PRINTED: 12/19/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3	(X3) DATE SURVEY COMPLETED	
		49G052	B. WING			12/14/2017
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148	ODE	
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W 000	INITIAL COMMENTS	3	W	000		
VV 111	Intermediate Care Fa Intellectual Disabilitie 12/12/17 through 12/compliance with 42 C for Intermediate Care Intellectually Disabled survey report will follow the census in this set the time of the survey consisted of three cut (Individuals # 1, # 2 a CLIENT RECORDS CFR(s): 483.410(c)(1) The facility must dever recordkeeping system health care, active treand protection of the This STANDARD is a Based on staff interview it was determined and accurate for two survey sample, Individual # 1 were fill Program) clinical record.	d. The Life Safety Code ow. Even bed facility was six at A. The survey sample rrent Individual reviews and # 3.) elop and maintain a In that documents the client's eatment, social information, client's rights. not met as evidenced by: iew and clinical record ned that the facility staff linical record was complete of three individuals in the duals # 1 and # 3. led to ensure the current or Medication" forms and the Protocol" dated 11/10/17 for ed in the (Name of Day	W	111		
		SLIDDI IED DEDDESENTATIVE'S SIGNATURE		TITLE	***************************************	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

A9G052 NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148 (EACH CORRECTION SHOULD BE COMPLETED TO THE APPROPRIATE DATE DEFICIENCY)		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION 3	(X3) DATE : COMPL	
STREET ADDRESS, CITY, STATE, ZIP CODE 2275 SWEET ANDREA DRIVE ASHBURI, VA 20148 SUMMARY STATEMENT OF DEFICIENCIES ID PROFINE SHOULD BE CONSECUTION CALL OF TAKE			100050		and included a second control of the second		
SUMMARY STATEMENT OF DEFICIENCIES REACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAGS PROMISERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE OF TH	,		49G052	B. WING		12/1	14/2017
ASHBURN, VA 20148 ASHBURN, VA 20148 SUMMARY STATEMENT OF DEFICIENCIES (ADDITION) BEEFER TAG SUMMARY STATEMENT OF DEFICIENCES (ADDITION) BEEFER TAG SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) WI 111 Continued From page 1 Plan Consent Form and Psychological Evaluation' For Individual # 3 was filed in the (Name of Day Program) clinical record. The findings include: 1. The facility staff failed to ensure the current "Informed Consent for Medication" forms and the current "Wheelchair Protocol" dated 11/10/17 for Individual # 1 were filed in the (Name of Day Program) clinical record dated 11/10/17 for Individual # 1 were filed in the (Name of Day Program) clinical record dated 11/10/17 for Individual # 1 was a 29-year-old male, who was admitted to (Name of Group Home) on 5/5/14. Diagnoses in the clinical record included but were not limited to: (1) mild intellectual disability, (2) spastic diplegia, (3) gastrosephageal reflux disease, (4) seizure disorder and (5) epilepsy. The POS (Physician Order Sheet) for Individual # 1 dated 12/01/17 to 12/31/17 and signed by the physician on 12/08/17 documented: "(6) Acetaminophen 500 mg (milligrams) Take 1 (one) to (two) tablets by mouth every 6 (sx) hours as needed for pain. PRN (as needed). Date 06/27/2017." "(7) Loratadine 10 mg. Take 1 (one) tablet by mouth once daily as needed for allergies. PRN	NAME OF P	ROVIDER OR SUPPLIER					
ASHBURN, VA 20148 SUMMARY STATEMENT OF DEFICIENCIES PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION TAG PROPERTY REGULATORY OR LSC IDENTIFYING INFORMATION TAG PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION TAG PREFIX REGULATOR STOULD BE CONCEST. DEFICIENCY	RRAMBLE	ETON GROUP HOME			22755 SWEET ANDREA DRIVE		
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W 111 Continued From page 1 Plan Consent Form and Psychological Evaluation" For Individual # 3 was filed in the (Name of Day Program) clinical record. The findings include: 1. The facility staff failed to ensure the current "Informed Consent for Medication" forms and the current "Wheelchair Protocol" dated 11/10/17 for Individual # 1 were filed in the (Name of Day Program) clinical record. Individual # 1 was a 29-year-old male, who was admitted to (Name of Group Home) on 5/5/14. Diagnoses in the clinical record included but were not limited to: (1) mild intellectual disability, (2) spastic diplegia, (3) gastroesophageal reflux disease, (4) seizure disorder and (5) epilepsy. The POS (Physician Order Sheet) for Individual # 1 dated 12/01/17 to 12/31/17 and signed by the physician on 12/08/17 documented: "(6) Acetaminophen 500 mg (milligrams): Take 1 (one) to (two) tablets by mouth once daily as needed for allergies. PRN	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	(X5) COMPLETION DATE
"(8) Triple Antibiotic Ointment: Apply to ulcer once a daily as needed. Date 21/2014." On 12/13/17 at approximately 12:15 p.m. the (Name of Day Program) clinical record for Individual # 1 was reviewed. The (Name of Day		Plan Consent Form a Evaluation" For Indivi (Name of Day Progra The findings include: 1. The facility staff fail "Informed Consent for current "Wheelchair Findividual # 1 were fill Program) clinical recording in the post (A) seizure down the post (A) seizure down in the post (A) seiz	and Psychological dual # 3 was filed in the im) clinical record. led to ensure the current redication forms and the Protocol dated 11/10/17 for ed in the (Name of Day ord. 19-year-old male, who was Group Home) on 5/5/14. cal record included but were lintellectual disability, (2) astroesophageal reflux isorder and (5) epilepsy. Order Sheet) for Individual # 2/31/17 and signed by the redocumented: Intellectual disability is provided by the redocumented in the record included but were lintellectual disability, (2) astroesophageal reflux isorder and (5) epilepsy. Order Sheet) for Individual # 2/31/17 and signed by the redocumented: Intellectual disability, (2) astroesophageal reflux isorder and (5) epilepsy. Order Sheet) for Individual # 2/31/17 and signed by the redocumented: Intellectual disability, (2) astroesophageal reflux isorder and (5) epilepsy. Order Sheet) for Individual # 2/31/17 and signed by the redocumented: Intellectual disability, (2) astroesophageal reflux isorder and (5) epilepsy. Order Sheet) for Individual # 2/31/17 and signed by the redocumented: Intellectual disability, (2) astroesophageal reflux isorder and (5) epilepsy. Order Sheet) for Individual # 2/31/17 and signed by the redocumented: Intellectual disability, (2) astroesophageal reflux isorder and (5) epilepsy. Order Sheet) for Individual # 2/31/17 and signed by the redocumented: Intellectual disability, (2) astroesophageal reflux isorder and (5) epilepsy.	W 1	The Day Program Manager will complete a re that individual consents as listed are updated annually: 1: Wheelchair Protocol (individual #1) 2: Behavior Intervention Plan (individual 3: Behavior Guidelines (individual #3) The Day Program Manager will complete this individuals to prevent further deficiencies. The Program Manager/ QIDP will conduct moreonsents is current, an up-to-date, and to ensithe Day Programs. The Program Manager will continue to monitor service needs of individuals are accurately re of weekly operation meetings. The Clinical Director will ensure that all docur as identified in the Person Center Plan throug with the Program Manager. A quarterly peer review will be completed on-records to monitor to ensure that all service naccurately documented. This report will be set	#3) process for control visit to sure continuous or to ensure effected through mentation is an amount of the control when the control is an amount of the control when the control is an amount of th	r all o ensure all ity of care at that all ugh the use completed supervision vill audit viduals are

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W 111	Consent for Medicati The consent forms d Order: May Crush m applesauce; Acetam tablets by mouth eve pain; Loratadine 10 r mouth once daily as Triple Antibiotic Ointr daily as needed." Fu Consent for Medicati 1documented that th "Legally Authorized F 05/23/16. Further re Program) clinical rec revealed A "Wheelch 1 dated 07/19/17. On 12/14/17 at appro (Name of Group Hor Individual # 1 was re Home) clinical record Consent for Medicati The consent forms d Order: May Crush m applesauce; Acetam tablets by mouth eve pain; and Loratadine mouth once daily as Further review of the Medication" forms fo that they were all sig Authorized Represer Further review of the clinical record for Inc "Wheelchair Protoco 07/19/17. Further re	on" forms for Individual # 1. ocumented, "Medication edications and mix with inophen 500 mg: Take 1 to 2 my 6 hours as needed for mg: Take 1 (one) tablet by needed for allergies; and ment: Apply to ulcer once a urther review of the "Informed on" forms for Individual # ey were all signed by the Representative" and dated view of the (Name of Day ord for Individual # 1 mair Protocol" for Individual # eximately 8:00 a.m. the me) clinical record for viewed. The (Name of Group di revealed "Informed ion" forms for Individual # 1. ocumented, "Medication edications and mix with inophen 500 mg: Take 1 to 2 my 6 hours as needed for 10 mg: Take 1 tablet by needed for allergies." "Informed Consent for r Individual # 1 documented med by the "Legally ntative" and dated 05/31/17. Individual # 1 revealed A "for Individual # 1 dated view of the "Wheelchair mal # 1 documented. "Review	W	111			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148			
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	On 12/13/17 at approinterview was conducted member) # 2, the (Na (Qualified Intellectual regarding the "Informer forms for Individual # "Legally Authorized R (05/23/16. OSM # 2 w consent forms. When were current OSM # 2 due." On 12/14/17 at approximaterview was conducted member) # 1, the QID Disabilities Profession staff member) # 1, prothe "Informed Consent Individual # 1 that were Authorized Represent. When asked if the conformed Consent Individual # 1 that were OSM # 1 stated, "They updated." On 12/14/17 at 1:00 p. staff member) # 1, pro Group Home) and OSI QIDP were made award No further information References: (1) Refers to a group of by a limited mental capadaptive behaviors suchedules and routines Intellectual disability or	ximately 12:15 p.m. an sted with OSM (other staff me of Day Program) QIDP Disabilities Professional) ed Consent for Medication" 1 that were all signed by the epresentative" and dated was asked to review the masked if the consent forms 2 stated, "They are past eximately 10:55 a.m. an sted with OSM (other staff Program manager regarding the for Medication" forms for the all signed by the "Legally attive" and dated 05/23/16. The program from the (Name excurrent ASM # 1 stated no.	W *				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G052	B. WNG_		.	12/14/2017	
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W 111	causes, such as lack responsiveness. This from the website: https://www.report.nil ctSheet.aspx?csid=1 (2) A form of cerebral condition that usually childhood and perma and coordination. Affi muscle tone which le muscles and exagge. The arm muscles are not affected at all. Ot may include delayed milestones (i.e. rolling walking on toes; and walking). It occurs w that controls moveme abnormally. This information the website: https://rarediseases.ipastic-diplegia-cereb (3) Stomach contents the esophagus and in was obtained from the https://www.nlm.nih.gu. (4) Symptoms of a brocause of sudden, a the brain. This inform website: https://www.nlm.nih.gu. (5) A brain disorder the support of	lsy, or from nonphysical of stimulation and adult is information was obtained in gov/NIHfactsheets/ViewFa 000 I palsy, a neurological appears in infancy or early nently affects muscle control ected people have increased ads to spasticity (stiff or tight rated reflexes) in the legs. generally less affected or her signs and symptoms motor or movement gover, sitting, standing); a "scissored" gait (style of hen the portion of the brain ent is damaged or develops ormation was obtained from info.nih.gov/diseases/9637/s ral-palsy.	w	111			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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W 111	clusters of nerve cells send out the wrong si strange sensations ar strangely. They may hor lose consciousness obtained from the wet https://medlineplus.go (6) Used to relieve mi headaches, muscle ar colds and sore throats and reactions to vacci reduce fever. Acetami to relieve the pain of caused by the breakd joints). Acetaminophe medications called an antipyretics (fever red the way the body sens body. This information website: https:	, or neurons, in the brain gnals. People may have and emotions or behave never violent muscle spasms. This information was siste: w/epilepsy.html. d to moderate pain from thes, menstrual periods, toothaches, backaches, mations (shots), and to nophen may also be used steoarthritis (arthritis own of the lining of the	W	111		
	hay fever (allergy to posubstances in the air) symptoms include sneitchy eyes, nose, or thrused to treat itching ar hives. However, lorata or other allergic skin reclass of medications of works by blocking the substance in the body symptoms. This inform the website:	and other allergies. These ezing, runny nose, and toat. Loratadine is also diredness caused by dine does not prevent hives eactions. Loratadine is in a alled antihistamines. It action of histamine, a				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 " '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	cuts, scrapes and but obtained from the we https://dailymed.nlm.i	revent infection in minor rns. This information was bsite: nih.gov/dailymed/drugInfo.cf 94f-bc83-67f6-0005d5f2aa2				
	"Behavioral Guideline Plan Consent Form a	lual # 3 was filed in the				
	admitted to (Name of Diagnoses in the clini not limited to: profour encephalopathy (2), h	19-year-old female, who was Group Home) on 6/4/13. cal record included but were ad intellectual disability (1), history of Graves disease acy (4), autism (5) and r (6).				
	(Name of Day Progra Individual # 3 was rev Program) clinical reco Guidelines" dated 03/ "Behavioral Interventi dated 03/01/16 - 02/2	riewed. The (Name of Day ord revealed "Behavioral				
	interview was conduct member) # 3. (Name support specialist. At "Behavioral Guideline	rs" dated 03/01/15 - Intervention Plan Consent				

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(1) Refers to a group	of disorders characterized	1			1 mm (A, A)	
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OSM # 3 was asked if the documents were current. OSM # 3 stated, "No, the group home should have sent it." On 12/14/17 at approximately 9:00 a.m. the (Name of Group Home) clinical record for Individual # 3 was reviewed. The (Name of Group Home) clinical record revealed "Behavioral Guidelines" dated 03/01/2017 - 02/28/2018, "Behavioral Intervention Plan Consent Form" dated 03/01/2017 - 02/28/2018 and a "Psychological Evaluation" dated 05/2017 for Individual # 3. On 12/14/17 at approximately 10:55 a.m. an interview was conducted with OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and ASM (administrative staff member) # 1, program manager regarding the "Behavioral Guidelines" dated 03/01/15 - 02/29/16, "Behavioral Intervention Plan Consent Form" dated 03/01/16 - 02/28/17 and a "Psychological Evaluation" dated 05/11/2015 for Individual # 3. When asked if the documents from the (Name of Day Program) were current ASM # 1 stated no. OSM # 1 stated, "They should have had the updated versions." On 12/14/17 at 1:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and OSM (other staff member) # 1, QIDP were made aware of the above findings. No further information was provided prior to exit.	ROVIDER OR SUPPLIER ETON GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 7 "Psychological Evaluation" dated 05/11/2015 for Individual # 3. OSM # 3 was asked if the documents were current. OSM # 3 stated, "No, the group home should have sent it." On 12/14/17 at approximately 9:00 a.m. the (Name of Group Home) clinical record for Individual # 3 was reviewed. The (Name of Group Home) clinical record revealed "Behavioral Intervention Plan Consent Form" dated 03/01/2017 - 02/28/2018, "Behavioral Intervention Plan Consent Form" dated 03/01/2017 - 02/28/2018 and a "Psychological Evaluation" dated 05/2017 for Individual # 3. On 12/14/17 at approximately 10:55 a.m. an interview was conducted with OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and ASM (administrative staff member) # 1, program manager regarding the "Behavioral Guidelines" dated 03/01/15 - 02/29/16, "Behavioral Intervention Plan Consent Form" dated 03/01/16 - 02/28/17 and a "Psychological Evaluation" dated 05/11/2015 for Individual # 3. When asked if the documents from the (Name of Day Program) were current ASM # 1 stated no. OSM # 1 stated, "They should have had the updated versions." On 12/14/17 at 1:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and OSM (other staff member) # 1, program manager of (Name of Group Home) and OSM (other staff member) # 1, QIDP were made aware of the above findings. No further information was provided prior to exit.	ROWIDER OR SUPPLIER ### STREET ADDRESS, CITY, STATE, ZIP, 22755 SWEET ADDRESS, CITY, SATE, ZIP, 22755 SWEET ADDRESS, CITY, SATE, ZIP, 22755 SWEET ADDRESS, CITY, SATE, ZIP, 2	A BUILDING 496052 B. WINS STREET ADDRESS, CITY, STATE, ZIP CODE 27755 SWEET ANDREA DRIVE ASHBURN, VA 20148 SUMMARY STATEMENT OF DEFICIENCIES EACH CORRECTION EACH CORRECTION EACH CORRECTION EACH CORRECTION EACH CORRECTION FROVDER'S PLAN OF CORRECTION FROVDER'S SCHOOL PARTY FROVDER'S PLAN OF CORRECTION FROVDER'S PLAN OF C	## A SULDING ## A

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BRAMBLETON GROUP HOME OM ID PREFIX INCIDENCIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 111 Continued From page 8 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) A term for any diffuse disease of the brain that alters brain function or structure. This information was obtained from the website: http://www.ninds.nih.gov/disorders/encephalopath y/encephalopathy.htm. (3) Graves' disease is an autoimmune disorder that leads to an overactive thyroid gland (hyperthyroidism). An autoimmune disorder is a condition that occurs when the immune system mistakenly attacks healthy tissue. This information was obtained from the website: mistakenly attacks healthy tissue. This information was obtained from the website: mistakenly attacks healthy tissue. This information was obtained from the website:			49G052	B, WING_			12/14/2017	
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(4) Vitamin D helps your body absorb calcium. This information was obtained from the website: https://medlineplus.gov/vitamind.html. (5) 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. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/autismspect rumdisorder.html.	W 111	by a limited mental ca adaptive behaviors si schedules and routini Intellectual disability of 18 and may result fro autism or cerebral pa causes, such as lack responsiveness. This from the website: https://report.nih.gov/ t.aspx?csid=100. (2) A term for any diff alters brain function of was obtained from the http://www.ninds.nih.gv/encephalopathy.htm (3) Graves' disease is that leads to an overa (hyperthyroidism). An condition that occurs mistakenly attacks he information was obtain https://medlineplus.gov/ (4) Vitamin D helps y This information was https://medlineplus.gov/ (5) A neurological and that begins early in of throughout a person's acts and interacts with and learns. This info the website: https://www.nlm.nih.gov/	apacity and difficulty with such as managing money, es, or social interactions. Originates before the age of m physical causes, such as lsy, or from nonphysical of stimulation and adult information was obtained inihfactsheets/ViewFactShee cause disease of the brain that or structure. This information is expected when the immune disorder active thyroid gland a autoimmune disorder is a when the immune system ealthy tissue. This ined from the website: by/ency/article/000358.htm. For initial control of the section	W -	111			

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William Control of the Control of th	(6) Self-harm refers to own body on purpose obtained from the web https://medlineplus.go CLIENT RECORDS CFR(s): 483.410(c)(3) The facility must deve and procedures gover client information, inclifrom the client, or pare or legal guardian. This STANDARD is n Based on staff interview it was determin failed to obtain conser individuals in the surve and # 3. 1. The (Name of Group obtain an "Informed Cofor the use of "(6) Tripl for Individual # 1. 2. The (Name of Group obtain a "Consent for the Use of	o a person's harming their e. This information was bsite: ov/selfharm.html. elop and implement policies rning the release of any luding consents necessary rents (if the client is a minor) not met as evidenced by: iew and clinical record ned that the facility staff nts for two of three rey sample, Individuals # 1 up Home) staff failed to consent for Medication" form up Home) staff failed to the Use or Disclosure of rmation" form for Individual up Home) staff failed to onsent for Medication" form	W 1	The Program Nurse will complete that individual consents as listed annually: 1: Triple antibiotic ointment (if 2: Consent for Protected Heating 1)	d are updated, signed, individual #1) alth Information (individual #1) at the process for all in a transfer and to ensure continue to monitor to ensure courately reflected that all documentation or Plan through monthly completed on-going that tall service needs of in	and filed dual #3) individuals to issure all inuity of care. ure that all irrough the use it is completed by supervision it will audit individuals are
	for Individual # 1.	le Antibiotic Ointment form	Accessed to the state of the st			

	DE DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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W 113	Individual # 1 was a 2 admitted to (Name of Diagnoses in the clininot limited to: (1) mild spastic diplegia, (3) g disease, (4) seizure of The POS (Physician 1 dated 12/01/17 to 1 physician on 12/08/11 Antibiotic Ointment: Aneeded. Date 21/20 On 12/14/17 at approximate of Group Hom Individual # 1 was reversible to the first of the proximate of	29-year-old male, who was Group Home) on 5/5/14. cal record included but were I intellectual disability, (2) astroesophageal reflux disorder and (5) epilepsy. Order Sheet) for Individual # 2/31/17 and signed by the 7 documented: "(6) Triple Apply to ulcer once a daily as 14." eximately 8:00 a.m. the ne) clinical record for viewed. The (Name of Group for Individual # 1 failed to form for the use of triple eximately 10:15 a.m. an acted with (Name of Group I practical nurse) # 1 and RN II. LPN # 1 and RN # 2 were Name of Group Home) "Informed Consent for the use of triple antibiotic al # 1. After reviewing the ividual # 1 RN # 1 and LPN no consent for the antibiotic acted if a consent should have		113			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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W 113	form for Individual # 1 ointment. OSM # 1 s updated." On 12/14/17 at 1:00 p staff member) # 1, pro Group Home) and OS	e 11 's use of the triple antibiotic tated, "It should have been by.m. ASM (administrative ogram manager of (Name of SM (other staff member) # 1, are of the above findings.	W 113			
	No further information	was provided prior to exit.				
A A ANNUAL IN	References:					
	by a limited mental ca adaptive behaviors su schedules and routine Intellectual disability o 18 and may result fror autism or cerebral pals causes, such as lack of responsiveness. This from the website:	of disorders characterized pacity and difficulty with ch as managing money, s, or social interactions. riginates before the age of n physical causes, such as sy, or from nonphysical of stimulation and adult information was obtained gov/NIHfactsheets/ViewFa				
	childhood and perman and coordination. Affer muscle tone which lear muscles and exaggera The arm muscles are gnot affected at all. Other may include delayed milestones (i.e. rolling walking on toes; and a walking). It occurs when	appears in infancy or early ently affects muscle control cted people have increased ds to spasticity (stiff or tight ted reflexes) in the legs. generally less affected or er signs and symptoms notor or movement				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X:	(X3) DATE SURVEY COMPLETED	
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W 113	abnormally. This informs the website: https://rarediseases.ii pastic-diplegia-cerebic (3) Stomach contents the esophagus and in was obtained from the https://www.nlm.nih.g (4) Symptoms of a brobecause of sudden, at the brain. This inform website: https://www.nlm.nih.g ml. (5) A brain disorder the recurring seizures. The clusters of nerve cells send out the wrong sistrange sensations are strangely. They may or lose consciousnes obtained from the we https://medlineplus.go. (6) First aid to help prouts, scrapes and bur obtained from the well https://dailymed.nlm.r	rmation was obtained from nfo.nih.gov/diseases/9637/s ral-palsy. to leak back, or reflux, into ritate it. This information e website: ov/medlineplus/gerd.html. ain problem. They happen abnormal electrical activity in ation was obtained from the ov/medlineplus/seizures.ht nat causes people to have ne seizures happen when s, or neurons, in the brain gnals. People may have nd emotions or behave nave violent muscle spasms s. This information was besite: ov/epilepsy.html. event infection in minor rms. This information was	W	113			
	obtain a "Consent for	up Home) staff failed to the Use or Disclosure of rmation" form for Individual	and the second s				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
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W 113	Continued From pag	e 13	W 1	13	
	Individual # 3 was a admitted to (Name of Diagnoses in the clin not limited to: profour encephalopathy (2), (3), vitamin D deficient self-injurious behavior on 12/14/17 at approximate (Name of Group Hom Individual # 3 was revenue) clinical revealed a "C Disclosure of Protect The "Consent for the Protected Health Info Individual # 3's name home and the signature further review of the Disclosure of Protect failed to evidence the manager's signature the guardian or legall on 12/14/17 at approximate protected Health Info Individual # 3's name home and the signature the guardian or legall on 12/14/17 at approximate professions staff member) # 1, the QID Disabilities Professions staff member) # 1, protected Health Info # 3. When asked if the trompleted ASM # 1 sone." When asked if form could be consider	49-year-old female, who was a Group Home) on 6/4/13. ical record included but were and intellectual disability (1), history of Graves disease may (4), autism (5) and or (6). Eximately 10:00 a.m. the may be compared to the late of Group for Individual # 3. The consent for the Use or mation form documented the name of the group are of the clinical manager. "Consent for the Use or mation for the Use or mation form documented the name of the group are of the clinical manager. "Consent for the Use or mation form date of the clinical manager and date of the clinical manager. The consent for the Use or mation form date of the clinical manager manager regarding and ASM (administrative cogram manager regarding Use or Disclosure of mation form for Individual			
} !		M # 1 stated, "No." OSM #			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED				
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		······································	
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W 113	Continued From page	e 14	w	113			TOTAL THE STATE OF
	staff member) # 1, pr Group Home) and OS QIDP were made away. No further information References: (1) Refers to a group by a limited mental candaptive behaviors single schedules and routing Intellectual disability of autism or cerebral pacauses, such as lack responsiveness. This from the website: https://report.nih.gov/t.aspx?csid=100. (2) A term for any difful alters brain function of was obtained from the http://www.ninds.nih.y/encephalopathy.htm (3) Graves' disease is that leads to an overall (hyperthyroidism). And condition that occurs mistakenly attacks he information was obtained in the promote of the pro	gov/disorders/encephalopath n. s an autoimmune disorder active thyroid gland n autoimmune disorder is a when the immune system					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	49G052	B. WING			12	/14/2017
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CO 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148	DE		
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that begins early in chi throughout a person's acts and interacts with and learns. This inform the website: https://www.nlm.nih.go rumdisorder.html. W 159 CFR(s): 483.430(a) Each client's active tree integrated, coordinated qualified intellectual dis This STANDARD is not Based on residential p day program record rewwas determined that the Intellectual Disabilities coordinate and monitor treatment programs for in the survey sample, In 1a. The QIDP failed to of the ISP (Individual S outcomes/goals for Indimeasurable terms. 1b. The QIDP failed to outcomes/goals: "Laund Management" for Individuals and management" for Individuals to the ISP (Individuals S outcomes/goals terms.	developmental disorder Idhood and lasts life. It affects how a person others, communicates, nation was obtained from v/medlineplus/autismspect atment program must be I and monitored by a sability professional. It met as evidenced by: rogram record reviews, view and staff interview, it e QIDP (Qualified Professional) failed to the individuals active three of three individuals individuals # 1, # 2 and # 3. ensure the data collection ervice Plan) vidual # 1 were in ensure the ISP dry and Medication dual # 1 were in	W	W-159 The Day Program Manager will cothat individual consents as listed annually. 1: Wheelchair Protocol (individuals to Director. The Day Program Manager will condividuals to prevent further defice. The Program Manager/ QIDP will consents is current, an up-to-date the Day Programs. The Program Manager will continuservice needs of individuals are accorded to the program of weekly operation meetings. The Clinical Director will ensure the as identified in the Person Center with the Program Manager. A quarterly peer review will be conrecords to monitor to ensure that a accurately documented. This reporting the program of the	are updated, fual #1) (individual #3) complete this idencies. conduct more, and to ensure to monitor courately refluent hough at all docum Plan through in pleted on-galf service ne	signed, a 3) process for the process for the continuation of the continuation in monthly coing that the design of incomplets of incomplets and the continuation in the continuation of the continuation in t	or all to ensure all uity of care at e that all ough the use s completed supervision will audit dividuals are

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				22	2755 SWEET ANDREA DRIVE		
BRAMBLI	ETON GROUP HOME			A:	SHBURN, VA 20148		
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W 159	Individual # 1 were fil Program) clinical record 1d. The QIDP failed Consent for Medication Triple Antibiotic Ointh 1e. The QIDP failed treatment program for implemented according 2a. The QIDP failed of the ISP outcomes/ in measurable terms. 2b. The QIDP failed to outcomes/goals "Mor Choosing a Physical were in measurable to treatment program for communication were the ISP. 3a. The QIDP failed of the ISP outcomes/ in measurable terms. 3b. The QIDP failed outcomes/goals "Was Management" for Ind measurable terms. 3c. The QIDP failed to "Behavioral Guideline Plan Consent Form as a stream of the ISP outcomes/ goals" was measurable terms.	led in the (Name of Day lord. to ensure an "Informed lon" form for the use of "(8) ment form for Individual # 1. to ensure the active or Individual # 1's ADLs was fing to the ISP. to ensure the data collection /goals for Individual # 2 were . to ensure the ISP ney Management and Activity" for Individual # 2 terms. to ensure the active or Individual # 2 terms. to ensure the active or Individual # 2's ADLs and a implemented according to to ensure the data collection /goals for Individual # 3 were in to ensure the ISP ishing and Money dividual # 3 were in to ensure the current es, Behavioral Intervention and Psychological ridual # 3 was filed in the	W		The Program Nurse will complete a record re that individual consents as listed are updated annually: 1. Triple antibiotic ointment (individual #1 2. Consent for Protected Health Informati The Program Nurse will complete this procesprevent further deficiencies. The Nursing Coordinator conduct monthly acconsents is current, an up-to-date, and to enthe Program Manager will continue to monit service needs of individuals are accurately reuse of weekly operation meetings. The Clinical Director will ensure that all docu as identified in the Person Center Plan throughth the Program Manager. A quarterly peer review will be completed on records to monitor to ensure that all service accurately documented. This report will be significant process.	d, signed,) ion (indivic ss for all ir udits to en sure conti tor to ensu effected th imentation igh monthl	and filed dual #3) individuals to issure all inuity of care ure that all irrough the is completed ly supervision at will audit individuals are

AMALETO PROUDER OR BUPPLIER BRAMBLETON GROUP HOME SUMMARY STATEMENT OF DETICIENCES ACT STREET ADDRESS, CITY, STATE, JIP CODE 2755 SWEET ANDREA DRIVE ASHBURN, VA. 20148 PROTOX PROVIDER SPLAN OF CORRECTION BACH DETICIENCY TWO IS REPORTED BY TULL THE SULL THORY OR LISE RECRET THIS IS REPORTED BY TULL THE SULL THORY OR LISE RECRET THIS IS REPORTED BY TULL AS THE QIDP failed to ensure the a "Consent for the Use or Disclosure of Protected Health Information" form for Individual # 3 was obtained. The findings include: The findings include: Individual # 1 was a 28-year-old male, who was admitted to (Name of Erope phone) on 55/14. Diagnoses in the clinical record included but were not limited to (1) mild intellectual disability, (2) spastic diplegia, (3) gastrossophageal reflux diseses, (4) secure or # 2 (Individual # 1) engages in activities of daily living to increase his independence. "Support Activities (Individual # 1) engages in activities of daily living to increase his independence, "Support Activities, (Individual # 1) independently manages his laundry 2 (two) times a veek for 3 three; port Activities. (Individual # 1) independently manages his laundry 2 (two) times a veek for 3 three; port Activities. (Individual # 1) mild shifts and put little them in its diresser, b. (Individual # 1) receives guidance and assistance from staff as needed to complete his resser, b. (Individual # 1) receives guidance and assistance from \$4 \text{ individual # 1} mild be activities of aday (Individual # 1) mild be activities of a complete his resser, b. (Individual # 1) receives guidance and assistance from \$4 \text{ individual # 1} mild be activities. (Individual # 1) mild be activities in mild be activities. (Individual # 1) mild be activities in mild be activities. (Individual # 1) mild be activities in mild be activities. (Individual # 1) mild be activities in mild be activities. (Individual # 1) mild	AND BLANDE CODDECTION IDENTIFICATION NUMBERS			PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED			
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medical protocols. "Support Activities: (Individual # 1) participates in his medication management at least 50% (percent) of the time 7 (seven) days a week for 3 (three) consecutive months by June Manager for documentation to support the coordination of services for each individual needs.						The Clinical Director will review within supervision	sion with th	he Program	
# 1) participates in his medication management at least 50% (percent) of the time 7 (seven) days a week for 3 (three) consecutive months by June			9						
at least 50% (percent) of the time 7 (seven) days a week for 3 (three) consecutive months by June	1		•		1	for each individual needs.			
a week for 3 (three) consecutive months by June			•		de la constant				
					1				
30, 2018. Support Instructions: a. (Individual #1)									

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	49G052	B. WING	COLOR TO THE TOTAL PROPERTY OF THE TOTAL PRO	12/14/2017
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS. CITY, STATE, ZIP 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148	CODE
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN O X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COMPLETION THE APPROPRIATE DATE
(Individual # 1) identifications by label in (Individual # 1) is praised correct medications. 30 minutes." On 12/14/17 at appromeeting and an intervious commendation (Qualified Intellectual and ASM (administrat program manager. Widescribe the responsistated, "To ensures sup on documentation clinical records are up Home) and the day phow often the Individual day programs are reviewed OSM # 1 stamonth." When ask clinical records at the reviewed OSM # 1 stamonth." ASM # 1 and to review Individual # 11/27/17 through 12/2 progress notes docur in measurable terms. Stated, "They're not woosM # 1 further state were not developed in data collection could measurable terms. The facility's policy "8	r for his medications. b. fies his AM or his PM recognition/label color. c. sed when choosing the Frequency: Daily. Amount: ximately 10:55 a.m. a riew was conducted with hiber) # 1, the QIDP Disabilities Professional) tive staff member) # 1, when OSM # 1 was asked to fibilities of the QIDP OSM # 1 ervices are provided, follow of services, make sure the to to date at (Name of Group rogram sites." When asked that's clinical records at the riewed OSM # 1 stated, when down of Group Home) are ated, "Two to three times a dr OSM # 1 were then asked 1's progress notes dated 1's progress notes dat		individual #1. The QIDP will revise the outco Choosing a Physical Activity" is appropriate data individual #2. The QIDP will revise the outco Management" into Measurable individual #3. The Program Manager will upor incorporate these changes for The Program Manager will conto prevent further deficiencies.	me for "Money Management and into Measurable terms to collect me for "Washing and Money terms to collect appropriate data

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY IPLETED
		49G052	B. WING		13	2/14/2017
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY. STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(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 CORE X (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
	active treatment in the Qualified Intellectual I Monitoring Of Service Review consumer recipinancial and medical treatment and service correctly, documented outside services have program services." On 12/14/17 at 1:00 p staff member) # 1, pro Group Home) and OS QIDP were made awa No further information References: (1) Refers to a group of by a limited mental call adaptive behaviors suschedules and routine Intellectual disability on 18 and may result from autism or cerebral pals causes, such as lack or responsiveness. This from the website: https://www.report.nih.ctSheet.aspx?csid=10(2) A form of cerebral production that usually a childhood and permanal and coordination. Affectmuscle tone which lead	n, and to ensure quality program." Under "8.1.2 Disabilities Professional s" it documented, "A. ords to include clinical, to ensure prescribed s are being implemented appropriately and that any been incorporated into .m. ASM (administrative agram manager of (Name of M (other staff member) # 1, re of the above findings. was provided prior to exit. of disorders characterized pacity and difficulty with chas managing money, s, or social interactions. riginates before the age of a physical causes, such as sy, or from nonphysical of stimulation and adult information was obtained gov/NIHfactsheets/ViewFa	W	The QIDP will review and individual #/ Assessment NB, and determine the o "Activities of Daily Living and Evacuati The Program Manager will update the incorporate the changes for those indiv The Program Manager will review and other individuals to prevent further defi The Program Manager will continue to service needs of individuals are accura of weekly operation meetings. The Clinical Director will review within Manager for documentation to support each individual needs. The Clinical Director will ensure that al as identified in the Person Center Plan with the Program Manager. A quarterly peer review will be complet records to monitor to ensure that all set accurately documented. This report wi Director.	1 Person Center automes for objetion and Drills". Person Center Fividuals. complete this precionates. monitor to ensurately reflected thrushed the coordination of the coordination of through monthly and on-going that ruice needs of increase of the coordination of	ctives Itan to cess for all the that all cugh the use the Program of services for s completed supervision will audit fividuals are

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G052	B. WING			12/14/2017	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIA		N
W 159	The arm muscles are not affected at all. Ott may include delayed milestones (i.e. rolling walking on toes; and walking). It occurs withat controls moveme abnormally. This inforthe website: https://rarediseases.ir.pastic-diplegia-cerebites.if.c.di	generally less affected or her signs and symptoms motor or movement gover, sitting, standing); a "scissored" gait (style of hen the portion of the brain ent is damaged or develops formation was obtained from info.nih.gov/diseases/9637/s ral-palsy. It to leak back, or reflux, into ritate it. This information e website: gov/medlineplus/gerd.html. In problem. They happen abnormal electrical activity in ation was obtained from the sov/medlineplus/seizures.ht In at causes people to have the seizures happen when go or neurons, in the brain ignals. People may have the demotions or behave the ave violent muscle spasms in the information was obsite: ov/epilepsy.html.		159			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		49G052	B, WING		1:	2/14/2017
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 159	through 07/01/2018 of "Desired Outcomengages in activities independence." Suppindependently managa week for 3 (three) of 30, 2018. Support Infolds his shirts and position of the support	nt ISP dated 07/01/2017 documented, ne: # 2 (Individual # 1) of daily living to increase his bort Activities: (Individual # 1) ges his laundry 2 (two) times consecutive months by June structions: a. (Individual # 1) uts them in his dresser. b. ves guidance and assistance to complete his task. Amount: 45 minutes." ne: # 5 (Individual # 1) and safety by participating in istration and following his upport Activities: (Individual s medication management) of the time 7 (seven) days onsecutive months by June structions: a. (Individual # 1) of for his medications. b. fies his AM or his PM recognition/label color. c. sed when choosing the Frequency: Daily. Amount: ximately 10:55 a.m. a fiew was conducted with fiber) # 1, the QIDP Disabilities Professional) ive staff member) # 1, farding the ISP dividual # 1. When asked in the ISP is ASM # 1 stated,	W	159		
To the state of th	asked to "Support Ins	al will learn to do." When tructions" ion the ISP ASM # are going to provide the	4 4 7			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G052	B. WING			12/14/2017	
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	ARREST SERVICES TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
W 159	service." After review Individual # 1's ISP d and OSM # 1 agreed were not written in moderate of the program of	wing the outcomes on ated 07/01/2017 ASM # 1 that outcomes # 2 and # 5 easureable terms. o.m. ASM (administrative orgam manager of (Name of SM (other staff member) # 1, are of the above findings. o ensure the current or Medication'' forms and the Protocol'' dated 11/10/17 for ed in the (Name of Day ord. Order Sheet) for Individual # 2/31/17 and signed by the 7 documented: 500 mg (milligrams): Take 1 by mouth every 6 (six) hours PRN (as needed). Date g: Take 1 (one) tablet by needed for allergies. PRN 8/01/2016.'' Dintment: Apply to ulcer once ate 21/2014.'' ximately 12.15 p.m. the	W	159			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3	(X3) DATE SURVEY COMPLETED			
		49G052	B. WING			12/14/2017
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148	CODE	727.117.2011
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		OTION SHOULD BE OTHE APPROPRIATE	(X5) COMPLETION DATE
	pain; Loratadine 10 m mouth once daily as r Triple Antibiotic Ointm daily as needed." Fur Consent for Medicatio 1documented that the "Legally Authorized R 05/23/16. Further rev Program) clinical recorevealed A "Wheelchat 1 dated 07/19/17. On 12/14/17 at approx (Name of Group Home Individual # 1 was revi Home) clinical record Consent for Medicatio The consent forms docorder: May Crush medicatio The consent forms docorder: May Crush medication applesauce; Acetamin tablets by mouth every pain; and Loratadine 1 mouth once daily as nefurther review of the "Medication" forms for I that they were all signed Authorized Representa Further review of the (Iclinical record for Indivi "Wheelchair Protocol" 107/19/17. Further review Protocol" for Individual Dates: 8/10/17" and "1	y 6 hours as needed for ig: Take 1 (one) tablet by leeded for allergies; and lent: Apply to ulcer once a of their review of the "Informed on" forms for Individual # y were all signed by the expresentative" and dated liew of the (Name of Day of for Individual # 1 in Protocol" for Individual # 1 in Protocol in Individual # 1 in Individual # 1 in Individual # 1 in Individual # 1 informed Individual # 1 informed Individual # 1 informed Individual # 1 individual # individu	W *	159		
	member) # 2, the (Nam	ie of Day Program) QIDP visabilities Professional)	10 Million			eu in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148				
(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 COR ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
W 159	forms for Individual # "Legally Authorized R 05/23/16. OSM # 2 w consent forms. Wher were current OSM # 2 due." On 12/14/17 at appro- interview was conduc member) # 1, the QID Disabilities Professior staff member) # 1, pro- the "Informed Consen Individual # 1 that wer Authorized Represent When asked if the cor of Day Program) were OSM # 1 stated, "The updated." On 12/14/17 at 1:00 p staff member) # 1, pro Group Home) and OS QIDP were made awa No further information References: (6) Used to relieve mil headaches, muscle ac colds and sore throats and reactions to vacci reduce fever. Acetamit to relieve the pain of c caused by the breakd joints). Acetaminophel	ed Consent for Medication" 1 that were all signed by the epresentative" and dated was asked to review the asked if the consent forms asked if the consent forms asked with OSM (other staff PP (Qualified Intellectual hall) and ASM (administrative bogram manager regarding at for Medication" forms for reall signed by the "Legally stative" and dated 05/23/16. Insent forms from the (Name accurrent ASM # 1 stated no. by should have been when the above findings. In ASM (administrative bogram manager of (Name of the above findings. In a cof the above findings. In a cof the above findings was provided prior to exit. In a cof the above seckaches, mations (shots), and to nophen may also be used between the lining of the consentations of the lining of the consentations of the lining of the consentations.	W 1	59				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		49G052	B. WING			1:	2/14/2017	
	ROVIDER OR SUPPLIER			22755	ET ADDRESS, CITY, STATE. ZIP CODE SWEET ANDREA DRIVE BURN, VA 20148			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
W 159	the way the body sen body. This information website: https://medlineplus.go.tml. (7) Used to temporari hay fever (allergy to p substances in the air) symptoms include sneitchy eyes, nose, or the used to treat itching a hives. However, lorate or other allergic skin reclass of medications of works by blocking the substance in the body symptoms. This information website: https://medlineplus.go.tml. (8) First aid to help procuts, scrapes and burn obtained from the website: https://dailymed.nlm.nm?setid=39893365-cs.4. 1d. The QIDP failed to Consent for Medication Triple Antibiotic Ointmedication Triple Antibiotic Ointmedication 12/08/17 to 12 physician on 12/08/17	lucers). It works by changing ses pain and by cooling the n was obtained from the by/druginfo/meds/a681004.h by relieve the symptoms of ollen, dust, or other and other allergies. These sezing, runny nose, and iroat. Loratadine is also and redness caused by adine does not prevent hives eactions. Loratadine is in a salled antihistamines. It action of histamine, a that causes allergic mation was obtained from v/druginfo/meds/a697038.h event infection in minor as. This information was esite: iih.gov/dailymed/drugInfo.cf	W	159				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		49G052	B WING_			12/14/2017		
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PL ((EACH CORRECTIN CROSS-REFERENCE DEFI				
W 159	Continued From page	e 26	W 1	59				
	(Name of Group Hon Individual # 1 was ret Home) clinical record evidence a consent f antibiotic ointment. On 12/14/17 at approinterview was conducted. Home) LPN (licensed (registered nurse) # asked to review the (clinical record for an Medication" form for ointment for Individual clinical record for Ind # 2 stated. "There is ointment." When ask been obtained, RN # On 12/14/17 at approinterview was conducted by # 1, the QII Disabilities Profession staff member) # 1, the QII bisabilities Profession staff member) # 1, profession the missing "Informer form for Individual # ointment. OSM # 1 supdated."	viewed. The (Name of Group of For Individual # 1 failed to form for the use of triple oximately 10:15 a.m. an oted with (Name of Group of practical nurse) # 1 and RN 1. LPN # 1 and RN # 2 were Name of Group Home) "Informed Consent for the use of triple antibiotic al # 1. After reviewing the ividual # 1 RN # 1 and LPN no consent for the antibiotic and # 1 and LPN and consent for the antibiotic and # 1 and LPN how consent for the antibiotic and # 1 and LPN how consent for the antibiotic and # 1 and LPN how consent for the antibiotic and How is a consent for the antibiotic and ASM (administrative regram manager regarding to Consent for Medication" 1's use of the triple antibiotic stated, "It should have been the p.m. ASM (administrative p.						
	staff member) # 1, pr Group Home) and O	ogram manager of (Name of SM (other staff member) # 1, are of the above findings.	***************************************					
	No further information	n was provided prior to exit.	***************************************					
	References:							

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ATE SURVEY OMPLETED
		49G052	B. WING			12/14/2017
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148	***************************************	
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W 159	Continued From page	27	w	159		2 T T T T T T T T T T T T T T T T T T T
	cuts, scrapes and bur obtained from the web https://dailymed.nlm.r	event infection in minor ns. This information was osite: ih.gov/dailymed/drugInfo.cf 94f-bc83-67f6-0005d5f2aa2	en en ossere manen de par dermandades his es en como e c			
1	1e. The QIDP failed t treatment program for implemented accordin	Individual # 1's ADLs was	1 (7)			***************************************
	through 07/01/2018 di "Desired Outcomengages in activities of independence." Support 1) brushes his teeth to minutes for 6 (six) con 30, 2018. Support Insholds his tooth brush at two minutes. B. (Indivitassistance with preparensuring thorough clear Frequency: Daily. Am "Support Activities independently manage a week for 3 (three) co 30, 2018. Support Insfolds his shirts and put	a: # 2 (Individual # 1) If daily living to increase his bort Activities: 2. (Individual # vice daily for 2 (two) secutive months by June tructions: a. (Individual # 1) and brushes his teeth for dual # 1) receives ration, guidance and anliness as needed. count: 15 minutes." If a county is a c				
	On 12/14/17 at approx Individual # 1's "Progre	imately 10:55 p.m. ess Notes" and data 7/2017 through 12/12/2017	of the process of the			

	DF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER		TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		49G052	B. WING			12/14/2017		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP (22755 SWEET ANDREA DRIVE ASHBURN, VA 20148	CODE			
(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 X (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE		
W 159	member) # 1, (Name manager and OSM # Intellectual Disabilities review of the progress revealed Individual # brushing was implemented action of the progress and data colle through 12/12/2017 for laundry documented. Support activity compibarriers and participath 1's initials) requested as his peers this more Staff explained what we choose to eat the saminitials) poured his celeasistance." On 12/14/17 at appromeeting and an intervosm (Osm (other staff mem (Qualified Intellectual and ASM (administrating program manager. We collection in the program the stated outcome of implemented according that the individual parteratment programs or reflect the outcome staff the documentation or it is not implemented." On 12/14/17 at 1:00 pstaff member) # 1, progroup Home) and Ossign member) # 1, progroup Home) # 1, progroup Ho	of Group Home) program 1, QIDP (Qualified as Professional). Further is notes and data collection 1's ADLs program for toothem to the ented in 28 of 32 ar review of the "Progress ction dated 011/27/2017 for the ISP program for "12/07/2017. 2.3 Was the eted? Please describe tion level.: Yes. (Individual # to eat the same breakfast ming when prompted by staff. In was on the menu and hem emeal. (Individual # 1's real for breakfast with staff's eximately 10:55 a.m. a fiew was conducted with other) # 1, the QIDP Disabilities Professional) ive staff member) # 1, finen asked if the data ess notes does not reflect	W .	159				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		49G052	B. WING			12/1	14/2017	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STA 22755 SWEET ANDREA DRI ASHBURN, VA 20148				
(X4) ID PREFIX IAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 159	Continued From page	e 29	W	159				
	No further information	n was provided prior to exit.						
		to ensure the data collection goals for Individual # 2 were				WAS ANDROOM . ARREST MAY MAKE MAKE MAKE M		
	admitted to (Name of Diagnoses in the clini not limited to: (1) sev	28-year old female, who was Group Home) on 9/22/11. ical record included but were ere intellectual disability. (2) lux disease, (3) seizure ety.				*** **********************************		
	through 09/30/2018 d "Desired Outcom her personal funds ba for 3 (three) of 12 mo would like to spend h & Instructions: Suppo # 2) reviews her pers staff. 2. (Individual # she would like to spen # 2) makes purchases	ne: (Individual # 2) reviews alance 2 (two) times a month inths to determine how she er money. Support Activities int Instructions: 1. (Individual ional funds balance with 2) decides when and how ind her money. 3. (Individual						
	her physical activity to health 2-3 (two to thre consecutive months u Support Activities & Ir 2) chooses a physical participate in. 2. (Indi the physical activity of minutes. 3. (Individual	astructions: 1. (Individual # activity she would like to vidual # 2) participates in f her choice for at least 10 al # 2) is praised for her activity. Frequency:						

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		49G052	B. WING			12	/14/2017		
	ROVIDER OR SUPPLIER			22755 5	TADDRESS, CITY, STATE, ZIP CODE SWEET ANDREA DRIVE URN, VA 20148				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE.	(X5) COMPLETION DATE		
W 159	OSM (other staff mem (Qualified Intellectual and ASM (administrat program manager. A then asked to review notes dated 11/27/17 asked if the progress collections in measura OSM # 1 stated, "The measurable terms." (if the ISP outcomes we measurable terms the not be documented in On 12/14/17 at 1:00 p staff member) # 1, progroup Home) and OSQIDP were made away No further information. References: (1) Refers to a group by a limited mental can adaptive behaviors suschedules and routine Intellectual disability of 18 and may result from autism or cerebral pal causes, such as lack or responsiveness. This from the website:	ximately 10:55 a.m. a riew was conducted with nber) # 1, the QIDP Disabilities Professional) ive staff member) # 1, SM # 1 and OSM # 1 were Individual # 2's progress through 12/12/17. When notes documented the data able terms ASM # 1 and y're not written in DSM # 1 further stated that rere not developed in the data collection could	W	159					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED		
		49G052	B. WING			12/	14/2017
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	IX (EACH CORRECTIVI CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIA CIENCY)		(X5) COMPLETION DATE
20 · ***********************************	(2) Stomach contents the esophagus and it was obtained from the https://www.nlm.nih.g (3) Symptoms of a brecause of sudden, a the brain. This inform website: https://www.nlm.nih.gml. (4) Fear. This informate website: https://www.nlm.nih.gml. 2b. The QIDP failed to outcomes/goals "Mon Choosing a Physical Awere in measurable tellindividual # 2's currenthrough 09/30/2018 de "Desired Outcomber personal funds bafor 3 (three) of 12 mor would like to spend he & Instructions: Suppor # 2) reviews her personal fundividual # 2 she would like to spend # 2) makes purchases Frequency: Monthly.	to leak back, or reflux, into ritate it. This information e website: pov/medlineplus/gerd.html. ain problem. They happen altonormal electrical activity in ation was obtained from the ov/medlineplus/seizures.ht ation was obtained from the ov/medlineplus/seizures.ht ation was obtained from the ov/medlineplus/anxiety.html be ensure the ISP ey Management and activity for Individual # 2 erms. at ISP dated 10/01/2017 coumented, e: (Individual # 2) reviews lance 2 (two) times a month atths to determine how she er money. Support Activities at Instructions: 1. (Individual what funds balance with 2) decides when and how do her money. 3. (Individual with her budget. Amount: 30 minutes."	W	159			
)	health 2-3 (two to three consecutive months ur	e) times a week for 6 (six) htil 1 October 2018.	© 700 000 0 0 000 0 0 000 0 0 0 0 0 0 0	:			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G052	B, WING_			12/14/2017	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148	P CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN X (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIAT	(X5) COMPLETIO E DATE	'n
W 159	chooses a physical participate in. 2. (Ind the physical activity of minutes. 3. (Individual)	nstructions: 1. (Individual # I activity she would like to ividual # 2) participates in if her choice for at least 10 al # 2) is praised for her activity. Frequency:	W *	159			*
	meeting and an interv OSM (other staff mer (Qualified Intellectual and ASM (administra program manager reg goals/outcomes for In the outcomes on Indi	Disabilities Professional) tive staff member) # 1, garding the ISP dividual # 2. After reviewing vidual # 2's ISP dated and OSM # 1 agreed that					
	staff member) # 1, pr Group Home) and OS QIDP were made awa No further information 2c. The QIDP failed to treatment program fo communication were	o.m. ASM (administrative ogram manager of (Name of SM (other staff member) # 1, are of the above findings. In was provided prior to exit. In ensure the active of the individual # 2's ADLs and implemented according to					
	through 09/30/2018 d "Desired Outcom words in sign languag 12 months by June 30	ne: (Individual # 2) learns 2-3 ge per month 6 (six) out of		THE CONTROL OF THE CO			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		49G052	B. WING			12/14/2017	
	ROVIDER OR SUPPLIER ETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP COD 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148			***************************************
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE TAG CROSS-REFERENCE		IDER'S PLAN OF CORRECTION ORRECTIVE ACTION SHOULD B FERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION	1
	using 2-3 words in sig 2) answers a question Frequency: Daily. An "Desired Outcomparticipates in her AD independence. (Individual toompletes her oral hy (two) times daily for 6 by June 30, 2018. Su (Individual # 2) preparabate. 2. (Individual # 2) to combrushing. Frequency: Continually." On 12/14/17 at approximate of the progress revealed Individual # 2's "Progress revealed Individual # 2's "Progress and OSM # Intellectual Disabilities review of the progress revealed Individual # 2's brushing was implemented in 3 On 12/14/17 at approximate and the was implemented in 3 On 12/14/17 at approximate and ASM (administration program manager. As then asked to review Inotes dated 11/27/17 to the program manager. As then asked to review Inotes dated 11/27/17 to the program manager.	gn language. 2. (Individual # n by using sign language. nount: Continually." le: (Individual # 2) L's to increase her dual # 2) independently giene for 1 (one) minute 2 (six) consecutive months proof Instructions: 1. res her toothbrush with tooth # 2) independently brushes . 3. Staff support nolet 2 minutes of Daily. Amount: Eximately 10:55 p.m. less Notes" and data 7/2017 through 12/12/2017 SM (administrative staff of Group Home) program 1, QIDP (Qualified is Professional). Further in notes and data collection 2's ADLs program for tooth ented in 8 of 16 communication program of 16 opportunities. Rimately 10:55 a.m. a lew was conducted with ber) # 1, the QIDP Disabilities Professional)	W	59			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULT A. BUILDI		NSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G052	B. WING			12	/14/2017
	ROVIDER OR SUPPLIER			22755	ET ADDRESS, CITY, STATE, ZIP CODE 5 SWEET ANDREA DRIVE BURN, VA 20148		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x :	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 159	OSM # 1 stated, "The measurable terms." Vacilities to collection in the programs according to the ISP individual participated programs ASM # 1 at should reflect the out parts of it. If the doct the outcome or it is not the ISP I cannot say program was implem. On 12/14/17 at 1:00 participated by the ISP I cannot say program was implem. On 12/14/17 at 1:00 participated by the ISP outcomes and Ost of the ISP outcomes are in the ISP outcomes and interest to (Name of Diagnoses in the clin not limited to (Name of Diagnoses in the clin not limited to: (1) profusional in the ISP outcomes and interest of the ISP outcomes and interest outcomes are independently of the ISP outcomes activities of daily livin increases her independently increases her independently increases and individual participates of daily livin increases her independently increases and individual participates of daily livin increases her independently increases and individual participates activities of daily livin increases her independently increases and increase and	able terms ASM # 1 and ey're not written in When asked if the data ress notes does not reflect r is not implemented can it be stated that the d in their active treatment and OSM # 1 stated, "It come statement and all umentation does not reflect of implemented according to that the active treatment ented." D.m. ASM (administrative orgam manager of (Name of SM (other staff member) # 1, are of the above findings. In was provided prior to exit. It oensure the data collection goals for Individual # 3 were found intellectual disability, (3) history of Graves of deficiency, (5) autism and evior.	W	159			

1	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		49G052	B. WING			12	/14/2017
	ROVIDER OR SUPPLIER ETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP COD 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE APPROPRIA		(X5) COMPLETION DATE
	personal hygiene care (three) consecutive m Support Instruction: 1 wash cloth to wash he (Individual # 3) is sup ensure thorough clear Weekly. Amount: 15 "Desired Outcom her money manageme Support Activities & Irreviews her personal a month for 3 (three) chow she would like to Instructions: 1. (Individual her money. 3. (Individ	e 3 (times) a week for 3 conths by June 30, 2018. Individual # 3) uses her er arms and legs. 2. port by staff as needed to inliness. Frequency: minutes." e: (Individual # 3) increases cent and budgeting skills. istructions: (Individual # 3) funds balance 2 (two) times of 12 months to determine spend her money. Support dual # 2) reviews her the with staff. 2. (Individual # 2) makes purchases dency: Monthly. Amount: 15 contained was conducted with the spend dual # 2) makes purchases dency: Monthly. Amount: 15 contained was conducted with the spend dual # 2 in and OSM # 1 were individual # 2's progress chrough 12/12/17. When motes documented the data ble terms ASM # 1 and contained written in ISM # 1 further stated that the ere not developed in the data collection could	W	159			

	OF DEFICIENCIES F GORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG	i	
		49G052	B. WING			12/14/2017
	ROVIDER OR SUPPLIER ETON GROUP HOME	J		STREET ADDRESS, CITY, ST. 22755 SWEET ANDREA DR ASHBURN, VA 20148		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECT CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIATI DEFICIENCY)	(X5) COMPLETION DATE
W 159	References: (1) Refers to a group by a limited mental candaptive behaviors suschedules and routin Intellectual disability in 18 and may result from autism or cerebral paracauses, such as lack responsiveness. This from the website: https://report.nih.gov/rt.aspx?csid=100. (2) A term for any difficial alters brain function of was obtained from the http://www.ninds.nih.y/encephalopathy.htm (3) Graves' disease is that leads to an overall (hyperthyroidism). And condition that occurs mistakenly attacks he information was obtained information	of disorders characterized apacity and difficulty with uch as managing money, es, or social interactions. originates before the age of om physical causes, such as alsy, or from nonphysical of stimulation and adult information was obtained which actsheets/ViewFactShee fuse disease of the brain that or structure. This information e website: gov/disorders/encephalopath m. Is an autoimmune disorder active thyroid gland an autoimmune disorder is a when the immune system ealthy tissue. This ined from the website: ov/ency/article/000358.htm. Our body absorb calcium, obtained from the website: ov/vitamind.html.		159		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	1		DNSTRUCTION	(X3) DA	TE SURVEY MPLETED
		49G052	B. WING			1	2/14/2017
	ROVIDER OR SUPPLIER ETON GROUP HOME			2275	EET ADDRESS, CITY, STATE, ZIP CODE 55 SWEET ANDREA DRIVE 1BURN, VA 20148	***************************************	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 159	rumdisorder.html. (6) Self-harm refers to own body on purpose obtained from the we https://medlineplus.gc On 12/14/17 at 1:00 pstaff member) # 1, progroup Home) and OS QIDP were made away. No further information 3b. The QIDP failed toutcomes/goals "Was Management" for Indimeasurable terms. Individual #3's current through 07/01/2018 double "Desired Outcomincreases her independent increases her independent increases have increased increases have increased increases have increased increases have increased increases have increa	ov/medlineplus/autismspect of a person's harming their of a person's harming their of This information was osite: ov/selfharm.html. of M. (administrative ogram manager of (Name of of M (other staff member) # 1, are of the above findings. of was provided prior to exit. of ensure the ISP hing and Money vidual # 3 were in ISP dated 07/01/2017 ocumented, of e. (Individual # 3) offence by engaging in offence Support Activities & offence week for 3 onths by June 30, 2018. (Individual # 3) uses her or arms and legs. 2. out by staff as needed to offence.		159			

1	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	1 ' '	IPLE CONSTRUCTION		(X3) DATE COMF	SURVEY PLETED
		49G052	B. WING_			12/	/14/2017
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148	DE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIA		(X5) COMPLETION DATE
W 159	Instructions: 1. (Indivipersonal funds balan 2) decides when and her money. 3. (Indiviwith her budget. Frequinutes." On 12/14/17 at appromeeting and an intervOSM (other staff mer (Qualified Intellectual and ASM (administral program manager regoals/outcomes for Inthe outcomes on Indi 07/01/2017 ASM # 1 outcomes # 6 and # 8 measureable terms. No further information 3c. The QIDP failed to "Behavioral Guideline Plan Consent Form a Evaluation" For Indivi (Name of Day Program Individual # 3 was reversely program) clinical recognition of the program of the pro	o spend her money. Support idual # 2) reviews her ce with staff. 2. (Individual # how she would like to spend dual # 2) makes purchases juency: Monthly. Amount: 15 eximately 10:55 a.m. a view was conducted with inber) # 1, the QIDP Disabilities Professional) tive staff member) # 1, garding the ISP idividual # 3. After reviewing vidual # 3's ISP dated and OSM # 1 agreed that a were not written in a was provided prior to exit. In was provided prior to exit.	W	159			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED
		49G052	B. WING			12/14/2017
	ROVIDER OR SUPPLIER ETON GROUP HOME			STREET ADDRESS, CITY, STATE, 2 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148	ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCED		
W 159	support specialist. A "Behavioral Guidelin 02/29/16, "Behaviora Form" dated 03/01/1 "Psychological Evalu Individual # 3. OSM documents were cur the group home show On 12/14/17 at approx (Name of Group Hom Individual # 3 was re Home) clinical record Guidelines" dated 03 "Behavioral Intervent dated 03/01/2017 - 0 "Psychological Evalu Individual # 3. On 12/14/17 at approx interview was conduct member) # 1, the QII Disabilities Professio staff member) # 1, prox the "Behavioral Guide 02/29/16, "Behaviora Form" dated 03/01/16 "Psychological Evalue Individual # 3. When from the (Name of Da ASM # 1 stated no. C should have had the of On 12/14/17 at 1:00 p staff member) # 1, pro Group Home) and OS	e of Day Program) program ofter reviewing the es" dated 03/01/15 - al Intervention Plan Consent 6 - 02/28/17 and a lation" dated 05/11/2015 for # 3 was asked if the rent. OSM # 3 stated, "No, uld have sent it." eximately 9:00 a.m. the ne) clinical record for viewed. The (Name of Group I revealed "Behavioral /01/2017 - 02/28/2018, ion Plan Consent Form" 2/28/2018 and a ation" dated 05/2017 for eximately 10:55 a.m. an exted with OSM (other staff DP (Qualified Intellectual nal) and ASM (administrative orgam manager regarding elines" dated 03/01/15 - I Intervention Plan Consent 6 - 02/28/17 and a ation" dated 05/11/2015 for asked if the documents by Program) were current DSM # 1 stated, "They	W	159		

W 159 Continued From page 40 No further information was provided prior to exit. 3d. The QIDP failed to ensure the a "Consent for the Use or Disclosure of Protected Health Information" form for Individual # 3 was obtained. On 12/14/17 at approximately 10:00 a.m. the (Name of Group Home) clinical record for Individual # 3 was reviewed. The (Name of Group Home) clinical record for Individual # 3. The cli		DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
PRAMBLETON GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES PREFIX PROPERTY PAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX PROPERTY PAG REGULATORY OR LSC IDENTIFYING INFORMATION) W159 Continued From page 40 No further information was provided prior to exit. 3d. The QIDP failed to ensure the a "Consent for the Use or Disclosure of Protected Health Information" form for Individual 3 as was obtained. On 12/14/17 at approximately 10:00 a.m. the (Name of Group Home) clinical record for Individual 3. The clinical record for Individual 4. She serviewed. The (Name of Group Home) clinical record for Individual 4. She serviewed. The (Name of Group Home) clinical record for Individual 4. She same, the name of the group home and the signature of the clinical manager. Further review of the "Consent for the Use or Disclosure of Protected Health Information" form documented Individual 4. She name, the name of the group home and the signature and signature and date of the guardian or legally authorized representative. On 12/14/17 at approximately 10:55 a.m. an interview was conducted with OSM (other staff member) 4.1, the OIDP (Qualified Intellectual Disabilities Professional) and ASM (administrative staff member) 4.1, program manager regarding the "Consent for the Use or Disclosure of Protected Health Information" form for Individual 4.3. When asked if the consent form was completed ASM 4.1 stated. "No. we don't have one." When asked if the cincent form was completed ASM 4.1 stated. "No. we don't have one." When asked if the cincent form was completed ASM 4.1 stated. "No. we don't have one." When asked if the cincent form was completed ASM 4.1 stated. "No. "OSM #			49G052	B. WNG			12/14/2017	
W 159 Continued From page 40 No further information was provided prior to exit. 3d. The QIDP failed to ensure the a "Consent for the Use or Disclosure of Protected Health Information" form of Individual # 3 was reviewed. The (Name of Group Home) clinical record for Individual # 3. The clinical record for the Use or Disclosure of Protected Health Information form for the Use or Disclosure of Protected Health Information form of Protected Health Information form of Protected Health Information form of Protected Health Information form. The 'Consent for the Use or Disclosure of Protected Health Information" form of Protected Health Information form. The 'Consent for the Use or Disclosure of Protected Health Information" form dalled to evidence the date of the clinical manager, Further review of the "Consent for the Use or Disclosure of Protected Health Information" form falled to evidence the date of the clinical manager, Further review of the "Consent for the Use or Disclosure of Protected Health Information" form falled to evidence the date of the clinical manager's signature and signature and date of the guardian or legally authorized representative. On 12/14/17 at approximately 10:55 a.m. an interview was conducted with OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and ASM (administrative staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and ASM (administrative staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and ASM (administrative staff member) # 3, when asked if the iconsent form was completed ASM # 1 stated. "No, we don't have one." When asked if the iconsent for most					22755 SWEET ANDREA DRIVE	DE		
No further information was provided prior to exit. 3d. The QIDP failed to ensure the a "Consent for the Use or Disclosure of Protected Health Information" form for Individual # 3 was obtained. On 12/14/17 at approximately 10:00 a m. the (Name of Group Home) clinical record for Individual # 3 was reviewed. The (Name of Group Home) clinical record for Individual # 3. The clinical revealed a "Consent for the Use or Disclosure of Protected Health Information" form. The "Consent for the Use or Disclosure of Protected Health Information" form documented Individual # 3's name, the name of the group home and the signature of the clinical manager. Further review of the "Consent for the Use or Disclosure of Protected Health Information" form failed to evidence the date of the clinical manager's signature and signature and date of the guardian or legally authorized representative. On 12/14/17 at approximately 10:55 a.m. an interview was conducted with OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and ASM (administrative staff member) # 1, program manager regarding the "Consent for the Use or Disclosure of Protected Health Information" form for Individual # 3. When asked if the incomplete consent form was completed ASM # 1 stated. "No. we don't have one." When asked if the consent form was completed ASM # 1 stated. "No. we don't have one." When asked if the consent for toted the alth information ASM # 1 stated. "No." OSM #	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFI	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE E APPROPRIA	COMPLETION	
1 stated, "It should have been updated. On 12/14/17 at 1:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of	W 159	No further information 3d. The QIDP failed to the Use or Disclosure Information" form for On 12/14/17 at approximate (Name of Group Home) clinical record clinical revealed a "Codisclosure of Protected Health Infole Individual # 3's name home and the signature further review of the Disclosure of Protectefailed to evidence the manager's signature the guardian or legall On 12/14/17 at approximate years and the signature of Protected Health Infole guardian or legall On 12/14/17 at approximate years and the signature the guardian or legall On 12/14/17 at approximate years and years are the protected Health Infole # 3. When asked if the completed ASM # 1 sone." When asked if form could be considered to the years of years of the years of the years of y	o ensure the a "Consent for e of Protected Health Individual # 3 was obtained. eximately 10:00 a.m. the ele) clinical record for viewed. The (Name of Group for Individual # 3. The onsent for the Use or ed Health Information" form. Use or Disclosure of rmation" form documented the name of the group are of the clinical manager. "Consent for the Use or ed Health Information" form date of the clinical manager. "Consent for the Use or ed Health Information" form date of the clinical manager. "Consent for the Use or ed Health Information" form date of the clinical and signature and date of y authorized representative. Eximately 10:55 a.m. an effect with OSM (other staff DP (Qualified Intellectual mal) and ASM (administrative orgam manager regarding Use or Disclosure of rmation" form for Individual me consent form was tated. "No. we don't have the incomplete consent ered has having obtained a r disclosure of protected M # 1 stated, "No." OSM # eve been updated. Dom. ASM (administrative		159			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		ATE SURVEY OMPLETED
		49G052	B. WING			12/14/2017
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 159	Group Home) and OS QIDP were made awa	SM (other staff member) # 1, are of the above findings.	W -	59		
W 231	INDIVIDUAL PROGR CFR(s): 483.440(c)(4 The objectives of the must be expressed in		W 2	W231 The QIDP will revise the outcome firmanagement" into Measurable term	or "Laundry and N	
	Based on staff interviand facility document that the facility staff farmeasurable terms for	not met as evidenced by: iew, clinical record review review it was determined iiled to develop objectives in three of three individuals in dividual # 1, # 2 and # 3.		individual #1. The QIDP will revise the outcome for Choosing a Physical Activity" into Mappropriate data individual #2. The QIDP will revise the outcome for Management" into Measurable termindividual #3.	Measurable terms or "Washing and I	to collect Money
To be the second of the second	ISP (individual service measurable terms for Medication Managem 2. The facility staff fail	e plan) outcomes/goals in Individual # 1: "Laundry and ent."		The Program Manager will update to incorporate these changes for those to prevent further deficiencies. The Program Manager will continue service needs of individuals are accuse of weekly operation meetings.	e individuals. e this process for e to monitor to ens	all individuals
One of the demand on a control	measurable terms for Management and Cho 3. The facility staff fai ISP (individual service	Individual # 2: "Money posing a Physical Activity." led to define the following plan) outcomes/goals in Individual # 3: "Washing	***************************************	The Clinical Director will review with Manager for documentation to supp for each individual needs.		
The little and a second		led to define the following plan) outcomes/goals in				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	1 ` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G052	B. WING _			12/14/2017	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 22755 SWEET ANDREA DRIVE	CODE		
BRAMBLE	ETON GROUP HOME			ASHBURN, VA 20148			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIAT		
W 231	Individual # 1 was a admitted to (Name of Diagnoses in the clin not limited to: (1) mile spastic diplegia, (3) gidisease, (4) seizure of "Desired Outcomengages in activities independence. "Suppindependently managa week for 3 (three) of 30, 2018. Support Infolds his shirts and pollindividual # 1) received from staff as needed Frequency: Weekly. "Desired Outcommaintains his health his medication admirmedical protocols." See the seed of	r Individual # 1: "Laundry and hent." 29-year-old male, who was Group Home) on 5/5/14. ical record included but were d intellectual disability, (2) gastroesophageal reflux disorder and (5) epilepsy. Int ISP dated 07/01/2017 documented: he: # 2 (Individual # 1) of daily living to increase his port Activities: (Individual # 1) ges his laundry 2 (two) times consecutive months by June estructions: a. (Individual # 1) buts them in his dresser. b. wes guidance and assistance to complete his task. Amount: 45 minutes." Ine: # 5 (Individual # 1) and safety by participating in histration and following his support Activities: (Individual service) is medication management to the time 7 (seven) days consecutive months by June structions: a. (Individual # 1) y for his medications. b.	W 2	231			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		49G052	B. WING			12/14/2017	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148	E, ZIP CODE	, 101	
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFU TAG	X (EACH CORRECTI' CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	(X5) COMPLETION DATE	
1	meeting and an inter OSM (other staff me (Qualified Intellectual and ASM (administration program manager regoals/outcomes for lithe "Outcome/Goal". "It is what the individual sked to "Support Intellectual asked to "Support Intellectual and OSM # 1 agreed were not written in mindellectual and OSM # 1 agreed were not written in mindellectual addressing each ider Service Plan (ISP) Doutcomes and Object The objectives / desire expressed in terms the provide measurable in the objectives / desire expressed in terms the provide measurable in the objectives / desire expressed in terms the provide measurable in the objectives / desire expressed in terms the provide measurable in the objectives / desire expressed in terms the provide measurable in the objectives / desire expressed in terms the provide measurable in the objective of the objectiv	view was conducted with mber) # 1, the QIDP I Disabilities Professional) stive staff member) # 1, garding the ISP advividual # 1. When asked on the ISP is ASM # 1 stated, ual will learn to do." When structions" on the ISP ASM # e are going to provide the wing the outcomes on lated 07/01/2017 ASM # 1 that outcomes # 2 and # 5 easureable terms. 4.1 Individual Service Plan 4.1.3 Procedures: C. a) ensures that an ISP will at 4. Goals / outcomes and es / desired outcomes for attified need. 4.1.4 Individual evelopment. E. Goals / tives/Desired Outcomes: red outcomes will be not at are behavioral and	W	231			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		49G052	B. WING_			12/14/2017	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148	DE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
W 231	Intellectual disability 18 and may result fro autism or cerebral pa causes, such as lack responsiveness. This from the website: https://www.report.nil ctSheet.aspx?csid=1 (2) A form of cerebral condition that usually childhood and perma and coordination. Aff muscle tone which le muscles and exagge: The arm muscles are not affected at all. Ot may include delayed milestones (i.e. rolling walking on toes; and walking). It occurs w that controls moveme abnormally. This info the website: https://rarediseases.i pastic-diplegia-cereb (3) Stomach contents the esophagus and ir was obtained from th https://www.nlm.nih.g (4) Symptoms of a br because of sudden, a the brain. This inform website:	originates before the age of im physical causes, such as alsy, or from nonphysical of stimulation and adult is information was obtained in gov/NIHfactsheets/ViewFa 000 palsy, a neurological appears in infancy or early nently affects muscle control ected people have increased add to spasticity (stiff or tight rated reflexes) in the legs. generally less affected or her signs and symptoms motor or movement gover, sitting, standing); a "scissored" gait (style of hen the portion of the brain ent is damaged or develops from an info.nih.gov/diseases/9637/s ral-palsy.	W 2	31			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		49G052	B. WING		12/14/2017
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP C	
DDAMDI	ETON GROUP HOME			22755 SWEET ANDREA DRIVE	
DRAMBLE	ETUN GROUP HOWE			ASHBURN, VA 20148	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE COMPLETION HE APPROPRIATE DATE
W 231	recurring seizures. To clusters of nerve cells send out the wrong strange sensations a strangely. They may or lose consciousnes obtained from the we https://medlineplus.gr. 2. The facility staff falSP (individual servic measurable terms for Management and Ch. Individual # 2 was a 2 admitted to (Name of Diagnoses in the clininot limited to: (1) seven gastroesophageal refidisorder, (4) and anxillindividual # 2's currer through 09/30/2018 diresided Outcom her personal funds bafor 3 (three) of 12 more would like to spend he & Instructions: Suppo # 2) reviews her personal # 2 reviews her perso	hat causes people to have the seizures happen when so, or neurons, in the brain ignals. People may have and emotions or behave thave violent muscle spasms so. This information was absite: Dov/epilepsy.html. Individual # 2: "Money are plan) outcomes/goals in a Individual # 2: "Money are plan) outcomes/goals in a Individual # 2: "Money are plan) on 9/22/11. Cal record included but were the plan are intellectual disability, (2) allux disease, (3) seizure ety.	W 2	231	
		nd her money. 3. (Individual swith her budget.	T THE STREET OF THE TAX P		
9	,				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G052	B. WING			12	2/14/2017
NAME OF F	PROVIDER OR SUPPLIER	<u> </u>		STRI	EET ADDRESS, CITY, STATE, ZIP CODE		
BRAMBI	ETON GROUP HOME				55 SWEET ANDREA DRIVE		
DIVAMBL	ETOTT GROOT TOTAL			ASH	HBURN, VA 20148		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
W 231	Support Activities & It 2) chooses a physical participate in. 2. (Ind the physical activity or minutes. 3. (Individual following through with Weekly. Amount: 15 On 12/14/17 at appromeeting and an intervious of Commentary of C	nstructions: 1. (Individual # I activity she would like to ividual # 2) participates in if her choice for at least 10 al # 2) is praised for in her activity. Frequency: minutes." eximately 10:55 a.m. a view was conducted with inber) # 1, the QIDP Disabilities Professional) tive staff member) # 1, garding the ISP individual # 2. After reviewing vidual # 2's ISP dated and OSM # 1 agreed that	W	231	DEFICIENCY)		
	adaptive behaviors su schedules and routine Intellectual disability of 18 and may result from autism or cerebral pal causes, such as lack	uch as managing money, es, or social interactions. originates before the age of m physical causes, such as lsy, or from nonphysical of stimulation and adult information was obtained					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IPLE CONSTRUCTION			E SURVEY IPLETED
		49G052	B. WING_			12	2/14/2017
NAME OF F	PROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	1	STREET ADDRESS, CITY	Y, STATE, ZIP CODE		
DOLMO	ETON GROUP HOME			22755 SWEET ANDRE	A DRIVE		
BRANDL	ETON GROOF HOME			ASHBURN, VA 2014	18		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CO	DER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD ERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
W 231	Continued From page	e 47	W 2	31			
	https://report.nih.gov/ t.aspx?csid=100.	nihfactsheets/ViewFactShee					
	the esophagus and ir was obtained from the	to leak back, or reflux, into ritate it. This information e website: ov/medlineplus/gerd.html.	is instituted to make . • • • • • • • • • • • • • • • • • •				
	because of sudden, a the brain. This inform website:	ain problem. They happen bnormal electrical activity in ation was obtained from the ov/medlineplus/seizures.ht					
	website:	ation was obtained from the ov/medlineplus/anxiety.html					
	ISP (individual service	led to define the following plan) outcomes/goals in Individual # 3: "Washing ent."		:			
	admitted to (Name of Diagnoses in the clinic not limited to: (1) profe (2) encephalopathy, (3)	deficiency, (5) autism and					
** - —= ********************************	through 07/01/2018 do	e: 6. (Individual # 3) dence by engaging in					

PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
BRAMBLETON GROUP HOME (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX (EACH CORRECTION SHOULD BE COMPLICATION SHOULD BE COMPLICATION SHOULD BE DEFICIENCY) (EACH CORRECTION ACTION SHOULD BE COMPLICATION SHOULD BE DEFICIENCY)			49G052	B. WING_			12	/14/2017
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)					2275	S SWEET ANDREA DRIVE		
	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFI	× .	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		(X5) COMPLETION DATE
W 231 Instructions: (Individual # 3) participates in her personal hygiene care 3 (times) a week for 3 (three) consecutive months by June 30, 2018. Support Instruction: 1, (Individual # 3) uses her wash cloth to wash her arms and legs. 2 (Individual # 3) is support by staff as needed to ensure thorough cleanliness. Frequency: Weekly. Amount: 15 minutes." "Desired Outcome: (Individual # 3) increases her money management and budgeting skills. Support Activities & Instructions: (Individual # 3) reviews her personal funds balance 2 (two) times a month for 3 (three) of 12 months to determine how she would like to spend her money. Support Instructions: 1, (Individual # 2) reviews her personal funds balance with staff. 2, (Individual # 2) decides when and how she would like to spend her money. 3. (Individual # 2) decides when and how she would like to spend her money. Support Instructions: 1, (Individual # 2) makes purchases with her budget. Frequency: Monthly. Amount: 15 minutes." On 12/14/17 at approximately 10:55 a.m. a meeting and an interview was conducted with OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and ASM (administrative staff member) # 1, program manager regarding the ISP goals/outcomes for Individual # 3: s ISP dated 07/01/2017 ASM # 1 and OSM # 1 agreed that outcomes # 1 and OSM # 1 agreed that outcomes # 8 and # 8 were not written in measureable terms. No further information was provided prior to exit. References: (1) Refers to a group of disorders characterized		Instructions: (Individual personal hygiene carre (three) consecutive me Support Instruction: 1 wash cloth to wash he (Individual # 3) is supensure thorough clea Weekly. Amount: 15 "Desired Outcome her money manageme Support Activities & Irreviews her personal a month for 3 (three) how she would like to Instructions: 1. (Indivipersonal funds balance) decides when and her money. 3. (Indiviwith her budget. Frequinutes." On 12/14/17 at appromeeting and an intervosm (Qualified Intellectual and ASM (administrat program manager reggoals/outcomes for In the outcomes on Indivior/101/2017 ASM # 1 and the outcomes # 6 and # 8 measureable terms. No further information References:	al # 3) participates in her e 3 (times) a week for 3 months by June 30, 2018 (Individual # 3) uses her er arms and legs. 2	W	231			

	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			22755	T ADDRESS, CITY, STATE, ZIP CODE SWEET ANDREA DRIVE SURN, VA 20148		
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W 231	by a limited mental ca adaptive behaviors su schedules and routine Intellectual disability of 18 and may result from autism or cerebral pal causes, such as lack responsiveness. This from the website: https://report.nih.gov/rt.aspx?csid=100. (2) A term for any difful alters brain function of was obtained from the http://www.ninds.nih.gy/encephalopathy.htm (3) Graves' disease is that leads to an overal (hyperthyroidism). An condition that occurs with mistakenly attacks her information was obtain https://medlineplus.go (4) Vitamin D helps yo This information was obtained that begins early in chithroughout a person's acts and interacts with and learns. This inform the website:	pacity and difficulty with ich as managing money, its, or social interactions. Irriginates before the age of in physical causes, such as say, or from nonphysical of stimulation and adult information was obtained inhifactsheets/ViewFactShee ase disease of the brain that its structure. This information website: ov/disorders/encephalopath autoimmune disorder citive thyroid gland autoimmune disorder is a when the immune system althy tissue. This indefrom the website: ov/ency/article/000358.htm. The body absorb calcium, btained from the website: ov/vitamind.html. Indevelopmental disorder	W:	231			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER-	1	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148	ODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN (X (EACH CORRECTIVE AF CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIA	
	1 1 1	o a person's harming their . This information was osite: ov/selfharm.html. ENTATION	W 2	231		
	each client must receit treatment program co interventions and serv and frequency to supp	ndividual program plan, ive a continuous active				
	Based on staff intervi review, it was determi failed to ensure an Inc services consistent wi Plan for two of three In sample, Individuals #	th the Individual Support ndividuals in the survey 1 and # 2. led to implement Individual				
	(Activities for Daily Liv 2. The facility staff fai # 2's ISP (Individual S (Activities for Daily Liv	led to implement Individual upport Plan) for ADLs ing) and communication.				

	(C) (C) ((V) LL LD) () (LL C)	MEDICAID SELVICES				CIVID IV	U. U930-U39 I
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER			CONSTRUCTION		E SURVEY PLETED
		49G052	B. WING		THE STATE OF THE S	12	1/14/2017
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				2	2755 SWEET ANDREA DRIVE		
BRAMBLI	ETON GROUP HOME			А	SHBURN, VA 20148		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
W 249	Continued From page	e 51	·	249	W 249		
W 249	1. The facility staff fa # 1's ISP (Individual S (Activities for Daily Living Individual # 1 was a 2 admitted to (Name of Diagnoses in the clininot limited to: (1) mild spastic diplegia, (3) g disease, (4) seizure d Individual # 1's currer through 07/01/2018 d "Desired Outcomengages in activities of independence. "Supp 1) brushes his teeth the minutes for 6 (six) cor 30, 2018. Support Insholds his tooth brush two minutes. B. (Individuals Horough Cle Frequency: Daily. Am "Support Activitie independently manag a week for 3 (three) co 30, 2018. Support Insfolds his shirts and put in the support Insfolds his shirts and put	iled to implement Individual Support Plan) for ADLs ving). 29-year-old male, who was Group Home) on 5/5/14. cal record included but were intellectual disability, (2) astroesophageal reflux isorder and (5) epilepsy. at ISP dated 07/01/2017 ocumented: e: # 2 (Individual # 1) of daily living to increase his ort Activities: 2. (Individual # wice daily for 2 (two) insecutive months by June structions: a. (Individual # 1) and brushes his teeth for idual # 1) receives ration, guidance and anliness as needed.	W	249	The QIDP will review the following goals an it accurately reflect the needs of the individual #1 "Activities for Daily Living 2. Individual #2 "Activities for Daily Living The Program Manager/ QIDP will review all objectives to ensure that it accurately reflect incorporated within the Person Center Plans. The Program Manager will provide training individuals' Person Center Plans within the Program Manager will provide supervision to the Person Center Plan accurately reflects than distinguishmented appropriately. The QIDP will conduct monthly assessment services and needs are met and are accurately note. The Clinical Director will review within super Manager and review the documentation to sof services for each individual needs.	and Comrindividual is their ne s. o all staff in coall staff the individual is to ensuritely reflectivision with the individual is to ensuring the individual	nunication" 's goal/ eds and it is to review all meeting. The o ensure that uals needs e that all ted on the
	from staff as needed t Frequency. Weekly. A On 12/14/17 at approx Individual # 1's "Progr collection dated 011/2	o complete his task. Amount: 45 minutes." kimately 10:55 p.m.					

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DEPARTMENT OF DEALTH AN	ID HOMAN SERVICES		
CENTERS FOR MEDICARE &	MEDICAID SERVICES		
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	

STATEMENT OF D AND PLAN OF CO		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION		SURVEY PLETED
		49G052	B. WING.			12	/14/2017
	DER OR SUPPLIER			22	REET ADDRESS, CITY, STATE, ZIP CODE 755 SWEET ANDREA DRIVE SHBURN, VA 20148		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
mic	anager and OSM # tellectual Disabilities view of the progress vealed Individual # ushing was implement portunities. Further otes" and data collect rough 12/12/2017 for undry documented, pport activity complements initials) requested this peers this morn aff explained what we cose to eat the same tials) poured his cer- sistance." 12/14/17 at approximate a province of the staff mem ualified Intellectual I d ASM (administration of the progress	of Group Home) program 1, QIDP (Qualified as Professional). Further is notes and data collection 1's ADLs program for toothe ented in 28 of 32 areview of the "Progress cition dated 011/27/2017 for the ISP program for 1'12/07/2017. 2.3 Was the eted? Please describe ion level.: Yes. (Individual # to eat the same breakfast aing when prompted by staff. It was on the menu and he is emeal. (Individual # 1's eal for breakfast with staff's	W	249			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		TPLE CONSTRUCTION NG	(V	(3) DATE SURVEY COMPLETED
		49G052	B. WING_			12/14/2017
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148	ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	IN OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) CGMPLETION DATE
W 249	the ISP I cannot say program was implem The facility's policy "2 documented, "ISP Im Engagement: Implem the time of its develop plan are fully implemented in the time of its develop plan are fully implemented in the time of its develop plan are fully implemented in the time of its develop plan are fully implemented in the time of its develop plan are fully implemented in the time of its develop plan are fully implemented in the time of time of the time of t	that the active treatment ented." I. I Individual Service Plan" plementation and Consumer pentation of the ISP begins at poment. Components of the ented, with the consumer arning environment and ecessary to reach his or her atcomes as defined in the common to the entermine environment and ecessary to reach his or her atcomes as defined in the common to the entermine environment and ecessary to reach his or her atcomes as defined in the entermine environment and ecessary to reach his or her atcomes as defined in the entermine environment and ecessary to reach his or her atcomes as defined in the entermine environment and experiment environment en	W2	249		

STATEMENT OF AND PLAN OF C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULTIPLE CONSTRUCTION A. BUILDING		RUCTION	(X3) DATE SURVEY COMPLETED	
		49G052	B. WING_		glassian-francepolarina all sold milital del Milital d	12	/14/2017
	ON GROUP HOME			22755 SW	DDRESS, CITY, STATE, ZIP CODE IEET ANDREA DRIVE RN, VA 20148		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
n T n n n n n n n n n n n n n n n n n n	The arm muscles are not affected at all. Oth may include delayed inilestones (i.e. rolling valking on toes; and valking). It occurs what controls moveme abnormally. This info he website: https://rarediseases.ir pastic-diplegia-cerebrastic-d	ated reflexes) in the legs. generally less affected or ner signs and symptoms motor or movement gover, sitting, standing); a "scissored" gait (style of nen the portion of the brain int is damaged or develops rmation was obtained from info.nih.gov/diseases/9637/s al-palsy. to leak back, or reflux, into ritate it. This information website: ov/medlineplus/gerd.html. ain problem. They happen bnormal electrical activity in ation was obtained from the ov/medlineplus/seizures.ht at causes people to have be seizures happen when be on or neurons, in the brain gnals. People may have and emotions or behave that is information was besite: ov/epilepsy.html.	W	.49			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G052	B. WING		12/14/2017
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL : LSC IDENTIFYING INFORMATION)	ID PREFI) TAG		CTION SHOULD BE COMPLETION DATE
W 249	Continued From page	e 55	W 2	249	
	admitted to (Name of Diagnoses in the clin not limited to: (1) sev gastroesophageal ref disorder, (4) and anxill Individual # 2's currer through 09/30/2018 of "Desired Outcom words in sign languag 12 months by June 30 Instructions: 1. (Indiviusing 2-3 words in sign 2) answers a question Frequency: Daily. An "Desired Outcom participates in her AD independence. (Indivicompletes her oral hy (two) times daily for 6 by June 30, 2018. Su (Individual # 2) preparate. 2. (Individual # 4) preparate. 2. (Individual # 4) to combushing. Frequency: Continually."	ant ISP dated 10/01/2017 documented: ne: (Individual # 2) learns 2-3 ge per month 6 (six) out of 30, 2018. Support ridual # 2) communicates by gn language. 2. (Individual # an by using sign language. mount: Continually." ne: (Individual # 2) DL's to increase her ridual # 2) independently ygiene for 1 (one) minute 2 6 (six) consecutive months upport Instructions: 1. ares her toothbrush with tooth # 2) independently brushes a. 3. Staff support mplete 2 minutes of brich and the services of consecutive months are her toothbrush with tooth are 1. Staff support mplete 2 minutes of consecutive months are 1. Staff support mplete 2 minutes of consecutive months are 3. Staff support mplete 3. Staff support mplete 4. Minutes of consecutive months are 3. Staff support mplete 5. Minutes of consecutive months are 3. Staff support mplete 4. Minutes of consecutive months are 3. Staff support mplete 5. Minutes of consecutive months are 3. Staff support mplete 5. Minutes 5. Minutes are 3. Staff support mplete 6. Minutes are 3. Staff support mplete 7. Minutes are 3. Staff support mplete 8. Minutes are 3. Staff support mplete 9. Minutes are 4. Minutes are			
	Individual # 2's "Progr collection dated 011/2 were reviewed with AS member) # 1, (Name of manager and OSM # Intellectual Disabilities	ress Notes" and data 27/2017 through 12/12/2017 SM (administrative staff of Group Home) program			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING		X3) DATE SURVEY COMPLETED
		49G052	B. WING			12/14/2017
	ROVIDER OR SUPPLIER ETON GROUP HOME			STREET ADDRESS, CITY, STATE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 249	revealed Individual # brushing was implem opportunities and the was implemented in 3 On 12/14/17 at appromeeting and an interv. OSM (other staff mem (Qualified Intellectual and ASM (administrat program manager. A then asked to review notes dated 11/27/17 asked if the progress collections in measura OSM # 1 stated, "The measurable terms." V collection in the programs ASM # 1 an should reflect the outcome or according to the ISP of individual participated programs ASM # 1 an should reflect the outcome or it is not the ISP I cannot say the program was implemed On 12/14/17 at 1:00 p staff member) # 1, program was implemed On 12/14/17 at 1:00 p staff member) # 1, program was implemed On 12/14/17 at 1:00 p staff member) # 1, program was implemed On 12/14/17 at 1:00 p staff member) # 1, program was implemed on 12/14/17 at 1:00 p staff member) # 1, program was implemed on 12/14/17 at 1:00 p staff member) # 1, program was implemed away No further information.	2's ADLs program for tooth ented in 8 of 16 communication program 8 of 16 opportunities. ximately 10:55 a.m. a riew was conducted with ober) # 1, the QIDP Disabilities Professional) ive staff member) # 1, SM # 1 and OSM # 1 were Individual # 1's progress through 12/12/17. When notes documented the data able terms ASM # 1 and y're not written in When asked if the data ess notes does not reflect is not implemented can it be stated that the in their active treatment d OSM # 1 stated, "It come statement and all mentation does not reflect to implemented according to not the active treatment	W	249		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		San C	(X3) DATE SURVEY COMPLETED	
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W 249	adaptive behaviors suschedules and routine Intellectual disability of 18 and may result from autism or cerebral pacauses, such as lack responsiveness. This from the website: https://report.nih.gov/t.aspx?csid=100. (2) Stomach contents the esophagus and inwas obtained from the https://www.nlm.nih.gov/t.aspx?csid=100. (3) Symptoms of a brobecause of sudden, a the brain. This inform website: https://www.nlm.nih.gov/t.psi/www.nlm.nih.gov/t.gov/t.gov/t.gov/t.aspx?csid=100.	uch as managing money, es, or social interactions. originates before the age of im physical causes, such as Isy, or from nonphysical of stimulation and adult information was obtained inihfactsheets/ViewFactShee is to leak back, or reflux, into ritate it. This information e website: nov/medlineplus/gerd.html. ain problem. They happen abnormal electrical activity in ation was obtained from the nov/medlineplus/seizures.ht ation was obtained from the nov/medlineplus/anxiety.html	W 2				
	This STANDARD is n	not met as evidenced by:					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER-			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI, DEFICIENCY)		(X5) COMPLETION DATE
W 252	and facility document that the facility staff fareasurable terms for the survey sample, In 1. Facility staff failed collection of Individua Support Plan) outcom 2. Facility staff failed collection of Individua Support Plan) outcom 3. Facility staff failed collection of Individua Support Plan) outcom The findings include: 1. Facility staff failed collection of Individua Support Plan) outcom Individual # 1 was a 2 admitted to (Name of Diagnoses in the clininot limited to: (1) mild spastic diplegia, (3) gid disease, (4) seizure d Individual # 1's current through 07/01/2018 dimensional properties of the period outcomengages in activities of independence. "Support Plan outcomengages in activities of independence."	view, clinical record review to review it was determined alled to develop objectives in rothere of three individuals in individual # 1, # 2 and # 3. If to document the data all # 1's ISP (Individual me/goal in measurable terms. If to document the data all # 2's ISP (Individual me/goal in measurable terms. If to document the data all # 3's ISP (Individual me/goal in measurable terms. If to document the data all # 3's ISP (Individual me/goal in measurable terms. If to document the data all # 1's ISP (Individual me/goal in measurable terms. If to document the data all # 1's ISP (Individual me/goal in measurable terms. If to document the data all # 1's ISP (Individual me/goal in measurable terms. If to document the data all # 1's ISP (Individual me/goal in measurable terms. If to document the data all # 1's ISP (Individual me/goal in measurable terms. If to document the data all # 1's ISP (Individual me/goal in measurable terms. If to document the data all # 1's ISP (Individual me/goal in measurable terms. If to document the data all # 1's ISP (Individual me/goal in measurable terms. If to document the data all # 1's ISP (Individual me/goal in measurable terms. If to document the data all # 1's ISP (Individual me/goal in measurable terms.	W2	252 T to to to T N	W252 The OIDP will revise individuals #1, 2, and 3 o develop outcome/ objectives into measural appropriate data. The OIDP will update the Person Center Platchanges for all individuals as necessary. The Program Manager will complete this propose or prevent further deficiencies. The Program Manager will continue to monit service needs of individuals are accurately restricted in the continual distriction of the Clinical Director will review within supermanager for documentation to support the control of the co	n to incorp cess for all or to ensu effected the	to collect corate these Il individuals are that all rough the use
		onsecutive months by June structions: a. (Individual # 1)					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		ATE SURVEY DMPLETED
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W 252	folds his shirts and put (Individual # 1) receive from staff as needed Frequency: Weekly. "Desired Outcommaintains his health at his medication adminimedical protocols." S# 1) participates in his at least 50% (percent a week for 3 (three) c 30, 2018. Support Insis asked if he is ready (Individual # 1) identifications by label in (Individual # 1) is praised correct medications. On 12/14/17 at appromeeting and an intervosm (Qualified Intellectual and ASM (administrat program manager. At then asked to review notes dated 11/27/17 asked if the progress collections in measura OSM # 1 stated, "The measurable terms." Of the ISP outcomes we measurable terms the not be documented in the staff of the progress."	ests them in his dresser. b. es guidance and assistance to complete his task. Amount: 45 minutes." Ite: # 5 (Individual # 1) Individual # 1) Individual # 1) Individual # 1 Individual #	W2	252		
		1 Individual Service Plan I.1.4 Individual Service Plan	4			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER ETON GROUP HOME			STREET ADDRESS, CITY, STATE, 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148			
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W 252	(ISP) Development. collection is recorded outcomes in a format the consumer's prograd documented in measu to ensure that appropoutcomes and interverse are in place for the cocumentation is kep regarding the progress events relating to the consumer." On 12/14/17 at 1:00 p staff member) # 1, progroup Home) and OS QIDP were made away. No further information. References: (1) Refers to a group by a limited mental candaptive behaviors suschedules and routine Intellectual disability of 18 and may result from autism or cerebral pal causes, such as lack or responsiveness. This from the website: https://www.report.nih.ctSheet.aspx?csid=10(2) A form of cerebral condition that usually childhood and permanand coordination. Affe	H. Data Collection: Data on all objectives/desired that accurately represents ess. Data is tracked, ureable terms and analyzed riate objectives/desired ntions/support strategies insumer. On-going it in the progress notes s, changes or significant functioning of the functioning of the order of the above findings. The provided prior to exit. The of disorders characterized pacity and difficulty with the as managing money, as, or social interactions. In the above findings in the provided prior to exit of the above findings in the accurate pacity and difficulty with the second interactions. In the provided prior to exit in the provided prior to exit.	W	252			

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		IDENTIFICATION MUMBER		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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W 252	muscles and exagger. The arm muscles are not affected at all. Ot may include delayed milestones (i.e. rolling walking) on toes; and walking). It occurs w that controls moveme abnormally. This inforthe website: https://rarediseases.it pastic-diplegia-cerebrows of the website: https://rarediseases.it pastic-diplegia-cerebrows of the esophagus and ir was obtained from the https://www.nlm.nih.g. (4) Symptoms of a brobecause of sudden, at the brain. This inform website: https://www.nlm.nih.gml. (5) A brain disorder the recurring seizures. The clusters of nerve cells send out the wrong sistrange sensations ar strangely. They may for lose consciousness obtained from the well https://medlineplus.go.	arated reflexes) in the legs. The generally less affected or ther signs and symptoms motor or movement g over, sitting, standing); a "scissored" gait (style of when the portion of the brain ent is damaged or develops ormation was obtained from info.nih.gov/diseases/9637/s gral-palsy. The total back, or reflux, into rritate it. This information we website: gov/medlineplus/gerd.html. The problem. They happen abnormal electrical activity in mation was obtained from the gov/medlineplus/seizures.ht That causes people to have the seizures happen when so, or neurons, in the brain ignals. People may have not emotions or behave have violent muscle spasms is. This information was obsite: Tov/epilepsy.html.	W	252			
Big Color States	Facility staff failed collection of Individua Support Plan) outcom		***				

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W 252	Continued From pag	e 62	W 2	252		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	admitted to (Name of Diagnoses in the clin not limited to: (1) sev	28-year old female, who was f Group Home) on 9/22/11. ical record included but were ere intellectual disability, (2) flux disease, (3) seizure iety.				
	through 09/30/2018 of "Desired Outconher personal funds befor 3 (three) of 12 mowould like to spend h& Instructions: Support #2) reviews her personal fundividual # she would like to spend h& would like to spend h& would like to spend h& 2) makes purchase	ne: (Individual # 2) reviews alance 2 (two) times a month onths to determine how she er money. Support Activities ort Instructions: 1. (Individual onal funds balance with 2) decides when and how nd her money. 3. (Individual				
To consider the control of the contr	her physical activity to health 2-3 (two to three consecutive months of Support Activities & It 2) chooses a physical participate in. 2. (Ind the physical activity of minutes. 3. (Individual	nstructions: 1. (Individual # I activity she would like to ividual # 2) participates in f her choice for at least 10 al # 2) is praised for her activity. Frequency:	TO COLUMN TO THE PROPERTY OF T			
	OSM (other staff men (Qualified Intellectual	riew was conducted with				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING			(X3) DATE SURVEY COMPLETED			
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W 252	program manager. A then asked to review notes dated 11/27/17 asked if the progress collections in measu OSM # 1 stated, "The measurable terms." If the ISP outcomes is measurable terms the not be documented in On 12/14/17 at 1:00 staff member) # 1, piggroup Home) and O QIDP were made aw No further information References: (1) Refers to a group by a limited mental coadaptive behaviors is schedules and routing Intellectual disability 18 and may result frow autism or cerebral pacauses, such as lack responsiveness. This from the website. https://report.nih.gov/t.aspx?csid=100. (2) Stomach contents the esophagus and in was obtained from the https://www.nlm.nih.gov/t.aspx?//www.nlm.nih.gov/t.aspx?//www.nlm.nih.gov/t.aspx?//www.nlm.nih.gov/t.aspx?//www.nlm.nih.gov/t.aspx?//www.nlm.nih.gov/t.aspx?//www.nlm.nih.gov/t.aspx?//www.nlm.nih.gov/t.aspx?//www.nlm.nih.gov/t.aspx?//www.nlm.nih.gov/t.aspx?//www.nlm.nih.gov/t.aspx?///www.nlm.nih.gov/t.aspx?////////////////////////////////////	ASM # 1 and OSM # 1 were Individual # 2's progress I through 12/12/17. When a notes documented the data rable terms ASM # 1 and eay're not written in OSM # 1 further stated that were not developed in en the data collection could in measurable terms. p.m. ASM (administrative orgam manager of (Name of SM (other staff member) # 1, are of the above findings. In was provided prior to exit. of disorders characterized apacity and difficulty with such as managing money, es, or social interactions. Originates before the age of imphysical causes, such as lay, or from nonphysical of stimulation and adult information was obtained ininfactsheets/ViewFactShee I to leak back, or reflux, into ritate it. This information	W.2	252		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 12/19/2017 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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W 252	Continued From page	e 64	W 2	252			TOTAL BERRYA
	the brain. This inform website:	bnormal electrical activity in ation was obtained from the ov/medlineplus/seizures.ht	AND				
	website:	ation was obtained from the ov/medlineplus/anxiety.html	or decidants and the state of t				
	3. Facility staff failed collection of Individua Support Plan) outcom						
	admitted to (Name of Diagnoses in the clini not limited to: (1) prof (2) encephalopathy, (deficiency, (5) autism and					
	through 07/01/2018 d "Desired Outcom increases her indeper activities of daily living Instructions: (Individual personal hygiene care (three) consecutive m Support Instruction: 1. wash cloth to wash he (Individual # 3) is suppensure thorough clear Weekly. Amount: 15 is	e: 6. (Individual # 3) Indence by engaging in Ig. Support Activities & Ig. Support Activities & Ig. Support Activities & Ig. Support Activities in her Ig. 3 (times) a week for 3 Ig. Support					
		e: (Individual # 3) increases ent and budgeting skills.					

STATEMENT OF DEFICIENCIES (2) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TPLE CONSTRUCTION	(X:	(X3) DATE SURVEY COMPLETED	
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W 252	Support Activities & reviews her personal a month for 3 (three how she would like Instructions: 1. (Indipersonal funds bala 2) decides when an her money. 3. (Indiwith her budget. Freminutes." On 12/14/17 at apprimeeting and an inte OSM (other staff me (Qualified Intellectus and ASM (administr program manager. then asked to review notes dated 11/27/1 asked if the progres collections in measu OSM # 1 stated, "The measurable terms." if the ISP outcomes measurable terms the thoreone in the documented No further information. References: (1) Refers to a group by a limited mental cadaptive behaviors is schedules and routin Intellectual disability 18 and may result from autism or cerebral paragraph.	Instructions: (Individual # 3) al funds balance 2 (two) times b) of 12 months to determine to spend her money. Support vidual # 2) reviews her nce with staff. 2. (Individual # d how she would like to spend vidual # 2) makes purchases equency: Monthly. Amount: 15 roximately 10:55 a.m. a rview was conducted with ember) # 1, the QIDP al Disabilities Professional) ative staff member) # 1, ASM # 1 and OSM # 1 were v Individual # 2's progress 7 through 12/12/17. When s notes documented the data	W 2	252			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		ſ	(X3) DATE SURVEY COMPLETED	
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W 252	responsiveness. This from the website: https://report.nih.gov/t.aspx?csid=100. (2) A term for any difficulties brain function of was obtained from the http://www.ninds.nih.gy/encephalopathy.htm (3) Graves' disease is that leads to an overal (hyperthyroidism). An condition that occurs mistakenly attacks he information was obtained https://medlineplus.go. (4) Vitamin D helps you This information was https://medlineplus.go. (5) A neurological and that begins early in chart begin	information was obtained nihfactsheets/ViewFactShee use disease of the brain that or structure. This information e website: gov/disorders/encephalopath n. an autoimmune disorder octive thyroid gland autoimmune disorder is a when the immune system althy tissue. This ned from the website: ov/ency/article/000358,htm. our body absorb calcium. obtained from the website: ov/vitamind.html. If developmental disorder oildhood and lasts life. It affects how a person on others, communicates, mation was obtained from ov/medlineplus/autismspect of a person's harming their of this information was osite: v/selfharm.html. RING & CHANGE	W 2				
W 255	PROGRAM MONITOR CFR(s): 483.440(f)(1)		W 2	55			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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W 255	least by the qualified professional and revise but not limited to situate successfully complete. Identified in the individual This STANDARD is real Based on residential interview, it was deter (Qualified Intellectual failed to review the IS for one of three individual failed to review the IS for one of three individual # 1. The QIDP (Qualified I Professional) failed to (Individual Service Plafor outcomes for ADLs and Emergency Evactor The findings include: Individual # 1 was a 2 admitted to (Name of Diagnoses in the clinic not limited to: (1) mild spastic diplegia, (3) gardisease, (4) seizure di Individual # 1's curren through 07/01/2018 de "Desired Outcome engages in activities of independence. Support 1) brushes his teeth two minutes for 6 (six) con 30, 2018., 2: (Individual en company con 1) con 10	m plan must be reviewed at ntellectual disability sed as necessary, including, stions in which the client has sed an objective or objectives dual program plan. The second review and staff mined that the QIDP Disabilities Professional) P (Individual Service Plan) duals in the survey sample, and to determine outcomes a factivities of daily living) aution and drills. Beyear-old male, who was Group Home) on 5/5/14, and record included but were intellectual disability, (2) astroesophageal reflux sorder and (5) epilepsy. It ISP dated 07/01/2017 ocumented: a # 2: (Individual # 1) f daily living to increase his out Activities: 1: (Individual # 2) and the survey are the survey a	W 2	на н	The QIDP will review and individual #1 Persor Assessment NB, and determine the outcome "Activities of Daily Living and Evacuation and Manager will update the Person Center Plan changes for those individuals. The Program Manager will review and completer individuals to prevent further deficiencies. The Program Manager will continue to monitor service needs of individuals are accurately resorved for the deficiency of weekly operation meetings. The Clinical Director will review within supervolution Manager for documentation to support the conforce ach individual needs. The Clinical Director will ensure that all docur as identified in the Person Center Plan throug with the Program Manager. A quarterly peer review will be completed onercords to monitor to ensure that all service in accurately documented. This report will be subirector.	es for objet Drills". To incorporate this properties. Or to ensurate this properties of the properties	cectives The Program prate the Process for all prough the use The Program profession of services of s

PRINTED: 12/19/2017 FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER COMPLETED AND PLAN OF CORRECTION A. BUILDING __ B. WING 49G052 12/14/2017 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 22755 SWEET ANDREA DRIVE **BRAMBLETON GROUP HOME** ASHBURN, VA 20148 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 255 W 255 | Continued From page 68 6 consecutive months by June 30, 2018., 3. (Individual # 1) independently manages his laundry 2 times a week for 3 consecutive months by June 30, 2018." "Desired Outcome # 7: (Individual # 1) participates in emergency evacuation drills. Support Activities: (Individual # 1) participates in monthly emergency evacuation drills 100% (percent) of the time for 12 out of 12 months by June 30, 2018." Individual # 1 current "Person Centered Review" the first quarterly review dated 07/01/2017 through 09/30/2017 failed to evidence documentation of a review of Individual # 1's ISP outcomes # 2, ADLs and # 7, emergency evacuation drills. On 12/14/17 at approximately 10:55 a.m. a meeting and an interview was conducted with OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and ASM (administrative staff member) # 1, program manager regarding the quarterly review of Individual # 1's ISP outcomes. ASM # 1 was asked to review the "Person Centered Review" dated 07/01/2017 through 09/30/2017. When asked if a review was completed for Individual #

Home).

1's outcomes # 2, ADLs and # 7, emergency evacuation drills ASM # 1 stated, "No." When asked who was responsible for the reviews ASM # 1 stated they were done by the QIDP. ASM # 1 further stated that the QIDP who completed the quarterly review for Individual # 1's ISP outcomes was no longer assigned to (Name of Group

The facility's policy "8.1 Qualified Intellectual

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		49G052	B. WNG		1	2/14/2017
	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, Z 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		ATT TO THE
(X4) ID PREFIX FAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN X (EACH CORRECTIVE CROSS-REFERENCED DEFICE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE
	Disabilities Profession QMRP is responsible coordination, monitor Individual Service Platactive treatment in the Qualified Intellectual I Monitoring Of Services Review consumer reclinancial and medical treatment and service correctly, documented outside services have program services." On 12/14/17 at 1:00 p staff member) # 1, proferoup Home) and OS QIDP were made away No further information. References: (1) Refers to a group of by a limited mental call adaptive behaviors su schedules and routine Intellectual disability on 18 and may result from autism or cerebral pals causes, such as lack of responsiveness. This from the website: https://www.report.nih.ctSheet.aspx?csid=10(2) A form of cerebral pals condition that usually a condition that usualy a condition that usually a condition that usually a condition t	nal" documented, "The for the integration, ing and development of the in, and to ensure quality a program." Under "8.1.2 Disabilities Professional si it documented, "A. ords to include clinical, to ensure prescribed is are being implemented if appropriately and that any independent incorporated into	W	255		
!	and coordination. Affec	cted people have increased				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 12/19/2017 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

(X3) DATE SURVEY
COMPLETED

B. WNG 49G052 12/14/2017 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 22755 SWEET ANDREA DRIVE **BRAMBLETON GROUP HOME** ASHBURN, VA 20148 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 255 | Continued From page 70 W 255 muscle tone which leads to spasticity (stiff or tight muscles and exaggerated reflexes) in the legs. The arm muscles are generally less affected or not affected at all. Other signs and symptoms may include delayed motor or movement milestones (i.e. rolling over, sitting, standing); walking on toes; and a "scissored" gait (style of walking). It occurs when the portion of the brain that controls movement is damaged or develops abnormally. This information was obtained from the website: https://rarediseases.info.nih.gov/diseases/9637/s pastic-diplegia-cerebral-palsy. (3) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/gerd.html. (4) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the https://www.nlm.nih.gov/medlineplus/seizures.ht ml. (5) A brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain send out the wrong signals. People may have strange sensations and emotions or behave

		•
	•	



COMMONWEALTH of VIRGINIA

Virginia Department of Fire Programs

Michael T. Reilly EXECUTIVE DIRECTOR

Brian M. McGraw, P.E. State Fire Marshal's Office

I. SURVEY [X]

State Fire Marshal's Office Eastern Region - Division 7 49/5 Alliance Drive Suite 4E 100 Fairfax Virginia 22030 Phone: (540) 492-0346

Fax: (703) 803-1127

Kathaleen Creegan-Tedeschi, Director Office of Licensure/Certification Division of Long Term Care Virginia Department of Health 9960 Mayland Drive Perimeter Center Suite 401 Henrico, VA 23233

RE: Brambleton Group Home 22755 Sweet Andrea Drive Ashburn, VA 20148 File Number:

CMS Certification Number: 49G052

Event ID Number: PRBY21

The attached report is forwarded to you with the following comments:

Recommend certification based on compliance with Life	Safety Code.
X] Recommend certification based on acceptable POC.	•
] Recommend certification based on acceptable POC and a	scope and severity of C or less with no
revisit required.	
I Recommend certification based on compliance with LSC	by requested continuous waiver.
] Recommend certification based on compliance with LSC	
] Recommend certification based on satisfactory results fro	om application of the FSES.
] Do not recommend certification.	
II. POST SURVEY[]	

120 not recommend certification.
POST SURVEY[]
All deficiencies corrected:
All deficiencies not corrected:
 [] Recommend certification based on acceptable POC [] Recommend certification based on acceptable POC and a scope and severity of C or less with no revisit required. [] Recommend certification based on approved or requested continuous waiver. [] Recommend certification based on approved or requested Time Limited waiver. [] Do not recommend certification.
you have any questions or if we may be of further assistance, places contact me at 804-271-0220

If you have any questions or if we may be of further assistance, please contact me at 804-371-0220

Sincerely,

Ronald C Reynolds Ronald C. Reynolds Deputy State Fire Marshal

Survey Date: 01/09/2018 SOD Sent: POC Rec 'd: POC to HQ: 03/22/2018

Highest Scope/Severity: (N/A is one option)

www.vafire.com

WORKSHEETS FOR DETERMAINING EVACUATION CAPABILITY Intermediate Care Facilities for Individuals with Intellectual Disabilities (APPLICABLE TO EXISTING FACILITIES ONLY)

(NFPA 101A, "Guide on Alternative Approaches to Life Safety" 2013 Edition)

Before completing these worksheets, read Chapter 6 of NFPA 101A, 2013 Edition, Evacuation Capability Determination for Board and Care Occupancies.

PART I - WORKSHEETS FOR RATING RESIDENTS

Complete Worksheets 6.8.1, 6.8.2, and 6.8.3, and determine the **Evacuation Assistance Score** for each resident in the facility.

WORKSHEET 6.8.1 - COVER SHEET FOR RATING THE RESIDENTS

	Z	0NE0F	1 ZONES
NAME OF FACILITY	ADDRESS OF FACILITY		
Brambleton Group home	22775 Sweet Andrea	Drive Ashburn, Va 20	0148
ZONE(S) EVALUATED			
PROVIDER/VENDOR NO.	DATE OF SURVEY		
49G052	01-09-2018		
SURVEYOR SIGNATURE,	TITLE	OFFICE	DATE
Jimmy Csizmadia	Deputy Fire Marshal	Northern -SFMO	1-11-20
surve or id			18
FIRE AUTHORITY SIGNATURE	TITLE	OFFICE	DATE
Ronald C Reynolds - JJC	Assistant State Fire Ma	a Northern - SFMO	

ADDITIONAL COMMENTS:

Form CMS-2786M (10/2016) Page 1

PART II - WORKSHEETS FOR CALCULATING THE EVACUATION CAPABILITY SCORE (E-Score)

Complete Worksheets 6.8.4 through 6.8.11 for each facility or zone.

- Complete Worksheet 6.8.4 and determine the Total Evacuation Assistance Score
- Complete Worksheets 6.8.5, 6.8.6, 6.8.7 and 6.8.8 and determine the Total Staff Shift Score
- Complete Worksheets 6.8.9 and 6.9.10 and determine the Evacuation Capability Score (E-Score)
- Complete Worksheets 6.9.11 using the E-Score and determine **Evacuation Capability** (i.e., Prompt, Slow or Impractical) for the Facility or Zone.

Fill out this worksheet for the time of day, week, etc., when the ratings for the combination of staff and residents yields the highest E-Scores. This period of time will usually be late at night. When it is not obvious which time period has the highest E-Score, complete worksheets for all candidate time periods and use the one having the highest E-Score.

Worksheet 6.8.4 - Resident Scores

- 1. List each resident's name in the score sheet below.
- 2. For each resident, transfer the Evacuation Assistance Score from Worksheet 6.8.3 *Determining the Resident's Overall Need for Assistance* into the table below.
- 3. Add the Evacuation Assistance Score for all the residents and write the TOTAL in the appropriate space in the table below.

Resident's Name	Evac. Assistance Score	Resident's Name	Evac. Assistance Score
Lisa Cirillo	18		
Kendra Hamilton	12		
Kelly Mc Nanley	12		
Ryan Merhaut	4		
Randolph Thompson	30		
Jialin Zhu	12		
		Evacuation Assistance Score Total	88

Staff Shift: From 11PM To	9AM	mmin dade en la cion de combal·lina velland
Worksheet 6.8.6 – Staff Res	ponse and Training Yes	No
A protection plan has been promulgated and all staff members consid E- Score have been trained in its implementation. (see 6.5.2.1)	ered in the calculation of the	
The total available staff at any given time is able to handle to the individual each resident who is in the facility. (See 6.5.2.2)	dual evacuation needs of	
Every staff member considered in the calculation of the E-Score can net the evacuation of every resident. (See 6.5.2.3)	neaningfully participate in	
All staff members considered in this rating are required to be in the fac as permitted. (See 6.5.2.4)	ility when on duty, except	
At least 12 fire drills were conducted during the previous year. (See 6.	5.2.5)	

6.5.3.2.2 of NFPA 101A (2013 Edition).

Worksheet 6.8.7 – Promptness of Response Scores

1. Determine whether the effectiveness of the alarm system is rated as "assured" or "not assured" as defined by Section

C4-# A!I-I-!!!	Alarm Effectiveness			
Staff Availability	Assured	Not Assured		
Standby or asleep	16	2		
Immediately available	20	2		
Immediately available and close by	20	10		

Worksheet 6.8.8 - Staff Shift Scores

- 1. List the names of staff members in the table who are required to remain in the group home during the time period (shift) specified in Worksheet 6.8.5.
- 2. Using the appropriate "assured" or "not assured" columns in Worksheet 6.8.7, find each staffmember's Promptness of Response Score for the time period specified and write the score next to each staff member in the table below.
- 3. Add up the staff members' Promptness of Response Scores and in the table below write the total in the appropriate space.

Staff Name	Promptness of Response Score	Staff Name	Staff Name		
Sylene Blake	20				
Bobby Adewale	20				
Monica Akoi	20				
Dora Quarkume	20				
		Staff Shift Score	Total	80	

NOTE: If the facility is a large residential facility, staff members may be responsible for assisting the residents in a fire/smoke zone, but may also have responsibilities for residents in other fire/smoke zones. See Section 6.5.3.2.1.4 of NFPA 101A (2013 Edition) for Step 2 for the special procedure for assigning Promptness of Response Scores

Form CMS-2786M (10/2016)

Worksheets 6.8.9 - Rating the Facility

1. Select the Vertical Distance from Sleeping Rooms to Exits below by checking the circle that best describes the facility. See Section 6.6.2 of NFPA 101A (2013 Edition) for definitions of Vertical Distance and Direct Exits.

	All SR on Floor with Direct Exits	Any SR One Floor from Exit	Any SR Two or More Floors from Exit	
Small Facility	Score 0.8	Score 1.0	Score 1.2	
Large Facility or Apartment		Score 1.0		

Worksheets 6.8.10 - Calculation of Evacuation Capability Score

- 1. Enter the Total Resident Assistance Score from Worksheet 6.8.4 in the formula below.
- 2. Enter the Staff Shift Score from Worksheet 6.8.8 in the formula below.
- 3. Enter the Vertical Distance from Sleeping Room to Exits from Worksheet 6.8.9 in the formula below.
- 4. Compute the Evacuation Capability Score (E-Score) in the table below:
 - a. Multiply the Total Resident Evacuation Assistance Score by the Vertical Distance from Sleeping Room to Exits Score.
 - b. Divide the answer by the Staff Shift Score Total to find the Evacuation Capability Score (E-Score).

Total Resident Evacuation Assistance Score (Worksheet 6.8.4)	Vertical Distance from Sleeping Room to Exit (Worksheet 6.8.9)	Evacuation Capability Score (E-SCORE)
88	1	1.1
Staff Shift ((Worksheet	and the state of t	
80		ENTER THIS SCORE on Cover of Form CMS-2786

Worksheet 6.8.11 - Evacuation Capability Score

1. Determine the Level of Evacuation Capability (i.e., Prompt, Slow, or Impractical) appropriate to the calculated E-Score using Worksheet 6.8.11.

Evacuation Capability Score (E-Score)	Level of Evacuation Capability	Level of Evacuation Capability for this Facility or Zone		
≤1.5	Prompt	According to the Control of the Cont		
>1.5 to ≤5.0	Slow	Prompt		
> 5.0	Impractical			

Rate the resident on each of the factors below by checking the one circle in each risk factor that best describes the resident. For the first six factors, write the scores for the circles you checked in the appropriate score boxes in the far right column. For "Response to Fire Drills," write the three checked scores in the large circles. Write the sum of the 3 scores in the box on the right.

				_	SCO	RE BOXES
I. Risk of Resistance	Minimal Risk	Risk of Mild Resistance	Risk of Strong Resistance			0
(Check only one)	score = 0	score = 6	score = 20			
II. Impaired Mobility	Self- Starting	Slow	Needs Limited Assistance	Needs Full Assistance or Very		6
(Check only one)	score = 0	score = 3	score = 6	Slow score = 20		
III. Impaired Consciousness	No Significant Risk	Partially Impaired	Totally Impaired			0
(Check only one)	score = 0	score = 6	score = 20			
IV. Need for Extra Help	Needs at Most One Staff	Needs Limited Assistance	Needs Full Assistance from 2 Staff			
(Check only one)	score = 0	from 2 Staff score = 30	score = 40			
V. Response to Instructions	Follows Instructions	Requires Supervision	Requires Consider- able Attention/Might Not Respond			3
(Check only one)	score = 1	score = 3	score = 10			
VI. Waking Response to Alarm	Response Probable	Response Not Probable		•		0
(Check only one)	score = 0	score = 6				
VII. Response to Fire Drills	Initiates and Completes Evacuation	Yes	No	(8)		
(Without	Promptly	score = 0	score = 8			
Guidance or Advice from Staff)	Chooses and Completes Back-up	Yes	No			
,	Strategy	score = 0	score = 4	$\left(\begin{array}{c}4\end{array}\right)$		
	Remains at Designated	Yes	No		SUM OF	18
	Location	score = 0	score = 6	(6)	THESE THREE SCORES	
	1					
		_	nt's Overall Nee			
	mbers in the seven s hest score from the		ave filled in on Works rite it in this box.		EVACUATION ASSISTANCE	18

Lisa Cirillo

Rate the resident on each of the factors below by checking the one circle in each risk factor that best describes the resident. For the first six factors, write the scores for the circles you checked in the appropriate score boxes in the far right column. For "Response to Fire Drills," write the three checked scores in the large circles. Write the sum of the 3 scores in the box on the right.

score = 0 Slow score = 0 icant	score = 3 ally ired score = 6 ds Limited stance 2 Staff score = 30	Needs Limited Assistance scor	Needs Full Assistance or Slow score e = 20 e = 20 = 40		6 0
score = 0 icant Parti Impa score = 0 Most Need Assis from score = 0 Requ	score = 3 ally sired score = 6 ds Limited stance 2 Staff score = 30 score = 30	Needs Limited Assistance score Totally Impaired score Needs Full Assistance from 2 Staff score	re = 6 Needs Full Assistance or Slow score		0
score = 0 icant	score = 3 ally score = 6 ds Limited stance 2 Staff score = 30 score = 30	Assistance Score Totally Impaired Score Needs Full Assistance from 2 Staff Score	Assistance or Slow score		0
score = 0 Most Score = 0 Requ	ally score = 6 ds Limited stance 2 Staff score = 30	Totally Impaired score Needs Full Assistance from 2 Staff score	re = 6 score	= 20	0
score = 0 Most Need Assis from Requ	score = 6 ds Limited stance 2 Staff score = 30	Needs Full Assistance from 2 Staff	e = 20		
Most Need Assis from Score = 0	ds Limited stance 2 Staff score = 30	Needs Full Assistance from 2 Staff			
score = 0 Requ	stance 2 Staff score = 30	Assistance from 2 Staff score	= 40		0
score = 0 Requ	score = 30	score	= 40		
		Requires Conside			The state of the s
		able Attention/Mi Not Respond			3
score = 1	score = 3		= 10		
					0
score = 0	score = 6				
s	`	No	8		
and Yes	score = 0	No scor	re = 8		
s Back-up) score = 0		4		
	score - 0	No scor	e = 4	SUM OF	
	score = 0	scor	$r_{e=6}$	THESE THREE SCORES	18
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Kendra Hamilton

Rate the resident on each of the factors below by checking the one circle in each risk factor that best describes the resident. For the first six factors, write the scores for the circles you checked in the appropriate score boxes in the far right column. For "Response to Fire Drills," write the three checked scores in the large circles. Write the sum of the 3 scores in the box on the right.

				_	555	KE DUKES
I. Risk of Resistance	Minimal Risk	Risk of Mild Resistance	Risk of Strong Resistance			0
(Check only one)	score = 0	score = 6	score = 20			
II. Impaired Mobility	Self- Starting	Slow	Needs Limited Assistance	Needs Full Assistance or Very		
(Check only one)	score = 0	score = 3	score = 6	Slow score = 20		6
III. Impaired Consciousness	No Significant Risk	Partially Impaired	Totally Impaired			0
(Check only one)	score = 0	score = 6	score = 20			
IV. Need for Extra Help	Needs at Most One Staff	Needs Limited Assistance from 2 Staff	Needs Full Assistance from 2 Staff			0
(Check only one)	score = 0	score = 30	score = 40			
V. Response to Instructions	Follows Instructions	Requires Supervision	Requires Consider- able Attention/Might Not Respond			3
(Check only one)	score = 1	score = 3	score = 10			
VI. Waking Response to Alarm	Response Probable	Response Not Probable		·		0
(Check only one)	score = 0	score = 6				
VII. Response to Fire Drills	Initiates and Completes Evacuation	Yes	No	(8)		
(Without	Promptly	score = 0	score = 8			
Guidance or Advice from Staff)	Chooses and Completes Back-up Strategy	Yes	No			
	Strategy	score = 0	score = 4	4		
	Remains at Designated	Yes	No		SUM OF	18
	Location	score = 0	score = 6	(6)	THESE THREE SCORES	. 0
Worksheet 6	8 3 – Determini	na the Resider	nt's Overall Nee	d for Assistar		
Compare the nur	mbers in the seven s	score boxes you ha	ve filled in on Works		EVACUATION	18
Take the one high	nest score from the s	score boxes and w	rite it in this box.		ASSISTANCE SCORE	, ŭ

Kelly Mc Nanley

Rate the resident on each of the factors below by checking the one circle in each risk factor that best describes the resident. For the first six factors, write the scores for the circles you checked in the appropriate score boxes in the far right column. For "Response to Fire Drills," write the three checked scores in the large circles. Write the sum of the 3 scores in the box on the right.

				-	30	OKE BOXE
I. Risk of Resistance	Minimal Risk	Risk of Mild Resistance	Risk of Strong Resistance			0
(Check only one)	score = 0	score = 6	score = 20			
II. Impaired Mobility	Self- Starting	Slow	Needs Limited Assistance	Needs Full Assistance or Very Slow		6
(Check only one)	score = 0	score = 3	score = 6	score = 20		
III. Impaired Consciousness	No Significant Risk	Partially Impaired	Totally Impaired		•	0
(Check only one)	score = 0	score = 6	score = 20			
IV. Need for Extra Help	Needs at Most One Staff	Needs Limited Assistance from 2 Staff	Needs Full Assistance from 2 Staff			0
(Check only one)	score = 0	score = 30	score = 40			
V. Response to Instructions	Follows Instructions	Requires Supervision	Requires Consider- able Attention/Might Not Respond			3
(Check only one)	score = 1	score = 3	score = 10			
VI. Waking Response to Alarm	Response Probable	Response Not Probable				0
(Check only one)	score = 0	score = 6				
VII. Response to Fire Drills	Initiates and Completes Evacuation	Yes	No	$\left(8\right)$		
(Without Guidance or	Promptly	score = 0	score = 8			
Advice from Staff)	Chooses and Completes Back-up Strategy	Yes	No	\bigcirc		
	Ű,	score = 0	score = 4	4		
	Remains at Designated Location	Yes	No C		SUM OF THESE	18
		score = 0	score = 6	(6)	THREE SCORES	
Worksheet 6.	8.3 – Determini	ng the Resider	nt's Overall Nee	d for Assistan	ce	
Compare the nun	nbers in the seven s	core boxes you ha	ve filled in on Works	sheet 6.8.2.	EVACUATION	10

Take the one highest score from the score boxes and write it in this box.

EVACUATION ASSISTANCE SCORE

18

Ryan Merhaut

Rate the resident on each of the factors below by checking the one circle in each risk factor that best describes the resident. For the first six factors, write the scores for the circles you checked in the appropriate score boxes in the far right column. For "Response to Fire Drills," write the three checked scores in the large circles. Write the sum of the 3 scores in the box on the right.

	· ·				sco	RE BOXES
I. Risk of Resistance	Minimal Risk	Risk of Mild Resistance	Risk of Strong Resistance			0
(Check only one)	score = 0	score = 6	score = 20			
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(Check only one)	score = 0	score = 3	score = 6	score = 20		
III. Impaired Consciousness	No Significant Risk	Partially Impaired	Totally Impaired			0
(Check only one)	score = 0	score = 6	score = 20			
IV. Need for Extra Help	Needs at Most One Staff	Needs Limited Assistance from 2 Staff	Needs Full Assistance from 2 Staff			0
(Check only one)	score = 0	score = 30	score = 40			
V. Response to Instructions	Follows Instructions	Requires Supervision	Requires Consider- able Attention/Might Not Respond			3
(Check only one)	score = 1	score = 3	score = 10			
VI. Waking Response to Alarm	Response Probable	Response Not Probable				0
(Check only one)	score = 0	score = 6				
VII. Response to Fire Drills	Initiates and Completes Evacuation	Yes	No	$\left(\begin{array}{c} 8 \end{array} \right)$		
(Without Guidance or	Promptly	score = 0	score = 8			
Advice from Staff)	Chooses and Completes Back-up Strategy	Yes	No			
	3,	score = 0	score = 4	4		
	Remains at Designated Location	Yes	No		SUM OF THESE	18
		score = 0	score = 6	6	THREE SCORES	
Workshoot 6	8 3 — Determini	ng the Resider	nt's Overall Nee	d for Assistan	nce	
		•	ve filled in on Works		EVACUATION	18
Take the one high	nest score from the	score hoves and w	rite it in this box		ASSISTANCE	10

Rate the resident on each of the factors below by checking the one circle in each risk factor that best describes the resident. For the first six factors, write the scores for the circles you checked in the appropriate score boxes in the far right column. For "Response to Fire Drills," write the three checked scores in the large circles. Write the sum of the 3 scores in the box on the right.

		7		-	300	RE BOXES
I. Risk of Resistance	Minimal Risk	Risk of Mild Resistance	Risk of Strong Resistance			0
(Check only one)	score = 0	score = 6	score = 20			
II. Impaired Mobility	Self- Starting	Slow	Needs Limited Assistance	Needs Full Assistance or Very		6
(Check only one)	score = 0	score = 3	score = 6	Slow score = 20		6
III. Impaired Consciousness	No Significant Risk	Partially Impaired	Totally Impaired			0
(Check only one)	score = 0	score = 6	score = 20			
IV. Need for Extra Help	Needs at Most One Staff	Needs Limited Assistance fro <u>m</u> 2 Staff	Needs Full Assistance			0
(Check only one)	score = 0	score = 30	from 2 Staff score = 40			U
V. Response to Instructions	Follows Instructions	Requires Supervision	Requires Consider- able Attention/Might Not Respond			3
(Check only one)	score = 1	score = 3	score = 10			
VI. Waking Response to Alarm	Response Probable	Response Not Probable		•		0
(Check only one)	score = 0	score = 6				
VII. Response to Fire Drills	Initiates and Completes Evacuation	Yes	No	(8)		
(Without	Promptly	score = 0	score = 8	0		
Guidance or Advice from Staff)	Chooses and Completes Back-up Strategy	Yes	No			
	Strategy	score = 0	score = 4	(4)		
	Remains at Designated Location	Yes	No		SUM OF THESE	18
	Location	score = 0	score = 6	(6)	THREE SCORES	
Worksheet 6 5	8 3 – Determini	na the Residen	it's Overall Nee	d for Assistan	100	
		-	ve filled in on Works		EVACUATION	18
Take the one high	est score from the s	core boxes and wr	ite it in this box.		ASSISTANCE	10

Jialin Zhu

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

Printed: 01/11/2018 **FORM APPROVED** OMB NO. 0938-0391

	NT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BRAMBLETOWN GROUP HOME (X3) DATE S COMPL			
		49G052		B. WING	01/09/2018		
	ROVIDER OR SUPPLIER				STATE, ZIP GODE	in Millian access also and the William of the American Conference of the Am	
				RN, VA 2	NDREA DRIVE 0148		
(X4) ID PREFIX TAG	EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIE BE PRECEDED BY FULL F NTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENT	TS .	is de Mellen et U. Espiraren de Alfreide H. Ellen brûne. De Alfreide beville bestê beville bestê beville bestê	K 000	AND		
	An unannounced re survey was conduct with 42 Code of Fed 483.150 and 410 to Intermediate Care F mental Retardation.	ecertification Life Safe ted on 1/9/18 in acco deral Regulations, Pa 480: Requirements Facilities for Persons	ety Code ordance art for with				
K0211	The Facility was not Requirements for Pamedicaid. Means of Egress - Comments of Comments	he Facility was surveyed for compliance using the LSC 2012 Existing Regulations. The Facility was not in compliance with the equirements for Participation for Medicare and ledicaid. The Ideans of Egress - General					
	impediments to full i or emergency. 33.2.2 This Standard is no Surveyor: 35700 Based on observation install and maintain emergency egress li On 1/9/2018 at approbserved that the Er	of escape shall be ined clear of obstructionstant use in the case at met as evidenced to the facility failed to correct operation of i	py: properly its was		Spoke with the Program Manager (PM explained the importance of emergence and what is acceptable. A call was made county to make the necessary arrange replace these with properly wired light will review this with her team at the nemeeting. Regular status checks will be make sure the lighting is operational.	cy lighting ade to the ements to s. The PM xt staff	2/22/18
		DER/SUPPLIER REPRÉSEN	,	ATURE	TITLE	***************************************	(XG) DATE

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

4 Scannell

Facility Manager

2/1/2018

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

2012 LIFE SAFETY CODE Form approved OMB Exempt

N-0120-001

FIRE SAFETY SUR	FIRE SAFETY SURVEY REPORT - 2012 LIFE SAFETY CODE	CODE	1. (A) PROVIDER NO.	1. (A) MEDICAID I.D. NO.
intermediate Care Fac	interniediate dare radiities for individuals with intellectual Disabilities SMALL FACILITIES	al Disabilities	K1 49G052 K2	
	PART I – Instructions for Completing the Form (CMS-2786V)	ompleting the Form (CN	IS-2786V)	
	PART II - Existing Resident Board & Care Occupancies Requirements (NFPA 101, Chapter 33)	ocupancies Requiremer	nts (NFPA 101, Chapter 33)	
PART	PART III - New Residential Board & Care Occupancies Requirements (NFPA 101, Chapter 32)	icies Requirements (NF	PA 101, Chapter 32)	
	PART IV – Building Services (New and Existing Facilities)	ew and Existing Facilitie	s)	
	PART V - Operating Features (N	Operating Features (New and Existing Facilities)	es)	
Optional	PART VI – Crucial Data Extract Optional – Fire Safety Evaluation System for Board and Gare Occumancies (CMS-2786) NEDA 101A Chamber 73	Data Extract	MS_2786V NEDA 101A Chant	7.4
Identifying information as shown in applicable records. Enter changes. if	ecords. Enter changes. if any, alongside each item, giving date of change.	, giving date of change.	ממוס ליום ערו אין החלים סומל	
2. NAME OF FACILITY	2. (A) MULTIPLE CONSTRUCTION (BLDGS)	2. (B) ADDRESS OF FAC ZIP CODE)	2. (B) ADDRESS OF FACULTY (STREET, CITY, STATE, ZIP CODE)	A. [7] Fully Sprinklered
Brambleton Group Home		22775 Sweet Andrea Drive	a Drive	
	C. FLOOR	Ashburn Va 20148		D. L. Partially Sprinklered (Not all required areas are sprinklered)
	\$			C. None (No sprinkler system)
3. SURVEY FOR	4. DATE OF SURVEY	DATE OF PLAN APPROVAL	VAL SURVEY UNDER:	
☑ MEDICARE ☑ MEDICAID	01/09/2018	2/23/2011	1 5. 2012 EXISITING	6. 🗖 2012 NEW
	X4	X6	K7	
	USE FOR EXISTING FACILITIES ONLY	5. SURVEY FOR CERTIFIED DIFFICULTY (Check one	5. SURVEY FOR CERTIFICATION OF: SMALL FACILITY - LEVEL OF EVACUATON DIFFICULTY (Check one)	EVEL OF EVACUATON
1.1 E-Score ≤ 1.5	Level of Evacuation Difficulty Prompt	USE FOR EXISTING FACILITIES ONLY	CILITIES ONLY	
> 1.5 ≤ 5.0	Slow	<u>+</u>	1. Prompt 2. Slow 3.	3. 🛘 Impractical
K5 > 5.0	Impractical	ω		
6. BED COMPOSITION a. TOTAL NO. OF BEDS IN THE FACILITY	9	e. NUMBER OF ICF/IID E	e. NUMBER OF ICF/IID BEDS CERTIFIED FOR MEDICAID	9
6. A. 🖸 THE FACILITY MEETS, BASED UPON (check all appropriate boxes):	(check all appropriate boxes):			
1. COMPLIANCE WITH ALL PROVISIONS	OVISIONS 2. Z. ACCEPTANCE OF A PLAN OF CORRECTION		4. TESES 5. PERFORM	5. PERFORMANCE BASED DESIGN
B. \Box THE FACILITY DOES NOT MEET THE STANDARD $_{\mbox{\scriptsize K9}}$				
Santure (sizmed	Litte Deputy State Fire Marshal	al OFFICE Division 7 - SFMO	on 7 - SFMO	DATE
SURVEYOR/DD / 35700				03/22/18
FIRE AUTHORITY OFFICIAL (Signature) & M.	TITLE Assistant State Fire Marshal	OFFICE	SFMO - HQ	DATE 04/05/2018
CMS FORMS SHALL BE COMPLETED AND RE	CMS FORMS SHALL BE COMPLETED AND RETAINED AS PART OF THE SURVEY RECORD.			

PART VI - FIRE SAFETY SURVEY REPORT CRUCIAL DATA EXTRACT (TO BE USED WITH CMS 2786 FORMS)

N-0120-001

Provider Number	Facility Name		Survey Date
49G052 K1	Brambleton Group	Home	01/09/2018
T T T T T T T T T T T T T T T T T T T			1/4
K6 DATE OF PLAN APPROVAL	K3 MULTIPLE CONSTRUC	Α	A. BUILDING
0/02/0044	TOTAL NUMBER OF BUILDING	SS 1 of 1	B. WING C. FLOOR
2/23/2011	NUMBER OF THIS BUILDING		D. APARTMENT UNIT
LSC FORM INDICATOR			CF/IID IS SURVEYED UNDER CHAPTER 33,
HEALTH O	CARE FORM	EXISTING	
12 2786R	2012 EXISTING	SMALL (16	BEDS OR LESS)
13 2786R	2012 NEW	кв 1	1. PROMPT 2. SLOW 3. IMPRACTICAL
AHCO	FORM	LARGE	3. IIII I VIOTIONE
14 2786U	2012 EXISTING		
15 2786U	2012 NEW	K8	4. PROMPT 5. SLOW 6. IMPRACTICAL
ICE/III	DFORM		
	2012 EXISTING	APARTMENT	
17 2786V, W, X	2012 NEW	K8	7. PROMPT 8. SLOW 9. IMPRACTICAL
*K7 16 SELECT NUMBE	R OF FORM USED FROM ABOV	F	
			OF HID 10 OLID) (EVED LINDED OLIADTED OO
(Check if K321 or K351 are		EXISTING	CF/IID IS SURVEYED UNDER CHAPTER 33,
in the 2786 M, R, T, U, V, V	V, X, and Y.)	ENTER E - SC	CORE
K321:	K351:	K5: 1	e.g. 2.5
*K9 FACILITY MEETS	LSC BASED ON (Check all that A)		
A1.	-	A3.	A4. A5.
(COMP. WITH ALL PROVISIONS)	(ACCEPTABLE POC)	(WAIVERS)	(FSES) (PERFORMANCE BASED DESIGN)
FACILITY DOES NOT MEE	ET LSC K0180		,
	A. 🗸	В.	C
В	FULLY SPRINKL (All required areas sprinklered)	are (Not all	LY SPRINKLERED NONE required areas are (No sprinkler system) sprinklered)
*MANDATORY			

Form CMS-2786V (10/2016)



COMMONWEALTH of VIRGINIA

Virginia Department of Fire Programs

Michael T. Reilly EXECUTIVE DIRECTOR

Brian M. McGraw, P.E. State Fire Marshal's Office

Kathaleen Creegan-Tedeschi, Director Office of Licensure/Certification Division of Long Term Care Virginia Department of Health 9960 Mayland Drive Perimeter Center Suite 401

4975 Alliance Drive Suite 4E 100 Fairtax Virginia 22030 Phone: (540) 492-0346 Fax: (703) 803-1127

State Fire Marshal's Office Eastern Region - Division 7

RE: Brambleton Group Home 22755 Sweet Andrea Drive Ashburn, VA 20148 File Number: CMS Certification Number: 49G052 Henrico, VA 23233

Event ID Number: PRBY22

The attached report is forwarded to you with the following comments:

I. SURVEY[]
 Recommend certification based on compliance with Life Safety Code. Recommend certification based on acceptable POC. Recommend certification based on acceptable POC and a scope and severity of C or less with no revisit required. Recommend certification based on compliance with LSC by requested continuous waiver. Recommend certification based on compliance with LSC by requested Time Limited waiver. Recommend certification based on satisfactory results from application of the FSES. Do not recommend certification.
II. POST SURVEY [X]
[X] All deficiencies corrected:
[] All deficiencies not corrected:
 [] Recommend certification based on acceptable POC [] Recommend certification based on acceptable POC and a scope and severity of C or less with never revisit required. [] Recommend certification based on approved or requested continuous waiver. [] Recommend certification based on approved or requested Time Limited waiver. [] Do not recommend certification.
If you have any questions or if we may be of further assistance, please contact me at 804-371-0220
Sincerely,
Ronald C Reynolds - JJC Ronald C. Reynolds
Ronald C. Reynolds

Survey Date: <u>02/22/2018</u> SOD Sent: POC Rec 'd: POC to HQ: <u>03/22/2018</u>

Highest Scope/Severity: (N/A is one option)

www.vafire.com

Deputy State Fire Marshal

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

Printed: 03/22/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l .	CONSTRUCTION - BRAMBLETOWN GROUP	(X3) DATE SURVEY COMPLETED R		
	49G052	B. WING		02/22/2018		
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HC	OME 22755 S	DDRESS. CITY, STATE. ZIP CODE 5 SWEET ANDREA DRIVE BURN, VA 20148				
PREFIX (EACH DEFICIENCY MUS	FATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE COMPLETION		
{K 000} INITIAL COMMEN	TS	{K 000}				
family type residen construction and is An unannounced L	ife Safety Code revisit to the					
conducted on 02/2: Code of federal Re to 480: Requirement Facilities for Person (ICF/ID). The facilit	anducted on 01/09/2018 was 2/2018 in accordance with 42 gulation, Part 483.150 and 410 ents for Intermediate Care as with Intellectual Disability y was surveyed for compliance as Safety Code new regulations.					
Requirements for F	compliance with the Participation for Medicare and d deficiencies are identified on			r		
				:		
LAFODATORY DIRECTORIS OF SECU	DER/SUPPLIER REPRESENTATIVE'S SIGNA	;	TITLE	(X6) DATE		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	POST-0	CERTIFIC	CATION REVI	SIT F	REPORT		
PROVIDER / SUPPLIE IDENTIFICATION NUM			VN GROUP HOME			DAT	E OF REVISIT
49G052	Y ₁ B. Wing	- DNAIVIDLE I OV	VIN GROUP HOME			_{Y2} 2/2	2/2018 _{y3}
NAME OF FACILITY			STREET AD	DRESS, (CITY, STATE, ZIP COD	DE L	
BRAMBLETON GF	ROUP HOME		22755 SWEET ANDREA DRIVE				
			ASHBURN,	VA 20148	with the control of t		
program, to show the corrected and the da	ted by a qualified State so see deficiencies previously te such corrective action do the identification prefix on).	y reported on the was accomplishe	e CMS-2567, Statement ed. Each deficiency sho	of Defic	iencies and Plan of (ully identified using e	Correction, t	hat have been julation or LSC
ITEM	DATE	ITEM	DA	TE	ITEM		DATE
Y4	Y5	Y4		Y5	Y4		Y5
ID Prefix	Correction	ID Prefix	Con	rection	ID Prefix		Correction
Reg. # NFPA 101	Completed	Reg. #	Con	pleted	Reg. #		Completed
LSC K0211	02/22/2018	LSC	· · · · · · · · · · · · · · · · · · ·		LSC		
ID Prefix	Correction	ID Prefix	Corr	ection	ID Prefix		Correction
Reg. #	Completed	Reg. #	Corr	pleted	Reg. #		Completed
LSC		LSC			LSC		
ID Prefix	Correction	ID Prefix	Corr	ection	ID Prefix		Correction
Reg. #	Completed	Reg. #	Com	pleted	Reg. #		Completed
LSC		LSC			LSC		
ID Prefix	Correction	ID Prefix	Corre	ection	ID Prefix		Correction
Reg. #	Completed	Reg. #	Com	pleted	Reg. #		Completed
LSC		LSC			LSC		
ID Prefix	Correction	ID Prefix	Corre	ection	ID Prefix		Correction
Reg. #	Completed	Reg. #	Com	pleted	Reg. #		Completed
LSC		LSC			LSC		
REVIEWED BY	REVIEWED BY	DATE	SIGNATURE OF SURVE	YOR	***************************************	DATE	
STATE AGENCY	(INITIALS) & MSG	04/05/18	Jimmy	Csiz.	madia	02	22/2018
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE /	<i>0</i>		DATE	
FOLLOWUP TO SURVE	EY COMPLETED ON		R ANY UNCORRECTED D			3.40	s 🗆 no

1/9/2018

YES NO