistance as needed. Frequency: Daily. Amount: Continually. Support Activities: (Individual # 2) chooses community outings he wants to participate in. Support Instructions: 1. (Individual # 2) attends the weekly house meetings to learn the updates and announcements regarding community outings/activities for the upcoming week. 2. (Individual # 2) communicates his preferences and ideas for outings he would like to participate in. 3. (Individual # 2) attends the scheduled community outing. 4. (Individual # 2) discusses reaction to the outing. 5. Staff provides support and assistance as needed. Frequency: Weekly. Amount: 45 minutes."</p> <p>"Desired Outcome: I will practice my ADLs (activities of daily living) daily. Support Activities: (Individual # 2) brushes his teeth. Support Instructions: 1. (Individual # 2) retrieves his toothbrush from his room.. 2. (Individual # 2)</p>	W 159	

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	W 159 Continued From page 28 applies toothpaste to his toothbrush. 3. (Individual # 2) brushes his teeth for 2 (two) minutes. 4. Staff provides support and assistance as needed. Frequency: Daily. Amount: 15 minutes. Support Activities: (Individual # 2) participates in his showering. Support Instructions: 1. (Individual # 2) soaps both arms and chest. 2. (Individual # 2) rinses both arms and chest. 3. Staff provides support and assistance as needed. Frequency: Daily. Amount: 30 minutes. Support Activities: Laundry. Support Instructions: 1. (Individual # 2) folds his clothes that he would put into his dresser. 2. (Individual # 2) puts his clothes away in his dresser. 3. Staff provides support and assistance as needed. Frequency: Daily. Amount: 30 minutes. Support Activities: PTs (Physical Therapies) [sic]. Support Instructions: 1. (Individual # 2) utilizes his adaptive equipment needed for PT (physical therapy). 2. (Individual # 2) completes a minimum of 3 (three) laps. 3. Staff provides support and assistance as needed. Frequency: Weekly. Amount: 45 minutes."	W 159	
	"Desired Outcome: I will increase my fine motor skills. Support Activities: (Individual # 2) chooses fine motor activities. Support Instructions: 1. (Individual # 2) chooses which activity he would like to participate for his fine motor skills, such as shredding paper/cutting paper, chopping/stirring/preparing meals, coloring, drawing, writing, or picking up playing cards. 2. (Individual # 2) completes an activity of his choosing. 3. Staff provides support and assistance as needed. Frequency: Weekly. Amount: 30 minutes."		
	"Desired Outcome: I will plan when I would like to make contact with my mom, dad and sister.		

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W 159	Continued From page 29 Support Activities: (Individual # 2) schedules visits with his family members. Support Instructions: 1. (Individual # 2) coordinates when he wants to make plans to visit his family via (by) phone calls to schedule a visit. 2. (Individual # 2) dials the phone numbers. 3. (Individual # 2) reviews his family visit schedule. 4. After the event (Individual # 2) discusses how the outing went and what he did. 5. Staff provides support and assistance as needed. Frequency: Weekly. Amount: 30 minutes. Support Activities: (Individual # 2) chooses one-on-one outings of his choice. Support Instructions: 1. (Individual # 2) plans and schedules his one on one outing. 2. (Individual # 2) attends his one on one outings that he chose. 3. Staff provides support and assistance as needed. Frequency: Weekly. Amount: 30 minutes.  "Desired Outcome: I will practice money management. Support Activities: (Individual # 2) practices money management. Support Instructions: 1. (Individual # 2) communicates which store he would like to go to and/or what type of item he is looking to purchase. 2. Before the outing, (Individual # 2) goes over his finances to ensure he has enough to cover the purchase. 3. Before purchasing his item, (Individual # 2) counts his personal spending money to the amount needed and pays the cashier. 4. After the outing, (Individual # 2) counts how much money he has spent and how much money he has left. 5. Staff provides support and assistance as needed. Frequency: Weekly. Amount: 30 minutes.  "Desired Outcome: I will increase my personal control in my life. Support Activities: (Individual # 2) will increase his personal control by using the	W 159			

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W 159	Continued From page 30 restroom independently. Support Instructions: 1. (Individual # 2) recognizes when he needs to use the restroom. 2. (Individual # 2) takes himself to the restroom. 3. (Individual # 2) uses the hand railings for support. 4. (Individual # 2) positions himself accordingly. 5. Staff provides support and assistance as needed. Frequency: Daily. Amount: 15 minutes."  "Desired Outcome: I will improve my health and safety by participating in my medication administration process. Support Activities: (Individual # 2) participates in his medication administration process. Support Instructions: 1. (Individual # 2) states when he is ready to take his medications. 2. (Individual # 2) chooses a private area he wants to take his medications. 3. (Individual # 2) chooses the correct medications. 4. (Individual # 2) reviews the names of medications, dosage and the reason for taking those medications. 5. (Individual # 2) safely takes his medications. 6. (Individual # 2) returns his medications to the box. 7. Staff provides support and assistance as needed. Frequency: Daily. Amount: Continually."  "Desired Outcome: I will manage my safety by participating in monthly emergency evacuation drills. Support Activities: 1. (Individual # 2) gets up and gets ready for the emergency evacuation drill; wearing appropriate clothing for the weather. 2. (Individual # 2) goes to the designated safety zone. 3. Once at the designated safety zone, (Individual # 2) waits until the emergency evacuation drill is over to ensure safety. 4. (Individual # 2) enters his home when the emergency evacuation drill is completed and it is safe to re-enter. 5. Staff provides supports and assistance as needed. Frequency: Monthly.	W 159			

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W 159	Continued From page 31 Amount: Continually.  On 1/24/17 at 2:30 p.m. a meeting and interview was conducted in the presence of and with ASM (administrative staff member) # 1, program manager of (Name of Group Home), ASM # 2, clinical director of (Name of Group Home), OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and OSM # 3, the QIDP. OSM # 1 was asked how outcomes for an individual's ISPs are developed. OSM # 1 stated, "From multiple sources, input from family, the individual, the team (interdisciplinary team) using the individual's strengths, wants, needs and what is important to the individual." When asked about the purpose of the ISP (Individual Service Plan), ASM #1 and OSM # 1 stated, "To teach various skills to develop a level of independence to the individual's potential." When asked about the outcomes being written/developed in measureable terms, ASM # 1, program manager of (Name of Group Home) and ASM # 2, the clinical director of (Name of Group Home) stated that all the outcomes for all the individual's ISPs were reviewed and that none of them were written in measurable terms. They further stated that they were aware of the issue. When asked if it was the responsibility of the QIDP to review the outcomes and ensure they were written in measurable terms, OSM # 1 and ASM # 1 stated, "Yes."  On 1/25/17 at 4:40 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.	W 159		



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		{X1} PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>49G052</b>		{X2} MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		{X3} DATE SURVEY COMPLETED  <b>01/26/2017</b>	
NAME OF PROVIDER OR SUPPLIER  <b>BRAMBLETON GROUP HOME</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>22755 SWEET ANDREA DRIVE ASHBURN, VA 20148</b>			
{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 159	Continued from page 32 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: < <a href="https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100">https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</a> >.  (2) A form of cerebral palsy, a neurological condition that usually appears in infancy or early childhood and permanently affects muscle control and coordination. Affected people have increased muscle tone which leads to spasticity (stiff or tight muscles and exaggerated reflexes) in the legs. The arm muscles are generally less affected or not affected at all. Other signs and symptoms may include delayed motor or movement milestones (i.e. rolling over, sitting, standing); walking on toes; and a "scissored" gait (style of walking). It occurs when the portion of the brain that controls movement is damaged or develops abnormally. This information was obtained from the website: <a href="https://rarediseases.info.nih.gov/diseases/9637/spastic-diplegia-cerebral-palsy">https://rarediseases.info.nih.gov/diseases/9637/spastic-diplegia-cerebral-palsy</a> .  (3) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a> .  (4) Symptoms of a brain problem. They happen			W 159			

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W 159	Continued From page 33 because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.ht ml</a> .  (5) A kidney stone is a solid mass made up of tiny crystals. One or more stones can be in the kidney or ureter at the same time. This information was obtained from the website: < <a href="https://medlineplus.gov/ency/article/000458.htm">https://medlineplus.gov/ency/article/000458.htm</a> >.  b. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 2 were in measurable terms.  The "Progress Note" for Individual # 2 dated 01/01/2017 through 01/07/2017 were reviewed. The progress notes failed to evidence documentation of the data collection of Individuat # 2's ISP outcome/goals in measurable terms.  On 1/24/17 at 2:30 p.m. a meeting and interview was conducted in the presence of and with ASM (administrative staff member) # 1, program manager of (Name of Group Home), ASM # 2, clinical director of (Name of Group Home), OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and QSM # 3, the QIDP. When asked about the progress notes or data collection being written/documented in measureable terms, ASM # 1, program manager of (Name of Group Home) and ASM # 2, the clinical director of (Name of Group Home) stated that the progress notes for all the individuals were reviewed and that none of them	W 159		

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NAME OF PROVIDER OR SUPPLIER  <b>BRAMBLETON GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>22755 SWEET ANDREA DRIVE ASHBURN, VA 20148</b>
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W 159 Continued From page 34 W 159

were written in measurable terms. They further stated that they were aware of the issue.

On 1/25/17 at 4:40 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.

c. The QIDP failed to ensure Individual # 2's ISP (Individual Support Plan) for ADLs (Activities of Daily Living), fine motor skills; restroom use and medication management were implemented.

Individual # 2's current ISP dated 07/01/2016 through 07/01/2017 documented,

"Desired Outcome: I will practice my ADLs daily.  
Support Activities: (Individual # 2) brushes his teeth. Support Instructions: 1. (Individual # 2) retrieves his toothbrush from his room.. 2. (Individual # 2) applies toothpaste to his toothbrush. 3. (Individual # 2) brushes his teeth for 2 (two) minutes. 4. Staff provides support and assistance as needed. Frequency: Daily. Amount: 15 minutes. Support Activities: (Individual # 2) participates in his showering. Support Instructions: 1. (Individual # 2) soaps both arms and chest. 2. (Individual # 2) rinses both arms and chest. 3. Staff provides support and assistance as needed. Frequency: Daily. Amount: 30 minutes. Support Activities: Laundry. Support Instructions: 1. (Individual # 2) folds his clothes that he would put into his dresser. 2. (Individual # 2) puts his clothes away in his dresser. 3. Staff provides support and assistance as needed. Frequency: Daily.

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NAME OF PROVIDER OR SUPPLIER  <b>BRAMBLETON GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>22755 SWEET ANDREA DRIVE ASHBURN, VA 20148</b>		
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W 159	Continued From page 35 Amount: 30 minutes. Support Activities: PTs (Physical Therapies) [sic]. Support Instructions: 1. (Individual # 2) utilizes his adaptive equipment needed for PT (physical therapy). 2. (Individual # 2) completes a minimum of 3 (three) laps. 3. Staff provides support and assistance as needed. Frequency: Weekly. Amount: 45 minutes."  "Desired Outcome: I will increase my personal control in my life. Support Activities: (Individual # 2) will increase his personal control by using the restroom independently. Support Instructions: 1. (Individual # 2) recognizes when he needs to use the restroom. 2. (Individual # 2) takes himself to the restroom. 3. (Individual #2) uses the hand railings for support. 4. (Individual # 2) positions himself accordingly. 5. Staff provides support and assistance as needed. Frequency: Daily. Amount: 15 minutes."  "Desired Outcome: I will improve my health and safety by participating in my medication administration process. Support Activities: (Individual # 2) participates in his medication administration process. Support Instructions: 1. (Individual # 2) states when he is ready to take his medications. 2. (Individual # 2) chooses a private area he wants to take his medications. 3. (Individual # 2) chooses the correct medications. 4. (Individual # 2) reviews the names of medications, dosage and the reason for taking those medications. 5. (Individual # 2) safely takes his medications. 6. (Individual # 2) returns his medications to the box. 7. Staff provides support and assistance as needed. Frequency: Daily. Amount: Continually."  On 1/25/17 at approximately 12:55 p.m. Individual # 2's "Progress Notes" and data collection dated	W 159			

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W 159	Continued From page 36 01/01/2017 through 01/07/2017 were reviewed with ASM (administrative staff member) # 1, (Name of Group Home) program manager. Further review of the progress notes and data collection revealed Individual # 2's ADL program was implemented in zero of seven opportunities; the use of a restroom program was implemented in three of seven opportunities; the medication administration program was implemented in two of seven opportunities.  On 1/25/17 at 2:45 p.m. an interview was conducted with OSM # 1, (Name of Group Home) program manager. When asked about the documentation regarding Individual # 2's participation in their active treatment programs, OSM # 1 stated, "It should reflect the outcome statement and all parts of it. If the documentation does not reflect the outcome I cannot say that the active treatment program was implemented."  On 1/25/17 at 4:40 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.  3a. The QIDP failed to ensure objectives on the ISP for Individual # 3 were developed in measurable terms.  Individual # 3 was a 28 year old female, who was admitted to (Name of Group Home) on 9/22/11. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), gastroesophageal reflux disease (2), seizure	W 159		

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NAME OF PROVIDER OR SUPPLIER  BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 159	Continued From page 37 disorder (3), and anxiety (4).  Individual #3's current ISP dated 10/01/2016 through 09/30/2017 documented,  "Desired Outcome: (Individual # 3) communicates her preferences to others. Support Activities: (Individual # 3) effectively communicates with others. Support Instructions: 1. (Individual # 3) communicates her wants her wants and needs. 2. Staff provides support and assistance as needed. Frequency: Daily. Amount: Continually. Support Activities: (Individual # 3) chooses a variety of activities and outings to participate in. Support Instructions: 1. (Individual # 3) chooses an activity she wants to participate in. 2. (Individual # 3) schedules her activity and attends it. 3. At the end of the activity, (Individual # 3) shares her thoughts about it. 4. Staff provides supports and assistance as needed. Frequency: Monthly. Amount: 30 minutes. Support Activities: (Individual # 3) contributes her ideas during house meetings. Support Instructions: 1. (Individual # 3) attends the house meetings. 2. (Individual # 3) communicates her preferences during the house meeting. 3. Staff provides support and assistance as needed. Frequency: Weekly. Amount: 30 minutes. Support Activities: (Individual # 3) participates in menu planning. Support Instructions: 1. (Individual # 3) communicates what meals and snacks she would like to have for the week. 2. Staff provides support and assistance as needed. Frequency: Monthly. Amount: 30 minutes."  "Desired Outcome: (Individual # 3) has a flexible schedule to complete her ADLs. Support Activities: (Individual # 3) picks out her clothes for the day. Support Instructions: 1. (Individual # 3)	W 159			

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W t59	Continued From page 38 decides what she would like to wear (for the day and bedtime). 2. (Individual # 3) gets dressed. 3. Staff provides support and assistance as needed. Frequency: Daily. Amount: 30 minutes. Support Activities: (Individual # 3) brushes her teeth. Support Instructions: 1. (Individual # 3) prepares her toothbrush with toothpaste. 2. (Individual # 3) brushes her teeth. 3. Staff check (Individual # 3's) teeth to ensure they have been thoroughly cleaned. 4. Staff provides support and assistance as needed. Frequency: Daily. Amount: 15 minutes. Support Activities: (Individual # 3) shower/bathes herself. Support Instructions: 1. (Individual # 3) uses the hand rails when entering and exiting the shower. 2. (Individual # 3) prepares her wash cloth with soap and washes her body. 3. (Individual # 3's) rinses the soap off her body. 4. Staff provides support and assistance as needed. Frequency: Daily. Amount: 30 minutes. Support Activities: (Individual # 3) completes household chores. Support Instructions: 1. (Individual # 3) chooses what household chore(s) she wants to do. 2. (Individual # 3) follows through with completing the chore of her choice. 3. Staff provides support and assistance as needed. Frequency: Daily. Amount: 30 minutes. Support Activities: (Individual # 3) participates in meal preparation. Support Instructions: 1. (Individual # 3) chooses a meal to cook. 2. (Individual # 3) makes a grocery list and shops for the needed items. 3. (Individual # 3) follows a recipe and prepares the meal. 4. Staff provides support and assistance as needed. Frequency: Monthly. Amount: 30 minutes."  "Desired Outcome: (Individual # 3) enjoys a healthy lifestyle. Support Activities: (Individual # 3) participates in a physical activity and/or	W t59		



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NAME OF PROVIDER OR SUPPLIER  BRAMBLETON GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 159	Continued From page 39 exercise for 15-30 minutes. Support Instructions: 1. (Individual # 3) decides what physical activity or exercise she would like to participate in. 2. (Individual # 3) actively participates in her exercises or physical activity. 3. Staff provides support and assistance as needed. Frequency: Daily. Amount: 30 minutes."  "Desired Outcome: (Individual # 3) increases her social and living skills. Support Activities: (Individual # 3) participates in her medication administration. Support Instructions: 1. (Individual # 3) notifies staff when it is time for her to take her medication. 2. (Individual # 3) gets a cup of water. 3. (Individual # 3) gets her medication box out and chooses the correct medication for that time. 4. (Individual # 3) reviews her medication. 5. (Individual # 3) takes her medication. 6. (Individual # 3) returns her medication box to the closet. 7. Staff provides support and assistance as needed. Frequency: Daily. Amount: 30 minutes. Support Activities: (Individual # 3) manages her money. Support Instructions: 1. (Individual # 3) reviews her balance and counts her money weekly. 2. (Individual # 3) chooses which items/services she would like to buy. 3. (Individual # 3) pays for her purchase and collects her receipt. 4. (Individual # 3) balances her money. 5. Staff provides support and assistance as needed. Frequency: Weekly. Amount: 60 minutes. Support Activities: (Individual # 3) participates in emergency evacuation drills. Support Instructions: 1. (Individual # 3) acknowledges the emergency evacuation drill. 2. (Individual # 3) makes sure she is dressed appropriately. 3. (Individual # 3) walks to the designated safe zone. 4. (Individual # 3) remains in the safe zone until she is notified it is safe to return inside the building. 5. Staff	W 159		

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	<p>W 159 Continued From page 40</p> <p>provides support and assistance as needed. Frequency: Monthly. Amount: 15 minutes."</p> <p>On 1/24/17 at 2:30 p.m. a meeting and interview was conducted in the presence of and with ASM (administrative staff member) # 1, program manager of (Name of Group Home), ASM # 2, clinical director of (Name of Group Home), OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and OSM # 3, the QIDP. OSM # 1 was asked how outcomes for an individual's ISPs are developed. OSM # 1 stated, "From multiple sources, input from family, the individual, the team (interdisciplinary team) using the individual's strengths, wants, needs and what is important to the individual." When asked about the purpose of the ISP (Individual Service Plan), ASM #1 and OSM # 1 stated, "To teach various skills to develop a level of independence to the individual's potential." When asked about the outcomes being written/developed in measureable terms, ASM # 1, program manager of (Name of Group Home) and ASM # 2, the clinical director of (Name of Group Home) stated the outcomes for all the individual's ISPs were reviewed and that none of them were written in measurable terms. They further stated that they were aware of the issue. When asked if it was the responsibility of the QIDP to review the outcomes and ensure they were written in measurable terms, OSM # 1 and ASM # 1 stated, "Yes."</p> <p>On 1/25/17 at 4:40 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.</p> <p>No further information was provided prior to exit.</p>	W 159	

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W 159	Continued From page 41	W 159		
	<p>References:</p> <p>(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: <a href="https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100">https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</a>.</p> <p>(2) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a>.</p> <p>(3) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a>.</p> <p>(4) Fear. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/anxiety.html#summary">https://www.nlm.nih.gov/medlineplus/anxiety.html#summary</a>.</p> <p>b. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 3 were in measurable terms.</p> <p>The "Progress Note" for Individual # 3 dated 01/01/2017 through 01/07/2017 were reviewed.</p>			

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(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 150	Continued From page 42 The progress notes failed to evidence documentation of the data collection of Individual # 3's ISP outcome/goals in measurable terms.  On 1/24/17 at 2:30 p.m. a meeting and interview was conducted in the presence of and with ASM (administrative staff member) # 1, program manager of (Name of Group Home), ASM # 2, clinical director of (Name of Group Home), OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and OSM # 3, the QIDP. When asked about the progress notes or data collection being written/documented in measureable terms, ASM # 1, program manager of (Name of Group Home) and ASM # 2, the clinical director of (Name of Group Home) stated that the progress notes for all the individuals were reviewed and that none of them were written in measurable terms. They further stated that they were aware of the issue.  On 1/25/17 at 4:40 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.  c. The QIDP failed to ensure Individual # 3's ISP (Individual Support Plan) for ADLs (Activities of Daily Living), Leisure Time, Communication; Activity, Money Management; Participate in House Meetings; medication Management; Evacuation Drills were implemented.  Individual #3's current ISP dated 10/01/2016 through 09/30/2017 documented,	W 159		

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W 159	Continued From page 43 "Desired Outcome: (Individual # 3) communicates her preferences to others. Support Activities: (Individual # 3) effectively communicates with others. Support Instructions: 1. (Individual # 3) communicates her wants her wants and needs. 2. Staff provides support and assistance as needed. Frequency: Daily. Amount: Continually. Support Activities: (Individual # 3) chooses a variety of activities and outings to participate in. Support Instructions: 1. (Individual # 3) chooses an activity she wants to participate in. 2. (Individual # 3) schedules her activity and attends it. 3. At the end of the activity, (Individual # 3) shares her thoughts about it. 4. Staff provides supports and assistance as needed. Frequency: Monthly. Amount: 30 minutes. Support Activities: (Individual # 3) contributes her ideas during house meetings. Support Instructions: 1. (Individual # 3) attends the house meetings. 2. (Individual # 3) communicates her preferences during the house meeting. 3. Staff provides support and assistance as needed. Frequency: Weekly. Amount: 30 minutes. Support Activities: (Individual # 3) participates in menu planning. Support Instructions: 1. (Individual # 3) communicates what meals and snacks she would like to have for the week. 2. Staff provides support and assistance as needed. Frequency: Monthly. Amount: 30 minutes."  "Desired Outcome: (Individual # 3) has a flexible schedule to complete her ADLs. Support Activities: (Individual # 3) picks out her clothes for the day. Support Instructions: 1. (Individual # 3) decides what she would like to wear (for the day and bedtime). 2. (Individual # 3) gets dressed. 3. Staff provides support and assistance as needed. Frequency: Daily. Amount: 30 minutes. Support Activities: (Individual # 3) brushes her teeth.	W 159			

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W 159	Continued From page 44 Support Instructions: 1. (Individual # 3) prepares her toothbrush with toothpaste. 2. (Individual # 3) brushes her teeth. 3. Staff check (Individual # 3's) teeth to ensure they have been thoroughly cleaned. 4. Staff provides support and assistance as needed. Frequency: Daily. Amount: 15 minutes. Support Activities: (Individual # 3) shower/bathes herself. Support Instructions: 1. (Individual # 3) uses the hand rails when entering and exiting the shower. 2. (Individual # 3) prepares her wash cloth with soap and washes her body. 3. (Individual # 3's) rinses the soap off her body. 4. Staff provides support and assistance as needed. Frequency: Daily. Amount: 30 minutes. Support Activities: (Individual # 3) completes household chores. Support Instructions: 1. (Individual # 3) chooses what household chore(s) she wants to do. 2. (Individual # 3) follows through with completing the chore of her choice. 3. Staff provides support and assistance as needed. Frequency: Daily. Amount: 30 minutes. Support Activities: (Individual # 3) participates in meal preparation. Support Instructions: 1. (Individual # 3) chooses a meal to cook. 2. (Individual # 3) makes a grocery list and shops for the needed items. 3. (Individual # 3) follows a recipe and prepares the meal. 4. Staff provides support and assistance as needed. Frequency: Monthly. Amount: 30 minutes."  "Desired Outcome: (Individual # 3) enjoys a healthy lifestyle. Support Activities: (Individual # 3) participates in a physical activity and/or exercise for 15-30 minutes. Support Instructions: 1. (Individual # 3) decides what physical activity or exercise she would like to participate in. 2. (Individual # 3) actively participates in her exercises or physical activity. 3. Staff provides		W 159		

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W 159	Continued From page 45 support and assistance as needed. Frequency: Daily. Amount: 30 minutes."  "Desired Outcome: (Individual # 3) increases her social and living skills. Support Activities: (Individual # 3) participates in her medication administration. Support Instructions: 1. (Individual # 3) notifies staff when it is time for her to take her medication. 2. (Individual # 3) gets a cup of water. 3. (Individual # 3) gets her medication box out and chooses the correct medication for that time. 4. (Individual # 3) reviews her medication. 5. (Individual # 3) takes her medication. 6. (Individual # 3) returns her medication box to the closet. 7. Staff provides support and assistance as needed. Frequency: Daily. Amount: 30 minutes. Support Activities: (Individual # 3) manages her money. Support Instructions: 1. (Individual # 3) reviews her balance and counts her money weekly. 2. (Individual # 3) chooses which items/services she would like to buy. 3. (Individual # 3) pays for her purchase and collects her receipt. 4. (Individual # 3) balances her money. 5. Staff provides support and assistance as needed. Frequency: Weekly. Amount: 60 minutes. Support Activities: (Individual # 3) participates in emergency evacuation drills. Support Instructions: 1. (Individual # 3) acknowledges the emergency evacuation drill. 2. (Individual # 3) makes sure she is dressed appropriately. 3. (Individual # 3) walks to the designated safe zone. 4. (Individual # 3) remains in the safe zone until she is notified it is safe to return inside the building. 5. Staff provides support and assistance as needed. Frequency: Monthly. Amount: 15 minutes."	W 159			
	On 1/25/17 at approximately 1:35 p.m. Individual # 3's "Progress Notes" and data collection dated				

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W 159	Continued From page 46 01/01/2017 through 01/07/2017 were reviewed with ASM (administrative staff member) # 1, (Name of Group Home) program manager. Further review of the progress notes and data collection revealed Individual # 3's communication, medication administration and money management programs were implemented on zero out of seven opportunities; the ADL program was implemented on one out of seven opportunities; the healthy lifestyle program was implemented on two out of seven opportunities.  On 1/25/17 at 2:45 p.m. an interview was conducted with OSM # 1, (Name of Group Home) program manager. When asked about the documentation regarding Individual # 3's participation in their active treatment programs, OSM # 1 stated, "It should reflect the outcome statement and all parts of it. If the documentation does not reflect the outcome I cannot say that the active treatment program was implemented."  On 1/25/17 at 4:40 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.	W 159			
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: Based on staff interview, clinical record review	W 231			



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			(X6) COMPLETION DATE

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and facility document review it was determined that the facility staff failed to develop objectives in measurable terms for three of four 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 # 1: "Social Skills; ADLs (Activities of Daily Living); Community Resources; Personal Control; Medication Administration; and Evacuation Drills."

2. The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 2: "ADLs (Activities of Daily Living); Fine Motor Skills; Plan Visits with Family; Money Management; Restroom Use; Medication Management; and Evacuation Drills."

3. The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 3: "ADLs (Activities of Daily Living); Leisure Time; Communication; Activity; Money Management; Participate in House Meetings; medication Management; and Evacuation Drills."

The findings include:

1. The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 1: "Social Skills; ADLs (Activities of Daily Living); Community Resources; Personal Control; Medication Administration; and Evacuation Drills."

Individual # 1 was a 35 year old male, who was admitted to (Name of Group Home) on 7/19/11.

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The QMRP will revise the Individuals outcomes/objectives to ensure that it accurately reflect their needs.

3/8/17

- 1: Social Skills, ADLs, Medication Administration, Community Resources, Personal Control, and Evacuation Drills
- 2: ADL's, Fine Motor Skills, Restroom use, Medication management, Plan Visits with Family, Money Management, and Evacuation Drills.
- 3: ADL's, Leisure Time, Communication, Activity, Money Management, Medication Administration, Participate in House Meetings and Evacuation Drills.

The Program Manager/QMRP will review all Individual's outcomes/ objectives to ensure that it accurately reflects their needs and it is incorporated within the Person Center Plan.

The Program Manager/QMRP will provide training to all staff to review all individual's Person Center Plans within the next staff meeting. The program Manager will provide supervision to all staff to ensure that the Person Center Plan accurately reflects the needs and is implemented appropriately.

The Program Manager/QMRP will conduct monthly assessments to ensure that all services and needs are met and are accurately reflected on the QMRP note.

The Clinical Director will review within supervision with the Program Manager the documentation to support the coordination of services for each individual needs

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W 231	Continued From page 48  Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), gastroesophageal reflux disease (2), dysphagia (3), history of seizure disorder (4), impulse control disorder (5) and anxiety (6).  Individual # 1's current ISP dated 07/01/2016 through 07/01/2017 documented,  "Desired Outcome: (Individual # 1) increases his social skills. "Support Activities: (Individual # 1) practices appropriate social interactions to increase his social skills. Support Instructions: 1. (Individual # 1) uses proper etiquette for conversation; active listening, body language, tone of voice, personal boundaries, appropriate subject matter, etc. 2. Staff provides support and assistance as needed. Frequency: Daily. Amount: Continually. Support Activities: (Individual # 1) engages in activities with others. Support Instructions: 1. (Individual # 1) chooses an activity, i.e.: drawing painting, exercising, board games, video games, etc. 2. (Individual # 1) invites his housemates and/or staff members to participate in the selected activity. 3. Staff provides support and assistance as needed. Frequency: Weekly. Amount: 15 minutes."  "Desired Outcome: (Individual # 1) practices his ADLs to increase his independence. "Support Activities: (Individual # 1) maintains his room's appearance. Support Instructions: 1. (Individual # 1) recognizes when his room is out of order. 2. (Individual # 1) keeps his floor clean of clutter. 3. (Individual # 1) keeps his belongings organized; DVDs (Digital Versatile Disc), CDs (compact disk), laundry, pictures, etc. 4. Staff provides support and assistance as needed. Frequency: Daily. Amount: 15 minutes. Support Activities:	W 231			

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			(X5) COMPLETION DATE

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(Individual # 1) completes his oral hygiene. Support Instructions: 1. (Individual # 1) retrieves his toothbrush from the cabinet. 2. (Individual # 1) put water and toothpaste on his toothbrush. 3. (Individual # 1) brushes his teeth. 4. (Individual # 1) flosses and rinses. Staff follows up with (Individual # 1) to ensure his teeth have been thoroughly cleaned. Frequency: Daily. Amount: 15 minutes. Support Activities: (Individual # 1) grooms his facial hair. Support Instructions: 1. (Individual # 1) chooses a style of facial hair, clean shave, goatee, beard, mustache, etc. 2. (Individual # 1) gets his grooming supplies. 3. (Individual # 1) grooms his facial hair. 4. Staff provides support and assistance as needed. Frequency: Daily. Amount: 15 minutes. Support Activities: (Individual # 1) his laundry. Support Instructions: 1. (Individual # 1) chooses when he is ready to do his laundry. 2. (Individual # 1) takes his dirty clothes to the laundry room and places them in the water. 3. (Individual # 1) selects the appropriate cycle and soap amount. 4. (Individual # 1) adds the soap and starts the washer. 5. (Individual # 1) puts his washed clothes in the dryer. 6. (Individual # 1) selects the dryer cycle and starts the dryer. 7. (Individual # 1) takes his clean clothes to his room and puts them away. 8. Staff provides support and assistance as needed. Frequency: Daily. Amount: 30 minutes."

"Desired Outcome: (Individual # 1) utilizes his community resources. Support Activities: (Individual # 1) participates in volunteer and outings and activities. Support Instructions: 1. (Individual # 1) communicates his preference for volunteer outings and activities. 2. (Individual # 1) plans volunteer outings and activities. 3. (Individual # 1) participates in volunteer outings

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and activities of his choice. 4. Staff provides support and assistance as needed. Frequency: Monthly. Amount: 30 minutes. Support Activities: (Individual # 1) tries new activities. Support Instructions: 1. (Individual # 1) chooses a new activity he would like to try. 2. (Individual # 1) schedules the activity. (Individual # 1) 3. Participates in the activity. 4. Staff provides support and assistance as needed. Frequency: Monthly. Amount: 15 minutes. Support Activities: (Individual # 1) develops new abilities. Support Instructions: (Individual # 1) choose a new ability he would like to develop. 2. (Individual # 1) schedules a time to practice developing his ability. 3. (Individual # 1) practices developing his ability. 4. Staff provides support and assistance as needed. Frequency: Monthly. Amount: 15 minutes."

"Desired Outcome: (Individual # 1) practices decision making to increase his personal control over things in his life. Support Activities: (Individual # 1) participates in the scheduled house meetings. Support Instructions: 1. (Individual # 1) chooses to attend the scheduled house meeting. 2. (Individual # 1) will verbally communicate his preferences for community outings, meal choices, and other activities he would like to be available/participate in. 3. Staff provides support and assistance as needed. Frequency: Weekly. Amount: 30 minutes. Support Activities: (Individual # 1) has regular contact with his mom, dad and brother. Support Instructions: 1. (Individual # 1) chooses to contact his family. 2. (Individual # 1) uses the phone to contact his family. 3. (Individual # 1) chooses to schedule visits or outings with his mom, dad or brother. 4. (Individual # 1) schedules visits or outings with his mom, dad or

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W 231	Continued From page 51 brother. Staff provides support and assistance as needed. Frequency: Weekly. Amount: 15 minutes.  "Desired Outcome: (Individual # 1) chooses to live a healthy lifestyle and increase his overall well-being. Support Activities: (Individual # 1) completes his medication administration. Support Instructions: 1. (Individual # 1) communicates when he is ready to complete his medication administration. 2. (Individual # 1) get his medication box out. 3. (Individual # 1) takes out the correct medication for administration. 4. (Individual # 1) explains his medication times, reason and dosage. 5. (Individual # 1) takes his medication as prescribed. (Individual # 1) puts his medication box away. 6. Staff provides supports and assistance as needed. Frequency: Daily. Amount: Continually."  "Desired Outcome: (Individual # 1) maintains his safety. Support Activities: (Individual # 1) practices emergency evacuation drills. Support Instructions: 1. (Individual # 1) is notified when it is time to perform an emergency evacuation drill. 2. (Individual # 1) dresses appropriately. 3. (Individual # 1) exits the building in a safe and timely manner. 4. (Individual # 1) waits in the designated safety zone. 5. (Individual # 1) re-enters the building after it has been determined to be safe. 6. Staff provides supports and assistance as needed. Frequency: Monthly. Amount: Continually."  On 1/24/17 at 2:30 p.m. a meeting and interview was conducted in the presence of and with ASM (administrative staff member) # 1, program manager of (Name of Group Home), ASM # 2, clinical director of (Name of Group Home), OSM	W 231			

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W 231	Continued From page 52  (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and OSM # 3, the QIDP. OSM # 1 was asked how outcomes for the individual's ISPs are developed. OSM # 1 stated, "From multiple sources, input from family, the individual, the team (interdisciplinary team) using the individual's strengths, wants, needs and what is important to the individual." When asked about the purpose of the ISP (Individual Service Plan), ASM #1 and OSM # 1 stated, "To teach various skills to develop a level of independence to the individual's potential." When asked about the outcomes being written/developed in measureable terms, ASM # 1, program manager of (Name of Group Home) and ASM # 2, the clinical director of (Name of Group Home) stated the outcomes for all the individual's ISPs were reviewed and none of them were written in measurable terms. They further stated that they were aware of the issue.  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 1/25/17 at 4:40 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.	W 231			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  01/26/2017
NAME OF PROVIDER OR SUPPLIER  BRAMBLETON GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(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 53	W 231		
	<p>References:</p> <p>(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: <a href="https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100">https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</a>.</p> <p>(2) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a>.</p> <p>(3) A swallowing disorder. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html">https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html</a>.</p> <p>(4) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a>.</p> <p>(5) Impulse control disorders are characterized by an inability to resist the impulse to perform an action that is harmful to one's self or others. This is a relatively new class of personality disorders, and the most common of these are intermittent explosive disorder, kleptomania, pyromania,</p>			

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W 231	Continued From page 54  compulsive gambling disorder, and trichotillomania. This information was obtained from the website: <a href="http://medical-dictionary.thefreedictionary.com/lmpulse+Control+Disorders">http://medical-dictionary.thefreedictionary.com/lmpulse+Control+Disorders</a> .  (6) Fear. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/anxiety.html#summary">https://www.nlm.nih.gov/medlineplus/anxiety.html#summary</a> .  2. The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 2: "Decision Making Skills, ADLs (Activities of Daily Living); Fine Motor Skills; Plan Visits with Family; Money Management, Restroom Use; Medication Management; and Evacuation Drills."  Individual # 2 was a 29 year old male, who was admitted to (Name of Group Home) on 5/5/14. Diagnoses in the clinical record included but were not limited to: mild intellectual disability (1), spastic diplegia (2), gastroesophageal reflux disease (3), seizure disorder (4), renal calculi (right) side (5).  Individual # 2's current ISP dated 07/01/2016 through 07/01/2017 documented, "Desired Outcome: I have opportunities in my schedule to practice decision making skills. Support Activities: (Individual # 2) plans his lunch and makes it. Support Instructions: 1. (Individual # 2) chooses what he wants for tomorrow's lunch. 2. (Individual # 2) chooses what he wants to be included in his lunch. 3. (Individual # 2) makes his lunch. 4. (Individual # 2) packs his lunch in his lunch box. 5. Staff provides support and	W 231			



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W 231	Continued From page 55 assistance as needed. Frequency: Daily. Amount: Continually. Support Activities: (Individual # 2) chooses community outings he wants to participate in. Support Instructions: 1. (Individual # 2) attends the weekly house meetings to learn the updates and announcements regarding community outings/activities for the upcoming week. 2. (Individual # 2) communicates his preferences and ideas for outings he would like to participate in. 3. (Individual # 2) attends the scheduled community outing. 4. (Individual # 2) discusses reaction to the outing. 5. Staff provides support and assistance as needed. Frequency: Weekly. Amount: 45 minutes."	W 231			
	"Desired Outcome: I will practice my ADLs daily. Support Activities: (Individual # 2) brushes his teeth. Support Instructions: 1. (Individual # 2) retrieves his toothbrush from his room.. 2. (Individual # 2) applies toothpaste to his toothbrush. 3. (Individual # 2) brushes his teeth for 2 (two) minutes. 4. Staff provides support and assistance as needed. Frequency: Daily. Amount: 15 minutes. Support Activities: (Individual # 2) participates in his showering. Support Instructions: 1. (Individual # 2) soaps both arms and chest. 2. (Individual # 2) rinses both arms and chest. 3. Staff provides support and assistance as needed. Frequency: Daily. Amount: 30 minutes. Support Activities: Laundry. Support Instructions: 1. (Individual # 2) folds his clothes that he would put into his dresser. 2. (Individual # 2) puts his clothes away in his dresser. 3. Staff provides support and assistance as needed. Frequency: Daily. Amount: 30 minutes. Support Activities: PTs (Physical Therapies) [sic]. Support Instructions: 1. (Individual # 2) utilizes his adaptive equipment				

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needed for PT (physical therapy). 2. (Individual # 2) completes a minimum of 3 (three) laps. 3. Staff provides support and assistance as needed. Frequency: Weekly. Amount: 45 minutes."

"Desired Outcome: I will increase my fine motor skills. Support Activities: (Individual # 2) chooses fine motor activities. Support Instructions: 1. (Individual # 2) chooses which activity he would like to participate for his fine motor skills, such as shredding paper/cutting paper, chopping/stirring/preparing meals, coloring, drawing, writing, or picking up playing cards. 2. (Individual # 2) completes an activity of his choosing. 3. Staff provides support and assistance as needed. Frequency: Weekly. Amount: 30 minutes."

"Desired Outcome: I will plan when I would like to make contact with my mom, dad and sister. Support Activities: (Individual # 2) schedules visits with his family members. Support Instructions: 1. (Individual # 2) coordinates when he wants to make plans to visit his family via (by) phone calls to schedule a visit. 2. (Individual # 2) dials the phone numbers. 3. (Individual # 2) reviews his family visit schedule. 4. After the event (Individual # 2) discusses how the outing went and what he did. 5. Staff provides support and assistance as needed. Frequency: Weekly. Amount: 30 minutes. Support Activities: (Individual # 2) chooses one-on-one outings of his choice. Support Instructions: 1. (Individual # 2) plans and schedules his one on one outing. 2. (Individual # 2) attends his one on one outings that he chose. 3. Staff provides support and assistance as needed. Frequency: Weekly. Amount: 30 minutes."

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W 231	Continued From page 57  "Desired Outcome: I will practice money management. Support Activities: (Individual # 2) practices money management. Support Instructions: 1. (Individual # 2) communicates which store he would like to go to and/or what type of item he is looking to purchase. 2. Before the outing, (Individual # 2) goes over his finances to ensure he has enough to cover the purchase. 3. Before purchasing his item, (Individual # 2) counts his personal spending money to the amount needed and pays the cashier. 4. After the outing, (Individual # 2) counts how much money he has spent and how much money he has left. 5. Staff provides support and assistance as needed. Frequency: Weekly. Amount: 30 minutes."  "Desired Outcome: I will increase my personal control in my life. Support Activities: (Individual # 2) will increase his personal control by using the restroom independently. Support Instructions: 1. (Individual # 2) recognizes when he needs to use the restroom. 2. (Individual # 2) takes himself to the restroom. 3. (Individual # 2) uses the hand railings for support. 4. (Individual # 2) positions himself accordingly. 5. Staff provides support and assistance as needed. Frequency: Daily. Amount: 15 minutes."  "Desired Outcome: I will improve my health and safety by participating in my medication administration process. Support Activities: (Individual # 2) participates in his medication administration process. Support Instructions: 1. (Individual # 2) states when he is ready to take his medications. 2. (Individual # 2) chooses a private area he wants to take his medications. 3. (Individual # 2) chooses the correct medications. 4. (Individual # 2) reviews the names of	W 231			

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W 231	<p>Continued From page 58</p> <p>medications, dosage and the reason for taking those medications. 5. (Individual # 2) safely takes his medications. 6. (Individual # 2) returns his medications to the box. 7. Staff provides support and assistance as needed. Frequency: Daily. Amount: Continually."</p> <p>"Desired Outcome: I will manage my safety by participating in monthly emergency evacuation drills. Support Activities: 1. (Individual # 2) gets up and gets ready for the emergency evacuation drill; wearing appropriate clothing for the weather. 2. (Individual # 2) goes to the designated safety zone. 3. Once at the designated safety zone, (Individual # 2) waits until the emergency evacuation drill is over to ensure safety. 4. (Individual # 2) enters his home when the emergency evacuation drill is completed and it is safe to re-enter. 5. Staff provides supports and assistance as needed. Frequency: Monthly. Amount: Continually."</p> <p>On 1/24/17 at 2:30 p.m. a meeting and interview was conducted in the presence of and with ASM (administrative staff member) # 1, program manager of (Name of Group Home), ASM # 2, clinical director of (Name of Group Home), OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and OSM # 3, the QIDP. OSM # 1 was asked how outcomes for the individual's ISPs are developed. OSM # 1 stated, "From multiple sources, input from family, the individual, the team (interdisciplinary team) using the individual's strengths, wants, needs and what is important to the individual." When asked about the purpose of the ISP (Individual Service Plan), ASM #1 and OSM # 1 stated, "To teach various skills to develop a level of independence to the individual's potential." When asked about</p>	W 231	

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the outcomes being written/developed in measureable terms, ASM # 1, program manager of (Name of Group Home) and ASM # 2, the clinical director of (Name of Group Home) stated the outcomes for all the individual's ISPs were reviewed and none of them were written in measurable terms. They further stated that they were aware of the issue.

On 1/25/17 at 4:40 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 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) A form of cerebral palsy, a neurological condition that usually appears in infancy or early childhood and permanently affects muscle control and coordination. Affected people have increased muscle tone which leads to spasticity (stiff or tight muscles and exaggerated reflexes) in the legs. The arm muscles are generally less affected or not affected at all. Other signs and symptoms

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W 231	Continued From page 60 may include delayed motor or movement milestones (i.e. rolling over, sitting, standing); walking on toes; and a "scissored" gait (style of walking). It occurs when the portion of the brain that controls movement is damaged or develops abnormally. This information was obtained from the website: <a href="https://rarediseases.info.nih.gov/diseases/9637/spastic-diplegia-cerebral-palsy">https://rarediseases.info.nih.gov/diseases/9637/spastic-diplegia-cerebral-palsy</a> .  (3) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a> .  (4) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a> .  (5) A kidney stone is a solid mass made up of tiny crystals. One or more stones can be in the kidney or ureter at the same time. This information was obtained from the website: < <a href="https://medlineplus.gov/ency/article/000458.htm">https://medlineplus.gov/ency/article/000458.htm</a> >.  3. The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 3: "ADLs (Activities of Daily Living); Leisure Time; Communication; Activity; Money Management; Participate in House Meetings; Medication Management; Evacuation Drills."  Individual # 3 was a 28 year old female, who was admitted to (Name of Group Home) on 9/22/11.	W 231			

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Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), gastroesophageal reflux disease (2), seizure disorder (3), and anxiety (4).

Individual #3's current ISP dated 10/01/2016 through 09/30/2017 documented,

"Desired Outcome: (Individual # 3) communicates her preferences to others. Support Activities: (Individual # 3) effectively communicates with others. Support Instructions: 1. (Individual # 3) communicates her wants her wants and needs. 2. Staff provides support and assistance as needed. Frequency: Daily. Amount: Continually. Support Activities: (Individual # 3) chooses a variety of activities and outings to participate in. Support Instructions: 1. (Individual # 3) chooses an activity she wants to participate in. 2. (Individual # 3) schedules her activity and attends it. 3. At the end of the activity, (Individual # 3) shares her thoughts about it. 4. Staff provides supports and assistance as needed. Frequency: Monthly. Amount: 30 minutes. Support Activities: (Individual # 3) contributes her ideas during house meetings. Support Instructions: 1. (Individual # 3) attends the house meetings. 2. (Individual # 3) communicates her preferences during the house meeting. 3. Staff provides support and assistance as needed. Frequency: Weekly. Amount: 30 minutes. Support Activities: (Individual # 3) participates in menu planning. Support Instructions: 1. (Individual # 3) communicates what meals and snacks she would like to have for the week. 2. Staff provides support and assistance as needed. Frequency: Monthly. Amount: 30 minutes."

"Desired Outcome: (Individual # 3) has a flexible

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W 231	Continued From page 62 schedule to complete her ADLs. Support Activities: (Individual # 3) picks out her clothes for the day. Support Instructions: 1. (Individual # 3) decides what she would like to wear (for the day and bedtime). 2. (Individual # 3) gets dressed. 3. Staff provides support and assistance as needed. Frequency: Daily. Amount: 30 minutes. Support Activities: (Individual # 3) brushes her teeth. Support Instructions: 1. (Individual # 3) prepares her toothbrush with toothpaste. 2. (Individual # 3) brushes her teeth. 3. Staff check (Individual # 3's) teeth to ensure they have been thoroughly cleaned. 4. Staff provides support and assistance as needed. Frequency: Daily. Amount: 15 minutes. Support Activities: (Individual # 3) shower/bathes herself. Support Instructions: 1. (Individual # 3) uses the hand rails when entering and exiting the shower. 2. (Individual # 3) prepares her wash cloth with soap and washes her body. 3. (Individual # 3's) rinses the soap off her body. 4. Staff provides support and assistance as needed. Frequency: Daily. Amount: 30 minutes. Support Activities: (Individual # 3) completes household chores. Support Instructions: 1. (Individual # 3) chooses what household chore(s) she wants to do. 2. (Individual # 3) follows through with completing the chore of her choice. 3. Staff provides support and assistance as needed. Frequency: Daily. Amount: 30 minutes. Support Activities: (Individual # 3) participates in meal preparation. Support Instructions: 1. (Individual # 3) chooses a meal to cook. 2. (Individual # 3) makes a grocery list and shops for the needed items. 3. (Individual # 3) follows a recipe and prepares the meal. 4. Staff provides support and assistance as needed. Frequency: Monthly. Amount: 30 minutes."	W 231	



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W 231	Continued From page 63  "Desired Outcome: (Individual # 3) enjoys a healthy lifestyle. Support Activities: (Individual # 3) participates in a physical activity and/or exercise for 15-30 minutes. Support Instructions: 1. (Individual # 3) decides what physical activity or exercise she would like to participate in. 2. (Individual # 3) actively participates in her exercises or physical activity. 3. Staff provides support and assistance as needed. Frequency: Daily. Amount: 30 minutes."  "Desired Outcome: (Individual # 3) increases her social and living skills. Support Activities: (Individual # 3) participates in her medication administration. Support Instructions: 1. (Individual # 3) notifies staff when it is time for her to take her medication. 2. (Individual # 3) gets a cup of water. 3. (Individual # 3) gets her medication box out and chooses the correct medication for that time. 4. (Individual # 3) reviews her medication. 5. (Individual # 3) takes her medication. 6. (Individual # 3) returns her medication box to the closet. 7. Staff provides support and assistance as needed. Frequency: Daily. Amount: 30 minutes. Support Activities: (Individual # 3) manages her money. Support Instructions: 1. (Individual # 3) reviews her balance and counts her money weekly. 2. (Individual # 3) chooses which items/services she would like to buy. 3. (Individual # 3) pays for her purchase and collects her receipt. 4. (Individual # 3) balances her money. 5. Staff provides support and assistance as needed. Frequency: Weekly. Amount: 60 minutes. Support Activities: (Individual # 3) participates in emergency evacuation drills. Support Instructions: 1. (Individual # 3) acknowledges the emergency evacuation drill. 2. (Individual # 3) makes sure she is dressed appropriately. 3. (Individual # 3)	W 231	

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/26/2017
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NAME OF PROVIDER OR SUPPLIER  BRAMBLETON GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148
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(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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W 23t Continued From page 64

walks to the designated safe zone. 4. (Individual # 3) remains in the safe zone until she is notified it is safe to return inside the building. 5. Staff provides support and assistance as needed. Frequency: Monthly. Amount: 15 minutes."

On 1/24/17 at 2:30 p.m. a meeting and interview was conducted in the presence of and with ASM (administrative staff member) # 1, program manager of (Name of Group Home), ASM # 2, clinical director of (Name of Group Home), OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and OSM # 3, the QIDP. OSM # 1 was asked how outcomes for the individual's ISPs are developed. OSM # 1 stated, "From multiple sources, input from family, the individual, the team (interdisciplinary team) using the individual's strengths, wants, needs and what is important to the individual." When asked about the purpose of the ISP (Individual Service Plan), ASM #1 and OSM # 1 stated, "To teach various skills to develop a level of independence to the individual's potential." When asked about the outcomes being written/developed in measureable terms, ASM # 1, program manager of (Name of Group Home) and ASM # 2, the clinical director of (Name of Group Home) stated the outcomes for all the individual's ISPs were reviewed and none of them were written in measurable terms. They further stated that they were aware of the issue.

On 1/25/17 at 4:40 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.

W 23t

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NAME OF PROVIDER OR SUPPLIER  <b>BRAMBLETON GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>22755 SWEET ANDREA DRIVE ASHBURN, VA 20148</b>		
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W 231	Continued From page 65 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: <a href="https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100">https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</a> .  (2) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a> .  (3) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a> .  (4) Fear. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/anxiety.html#summary">https://www.nlm.nih.gov/medlineplus/anxiety.html#summary</a> .	W 231			
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION  As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number	W 249			

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W 249	Continued From page 66  and frequency to support the achievement of the objectives identified in the individual program plan.  This STANDARD is not met as evidenced by: Based on staff interview and clinical record review, it was determined that the residential staff failed to ensure an Individual was receiving services consistent with the Individual Support Plan for three of four Individuals in the survey sample, Individuals # 1, # 2 and # 3.  1. The facility staff failed to implement Individual # 1's ISP (Individual Support Plan) for social skills, ADLs (Activities for Daily Living) and medication administration.  2. The facility staff failed to implement Individual # 2's ISP (Individual Support Plan) for ADLs (Activities of Daily Living); fine motor skills; restroom use and medication management.  3. The facility staff failed to implement Individual # 3's ISP (Individual Support Plan) for ADLs (Activities of Daily Living); Leisure Time; Communication; Activity; Money Management; Participate in House Meetings; medication Management; Evacuation Drills  The findings include:  1. The facility staff failed to implement Individual # 1's ISP (Individual Support Plan) for social skills, ADLs (Activities for Daily Living), community resources, personal control, medication administration and evacuation drills.	W 249	W249  The QMRP will review the Individuals outcomes/objectives to ensure that it accurately reflect their needs:  1: Social Skills, ADLs, and Medication Administration 2: ADL's, Fine Motor Skills, Restroom use, and Medication management. 3: ADL's, Leisure Time, Communication, Activity, Money Management, and Evacuation Drills.  The Program Manager/QMRP will review all individual's outcomes/objectives to ensure that it accurately reflects their needs and it is incorporated within the Person Center Plan.  The Program Manager/QMRP will provide training to all staff to review all individual's Person Center Plans within the next staff meeting. The program Manager will provide supervision to all staff to ensure that the person Center Plan accurately reflects the needs and is implemented appropriately.  The Program Manager/QMRP will conduct monthly assessments to ensure that all services and needs are met and are accurately reflected on the QMRP note.  The Clinical Director will review within supervision with the Program Manager the documentation to support the coordination of services for each individual needs	3/8/17	

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W 249	Continued From page 67 Individual # 1 was a 35 year old male, who was admitted to (Name of Group Home) on 7/19/11. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), gastroesophageal reflux disease (2), dysphagia (3), history of seizure disorder (4), impulse control disorder (5) and anxiety (6).  Individual # 1's current ISP dated 07/01/2016 through 07/01/2017 documented,  "Desired Outcome: (Individual # 1) increases his social skills. "Support Activities: (Individual # 1) practices appropriate social interactions to increase his social skills. Support Instructions: 1. (Individual # 1) uses proper etiquette for conversation; active listening, body language, tone of voice, personal boundaries, appropriate subject matter, etc. 2. Staff provides support and assistance as needed. Frequency: Daily. Amount: Continually. Support Activities: (Individual # 1) engages in activities with others. Support Instructions: 1. (Individual # 1) chooses an activity, i.e.: drawing painting, exercising, board games, video games, etc. 2. (Individual # 1) invites his housemates and/or staff members to participate in the selected activity. 3. Staff provides support and assistance as needed. Frequency: Weekly. Amount: 15 minutes."  "Desired Outcome: (Individual # 1) practices his ADLs to increase his independence. "Support Activities: (Individual # 1) maintains his room's appearance. Support Instructions: 1. (Individual # 1) recognizes when his room is out of order. 2. (Individual # 1) keeps his floor clean of clutter. 3. (Individual # 1) keeps his belongings organized; DVDs (Digital Versatile Disc), CDs (compact disk), laundry, pictures, etc. 4. Staff provides		W 249		

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W 249	Continued From page 68  support and assistance as needed. Frequency: Daily. Amount: 15 minutes. Support Activities: (Individual # 1) completes his oral hygiene. Support Instructions: 1. (Individual # 1) retrieves his toothbrush from the cabinet. 2. (Individual # 1) put water and toothpaste on his toothbrush. 3. (Individual # 1) brushes his teeth. 4. (Individual # 1) flosses and rinses. Staff follows up with (Individual # 1) to ensure his teeth have been thoroughly cleaned. Frequency: Daily. Amount: 15 minutes. Support Activities: (Individual # 1) grooms his facial hair. Support Instructions: 1. (Individual # 1) chooses a style of facial hair, clean shave, goatee, beard, mustache, etc. 2. (Individual # 1) gets his grooming supplies. 3. (Individual # 1) grooms his facial hair. 4. Staff provides support and assistance as needed. Frequency: Daily. Amount: 15 minutes. Support Activities: (Individual # 1) his laundry. Support Instructions: 1. (Individual # 1) chooses when he is ready to do his laundry. 2. (Individual # 1) takes his dirty clothes to the laundry room and places them in the water. 3. (Individual # 1) selects the appropriate cycle and soap amount. 4. (Individual # 1) adds the soap and starts the washer. 5. (Individual # 1) puts his washed clothes in the dryer. 6. (Individual # 1) selects the dryer cycle and starts the dryer. 7. (Individual # 1) takes his clean clothes to his room and puts them away. 8. Staff provides support and assistance as needed. Frequency: Daily. Amount: 30 minutes."  "Desired Outcome: (Individual # 1) chooses to live a healthy lifestyle and increase his overall well-being. Support Activities: (Individual # 1) completes his medication administration. Support Instructions: 1. (Individual # 1) communicates when he is ready to complete his	W 249			

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W 249	Continued From page 69  medication administration. 2. (Individual # 1) get his medication box out. 3. (Individual # 1) takes out the correct medication for administration. 4. (Individual # 1) explains his medication times, reason and dosage. 5. (Individual # 1) takes his medication as prescribed. (Individual # 1) puts his medication box away. 6. Staff provides supports and assistance as needed. Frequency: Daily. Amount: Continually."  On 1/25/17 at approximately 12:00 p.m. Individual # 1's "Progress Notes" and data collection dated 01/01/2017 through 01/07/2017 were reviewed with ASM (administrative staff member) # 1, (Name of Group Home) program manager. Further review of the progress notes and data collection revealed Individual # 1's social skills program was implemented on only five out of seven opportunities; the ADL program was implemented on only three out of seven opportunities; the medication administration program was implemented on only three out of seven opportunities.  On 1/25/17 at 2:45 p.m. an interview was conducted with ASM # 1, (Name of Group Home) program manager. When asked about the documentation regarding Individual # 1's participation in their active treatment programs ASM # 1 stated, "It should reflect the outcome statement and all parts of it. If the documentation does not reflect the outcome I cannot say that the active treatment program was implemented."  The facility's policy "4.1 Individual Service Plan" documented, "ISP Implementation and Consumer Engagement: Implementation of the ISP begins at the time of its development. Components of the plan are fully implemented, with the consumer	W 249			

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W 249 Continued From page 70 W 249

receiving support, learning environment and active engagement necessary to reach his or her objective / desired outcomes as defined in the ISP."

On 1/25/17 at 4:40 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 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) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website:  
<https://www.nlm.nih.gov/medlineplus/gerd.html>.

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

(4) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in



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W 249	Continued From page 71  the brain. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a> .  (5) Impulse control disorders are characterized by an inability to resist the impulse to perform an action that is harmful to one's self or others. This is a relatively new class of personality disorders, and the most common of these are intermittent explosive disorder, kleptomania, pyromania, compulsive gambling disorder, and trichotillomania. This information was obtained from the website: <a href="http://medical-dictionary.thefreedictionary.com/Impulse+Control+Disorders">http://medical-dictionary.thefreedictionary.com/Impulse+Control+Disorders</a> .  (6) Fear. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/anxiety.html#summary">https://www.nlm.nih.gov/medlineplus/anxiety.html#summary</a> .  2. The facility staff failed to implement Individual # 2's ISP (Individual Support Plan) for ADLs (Activities of Daily Living); fine motor skills; plan visits with family; money management; restroom use; medication management and evacuation drills.  Individual # 2 was a 29 year old male, who was admitted to (Name of Group Home) on 5/5/14. Diagnoses in the clinical record included but were not limited to: mild intellectual disability (1), spastic diplegia (2), gastroesophageal reflux disease (3), seizure disorder (4), renal calculi (right) side (5).  Individual # 2's current ISP dated 07/01/2016	W 249			

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W 249	Continued From page 72 through 07/01/2017 documented,		W 249		
	<p>"Desired Outcome: I will practice my ADLs daily. Support Activities: (Individual # 2) brushes his teeth. Support Instructions: 1. (Individual # 2) retrieves his toothbrush from his room.. 2. (Individual # 2) applies toothpaste to his toothbrush. 3. (Individual # 2) brushes his teeth for 2 (two) minutes. 4. Staff provides support and assistance as needed. Frequency: Daily. Amount: 15 minutes. Support Activities: (Individual # 2) participates in his showering. Support Instructions: 1. (Individual # 2) soaps both arms and chest. 2. (Individual # 2) rinses both arms and chest. 3. Staff provides support and assistance as needed. Frequency: Daily. Amount: 30 minutes. Support Activities: Laundry. Support Instructions: 1. (Individual # 2) folds his clothes that he would put into his dresser. 2. (Individual # 2) puts his clothes away in his dresser. 3. Staff provides support and assistance as needed. Frequency: Daily. Amount: 30 minutes. Support Activities: PTs (Physical Therapies) [sic]. Support Instructions: 1. (Individual # 2) utilizes his adaptive equipment needed for PT (physical therapy). 2. (Individual # 2) completes a minimum of 3 (three) laps. 3. Staff provides support and assistance as needed. Frequency: Weekly. Amount: 45 minutes."</p> <p>"Desired Outcome: I will increase my personal control in my life. Support Activities: (Individual # 2) will increase his personal control by using the restroom independently. Support Instructions: 1. (Individual # 2) recognizes when he needs to use the restroom. 2. (Individual # 2) takes himself to the restroom. 3. (Individual # 2) uses the hand railings for support. 4. (Individual # 2) positions him accordingly. 5. Staff provides support and</p>				

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W 249	Continued From page 73 assistance as needed. Frequency: Daily. Amount: 15 minutes.  "Desired Outcome: I will improve my health and safety by participating in my medication administration process. Support Activities: (Individual # 2) participates in his medication administration process. Support Instructions: 1. (Individual # 2) states when he is ready to take his medications. 2. (Individual # 2) chooses a private area he wants to take his medications. 3. (Individual # 2) chooses the correct medications. 4. (Individual # 2) reviews the names of medications, dosage and the reason for taking those medications. 5. (Individual # 2) safely takes his medications. 6. (Individual # 2) returns his medications to the box. 7. Staff provides support and assistance as needed. Frequency: Daily. Amount: Continually."  On 1/25/17 at approximately 12:55 p.m. Individual # 2's "Progress Notes" and data collection dated 01/01/2017 through 01/07/2017 were reviewed with ASM (administrative staff member) # 1, (Name of Group Home) program manager. Further review of the progress notes and data collection revealed Individual # 2's ADL program was implemented on zero out of seven opportunities; the use of a restroom program was implemented on three out of seven opportunities; the medication administration program was implemented on two out of seven opportunities.  On 1/25/17 at 2:45 p.m. an interview was conducted with ASM # 1, (Name of Group Home) program manager. When asked about the documentation regarding Individual # 2's participation in their active treatment programs ASM # 1 stated, "It should reflect the outcome	W 249			

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W 249 Continued From page 74

statement and all parts of it. If the documentation does not reflect the outcome I cannot say that the active treatment program was implemented."

On 1/25/17 at 4:40 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 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) A form of cerebral palsy, a neurological condition that usually appears in infancy or early childhood and permanently affects muscle control and coordination. Affected people have increased muscle tone which leads to spasticity (stiff or tight muscles and exaggerated reflexes) in the legs. The arm muscles are generally less affected or not affected at all. Other signs and symptoms may include delayed motor or movement milestones (i.e. rolling over, sitting, standing); walking on toes; and a "scissored" gait (style of walking). It occurs when the portion of the brain

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NAME OF PROVIDER OR SUPPLIER  BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(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 249	Continued From page 75 that controls movement is damaged or develops abnormally. This information was obtained from the website: <a href="https://rarediseases.info.nih.gov/diseases/9637/is-pastic-diplegia-cerebral-palsy">https://rarediseases.info.nih.gov/diseases/9637/is-pastic-diplegia-cerebral-palsy</a> .  (3) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a> .  (4) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a> .  (5) A kidney stone is a solid mass made up of tiny crystals. One or more stones can be in the kidney or ureter at the same time. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000458.htm">https://medlineplus.gov/ency/article/000458.htm</a> .  3. The facility staff failed to implement Individual # 3's ISP (Individual Support Plan) for ADLs (Activities of Daily Living); Leisure Time; Communication; Activity; Money Management; Participate in House Meetings; medication Management; Evacuation Drills  Individual # 3 was a 28 year old female, who was admitted to (Name of Group Home) on 9/22/11. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), gastroesophageal reflux disease (2), seizure disorder (3), and anxiety (4).		W 249		

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Individual #3's current ISP dated 10/01/2016 through 09/30/2017 documented,  
"Desired Outcome: (Individual # 3) communicates her preferences to others. Support Activities: (Individual # 3) effectively communicates with others. Support Instructions: 1. (Individual # 3) communicates her wants her wants and needs. 2. Staff provides support and assistance as needed. Frequency: Daily. Amount: Continually. Support Activities: (Individual # 3) chooses a variety of activities and outings to participate in. Support Instructions: 1. (Individual # 3) chooses an activity she wants to participate in. 2. (Individual # 3) schedules her activity and attends it. 3. At the end of the activity, (Individual # 3) shares her thoughts about it. 4. Staff provides supports and assistance as needed. Frequency: Monthly. Amount: 30 minutes. Support Activities: (Individual # 3) contributes her ideas during house meetings. Support Instructions: 1. (Individual # 3) attends the house meetings. 2. (Individual # 3) communicates her preferences during the house meeting. 3. Staff provides support and assistance as needed. Frequency: Weekly. Amount: 30 minutes. Support Activities: (Individual # 3) participates in menu planning. Support Instructions: 1. (Individual # 3) communicates what meals and snacks she would like to have for the week. 2. Staff provides support and assistance as needed. Frequency: Monthly. Amount: 30 minutes."

"Desired Outcome: (Individual # 3) has a flexible schedule to complete her ADLs. Support Activities: (Individual # 3) picks out her clothes for the day. Support Instructions: 1. (Individual # 3) decides what she would like to wear (for the day and bedtime). 2. (Individual # 3) gets dressed. 3. Staff provides support and assistance as needed."

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Frequency: Daily. Amount: 30 minutes. Support Activities: (Individual # 3) brushes her teeth. Support Instructions: 1. (Individual # 3) prepares her toothbrush with toothpaste. 2. (Individual # 3) brushes her teeth. 3. Staff check (Individual # 3's) teeth to ensure they have been thoroughly cleaned. 4. Staff provides support and assistance as needed. Frequency: Daily. Amount: 15 minutes. Support Activities: (Individual # 3) shower/bathes herself. Support Instructions: 1. (Individual # 3) uses the hand rails when entering and exiting the shower. 2. (Individual # 3) prepares her wash cloth with soap and washes her body. 3. (Individual # 3's) rinses the soap off her body. 4. Staff provides support and assistance as needed. Frequency: Daily. Amount: 30 minutes. Support Activities: (Individual # 3) completes household chores. Support Instructions: 1. (Individual # 3) chooses what household chore(s) she wants to do. 2. (Individual # 3) follows through with completing the chore of her choice. 3. Staff provides support and assistance as needed. Frequency: Daily. Amount: 30 minutes. Support Activities: (Individual # 3) participates in meal preparation. Support Instructions: 1. (Individual # 3) chooses a meal to cook. 2. (Individual # 3) makes a grocery list and shops for the needed items. 3. (Individual # 3) follows a recipe and prepares the meal. 4. Staff provides support and assistance as needed. Frequency: Monthly. Amount: 30 minutes."

"Desired Outcome: (Individual # 3) enjoys a healthy lifestyle. Support Activities: (Individual # 3) participates in a physical activity and/or exercise for 15-30 minutes. Support Instructions: 1. (Individual # 3) decides what physical activity or exercise she would like to participate in. 2.

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NAME OF PROVIDER OR SUPPLIER

BRAMBLETON GROUP HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

22755 SWEET ANDREA DRIVE  
ASHBURN, VA 20148

(X1) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X2) COMPLETION DATE
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W 249

(Individual # 3) actively participates in her exercises or physical activity. 3. Staff provides support and assistance as needed. Frequency: Daily. Amount: 30 minutes."

"Desired Outcome: (Individual # 3) increases her social and living skills. Support Activities: (Individual # 3) participates in her medication administration. Support Instructions: 1. (Individual # 3) notifies staff when it is time for her to take her medication. 2. (Individual # 3) gets a cup of water. 3. (Individual # 3) gets her medication box out and chooses the correct medication for that time. 4. (Individual # 3) reviews her medication. 5. (Individual # 3) takes her medication. 6. (Individual # 3) returns her medication box to the closet. 7. Staff provides support and assistance as needed. Frequency: Daily. Amount: 30 minutes. Support Activities: (Individual # 3) manages her money. Support Instructions: 1. (Individual # 3) reviews her balance and counts her money weekly. 2. (Individual # 3) chooses which items/services she would like to buy. 3. (Individual # 3) pays for her purchase and collects her receipt. 4. (Individual # 3) balances her money. 5. Staff provides support and assistance as needed. Frequency: Weekly. Amount: 60 minutes. Support Activities: (Individual # 3) participates in emergency evacuation drills. Support Instructions: 1. (Individual # 3) acknowledges the emergency evacuation drill. 2. (Individual # 3) makes sure she is dressed appropriately. 3. (Individual # 3) walks to the designated safe zone. 4. (Individual # 3) remains in the safe zone until she is notified it is safe to return inside the building. 5. Staff provides support and assistance as needed. Frequency: Monthly. Amount: 15 minutes."



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On 1/25/17 at approximately 1:35 p.m. Individual # 3's "Progress Notes" and data collection dated 01/01/2017 through 01/07/2017 were reviewed with ASM (administrative staff member) # 1, (Name of Group Home) program manager. Further review of the progress notes and data collection revealed Individual # 3's communication, medication administration and money management programs were implemented on zero out of seven opportunities; the ADL program was implemented on one out of seven opportunities; the healthy lifestyle program was implemented on two out of seven opportunities.

On 1/25/17 at 2:45 p.m. an interview was conducted with ASM # 1, (Name of Group Home) program manager. When asked about the documentation regarding Individual # 3's participation in their active treatment programs, ASM # 1 stated, "It should reflect the outcome statement and all parts of it. If the documentation does not reflect the outcome I cannot say that the active treatment program was implemented."

On 1/25/17 at 4:40 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

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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) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website:  
<https://www.nlm.nih.gov/medlineplus/gerd.html>.

(3) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website:  
<https://www.nlm.nih.gov/medlineplus/seizures.html>.

(4) Fear. This information was obtained from the website:  
<https://www.nlm.nih.gov/medlineplus/anxiety.html#summary>.

W 249

W 252 483.440(e)(1) PROGRAM DOCUMENTATION

W 252

Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.

This STANDARD is not met as evidenced by:  
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

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W 252	Continued From page 81  coordinate and monitor the individuals' active treatment programs for three of five individuals in the survey sample, Individuals # 1, # 2 and # 3.  1. The QIDP failed to ensure the data collection of the ISP (Individual Service Plan) outcomes/goals for Individual # 1 were in measurable terms.  2. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 2 were in measurable terms.  3a. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 3 were in measurable terms.  b. The QIDP failed to ensure the data collection of the (Name of Day Program) ISP outcomes/goals for Individual # 3's were in measurable terms.  The findings include:  1. The QIDP failed to ensure the data collection of the ISP (Individual Service Plan) outcomes/goals for Individual # 2 were in measurable terms.  Individual # 1 was a 35 year old male, who was admitted to (Name of Group Home) on 7/19/11. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), gastroesophageal reflux disease (2), dysphagia (3), history of seizure disorder (4), impulse control disorder (5) and anxiety (6).	W 252	W252  The QMRP will revise individuals #1, 2, and 3's Person Center plan outcomes/goals into measurable terms.  The QMRP will update their goals to ensure that it is accurately reflect the needs of individuals #1,2 & 3.  The Program Manager/QMRP will review all other individual's outcomes objectives to ensure that it accurately reflects their needs and it is incorporated within the Person Center Plan.  The Program Manager/QMRP will provide training to all staff to review all individual's Person Center Plans within the next staff meeting.  The Program Manager/QMRP will continue to monitor to ensure that all service needs of the individuals are accurately reflected through the use weekly operation meetings.  The Program Manager/QMRP will conduct monthly assessments to ensure that all services and needs are met and are accurately reflected on the QMRP note  The Clinical Director will review within supervision with the Program manager the documentation to support the coordination of services for each individual needs.  The QMRP will complete a day program record review to ensure that individual #3 consents "Behavioral Support Plan" is current and signed in a timely manner or as needed.  The QMRP will complete a day program record review of all other individuals to ensure that the "Behavioral Support Plan" is current and signed in a timely manner annually or as needed.  The Program Manager/QMRP will conduct monthly day program observations and quarterly record review to ensure all consents is current, up-to-date, and to ensure continuity of care.  The Program Manager will review this process to ensure compliance and to prevent further deficiencies. Mission Effectiveness/ Clinical Director will also conduct quarterly day program record review to ensure compliance.	3/8/17	3/8/17

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W 252	Continued From page 82  The "Progress Note" for Individual # 1 dated 01/01/2017 through 01/07/2017 were reviewed. The progress notes failed to evidence documentation of the data collection of Individual # 1's ISP outcome/goals in measurable terms.  On 1/24/17 at 2:30 p.m. a meeting and interview was conducted in the presence of and with ASM (administrative staff member) # 1, program manager of (Name of Group Home), ASM # 2, clinical director of (Name of Group Home), OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and OSM # 3, the QIDP. When asked about the progress notes or data collection being written/documented in measureable terms ASM # 1, program manager of (Name of Group Home) and ASM # 2, the clinical director of (Name of Group Home) stated the progress notes for all the individuals were reviewed and that none of them were written in measurable terms. They further stated that they were aware of the issue.  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 1/25/17 at 4:40 p.m. ASM (administrative staff member) # 1, program manager of (Name of	W 252			

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W 252	Continued From page 83 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 causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100">https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</a> .  (2) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a> .  (3) A swallowing disorder. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html">https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html</a> .  (4) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a> .  (5) Impulse control disorders are characterized by an inability to resist the impulse to perform an	W 252			

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W 252	<p>Continued From page 84</p> <p>action that is harmful to one's self or others. This is a relatively new class of personality disorders, and the most common of these are intermittent explosive disorder, kleptomania, pyromania, compulsive gambling disorder, and trichotillomania. This information was obtained from the website: <a href="http://medical-dictionary.thefreedictionary.com/Impulse+Control+Disorders">http://medical-dictionary.thefreedictionary.com/Impulse+Control+Disorders</a>.</p> <p>(6) Fear. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/anxiety.html#summary">https://www.nlm.nih.gov/medlineplus/anxiety.html#summary</a>.</p> <p>2. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 2 were in measurable terms.</p> <p>Individual # 2 was a 29 year old male, who was admitted to (Name of Group Home) on 5/5/14. Diagnoses in the clinical record included but were not limited to: mild intellectual disability (1), spastic diplegia (2), gastroesophageal reflux disease (3), seizure disorder (4), renal calculi (right) side (5).</p> <p>The "Progress Note" for Individual # 2 dated 01/01/2017 through 01/07/2017 were reviewed. The progress notes failed to evidence documentation of the data collection of Individual # 2's ISP outcome/goals in measurable terms.</p> <p>On 1/24/17 at 2:30 p.m. a meeting and interview was conducted in the presence of and with ASM (administrative staff member) # 1, program manager of (Name of Group Home), ASM # 2, clinical director of (Name of Group Home), OSM (other staff member) # 1, the QIDP (Qualified</p>			W 252			

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Intellectual Disabilities Professional) and OSM # 3, the QIDP. When asked about the progress notes or data collection being written/documented in measureable terms ASM # 1, program manager of (Name of Group Home) and ASM # 2, the clinical director of (Name of Group Home) stated that all the progress notes for all the individuals were reviewed and that none of them were written in measurable terms. They further stated that they were aware of the issue.

On 1/25/17 at 4:40 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 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) A form of cerebral palsy, a neurological condition that usually appears in infancy or early childhood and permanently affects muscle control and coordination. Affected people have increased muscle tone which leads to spasticity (stiff or tight muscles and exaggerated reflexes) in the legs.

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  01/26/2017
NAME OF PROVIDER OR SUPPLIER  BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(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 86  The arm muscles are generally less affected or not affected at all. Other signs and symptoms may include delayed motor or movement milestones (i.e. rolling over, sitting, standing); walking on toes; and a "scissored" gait (style of walking). It occurs when the portion of the brain that controls movement is damaged or develops abnormally. This information was obtained from the website: <a href="https://rarediseases.info.nih.gov/diseases/9637/spastic-diplegia-cerebral-palsy">https://rarediseases.info.nih.gov/diseases/9637/spastic-diplegia-cerebral-palsy</a> .  (3) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a> .  (4) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a> .  (5) A kidney stone is a solid mass made up of tiny crystals. One or more stones can be in the kidney or ureter at the same time. This information was obtained from the website: < <a href="https://medlineplus.gov/ency/article/000458.htm">https://medlineplus.gov/ency/article/000458.htm</a> >.  3a. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 3 were in measurable terms.  Individual # 3 was a 28 year old female, who was admitted to (Name of Group Home) on 9/22/11. Diagnoses in the clinical record included but were	W 252			



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W 252	<p>Continued From page 87</p> <p>not limited to: severe intellectual disability (1), gastroesophageal reflux disease (2), seizure disorder (3), and anxiety (4).</p> <p>The "Progress Note" for Individual # 3 dated 01/01/2017 through 01/07/2017 were reviewed. The progress notes failed to evidence documentation of the data collection of Individual # 3's ISP outcome/goals in measurable terms.</p> <p>On 1/24/17 at 2:30 p.m. a meeting and interview was conducted in the presence of and with ASM (administrative staff member) # 1, program manager of (Name of Group Home), ASM # 2, clinical director of (Name of Group Home), OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and OSM # 3, the QIDP. When asked about the progress notes or data collection being written/documented in measureable terms ASM # 1, program manager of (Name of Group Home) and ASM # 2, the clinical director of (Name of Group Home) stated that all the progress notes for all the individuals were reviewed and that none of them were written in measurable terms. They further stated that they were aware of the issue.</p> <p>On 1/25/17 at 4:40 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.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money,</p>		W 252		

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W 252	Continued From page 88  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: <a href="https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100">https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</a> .  (2) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a> .  (3) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a> .  (4) Fear. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/anxiety.html#summary">https://www.nlm.nih.gov/medlineplus/anxiety.html#summary</a> .  b. The QIDP failed to ensure the data collection of the (Name of Day Program) ISP outcomes/goals for individual # 3's were in measurable terms.  The "Progress Note" for individual # 3 from (Name of Day Program) dated 01/01/2017 through 01/07/2017 were reviewed. The progress notes failed to evidence documentation of the data collection of individual # 3's ISP	W 252			

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W 252	Continued From page 89 outcome/goals in measurable terms.  On 1/25/17 at 10:00 a.m. an interview was conducted with OSM (other staff member) # 4, (Name of Day Program) program manager. OSM # 4 was asked to review the outcomes for Individual # 3. When asked if the outcomes were written in measurable terms OSM # 3 stated, "No." When asked how the outcomes were developed OSM # 4 stated it was done with the ID (interdisciplinary) team which included staff members from the day program and (Name of Group Home).  On 1/25/17 at 11:20 a.m. ASM # 1, (Name of Group Home) program manager and OSM # 1, the QIDP reviewed the (Name of Day Program) ISP outcomes/goals for Individual # 3. When asked if the outcomes were written in measurable terms ASM # OSM # 1 stated, "No."  On 1/25/17 at 4:40 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.		W 252		
W 255	483.440(f)(1)(i) PROGRAM MONITORING & CHANGE  The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on residential record review and staff		W 255		

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W 255	Continued From page 90  interview, it was determined that the QIDP (Qualified Intellectual Disabilities Professional) failed to revise the ISP (Individual Service Plan) for one of four individuals in the survey sample, Individual # 2.  The QIDP (Qualified Intellectual Disabilities Professional) failed to review Individual # 2's ISP (Individual Service Plan) to revise outcomes for family contact and emergency evacuation drills.  The findings include:  The QIDP (Qualified Intellectual Disabilities Professional) failed to review Individual # 2's ISP (Individual Service Plan) to revise outcomes for family contact and emergency evacuation drills.  Individual # 2 was a 29 year old male, who was admitted to (Name of Group Home) on 5/5/14. Diagnoses in the clinical record included but were not limited to: mild intellectual disability (1), spastic diplegia (2), gastroesophageal reflux disease (3), seizure disorder (4), renal calculi (right) side (5).  Individual # 2's current ISP dated 07/01/2016 through 07/01/2017 documented, "Desired Outcome: I will plan when I would like to make contact with my mom, dad and sister. Support Activities: (Individual # 2) schedules visits with his family members. Support Instructions: 1. (Individual # 2) coordinates when he wants to make plans to visit his family via (by) phone calls to schedule a visit. 2. (Individual # 2) dials the phone numbers. 3. (Individual # 2) reviews his family visit schedule. 4. After the event (Individual # 2) discusses how the outing went and hat he did. 5. Staff provides support and	W 255	W255  The QMRP will revise the individuals outcomes/objectives ensure that it accurately reflect their needs: *Family contact *Emergency evacuation drills  The Program Manager/QMRP will review all Individual's outcomes/ objectives to ensure that it accurately reflects their needs and it is incorporated within the Person Center Plan  The Program Manager/QMRP will provide training to all staff to review all Individual's Person Center Plans within the next staff meeting. The program Manager will provide supervision to all staff to ensure that the person Center Plan accurately reflects the needs and is implemented appropriately.  The Program Manager/QMRP will conduct monthly assessments to ensure that all services and needs are met and are accurately reflected on the QMRP note.  The Clinical Director will review within supervision with the Program Manager the documentation to support the coordination of services for each individual needs	3/8/17	

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W 255	<p>Continued From page 91 assistance as needed."</p> <p>"Desired Outcome: I will manage my safety by participating in monthly emergency evacuation drills. Support Activities: 1. (Individual # 2) gets up and gets ready for the emergency evacuation drill; wearing appropriate clothing for the weather. 2. (Individual # 2) goes to the designated safety zone. 3. Once at the designated safety zone, (Individual # 2) waits until the emergency evacuation drill is over to ensure safety. 4. (Individual # 2) enters his home when the emergency evacuation drill is completed and it is safe to re-enter. 5. Staff provides supports and assistance as needed."</p> <p>Individual # 2's quarterly review dated 10/01/2016 through 12/31/2016 documented. "Desired Outcome: I will plan when I would like to make contact with my mom, dad and sister. Status of Outcome: Met." "Desired Outcome: I will manage my safety by participating in monthly emergency evacuation drills. Status of Outcome: Met."</p> <p>Further review of Individual # 2's ISP dated 07/01/2016 through 07/01/2017 failed to evidence updates and/ or revisions to outcomes for family contact and emergency evacuation drills.</p> <p>On 1/24/17 at 2:30 p.m. an interview was conducted with ASM (administrative staff member) # 1, (Name of Group Home) program manager and OSM # 1 QIDP. When asked about the quarterly reviews) ASM # 4 stated that if an outcome is met then the skill has been met and the outcome would be revised. The ISP would be revised or amended. When asked if Individual # 2's ISP was revised OSM # 4 stated,</p>	W 255	

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W 255	Continued From page 92 "No."		W 255		
	<p>The facility's policy "8.1 Qualified Intellectual Disabilities Professional" documented, "The OMRP 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."</p> <p>On 1/25/17 at 4:40 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.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(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: <a href="https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100">https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</a>.</p>				

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W 255	Continued From page 93 (2) A form of cerebral palsy, a neurological condition that usually appears in infancy or early childhood and permanently affects muscle control and coordination. Affected people have increased muscle tone which leads to spasticity (stiff or tight muscles and exaggerated reflexes) in the legs. The arm muscles are generally less affected or not affected at all. Other signs and symptoms may include delayed motor or movement milestones (i.e. rolling over, sitting, standing); walking on toes; and a "scissored" gait (style of walking). It occurs when the portion of the brain that controls movement is damaged or develops abnormally. This information was obtained from the website: <a href="https://rarediseases.info.nih.gov/diseases/9637/spastic-diplegia-cerebral-palsy">https://rarediseases.info.nih.gov/diseases/9637/spastic-diplegia-cerebral-palsy</a> .  (3) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a> .  (4) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a> .  (5) A kidney stone is a solid mass made up of tiny crystals. One or more stones can be in the kidney or ureter at the same time. This information was obtained from the website: < <a href="https://medlineplus.gov/ency/article/000458.htm">https://medlineplus.gov/ency/article/000458.htm</a> >.		W 255		
W 408	483.470(a)(2) CLIENT LIVING ENVIRONMENT		W 408		

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W 408	Continued From page 94  The facility must not segregate clients solely on the basis of their physical disabilities. It must integrate clients who have ambulation deficits or who are deaf, blind, or have seizure disorders, etc., with others of comparable social and intellectual development.  This STANDARD is not met as evidenced by: Based on observation, residential record review, resident interview and staff interview, it was determined that the facility staff failed to provide access to all the areas of the (Name of Group Home) residence for one of four individuals in the survey sample, Individual # 2.  The facility staff failed to provide unrestricted access to the second floor and the activity area in the basement of (Name of Group Home) for Individual # 2.  The findings include:  Individual # 2 was a 29 year old male, who was admitted to (Name of Group Home) on 5/5/14. Diagnoses in the clinical record included but were not limited to: mild intellectual disability (1), spastic diplegia (2), gastroesophageal reflux disease (3), seizure disorder (4), renal calculi (right) side (5).  Observations of (Name of Group Home) during the days of the survey revealed a main floor that contained the kitchen, laundry room, bathroom, Individual # 2's bedroom, front and back door exits and access into the garage. A second floor, which was accessed by a staircase, contained a medication room, office, four bedrooms, hallway bathroom and an open area that contained	W 408		



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W 408	Continued From page 95  several pieces of exercise equipment, a treadmill, stair climber, stationary bike and a trampoline. Further observations revealed a basement that was accessible by a staircase that was carpeted. The basement contained an area approximately 35 feet long by 25 feet wide that was finished with carpet, furniture, an arcade size air hockey game, full size ping-pong table, flat screen television, DVD player and VHS player.  Observations of Individual # 2 during the days of the survey revealed Individual # 2's mobility consisted of independent activation and steering of a motorized wheelchair. Individual # 2 was observed moving throughout the main floor of the group home that contained the kitchen, laundry room, bathroom, his bedroom, front and back door exits and access into the garage. Observation of Individual # 2 also revealed that he was unable to access the activity room in the basement or the second floor of the residence.  Observations of the other five individuals who resided at (Name of Group Home) revealed they were accessing the second floor by walking up and down the stairs independently or with staff assistance.  Review of the (Name of Group Home) clinical record for Individual # 2 revealed a signed consent dated 1/25/16 by the guardian for a copy of the facility's "Consumer / Human Rights Policy and Procedures." Further review of the (Name of Group Home) clinical record for Individual # 2 revealed a signed consent dated 5/5/14 by the guardian for a copy of the facility's "Individual Rights and Informed Consent Handbook."  The facility's "Individual Rights and Informed		W 408	W408  The Program Manager/QMRP will assess the basement and the second floor of the program of all services/ activities that should be provided to individual #2.  The Program Manager/QMRP will ensure that these services/activities are provided to individual #2 on the main in which he has access to. For example individual #2 will be able to participate in Medication Administration, Laundry, Activities, and access to the TV. Individual #2 will have access to the same services as all other individuals.  The Program Manager/QMRP will also ensure that individual #2 has the opportunity to participate in these services/activities with his peers. Ex. having visitors, inviting house mates to participate in activities, and integrating within the program.  The QMRP will revise the individuals outcomes/objectives to ensure that it is accurately reflected in their Person Center Plan.  The Program Manager/QMRP will review this process for all other individuals to ensure compliance and to prevent further deficiencies.  The Program Manager/QMRP will provide training to review the updated Person Center Plan.  The Program Manager/QMRP will conduct monthly assessments to ensure that all services and needs are met and are accurately reflected on the QMRP note.  The Clinical Director will review within supervision with the Program Manager the documentation to support the coordination of services for each individual needs.	5/5/17

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W 408	Continued From page 96  Consent Handbook" documented, "You have the right to the most integrated supports: Movement within the service setting and community."  On 1/25/17 at 7:35 a.m. an interview was conducted with Individual # 2. When asked if he was ever on the second floor or down to the activity room in the basement of the home Individual # 2 stated, "No." When asked if he would like to be able to go downstairs to the activity room or upstairs to visit staff or other individuals, Individual # 2 stated, "Yes."  On 1/25/17 at 7:40 a.m. an interview was conducted with ASM (administrative staff member) # 1, (Name of Group Home) program manager. When asked what the room in the basement was used for, ASM # 1 stated, "It's used for some activities. It has an air hockey game, ping-pong table, a T.V." When asked about Individual #2's access and use of the activity room, ASM # 1 stated, "Residents have rights and access to use the basement." When asked if an individual wanted to go down stairs, ASM # 1 stated they could. When asked about the exercise equipment on the second floor ASM # 1 stated, "There's a treadmill, stair climber, stationary bike and a trampoline for the resident's use."  On 1/25/17 at 3:30 p.m. another interview was conducted with ASM (administrative staff member) # 1, (Name of Group Home) program manager. When asked if Individual # 2 had ever been taken down stairs to the activity area or upstairs to visit, ASM # 1 stated, "No." When asked if Individual # 2 should have access to the basement and the second floor, ASM # 1 stated, "Yes." ASM # 1 further stated that Individual # 2		W 408		

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  01/26/2017
NAME OF PROVIDER OR SUPPLIER  BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(X4) ILL 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 408	Continued From page 97 was unable to use the stairs and was unable to access the other two floors of the home.  On 1/25/17 at 4:40 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.	W 408			
W 420	483.470(b)(4)(iv) CLIENT BEDROOMS  The facility must provide each client with functional furniture, appropriate to the clients needs.  This STANDARD is not met as evidenced by: Based on observations and staff interview, it was determined that the facility staff failed to ensure the environment was in good repair.  A piece of flooring measuring approximately five and a half inches long and two and a half inches wide was missing creating a hole in the flooring at the base of the staircase on the main floor.  The findings include:  During the days of the survey individuals who resided at the home were observed walking up and down the stairs independently.  On 1/26/17 at approximately 3:45 p.m. an interview was conducted with ASM # 1, (Name of Group Home) program manager regarding the missing piece of flooring at the bottom of the stairs on the main floor. On 1/26/17 at approximately 3:45 p.m. an interview was	W 420	W420  The Program Manager/QMRP will complete a maintenance work order for Loudoun County CSB to repair the piece of flooring that is missing at the base of the staircase on the main floor.  The Program Manager and the Property Manager will complete a walk through of the program to identify potential hazardous areas that needs to be addressed to ensure the safety of the individuals.  The Program Manager and QMRP will complete weekly environmental checks in the program.  Loudoun County CSB maintenance department is scheduled to repair the flooring at the residences.  The Property Director and the Clinical Director will complete bi-annual program assessment to evaluate and address the environmental needs of the program.	3/8/17	

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W 420	Continued From page 98  conducted with ASM # 1, (Name of Group Home) program manager regarding the missing piece of flooring at the bottom of the stairs on the main floor. ASM # 1 stated she was aware of the missing piece of flooring. ASM # 1 further stated, "I mentioned the missing piece of flooring at the bottom of the stairs to maintenance when the kitchen floor was being replaced and they haven't followed up on it."		W 420		
W 455	No further information was provided prior to exit. 483.470(l)(1) INFECTION CONTROL  There must be an active program for the prevention, control, and investigation of infection and communicable diseases.  This STANDARD is not met as evidenced by: Based on observations and staff interviews it was determined that the facility staff failed to implement infection control practices during the medication administration for one of one individuals during the medication administration observation, Individual #4.  The facility staff failed to provide utensils, two spoons, for medication administration in a sanitary manner for Individual # 2.  The findings include:  Individual # 2 was a 29 year old male, who was admitted to (Name of Group Home) on 5/5/14. Diagnoses in the clinical record included but were not limited to: mild intellectual disability (1), spastic diplegia (2), gastroesophageal reflux		W 455		

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W 455	Continued From page 99  disease (3), seizure disorder (4), renal calculi (right) side (5).  An observation of the medication administration was conducted on 1/25/17 at 7:05 a.m. DSP (direct support professional) # 1 gathered supplies for Individual # 2's medication administration in the medication room located on the second floor of the home. DSP # 1 removed two metal teaspoons from a closed container with bare hands and placed them in a small green plastic basket without placing a clean barrier in the bottom of the basket or disinfecting the basket. DSP # 1 also placed a timer, cup of applesauce, a paper medicine cup containing Individual # 2's medications and three medicine bottles containing "Gummy" (chewable) medications in the same green basket. DSP # 1 then proceeded to Individual # 2's bedroom to administer his medications. DSP # 1 poured the medication from the paper medicine cup into a small plastic bag and crushed them. When DSP # 1 tried to pour the crushed meds from the plastic bag into the cup of applesauce the top of the bag would not open. DSP # 1 then removed a spoon from the basket and used the handle of the spoon to open the bag, pushing the handle into the bag containing the medication. DSP #1 then placed the spoon back into the basket. After pouring the crushed medications into the applesauce DSP # 1 removed the same spoon and used it to scoop the medication mixed with applesauce and then administered it to Individual # 2. DSP # 1 then removed the other spoon from the basket and scooped one chewable vitamin D gummy from the medicine bottle and administered it to Individual # 2, then using the same spoon, DSP #1 scooped out one multivitamin gummy, administered it to Individual	W 455	<p>The Program Nurse will review Individual #2 and 4 Physician orders and protocols to ensure that they are documented correctly on the MAR. 3/8/17</p> <p>The Nursing Coordinator will review/audit all individuals Physician order's and protocols to ensure they are documented correctly on the MAR.</p> <p>The Program Nurse will complete training regarding "infection control" as outlined in the CR Medication Management Policy and Procedure. All staff will sign to acknowledging their awareness to their responsibilities in medication administration.</p> <p>The Program Manager/ Nurse will observe each staff member passes medications. Those who do not successfully complete the medication observation will be required to complete the Medication refresher training.</p> <p>The QMRP will continue to perform unannounced Medication observations for staff to ensure the compliance of the Medication Administration policy.</p> <p>Annual Recertification Medication Administration training is required by all staff. The Clinical Director will review to ensure that all staff members have completed the training in a timely manner.</p>		

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W 455	<p>Continued From page 100</p> <p>#2, and then scooped out three fiber gummy tablets from another medicine bottle and administered it to Individual # 2.</p> <p>On 1/25/17 at 8:20 a.m. an interview was conducted with DSP #1 regarding the medication administration for Individual # 2. DSP #1 stated she had placed the spoons in the basket without cleaning or disinfecting it or providing a clean barrier in the bottom of the basket.</p> <p>On 1/25/17 at approximately 8:25 a.m. an interview was conducted with LPN (licensed practical nurse) # 1 regarding the observation of DSP # 1 during the medication administration for Individual # 2. LPN # 1 stated the staff should have a clean barrier in the bottom of the basket or wrap the spoons to prevent possible contamination.</p> <p>On 1/25/17 at 4:40 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.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(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:</p>		W 455		

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W 455	Continued From page 101 <a href="https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100">https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</a> .  (2) A form of cerebral palsy, a neurological condition that usually appears in infancy or early childhood and permanently affects muscle control and coordination. Affected people have increased muscle tone which leads to spasticity (stiff or tight muscles and exaggerated reflexes) in the legs. The arm muscles are generally less affected or not affected at all. Other signs and symptoms may include delayed motor or movement milestones (i.e. rolling over, sitting, standing); walking on toes; and a "scissored" gait (style of walking). It occurs when the portion of the brain that controls movement is damaged or develops abnormally. This information was obtained from the website: <a href="https://rarediseases.info.nih.gov/diseases/9637/spastic-diplegia-cerebral-palsy">https://rarediseases.info.nih.gov/diseases/9637/spastic-diplegia-cerebral-palsy</a> .  (3) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a> .  (4) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a> .  (5) A kidney stone is a solid mass made up of tiny crystals. One or more stones can be in the kidney or ureter at the same time. This information was obtained from the website: < <a href="https://medlineplus.gov/ency/article/000458.htm">https://medlineplus.gov/ency/article/000458.htm</a> >.	W 455			

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