PRINTED: 01/18/2018 FORM APPROVED OMB NO. 0938-0391

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W 000	INITIAL COMMENT	-s	W (000			
	Intermediate Care F Intellectual Disabilit 01/03/18 through 0° compliance with 42 for Intermediate Ca Retarded. The Life follow.	nnual Medicaid survey for Facilities for Persons with ies (ICF/ID) was conducted I/04/18. The facility was not in CFR Part 483 Requirements re Facilities for the Mentally Safety Code survey report wil					
W 159	The census in this seven bed facility was six at the time of the survey. The survey sample consisted of three current Individual reviews (Individuals # 1, # 2, and # 3). QIDP		W 1	159			
CFR(s): 483.430(a) 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, i was determined that the QIDP (Qualified Intellectual Disabilities Professional) failed to coordinate and monitor the individuals' active treatment programs for three of three individuals in the survey sample, Individuals # 1, # 2 and #		1a. ISP Commustress r indeper and #8- will be u -QID from the outcom	QIDP. CFR(s):483.430(a) outcome #s 1-socialization integration, #3-sensomanagement, #4-communatent living skills, #7-moneumedication management updated to be quantifiable P will receive additional in a Clinical Director on how es in a measurable manneutcomes for all other individual control in the control	on skills, by stimulation, # by manage for indivition and mea service to write lear.	#2- lation/ #6 gement dual #1 asurable. training	15/1	
	(Person Centered Pideveloped in measu "Outcome # 1: Social Community integration stimulation / Stress rommunication; Outcommunication; Outcommunication)	lan) outcomes were rable terms for Individual # 1: alization skills; Outcome # 2: on; Outcome # 3: Sensory management; Outcome # 4: tcome # 6: Independent living Money management; and	facility v manage are writ become - The add me	will be evaluated by the QI er and Clinical Director to e ten in measurable terms/c e measureable if they are in department of Mission Effet easurability of ISP outcome of clinical documents in the	DP/Progensure the update not. ectivene	gram nat they ed to ess will r periodic	

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

Event ID: 5XIX11

Facility ID: VAICFMR47

TITLE

(X6) DATE

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W 159	Continued From page	ge 1	W 1	59				
		d to ensure the data collection CP (Person Centered Plan)	-	······································				
	outcomes were in m	1		a collection for individual #1 ill be updated to be in meas		11		
	1c. The QIDP failed treatment programs stimulation/Stress m Independent living s for Individual # 1 fro Plan) were impleme	terms by the QIDP under the guidance of the program manager/clinical directorQIDP will receive in-service training from the						
	1d. The QIDP failed to ensure Individual # 1's constipation protocol was included on the PCP (Person Centered Plan) dated 12/01/2017 through 11/30/2018.			measurable termsClinical director will periodically audit subsequent PCPs for all individuals to ensure that the data collection indicators are written in				
	(Person Centered Pl developed in measu "Outcome # 1: Exerc Outcome # 2: Comm Community inclusion	me # 1: Exercise and Recreation; ne # 2: Communication; Outcome # 3: unity inclusion; Outcome # 4: Socialization _			terms. Itment of Mission Effectiven ability of data collection individe audits of clinical docum will coordinate, collect and	icators ents in		
	skills." 2b. The QIDP failed	to ensure the data collection CP (Person Centered Plan)	data on sensory commur	the in stimu	mplementation of the social ulation/stress management on, independent living skills anagement for individual #	ization, , s, and		
	2c. The QIDP failed treatment programs of Medication managen the PCP (Person Cerimplemented.	Programother incomplet	nm ma n impl dividu ely by	anager will ensure that the lementation and reporting for all sis done correctly and y the QIDP by reviewing motorts generated from program	or all			
	2d. The QIDP failed	to ensure Individual # 2's	implementation.					

Centered Plan) dated 08/01/2017 through

PICA protocol was included on the PCP (Person | -- The Department of Mission Effectiveness will

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W 159 Continued From page 2 07/31/2018.

- 3a. The QIDP failed to ensure the following PCP (Person Centered Plan) outcomes were developed in measurable terms for Individual #3: individuals in the program. "Outcome # 1: Communication; Outcome # 2: Socialization; Outcome # 3: Exercise; Outcome # 4: Money management; Outcome # 5: Health & Safety and Outcome # 7: Independent living skills."
- 3b. The QIDP failed to ensure data collection of Individual # 3's PCP (Person Centered Plan) outcomes were in measurable terms.
- 3c. The QIDP failed to ensure the active treatment programs of Health and Safety for Individual #3 from the PCP (Person Centered Plan) were implemented.
- 3d. The QIDP failed to ensure Individual # 3's protocol for SIB (self-injurious behavior) was included on the PCP (Person Centered Plan) dated 11/01/2017 through 10/31/2018.

The findings include:

1a. The QIDP failed to ensure the following PCP (Person Centered Plan) outcomes were developed in measurable terms for Individual # 1: "Outcome # 1: Socialization skills; Outcome # 2: Community integration; Outcome # 3: Sensory stimulation / Stress management; Outcome # 4: Communication; Outcome # 6: Independent living become measureable if they are not. skills; Outcome # 7: Money management; and Outcome # 8: Medication management."

Individual # 1was a 24-year-old male, who was admitted to (Name of Group Home) on 10/12/11. W 159

periodically during routine audits or upon request of the Clinical Director, review monthly/quarterly reports on program implementation for all

1d. QIDP will update individual #1's ISP will with the individual's constipation protocol.

- --QIDP and the program manager will review the ISPs of all other individuals to ensure that their related protocols are included in the plan.
- -- Clinical Director will work with the department of Mission Effectiveness to ensure that internal clinical audits include a review of related protocols in every ISP audited.
- 2a. ISP outcome #s 1-exercise/recreation, #2-Communication, #3-community inclusion, #4socialization skills, #5A/B-medication education skills for individual #2 will be updated to be quantifiable and measurable.
- -QIDP will receive additional in-service training from the Clinical Director on how to write ISP outcomes in a measurable manner.
- ISP outcomes for all other individuals in the facility will be evaluated by the QIDP/Program manager and Clinical Director to ensure that they are written in measurable terms/or updated to
- The department of Mission Effectiveness will add measurability of ISP outcomes in their periodic audits of clinical documents in the program.

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	Diagnoses in the cli	inical record included but were		data collection for individual #2	2's PCP	2/15/1				
	not limited to: (1) m	oderate intellectual disability, į		es will be updated to be in mea		8				
	(2) pervasive developmentdisorder and allergion	opinicinal disolder, (5) mood		y the QIDP under the guidance		٥				
	disorder and allergi			n manager/clinical director.	OI IIIC					
	Individual # 1's curr	ent PCP dated 12/01/2017	_	will receive in-service training f	rom the					
	through 11/30/2018	documented the following:		director on how to write data co		.]				
		e: Outcome # 1: Socialization		al #2 and all other individuals in						
		1) likes to be social with staff puse. (Individual # 1) needs to			1					
	The same and the safe in the increase of			al director will periodically audit	0001110					
	likes to converse wi	th his father on the phone and	subsequ	uent PCPs for all individuals to	ensure					
				data collection indicators are w	ritten in					
		1 # 1) in propertied to abolic		able terms.	• • • • • • • • • • • • • • • • • • • •					
		al # 1) is reminded of personal		lepartment of Mission Effective						
		1100000000		asurability of data collection inc						
			-	riodic audits of clinical docume	nts in the					
		Cupport Activities 9	program							
		ual # 1) socializes with his		QIDP will coordinate, collect an	d report					
	father. 1. (Individua	I # 1) wants to call his father.		the implementation of the		Nicosania (nicosania nicosania nicosania nicosania nicosania nicosania nicosania nicosania nicosania nicosania				
				nication and medication manag	ement for	HENCOMAN.				
		Individual # 1) is assisted in	individu	al #2.						
	dials) 4 When (Inc			am manager will ensure that the						
	conversing with his f	father, prompt him to hang up	impleme	entation and reporting for all oth	ıer					
	the phone. 5. Comp	pliment him on completing	individu	als is done correctly and compl	etely by					
		ent as needed. Frequency:		P by reviewing monthly/quarter						
	Daily. Amount: 15 m			ed from program implementation						

- "Desired Outcome: Outcome # 2: Community Integration. (Individual # 1) goes out into the

Support Activities & Instructions: (Individual # 1)

integrates into the community. 1. (Individual # 1) chooses the integrated community activity from a

community to participate in events such as

concerts, shopping, the library and parks.

individuals in the program.

--The Department of Mission Effectiveness will

periodically during routine audits or upon request

of the Clinical Director, review monthly/quarterly

reports on program implementation for all

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list of activities that are available within his community. 2. Offer choices and use the picture communication binder if needed. 3. Inform (Individual # 1) about appropriate socialization skills in the community and how important it is to focus on good behavior. 4. Praise and compliment (Individual # 1) on his efforts and document as needed. Frequency: Weekly. Amount: 30 minutes."

- "Desired Outcome: Outcome # 3; Sensory Stimulation / Stress Management. (Individual # 1) enjoys puzzles, books, painting, listening to music, baking, organizing and storing items. / Stress management enjoys the stimulation of objects and needs to learn that when he is done to place items back to be able to enjoy next time. Support Activities & Instructions: (Individual # 1) participates in sensory stimulation. 1. (Individual # 1) spends time in the sensory room. 2. (Individual # 1) is offered choices focusing on only one or two items to choose from at a time. 3. When (Individual # 1) is done working with the (Individual # 1) on completing the goal and document as needed. Frequency: Daily. Amount: 15 minutes."
- "Desired Outcome: Outcome # 4: Communication Skills. (Individual # 1) uses words and some sign language to communicate to others. (Individual # 1) learns more vocabulary and signs to communicate more effectively. Support Activities & Instructions: 1. (Individual # 1) communicates his wants and needs verbally and through some sign language. 2. (Individual # 1) signs/says he needs to brush his teeth. 3. (Individual # 1) signs/says he wants to go to bed. Frequency: Daily. Amount: Continually."

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2d. QIDP will update individual #2's ISP will with the individual's PICA protocol.

--QIDP and the program manager will review the ISPs of all other individuals to ensure that their related protocols are included in the plan.

- -- Clinical Director will work with the department of Mission Effectiveness to ensure that internal clinical audits include a review of related protocols in every ISP audited.
- 3a. ISP outcome #s 1-communication, #2-socialization, #3-exercise, #4-money management, #5-health and safety, #7-independent living skills for individual #3 will be updated to be quantifiable and measurable.
- -- QIDP will receive additional in-service training from the Clinical Director on how to write ISP outcomes in a measurable manner.
- 3. When (Individual # 1) is done working with the items he is prompted to clean up. 4. Compliment (Individual # 1) on completing the goal and document as needed. Frequency: Daily.

 Amount: 15 minutes."

 -- ISP outcomes for all other individuals in the facility will be evaluated by the QIDP/Program manager and Clinical Director to ensure that they are written in measurable terms/or updated to become measureable if they are not.
 - The department of Mission Effectiveness will review the measurability of ISP outcomes in their periodic audits of clinical documents in the program.

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- "Desired Outcome: Outcome # 6: Independent Living Skills. (Individual # 1) likes to help around the house. He can help by cleaning the table after meals/activities. (Individual # 1) can help around the house by taking trash out, doing dishes, cleaning his room, doing his laundry and other chores. Support Activities & Instructions: Independent Living Skills. 1. (Individual #1) helps around the house with the following: A. Cleaning the table after his meals or activities. B. Taking out the trash. C. D. Doing his dishes. E. Doing his laundry. F. Assisting with other chores 1. (Individual # 1) is prompted its [sic] time to clean up. 2. Provide assistance with hand over hand, verbal prompting or demonstration when needed. 3. Should (Individual # 1) offer to help on his own initiative, continue to encourage his and document as needed. Frequency: Daily. Amount: 15 minutes."
- "Desired Outcome: Outcome # 7: Money Management. (Individual # 1) selects items he wants to buy with his personal money. Support Activities & Instructions: (Individual # 1) is supported by staff to go with him to the store and make purchases at the register for items of his choosing or for services he needs. 1. (Individual # 1) is supported in the store of his choice. 2. (Individual # 1) chooses items he would like to purchase. 3. (Individual # 1) is provided with verbal prompting at the checkout to complete the transaction. 4. (Individual # 1) is complemented and document as needed. Frequency: Weekly. Amount: 15 minutes."
- "Desired Outcome: Outcome # 8: Medication Management. (Individual # 1) is prompted it is time to take his medication. He tells staff one

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- 3b. The data collection for individual #3's PCP outcomes will be updated to be in measurable terms by the QIDP under the guidance of the program manager/clinical director.
- --QIDP will receive in-service training from the clinical director on how to writer data collection for individual #3 and all other individuals in measurable terms.
- --Clinical director will periodically audit subsequent PCPs for all individuals to ensure that the data collection indicators are written in measurable terms.
- -- The department of Mission Effectiveness will add measurability of data collection indicators in their periodic audits of clinical documents in the program.
- 3c. The QIDP will coordinate, collect and report data on the implementation of the communication and medication management for individual #3.
- --Program manager will ensure that the program implementation and reporting for all other individuals is done correctly and completely by the QIDP by reviewing monthly/quarterly reports generated from program implementation.
- --The Department of Mission Effectiveness will periodically during routine audits or upon request of the Clinical Director, review monthly/quarterly reports on program implementation for all individuals in the program.

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or verbally Instruction reason for verbally compression of the prompted (Individual (verbal prompted (Individual verbal prompted (Individual p	y commurate y community of this medical in the second of the stance may a stance for the PCP and the second of the pcp and the pcp and the pcp mes on house a goal." Description of the pcp mes on house a goal."	imedication either by signing plicating. Support Activities & dual # 1) informs staff the cation either signing or ating. 1. (Individual # 1) is to take his medication. 2. up his own glass of water ybe needed). 3. (Individual # reason for one medication aybe needed for clarity). 4. Illows the medication with I # 1) is complimented for and document as needed. Amount: 15 minutes." Foximately 2:45 p.m.an acted with OSM (other staff (Qualified Intellectual conal). When asked what the was, OSM # 1 stated, "To Individual's) daily goals and eir daily living." When asked as a guide to teach individuals stated, "Yes." 14/18 at approximately 3:45 with ASM (administrative ne acting program manager Home), and OSM (other staff (Qualified Intellectual conal). When asked what the was, ASM # 2 stated, "They we to work with individuals cork on and how to follow up of uring the interview ASM # 2 sked to review the PCP	3d. QII the ind protoco QIDF ISPs o related Clini of Miss clinical	DP will update individual lividual's Self Injurious Be	ehavior (S ger will re ensure the n the plan n the dep eure that i	SIB) eview the at their n. eartment internal	8	

(Person Centered Plan) outcomes for Individuals #1. When asked if the PCP outcomes for Individual #1 for socialization skills, community

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	integration, sensory							
		munication, independent living						
		gement; and medication written in measurable terms						
	ASM # 2 and OSM	# 1 stated, "No." When asked						
		oility of the QIDP in terms of measureable outcomes and						
		lementation of the active						
	treatment and accuracy of the PCP (Person							
	Centered Plan), OS responsibility of the	M # 1, QIDP stated, "It's the						
	responsibility of the	QIDF.						
		'4.1 Individual Service Plan "4.1.3 Procedures: C.						
		on) ensures that an ISP will						
		m: 4. Goals / outcomes and						
		ves / desired outcomes for entified need. 4.1.4 Individual						
		Development. E. Goals /						
		ectives/Desired Outcomes:						
		sired outcomes will be that are behavioral and						
		indexes of progress."						
		p.m. ASM (administrative slinical director, ASM # 2,						
		ager of (Name of Group						
		ensed practical nurse) # 1						
	were made aware of	r the above findings.						
	No further information	on was provided prior to exit.						
	References:							
		o of disorders characterized apacity and difficulty with						

adaptive behaviors such as managing money,

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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/ViewFactShee t.aspx?csid=100.

(2) Autism spectrum disorder (ASD) is a neurological and developmental disorder that begins early in childhood and lasts throughout a person's life. It affects how a person acts and interacts with others, communicates, and learns. It includes what used to be known as Asperger syndrome and pervasive developmental disorders. This information was obtained from the website:

https://medlineplus.gov/autismspectrumdisorder.html.

(3) A mood disorder affects a person's everyday emotional state. These include depression and bipolar disorder (also called manic depression). Mood disorders can increase a person's risk for heart disease, diabetes, and other diseases. Treatments include medication, psychotherapy, or a combination of both. With treatment, most people with mood disorders can lead productive lives. This information was obtained from the website:

https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&v%3Asources=medlineplus-bundle&query=mood+disorder&_ga=2.250975558.1992980465.1515165534-57118619.1515023902.

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	PROVIDER OR SUPPLIER			7811	EET ADDRESS, CITY, STATE, ZIP CODE OAK STREET NASSAS, VA 20111		1/03/2010
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	of Individual # 1's P outcomes were in no Individual # 1's curre through 11/30/2018 - "Desired Outcomes Skills. (Individual # and others in the hopractice appropriate proper initial greetin likes to converse wineeds help to place Instructions: (Individual hands. 2. (Individual hands. 2. (Individual hands. 3. (Individual hands. 4. (Individual hands. 4. (Individual hands. 5. (Individual hands. 6. (Individual hands. 7. (Individual hands. 9. (Individual hands. 9	I to ensure the data collection CP (Person Centered Plan) neasurable terms. ent PCP dated 12/01/2017 documented the following: e: Outcome # 1: Socialization 1) likes to be social with staff buse. (Individual # 1) needs to e personal boundaries and gs to others. (Individual # 1) th his father on the phone and the call. Support Activities & lual # 1) is prompted to shake al # 1) is reminded of personal vidual # 1) is assisted in lual # 1) is complimented on for skills. Frequency: Daily. Support Activities & ual # 1) socializes with his I # 1) wants to call his father. assisted in retrieving the Individual # 1) is assisted in He is read the number as he dividual # 1) is done father, prompt him to hang up poliment him on completing ent as needed. Frequency:	W 1	59			

chooses the integrated community activity from a list of activities that are available within his

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO. 0938-0391		
W 159 Continued From promunity. 2. Of community. 2. Of communication bi (Individual # 1) ab skills in the comm focus on good bel compliment (Individual # 30 minut). "Desired Outcom Stimulation / Stress management objects and needs to place items back Support Activities of participates in sen # 1) spends time in (Individual # 1) is conly one or two ite 3. When (Individual	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING	(X3) [DATE SURVEY COMPLETED			
		49G044	B. WING			04/05/2040		
				STREET ADDRESS, CITY, STATE, ZIP 7811 OAK STREET MANASSAS, VA 20111	CODE	01/05/2018		
PRÉFIX			ID PREFIX TAG	PROVIDER'S PLAN OF CO X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE		
	community. 2. Offer communication bind (Individual # 1) abord skills in the communication bind (Individual # 1) abord skills in the communication on good behad compliment (Individual document as needed Amount: 30 minutes - "Desired Outcome Stimulation / Stress 1) enjoys puzzles, bound by bo	r choices and use the picture der if needed. 3. Inform at appropriate socialization nity and how important it is to vior. 4. Praise and ual # 1) on his efforts and d. Frequency: Weekly. 5." : Outcome # 3: Sensory Management. (Individual # ooks, painting, listening to nizing and storing items. / tenjoys the stimulation of plearn that when he is done to be able to enjoy next time. Instructions: (Individual # 1) bry stimulation. 1. (Individual he sensory room. 2. ered choices focusing on sto choose from at a time. # 1) is done working with the dito clean up. 4. Compliment ompleting the goal and d. Frequency: Daily.	W 1:	59				
	1) signs/says he nee	ds to brush his teeth. 3. /says he wants to go to bed.						

Frequency: Daily. Amount: Continually."

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CENTERS FOR MEDICARE & MEDICAID SERVICES			· -			OMB NO	O. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DA	ATE SURVEY OMPLETED
		49G044	B. WING			0.	1/05/2018
	PROVIDER OR SUPPLIER			781 ⁻	EET ADDRESS, CITY, STATE, ZIP CODE 1 OAK STREET NASSAS, VA 20111		1703/2010
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPROPRIEM (PROSS-REFERENCE)	ULD BE	(X5) COMPLETION DATE
	Living Skills. (Indivitue house. He can after meals/activitie around the house be dishes, cleaning his other chores. Supp Independent Living helps around the house be dishes, cleaning his other chores. Supp Independent Living helps around the house around the house helps around the house helps around the trash Doing his laundry. If a clean up. 2. Provid hand, verbal prompt needed. 3. Should on his own initiative, and document as new Amount: 15 minutes. - "Desired Outcome Management. (Individual # 1) choosing or for servit with his Activities & Instruction supported by staff to make purchases at the choosing or for servit (Individual # 1)	e: Outcome # 6: Independent idual # 1) likes to help around help by cleaning the table s. (Individual # 1) can help y taking trash out, doing room, doing his laundry and ort Activities & Instructions: Skills. 1. (Individual # 1) is we with the following: A. Ifter his meals or activities. B. C. D. Doing his dishes. E. F. Assisting with other chores. prompted its [sic] time to e assistance with hand overting or demonstration when (Individual # 1) offer to help continue to encourage his seded. Frequency: Daily. If Outcome # 7: Money vidual # 1) is go with him to the store and the register for items of his ces he needs. 1. (Individual the store of his choice. 2. ses items he would like to dual # 1) is provided with the checkout to complete the vidual # 1) is complemented eded. Frequency: Weekly.	W 1	59			

Management. (Individual # 1) is prompted it is time to take his medication. He tells staff one reason he takes his medication either by signing

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO	D. 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DA	ATE SURVEY
		49G044	B. WING	-		01	1/05/2018
AND PLAN OF CORRECTION 49G044 NAME OF PROVIDER OR SUPPLIER CRI OAK STREET ICF/MR (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 159 Continued From page 12 or verbally communicating. Support Activities & Instructions: (Individual # 1) informs staff the reason for his medication either signing or verbally communicating. 1. (Individual # 1) is prompted it is time to take his medication. 2. (Individual # 1) fills up his own glass of water (verbal prompts maybe needed). 3. (Individual # 1) informs staff the reason for one medication (staff assistance maybe needed for clarity). 4. (Individual # 1) swallows the medication with water. 5. (Individual # 1) is complimented for completing the goal and document as needed. Frequency: Daily. Amount: 15 minutes:" An interview on 01/04/18 at approximately 3:45 p.m. was conducted with ASM (administrative staff member) # 2, the acting program manager for (Name of Group Home), and OSM (other staff member) # 1, QDIP (Qualified Intellectual Disabilities Professional. ASM # 2 and OSM # 1 were asked to review the progress notes for Individual # 1 dated 12/01/17 through 12/31/17. When asked if the data was collected in measurable terms for Individual # 1's outcome of		7811	EET ADDRESS, CITY, STATE, ZIP CODE OAK STREET NASSAS, VA 20111		1100/2010		
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			lX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
	or verbally communications: (Individual reason for his media verbally communication prompted it is time (Individual # 1) fills (verbal prompts ma 1) informs staff the (staff assistance ma (Individual # 1) swa water. 5. (Individual completing the goal Frequency: Daily. An interview on 01/6 p.m. was conducted staff member) # 2, 1 for (Name of Group member) # 1, QDIP Disabilities Professi were asked to revie Individual # 1 dated When asked if the comeasurable terms for socialization skills, communication, indimanagement; and model of the development of meacollection, implement of meacollection in the	nicating. Support Activities & dual # 1) informs staff the cation either signing or ating. 1. (Individual # 1) is to take his medication. 2. up his own glass of water tybe needed). 3. (Individual # reason for one medication aybe needed for clarity). 4. Illows the medication with all # 1) is complimented for and document as needed. Amount: 15 minutes." 104/18 at approximately 3:45 a with ASM (administrative the acting program manager Home), and OSM (other staff (Qualified Intellectual onal. ASM # 2 and OSM # 1 with the progress notes for 12/01/17 through 12/31/17. Itata was collected in our Individual # 1's outcome of community integration, stress management, ependent living skills, money nedication management, or." When asked about the QIDP in terms of the asureable outcomes and data attation of the active treatment PCP (Person Centered PP stated, "It's the	W -	59			

On 01/04/18 at 5:00 p.m. ASM (administrative staff member) # 1, clinical director, ASM # 2, acting program manager of (Name of Group

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES		O	MB NO. 0938-0391
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED
		49G044	B. WING_		01/05/2018
	PROVIDER OR SUPPLIER K STREET ICF/MR			STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET MANASSAS, VA 20111	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
W 159	Home) and LPN (lick were made aware of the No further information	censed practical nurse) # 1 of the above findings. ion was provided prior to exit. If to ensure the active is of Socialization, Sensory management, Communication, skills, Medication management om the PCP (Person Centered	W 15	9	

- "Desired Outcome: Outcome # 1: Socialization Skills. (Individual # 1) likes to be social with staff and others in the house. (Individual # 1) needs to practice appropriate personal boundaries and proper initial greetings to others. (Individual # 1) likes to converse with his father on the phone and needs help to place the call. Support Activities & Instructions: (Individual # 1) socializes with others: 1. (Individual # 1) is prompted to shake hands. 2. (Individual # 1) is reminded of personal boundaries. 3. (Individual #1) is assisted in dialogue. 4. (Individual # 1) is complimented on proper social behavior skills. Frequency: Daily. Amount: 15 minutes. Support Activities & Instructions: (Individual # 1) socializes with his father. 1. (Individual # 1) wants to call his father. 2. (Individual # 1) is assisted in retrieving the phone number. 3. (Individual #1) is assisted in dialing the number (He is read the number as he dials). 4. When (Individual #1) is done conversing with his father, prompt him to hang up the phone. 5. Compliment him on completing the task and document as needed. Frequency: Daily. Amount: 15 minutes."

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CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO. 0938-039			
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				ATE SURVEY DMPLETED	
		49G044	B. WING		The second secon	0	1/05/2018	
	PROVIDER OR SUPPLIER STREET ICF/MR			781	REET ADDRESS, CITY, STATE, ZIP CODE 1 OAK STREET NASSAS, VA 20111			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
	Integration. (Individed community to partice concerts, shopping, Support Activities & integrates into the concess the integral list of activities that community. 2. Offer communication bind (Individual # 1) about skills in the community focus on good behad compliment (Individual # 1) about skills in the community. 30 minutes are dead of the compliment (Individual # 1) enjoys puzzles, but music, baking, organ Stress management objects and needs to place items back Support Activities & participates in sensor # 1) spends time in (Individual # 1) is off only one or two items 3. When (Individual items he is prompter concerts)	e: Outcome # 2: Community dual # 1) goes out into the cipate in events such as the library and parks. Instructions: (Individual # 1) community. 1. (Individual # 1) the community activity from a are available within his or choices and use the picture der if needed. 3. Informult appropriate socialization inity and how important it is to evior. 4. Praise and use # 1) on his efforts and id. Frequency: Weekly. S." Coutcome # 3: Sensory Management. (Individual # ooks, painting, listening to inizing and storing items. / tenjoys the stimulation of to learn that when he is done to be able to enjoy next time. Instructions: (Individual # 1) ory stimulation. 1. (Individual the sensory room. 2. Fered choices focusing on set to choose from at a time. # 1) is done working with the dot clean up. 4. Compliment completing the goal and do. Frequency: Daily.	W 1	59				

- "Desired Outcome: Outcome # 4:

Communication Skills. (Individual # 1) uses words and some sign language to communicate to others. (Individual # 1) learns more vocabulary

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CENTERS FOR MEDICAR		& MEDICAID SERVICES			(<u>OMB NO. 0938-</u> 0391		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1 ' '		ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		49G044	B. WING			01	1/05/2018	
	PROVIDER OR SUPPLIER STREET ICF/MR			7811 (ET ADDRESS, CITY, STATE, ZIP CODE OAK STREET ASSAS, VA 20111			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETION DATE	
	Support Activities & 1) communicates hi and through some s 1) signs/says he ner (Individual # 1) sign Frequency: Daily. A - "Desired Outcome Living Skills. (Indivithe house. He can after meals/activities around the house by dishes, cleaning his other chores. Supplindependent Living Shelps around the ho Cleaning the table a Taking out the trash. Doing his laundry. F 1. (Individual # 1) is clean up. 2. Provide hand, verbal prompt needed. 3. Should on his own initiative, and document as ne Amount: 15 minutes - "Desired Outcome:	unicate more effectively. Instructions: 1. (Individual # s wants and needs verbally sign language. 2. (Individual # eds to brush his teeth. 3. s/says he wants to go to bed. Amount: Continually." : Outcome # 6: Independent dual # 1) likes to help around help by cleaning the table s. (Individual # 1) can help y taking trash out, doing room, doing his laundry and ort Activities & Instructions: Skills. 1. (Individual # 1) use with the following: A. fter his meals or activities. B. C. D. Doing his dishes. E. F. Assisting with other chores. prompted its [sic] time to e assistance with hand over ing or demonstration when (Individual # 1) offer to help continue to encourage his seded. Frequency: Daily.	W 1	59				
	Management. (Indiv wants to buy with his Activities & Instruction supported by staff to make purchases at the choosing or for serving # 1) is supported in the (Individual # 1) choosing	idual # 1) selects items he personal money. Support ons: (Individual # 1) is go with him to the store and he register for items of his ces he needs. 1. (Individual he store of his choice. 2. ses items he would like to lual # 1) is provided with						

verbal prompting at the checkout to complete the

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CENTERS FOR MEDICARE & MEDICAID SERVICES			OMB NO. 0938-03					
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONS ING	TRUCTION	makera manda mikila masumusum	3 ' '	ATE SURVEY OMPLETED
		49G044	B. WING	**************************************			0	1/05/2018
NAME OF	PROVIDER OR SUPPLIER			STREET	ADDRESS, CIT	TY, STATE, ZIP CO		
CRI OAK	STREET ICF/MR				K STREET			
	01240400400	TELESIA OF DEFICIENCE	l	MANAS	SAS, VA 20	····	in dated and a financian contract and a financian contract and a financian contract and a financian contract a	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORR	ES PLAN OF CORF ECTIVE ACTION S ENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 159	Continued From pa	ge 16	W 1	59				
		ividual # 1) is complemented eeded. Frequency: Weekly. s."						
	Management. (Inditime to take his mereason he takes his or verbally communative treason for his mediverbally communications: (Individually computed it is time to (Individually 1) fills (verbal prompts made) informs staff the (staff assistance made) (Individually 1) swallwater. 5. (Individual completing the goal)	e: Outcome # 8: Medication vidual # 1) is prompted it is dication. He tells staff one medication either by signing icating. Support Activities & dual # 1) informs staff the cation either signing or ating. 1. (Individual # 1) is to take his medication. 2. up his own glass of water ybe needed). 3. (Individual # reason for one medication aybe needed for clarity). 4. Iows the medication with I # 1) is complimented for and document as needed.						
	dated 12/01/17 thro 1's socialization skil implemented 23 of 3 with his father progr 31 opportunities; se was implemented 23 communication prog 31 opportunities; incompanions							
	p.m. was conducted	4/18 at approximately 3:45 with ASM (administrative ne acting program manager						

for (Name of Group Home), and OSM (other staff

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CENTE	RS FOR MEDICARE	MEDICARE & MEDICAID SERVICES					OMB NO. 0938-0391		
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '		CONSTRUCTION	(X3) DA	ATE SURVEY MPLETED		
		49G044	B. WING			0.	1/05/2018		
NAME OF	PROVIDER OR SUPPLIER	<u></u>		STR	EET ADDRESS, CITY, STATE, ZIP COD		1/03/2016		
CRI OA	STREET ICF/MR				1 OAK STREET				
				MAI	NASSAS, VA 20111				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
W 159	Continued From pa	ge 17	W 1	59					
	member) # 1, QDIF	Qualified Intellectual							
	Disabilities Profess	ional. When asked about the							
		tion for the implementation P, OSM # 1 stated, "If the							
		not reflect the outcome it							
		d." When asked about the							
		QIDP in terms of the asureable outcomes and data							
		ntation of the active treatment							
		PCP (Person Centered							
	Plan), OSM # 1, QII responsibility of the								
	responsibility of the	QIDI .							
		p.m. ASM (administrative							
		clinical director, ASM # 2, nager of (Name of Group							
		ensed practical nurse) # 1							
	were made aware o	f the above findings.							
	No further information	on was provided prior to exit.							
	1d. The QIDP failed	d to ensure Individual # 1's							
	constipation protoco	ol was included on the PCP							
	(Person Centered P through 11/30/2018.	lan) dated 12/01/2017							
	U								
		e of Group Home) medical							
		# 1 revealed a protocol postipation (Name of							
	Individual # 1)" date								
	Review of PCP (Per	son Centered Plan) dated					- And the second se		
	12/01/2017 through	11/30/2018 failed to evidence							
	the constipation prot	ocol for Individual #1.							
	An interview on 01/0	4/18 at approximately 2:55							
	p.m. was conducted	with ASM (administrative							
	staff member) # 2, th	ne acting program manager					-		

for (Name of Group Home), and LPN (licensed

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CENTERS FOR MEDICARE & MEDICAID SERVICES						OMB N	IO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1 ' '		CONSTRUCTION	(X3) E	DATE SURVEY COMPLETED
		49G044	B. WING	`			01/05/2018
	PROVIDER OR SUPPLIER			781	REET ADDRESS, CITY, STATE, ZIP CODE I1 OAK STREET ANASSAS, VA 20111		31103/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
	the individual's PCF stated, "Yes." OSM Individual # 1's curr through 11/30/2018 contained the const #1, OSM # 1 stated responsibility of the development of me collection, impleme and accuracy of the Plan), OSM # 1, QII responsibility of the On 01/04/18 at 5:00 staff member) # 1, oacting program mar Home) and LPN (lic were made aware on No further information of the Plan). The QIDP failed (Person Centered Plan) developed in measure outcome # 1: Exercoutcome # 2: Commonth of the Community inclusion of the contained the program of the program	When asked if an I should be documented on P, ASM # 2 and OSM # 1 I # 1 was asked to review ent PCP dated 12/01/2017. When asked if the PCP cipation protocol for Individual, "No." When asked about the QIDP in terms of the asureable outcomes and data nation of the active treatment PCP (Person Centered DP stated, "It's the QIDP." I p.m. ASM (administrative clinical director, ASM # 2, mager of (Name of Group ensed practical nurse) # 1 if the above findings. In was provided prior to exit.	W	159			
	admitted to (Name o Diagnoses in the clir	63-year-old female, who was f Group Home) on 11/23/10. hical record included but were found intellectual disability.					

(2) epilepsy, (3) mild dysphagia, (4) myopia, (5)

vitamin D deficiency and (6) PICA.

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CENTERS FOR MEDICARE & MEDICAID SERVICES			OMB NO. 0938-039 ⁻⁷						
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DA	TE SURVEY MPLETED		
		49G044	B. WING			01	/05/2018		
NAME OF I	PROVIDER OR SUPPLIER		-		REET ADDRESS, CITY, STATE, ZIP CODE	1 0.	70072010		
CRI OAK	STREET ICF/MR				1 OAK STREET NASSAS, VA 20111				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETION DATE		
W 159	Continued From pa	age 19	W 1	59					
		rent PCP dated 08/01/2017 3 documented the following:							
	Recreation. (Individent forms of exercise/retime using different her legs and hands Instructions: 1. (Individual # 2) walking (Individual # 2) walking (Individual # 2) walking the ighborhood or at selects to dance to	e: Outcome # 1: Exercise and dual # 2) engages in different ecreation 75% (percent) of the parts of her body especially. Support Activities & ividual # 2) is selects going to g directly to the back door. 2. ks for 10 to 15 minutes in the the park. 3. (Individual # 2) 10 to 15 minutes twice a Weekly. Amount: 15							
	she enjoys commununderstand her 75% Activities & Instructicommunicates her vusing nonverbal cuedevice (Book) 75% (Individual # 2) is prommunication dev what she wants on tis completes [sic] the selects. 4. (Individual)	ndividual # 2) is nonverbal and nicating with people who 6 of the time. Support ons: (Individual # 2) wants and needs to others es like a communication							
	inclusion. (Individua community activities time. Support Activi	e: Outcome # 3: Community al # 2) engages in some s of her choice 80% of the ties & Instructions: (Individual ace from a variety of places							

with the help of her communication log book.

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CENTERS FOR MEDICARE & MEDICAID SERVICES			OMB NO. 0938					
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		49G044	B. WING			01	/05/2018	
NAME OF	PROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE		70072010	
CRI OAK	STREET ICF/MR				I OAK STREET NASSAS, VA 20111			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	ıx	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETION DATE	
	and staff supports in (Individual # 2) is suspect a place she was communication body prompted to get reat together her needs 2) is encouraged to and have as much if # 2's) strengths and documented so as if Frequency: Weekly - "Desired Outcome skills. (Individual # by signing 'hi' 50% community. Support (Individual # 2) increwith her peers and rin the community. It makes eye contact with the community. I	activity she likes to engage in the where needed. 1. Apported to research and would like to go in her ik. 2. (Individual # 2) is ady for the outing by putting for the outing. 3. (Individual # have meet [sic] new friends fun as possible. 4. (Individual # weaknesses are to see needs help. Amount: 60 minutes." E: Outcome # 4: Socialization 2) develops some social skills of the time while out in the at Activities & Instructions: eases her level of socialization makes new friends while out . (Individual # 2) smiles or with people she meets. 2. Individual # 2) is her hand and sign "hi" to the sea sign of being cordial. 4. Congratulated if she does a . Frequency: Weekly. E: Outcome # 5: Medication dividual # 2) participates in ation goal by knowing the edications and why she th water 75% of the time. Instructions: 5A (Individual # 2) Instructions:	W 1	159				

reviewing with staff the importance of taking her

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ı	TIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED		
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NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
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W 159	medication. 2. (Ind importance of taking 3. (Individual # 2) taking 3. (Individual # 2) taking 3. (Individual # 58. (Individual # 2) is proposed from staff who moniprocess. Support A (Individual # 2) is proposed from the medication of administration recording and ministration recording and ministration recording and ministration for more administration for more administration recording and more a	ividual # 2) reviews the g her medications with water. akes her medication with water requency: Daily. Amount: 15 ividual # 2) turns her cup into her mouth with prompts itors her throughout the activities & Instructions: 1. compted to open her mouth to as per her MAR (medication rd). 2. (Individual # 2) is up her cup of water. 3. compted to turn her nosey cup buth. 4. (Individual # 2) is good job and her progress is iew. Frequency: Daily.	W 1	59			

responsibility of the QIDP."

ASM # 2 and OSM # 1 were asked to review the PCP (Person Centered Plan) outcomes for Individuals # 2. When asked if the PCP outcomes for Individual # 2 of exercise and recreation, communication, community inclusion, socialization skills, medication education skills were written in measurable terms, ASM # 2 and OSM # 1 stated, "No." When asked about the responsibility of the QIDP in terms of the

development of measureable outcomes and data collection, implementation of the active treatment and accuracy of the PCP (Person Centered Plan), OSM # 1, QIDP stated, "It's the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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W 159	Continued From pa	nge 22	W 1	59				
	staff member) # 1, acting program mai Home) and LPN (lick were made aware of No further information References: (1) Refers to a group by a limited mental adaptive behaviors schedules and roution Intellectual disability 18 and may result from the website:	O p.m. ASM (administrative clinical director, ASM # 2, nager of (Name of Group censed practical nurse) # 1 of the above findings. On was provided prior to exit. Op of disorders characterized capacity and difficulty with such as managing money, nes, or social interactions. Or originates before the age of from physical causes, such as palsy, or from nonphysical ck of stimulation and adult is information was obtained w/nihfactsheets/ViewFactShee						
	recurring seizures. clusters of nerve ce send out the wrong strange sensations a strangely. They may							
	obtained from the w	order. This information was ebsite: gov/medlineplus/swallowingdi						

sorders.html.

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING	(X3) DATE SURVEY COMPLETED	
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(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULING TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPROFICE DEFICIENCY)	DBE COMPLETION	
(4) Nearsightedness is when light entering the eye is focused incorrectly, making distant objects appear blurred. Nearsightedness is a type of refractive error of the eye. This information was obtained from the website: https://medlineplus.gov/ency/article/001023.htm. (5) Vitamin D helps your body absorb calcium. This information was obtained from the website: https://medlineplus.gov/vitamind.html. (6) A pattern of eating non-food materials, such as dirt or paper. This information was obtained from the website: https://medlineplus.gov/ency/article/001538.htm. 2b. The QIDP failed to ensure the data collection of Individual # 2's PCP (Person Centered Plan) outcomes were in measurable terms. Individual # 2's current PCP dated 08/01/2017 through 07/31/2018 documented the following: - "Desired Outcome: Outcome # 1: Exercise and Recreation. (Individual # 2) engages in different forms of exercise/recreation 75% (percent) of the time using different parts of her body especially her legs and hands. Support Activities & Instructions: 1. (Individual # 2) is selects going to the patio by walking directly to the back door. 2. (Individual # 2) walks for 10 to 15 minutes in the neighborhood or at the park. 3. (Individual # 2) selects to dance to 10 to 15 minutes wice a week. Frequency: Weekly. Amount: 15 minutes." - "Desired Outcome: Outcome # 2: Communication. (Individual # 2) is nonverbal and		

she enjoys communicating with people who

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		DNSTRUCTION	(X3) DATE SURVEY COMPLETED	-
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W 159	Continued From pa	ge 24	W 1	59			_
	•	% of the time. Support	• • •	00			
	Activities & Instructi						
		wants and needs to others					
	•	es like a communication					
	device (Book) 75%	of the time daily. 1. compted to pick up her					
		ice. 2. (Individual # 2) point to					
		the device. 3. (Individual # 2)					
	is completes [sic] th	at activity or get the items she					
		(al # 2) is praised for following					
	continually."	ency: Daily. Amount:					
	COMMINICALLY.						
	- "Desired Outcome	e: Outcome # 3: Community					
		al # 2) engages in some					
		s of her choice 80% of the					
		ities & Instructions: (Individual nce from a variety of places					
		communication log book.					
		ctivity she likes to engage in					
		er where needed. 1.					١
		pported to research and					
		ould like to go in her					
		k. 2. (Individual # 2) is dy for the outing					
		for the outing. 3. (Individual #					
		have meet [sic] new friends					
		un as possible. 4. (Individual					l
	# 2's) strengths and	weaknesses are					
	documented so as to						
	Frequency: Weekly.	Amount: 60 minutes."					
	- "Desired Outcome	e: Outcome # 4: Socialization					
		2) develops some social skills				:	
		f the time while out in the					
		t Activities & Instructions:					
	LIDOWOUSE # 71 INCIA	ases her level of socialization					

with her peers and makes new friends while out in the community. 1. (Individual # 2) smiles or

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W 159	Continued From paramakes eye contact (Individual # 2) is ento say hello or good encouraged to raise people she meets a (Individual # 2's) is good job at greeting Amount: 60 minutes - "Desired Outcomeducation skills. (In her medication education education education education education with wat encouraged to learn reviewing with staff medication. 2. (Individual # 2) ta when requested. From staff who monity process. Support Ac (Individual # 2) is proget her medication recordencouraged to pick to (Individual # 2) is proget her medication recordencouraged to pick to (Individual # 2) is proget in process.	with people she meets. 2. Incouraged to wave her hand debye. 3. (Individual # 2) is a her hand and sign "hi" to the as a sign of being cordial. 4. Congratulated if she does a great participate in a congratulated if she does a great participate in a congratulated if she does a great participate in a congratulated if she does a great participate in a congratulated if she does a great participate in a congratulated if she does a great participate in a congratulated if she does a great participate in a congratulated if she does a great participate in a congratulated if she does a great participate in a congratulated if she does a great participate in a congratulated if she does a great participate in a congratulated if she does a congratulated if she d	W 1			PRIATE	DATE
	praised for doing a g documented for revi Amount: 15 minutes	uth. 4. (Individual # 2) is good job and her progress is ew. Frequency: Daily.					

approximately 3:45 p.m. with ASM (administrative

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	for (Name of Group member) # 1, QDIP Disabilities Profess: ASM # 2 and OSM PCP (Person Center Individuals # 2. Whoutcomes for	the acting program manager of Home), and OSM (other staff of Qualified Intellectual ional. During the interview # 1 were asked to review the ered Plan) outcomes for the nasked if the PCP dual # 2 of exercise and nication, community inclusion, medication education skills surable terms, ASM # 2 and o." When asked about the QIDP in terms of the asureable outcomes and data intation of the active treatment if PCP (Person Centered DP stated, "It's the QIDP." In p.m. ASM (administrative clinical director, ASM # 2, mager of (Name of Group ensed practical nurse) # 1 if the above findings. In was provided prior to exit. It o ensure the active of Communication and ment for Individual # 2 from entered Plan) were	W	59			
	tnrough 07/31/2018	documented the following:					

- "Desired Outcome: Outcome # 2:

Communication. (Individual # 2) is nonverbal and

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W 159 Continued From page 27 she enjoys communicating with people who understand her 75% of the time. Support Activities & Instructions: (Individual # 2) communicates her wants and needs to others using nonverbal cues like a communication device (Book) 75% of the time delived is communication device. (Individual # 2) point to what she wants on the device. 3. (Individual # 2) point to what she wants on the device. 3. (Individual # 2) is completes [soft hat activity or get the items she selects. 4. (Individual # 2) is praised for following instructions. Frequency: Daily. Amount: continually." - "Desired Outcome: Outcome # 5: Medication education skills. (Individual # 2) participates in her medication education goal by knowing the importance of her medications and why she should take them with water 75% of the time. Support Activities & Instructions: 5A (Individual # 2) is encouraged to learn about her medication by reviewing with staff the importance of taking her medication. 2. (Individual # 2) reviews the importance of taking her medication. 4. (Individual # 2) turns her cup (nosey cup of water into her mouth with prompts from staff who monitors her throughout the process. Support Activities & Instructions: 1. (Individual # 2) is prompted to open her mouth to get her medication as per her MAR (medication	CENTE	RS FOR MEDICARE	& MEDICAID SERVICES	***			OMB NO	0. 0938-0391
NAME OF PROVIDER OR SUPPLIER CRI OAK STREET ICF/MR REGULATORY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MINET BE PRECEDED BY THILL TAG REGULATORY OR USC IDENTIFYING INFORMATION) W 159 Continued From page 27 she enjoys communicating with people who understand her 75% of the time. Support Activities & Instructions: (Individual # 2) point to what she wants on the device. 2. (Individual # 2) point to what she wants on the device. 3. (Individual # 2) is completes [sic] that activity or get the items she selects. 4. (Individual # 2) principates in her medication education goal by knowing the importance of her medications and why she should take them with water 75% of the time. Support Activities & Instructions: 5A (Individual # 2) is encouraged to learn about her medication by reviewing with staff the importance of taking her medication. 2. (Individual # 2) is encouraged to learn about her medication by reviewing with staff the importance of taking her medication. 2. (Individual # 2) runs her cup (nosey cup of water into her mouth with prompts from staff who monitors her throughout the process. Support Activities & Instructions: 1. (Individual # 2) is prompted to open her mouth to get her medication as per her MAR (medication to get her medication as per her MAR (medication to get her medication as per her MAR (medication to get her medication as per her MAR (medication to get her medication as per her MAR (medication to get her medication as per her MAR (medication to get her medication as per her MAR (medication as per her MAR (med						CONSTRUCTION	(X3) DA	TE SURVEY
STREET ADDRESS. CITY, STATE, ZIP CODE TAIL OAK STREET ICF/MR (K4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 159 Continued From page 27 she enjoys communicating with people who understand her 75% of the time. Support Activities & Instructions: (Individual # 2) communicates her wants and needs to others using nonverbal cues like a communication device (Book) 75% of the time daily. 1. (Individual # 2) is prompted to pick up her communication device. 2. (Individual # 2) point to what she wants on the device. 3. (Individual # 2) is completes (sic) that activity or get the items she selects. 4. (Individual # 2) is praised for following instructions. Frequency: Daily. Amount: continually." - "Desired Outcome: Outcome # 5: Medication education skills. (Individual # 2) participates in her medication education sith water 75% of the time. Support Activities & Instructions: 5A (Individual # 2) is encouraged to learn about her medication by reviewing with staff the importance of taking her medication. 2. (Individual # 2) reviews the importance of taking her medication with water 3. (Individual # 2) reviews the importance of taking her medication with water when requested. Frequency: Daily. Amount: 15 minutes." 5B. (Individual # 2) turns her cup (nosey cup of water into her mouth with prompts from staff who monitors her throughout the process. Support Activities & Instructions: 1. (Individual # 2) is prompted to open her mouth to get her medication as per her MAR (medication on the process. Support Activities & Instructions: 1. (Individual # 2) is prompted to open her mouth to get her medication as per her MAR (medication			49G044	B. WING			01	1/05/2018
(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 159 Continued From page 27 she enjoys communicating with people who understand her 75% of the time. Support Activities & Instructions: (Individual # 2) communication device. 2. (Individual # 2) point to what she wants on the device. 3. (Individual # 2) is prompted to pick up her medication. Frequency: Daily. Amount: continually." - "Desired Outcome: Daily. Amount: continually." - "Desired Outcome: Outcome # 5: Medication education education skills. (Individual # 2) participates in her medication activates & Instructions: \$6 \text{ (Individual # 2)} is prompted to pick up her communication device. 3. (Individual # 2) participates in her medication education skills. (Individual # 2) participates in her medication education skills. (Individual # 2) participates in her medication education skills. (Individual # 2) is encouraged to learn about her medication by reviewing with staff the importance of taking her medication. 2. (Individual # 2) is encouraged to learn about her medication by reviewing with staff the importance of taking her medication. 3. (Individual # 2) takes her medication with water. 3. (Individual # 2) takes her medication with water when requested. Frequency: Daily. Amount: 16 minutes.* 58. (Individual # 2) turns her cup (nosey cup of water into her mouth with prompts from staff who monitors her throughout the process. Support Activities & Instructions: 1. (Individual # 2) is prompted to open her mouth to get her medication as per her MAR (medication to the process of the medication as per her MAR (medication to the process of the medication as per her MAR (medication to the process of the medication as per her MAR (medication to the process of the medication as per her MAR (medication to the process of the medication as per her MAR (medication to the process of the medication to the process of the medication to the process of	NAME OF I	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		1703/2010
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PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) W 159 Continued From page 27 she enjoys communicating with people who understand her 75% of the time. Support Activities & Instructions; (Individual # 2) communicates her wants and needs to others using nonverbal cues like a communication device (Book) 75% of the time daily. 1. (Individual # 2) is prompted to pick up her communication device. 3. (Individual # 2) point to what she wants on the device. 3. (Individual # 2) is completes [sic] that activity or get the items she selects. 4. (Individual # 2) is praised for following instructions. Frequency: Daily. Amount: continually." - "Desired Outcome: Outcome # 5: Medication education skills. (Individual # 2) participates in her medication education goal by knowing the importance of her medications and why she should take them with water 75% of the time. Support Activities & Instructions: SA (Individual # 2) is encouraged to learn about her medication by reviewing with staff the importance of taking her medication. 2. (Individual # 2) reviews the importance of taking her medication. 2. (Individual # 2) reviews the importance of taking her medication. 3. (Individual # 2) reviews the importance of taking her medication. 4. (Individual # 2) reviews the importance of taking her medication. 5. (Individual # 2) reviews the importance of taking her medication with water when requested. Frequency: Daily. Amount: 15 minutes." 58. (Individual # 2) turns her cup (nosey cup of water into her mouth with prompts from staff who monitors her throughout the process. Support Activities & Instructions: 1. (Individual # 2) is prompted to open her mouth to get her medication as per her MAR (medication					M/	ANASSAS, VA 20111		
she enjoys communicating with people who understand her 75% of the time. Support Activities & Instructions: (Individual # 2) communicates her wants and needs to others using nonverbal cues like a communication device (Book) 75% of the time daily. 1. (Individual # 2) is prompted to pick up her communication device. 2. (Individual # 2) point to what she wants on the device. 3. (Individual # 2) is completes [sic] that activity or get the items she selects. 4. (Individual # 2) is praised for following instructions. Frequency: Daily. Amount: continually." - "Desired Outcome: Outcome # 5: Medication education skills. (Individual # 2) participates in her medication education goal by knowing the importance of her medications and why she should take them with water 75% of the time. Support Activities & Instructions: 56 (Individual # 2) is encouraged to learn about her medication by reviewing with staff the importance of taking her medication with water. 1. (Individual # 2) is encouraged to learn about her medication by reviewing with staff the importance of taking her medication. 2. (Individual # 2) reviews the importance of taking her medication. 2. (Individual # 2) turns her cup (nosey cup of water into her mouth with prompts from staff who monitors her throughout the process. Support Activities & Instructions: 1. (Individual # 2) is prompted to open her mouth to get her medication on per her MAR (medication	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	LD BE	(X5) COMPLETION DATE
understand her 75% of the time. Support Activities & Instructions: (Individual # 2) communicates her wants and needs to others using nonverbal cues like a communication device (Book) 75% of the time daily. 1. (Individual # 2) is prompted to pick up her communication device. 2. (Individual # 2) point to what she wants on the device. 3. (Individual # 2) is completes [sic] that activity or get the items she selects. 4. (Individual # 2) is praised for following instructions. Frequency: Daily. Amount: continually." - "Desired Outcome: Outcome # 5: Medication education skills. (Individual # 2) participates in her medication education goal by knowing the importance of her medications and why she should take them with water 75% of the time. Support Activities & Instructions: 5A (Individual # 2) listens to the importance of taking her medication with water. 1. (Individual # 2) is encouraged to learn about her medication by reviewing with staff the importance of taking her medication. 2. (Individual # 2) reviews the importance of taking her medications with water. 3. (Individual # 2) takes her medication with water when requested. Frequency: Daily. Amount: 15 minutes." 5B. (Individual # 2) turns her cup (nosey cup of water into her mouth with prompts from staff who monitors her throughout the process. Support Activities & Instructions: 1. (Individual # 2) is prompted to open her mouth to get her medication as per her MAR (medication	W 159		-	W 1	59			
from staff who monitors her throughout the process. Support Activities & Instructions: 1. (Individual # 2) is prompted to open her mouth to get her medication as per her MAR (medication		understand her 75% Activities & Instructicommunicates her using nonverbal cuedevice (Book) 75% (Individual # 2) is procommunication device what she wants on tis completes [sic] this elects. 4. (Individual instructions. Frequedontinually." - "Desired Outcome education skills. (In her medication education skills. (In her medication education with water encouraged to learn reviewing with staff timedication. 2. (Individual # 2) take when requested. Freminutes." 5B. (Individual # 2) take when requested.	of the time. Support ons: (Individual # 2) wants and needs to others es like a communication of the time daily. 1. ompted to pick up her ice. 2. (Individual # 2) point to the device. 3. (Individual # 2) at activity or get the items she al # 2) is praised for following ency: Daily. Amount: e: Outcome # 5: Medication dividual # 2) participates in the edications and why she edications and why she the water 75% of the time. Instructions: 5A (Individual # 2) the present of taking her ency. 1. (Individual # 2) is about her medication by the importance of taking her vidual # 2) reviews the part of the medication with water equency: Daily. Amount: 15 vidual # 2) turns her cup					
administration record). 2. (Individual # 2) is encouraged to pick up her cup of water. 3.		from staff who monit process. Support Ac (Individual # 2) is proget her medication a administration record	ors her throughout the stivities & Instructions: 1. ompted to open her mouth to s per her MAR (medication d). 2. (Individual # 2) is					

(Individual # 2) is prompted to turn her nosey cup of water into her mouth. 4. (Individual # 2) is praised for doing a good job and her progress is

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	Amount: 15 minutes Review of the progress and course of the progress note does wasn't implemented are sponsibility of the elevators in the progress of the Plan), OSM # 1, QID on 01/04/18 at 5:00 staff member) # 1, c	iew. Frequency: Daily. ess notes and data collection ugh 12/31/17 of Individual # program revealed it was 31 opportunities and the ment program was 31 opportunities. 04/18 at approximately 3:45 with ASM (administrative he acting program manager Home), and OSM (other staff (Qualified Intellectual onal. When asked about the cion for the implementation , OSM # 1 stated, "If the not reflect the outcome it ." When asked about the QIDP in terms of the asureable outcomes and data attation of the active treatment PCP (Person Centered OP stated, "It's the	W 1	59	DEFICIENCY)		
	were made aware of No further informatio 2d. The QIDP failed PICA protocol was in	ensed practical nurse) # 1 the above findings. In was provided prior to exit. to ensure Individual # 2's icluded on the PCP (Person d 08/01/2017 through					

07/31/2018.

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					D. 0938-0391
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILE		E CONSTRUCTION	(X3) DA	ATE SURVEY OMPLETED
		49G044	B. WING	i		0.	1/05/2018
NAME OF	PROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE		
CRIOAK	STREET ICF/MR				B11 OAK STREET IANASSAS, VA 20111		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
W 159	Continued From pa	ge 29	W ⁻	159			
	record for Individua entitled "PICA Proto 2)" dated 07/02/17. Review of PCP (Per 08/01/2017 through	ne of Group Home) medical I # 2 revealed a protocol ocol for (Name of Individual # rson Centered Plan) dated 07/31/2018 failed to evidence					
	p.m. was conducted staff member) # 2, t for (Name of Group member) # 1, QDIP Disabilities Profession individual's protocol the individual's PCP stated, "Yes." OSM Individual # 2's current through 07/31/2018. contained the PICA OSM # 1 stated, "No responsibility of the development of meacollection, implement	04/18 at approximately 3:45 d with ASM (administrative he acting program manager Home), and OSM (other staff (Qualified Intellectual onal. When asked if an should be documented on , ASM # 2 and OSM # 1 # 1 was asked to review ent PCP dated 08/01/2017 When asked if the PCP protocol for Individual #2, b." When asked about the QIDP in terms of the asureable outcomes and data station of the active treatment PCP (Person Centered PP stated, "It's the					
	staff member) # 1, c acting program man	p.m. ASM (administrative linical director, ASM # 2, ager of (Name of Group ensed practical nurse) # 1					

were made aware of the above findings.

No further information was provided prior to exit.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING DIAMOND SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET MANASSAS, VA 20111 (X3) DATE SURVEY COMPLETED 100 PROVIDER'S PLAN OF CORRECTION (X5)	CENTER	RS FOR MEDICARE	& MEDICAID SERVICES	·· p··································		OMB NO	<u>0. 0938-0391</u>
NAME OF PROVIDER OR SUPPLIER CRI OAK STREET ICF/MR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE FRECED BY FULL (EACH DEFICIENCY) W 159 Continued From page 30 3a. The QIDP failed to ensure the following PCP (Person Centered Plan) outcomes were developed in measurable terms for Individual # 3: "Outcome # 1: Communication, Outcome # 5: Health & Safety and Outcome # 5: Health & Safety and Outcome # 7: Independent living skills." Individual # 3 was a 57-year-old female, who was admitted to (Name of Group Home) on 1/24/96. Diagnoses in the clinical record included but were not limited to: (1) severe intellectual disability, (2) PICA, (3) grand maul seizure disorder, non-verbal and status/post (condition after) right ankle fracture. Individual # 3's current PCP dated 08/01/2017 through 07/31/2018 documented the following: - "Desired Outcome: Outcome # 1: Communication." Outcome # 1: Communication. (Individual # 3) uses her preferred language to express her wants and needs by using facial expressions, gestures, and making vocalizations 80% of the time until 10/20/18. (Individual # 3) uses her preferred language to express her wants and needs three times a day to staff and or her peers. Support Activities & instructions: 1. (Individual # 3) uses her preferred lenguage to express her wants and needs three times a day to staff and or her peers. Support Activities & instructions: 1. (Individual # 3) uses her preferred lenguage to express her wants and needs three times a day to staff and or her peers. Support Activities & instructions: 1. (Individual # 3) uses her preferred lenguage to express her wants and needs three times a day to staff and or her peers. Support Activities & instructions: 1. (Individual # 3) uses her preferred language to express her wants and needs three times a day to staff and or her peers.				1 ' '		(X3) DA	TE SURVEY
CRI OAK STREET ICF/MR SIMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 159 Continued From page 30 3a. The QIDP failed to ensure the following PCP (Person Centered Plan) outcomes were developed in measurable terms for Individual # 3: "Outcome # 1: Communication, Outcome # 2: Socialization; Outcome # 3: Exercise; Outcome # 4: Money management; Outcome # 5: Health & Safety and Outcome # 7: Independent living skills." Individual # 3 was a 57-year-old female, who was admitted to (Name of Group Home) on 1/24/96. Diagnoses in the clinical record included but were not limited to: (1) severe intellectual disability, (2) PICA, (3) grand maul seizure disorder, non-verbal and status/post (condition after) right ankle fracture. Individual # 3's current PCP dated 08/01/2017 through 07/31/2018 documented the following: - "Desired Outcome: Outcome # 1: Communicates her wants and needs by using facial expressions, gestures, and making vocalizations 80% of the time until 10/20/18. (Individual # 3) uses her preferred language to express her wants and needs three times a day to staff and or her peers. Support Activities & instructions: 1 (Individual # 3) uses her preferred language to express her wants and needs three times a day to staff and or her peers. Support Activities & instructions: 1 (Individual # 3) uses her preferred language to express her wants and needs three times a day to staff and or her peers. Support Activities & instructions: 1 (Individual # 3) uses her preferred language to express her wants and needs three times a day to staff and or her peers. Support Activities & instructions: 1 (Individual # 3) uses her preferred language to express her wants and needs three times a day to staff and or her peers.			49G044	B. WING	WALLES CONTROL OF THE	0.	1/05/2018
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 159 Continued From page 30 3a. The QIDP failed to ensure the following PCP (Person Centered Plan) outcomes were developed in measurable terms for Individual # 3: "Outcome # 1: Communication; Outcome # 5: Health & Safety and Outcome # 5: Health & Safety and Outcome # 7: Independent living skills." Individual # 3 was a 57-year-old female, who was admitted to (Name of Group Home) on 1/24/96. Diagnoses in the clinical record included but were not limited to: (1) severe intellectual disability, (2) PICA, (3) grand maul seizure disorder, non-verbal and status/post (condition after) right ankle fracture. Individual # 3's current PCP dated 08/01/2017 through 07/31/2018 documented the following: - "Desired Outcome: Outcome # 1: Communication. (Individual # 3) uses her preferred language to express her wants and needs by using facial expressions, gestures, and making vocalizations 80% of the time until 10/20/18. (Individual # 3) uses her preferred language to express her wants and needs three times a day to staff and or her peers. Support Activities & Instructions: 1. (Individual # 3) points at what she would like. 2. (Individual # 4) points at what she would like. 2. (Individual # 4)	NAME OF F	PROVIDER OR SUPPLIER					110012010
PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) W 159 Continued From page 30 3a. The QIDP failed to ensure the following PCP (Person Centered Plan) outcomes were developed in measurable terms for Individual # 3: "Outcome # 1: Communication, Outcome # 2: Socialization; Outcome # 3: Exercise; Outcome # 4: Money management; Outcome # 5: Health & Safety and Outcome # 7: Independent living skills." Individual # 3 was a 57-year-old female, who was admitted to (Name of Group Home) on 1/24/96. Diagnoses in the clinical record included but were not limited to: (1) severe intellectual disability, (2) PICA, (3) grand maul seizure disorder, non-verbal and status/post (condition after) right ankle fracture. Individual # 3's current PCP dated 08/01/2017 through 07/31/2018 documented the following: - "Desired Outcome: Outcome # 1: Communication. (Individual # 3) communicates her wants and needs by using facial expressions, gestures, and making vocalizations 80% of the time until 10/20/18. (Individual # 3) uses her preferred language to express her wants and needs three times a day to staff and or her peers. Support Activities & Instructions: 1. (Individual # 3) points at what she would like. 2. (Individual # 3) points at what she would like. 2. (Individual # 3) points at what she would like. 2. (Individual # 3) points at what she would like. 2. (Individual # 3) points at what she would like. 2. (Individual # 3) points at what she would like. 2. (Individual # 3) points at what she would like. 2. (Individual # 3) points at what she would like. 2. (Individual # 3) points at what she would like. 2. (Individual # 3) points at what she would like. 2. (Individual # 3) points at what she would like. 2. (Individual # 3) points at what she would like. 2. (Individual # 3) points at what she would like. 2. (Individual # 3) points at what she would like. 2. (Individual # 3) points at what she would like. 2. (Individual # 3) points at what she would like. 2. (Individual # 3) point	CRI OAK	STREET ICF/MR					
3a. The QIDP failed to ensure the following PCP (Person Centered Plan) outcomes were developed in measurable terms for Individual # 3: "Outcome # 1: Communication; Outcome # 2: Socialization; Outcome # 3: Exercise; Outcome # 4: Money management; Outcome # 5: Health & Safety and Outcome # 7: Independent fiving skills." Individual # 3 was a 57-year-old female, who was admitted to (Name of Group Home) on 1/24/96. Diagnoses in the clinical record included but were not limited to: (1) severe intellectual disability, (2) PICA, (3) grand maul seizure disorder, non-verbal and status/post (condition after) right ankle fracture. Individual # 3's current PCP dated 08/01/2017 through 07/31/2018 documented the following: - "Desired Outcome: Outcome # 1: Communication. (Individual # 3) communicates her wants and needs by using facial expressions, gestures, and making vocalizations 80% of the time until 10/20/18. (Individual # 3) uses her preferred language to express her wants and needs three times a day to staff and or her peers. Support Activities & Instructions: 1. (Individual # 3) points at what she would like. 2. ((Individual # 3) points at what she would like. 2. ((Individual # 3) points at what she would like. 2. ((Individual # 3) points at what she would like. 2. ((Individual # 3) points at what she would like. 2. ((Individual # 3) points at what she would like. 2. ((Individual # 3) points at what she would like. 2. ((Individual # 3) points at what she would like. 2. ((Individual # 3) points at what she would like. 2. ((Individual # 3) points at what she would like. 2. ((Individual # 3) points at what she would like. 2. ((Individual # 3) points at what she would like. 2. ((Individual # 3) points at what she would like. 2. ((Individual # 3) points at what she would like. 2. ((Individual # 3) points at what she would like. 2. ((Individual # 3) points at what she would like. 2. ((Individual # 3) points at what she would like. 2. ((Individual # 3) points at what she would like. 2. ((Individual # 3) points at what she	PRÉFIX	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	PREF	X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI	N SHOULD BE E APPROPRIATE	COMPLETION
question. 3. (Individual # 3) uses vocalizations and or facial to express her thoughts. Frequency: Daily. Amount: 15 Continually." - "Desired Outcome: Outcome # 2: Socialization. (Individual # 3) socializes with others by greeting with handshakes and making eye contact to increase good social skills 90% of the time until		3a. The QIDP faile (Person Centered F developed in measure of the developed of the deve	d to ensure the following PCP Plan) outcomes were urable terms for Individual # 3: munication; Outcome # 2: me # 3: Exercise; Outcome # 6: ment; Outcome # 5: Health & e # 7: Independent living # 57-year-old female, who was of Group Home) on 1/24/96. nical record included but were evere intellectual disability, (2) ul seizure disorder, non-verbal adition after) right ankle # 1: ndividual # 3) communicates so by using facial expressions, and vocalizations 80% of the (Individual # 3) uses her to express her wants and day to staff and or her peers. Instructions: 1. (Individual # 6 would like. 2. (Individual # 6 for yes or no when asked a fual # 3) uses vocalizations ess her thoughts. Frequency: Continually."	W 1	159		

10/20/18. Support Activities & Instructions:

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES	·		OMB NC	0. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LTIPLE CONSTRUCTION DING	(X3) DA	TE SURVEY MPLETED
		49G044	B. WING		01	/05/2018
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP		
CRLOAK	STREET ICF/MR			7811 OAK STREET		
				MANASSAS, VA 20111		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
	is prompted to pick 2. (Individual # 2) p device. 3. (Individual activity or get the ite # 2) is praised for for Frequency: Daily. A - "Desired Outcome (Individual # 3) likes BMI (body mass incitime until 10/20/18. Instructions: (Individual # 3) reviewed for walks, using the participating in chain of exercise of her closelects the type of edo by gesturing, point when presented to be the correct footwear (Individual # 3) reviewed for mexercise. A weight once monthly Frequency: Weekly. - "Desired Outcome management. (Individual # 3) reviewed for the correct footwear (Individual # 3) reviewed for the conce with her couring 50% of the time Activities & Instruction spending her own her choice once moselects where she was items by reviewing a what items she wand (Individual # 3) selections.	ets others. 1. (Individual # 2) up her communication device. oint to what she wants on the al # 2) is completes [sic] that ems she selects. 4. (Individual bllowing instructions. Amount: 15 minutes." e: Outcome # 3: Exercise. It to maintain her healthy (4) dex) by exercising 80% of the Support Activities & dual # 3) exercises four times be minutes weekly by going recumbent bike, dancing, ryoga or and/or another form noice. 1. (Individual # 3) exercise that she would like to nting, or making vocalizations her. 2. (Individual # 3) puts on to perform the exercise. 3. ews instructions on how to be (Individual # 3) checks her y to track progress. Amount: 30 minutes." e: Outcome # 4: Money widual # 3) purchases items of money when on a community me until 10/20/18. Support ons: (Individual # 3) engages money to purchase items of onthly. 1. (Individual # 3) rould like to go to purchase and discussing with the staff tes to shop for. 2. In the store ets items she needs and	W	:		
	wants to purchase.	3. (Individual # 3) brings the				

items to the checkout register. 4. (Individual #3)

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CENIE	RS FOR MEDICARE	& MEDICAID SERVICES	·				OMB N	NO. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CON	NSTRUCTION		(X3) [DATE SURVEY COMPLETED
		49G044	B. WING					01/05/2018
	PROVIDER OR SUPPLIER			7811 O	ADDRESS, CAK STREET	20111		71703/2018
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH COR	ER'S PLAN OF CO RRECTIVE ACTION ERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
W 159	with the funds. (Inc and receipt from the with them. Frequer minutes."	hase by providing the cashier lividual # 3) gets the change a cashier and provides staff ncy: Monthly. Amount: 60	W 1	59				
	Safety. (Individual: during meal time 80 Support Activities & selects to drink a he i.e. water as oppose healthy snack and r twice daily while foll protocol. 1. (Individ healthy beverage.as coco with her dinner healthy fruit snack a cookies. 3. (Individual by participating house meeting. 4. (all meats are chopp food with drinking a	e: Outcome # 5: Health & # 3) makes healthy choices 10% of the time until 10/20/18. Instructions: (Individual # 3) ealthy beverage with her meal ed to coffee and selects a makes a healthy meal choice owing apperation [sic] ual # 3) selects to drink a sopposed to coffee or hot r. 2. (Individual # 3) selects a is opposed to chips or ual # 3) choose to eat healthy g in menu selection during Individual # 3) maintains that ed to help with swallowing her beverage slowly and properly equency: Daily. Amount:						
	living skills. (Individuduring the week 80% Support Activities & neatly folds tops, pa and places them in t (Individual # 3) retrie laundry area and/or takes laundry to her 3. (Individual # 3) sititem. 4. (Individual #	e: Outcome # 7: Independent ual # 3) folds her laundry 6 of the time until 10/20/18. Instructions: (Individual # 3) nts, socks and underwear he laundry basket. 1. eves clean laundry from the dryer. 2. (Individual # 3) bedroom or common area. s in chair and folds clothing # 3) places folded items back t. Frequency: Weekly.						

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			(FORM APPROVE 30MB NO. 0938-03	
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILE		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	21
		49G044	B. WING			01/05/2018	
NAME OF	PROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE		***********
CRI OAK	STREET ICF/MR				1 OAK STREET .NASSAS, VA 20111		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE COMPLÉTIO	N
W 159	Continued From pa	ge 33	W 1	59			***********
	p.m. was conducted staff member) # 2, 1 for (Name of Group member) # 1, QDIP Disabilities Professi ASM # 2 and OSM: PCP (Person Cente Individuals # 3. Whoutcomes for Individuals # 3. Whoutco	dual # 3 of communication, se, money management, independent living skills were le terms OSM # 1 stated, about the responsibility of the					
	staff member) # 1, c acting program man	p.m. ASM (administrative linical director, ASM # 2, ager of (Name of Group ensed practical nurse) # 1 f the above findings.					
	No further information	on was provided prior to exit.					
		o of disorders characterized apacity 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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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB N	O. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) D/	ATE SURVEY DMPLETED
		49G044	B. WING	·	ADDING	1	1/05/2018
	PROVIDER OR SUPPLIER			781	REET ADDRESS, CITY, STATE, ZIP CODE I1 OAK STREET ANASSAS, VA 20111		1/03/2018
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	autism or cerebral produces, such as lad responsiveness. The from the website: https://report.nih.got.aspx?csid=100. (2) A pattern of eatings dirt or paper. The from the website: https://medlineplus. (3) Epilepsy is a brain has repeated seizure episodes of uncontrologist brain cells that may behavior. Generalize seizure (involves the rigid muscles, and loginformation was obtainformation was obtainformation was obtainformation was obtaindex (BMI). You are can use your BMI to you have. This inforthe website: https://medlineplus.gota.	rom physical causes, such as palsy, or from nonphysical ck of stimulation and adult his information was obtained v/nihfactsheets/ViewFactShee and non-food materials, such is information was obtained gov/ency/article/001538.htm. In disorder in which a person es over time. Seizures are olled and abnormal firing of cause changes in attention or ted tonic-clonic (grand mal) entire body, including aura, loss of alertness). This ained from the website: gov/ency/article/000694.htm. Recide if your weight is healthy figure out your body mass d your health care provider estimate how much body fat mation was obtained from gov/ency/article/007196.htm. To ensure data collection of (Person Centered Plan) easurable terms.	W	59			
	Individual # 3's curre	nt PCP dated 08/01/2017					

through 07/31/2018 documented,

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO	0.0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		ONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		49G044	B. WING			01	/05/2018
NAME OF	PROVIDER OR SUPPLIER		1	STRE	EET ADDRESS, CITY, STATE, ZIP CODE		70072010
CRI OA	STREET ICF/MR				OAK STREET NASSAS, VA 20111		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE	(X5) COMPLETION DATE
	through 07/31/2018 - "Desired Outcome Communication. (In her wants and need gestures, and making time until 10/20/18. preferred language needs three times as Support Activities & 3) points at what sh 3) shakes her head question. 3. (Individual or facial to expribation or facial to expribation. The communication of the com	ent PCP dated 08/01/2017 documented the following: e: Outcome # 1: ndividual # 3) communicates is by using facial expressions, ng vocalizations 80% of the (Individual # 3) uses her to express her wants and day to staff and or her peers. Instructions: 1. (Individual # e would like. 2. (Individual # for yes or no when asked a lual # 3) uses vocalizations ess her thoughts. Frequency: Continually." e: Outcome # 2: Socialization. alizes with others by greeting d making eye contact to I skills 90% of the time until activities & Instructions: ts others. 1. (Individual # 2) up her communication device. int to what she wants on the all # 2) is completes [sic] that ms she selects. 4. (Individual llowing instructions. mount: 15 minutes." e: Outcome # 3: Exercise. to maintain her healthy (4) ex) by exercising 80% of the	W	59			

of exercise of her choice. 1. (Individual #3)

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CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO	. 0938-0391	
	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		ONSTRUCTION		E SURVEY IPLETED
		49G044	B. WING			01/	05/2018
NAME OF	PROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE		00/2010
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			·	IVIAIN	IASSAS, VA 20111		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTED (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 159	Continued From page 36			159			
	selects the type of	exercise that she would like to					
	do by gesturing, pointing, or making vocalizations						
		her. 2. (Individual # 3) puts on					
	the correct footwear to perform the exercise. 3. (Individual # 3) reviews instructions on how to perform exercise. 4. (Individual # 3) checks her						
	weight once monthly to track progress.						
	Frequency: Weekly	. Amount: 30 minutes."					
	- "Desired Outcome	e: Outcome # 4: Money					
		vidual # 3) purchases items of					
		money when on a community					
		me until 10/20/18. Support					
		ons: (Individual # 3) engages n money to purchase items of					
		enthly. 1. (Individual # 3)					
	selects where she v	vould like to go to purchase					
		and discussing with the staff					
		ts to shop for. 2. In the store cts items she needs and					
		3. (Individual # 3) brings the					
	items to the checko	ut register. 4. (Individual # 3)					
		hase by providing the cashier					
		ividual # 3) gets the change					
		cashier and provides staff cy: Monthly. Amount: 60					
	minutes."	oj. monanj. vanodna od					
	- "Desired Outcome	e: Outcome # 5: Health &					
		£ 3) makes healthy choices					
		% of the time until 10/20/18.					
	Support Activities &	Instructions: (Individual # 3)					
		althy beverage with her meal					
		d to coffee and selects a					
		nakes a healthy meal choice by by ing apperation [sic]					
		ual # 3) selects to drink a					

healthy beverage.as opposed to coffee or hot coco with her dinner. 2. (Individual # 3) selects a

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 01/18/2018

CENTERS FOR MEDICARE & MEDICAID SERVICES			FORM AF OMB NO. 0					
	OF DEFICIENCIES OF CORRECTION			TIPLE CONSTRUCTION ING	(X3) DA	ATE SURVEY DMPLETED		
		49G044	B. WING		0.	1/05/2018		
NAME OF	PROVIDER OR SUPPLIER		I	STREET ADDRESS, CITY, STATE, ZIP CO		1/00/2010		
CRI OAK	STREET ICF/MR			7811 OAK STREET MANASSAS, VA 20111				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR X (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
	healthy fruit snack a cookies. 3. (Individ meal by participatin house meeting. 4. all meats are chopp food with drinking a each meal daily. Fr Continually." - "Desired Outcome living skills. (Individ during the week 80% Support Activities & neatly folds tops, pa and places them in (Individual # 3) retrie laundry area and/or takes laundry to her 3. (Individual # 3) sititem. 4. (Individual # 3) sititem. 4. (Individual # 3) minutes An interview on 01/0 p.m. was conducted staff member) # 2, tif for (Name of Group member) # 1, QDIP Disabilities Professio OSM # 1 was asked for Individual # 3 dat	as opposed to chips or ual # 3) choose to eat healthy g in menu selection during (Individual # 3) maintains that led to help with swallowing her beverage slowly and properly equency: Daily. Amount: a: Outcome # 7: Independent ual # 3) folds her laundry of the time until 10/20/18. Instructions: (Individual # 3) ants, socks and underwear the laundry basket. 1. eves clean laundry from the dryer. 2. (Individual # 3) bedroom or common area. Is in chair and folds clothing # 3) places folded items back tt. Frequency: Weekly. 14/18 at approximately 3:45 with ASM (administrative ne acting program manager Home), and OSM (other staff (Qualified Intellectual onal. During the interview to review the progress notes	W 18	59				

communication, socialization, exercise, money management, health & safety, and independent living skills OSM # 1 stated, "No." When asked about the responsibility of the QIDP in terms of the development of measureable outcomes and

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	TOF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY
		49G044	B. WING			0.	1/05/2018
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W 159	Continued From pa	ge 38	W 1	59			
	data collection, implementation of the active treatment and accuracy of the PCP (Person Centered Plan), OSM # 1, QIDP stated, "It's the responsibility of the QIDP."						
	On 01/04/18 at 5:00 staff member) # 1, acting program mai Home) and LPN (lice 1 were made aware						
	No further informati	on was provided prior to exit.					
	treatment programs	to ensure the active of Health and Safety for he PCP (Person Centered ented.					
	Individual # 3's currethrough 07/31/2018	ent PCP dated 08/01/2017 documented,					
	Safety. (Individual # during meal time 80 Support Activities & selects to drink a he i.e. water as oppose healthy snack and n twice daily while folloprotocol. 1. (Individual healthy beverage.as coco with her dinner healthy fruit snack a cookies. 3. (Individual by participating house meeting. 4. (all meats are chopped)	e: Outcome # 5: Health & # 3) makes healthy choices % of the time until 10/20/18. Instructions: (Individual # 3) althy beverage with her meal d to coffee and selects a nakes a healthy meal choice owing apperation [sic] ual # 3) selects to drink a opposed to coffee or hot 2. (Individual # 3) selects a sopposed to chips or ual # 3) choose to eat healthy in menu selection during Individual # 3) maintains that ed to help with swallowing her beverage slowly and properly					

each meal daily. Frequency: Daily. Amount:

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CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO. 0938-0391			
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER STREET ICF/MR			7811	EET ADDRESS, CITY, STATE, ZIP CODE I OAK STREET NASSAS, VA 20111	1 01	703/2016	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	×	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
	dated 12/01/17 thro 3's health and safet implemented 7 of 3 An interview on 01/0 p.m. was conducted staff member) # 2, t for (Name of Group member) # 1, QDIP Disabilities Professi missing documentar Individual # 3's PCP "If the progress note it wasn't implementer esponsibility of the development of meacollection, implement and accuracy of the Plan), OSM # 1, QID responsibility of the On 01/04/18 at 5:00 staff member) # 1, con acting program man Home) and LPN (lice were made aware of No further informations). The QIDP failed protocol for SIB (self-self-self-self-self-self-self-self-	ress notes and data collection rugh 12/31/17 for Individual # y program reveled it was 1 opportunities. D4/18 at approximately 3:45 d with ASM (administrative the acting program manager Home), and OSM (other staff (Qualified Intellectual onal. When asked about the tion of the implementation of programs, OSM # 1 stated, a does not reflect the outcome ed." When asked about the QIDP in terms of the assureable outcomes and data nation of the active treatment PCP (Person Centered DP stated, "It's the QIDP." p.m. ASM (administrative dinical director, ASM # 2, ager of (Name of Group ensed practical nurse) # 1 f the above findings. on was provided prior to exit. to ensure Individual # 3's injurious behavior) was a (Person Centered Plan)	W	59				
ı	Review of the (Name	e of Group Home) medical						

record for Individual # 1 revealed a protocol

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LTIPLE CONSTRUCTION DING	(X3) DA	(X3) DATE SURVEY COMPLETED	
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W 159	entitled "Self-Injurio (Name of Individual Review of PCP (Pe 11/01/2017 through a self-injurious beha An interview on 01/0 p.m. was conducted staff member) # 2, tfor (Name of Group practical nurse) # 1, individual's protocol the individual's PCP stated, "Yes." OSM Individual # 3's curre through 07/31/2018 contained the self-ir Individual #3, OSM about the responsib the development of data collection, impl treatment and accur	us Behavior Protocol for #1)" dated 10/01/17. rson Centered Plan) dated 10/31/2018 failed to evidence avior protocol for Individual #3. 04/18 at approximately 2:55 d with ASM (administrative the acting program manager Home), and LPN (licensed When asked if an should be documented on the ASM # 2 and OSM # 1 # 1 was asked to review ent PCP dated 08/01/2017. When asked if the PCP aljurious behavior protocol for # 1 stated, "No." When asked ility of the QIDP in terms of measureable outcomes and ementation of the active racy of the PCP (Person M # 1, QIDP stated, "It's the	W 1	159			
	staff member) # 1, c acting program man	p.m. ASM (administrative linical director, ASM # 2, ager of (Name of Group ensed practical nurse) # 1 f the above findings.					
W 231	No further information in DIVIDUAL PROGRES CFR(s): 483.440(c)(c)		W 23	31			
		e individual program plan n behavioral terms that					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
	49G044	B. WING		01/05/2018
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
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W 231 Continued From page 41

provide measurable indices of performance.

This STANDARD is not met as evidenced by: Based on staff interview, clinical record review and facility document review it was determined the facility staff failed to develop PCP (Person Centered Plan) outcomes in measurable terms for three of three individuals in the survey sample Individuals # 1, # 2 and # 3.

- 1. The facility staff failed to develop and define the following PCP (Person Centered Plan) outcomes in measurable terms for Individual # 1: "Outcome # 1: Socialization skills; Outcome # 2: Community integration; Outcome # 3: Sensory stimulation / Stress management; Outcome # 4: Communication; Outcome # 6: Independent living skills; Outcome # 7: Money management; and Outcome # 8: Medication management."
- 2. The facility staff failed to developed and define the following PCP (Person Centered Plan) outcomes in measurable terms for Individual # 2: "Outcome # 1: Exercise and Recreation; Outcome # 2: Communication; Outcome # 3: Community inclusion; Outcome # 4: Socialization skills; Outcome # 5A & B: Medication education skills."
- 3. The facility staff failed to develop and define the following PCP (Person Centered Plan) outcomes in measurable terms for Individual # 3: "Outcome # 1: Communication; Outcome # 2: Socialization; Outcome # 3: Exercise; Outcome # 4: Money management; Outcome # 5: Health & Safety and Outcome # 7: Independent living skills."

W 231

Individual #1

2/15/1

- --ISP outcome #s 1-socialization skills, #2-Community integration, #3-sensory stimulation/ stress management, #4-communication, #6 independent living skills, #7-money management and #8-medication management for individual #1 will be updated to be quantifiable and measurable.
- -QIDP will receive additional in-service training from the Clinical Director on how to write ISP outcomes in a measurable manner.
- ISP outcomes for all other individuals in the facility will be evaluated by the QIDP/Program manager and Clinical Director to ensure that they are written in measurable terms/or updated to become measureable if they are not.
- The department of Mission Effectiveness will add measurability of ISP outcomes in their periodic audits of clinical documents in the program.

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W 231	admitted to (Name Diagnoses in the clinot limited to: (1) m (2) pervasive development of the clinot limited to: (1) m (2) pervasive development of the clinot limited to: (1) m (2) pervasive development of the clinot limited and allerging limited outcome skills. (Individual # and others in the hopproper initial greetin likes to converse win needs help to place Instructions: (Individual hands. 2. (Individual hands. 2. (Individual hands. 3. (Individual hands. 4. (Individual father. 1. (Individual father. 1. (Individual father. 1. (Individual # 1) is phone number. 3. (individual # 1) is phone number. 3. (individual # 1) is phone number. 5. Compthe task and docume Daily. Amount: 15 m	s a 24-year-old male, who was of Group Home) on 10/12/11. inical record included but were oderate intellectual disability, opmental disorder, (3) mood es. ent PCP dated 12/01/2017 documented the following: e: Outcome # 1: Socialization 1) likes to be social with staff buse. (Individual # 1) needs to e personal boundaries and gs to others. (Individual # 1) th his father on the phone and the call. Support Activities & lual # 1) socializes with I # 1) is prompted to shake al # 1) is reminded of personal vidual # 1) is assisted in lual # 1) is complimented on ior skills. Frequency: Daily. Support Activities & ual # 1) wants to call his father. assisted in retrieving the Individual # 1) is assisted in He is read the number as he dividual # 1) is done father, prompt him to hang up poliment him on completing ent as needed. Frequency:	Comm sociali: skills for quantity -QIE training ISP out - ISF facility manage they are to be considered and medial medial medial in the social secons of the	Jual #2 outcome #s 1-exercise/recre nunication, #3-community included and state or individual #2 will be update fiable and measurable. DP will receive additional in-sign from the Clinical Director or atcomes in a measurable many will be evaluated by the QID yer and Clinical Director to enter written in measurable term one measureable if they are a department of Mission Effected audits of clinical document in a measurability of ISP outcomes in a measurable term and clinical document in a measurability of ISP outcomes in a measurable i	lusion on education ed to service n how nner. iduals P/Pronsure ns/or unot. ctiven in the	to write that updated ess will eir	2/15/1

Integration. (Individual # 1) goes out into the community to participate in events such as

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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/VA\ 10\	SUMMARY STA	ATEMENT OF DEFICIENCIES		IVIAIV	PROVIDER'S PLAN OF CORRECTION			
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W 231	Continued From pa	•	W 2	231				
	concerts, shopping, Support Activities & integrates into the cohooses the integral list of activities that community. 2. Offer communication bind (Individual # 1) about skills in the community focus on good behad compliment (Individual document as needed Amount: 30 minutes - "Desired Outcome Stimulation / Stress 1) enjoys puzzles, be music, baking, orga Stress management objects and needs to place items back Support Activities & participates in sense # 1) spends time in (Individual # 1) is off only one or two items 3. When (Individual items he is prompte (Individual # 1) on condocument as needed Amount: 15 minutes - "Desired Outcome Communication Skill words and some signature."	instructions: (Individual # 1) community. 1. (Individual # 1) are available within his are choices and use the picture der if needed. 3. Inform ut appropriate socialization nity and how important it is to avior. 4. Praise and lual # 1) on his efforts and lual # 1) on his efforts and lual # 1) on his efforts and lual # 1. (Individual # looks, painting, listening to anizing and storing items. / at enjoys the stimulation of to learn that when he is done to be able to enjoy next time. Instructions: (Individual # 1) ory stimulation. 1. (Individual the sensory room. 2. fered choices focusing on as to choose from at a time. # 1) is done working with the ad to clean up. 4. Compliment ompleting the goal and ad. Frequency: Daily. 5." : Outcome # 4: lls. (Individual # 1) uses an language to communicate	Individed Individed Independent Independent Independent Independent Individual Independent Individual Individu	ual #3 putcom zation, ement ndent d to be will r g from SP outce will be er and d to be e writt d to be e depa d meas c audi	ne #s 1-communication, #2- #3-exercise, #4-money t, #5-health and safety, #7- living skills for individual #3 e quantifiable and measural eceive additional in-service the Clinical Director on how comes in a measurable may omes for all other individual e evaluated by the QIDP/Pr d Clinical Director to ensure ten in measurable terms/or ecome measureable if they extrement of Mission Effective surability of ISP outcomes ts of clinical documents in the	3 will be able. w to anner. Is in the ogram that are eness in their		
	to others. (Individua	al # 1) learns more vocabulary unicate more effectively.						

Support Activities & Instructions: 1. (Individual # 1) communicates his wants and needs verbally

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W 231	1) signs/says he ne	sign language. 2. (Individual # eds to brush his teeth. 3.	W 2	.31			
	(Individual # 1) signs/says he wants to go to bed. Frequency: Daily. Amount: Continually."						
	Living Skills. (Indivithe house. He can after meals/activitie around the house by dishes, cleaning his other chores. Supp Independent Living helps around the house by the cleaning the table at Taking out the trash Doing his laundry. In (Individual # 1) is clean up. 2. Provid hand, verbal promptineeded. 3. Should on his own initiative, and document as ne Amount: 15 minutes						
	Management. (Individual Management) (Individual Manage	c: Outcome # 7: Money vidual # 1) selects items he is personal money. Support ons: (Individual # 1) is one go with him to the store and the register for items of his ices he needs. 1. (Individual the store of his choice. 2. oneses items he would like to item to dual # 1) is provided with the checkout to complete the vidual # 1) is complemented ited. Frequency: Weekly.					

Amount: 15 minutes."

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES	OMB NO. 0938-03					
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	OUR HIADVOTA	TEMPLY OF DESIGNATION		MANASSAS, VA 20111				
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W 231	Continued From pa	ge 45	W 2	231				
	Management. (Inditime to take his medice reason he takes his or verbally community community community composed it is time to (Individual # 1) fills to (verbal prompts mand) informs staff the staff assistance mandle (Individual # 1) swall water. 5. (Individual completing the goal Frequency: Daily. A Con 01/03/18 at apprinterview was condumember) # 1, QDIP Disabilities Profession purpose of the PCP help maintain their (independence for the if the PCP serves as new skills, OSM # 1	e: Outcome # 8: Medication vidual # 1) is prompted it is dication. He tells staff one medication either by signing dicating. Support Activities & dual # 1) informs staff the cation either signing or ating. 1. (Individual # 1) is to take his medication. 2. up his own glass of water ybe needed). 3. (Individual # reason for one medication aybe needed for clarity). 4. Hows the medication with If # 1) is complimented for and document as needed. Amount: 15 minutes." Toximately 2:45 p.m.an acted with OSM (other staff (Qualified Intellectual onal). When asked what the was, OSM # 1 stated, "To Individual's) daily goals and eir daily living." When asked a guide to teach individuals stated, "Yes."						

p.m. was conducted with ASM (administrative staff member) # 2, the acting program manager for (Name of Group Home), and OSM (other staff

member) # 1, QDIP (Qualified Intellectual Disabilities Professional. When asked what the purpose of the PCP was, ASM # 2 stated, "They are guidelines on how to work with individuals and what goals to work on and how to follow up of achieving a goal." During the interview ASM # 2

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER			7	STREET ADDRESS, CITY, STATE, ZIP CODE 1811 OAK STREET MANASSAS, VA 20111		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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	(Person Centered F # 1. When asked if Individual # 1 for so integration, sensory management, comma skills, money mana management were ASM # 2 and OSM The facility's policy (ISP)" documented, (Name of Corporation of Corporation at a minimular measurable objective addressing each idea Service Plan (ISP) If Outcomes and Objectives / desexpressed in terms provide measurable On 01/04/18 at 5:00 staff member) # 1, cacting program man Home) and LPN (lict were made aware of No further information References: (1) Refers to a group by a limited mental of adaptive behaviors is schedules and routin Intellectual disability	asked to review the PCP Plan) outcomes for Individuals I the PCP outcomes for cialization skills, community I stimulation/stress munication, independent living gement; and medication written in measurable terms # 1 stated, "No." 14.1 Individual Service Plan 14.1.3 Procedures: C. con) ensures that an ISP will m: 4. Goals / outcomes and res / desired outcomes for entified need. 4.1.4 Individual Development. E. Goals / ectives/Desired Outcomes: cired outcomes will be that are behavioral and indexes of progress." p.m. ASM (administrative elinical director, ASM # 2, ager of (Name of Group ensed practical nurse) # 1	W 2	!31				

autism or cerebral palsy, or from nonphysical

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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z 7811 OAK STREET MANASSAS, VA 20111	ZIP CODE			
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W 231	responsiveness. The from the website: https://report.nih.go t.aspx?csid=100. (2) Autism spectrum neurological and debegins early in child person's life. It affect interacts with others It includes what use syndrome and perv disorders. This infort the website: https://medlineplus. tml. (3) A mood disorder emotional state. The bipolar disorder (als Mood disorders can heart disease, diabe Treatments include a combination of bo people with mood disorder	ge 47 ck of stimulation and adult his information was obtained ov/nihfactsheets/ViewFactShee of disorder (ASD) is a evelopmental disorder that shood and lasts throughout a cts how a person acts and experience of the second of	W 2	ľ	zT)			
	meta?v%3Aproject=medlineplus-bundle 2.250975558.19929 9.1515023902.	nih.gov/vivisimo/cgi-bin/query-medlineplus&v%3Asources= &query=mood+disorder&_ga= 180465.1515165534-5711861						
	the following PCP (F	failed to developed and define Person Centered Plan) rable terms for Individual # 2:						

"Outcome # 1: Exercise and Recreation;

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	PROVIDER OR SUPPLIER STREET ICF/MR			STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET MANASSAS, VA 20111	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECT	JLD BE COMPLETION
W 231	Outcome # 2: Commonity inclusions skills; Outcome # 5. skills." Individual # 2 was an admitted to (Name of Diagnoses in the clin not limited to: (1) proceeding (2) epilepsy, (3) mile vitamin D deficiency. Individual # 2's currenthrough 07/31/2018 - "Desired Outcome Recreation. (Individual # 2's currenthrough 07/31/2018 - "Desired Outcome Recreation. (Individual # 2) walking (Individual # 2	munication; Outcome # 3: on; Outcome # 4: Socialization A & B: Medication education a 63-year-old female, who was of Group Home) on 11/23/10. inical record included but were ofound intellectual disability, d dysphagia, (4) myopia, (5) y and (6) PICA. ent PCP dated 08/01/2017 documented the following: e: Outcome # 1: Exercise and dual # 2) engages in different ecreation 75% (percent) of the parts of her body especially Support Activities & vidual # 2) is selects going to directly to the back door. 2. ss for 10 to 15 minutes in the the park. 3. (Individual # 2) 10 to 15 minutes twice a Weekly. Amount: 15 e: Outcome # 2: individual # 2) is nonverbal and inicating with people who of the time. Support ions: (Individual # 2) vants and needs to others is like a communication	W 2		
		ompted to pick up her ce. 2. (Individual # 2) point to			

what she wants on the device. 3. (Individual #2)

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES	·			OMB NO	0.0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1				TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER	(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET MANASSAS, VA 20111 STATEMENT OF DEPICIENCIES INCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION) PROPRIES PLAN OF CORRECTION ACCOUNTY PREFIX CROSS-REFERENCED TO THE APPROPRI PREFIX CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) W 231 J that activity or get the items she vidual # 2) is praised for following equency. Daily. Amount: Ome: Outcome # 3: Community indual # 2) engages in some titles of her choice 80% of the ctivities & Instructions: (Individual erence from a variety of places her communication log book. at activity she likes to engage in the would like to go in her book. 2. (Individual # 2) is ready for the outing. 3. (Individual # 2) is ready for the outing by putting dids for the outing. 3. (Individual and weaknesses are as to see needs help. Skly. Amount: 60 minutes." Ome: Outcome # 4: Socialization and weaknesses are seen seeds help. Skly. Amount: 60 minutes." Ome: Outcome # 4: Socialization and makes new friends while out y. 1. (Individual # 2) is misse her hand and sign "hi" to the sas a sign of being cordial. 4. is congratulated if she does a ting. Frequency: Weekly.		,00,20			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFI	×	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIES	D BE	(X5) COMPLETION DATE
W 231	selects. 4. (Individu	nat activity or get the items she ual # 2) is praised for following	W 2	31			
	inclusion. (Individu community activities time. Support Activities time. Support Activities with the help of her She decides what a and staff supports in (Individual # 2) is select a place she was communication boo prompted to get reast together her needs 2) is encouraged to and have as much the 2's) strengths and documented so as the support of the	al # 2) engages in some s of her choice 80% of the rities & Instructions: (Individual nace from a variety of places communication log book. Instructions are tweet engage in the result of the second and would like to go in her where needed. 1. Instructional engage in the result of the second and would like to go in her where the second engage in the second engage in the result of the second engage in the result of the second engage in the result of the second engage in the second engage in the result of the second engage in the s					
	skills. (Individual # by signing 'hi' 50% community. Suppor (Individual # 2) increwith her peers and r in the community. makes eye contact (Individual # 2) is er to say hello or good encouraged to raise people she meets a (Individual # 2's) is contact and the same than the same tha	2) develops some social skills of the time while out in the rt Activities & Instructions: eases her level of socialization makes new friends while out I. (Individual # 2) smiles or with people she meets. 2. accouraged to wave her hand abye. 3. (Individual # 2) is a her hand and sign "hi" to the sa sign of being cordial. 4. congratulated if she does a prequency: Weekly.					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		PLE CONSTRUCTION	(X3) DA	ATE SURVEY OMPLETED
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NAME OF	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
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					MANASSAS, VA 20111		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
W 231	Continued From pa	ge 50	W 2	231	1·		
	education skills. (Ir	e: Outcome # 5: Medication adividual # 2) participates in					
		cation goal by knowing the					
		nedications and why she ith water 75% of the time.					
	Support Activities &	Instructions: 5A (Individual #					
	•	ortance of taking her					
		er. 1. (Individual # 2) is about her medication by					
	reviewing with staff	the importance of taking her					
		vidual # 2) reviews the					
		g her medications with water. kes her medication with water					
	when requested. Fr	equency: Daily. Amount: 15					
		vidual # 2) turns her cup into her mouth with prompts					
		tors her throughout the					
	process. Support A	ctivities & Instructions: 1.					
		ompted to open her mouth to as per her MAR (medication					
		d). 2. (Individual # 2) is					
		up her cup of water. 3.					
		ompted to turn her nosey cup uth. 4. (Individual # 2) is					
		good job and her progress is					
	documented for revi	ew. Frequency: Daily.					
	Amount: 15 minutes						
	An interview on 01/0	4/18 at approximately 3:45					
	p.m. was conducted	with ASM (administrative					
	staff member) # 2, the	ne acting program manager Home), and OSM (other staff					
	member) # 1, QDIP	(Qualified Intellectual					

Disabilities Professional. During the interview ASM # 2 and OSM # 1 were asked to review the PCP (Person Centered Plan) outcomes for Individuals # 2. When asked if the PCP outcomes for Individual # 2 of exercise and

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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W 231	Continued From pa	age 51	W 2	231				
	recreation, commun socialization skills,	nication, community inclusion, medication education skills asurable terms, ASM # 2 and						
	staff member) # 1, acting program mai Home) and LPN (lice	O p.m. ASM (administrative clinical director, ASM # 2, nager of (Name of Group censed practical nurse) # 1 of the above findings.						
	No further informati	on was provided prior to exit.						
	References:							
	by a limited mental adaptive behaviors schedules and rout Intellectual disability 18 and may result from the website:	op of disorders characterized capacity and difficulty with such as managing money, ines, or social interactions. Your originates before the age of rom physical causes, such as palsy, or from nonphysical sk of stimulation and adult his information was obtained which factsheets/ViewFactShee						
	recurring seizures. clusters of nerve ce send out the wrong strange sensations strangely. They may							

(3) A swallowing disorder. This information was

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	PROVIDER OR SUPPLIER			78	TREET ADDRESS, CITY, STATE, ZIP CODE 811 OAK STREET MANASSAS, VA 20111	1 01	,00,2018	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE	
	obtained from the whttps://www.nlm.nih sorders.html. (4) Nearsightednes eye is focused incompear blurred. Near refractive error of the obtained from the whttps://medlineplus. (5) Vitamin D helps This information was https://medlineplus. (6) A pattern of eating as dirt or paper. The from the website: https://medlineplus. 3. The facility staff of the following PCP (Foutcomes in measur "Outcomes in measur "Outcomes in measur "Outcomes in Comes Socialization; Outcode: Money managem Safety and Outcomes skills." Individual # 3 was a admitted to (Name of the control of th	website: a.gov/medlineplus/swallowingdi as is when light entering the prectly, making distant objects parsightedness is a type of the eye. This information was prebsite: gov/ency/article/001023.htm. your body absorb calcium. s obtained from the website:	W 2	231				
	PICA, (3) grand mau	vere intellectual disability, (2) Il seizure disorder, non-verbal dition after) right ankle						

Individual # 3's current PCP dated 08/01/2017

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	ATEMENT OF DEFICIENCIES AD PLAN OF CORRECTION (X1) PROVIDER SUPPLIER ABOUT SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY) (X4) IID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PROVIDER OR SUPPLIER (X4) IID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PROVIDERS PLAN OF CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDENCY) W 231 Continued From page 53 through 07/31/2018 documented the following: - "Desired Outcome: Outcome # 1: Communication. (Individual # 3) communicates her wants and needs by using facial expressions, gestures, and making vocalizations 80% of the time until 10/20/18. (Individual # 3) uses her preferred language to express her wants and needs three times a day to staff and or her peers. Support Activities & Instructions: 1. (Individual # 3) shakes her head for yes or no when asked a question. 3. (Individual # 3) uses vocalizations and or facial to express her thoughts. Frequency. Daily. Amount: 15 Continually: - "Desired Outcome: Outcome # 2: Socialization. (Individual # 3) socializes with others by greeting with handshakes and making eye contact to increase good social skills 90% of the time until 10/20/18. Support Activities & Instructions: (Individual # 3) sprompted to pick up her communication device. 2. (Individual # 2) is prompted to pick up her communication device. 2. (Individual # 2) is completes [sic] that activity or get the items she selects. 4. (Individual activity or get the items she selects. 4. (Individual		0.	1/05/2018			
NAME OF	PROVIDER OR SUPPLIER		1				
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PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	JLD BE	(X5) COMPLETION DATE
W 231	•	•	W 2	231			
	Communication. (I her wants and need gestures, and maki time until 10/20/18. preferred language needs three times a Support Activities & 3) points at what sh 3) shakes her head question. 3. (Individual or facial to exp. Daily. Amount: 15 c - "Desired Outcom (Individual # 3) soci with handshakes ar increase good social	ndividual # 3) communicates ds by using facial expressions, ng vocalizations 80% of the (Individual # 3) uses her to express her wants and a day to staff and or her peers. Instructions: 1. (Individual # for yes or no when asked a dual # 3) uses vocalizations ress her thoughts. Frequency: Continually." e: Outcome # 2: Socialization. alizes with others by greeting and making eye contact to all skills 90% of the time until					
	(Individual # 3) gree is prompted to pick 2. (Individual # 2) po device. 3. (Individuactivity or get the ite # 2) is praised for fo	ets others. 1. (Individual # 2) up her communication device. Dint to what she wants on the al # 2) is completes [sic] that					
	- "Desired Outcome (Individual # 3) likes BMI (body mass ind time until 10/20/18. Instructions: (Individ a week for 15 or mo for walks, using the participating in chair	e: Outcome # 3: Exercise. to maintain her healthy (4) ex) by exercising 80% of the					

selects the type of exercise that she would like to

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W 231	do by gesturing, powhen presented to the correct footwea (Individual # 3) reviewed perform exercise. A weight once month! Frequency: Weekly - "Desired Outcommanagement. (Indiher choice with her outing 50% of the tital Activities & Instruction spending her own her choice once moselects where she witems by reviewing a what items she want (Individual # 3) selewants to purchase. items to the checkor completes the purch with the funds. (Indiand receipt from the with them. Frequent minutes."	inting, or making vocalizations her. 2. (Individual # 3) puts on r to perform the exercise. 3. ews instructions on how to 4. (Individual # 3) checks her y to track progress. Amount: 30 minutes." e: Outcome # 4: Money vidual # 3) purchases items of money when on a community me until 10/20/18. Support ons: (Individual # 3) engages in money to purchase items of inthly. 1. (Individual # 3) vould like to go to purchase and discussing with the staff ts to shop for. 2. In the store ets items she needs and 3. (Individual # 3) brings the cut register. 4. (Individual # 3) hase by providing the cashier ividual # 3) gets the change is cashier and provides staff cy: Monthly. Amount: 60	W 2	231		
	Safety. (Individual # during meal time 80 Support Activities & selects to drink a he i.e. water as oppose healthy snack and m twice daily while folloprotocol. 1. (Individual healthy beverage.as	\$\frac{4}{3}\$ makes healthy choices % of the time until 10/20/18. Instructions: (Individual # 3) althy beverage with her meal d to coffee and selects a nakes a healthy meal choice owing apperation [sic]				

healthy fruit snack as opposed to chips or

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CENTE	KS FUR MEDICARE	& MEDICAID SERVICES				<u> DMR NO</u>) <u>. 0938-03</u> 91
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		NSTRUCTION		TE SURVEY MPLETED
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(3.43 (6)	ALD ADVERNITA	ATTACHT OF DECIDIENDIES		IVIMINA		~	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 231	Continued From pa	-	W 2	31			
	meal by participatin house meeting. 4. all meats are chopp food with drinking a each meal daily. Fr Continually." - "Desired Outcome living skills. (Individuding the week 80° Support Activities & neatly folds tops, pa and places them in (Individual # 3) retrictle laundry area and/or takes laundry to her 3. (Individual # 3) sittem. 4. (Individual sittem.	dual # 3) choose to eat healthy in in menu selection during (Individual # 3) maintains that bed to help with swallowing here a beverage slowly and properly requency: Daily. Amount: e: Outcome # 7: Independent dual # 3) folds her laundry % of the time until 10/20/18. Instructions: (Individual # 3) ants, socks and underwear the laundry basket. 1. eves clean laundry from the dryer. 2. (Individual # 3) redroom or common area. its in chair and folds clothing # 3) places folded items back et. Frequency: Weekly.					
	p.m. was conducted staff member) # 2, the for (Name of Group member) # 1, QDIP Disabilities Profession ASM # 2 and OSM # PCP (Person Center Individuals # 3. Who outcomes for Individuals accialization, exercise health & safety, and	04/18 at approximately 3:45 d with ASM (administrative the acting program manager Home), and OSM (other staff (Qualified Intellectual onal. During the interview # 1 were asked to review the gred Plan) outcomes for en asked if the PCP dual # 3 of communication, se, money management, I independent living skills were le terms, ASM # 2 and OSM #					

On 01/04/18 at 5:00 p.m. ASM (administrative staff member) # 1, clinical director, ASM # 2,

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				MANASSAS, VA 20111	***************************************	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE
W 231	Continued From pa	ige 56	W 2	231		
	acting program ma Home) and LPN (lie	nager of (Name of Group censed practical nurse) # 1 of the above findings.				
	No further informat	ion was provided prior to exit.				
	by a limited mental adaptive behaviors schedules and rout Intellectual disability 18 and may result f autism or cerebral p causes, such as lac responsiveness. The from the website:	up of disorders characterized capacity and difficulty with such as managing money, ines, or social interactions. It is originates before the age of from physical causes, such as palsy, or from nonphysical ck of stimulation and adult his information was obtained v/nihfactsheets/ViewFactShee				
	as dirt or paper. The from the website:	ng non-food materials, such is information was obtained gov/ency/article/001538.htm.				
	(3) Epilepsy is a brahas repeated seizure episodes of uncontribrain cells that may behavior. Generalizeizure (involves the rigid muscles, and le information was obth the tripical muscles.//medlineplus.	ain disorder in which a person res over time. Seizures are rolled and abnormal firing of cause changes in attention or zed tonic-clonic (grand mal) e entire body, including aura, loss of alertness). This ained from the website: gov/ency/article/000694.htm. ecide if your weight is healthy figure out your body mass				
		d your health care provider				-

can use your BMI to estimate how much body fat

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 231 W 241	the website: https://medlineplus. INDIVIDUAL PROG	rmation was obtained from gov/ency/article/007196.htm.	w:				
	location where prog (which must be accer responsible for imple This STANDARD is Based on staff inter	am plan must identify the ram strategy information essible to any person ementation) can be found. not met as evidenced by: view and clinical record	the indi QIDP the ISP their rel QIDP	will u vidua and t s of a ated _l /Prog	. pdate individual #1's ISP value individual #1's ISP value individual #1's ISP value in the program manager will be supported in the protocols are included in the protocols for and report on protocols for individual in the protocols for individual in the protocols for individual indiv	review ire that he plan that	
	failed to include the current PCPs (Perso	on Centered Plans) for three not the survey sample,	individu system progres	als us when s or la	sing the electronic health in documenting on the individual thereof. Therefore will work with the	ecord	
	1's constipation prote	ocol on the PCP (Person d 12/01/2017 through	departn ensure review o	nent c that ir of rela	of Mission Effectiveness to nternal clinical audits inclu nted protocols in every ISF sure that they are relevan	de a	
	2's PICA protocol on				ithout encumbrances to al		
	3. The facility staff fa 3's protocol for SIB (a the PCP (Person Ce 11/01/2017 through 1	ailed to include Individual # self-injurious behavior) on ntered Plan) dated 0/31/2018.					
	The findings include:						
		ailed to include Individual #					

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W 241	Continued From pa	ge 58	W:	241			
	Centered Plan) date 11/30/2018.	ed 12/01/2017 through	For inc	lividua	al #2. ipdate individual #2's ISP	will	2/15/18
	admitted to (Name of Diagnoses in the clinot limited to: (1) may (2) pervasive development of the constitution of the (Name coord for Individual entitled "Protocol-Collindividual # 1)" date Review of PCP (Per 12/01/2017 through the constipation protocol the individual's protocol the individual's protocol the individual's PCP stated, "Yes." ASM to review Individual # 12/01/2017 through the PCP contained to Individual # 1, ASM # On 01/04/18 at 5:00 staff member) # 1, cacting program management of the program of the program of the program management of the program of the	e of Group Home) medical # 1 revealed a protocol onstipation (Name of d 11/02/17. son Centered Plan) dated 11/30/2018 failed to evidence tocol for Individual #1. 04/18 at approximately 2:55 with ASM (administrative he acting program manager Home), and LPN (licensed When asked if an should be documented on , ASM # 2 and LPN # 1 # 2 and LPN # 1 were asked # 1's current PCP dated 11/30/2018. When asked if he constipation protocol for 2 and LPN # 1 stated, "No." p.m. ASM (administrative linical director, ASM # 2, ager of (Name of Group ensed practical nurse) # 1	QIDF the ISI that th the pla QIDI staff re individ system individ Clini depart ensure review audited	P and the solution of relationships and the solution of relationships and to error of the solution of relationships and to error of the solutionships and the solutionships are solutionships and the solutionships and the solutionships are solven as a solution and the solutionships are	vidual's PICA protocol. the program manager will all other individuals to ensu- ated protocols are included gram manager will ensure and report on protocols for sing the electronic health in documenting on the progress or lack thereof. Trector will work with the of Mission Effectiveness to internal clinical audits inclu- ated protocols in every ISF insure that they are relevant without encumbrances to a	ure d in that or all record ide a or	

No further information was provided prior to exit.

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CENTERS FOR MEDICARE & MEDICAID SERVICES			OMB NO	0. 0938-0391			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER CRI OAK STREET ICF/MR (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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/ViewFactShee t.aspx?csid=100. (2) Autism spectrum disorder (ASD) is a neurological and developmental disorder that begins early in childhood and lasts throughout a person's life. It affects how a person acts and interacts with others, communicates, and learns. It includes what used to be known as Asperger syndrome and pervasive developmental disorders. This information was obtained from the website: https://medlineplus.gov/autismspectrumdisorder.h				01	/05/2018		
NAME OF	PROVIDER OR SUPPLIER		1	STRI	EET ADDRESS, CITY, STATE, ZIP CODE		
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(VA) 165	SHIMMARY STA	TEMENT OF DEFICIENCIES		IVIAI	NASSAS, VA 20111		
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W 241	Continued From pa	ge 59	W 2	<u>!</u> 41			
	References:		For in	divid	ual #3		2/15/18
	by a limited mental adaptive behaviors schedules and routi Intellectual disability 18 and may result frautism or cerebral p causes, such as lac responsiveness. Th from the website: https://report.nih.govt.aspx?csid=100. (2) Autism spectrum neurological and debegins early in childiperson's life. It affect interacts with others It includes what uses syndrome and pervadisorders. This inforthe website:	capacity and difficulty with such as managing money, nes, or social interactions. To originates before the age of comphysical causes, such as alsy, or from nonphysical k of stimulation and adult is information was obtained and information was obtained and disorder (ASD) is a velopmental disorder that mood and lasts throughout a ts how a person acts and communicates, and learns. It is to be known as Asperger asive developmental from the such as th	with the (SIB)QID the IS that the plant of the IS staff red individual control of the IS that the plant of the IS that the plant of the IS that the plant of the IS that th	ne incomproto Proto Prot	update individual #3's ISP of dividual's Self Injurious Behavicol. If the program manager will fall other individuals to ensure lated protocols are included ogram manager will ensure we and report on protocols for using the electronic health in en documenting on the progress or lack thereof. Director will work with the tof Mission Effectiveness to the internal clinical audits included and protocols in every ISF ensure that they are relevant without encumbrances to a	review ure d in that or all record	
	emotional state. The bipolar disorder (also Mood disorders can heart disease, diabe Treatments include r a combination of bot people with mood dis	affects a person's everyday se include depression and o called manic depression). increase a person's risk for tes, and other diseases. medication, psychotherapy, or h. With treatment, most sorders can lead productive on was obtained from the					

https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-

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W 241	meta?v%3Aproject medlineplus-bundle 2.250975558.19929 9.1515023902.	ge 60 =medlineplus&v%3Asources= e&query=mood+disorder&_ga= 980465.1515165534-5711861 failed to include Individual # in the PCP (Person Centered	W 2	241			
	admitted to (Name Diagnoses in the clinot limited to: (1) pr (2) epilepsy, (3) mile vitamin D deficiency Review of the (Name Diagnose) Review of Individual	63-year-old female, who was of Group Home) on 11/23/10. nical record included but were ofound intellectual disability, d dysphagia, (4) myopia, (5) and (6) PICA. e of Group Home) medical # 1 revealed a protocol col for (Name of Individual #					
	1)" dated 07/02/17. Review of PCP (Per 08/01/2017 through the PICA protocol for An interview on 01/0 p.m. was conducted staff member) # 2, t for (Name of Group practical nurse) # 1. individual's protocol the individual's PCP stated, "Yes." ASM to review Individual is	rson Centered Plan) dated 07/31/2018 failed to evidence or Individual #2. 04/18 at approximately 2:55 with ASM (administrative he acting program manager Home), and LPN (licensed When asked if an should be documented on , ASM # 2 and LPN # 1 were asked # 2 s current PCP dated 07/31/2018. When asked if					

Individual #2, ASM # 2 and LPN # 1 stated, "No."

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			NSTRUCTION	(X3) DATE SURVEY COMPLETED		
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W 241	staff member) # 1, acting program man Home) and LPN (lid were made aware of No further information References: (1) Refers to a group by a limited mental adaptive behaviors schedules and roution Intellectual disability 18 and may result from the website:	ge 61 D p.m. ASM (administrative clinical director, ASM # 2, nager of (Name of Group censed practical nurse) # 1 of the above findings. On was provided prior to exit. The properties of disorders characterized capacity and difficulty with such as managing money, nes, or social interactions. The originates before the age of from physical causes, such as palsy, or from nonphysical causes of stimulation and adult is information was obtained which as which as managing money.	W 2	241				
	recurring seizures. clusters of nerve ce send out the wrong strange sensations strangely. They may or lose consciousne obtained from the whttps://medlineplus.(3) A swallowing disobtained from the w	gov/epilepsy.html. order. This information was						

(4) Nearsightedness is when light entering the

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER STREET ICF/MR			7811	ET ADDRESS, CITY, STATE, ZIP CODE OAK STREET IASSAS, VA 20111		
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	appear blurred. Nearefractive error of the obtained from the we https://medlineplus.g. (5) Vitamin D helps This information was https://medlineplus.g. (6) A pattern of eating as dirt or paper. This from the website: https://medlineplus.g. 3. The facility staff of 3's protocol for SIB (the PCP (Person Ce 11/01/2017 through standard to (Name of Diagnoses in the clin not limited to: (1) seven PICA, (3) grand mand and status/post (confracture. Review of the (Name record for Individual standard st	rectly, making distant objects arsightedness is a type of e eye. This information was rebsite: gov/ency/article/001023.htm. your body absorb calcium. so obtained from the website: gov/vitamind.html. Ing non-food materials, such is information was obtained gov/ency/article/001538.htm. Ing include Individual # (self-injurious behavior) on entered Plan) dated 10/31/2018. 57-year-old female, who was f Group Home) on 1/24/96. Inical record included but were were intellectual disability, (2) all seizure disorder, non-verbal dition after) right ankle The of Group Home) medical # 1 revealed a protocol is Behavior Protocol for	W 2	41			

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CENTE	13 FUN MEDICARE	A MEDICAID SERVICES			OMR NO:	<u>. 0938-0391</u>
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	staff member) # 2, for (Name of Group practical nurse) # 1 individual's protocol the individual's PCF stated, "Yes." ASM to review Individual 08/01/2017 through the PCP contained protocol for Individual otated, "No." On 01/04/18 at 5:00 staff member) # 1, cacting program mar Home) and LPN (lick were made aware of No further information were made aware of No further information that is a group by a limited mental of adaptive behaviors are schedules and routing the lectual disability 18 and may result from the website: https://report.nih.gov.t.aspx?csid=100.	d with ASM (administrative the acting program manager of Home), and LPN (licensed). When asked if an a should be documented on P, ASM # 2 and LPN # 1 were asked # 3's current PCP dated 07/31/2018. When asked if the self-injurious behavior al #3, ASM # 2 and LPN # 1 p.m. ASM (administrative clinical director, ASM # 2, nager of (Name of Group ensed practical nurse) # 1	W 2	41		
	from the website:	o mormador was obtained				

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

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					OND NO. 0330-039 I
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W 241	Continued From pa	ge 64	W 2	241	
	has repeated seizur episodes of uncontrol brain cells that may behavior. Generaliz seizure (involves the rigid muscles, and le information was obto https://medlineplus.et/ (4) A good way to defor your height is to index (BMI). You and can use your BMI to you have. This information the website: https://medlineplus.et/ PROGRAM IMPLEM CFR(s): 483.440(d)(d) As soon as the interformulated a client's each client must reconstructed the reconstructions and seand frequency to supplicatives identified plan. This STANDARD is Based on staff intervand facility document that the facility staff for treatment programs.	disciplinary team has individual program plan, eive a continuous active	W 2	49	

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W 249	Continued From pa	ge 65	W 2	249	

the survey sample, Individuals #1, #2 and #3.

- 1. The facility staff failed to implement the active treatment programs of Socialization, Sensory stimulation/Stress management, Communication, Independent living skills, Medication management for Individual # 1 from the PCP (Person Centered Plan).
- 2. The facility staff failed to implement the active treatment programs of Communication and Medication management for Individual # 2 from the PCP (Person Centered Plan).
- 3. The facility staff failed to implement the active treatment programs of Health and Safety for Individual #3 from the PCP (Person Centered Plan).

The findings include:

1. The facility staff failed to implement the active treatment programs of Socialization, Sensory stimulation/Stress management, Communication. Independent living skills, Medication management for Individual # 1 from the PCP (Person Centered Plan).

Individual # 1was a 24-year-old male, who was admitted to (Name of Group Home) on 10/12/11. Diagnoses in the clinical record included but were not limited to: (1) moderate intellectual disability. (2) pervasive developmental disorder, (3) mood disorder and allergies.

Individual # 1's current PCP dated 12/01/2017 through 11/30/2018 documented:

- "Desired Outcome: Outcome # 1: Socialization

For individual #1

2/15/18

- -- The QIDP will coordinate, collect and report data on the implementation of the socialization, sensory stimulation/stress management, communication, independent living skills, and medication management active treatment programs for individual #1.
- --Program manager will ensure that the program implementation and reporting for all other individuals is done correctly and completely by the QIDP by reviewing monthly/ quarterly reports generated from program implementation.
- --The Department of Mission Effectiveness will periodically during routine audits or upon request of the Clinical Director, review monthly/quarterly reports on program implementation for all individuals in the program.
- --Clinical Director will see to it that the above plan is implemented accordingly or intervene in a timely manner to make changes needed to ensure the full implementation on individuals' treatment plans.

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PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFI TAG		N SHOULD BE	(X5) COMPLETION DATE
	and others in the hopractice appropriate proper initial greetin likes to converse with needs help to place Instructions: (Individual hands. 2. (Individual hands. 2. (Individual hands. 3. (Individual hands. 3. (Individual hands. 4. (Individual hands.) 4. When (Individual hands.) 5. Comthe task and docum hands. 5. Comthe task and docum hands. 6. Comthe task and docum hands.) 6. Comthe task and hands. 6. Comthe task and hands. 7. Comthe task and hands. 7. Comthe task and hands. 8. Comthe task and hands. 8. Comthe task and hands. 9. Comthe task and hands.	1) likes to be social with staff buse. (Individual # 1) needs to be personal boundaries and ags to others. (Individual # 1) iith his father on the phone and a the call. Support Activities & dual # 1) is prompted to shake all # 1) is reminded of personal ividual # 1) is complimented on the call. Frequency: Daily. Socializes with his all # 1) socializes with his all # 1) socializes with his all # 1) wants to call his father. assisted in retrieving the Individual # 1) is assisted in (He is read the number as he dividual # 1) is done father, prompt him to hang up pliment him on completing ent as needed. Frequency:	The report communication individual composition of the report compos	ndividual #2 QIDP will coordinate, collect data on the implementation nunication and medication agement active treatment produal #2. gram manager will ensure the am implementation and report individuals is done correletely by the QIDP by reviewally/quarterly reports general am implementation. Department of Mission Effectiodically during routine autrequest of the Clinical Director will see to it the plan is implemented according to the plan is implemented to the plan	on of the rograms for that the porting for ectly and ewing ated from ectiveness udits or ector, review gram in the at the rdingly or make ull	

only one or two items to choose from at a time.
3. When (Individual # 1) is done working with the items he is prompted to clean up. 4. Compliment

(Individual # 1) on completing the goal and

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W 249	Continued From pa	_	W 2	249	
	document as needed. Frequency: Daily. Amount: 15 minutes."		The QIDP will coordinate, collect		port 2/15/18

 "Desired Outcome: Outcome # 4: Communication Skills. (Individual # 1) uses words and some sign language to communicate to others. (Individual # 1) learns more vocabulary and signs to communicate more effectively. Support Activities & Instructions: 1. (Individual # 1) communicates his wants and needs verbally and through some sign language. 2. (Individual # 1) signs/says he needs to brush his teeth. 3.

(Individual # 1) signs/says he wants to go to bed.

Frequency: Daily. Amount: Continually."

- "Desired Outcome: Outcome # 6: Independent Living Skills. (Individual # 1) likes to help around the house. He can help by cleaning the table after meals/activities. (Individual # 1) can help around the house by taking trash out, doing dishes, cleaning his room, doing his laundry and other chores. Support Activities & Instructions: Independent Living Skills. 1. (Individual #1) helps around the house with the following: A. Cleaning the table after his meals or activities. B. Taking out the trash. C. D. Doing his dishes. E. Doing his laundry. F. Assisting with other chores. 1. (Individual # 1) is prompted its [sic] time to clean up. 2. Provide assistance with hand over hand, verbal prompting or demonstration when needed. 3. Should (Individual # 1) offer to help on his own initiative, continue to encourage his and document as needed. Frequency: Daily. Amount: 15 minutes."
- "Desired Outcome: Outcome # 8: Medication Management. (Individual # 1) is prompted it is time to take his medication. He tells staff one reason he takes his medication either by signing

data on the implementation of the health and safety active treatment program for individual #3.

- --Program manager will ensure that the program implementation and reporting for all other individuals is done correctly and completely by the QIDP by reviewing monthly/quarterly reports generated from program implementation.
- -- The Department of Mission Effectiveness will periodically during routine audits or upon request of the Clinical Director, review monthly/quarterly reports on program implementation for all individuals in the program.
- --Clinical Director will see to it that the above plan is implemented accordingly or intervene in a timely manner to make changes needed to ensure the full implementation on individuals' treatment plans.

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W 249	or verbally communications: (Individual # 1) fills (verbal prompts ma 1) informs staff the (staff assistance ma (Individual # 1) swa water. 5. (Individual completing the goal Frequency: Daily. A Review of the progredated 12/01/17 thro 1's socialization skill implemented 23 of with his father progra 31 opportunities; se was implemented 24 of 3 medication manage implemented 16 of 3 An interview on 01/0 p.m. was conducted staff member) # 2, t	dual # 1) informs staff the cation either signing or ating. 1. (Individual # 1) is to take his medication. 2. up his own glass of water ybe needed). 3. (Individual # reason for one medication aybe needed for clarity). 4. Illows the medication with I # 1) is complimented for and document as needed. Amount: 15 minutes." The ess notes and data collection ugh 12/31/17 for Individual # Is program revealed it was all opportunities; socialization from was implemented 20 of the insory stimulation program and 3 of 31 opportunities; gram was implemented 23 of the insory stimulation shill was all opportunities and the ment program was	W 2	249			
	Disabilities Profession missing documentate Individual # 1's PCP "If it wasn't documer	(Qualified Intellectual onal. When asked about the ion for the implementation programs, ASM # 2 stated, onted I can't say it was I stated, "If the progress					

note does not reflect the outcome it wasn't

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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	AME OF PROVIDER OR SUPPLIER RI OAK STREET ICF/MR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 249 Continued From page 69 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 01/04/18 at 5:00 p.m. ASM (administrative staff member) # 1, clinical director, ASM # 2, acting program manager of (Name of Group Home) and LPN (licensed practical nurse) # 1 were made aware of the above findings. No further information was provided prior to exit.			7811	EET ADDRESS, CITY, STATE, ZIP CODE I OAK STREET NASSAS, VA 20111	1 0	1/03/2018
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	(ISP)" documented, (Name of Corporatic contain at a minimu measurable objective addressing each ide Service Plan (ISP) I Outcomes and Objectives / desexpressed in terms provide measurable On 01/04/18 at 5:00 staff member) # 1, considered addressing program mane Home) and LPN (lice were made aware of the No further information References: (1) Refers to a group by a limited mental of adaptive behaviors and schedules and routing Intellectual disability 18 and may result from autism or cerebral pacauses, such as lack responsiveness. This from the website:	"4.1.3 Procedures: C. on) ensures that an ISP will m: 4. Goals / outcomes and res / desired outcomes for entified need. 4.1.4 Individual Development. E. Goals / ectives/Desired Outcomes: sired outcomes will be that are behavioral and indexes of progress." p.m. ASM (administrative dinical director, ASM # 2, ager of (Name of Group ensed practical nurse) # 1 f the above findings.					
	(2) Autism spectrum	disorder (ASD) is a					

neurological and developmental disorder that begins early in childhood and lasts throughout a

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	PROVIDER OR SUPPLIER		Insurance and the second	781	REET ADDRESS, CITY, STATE, ZIP CODE 11 OAK STREET ANASSAS, VA 20111	(X3) DATE S COMPL 01/05 ZIP CODE CORRECTION TION SHOULD BE THE APPROPRIATE	1703/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	interacts with others It includes what use syndrome and perv disorders. This info the website: https://medlineplus.tml. (3) A mood disorder emotional state. The bipolar disorder (als Mood disorders can heart disease, diabeted a combination of bo people with mood dilives. This information website: https://vsearch.nlm.imeta?v%3Aproject=medlineplus-bundled	ge 70 cts how a person acts and s, communicates, and learns. ed to be known as Asperger asive developmental remation was obtained from gov/autismspectrumdisorder.h affects a person's everyday ese include depression and o called manic depression). increase a person's risk for etes, and other diseases. medication, psychotherapy, or th. With treatment, most sorders can lead productive on was obtained from the nih.gov/vivisimo/cgi-bin/query-medlineplus&v%3Asources= &query=mood+disorder&_ga= &0465.1515165534-5711861	W	249			
	treatment programs	ailed to implement the active of Communication and nent for Individual # 2 from ntered Plan).					
	admitted to (Name o Diagnoses in the clir not limited to: (1) pro	63-year-old female, who was f Group Home) on 11/23/10. ical record included but were found intellectual disability, dysphagia, (4) myopia, (5) and (6) PICA.					

Individual # 2's current PCP dated 08/01/2017

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			C	MB NC	0. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	WIDER/SUPPLIER/CLIA TIFICATION NUMBER: 49G044 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET MANASSAS, VA 20111 PROVIDER'S PLAN OF CORRECTIVE PRECEDED BY FULL TAG PREFIX CROSS-REFERENCED TO THE APPROF DEFICIENCY) W 249 ented: me # 2: ## 2) is nonverbal and with people who time. Support dividual # 2) and needs to others communication me daily. 1. to pick up her Individual # 2) point to be 3. (Individual # 2) yor get the items she is praised for following illy. Amount:	(X3) DA	TE SURVEY MPLETED		
		49G044	B. WING		And Andrews and the second and the s	01	/05/2018
	PROVIDER OR SUPPLIER			7811	OAK STREET	1 01	70072010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	O BE	(X5) COMPLETION DATE
W 249	she enjoys commununderstand her 75% Activities & Instructicommunicates her using nonverbal cue device (Book) 75% (Individual # 2) is promunication dev what she wants on is completes [sic] the selects. 4. (Individual instructions. Freque continually." - "Desired Outcome education skills. (Inher medication education skills. (Inher medication education with water encouraged to learn reviewing with staff imedication. 2. (Individual # 2) tall when requested. From minutes." 5B. (Individual # 2) tall when requested. From staff who monit process. Support Actividual # 2) is process. Support Actividual # 2) is process.	e: Outcome # 2: Individual # 2) is nonverbal and inicating with people who for the time. Support ons: (Individual # 2) Individual # 2) Individual # 2) Individual # 20 Individ	W 2	49			

administration record). 2. (Individual #2) is

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			(OMB NO	0. 0938-0391
	OF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION	(X3) DAT	TE SURVEY MPLETED
		49G044	B. WING			01	/05/2018
NAME OF I	PROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE		
CRI OAK	STREET ICF/MR				811 OAK STREET MANASSAS, VA 20111		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	X	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU! CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
W 249	Continued From pa	ae 72	\A/ 2	240	,		
W 240	encouraged to pick (Individual # 2) is prof water into her mo praised for doing a	up her cup of water. 3. rompted to turn her nosey cup buth. 4. (Individual # 2) is good job and her progress is riew. Frequency: Daily.	W 2	:49			
	dated 12/01/17 thro 2's communication						
	p.m. was conducted staff member) # 2, t for (Name of Group member) # 1, QDIP Disabilities Professimissing documentar Individual # 2's PCP it wasn't documente implemented." OSM	04/18 at approximately 3:45 d with ASM (administrative he acting program manager Home), and OSM (other staff (Qualified Intellectual onal. When asked about the tion of the implementation programs ASM # 2 stated, "If d I can't say it was M # 1 stated, "If the progress t the outcome it wasn't					
	staff member) # 1, cacting program man	p.m. ASM (administrative slinical director, ASM # 2, ager of (Name of Group ensed practical nurse) # 1 f the above findings.					
	No further information	on was provided prior to exit.					
	References:						
	(1) Refers to a group	o of disorders characterized					***************************************

by a limited mental capacity and difficulty with

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	10 I OIT WEDICAILE	A MEDICAID SERVICES			ONIB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G044	B. WING	100 manusana a 100 ma	01/05/2018
	PROVIDER OR SUPPLIER STREET ICF/MR			STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET MANASSAS, VA 20111	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRE X (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
W 249	schedules and routi Intellectual disability 18 and may result fr autism or cerebral p causes, such as lac responsiveness. Th from the website: https://report.nih.gov t.aspx?csid=100. (2) A brain disorder recurring seizures. I clusters of nerve ce- send out the wrong	such as managing money, nes, or social interactions. or originates before the age of rom physical causes, such as palsy, or from nonphysical ek of stimulation and adult is information was obtained w/nihfactsheets/ViewFactShee that causes people to have The seizures happen when lls, or neurons, in the brain signals. People may have	W 2	49	
	strangely. They may or lose consciousne obtained from the w https://medlineplus.c	gov/epilepsy.html. order. This information was			
	sorders.html. (4) Nearsightedness eye is focused incomappear blurred. Nea refractive error of the obtained from the we	is when light entering the rectly, making distant objects rsightedness is a type of e eye. This information was			
		your body absorb calcium. s obtained from the website: gov/vitamind.html.			
	(6) A pattern of eatin	g non-food materials, such			

as dirt or paper. This information was obtained

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES	•			OMB NO. 0938-039	1
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G044	B. WING			01/05/2018	
	PROVIDER OR SUPPLIER STREET ICF/MR			78	TREET ADDRESS, CITY, STATE, ZIP CODE 311 OAK STREET IANASSAS, VA 20111	1 01/00/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPROFICIENCY)	D BE COMPLETION	
W 249	Continued From pa from the website: https://medlineplus.	ge 74 gov/ency/article/001538.htm.	W 2	249			
	treatment programs	failed to implement the active s of Health and Safety for the PCP (Person Centered					
	admitted to (Name Diagnoses in the clinot limited to: (1) se PICA, (3) grand ma	57-year-old female, who was of Group Home) on 1/24/96. nical record included but were evere intellectual disability, (2) ul seizure disorder, non-verbal ndition after) right ankle					
	Individual # 3's curre through 07/31/2018	ent PCP dated 08/01/2017 documented:					
	Safety. (Individual # during meal time 80 Support Activities & selects to drink a he i.e. water as oppose healthy snack and n twice daily while folloprotocol. 1. (Individual healthy beverage.as coco with her dinner healthy fruit snack a cookies. 3. (Individual by participating house meeting. 4. (all meats are chopped)	c: Outcome # 5: Health & # 3) makes healthy choices % of the time until 10/20/18. Instructions: (Individual # 3) healthy beverage with her meal and to coffee and selects a makes a healthy meal choice owing apperation [sic] healthy apperation [sic] healthy appeared to coffee or hot in the composed to coffee or hot in the composed to chips or healthy appeared to the composed to the					

Continually."

each meal daily. Frequency: Daily. Amount:

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB N	O. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		ONSTRUCTION	(X3) D	ATE SURVEY DMPLETED			
		49G044	B. WING	######################################		0	1/05/2018
	PROVIDER OR SUPPLIER STREET ICF/MR			7811	EET ADDRESS, CITY, STATE, ZIP CODE OAK STREET NASSAS, VA 20111		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	×	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 249	Continued From pa	ge 75	W 2	:49			
	dated 12/01/17 thro	ess notes and data collection ugh 12/31/17 for Individual # y program reveled it was 1 opportunities.					
	p.m. was conducted staff member) # 2, t for (Name of Group member) # 1, QDIP	04/18 at approximately 3:45 d with ASM (administrative he acting program manager Home), and OSM (other staff (Qualified Intellectual					
	missing documenta Individual # 3's PCF it wasn't documente implemented." OSM	onal. When asked about the tion of the implementation programs ASM # 2 stated, "If d I can't say it was M # 1 stated, "If the progress the outcome it wasn't					
	On 01/04/18 at 5:00 p.m. ASM (administrative staff member) # 1, clinical director, ASM # 2, acting program manager of (Name of Group Home) and LPN (licensed practical nurse) # 1were made aware of the above findings.						
	No further information	on was provided prior to exit.					
	by a limited mental of adaptive behaviors a schedules and routin Intellectual disability 18 and may result frautism or cerebral p causes, such as lack	o of disorders characterized capacity and difficulty with such as managing money, nes, or social interactions. originates before the age of om physical causes, such as alsy, or from nonphysical k of stimulation and adult is information was obtained					

from the website:

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		49G044	B. WING		01	/05/2018	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP (7811 OAK STREET MANASSAS, VA 20111			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
W 249	t.aspx?csid=100. (2) A pattern of eati as dirt or paper. The from the website: https://medlineplus. (3) Epilepsy is a brain as repeated seizure episodes of uncontribrain cells that may behavior. Generalize seizure (involves the rigid muscles, and le information was obth https://medlineplus. (4) A good way to defor your height is to index (BMI). You an	ng non-food materials, such his information was obtained gov/ency/article/001538.htm. Ain disorder in which a person res over time. Seizures are rolled and abnormal firing of cause changes in attention or zed tonic-clonic (grand mal) e entire body, including aura, loss of alertness). This ained from the website: gov/ency/article/000694.htm. Decide if your weight is healthy figure out your body mass d your health care provider estimate how much body fat	W 2	49			
	the website: https://medlineplus.g PROGRAM DOCUM CFR(s): 483.440(e) Data relative to acces specified in client incobjectives must be of terms. This STANDARD is Based on staff inter and facility documer		W 25	52			

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CEIVIC	NO FUN MEDICANE	A MEDICAID SEKVICES	· -			<u> MB NO. (</u>)938- 0391		
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		49G044	B. WING			01/0!	5/2018		
NAME OF	PROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE				
CRI OAK	STREET ICF/MR				I OAK STREET NASSAS, VA 20111				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	<u>l</u>	IVIF	PROVIDER'S PLAN OF CORRECTION	ıKI	(AZE)		
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	×	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE ((X5) COMPLETION DATE		
W 252	Continued From pa		W 2	52					
	(Person Centered F	Plan) outcomes in measurable	For inc	dividu	ual #1		2/15/1		
	sample, Individual #	ree individuals in the survey £ 1. # 2 and # 3.	i		collection for individual #1's	PCP	8		
			outcon	nes v	will be updated to be in mea	surable			
		failed to document the data ual # 1's PCP (Person	terms	by th	e QIDP under the guidance	of the			
		comes were in measurable	1. —		anager/clinical director.				
	terms.		ſ		receive in-service training fr				
	2. The facility staff	failed to document the data	1		ector on how to write data co				
collection of Individual # 2's PC		ual # 2's PCP (Person	for individual #1 and all other individuals in measurable terms.						
	Centered Plan) outcomes terms.	omes were in measurable	1		rector will periodically audit				
			ł		t PCPs for all individuals to	ensure			
		ailed to document the data	that the data collection indicators are written in						
		ual # 3's PCP (Person comes were in measurable	measu	rable	e terms.				
	terms.		ı	•	artment of Mission Effectiver	ress will			
	The findings include	:	ł .		asurability of data collection n their periodic audits of clin	ical			
		failed to document the data	docum	ents	in the program.				
	Centered Plan) outc	al # 1's PCP (Person omes were in measurable							
	admitted to (Name of Diagnoses in the clin	24-year-old male, who was of Group Home) on 10/12/11. nical record included but were					REPORTED CONTRACTOR OF THE PARTY.		
		oderate intellectual disability, pmental disorder, (3) mood es.							
	Individual # 1's curre through 11/30/2018	ent PCP dated 12/01/2017 documented:							
	- "Desired Outcome:	Outcome # 1: Socialization							

Skills. (Individual # 1) likes to be social with staff and others in the house. (Individual # 1) needs to

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	01/18/2018 APPROVED 0938-0391
	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i .		DNSTRUCTION	(X3) DATE	E SURVEY PLETED
		49G044	B. WING	***************************************		01/	05/2018
	PROVIDER OR SUPPLIER (STREET ICF/MR			7811	ET ADDRESS, CITY, STATE, ZIP CODE OAK STREET ASSAS, VA 20111		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
W 252	proper initial greetin likes to converse wineeds help to place Instructions: (Individual hands. 2. (Individual hands. 2. (Individual hands. 3. (Individual hands. 4. (Individual hands. 4. (Individual hands. 15 minutes Instructions: (Individual hands. 1. (Individual hands. 1. (Individual hands. 3. (Individual hands. 4. (Individual hands. 4. (Individual hands) hands	e personal boundaries and gs to others. (Individual # 1) th his father on the phone and the call. Support Activities & lual # 1) socializes with I # 1) is prompted to shake al # 1) is reminded of personal vidual # 1) is assisted in lual # 1) is complimented on for skills. Frequency: Daily. Support Activities & ual # 1) socializes with his I # 1) wants to call his father. assisted in retrieving the Individual # 1) is assisted in He is read the number as he	The outcome as guida directQID the clindiviClin subsequents	ndividue data omes verable once o tor. of the color of th	ual #2 collection for individual #2 will be updated to be in e terms by the QIDP unde f the program manager/cli receive in-service training director on how to write da or individual #2 and all oth in measurable terms. rector will periodically aud t PCPs for all individuals to the data collection indical	r the nical from ata er	2/15/18

- "Desired Outcome: Outcome # 2: Community Integration. (Individual # 1) goes out into the community to participate in events such as concerts, shopping, the library and parks. Support Activities & Instructions: (Individual # 1) integrates into the community. 1. (Individual # 1) chooses the integrated community activity from a list of activities that are available within his community. 2. Offer choices and use the picture communication binder if needed. 3. Inform (Individual # 1) about appropriate socialization skills in the community and how important it is to focus on good behavior. 4. Praise and compliment (Individual # 1) on his efforts and document as needed. Frequency: Weekly. Amount: 30 minutes."

the phone. 5. Compliment him on completing

the task and document as needed. Frequency:

Daily. Amount: 15 minutes."

written in measurable terms.

documents in the program.

-- The department of Mission Effectiveness

will review measurability of data collection

indicators in their periodic audits of clinical

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	TO TOT MEDIONICE	TO MICDIONID OCITATORS		C	NO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
		49G044	B. WING		01/05/2018
	STREET ICF/MR			STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET MANASSAS, VA 20111	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		D BE COMPLETION
W 252	Continued From pa	ge 79	W 2	252	
	Stimulation / Stress 1) enjoys puzzles, be music, baking, orga Stress management objects and needs to place items back Support Activities & participates in sense # 1) spends time in (Individual # 1) is of only one or two item 3. When (Individual items he is prompte (Individual # 1) on of document as needed Amount: 15 minutes - "Desired Outcome Communication Skill words and some sign to others. (Individual and signs to communicates his and through some set (Individual # 1) signs Frequency: Daily. A - "Desired Outcome Living Skills. (Individual # 1) signs Frequency: Daily. A - "Desired Outcome Living Skills. (Individual # 1) signs Frequency: Daily. A - "Desired Outcome Living Skills. (Individual # 1) signs Frequency: Daily. A - "Desired Outcome Living Skills. (Individual # 1) signs Frequency: Daily. A - "Desired Outcome Living Skills. (Individual # 1) signs Frequency: Daily. A - "Desired Outcome Living Skills. (Individual # 1) signs Frequency: Daily. A - "Desired Outcome Living Skills. (Individual # 1) signs Frequency: Daily. A - "Desired Outcome Living Skills. (Individual # 2) signs Frequency: Daily. A - "Desired Outcome Living Skills. (Individual # 3) signs Frequency: Daily. A - "Desired Outcome Living Skills. (Individual # 4) signs Frequency: Daily. A - "Desired Outcome Living Skills. (Individual # 4) signs Frequency: Daily. A - "Desired Outcome Living Skills. (Individual # 5) signs Frequency: Daily. A - "Desired Outcome Living Skills. (Individual # 6) signs Frequency: Daily. A - "Desired Outcome Living Skills. (Individual # 6) signs Frequency: Daily. A - "Desired Outcome Living Skills. (Individual # 6) signs Frequency: Daily.	fered choices focusing on as to choose from at a time. # 1) is done working with the d to clean up. 4. Compliment ompleting the goal and d. Frequency: Daily. s." : Outcome # 4: ls. (Individual # 1) uses an language to communicate al # 1) learns more vocabulary inicate more effectively. Instructions: 1. (Individual # s wants and needs verbally ign language. 2. (Individual # eds to brush his teeth. 3. s/says he wants to go to bed.	The outcor measu guidar director collect individes collect individes collect that the in measu collect in measu collect individes with a the in measu collect individes collect individes collect individual collect individ	dividual #3 data collection for individual #3's mes will be updated to be in urable terms by the QIDP under the control of the program manager/clinic or. P will receive in-service training frontical director on how to write data tion for individual #3 and all other uals in measurable terms. Cal director will periodically audit quent PCPs for all individuals to expect the data collection indicators are well as urable terms. I department of Mission Effective of the cors in their periodic audits of clinical in the program.	ne cal om ensure ritten ess on

helps around the house with the following: A.

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CENTERS FOR MEDICA	RE & MEDICAID SERVICES			OMB NO	0. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY MPLETED		
	49G044	B. WING		01	1/05/2018
NAME OF PROVIDER OR SUPPLIE CRI OAK STREET ICF/MR	R	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP C 7811 OAK STREET MANASSAS, VA 20111		100/2010
PREFIX (EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
Taking out the tra Doing his laundry 1. (Individual # 1) clean up. 2. Pro hand, verbal pror needed. 3. Shot on his own initiati and document as Amount: 15 minu - "Desired Outcor Management. (Ir wants to buy with Activities & Instru supported by staf make purchases choosing or for se # 1) is supported (Individual # 1) ch purchase. 3. (Indiverbal prompting transaction. 4. (Ir and document as Amount: 15 minut - "Desired Outcon Management. (In time to take his m reason he takes h or verbally communi Instructions: (Indiversal prompted it is time (Individual # 1) fills (verbal prompts m	e after his meals or activities. B. sh. C. D. Doing his dishes. E. F. Assisting with other chores. is prompted its [sic] time to vide assistance with hand over opting or demonstration when ald (Individual # 1) offer to help over, continue to encourage his needed. Frequency: Daily. tes." The: Outcome # 7: Money adividual # 1) selects items he his personal money. Support actions: (Individual # 1) is for to go with him to the store and at the register for items of his ervices he needs. 1. (Individual in the store of his choice. 2. ooses items he would like to ividual # 1) is provided with at the checkout to complete the adividual # 1) is complemented needed. Frequency: Weekly.	W 2	52		

(staff assistance maybe needed for clarity). 4.

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G044	B. WING		01/05/2018
	STREET ICF/MR			STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET MANASSAS, VA 20111	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECTIO ((EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION
			· · · · · · · · · · · · · · · · · · ·		Manufacture and the second sec

W 252 Continued From page 81

(Individual # 1) swallows the medication with water. 5. (Individual # 1) is complimented for completing the goal and document as needed. Frequency: Daily. Amount: 15 minutes."

On 01/03/18 at approximately 2:45 p.m.an interview was conducted with OSM (other staff member) # 1, QDIP (Qualified Intellectual Disabilities Professional). When asked what the purpose of the PCP was, OSM # 1 stated, "To help maintain their (Individual's) daily goals and independence for their daily living." When asked if the PCP serves as a guide to teach individuals new skills, OSM # 1 stated, "Yes."

An interview on 01/04/18 at approximately 3:45 p.m. was conducted with ASM (administrative staff member) # 2, the acting program manager for (Name of Group Home), and OSM (other staff member) # 1, QDIP (Qualified Intellectual Disabilities Professional. When asked how progress is determined, ASM # 2 and OSM # 1 stated, "It's based on what staff are writing and what the staff and individual are doing at that particular time." During the interview ASM # 2 and OSM # 1 were asked to review the progress notes for Individual # 1 dated 12/01/17 through 12/31/17. When asked if the data was collected in measurable terms for Individual # 1's outcome of socialization skills, community integration, sensory stimulation/stress management, communication, independent living skills, money management, and medication management, ASM # 2 and OSM # 1 stated, "No."

The facility's policy "4.1 Individual Service Plan (ISP)" documented, "4.1.4 Individual Service Plan (ISP) Development. H. Data Collection: Data collection is recorded on all objectives/desired

W 252

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO	0. 0938-0391	
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILE		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		49G044	B. WING			01	//05/2018	
NAME OF	PROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE		103/2016	
CRI OAK	STREET ICF/MR				1 OAK STREET NASSAS, VA 20111			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W 252	Continued From pa		W 2	252				
	the consumer's prodocumented in meato ensure that approoutcomes and interare in place for the documentation is keregarding the progreevents relating to the consumer." On 01/04/18 at 5:00 staff member) # 1, cacting program mar Home) and LPN (lick were made aware of the consumer of the	p.m. ASM (administrative clinical director, ASM # 2, nager of (Name of Group ensed practical nurse) # 1						
	collection of Individu	failed to document the data all # 2's PCP (Person comes were in measurable						
	admitted to (Name of Diagnoses in the clir not limited to: (1) pro	63-year-old female, who was of Group Home) on 11/23/10. nical record included but were ofound intellectual disability, dysphagia, (4) myopia, (5) and (6) PICA.						
	Individual # 2's curre through 07/31/2018	ent PCP dated 08/01/2017 documented:					To the second se	
	Recreation. (Individual	Outcome # 1: Exercise and ual # 2) engages in different creation 75% (percent) of the						

time using different parts of her body especially

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CENTE	CENTERS FOR MEDICARE & MEDICAID SERVICES OF		OMB NO	MB NO. 0938-039			
	TOF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '		ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G044	B. WING			01	/05/2018
NAME OF	PROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		70072010
CRIOAK	STREET ICF/MR				OAK STREET NASSAS, VA 20111		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 252	Instructions: 1. (Ind the patio by walking (Individual # 2) walking (Individual # 2) walking (Individual # 2) walking (Individual # 2) week. Frequency: winderstand for the property of the patients of the pa	Support Activities & ividual # 2) is selects going to directly to the back door. 2. As for 10 to 15 minutes in the the park. 3. (Individual # 2) 10 to 15 minutes twice a Weekly. Amount: 15 E: Outcome # 2: Individual # 2) is nonverbal and inicating with people who is of the time. Support it is one cons: (Individual # 2) wants and needs to others is like a communication.	W	252			
	community activities time. Support Activi # 2) makes preferent with the help of her of She decides what act and staff supports he (Individual # 2) is supported to get react place and prompted to get react time.	of her choice 80% of the ties & Instructions: (Individual ce from a variety of places communication log book. ctivity she likes to engage in the er where needed. 1. apported to research and could like to go in her case. 2. (Individual # 2) is the for the outing by putting for the outing. 3. (Individual #					

2) is encouraged to have meet [sic] new friends

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 .	TIPLE CONS ING			TE SURVEY MPLETED
		49G044	B. WING			01	/05/2018
NAME OF	PROVIDER OR SUPPLIER			STREET	ADDRESS, CITY, STATE, ZIP CODE		
CRLOAK	STREET ICF/MR			7811 OAF	K STREET		
				MANAS	SAS, VA 20111		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU ROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
W 252	# 2's) strengths and documented so as Frequency: Weekly - "Desired Outcome skills. (Individual # by signing 'hi' 50% community. Support (Individual # 2) increwith her peers and in the community. Imakes eye contact (Individual # 2) is ento say hello or good encouraged to raise people she meets a (Individual # 2's) is contact in the community.	fun as possible. 4. (Individual I weaknesses are to see needs help. . Amount: 60 minutes." E: Outcome # 4: Socialization 2) develops some social skills of the time while out in the rt Activities & Instructions: eases her level of socialization makes new friends while out I. (Individual # 2) smiles or with people she meets. 2. Incouraged to wave her hand abye. 3. (Individual # 2) is ther hand and sign "hi" to the sa sign of being cordial. 4. congratulated if she does a sign Frequency: Weekly.	W 2	52			
	education skills. (In her medication educinportance of her management of her management of the medication with water encouraged to learn reviewing with staff the medication. 2. (Individual # 2) tall when requested. Frominutes." 5B. (Individual for the medication of the medication of the medication of the medication of the medication. Individual # 2) tall when requested. Frominutes." 5B. (Individual for the minutes." 5B. (Individual for the minutes.")	: Outcome # 5: Medication dividual # 2) participates in cation goal by knowing the edications and why she th water 75% of the time. Instructions: 5A (Individual # ortance of taking her er. 1. (Individual # 2) is about her medication by the importance of taking her vidual # 2) reviews the pher medications with water equency: Daily. Amount: 15 vidual # 2) turns her cup into her mouth with prompts fors her throughout the					

process. Support Activities & Instructions: 1.

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1		: & MEDICAID SERVICES	· r · · · · · · · · · · · · · · · · · ·			OMB NO	0. 0938-039
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		49G044	B. WING	i		01	/05/2018
NAME OF	PROVIDER OR SUPPLIER		·	STR	REET ADDRESS, CITY, STATE, ZIP CODE		703/2016
CRI OA	STREET ICF/MR			1	1 OAK STREET NASSAS, VA 20111		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	get her medication administration recore encouraged to pick (Individual # 2) is professed for doing a good documented for revealments of the praised for doing a good documented for revealments. The professed for doing a good documented for revealments of the professed for documented for revealments. The professed for for the professed for the progress is determined for the progress for the progress for the progress for the professed for the professed for the progress for the professed for the pr	rompted to open her mouth to as per her MAR (medication rd). 2. (Individual # 2) is up her cup of water. 3. compted to turn her nosey cup buth. 4. (Individual # 2) is good job and her progress is iew. Frequency: Daily. 5." 104/18 at approximately 3:45 I with ASM (administrative he acting program manager Home), and OSM (other staff (Qualified Intellectual onal. When asked how ned, ASM # 2 and OSM # 1 in what staff are writing and dividual are doing at that ring the interview ASM # 2 asked to review the progress # 2 dated 12/01/17 through and it is the data was collected for Individual # 2's exercise munication, community on skills, medication M # 2 and OSM # 1 stated, 1. p.m. ASM (administrative inical director, ASM # 2, ager of (Name of Group ensed practical nurse) #	W 2	?52			

References:

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		& MEDICAID SERVICES				OMB NO	D. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DA	ATE SURVEY OMPLETED
		49G044	B. WING				1/05/2040
	PROVIDER OR SUPPLIER STREET ICF/MR			781 ⁻	REET ADDRESS, CITY, STATE, ZIP CODE 1 OAK STREET NASSAS, VA 20111	1 0	1/05/2018
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 252	by a limited mental adaptive behaviors schedules and routi Intellectual disability 18 and may result fi autism or cerebral p causes, such as lac responsiveness. Th from the website: https://report.nih.govt.aspx?csid=100.	p of disorders characterized capacity and difficulty with such as managing money, nes, or social interactions. For originates before the age of comphysical causes, such as ealsy, or from nonphysical k of stimulation and adult is information was obtained stimulation was obtained	W 2	52			
	recurring seizures. I clusters of nerve cel send out the wrong strange sensations a strangely. They may						
	obtained from the we	order. This information was ebsite: gov/medlineplus/swallowingdi					
ı	eye is focused incorr appear blurred. Near refractive error of the obtained from the we	is when light entering the ectly, making distant objects sightedness is a type of eye. This information was bsite:					
	(5) Vitamin D helps your flips information was	our body absorb calcium. obtained from the website:					

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

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NC). 0938-03 91
	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		49G044	B. WING			/05/2018
	PROVIDER OR SUPPLIER STREET ICF/MR			STREET ADDRESS, CITY, STATE, ZIP COD 7811 OAK STREET MANASSAS, VA 20111	Æ	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE	HOULD BE	(X5) COMPLETION DATE
W 252	as dirt or paper. The from the website: https://medlineplus. 3. The facility staff collection of Individe Centered Plan) out terms. Individual # 3 was a admitted to (Name Diagnoses in the clinot limited to: (1) se PICA, (3) grand may and status/post (confracture. Individual # 3's curre through 07/31/2018 - "Desired Outcome Communication. (In her wants and needing gestures, and making time until 10/20/18. preferred language needs three times a Support Activities & 3) points at what shad yestion. 3. (Individual # 3) shakes her head question. 3. (Individual # 3) social with handshakes and with the properties of the confidence of the	gov/ency/article/001538.htm. failed to document the data ual # 3's PCP (Person comes were in measurable a 57-year-old female, who was of Group Home) on 1/24/96. nical record included but were evere intellectual disability, (2) ul seizure disorder, non-verbal indition after) right ankle ent PCP dated 08/01/2017 documented: a: Outcome # 1: advidual # 3) communicates is by using facial expressions, no vocalizations 80% of the (Individual # 3) uses her to express her wants and day to staff and or her peers. Instructions: 1. (Individual # for yes or no when asked a dual # 3) uses vocalizations ess her thoughts. Frequency:	W 2	52		

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<u> </u>	NO TON MEDICANE	A MICDICAID SERVICES			(<u> </u>). 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G044	B. WING	***************************************		01	/05/2018
CRI OAK STREET ICF/MR (X4) ID SUMMARY STATEMENT OF DEFICIENCIES				7811 C	ET ADDRESS, CITY, STATE, ZIP CODE DAK STREET ASSAS, VA 20111	***************************************	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D BE	(X5) COMPLETION DATE
	(Individual # 3) gree is prompted to pick 2. (Individual # 2) prodevice. 3. (Individual activity or get the ite # 2) is praised for for Frequency: Daily. A - "Desired Outcome (Individual # 3) likes BMI (body mass inditime until 10/20/18. Instructions: (Individual # 3) reviewed for walks, using the participating in chair of exercise of her chair	Activities & Instructions: ets others. 1. (Individual # 2) up her communication device. In to what she wants on the all # 2) is completes [sic] that ems she selects. 4. (Individual Individual Indivi	W 2				

wants to purchase. 3. (Individual # 3) brings the

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OMB	NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION DING	(X3)	DATE SURVEY COMPLETED
		49G044	B. WING			01/05/2018
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, 7811 OAK STREET MANASSAS, VA 201	, STATE, ZIP CODE	01/03/2018
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 252	completes the purch with the funds. (Indiand receipt from the with them. Frequer minutes." - "Desired Outcome Safety. (Individual #during meal time 80 Support Activities & selects to drink a hei.e. water as oppose healthy snack and nitwice daily while folloprotocol. 1. (Individinealthy beverage.as	ut register. 4. (Individual # 3) hase by providing the cashier ividual # 3) gets the change e cashier and provides staff acy: Monthly. Amount: 60 : Outcome # 5: Health & # 3) makes healthy choices % of the time until 10/20/18. Instructions: (Individual # 3) ealthy beverage with her meal ed to coffee and selects a makes a healthy meal choice owing apperation [sic] ual # 3) selects to drink a copposed to coffee or hot	W 2	,	PERICIENCY)	
	healthy fruit snack a cookies. 3. (Individumeal by participating house meeting. 4. (all meats are chopped food with drinking a each meal daily. From Continually." - "Desired Outcome: living skills. (Individuduring the week 80% Support Activities & ineatly folds tops, parand places them in the (Individual # 3) retried laundry area and/or each stakes laundry to her 3. (Individual # 3) sits sits in the cookies	2. (Individual # 3) selects a s opposed to chips or all # 3) choose to eat healthy in menu selection during Individual # 3) maintains that ed to help with swallowing her beverage slowly and properly equency: Daily. Amount: Outcome # 7: Independent all # 3) folds her laundry of the time until 10/20/18. Instructions: (Individual # 3) ints, socks and underwear the laundry basket. 1. wes clean laundry from the dryer. 2. (Individual # 3) bedroom or common area. In the instructions in chair and folds clothing is 3) places folded items back				

in the laundry basket. Frequency: Weekly.

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			0	MB NO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G044	B. WING			01/05/2018
NAME OF F	PROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE	
CRLOAK	STREET ICF/MR			7811	OAK STREET	
OILI OAIL	OTREET TOT /WITC			MAN	NASSAS, VA 20111	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLÉTION
W 252	Continued From pa	.ao 00	١٨٨ ٥	,		
VV 202	Amount: 30 minutes		W 2	52		
	Amount: 30 minutes	S.				
	An interview on 01/	04/18 at approximately 3:45				
		d with ASM (administrative				
		the acting program manager				
		Home), and OSM (other staff (Qualified Intellectual				
		ional. When asked how				
		ned, ASM # 2 and OSM # 1				
		on what staff are writing and				
	what the staff and individual are doing at that					
		ring the interview ASM # 2 asked to review the progress				
		# 3 dated 12/01/17 through				
		ked if the data was collected				
	in measurable term					
		cialization, exercise, money				
	management, healt living skills, ASM # :					
	On 01/04/18 at 5:00	p.m. ASM (administrative				
		clinical director, ASM # 2,				
		nager of (Name of Group				
		ensed practical nurse) # 1				
	were made aware o	of the above findings.				
	No further information	on was provided prior to exit.				
	References:					To the second
	(1) Refers to a grou	p of disorders characterized				
		capacity and difficulty with				
		such as managing money,				
		nes, or social interactions. originates before the age of				
	-	ronginates before the age of rom physical causes, such as				
		palsy, or from nonphysical				
		k of stimulation and adult				
		is information was obtained				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED	
		49G044	B. WING	The state of the s	0.	1/05/2018
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODI		
CRIOAK	STREET ICF/MR			7811 OAK STREET MANASSAS, VA 20111		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRE	OULD BE	(X5) COMPLETION DATE
	t.aspx?csid=100. (2) A pattern of eating as dirt or paper. The from the website: https://medlineplus.g. (3) Epilepsy is a brashas repeated seizure pisodes of uncontribrain cells that may behavior. Generalizes eizure (involves the rigid muscles, and loinformation was obtashttps://medlineplus.g. (4) A good way to defor your height is to findex (BMI). You and can use your BMI to you have. This inforthe website:	ge 91 v/nihfactsheets/ViewFactShee Ing non-food materials, such is information was obtained gov/ency/article/001538.htm. In disorder in which a person es over time. Seizures are olled and abnormal firing of cause changes in attention or ted tonic-clonic (grand mal) e entire body, including aura, loss of alertness). This ained from the website: gov/ency/article/000694.htm. Recide if your weight is healthy figure out your body mass d your health care provider estimate how much body fat mation was obtained from gov/ency/article/007196.htm.	W 2			