

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  12/14/2017
NAME OF PROVIDER OR SUPPLIER  BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	INITIAL COMMENTS  An unannounced annual Medicaid survey for Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) was conducted 12/12/17 through 12/14/17. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for the Intellectually Disabled. The Life Safety Code survey report will follow.  The census in this seven bed facility was six at the time of the survey. The survey sample consisted of three current Individual reviews (Individuals # 1, # 2 and # 3.	W 000			
W 111	CLIENT RECORDS CFR(s): 483.410(c)(1)  The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.  This STANDARD is not met as evidenced by: Based on staff interview and clinical record review it was determined that the facility staff failed to ensure the clinical record was complete and accurate for two of three individuals in the survey sample, Individuals # 1 and # 3.  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.  2. The facility staff failed to ensure the current "Behavioral Guidelines, Behavioral Intervention	W 111			

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

TITLE

(X6) DATE

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

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W 111	<p>Continued From page 1</p> <p>Plan Consent Form and Psychological Evaluation" For Individual # 3 was filed in the (Name of Day Program) clinical record.</p> <p>The findings include:</p> <p>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.</p> <p>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.</p> <p>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:</p> <p>"(6) Acetaminophen 500 mg (milligrams): Take 1 (one) to (two) tablets by mouth every 6 (six) hours as needed for pain. PRN (as needed). Date 06/27/2017."</p> <p>"(7) Loratadine 10 mg. Take 1 (one) tablet by mouth once daily as needed for allergies. PRN (as needed). Date 03/01/2016."</p> <p>"(8) Triple Antibiotic Ointment: Apply to ulcer once a daily as needed. Date 21/2014."</p> <p>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 Program) clinical record revealed "Informed</p>	W 111	<p>W111</p> <p>The Day Program Manager will complete a record review to ensure that individual consents as listed are updated, signed, and filed annually:</p> <p>1: Wheelchair Protocol (individual #1) 2: Behavior Intervention Plan (individual #3) 3: Behavior Guidelines (individual #3)</p> <p>The Day Program Manager will complete this process for all individuals to prevent further deficiencies.</p> <p>The Program Manager/ QIDP will conduct monthly visit to ensure all consents is current, an up-to-date, and to ensure continuity of care at the Day Programs.</p> <p>The Program Manager will continue to monitor to ensure that all service needs of individuals are accurately reflected through the use of weekly operation meetings.</p> <p>The Clinical Director will ensure that all documentation is completed as identified in the Person Center Plan through monthly supervision with the Program Manager.</p> <p>A quarterly peer review will be completed on-going that will audit records to monitor to ensure that all service needs of individuals are accurately documented. This report will be submitted to the Clinical Director.</p>	1/22/18	

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W 111	<p>Continued From page 2</p> <p>Consent for Medication" forms for Individual # 1. The consent forms documented, "Medication Order: May Crush medications and mix with applesauce; Acetaminophen 500 mg: Take 1 to 2 tablets by mouth every 6 hours as needed for pain; Loratadine 10 mg: Take 1 (one) tablet by mouth once daily as needed for allergies; and Triple Antibiotic Ointment: Apply to ulcer once a daily as needed." Further review of the "Informed Consent for Medication" forms for Individual # 1 documented that they were all signed by the "Legally Authorized Representative" and dated 05/23/16. Further review of the (Name of Day Program) clinical record for Individual # 1 revealed A "Wheelchair Protocol" for Individual # 1 dated 07/19/17.</p> <p>On 12/14/17 at approximately 8:00 a.m. the (Name of Group Home) clinical record for Individual # 1 was reviewed. The (Name of Group Home) clinical record revealed "Informed Consent for Medication" forms for Individual # 1. The consent forms documented, "Medication Order: May Crush medications and mix with applesauce; Acetaminophen 500 mg: Take 1 to 2 tablets by mouth every 6 hours as needed for pain; and Loratadine 10 mg: Take 1 tablet by mouth once daily as needed for allergies." Further review of the "Informed Consent for Medication" forms for Individual # 1 documented that they were all signed by the "Legally Authorized Representative" and dated 05/31/17. Further review of the (Name of Group Home) clinical record for Individual # 1 revealed A "Wheelchair Protocol" for Individual # 1 dated 07/19/17. Further review of the "Wheelchair Protocol" for Individual # 1 documented. "Review Dates: 8/10/17" and "11/10/17."</p>	W 111			

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W 111	<p>Continued From page 3</p> <p>On 12/13/17 at approximately 12:15 p.m. an interview was conducted with OSM (other staff member) # 2, the (Name of Day Program) QIDP (Qualified Intellectual Disabilities Professional) regarding the "Informed Consent for Medication" forms for Individual # 1 that were all signed by the "Legally Authorized Representative" and dated 05/23/16. OSM # 2 was asked to review the consent forms. When asked if the consent forms were current OSM # 2 stated, "They are past due."</p> <p>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 "Informed Consent for Medication" forms for Individual # 1 that were all signed by the "Legally Authorized Representative" and dated 05/23/16. When asked if the consent forms from the (Name of Day Program) were current ASM # 1 stated no. OSM # 1 stated, "They should have been updated."</p> <p>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.</p> <p>No further information was provided prior to exit.</p> <p>References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as</p>	W 111			

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W 111	<p>Continued From page 4</p> <p>autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a></p> <p>(2) A form of cerebral palsy, a neurological condition that usually appears in infancy or early childhood and permanently affects muscle control and coordination. Affected people have increased muscle tone which leads to spasticity (stiff or tight muscles and exaggerated reflexes) in the legs. The arm muscles are generally less affected or not affected at all. Other signs and symptoms may include delayed motor or movement milestones (i.e. rolling over, sitting, standing); walking on toes; and a "scissored" gait (style of walking). It occurs when the portion of the brain that controls movement is damaged or develops abnormally. This information was obtained from the website: <a href="https://rarediseases.info.nih.gov/diseases/9637/spastic-diplegia-cerebral-palsy">https://rarediseases.info.nih.gov/diseases/9637/spastic-diplegia-cerebral-palsy</a>.</p> <p>(3) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a>.</p> <p>(4) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a>.</p> <p>(5) A brain disorder that causes people to have recurring seizures. The seizures happen when</p>	W 111			

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W 111	<p>Continued From page 5</p> <p>clusters of nerve cells, or neurons, in the brain send out the wrong signals. People may have strange sensations and emotions or behave strangely. They may have violent muscle spasms or lose consciousness. This information was obtained from the website: <a href="https://medlineplus.gov/epilepsy.html">https://medlineplus.gov/epilepsy.html</a>.</p> <p>(6) Used to relieve mild to moderate pain from headaches, muscle aches, menstrual periods, colds and sore throats, toothaches, backaches, and reactions to vaccinations (shots), and to reduce fever. Acetaminophen may also be used to relieve the pain of osteoarthritis (arthritis caused by the breakdown of the lining of the joints). Acetaminophen is in a class of medications called analgesics (pain relievers) and antipyretics (fever reducers). It works by changing the way the body senses pain and by cooling the body. This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a681004.html">https://medlineplus.gov/druginfo/meds/a681004.html</a>.</p> <p>(7) Used to temporarily relieve the symptoms of hay fever (allergy to pollen, dust, or other substances in the air) and other allergies. These symptoms include sneezing, runny nose, and itchy eyes, nose, or throat. Loratadine is also used to treat itching and redness caused by hives. However, loratadine does not prevent hives or other allergic skin reactions. Loratadine is in a class of medications called antihistamines. It works by blocking the action of histamine, a substance in the body that causes allergic symptoms. This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a697038.html">https://medlineplus.gov/druginfo/meds/a697038.html</a>.</p>	W 111			

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W 111	<p>Continued From page 6</p> <p>(8) First aid to help prevent infection in minor cuts, scrapes and burns. This information was obtained from the website: <a href="https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=39893365-c94f-bc83-67f6-0005d5f2aa24">https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=39893365-c94f-bc83-67f6-0005d5f2aa24</a>.</p> <p>2. The facility staff failed to ensure the current "Behavioral Guidelines, Behavioral Intervention Plan Consent Form and Psychological Evaluation" for Individual # 3 was filed in the (Name of Day Program) clinical record.</p> <p>Individual # 3 was a 49-year-old female, who was admitted to (Name of Group Home) on 6/4/13. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), encephalopathy (2), history of Graves disease (3), vitamin D deficiency (4), autism (5) and self-injurious behavior (6).</p> <p>On 12/13/17 at approximately 10:00 a.m. the (Name of Day Program) clinical record for Individual # 3 was reviewed. The (Name of Day Program) clinical record revealed "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.</p> <p>On 12/13/17 at approximately 10:45 a.m. an interview was conducted with OSM (other staff member) # 3. (Name of Day Program) program support specialist. After reviewing the "Behavioral Guidelines" dated 03/01/15 - 02/29/16, "Behavioral Intervention Plan Consent Form" dated 03/01/16 - 02/28/17 and a</p>	W 111			

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W 111	<p>Continued From page 7</p> <p>"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."</p> <p>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.</p> <p>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."</p> <p>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.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Refers to a group of disorders characterized</p>	W 111			



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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: <a href="https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100">https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</a> .  (2) A term for any diffuse disease of the brain that alters brain function or structure. This information was obtained from the website: <a href="http://www.ninds.nih.gov/disorders/encephalopathy/encephalopathy.htm">http://www.ninds.nih.gov/disorders/encephalopathy/encephalopathy.htm</a> .  (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: <a href="https://medlineplus.gov/ency/article/000358.htm">https://medlineplus.gov/ency/article/000358.htm</a> .  (4) Vitamin D helps your body absorb calcium. This information was obtained from the website: <a href="https://medlineplus.gov/vitamind.html">https://medlineplus.gov/vitamind.html</a> .  (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: <a href="https://www.nlm.nih.gov/medlineplus/autismspectrumdisorder.html">https://www.nlm.nih.gov/medlineplus/autismspectrumdisorder.html</a> .	W 111			

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W 111	Continued From page 9	W 111	W113 The Program Nurse will complete a record review to ensure that individual consents as listed are updated, signed, and filed annually: 1: Triple antibiotic ointment (individual #1) 2: Consent for Protected Health Information (individual #3)	1/22/18	
W 113	CLIENT RECORDS CFR(s): 483.410(c)(3)  The facility must develop and implement policies and procedures governing the release of any client information, including consents necessary from the client, or parents (if the client is a minor) or legal guardian.  This STANDARD is not met as evidenced by: Based on staff interview and clinical record review it was determined that the facility staff failed to obtain consents for two of three individuals in the survey sample, Individuals # 1 and # 3.  1. The (Name of Group Home) staff failed to obtain an "Informed Consent for Medication" form for the use of "(6) Triple Antibiotic Ointment form for Individual # 1.  2. The (Name of Group Home) staff failed to obtain a "Consent for the Use or Disclosure of Protected Health Information" form for Individual # 3.  The findings include:  1. The (Name of Group Home) staff failed to obtain an "Informed Consent for Medication" form for the use of "(6) Triple Antibiotic Ointment form for Individual # 1.	W 113	The Program Nurse will complete this process for all individuals to prevent further deficiencies.  The Nursing Coordinator conduct monthly audits to ensure all consents is current, an up-to-date, and to ensure continuity of care .  The Program Manager will continue to monitor to ensure that all service needs of individuals are accurately reflected through the use of weekly operation meetings.  The Clinical Director will ensure that all documentation is completed as identified in the Person Center Plan through monthly supervision with the Program Manager.  A quarterly peer review will be completed on-going that will audit records to monitor to ensure that all service needs of individuals are accurately documented. This report will be submitted to the Clinical Director.		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 113	<p>Continued From page 10</p> <p>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.</p> <p>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) Triple Antibiotic Ointment: Apply to ulcer once a daily as needed. Date 21/2014."</p> <p>On 12/14/17 at approximately 8:00 a.m. the (Name of Group Home) clinical record for Individual # 1 was reviewed. The (Name of Group Home) clinical record for Individual # 1 failed to evidence a consent form for the use of triple antibiotic ointment.</p> <p>On 12/14/17 at approximately 10:15 a.m. an interview was conducted with (Name of Group Home) LPN (licensed practical nurse) # 1 and RN (registered nurse) # 1. LPN # 1 and RN # 2 were asked to review the (Name of Group Home) clinical record for an "Informed Consent for Medication" form for the use of triple antibiotic ointment for Individual # 1. After reviewing the clinical record for Individual # 1 RN # 1 and LPN # 2 stated, "There is no consent for the antibiotic ointment." When asked if a consent should have been obtained, RN # 1 stated yes.</p> <p>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 missing "Informed Consent for Medication"</p>	W 113			

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W 113	<p>Continued From page 11</p> <p>form for Individual # 1's use of the triple antibiotic ointment. OSM # 1 stated, "It should have been updated."</p> <p>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.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a></p> <p>(2) A form of cerebral palsy, a neurological condition that usually appears in infancy or early childhood and permanently affects muscle control and coordination. Affected people have increased muscle tone which leads to spasticity (stiff or tight muscles and exaggerated reflexes) in the legs. The arm muscles are generally less affected or not affected at all. Other signs and symptoms may include delayed motor or movement milestones (i.e. rolling over, sitting, standing); walking on toes; and a "scissored" gait (style of walking). It occurs when the portion of the brain that controls movement is damaged or develops</p>	W 113			

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W 113	<p>Continued From page 12</p> <p>abnormally. This information was obtained from the website: <a href="https://rarediseases.info.nih.gov/diseases/9637/s pastic-diplegia-cerebral-palsy">https://rarediseases.info.nih.gov/diseases/9637/s pastic-diplegia-cerebral-palsy</a>.</p> <p>(3) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a>.</p> <p>(4) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a>.</p> <p>(5) A brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain send out the wrong signals. People may have strange sensations and emotions or behave strangely. They may have violent muscle spasms or lose consciousness. This information was obtained from the website: <a href="https://medlineplus.gov/epilepsy.html">https://medlineplus.gov/epilepsy.html</a>.</p> <p>(6) First aid to help prevent infection in minor cuts, scrapes and burns. This information was obtained from the website: <a href="https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=39893365-c94f-bc83-67f6-0005d5f2aa24">https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=39893365-c94f-bc83-67f6-0005d5f2aa24</a>.</p> <p>2. The (Name of Group Home) staff failed to obtain a "Consent for the Use or Disclosure of Protected Health Information" form for Individual # 3.</p>	W 113			

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W 113	<p>Continued From page 13</p> <p>Individual # 3 was a 49-year-old female, who was admitted to (Name of Group Home) on 6/4/13. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), encephalopathy (2), history of Graves disease (3), vitamin D deficiency (4), autism (5) and self-injurious behavior (6).</p> <p>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.</p> <p>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 consent form was completed ASM # 1 stated, "No. we don't have one." When asked if the incomplete consent form could be considered as having obtained a consent for the use or disclosure of protected health information ASM # 1 stated, "No." OSM # 1 stated, "It should have been updated.</p>	W 113			

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W 113	<p>Continued From page 14</p> <p>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.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100">https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</a>.</p> <p>(2) A term for any diffuse disease of the brain that alters brain function or structure. This information was obtained from the website: <a href="http://www.ninds.nih.gov/disorders/encephalopathy/encephalopathy.htm">http://www.ninds.nih.gov/disorders/encephalopathy/encephalopathy.htm</a>.</p> <p>(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: <a href="https://medlineplus.gov/ency/article/000358.htm">https://medlineplus.gov/ency/article/000358.htm</a>.</p> <p>(4) Vitamin D helps your body absorb calcium. This information was obtained from the website:</p>	W 113			

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W 113	Continued From page 15 <a href="https://medlineplus.gov/vitamind.html">https://medlineplus.gov/vitamind.html</a>  (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: <a href="https://www.nlm.nih.gov/medlineplus/autismspectrumdisorder.html">https://www.nlm.nih.gov/medlineplus/autismspectrumdisorder.html</a> .	W 113			
W 159	QIDP CFR(s): 483.430(a)  Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. This STANDARD is not met as evidenced by: Based on residential program record reviews, day program record review and staff interview, it was determined that the QIDP (Qualified Intellectual Disabilities Professional) failed to coordinate and monitor the individuals' active treatment programs for three of three individuals in the survey sample, Individuals # 1, # 2 and # 3.  1a. The QIDP failed to ensure the data collection of the ISP (Individual Service Plan) outcomes/goals for Individual # 1 were in measurable terms.  1b. The QIDP failed to ensure the ISP outcomes/goals: "Laundry and Medication Management" for Individual # 1 were in measurable terms.  1c. The QIDP failed to ensure the current "Informed Consent for Medication" forms and the current "Wheelchair Protocol" dated 11/10/17 for	W 159	<p>W-159</p> <p>1/22/18</p> <p>The Day Program Manager will complete a record review to ensure that individual consents as listed are updated, signed, and filed annually.</p> <ol style="list-style-type: none"> <li>1: Wheelchair Protocol (individual #1)</li> <li>2: Behavior Intervention Plan (individual #3)</li> <li>3: Behavior Guidelines (individual #3)</li> </ol> <p>The Day Program Manager will complete this process for all individuals to prevent further deficiencies.</p> <p>The Program Manager/ QIDP will conduct monthly visit to ensure all consents is current, an up-to-date, and to ensure continuity of care at the Day Programs</p> <p>The Program Manager will continue to monitor to ensure that all service needs of individuals are accurately reflected through the use of weekly operation meetings.</p> <p>The Clinical Director will ensure that all documentation is completed as identified in the Person Center Plan through monthly supervision with the Program Manager.</p> <p>A quarterly peer review will be completed on-going that will audit records to monitor to ensure that all service needs of individuals are accurately documented. This report will be submitted to the Clinical Director.</p>		



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W 159	Continued From page 16 Individual # 1 were filed in the (Name of Day Program) clinical record.  1d. The QIDP failed to ensure an "Informed Consent for Medication" form for the use of "(8) Triple Antibiotic Ointment form for Individual # 1.  1e. The QIDP failed to ensure the active treatment program for Individual # 1's ADLs was implemented according to the ISP.  2a. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 2 were in measurable terms.  2b. The QIDP failed to ensure the ISP outcomes/goals "Money Management and Choosing a Physical Activity" for Individual # 2 were in measurable terms.  2c. The QIDP failed to ensure the active treatment program for Individual # 2's ADLs and communication were implemented according to the ISP.  3a. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 3 were in measurable terms.  3b. The QIDP failed to ensure the ISP outcomes/goals "Washing and Money Management" for Individual # 3 were in measurable terms.  3c. The QIDP failed to ensure the current "Behavioral Guidelines, Behavioral Intervention Plan Consent Form and Psychological Evaluation" For Individual # 3 was filed in the (Name of Day Program) clinical record.	W 159	The Program Nurse will complete a record review to ensure that individual consents as listed are updated, signed, and filed annually: 1. Triple antibiotic ointment (individual #1) 2. Consent for Protected Health Information (individual #3)  The Program Nurse will complete this process for all individuals to prevent further deficiencies.  The Nursing Coordinator conduct monthly audits to ensure all consents is current, an up-to-date, and to ensure continuity of care.  The Program Manager will continue to monitor to ensure that all service needs of individuals are accurately reflected through the use of weekly operation meetings.  The Clinical Director will ensure that all documentation is completed as identified in the Person Center Plan through monthly supervision with the Program Manager.  A quarterly peer review will be completed on-going that will audit records to monitor to ensure that all service needs of individuals are accurately documented. This report will be submitted to the Clinical Director.		

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W 159	<p>Continued From page 17</p> <p>3d. The QIDP failed to ensure the a "Consent for the Use or Disclosure of Protected Health Information" form for Individual # 3 was obtained.</p> <p>The findings include:</p> <p>1a. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 1 were in measurable terms.</p> <p>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.</p> <p>Individual # 1's current ISP dated 07/01/2017 through 07/01/2018 documented, "Desired Outcome: # 2 (Individual # 1) engages in activities of daily living to increase his independence. "Support Activities: (Individual # 1) independently manages his laundry 2 (two) times a week for 3 (three) consecutive months by June 30, 2018. Support Instructions: a. (Individual # 1) folds his shirts and puts them in his dresser. b. (Individual # 1) receives guidance and assistance from staff as needed to complete his task. Frequency: Weekly. Amount: 45 minutes."</p> <p>"Desired Outcome: # 5 (Individual # 1) maintains his health and safety by participating in his medication administration and following his 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 30, 2018. Support Instructions: a. (Individual # 1)</p>	W 159	<p>The QIDP will revise the outcome for "Laundry and Medication management" into Measurable terms to collect appropriate data for individual #1.</p> <p>The QIDP will revise the outcome for "Money Management and Choosing a Physical Activity" into Measurable terms to collect appropriate data individual #2.</p> <p>The QIDP will revise the outcome for "Washing and Money Management" into Measurable terms to collect appropriate data individual #3.</p> <p>The Program Manager will update the Person Center Plan to incorporate these changes for those individuals.</p> <p>The Program Manager will complete this process for all individuals to prevent further deficiencies.</p> <p>The Program Manager will continue to monitor to ensure that all service needs of individuals are accurately reflected through the use of weekly operation meetings.</p> <p>The Clinical Director will review within supervision with the Program Manager for documentation to support the coordination of services for each individual needs.</p>		
			<p>The QIDP will revise individuals #1, 2, and 3 Person Center Plans develop outcome/ objectives into measurable terms to collect appropriate data.</p> <p>The QIDP will update the Person Center Plan to incorporate these changes for all individuals as necessary.</p> <p>The Program Manager will complete this process for all individuals to prevent further deficiencies.</p> <p>The Program Manager will continue to monitor to ensure that all service needs of individuals are accurately reflected through the use of weekly operation meetings.</p> <p>The Clinical Director will review within supervision with the Program Manager for documentation to support the coordination of services for each individual needs.</p>		

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W 159	<p>Continued From page 18</p> <p>is asked if he is ready for his medications. b. (Individual # 1) identifies his AM or his PM medications by label recognition/label color. c. (Individual # 1) is praised when choosing the correct medications. Frequency: Daily. Amount: 30 minutes."</p> <p>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. When OSM # 1 was asked to describe the responsibilities of the QIDP OSM # 1 stated, "To ensures services are provided, follow up on documentation of services, make sure the clinical records are up to date at (Name of Group Home) and the day program sites." When asked how often the Individual's clinical records at the day programs are reviewed OSM # 1 stated, "Monthly." When asked how often the Individual's clinical records at the (Name of Group Home) are reviewed OSM # 1 stated, "Two to three times a month." ASM # 1 and OSM # 1 were then asked to review Individual # 1's progress notes dated 11/27/17 through 12/12/17. When asked if the progress notes documented the data collections in measurable terms ASM # 1 and OSM # 1 stated, "They're not written in measurable terms." OSM # 1 further stated that if the ISP outcomes were not developed in measurable terms then the data collection could not be documented in measurable terms.</p> <p>The facility's policy "8.1 Qualified Intellectual Disabilities Professional" documented, "The QMRP is responsible for the integration, coordination, monitoring and development of the</p>	W 159	<p>W159 1/22/18</p> <p>The QIDP will revise the outcome for "Laundry and Medication management" into Measurable terms to collect appropriate data for individual #1.</p> <p>The QIDP will revise the outcome for "Money Management and Choosing a Physical Activity" into Measurable terms to collect appropriate data individual #2.</p> <p>The QIDP will revise the outcome for "Washing and Money Management" into Measurable terms to collect appropriate data individual #3.</p> <p>The Program Manager will update the Person Center Plan to incorporate these changes for those individuals The Program Manager will complete this process for all individuals to prevent further deficiencies</p> <p>The Program Manager will continue to monitor to ensure that all service needs of individuals are accurately reflected through the use of weekly operation meetings.</p> <p>The Clinical Director will review within supervision with the Program Manager for documentation to support the coordination of services for each individual needs.</p> <p>1/22/18</p>		

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W 159	<p>Continued From page 19</p> <p>Individual Service Plan, and to ensure quality active treatment in the program." Under "8.1.2 Qualified Intellectual Disabilities Professional Monitoring Of Services" it documented, "A. Review consumer records to include clinical, financial and medical to ensure prescribed treatment and services are being implemented correctly, documented appropriately and that any outside services have been incorporated into program services."</p> <p>On 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.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a></p> <p>(2) A form of cerebral palsy, a neurological condition that usually appears in infancy or early childhood and permanently affects muscle control and coordination. Affected people have increased muscle tone which leads to spasticity (stiff or tight muscles and exaggerated reflexes) in the legs.</p>	W 159	<p>1/22/18</p> <p>The QIDP will review and individual #1 Person Center Plan, Assessment NB, and determine the outcomes for objectives "Activities of Daily Living and Evacuation and Drills".</p> <p>The Program Manager will update the Person Center Plan to incorporate the changes for those individuals.</p> <p>The Program Manager will review and complete this process for all other individuals to prevent further deficiencies.</p> <p>The Program Manager will continue to monitor to ensure that all service needs of individuals are accurately reflected through the use of weekly operation meetings.</p> <p>The Clinical Director will review within supervision with the Program Manager for documentation to support the coordination of services for each individual needs.</p> <p>The Clinical Director will ensure that all documentation is completed as identified in the Person Center Plan through monthly supervision with the Program Manager.</p> <p>A quarterly peer review will be completed on-going that will audit records to monitor to ensure that all service needs of individuals are accurately documented. This report will be submitted to the Clinical Director.</p>		

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NAME OF PROVIDER OR SUPPLIER  <b>BRAMBLETON GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>22755 SWEET ANDREA DRIVE ASHBURN, VA 20148</b>		
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W 159	<p>Continued From page 20</p> <p>The arm muscles are generally less affected or not affected at all. Other signs and symptoms may include delayed motor or movement milestones (i.e. rolling over, sitting, standing); walking on toes; and a "scissored" gait (style of walking). It occurs when the portion of the brain that controls movement is damaged or develops abnormally. This information was obtained from the website: <a href="https://rarediseases.info.nih.gov/diseases/9637/spastic-diplegia-cerebral-palsy">https://rarediseases.info.nih.gov/diseases/9637/spastic-diplegia-cerebral-palsy</a>.</p> <p>(3) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a>.</p> <p>(4) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a>.</p> <p>(5) A brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain send out the wrong signals. People may have strange sensations and emotions or behave strangely. They may have violent muscle spasms or lose consciousness. This information was obtained from the website: <a href="https://medlineplus.gov/epilepsy.html">https://medlineplus.gov/epilepsy.html</a>.</p> <p>1b. The QIDP failed to ensure the ISP outcomes/goals: "Laundry and Medication Management" for Individual # 1 were in measurable terms.</p>	W 159			

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W 159	<p>Continued From page 21</p> <p>Individual # 1's current ISP dated 07/01/2017 through 07/01/2018 documented,</p> <p>"Desired Outcome: # 2 (Individual # 1) engages in activities of daily living to increase his independence. "Support Activities: (Individual # 1) independently manages his laundry 2 (two) times a week for 3 (three) consecutive months by June 30, 2018. Support Instructions: a. (Individual # 1) folds his shirts and puts them in his dresser. b. (Individual # 1) receives guidance and assistance from staff as needed to complete his task. Frequency: Weekly. Amount: 45 minutes."</p> <p>"Desired Outcome: # 5 (Individual # 1) maintains his health and safety by participating in his medication administration and following his 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 30, 2018. Support Instructions: a. (Individual # 1) is asked if he is ready for his medications. b. (Individual # 1) identifies his AM or his PM medications by label recognition/label color. c. (Individual # 1) is praised when choosing the correct medications. Frequency: Daily. Amount: 30 minutes."</p> <p>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 # 1. When asked the "Outcome/Goal" on the ISP is ASM # 1 stated, "It is what the individual will learn to do." When asked to "Support Instructions" on the ISP ASM # 1 stated, "It is how we are going to provide the</p>	W 159			

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W 159	<p>Continued From page 22</p> <p>service." After reviewing the outcomes on Individual # 1's ISP dated 07/01/2017 ASM # 1 and OSM # 1 agreed that outcomes # 2 and # 5 were not written in measureable terms.</p> <p>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.</p> <p>No further information was provided prior to exit.</p> <p>1c. The QIDP 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.</p> <p>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 (six) 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 (as needed). Date 03/01/2016." "(8) Triple Antibiotic Ointment: Apply to ulcer once a daily as needed. Date 21/2014."</p> <p>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 Program) clinical record revealed "Informed Consent for Medication" forms for Individual # 1. The consent forms documented, "Medication Order: May Crush medications and mix with applesauce; Acetaminophen 500 mg: Take 1 to 2</p>	W 159			

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W 159	<p>Continued From page 23</p> <p>tablets by mouth every 6 hours as needed for pain; Loratadine 10 mg: Take 1 (one) tablet by mouth once daily as needed for allergies; and Triple Antibiotic Ointment: Apply to ulcer once a daily as needed." Further review of the "Informed Consent for Medication" forms for Individual # 1 documented that they were all signed by the "Legally Authorized Representative" and dated 05/23/16. Further review of the (Name of Day Program) clinical record for Individual # 1 revealed A "Wheelchair Protocol" for Individual # 1 dated 07/19/17.</p> <p>On 12/14/17 at approximately 8:00 a.m. the (Name of Group Home) clinical record for Individual # 1 was reviewed. The (Name of Group Home) clinical record revealed "Informed Consent for Medication" forms for Individual # 1. The consent forms documented, "Medication Order: May Crush medications and mix with applesauce; Acetaminophen 500 mg: Take 1 to 2 tablets by mouth every 6 hours as needed for pain; and Loratadine 10 mg: Take 1 tablet by mouth once daily as needed for allergies." Further review of the "Informed Consent for Medication" forms for Individual # 1 documented that they were all signed by the "Legally Authorized Representative" and dated 05/31/17. Further review of the (Name of Group Home) clinical record for Individual # 1 revealed A "Wheelchair Protocol" for Individual # 1 dated 07/19/17. Further review of the "Wheelchair Protocol" for Individual # 1 documented. "Review Dates: 8/10/17" and "11/10/17."</p> <p>On 12/13/17 at approximately 12:15 p.m. an interview was conducted with OSM (other staff member) # 2, the (Name of Day Program) QIDP (Qualified Intellectual Disabilities Professional)</p>	W 159			



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W 159	<p>Continued From page 24</p> <p>regarding the "Informed Consent for Medication" forms for Individual # 1 that were all signed by the "Legally Authorized Representative" and dated 05/23/16. OSM # 2 was asked to review the consent forms. When asked if the consent forms were current OSM # 2 stated, "They are past due."</p> <p>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 "Informed Consent for Medication" forms for Individual # 1 that were all signed by the "Legally Authorized Representative" and dated 05/23/16. When asked if the consent forms from the (Name of Day Program) were current ASM # 1 stated no. OSM # 1 stated, "They should have been updated."</p> <p>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.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(6) Used to relieve mild to moderate pain from headaches, muscle aches, menstrual periods, colds and sore throats, toothaches, backaches, and reactions to vaccinations (shots), and to reduce fever. Acetaminophen may also be used to relieve the pain of osteoarthritis (arthritis caused by the breakdown of the lining of the joints). Acetaminophen is in a class of medications called analgesics (pain relievers) and</p>	W 159			

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W 159	<p>Continued From page 25</p> <p>antipyretics (fever reducers). It works by changing the way the body senses pain and by cooling the body. This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a681004.html">https://medlineplus.gov/druginfo/meds/a681004.html</a>.</p> <p>(7) Used to temporarily relieve the symptoms of hay fever (allergy to pollen, dust, or other substances in the air) and other allergies. These symptoms include sneezing, runny nose, and itchy eyes, nose, or throat. Loratadine is also used to treat itching and redness caused by hives. However, loratadine does not prevent hives or other allergic skin reactions. Loratadine is in a class of medications called antihistamines. It works by blocking the action of histamine, a substance in the body that causes allergic symptoms. This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a697038.html">https://medlineplus.gov/druginfo/meds/a697038.html</a>.</p> <p>(8) First aid to help prevent infection in minor cuts, scrapes and burns. This information was obtained from the website: <a href="https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=39893365-c94f-bc83-67f6-0005d5f2aa24">https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=39893365-c94f-bc83-67f6-0005d5f2aa24</a>.</p> <p>1d. The QIDP failed to ensure an "Informed Consent for Medication" form for the use of "(8) Triple Antibiotic Ointment form for Individual # 1.</p> <p>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: "(8) Triple Antibiotic Ointment: Apply to ulcer once a daily as needed. Date 2/1/2014."</p>	W 159			

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W 159	<p>Continued From page 26</p> <p>On 12/14/17 at approximately 8:00 a.m. the (Name of Group Home) clinical record for Individual # 1 was reviewed. The (Name of Group Home) clinical record for Individual # 1 failed to evidence a consent form for the use of triple antibiotic ointment.</p> <p>On 12/14/17 at approximately 10:15 a.m. an interview was conducted with (Name of Group Home) LPN (licensed practical nurse) # 1 and RN (registered nurse) # 1. LPN # 1 and RN # 2 were asked to review the (Name of Group Home) clinical record for an "Informed Consent for Medication" form for the use of triple antibiotic ointment for Individual # 1. After reviewing the clinical record for Individual # 1 RN # 1 and LPN # 2 stated, "There is no consent for the antibiotic ointment." When asked if a consent should have been obtained, RN # 1 stated yes.</p> <p>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 missing "Informed Consent for Medication" form for Individual # 1's use of the triple antibiotic ointment. OSM # 1 stated, "It should have been updated."</p> <p>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.</p> <p>No further information was provided prior to exit.</p> <p>References:</p>	W 159			

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W 159	<p>Continued From page 27</p> <p>(8) First aid to help prevent infection in minor cuts, scrapes and burns. This information was obtained from the website: <a href="https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=39893365-c94f-bc83-67f6-0005d5f2aa24">https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=39893365-c94f-bc83-67f6-0005d5f2aa24</a>.</p> <p>1e. The QIDP failed to ensure the active treatment program for Individual # 1's ADLs was implemented according to the ISP.</p> <p>Individual # 1's current ISP dated 07/01/2017 through 07/01/2018 documented, "Desired Outcome: # 2 (Individual # 1) engages in activities of daily living to increase his independence. "Support Activities: 2. (Individual # 1) brushes his teeth twice daily for 2 (two) minutes for 6 (six) consecutive months by June 30, 2018. Support Instructions: a. (Individual # 1) holds his tooth brush and brushes his teeth for two minutes. B. (Individual # 1) receives assistance with preparation, guidance and ensuring thorough cleanliness as needed. Frequency: Daily. Amount: 15 minutes."</p> <p>"Support Activities: 3. (Individual # 1) independently manages his laundry 2 (two) times a week for 3 (three) consecutive months by June 30, 2018. Support Instructions: a. (Individual # 1) folds his shirts and puts them in his dresser. b. (Individual # 1) receives guidance and assistance from staff as needed to complete his task. Frequency: Weekly. Amount: 45 minutes."</p> <p>On 12/14/17 at approximately 10:55 p.m. Individual # 1's "Progress Notes" and data collection dated 011/27/2017 through 12/12/2017 were reviewed with ASM (administrative staff</p>	W 159			

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W 159	<p>Continued From page 28</p> <p>member) # 1, (Name of Group Home) program manager and OSM # 1, QIDP (Qualified Intellectual Disabilities Professional). Further review of the progress notes and data collection revealed Individual # 1's ADLs program for tooth brushing was implemented in 28 of 32 opportunities. Further review of the "Progress Notes" and data collection dated 011/27/2017 through 12/12/2017 for the ISP program for laundry documented. "12/07/2017. 2.3 Was the support activity completed? Please describe barriers and participation level.: Yes. (Individual # 1's initials) requested to eat the same breakfast as his peers this morning when prompted by staff. Staff explained what was on the menu and he choose to eat the same meal. (Individual # 1's initials) poured his cereal for breakfast with staff's assistance."</p> <p>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. When asked if the data collection in the progress notes does not reflect the stated outcome or if the program is not implemented according to the ISP can it be stated that the individual participated in their active treatment programs OSM # 1 stated, "It should reflect the outcome statement and all parts of it. If the documentation does not reflect the outcome or it is not implemented according to the ISP I cannot say that the active treatment program was implemented."</p> <p>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.</p>	W 159			

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NAME OF PROVIDER OR SUPPLIER  BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 159	<p>Continued From page 29</p> <p>No further information was provided prior to exit.</p> <p>2a. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 2 were in measurable terms.</p> <p>Individual # 2 was a 28-year old female, who was admitted to (Name of Group Home) on 9/22/11. Diagnoses in the clinical record included but were not limited to: (1) severe intellectual disability, (2) gastroesophageal reflux disease, (3) seizure disorder, (4) and anxiety.</p> <p>Individual # 2's current ISP dated 10/01/2017 through 09/30/2018 documented,</p> <p>"Desired Outcome: (Individual # 2) 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 Activities &amp; Instructions: 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) makes purchases with her budget. Frequency: Monthly. Amount: 30 minutes."</p> <p>"Desired Outcome: (Individual # 2) increases her physical activity to improve her physical health 2-3 (two to three) times a week for 6 (six) consecutive months until 1 October 2018. Support Activities &amp; Instructions: 1. (Individual # 2) chooses a physical activity she would like to participate in. 2. (Individual # 2) participates in the physical activity of her choice for at least 10 minutes. 3. (Individual # 2) is praised for following through with her activity. Frequency: Weekly. Amount: 15 minutes."</p>	W 159			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  12/14/2017
NAME OF PROVIDER OR SUPPLIER  BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 159	<p>Continued From page 30</p> <p>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. ASM # 1 and OSM # 1 were then asked to review Individual # 2's progress notes dated 11/27/17 through 12/12/17. When asked if the progress notes documented the data collections in measurable terms ASM # 1 and OSM # 1 stated, "They're not written in measurable terms." OSM # 1 further stated that if the ISP outcomes were not developed in measurable terms then the data collection could not be documented in measurable terms.</p> <p>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.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100">https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</a>.</p>	W 159			

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NAME OF PROVIDER OR SUPPLIER  <b>BRAMBLETON GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>22755 SWEET ANDREA DRIVE ASHBURN, VA 20148</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 159	<p>Continued From page 31</p> <p>(2) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a>.</p> <p>(3) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a>.</p> <p>(4) Fear. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/anxiety.html#summary">https://www.nlm.nih.gov/medlineplus/anxiety.html#summary</a>.</p> <p>2b. The QIDP failed to ensure the ISP outcomes/goals "Money Management and Choosing a Physical Activity" for Individual # 2 were in measurable terms.</p> <p>Individual # 2's current ISP dated 10/01/2017 through 09/30/2018 documented, "Desired Outcome: (Individual # 2) 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 Activities &amp; Instructions: 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) makes purchases with her budget. Frequency: Monthly. Amount: 30 minutes."</p> <p>"Desired Outcome: (Individual # 2) increases her physical activity to improve her physical health 2-3 (two to three) times a week for 6 (six) consecutive months until 1 October 2018.</p>	W 159			



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W 159	<p>Continued From page 32</p> <p>Support Activities &amp; Instructions: 1. (Individual # 2) chooses a physical activity she would like to participate in. 2. (Individual # 2) participates in the physical activity of her choice for at least 10 minutes. 3. (Individual # 2) is praised for following through with her activity. Frequency: Weekly. Amount: 15 minutes."</p> <p>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 # 2. After reviewing the outcomes on Individual # 2's ISP dated 10/01/2017 ASM # 1 and OSM # 1 agreed that outcomes # 7 and # 8 were not written in measureable terms.</p> <p>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.</p> <p>No further information was provided prior to exit.</p> <p>2c. The QIDP failed to ensure the active treatment program for Individual # 2's ADLs and communication were implemented according to the ISP.</p> <p>Individual # 2's current ISP dated 10/01/2017 through 09/30/2018 documented, "Desired Outcome: (Individual # 2) learns 2-3 words in sign language per month 6 (six) out of 12 months by June 30, 2018. Support Instructions: 1. (Individual # 2) communicates by</p>	W 159			

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NAME OF PROVIDER OR SUPPLIER  BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 159	<p>Continued From page 33</p> <p>using 2-3 words in sign language. 2. (Individual # 2) answers a question by using sign language. Frequency: Daily. Amount: Continually."</p> <p>"Desired Outcome: (Individual # 2) participates in her ADL's to increase her independence. (Individual # 2) independently completes her oral hygiene for 1 (one) minute 2 (two) times daily for 6 (six) consecutive months by June 30, 2018. Support Instructions: 1. (Individual # 2) prepares her toothbrush with tooth paste. 2. (Individual # 2) independently brushes her teeth for 1 minute. 3. Staff support (Individual # 2) to complete 2 minutes of brushing. Frequency: Daily. Amount: Continually."</p> <p>On 12/14/17 at approximately 10:55 p.m. Individual # 2's "Progress Notes" and data collection dated 011/27/2017 through 12/12/2017 were reviewed with ASM (administrative staff member) # 1, (Name of Group Home) program manager and OSM # 1, QIDP (Qualified Intellectual Disabilities Professional). Further review of the progress notes and data collection revealed Individual # 2's ADLs program for tooth brushing was implemented in 8 of 16 opportunities and the communication program was implemented in 3 of 16 opportunities.</p> <p>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. ASM # 1 and OSM # 1 were then asked to review Individual # 1's progress notes dated 11/27/17 through 12/12/17. When asked if the progress notes documented the data</p>	W 159			

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W 159	<p>Continued From page 34</p> <p>collections in measurable terms ASM # 1 and OSM # 1 stated, "They're not written in measurable terms." When asked if the data collection in the progress notes does not reflect the stated outcome or is not implemented according to the ISP can it be stated that the individual participated in their active treatment programs ASM # 1 and OSM # 1 stated, "It should reflect the outcome statement and all parts of it. If the documentation does not reflect the outcome or it is not implemented according to the ISP I cannot say that the active treatment program was implemented."</p> <p>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.</p> <p>No further information was provided prior to exit.</p> <p>3a. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 3 were in measurable terms.</p> <p>Individual # 3 was a 49-year-old female, who was admitted to (Name of Group Home) on 6/4/13. Diagnoses in the clinical record included but were not limited to: (1) profound intellectual disability, (2) encephalopathy, (3) history of Graves disease, (4) vitamin D deficiency, (5) autism and (6) self-injurious behavior.</p> <p>Individual #3's current ISP dated 07/01/2017 through 07/01/2018 documented, "Desired Outcome: 6. (Individual # 3) increases her independence by engaging in activities of daily living. Support Activities &amp; Instructions: (Individual # 3) participates in her</p>	W 159			

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NAME OF PROVIDER OR SUPPLIER  BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 159	<p>Continued From page 35</p> <p>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."</p> <p>"Desired Outcome: (Individual # 3) increases her money management and budgeting skills. Support Activities &amp; 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) makes purchases with her budget. Frequency: Monthly. Amount: 15 minutes."</p> <p>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. ASM # 1 and OSM # 1 were then asked to review Individual # 2's progress notes dated 11/27/17 through 12/12/17. When asked if the progress notes documented the data collections in measurable terms ASM # 1 and OSM # 1 stated, "They're not written in measurable terms." OSM # 1 further stated that if the ISP outcomes were not developed in measurable terms then the data collection could not be documented in measurable terms.</p> <p>No further information was provided prior to exit.</p>	W 159			

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NAME OF PROVIDER OR SUPPLIER  <b>BRAMBLETON GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>22755 SWEET ANDREA DRIVE ASHBURN, VA 20148</b>		
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W 159	<p>Continued From page 36</p> <p>References:</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100">https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</a>.</p> <p>(2) A term for any diffuse disease of the brain that alters brain function or structure. This information was obtained from the website: <a href="http://www.ninds.nih.gov/disorders/encephalopathy/encephalopathy.htm">http://www.ninds.nih.gov/disorders/encephalopathy/encephalopathy.htm</a>.</p> <p>(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: <a href="https://medlineplus.gov/ency/article/000358.htm">https://medlineplus.gov/ency/article/000358.htm</a>.</p> <p>(4) Vitamin D helps your body absorb calcium. This information was obtained from the website: <a href="https://medlineplus.gov/vitamind.html">https://medlineplus.gov/vitamind.html</a>.</p> <p>(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:</p>	W 159			

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W 159	<p>Continued From page 37</p> <p><a href="https://www.nlm.nih.gov/medlineplus/autismspectrumdisorder.html">https://www.nlm.nih.gov/medlineplus/autismspectrumdisorder.html</a>.</p> <p>(6) Self-harm refers to a person's harming their own body on purpose. This information was obtained from the website: <a href="https://medlineplus.gov/selfharm.html">https://medlineplus.gov/selfharm.html</a>.</p> <p>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.</p> <p>No further information was provided prior to exit.</p> <p>3b. The QIDP failed to ensure the ISP outcomes/goals "Washing and Money Management" for Individual # 3 were in measurable terms.</p> <p>Individual #3's current ISP dated 07/01/2017 through 07/01/2018 documented, "Desired Outcome: 6. (Individual # 3) increases her independence by engaging in activities of daily living. Support Activities &amp; 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."</p> <p>"Desired Outcome: (Individual # 3) increases her money management and budgeting skills. Support Activities &amp; Instructions: (Individual # 3) reviews her personal funds balance 2 (two) times a month for 3 (three) of 12 months to determine</p>	W 159			

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W 159	<p>Continued From page 38</p> <p>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) makes purchases with her budget. Frequency: Monthly. Amount: 15 minutes."</p> <p>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. After reviewing the outcomes on Individual # 3's ISP dated 07/01/2017 ASM # 1 and OSM # 1 agreed that outcomes # 6 and # 8 were not written in measureable terms.</p> <p>No further information was provided prior to exit.</p> <p>3c. The QIDP failed to ensure the current "Behavioral Guidelines, Behavioral Intervention Plan Consent Form and Psychological Evaluation" For Individual # 3 was filed in the (Name of Day Program) clinical record.</p> <p>On 12/13/17 at approximately 10:00 a.m. the (Name of Day Program) clinical record for Individual # 3 was reviewed. The (Name of Day Program) clinical record revealed "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.</p> <p>On 12/13/17 at approximately 10:45 a.m. an interview was conducted with OSM (other staff</p>	W 159			

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NAME OF PROVIDER OR SUPPLIER  <b>BRAMBLETON GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>22755 SWEET ANDREA DRIVE ASHBURN, VA 20148</b>		
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W 159	<p>Continued From page 39</p> <p>member) # 3, (Name of Day Program) program support specialist. After reviewing 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. OSM # 3 was asked if the documents were current. OSM # 3 stated, "No, the group home should have sent it."</p> <p>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.</p> <p>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."</p> <p>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.</p>	W 159			



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NAME OF PROVIDER OR SUPPLIER  BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 159	<p>Continued From page 40</p> <p>No further information was provided prior to exit.</p> <p>3d. The QIDP failed to ensure the a "Consent for the Use or Disclosure of Protected Health Information" form for Individual # 3 was obtained.</p> <p>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.</p> <p>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 consent form was completed ASM # 1 stated, "No. we don't have one." When asked if the incomplete consent form could be considered as having obtained a consent for the use or disclosure of protected health information ASM # 1 stated, "No." OSM # 1 stated, "It should have been updated.</p> <p>On 12/14/17 at 1:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of</p>	W 159			

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W 159	Continued From page 41 Group Home) and OSM (other staff member) # 1, QIDP were made aware of the above findings.	W 159																		
W 231	No further information was provided prior to exit. INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)(iii)  The objectives of the individual program plan must be expressed in behavioral terms that provide measurable indices of performance.  This STANDARD is not met as evidenced by: Based on staff interview, clinical record review and facility document review it was determined that the facility staff failed to develop objectives in measurable terms for three of three individuals in the survey sample, Individual # 1, # 2 and # 3.  1. The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 1: "Laundry and Medication Management."  2. The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 2: "Money Management and Choosing a Physical Activity."  3. The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 3: "Washing and Money Management."  The findings include:  1. The facility staff failed to define the following ISP (individual service plan) outcomes/goals in	W 231	<div data-bbox="899 783 1468 1465" data-label="Form"> <table border="1"> <tr> <td>W231</td> <td>1/22/18</td> </tr> <tr> <td colspan="2">The QIDP will revise the outcome for "Laundry and Medication management" into Measurable terms to collect appropriate data for individual #1.</td> </tr> <tr> <td colspan="2">The QIDP will revise the outcome for "Money Management and Choosing a Physical Activity" into Measurable terms to collect appropriate data individual #2.</td> </tr> <tr> <td colspan="2">The QIDP will revise the outcome for "Washing and Money Management" into Measurable terms to collect appropriate data individual #3.</td> </tr> <tr> <td colspan="2">The Program Manager will update the Person Center Plan to incorporate these changes for those individuals.</td> </tr> <tr> <td colspan="2">The Program Manager will complete this process for all individuals to prevent further deficiencies.</td> </tr> <tr> <td colspan="2">The Program Manager will continue to monitor to ensure that all service needs of individuals are accurately reflected through the use of weekly operation meetings.</td> </tr> <tr> <td colspan="2">The Clinical Director will review within supervision with the Program Manager for documentation to support the coordination of services for each individual needs.</td> </tr> </table> </div>	W231	1/22/18	The QIDP will revise the outcome for "Laundry and Medication management" into Measurable terms to collect appropriate data for individual #1.		The QIDP will revise the outcome for "Money Management and Choosing a Physical Activity" into Measurable terms to collect appropriate data individual #2.		The QIDP will revise the outcome for "Washing and Money Management" into Measurable terms to collect appropriate data individual #3.		The Program Manager will update the Person Center Plan to incorporate these changes for those individuals.		The Program Manager will complete this process for all individuals to prevent further deficiencies.		The Program Manager will continue to monitor to ensure that all service needs of individuals are accurately reflected through the use of weekly operation meetings.		The Clinical Director will review within supervision with the Program Manager for documentation to support the coordination of services for each individual needs.		
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NAME OF PROVIDER OR SUPPLIER  BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 231	<p>Continued From page 42</p> <p>measurable terms for Individual # 1: "Laundry and Medication Management."</p> <p>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.</p> <p>Individual # 1's current ISP dated 07/01/2017 through 07/01/2018 documented:</p> <p>"Desired Outcome: # 2 (Individual # 1) engages in activities of daily living to increase his independence. "Support Activities: (Individual # 1) independently manages his laundry 2 (two) times a week for 3 (three) consecutive months by June 30, 2018. Support Instructions: a. (Individual # 1) folds his shirts and puts them in his dresser. b. (Individual # 1) receives guidance and assistance from staff as needed to complete his task. Frequency: Weekly. Amount: 45 minutes."</p> <p>"Desired Outcome: # 5 (Individual # 1) maintains his health and safety by participating in his medication administration and following his 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 30, 2018. Support Instructions: a. (Individual # 1) is asked if he is ready for his medications. b. (Individual # 1) identifies his AM or his PM medications by label recognition/label color. c. (Individual # 1) is praised when choosing the correct medications. Frequency: Daily. Amount: 30 minutes."</p> <p>On 12/14/17 at approximately 10:55 a.m. a</p>	W 231			

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W 231	<p>Continued From page 43</p> <p>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 # 1. When asked the "Outcome/Goal" on the ISP is ASM # 1 stated, "It is what the individual will learn to do." When asked to "Support Instructions" on the ISP ASM # 1 stated, "It is how we are going to provide the service." After reviewing the outcomes on Individual # 1's ISP dated 07/01/2017 ASM # 1 and OSM # 1 agreed that outcomes # 2 and # 5 were not written in measureable terms.</p> <p>The facility's policy "4.1 Individual Service Plan (ISP)" documented, "4.1.3 Procedures: C. (Name of Corporation) ensures that an ISP will contain at a minimum: 4. Goals / outcomes and measurable objectives / desired outcomes for addressing each identified need. 4.1.4 Individual Service Plan (ISP) Development. E. Goals / Outcomes and Objectives/Desired Outcomes: The objectives / desired outcomes will be expressed in terms that are behavioral and provide measurable indexes of progress."</p> <p>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.</p> <p>No further information was provided prior to exit.</p> <p>References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions.</p>	W 231			

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W 231	<p>Continued From page 44</p> <p>Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a></p> <p>(2) A form of cerebral palsy, a neurological condition that usually appears in infancy or early childhood and permanently affects muscle control and coordination. Affected people have increased muscle tone which leads to spasticity (stiff or tight muscles and exaggerated reflexes) in the legs. The arm muscles are generally less affected or not affected at all. Other signs and symptoms may include delayed motor or movement milestones (i.e. rolling over, sitting, standing); walking on toes; and a "scissored" gait (style of walking). It occurs when the portion of the brain that controls movement is damaged or develops abnormally. This information was obtained from the website: <a href="https://rarediseases.info.nih.gov/diseases/9637/spastic-diplegia-cerebral-palsy">https://rarediseases.info.nih.gov/diseases/9637/spastic-diplegia-cerebral-palsy</a>.</p> <p>(3) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a>.</p> <p>(4) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a>.</p>	W 231			

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W 231	<p>Continued From page 45</p> <p>(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 strangely. They may have violent muscle spasms or lose consciousness. This information was obtained from the website: <a href="https://medlineplus.gov/epilepsy.html">https://medlineplus.gov/epilepsy.html</a>.</p> <p>2. The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 2: "Money Management and Choosing a Physical Activity."</p> <p>Individual # 2 was a 28-year old female, who was admitted to (Name of Group Home) on 9/22/11. Diagnoses in the clinical record included but were not limited to: (1) severe intellectual disability, (2) gastroesophageal reflux disease, (3) seizure disorder, (4) and anxiety.</p> <p>Individual # 2's current ISP dated 10/01/2017 through 09/30/2018 documented: "Desired Outcome: (Individual # 2) 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 Activities &amp; Instructions: 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) makes purchases with her budget. Frequency: Monthly. Amount: 30 minutes."</p> <p>"Desired Outcome: (Individual # 2) increases her physical activity to improve her physical health 2-3 (two to three) times a week for 6 (six) consecutive months until 1 October 2018.</p>	W 231			

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W 231	<p>Continued From page 46</p> <p>Support Activities &amp; Instructions: 1. (Individual # 2) chooses a physical activity she would like to participate in. 2. (Individual # 2) participates in the physical activity of her choice for at least 10 minutes. 3. (Individual # 2) is praised for following through with her activity. Frequency: Weekly. Amount: 15 minutes."</p> <p>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 # 2. After reviewing the outcomes on Individual # 2's ISP dated 10/01/2017 ASM # 1 and OSM # 1 agreed that outcomes # 7 and # 8 were not written in measureable terms.</p> <p>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.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website:</p>	W 231			

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W 231	<p>Continued From page 47</p> <p><a href="https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100">https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</a>.</p> <p>(2) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a>.</p> <p>(3) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a>.</p> <p>(4) Fear. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/anxiety.html#summary">https://www.nlm.nih.gov/medlineplus/anxiety.html#summary</a>.</p> <p>3. The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 3: "Washing and Money Management."</p> <p>Individual # 3 was a 49-year-old female, who was admitted to (Name of Group Home) on 6/4/13. Diagnoses in the clinical record included but were not limited to: (1) profound intellectual disability, (2) encephalopathy, (3) history of Graves disease, (4) vitamin D deficiency, (5) autism and (6) self-injurious behavior.</p> <p>Individual #3's current ISP dated 07/01/2017 through 07/01/2018 documented: "Desired Outcome: 6. (Individual # 3) increases her independence by engaging in activities of daily living. Support Activities &amp;</p>	W 231			



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W 231	<p>Continued From page 48</p> <p>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."</p> <p>"Desired Outcome: (Individual # 3) increases her money management and budgeting skills. Support Activities &amp; 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) makes purchases with her budget. Frequency: Monthly. Amount: 15 minutes."</p> <p>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. After reviewing the outcomes on Individual # 3's ISP dated 07/01/2017 ASM # 1 and OSM # 1 agreed that outcomes # 6 and # 8 were not written in measureable terms.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Refers to a group of disorders characterized</p>	W 231			

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W 231	<p>Continued From page 49</p> <p>by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100">https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</a>.</p> <p>(2) A term for any diffuse disease of the brain that alters brain function or structure. This information was obtained from the website: <a href="http://www.ninds.nih.gov/disorders/encephalopathy/encephalopathy.htm">http://www.ninds.nih.gov/disorders/encephalopathy/encephalopathy.htm</a>.</p> <p>(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: <a href="https://medlineplus.gov/ency/article/000358.htm">https://medlineplus.gov/ency/article/000358.htm</a>.</p> <p>(4) Vitamin D helps your body absorb calcium. This information was obtained from the website: <a href="https://medlineplus.gov/vitamind.html">https://medlineplus.gov/vitamind.html</a>.</p> <p>(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: <a href="https://www.nlm.nih.gov/medlineplus/autismspectrumdisorder.html">https://www.nlm.nih.gov/medlineplus/autismspectrumdisorder.html</a>.</p>	W 231			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>49G052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/14/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRAMBLETON GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>22755 SWEET ANDREA DRIVE ASHBURN, VA 20148</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 231	Continued From page 50  (6) Self-harm refers to a person's harming their own body on purpose. This information was obtained from the website: <a href="https://medlineplus.gov/selfharm.html">https://medlineplus.gov/selfharm.html</a> .	W 231			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)  As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.  This STANDARD is not met as evidenced by: Based on staff interview and clinical record review, it was determined that the residential staff failed to ensure an Individual was receiving services consistent with the Individual Support Plan for two of three Individuals in the survey sample, Individuals # 1 and # 2.  1. The facility staff failed to implement Individual # 1's ISP (Individual Support Plan) for ADLs (Activities for Daily Living).  2. The facility staff failed to implement Individual # 2's ISP (Individual Support Plan) for ADLs (Activities for Daily Living) and communication.  3. The facility staff failed to implement Individual # 3's ISP (Individual Support Plan) for  The findings include:	W 249			

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W 249	Continued From page 51  1. The facility staff failed to implement Individual # 1's ISP (Individual Support Plan) for ADLs (Activities for Daily Living).  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.  Individual # 1's current ISP dated 07/01/2017 through 07/01/2018 documented: "Desired Outcome: # 2 (Individual # 1) engages in activities of daily living to increase his independence. "Support Activities: 2. (Individual # 1) brushes his teeth twice daily for 2 (two) minutes for 6 (six) consecutive months by June 30, 2018. Support Instructions: a. (Individual # 1) holds his tooth brush and brushes his teeth for two minutes. B. (Individual # 1) receives assistance with preparation, guidance and ensuring thorough cleanliness as needed. Frequency: Daily. Amount: 15 minutes."  "Support Activities: 3. (Individual # 1) independently manages his laundry 2 (two) times a week for 3 (three) consecutive months by June 30, 2018. Support Instructions: a. (Individual # 1) folds his shirts and puts them in his dresser. b. (Individual # 1) receives guidance and assistance from staff as needed to complete his task. Frequency: Weekly. Amount: 45 minutes."  On 12/14/17 at approximately 10:55 p.m. Individual # 1's "Progress Notes" and data collection dated 011/27/2017 through 12/12/2017 were reviewed with ASM (administrative staff	W 249	W 249  1/22/18  The QIDP will review the following goals and update to ensure that it accurately reflect the needs of the individuals. 1. Individual #1 "Activities for Daily Living 2. Individual #2 "Activities for Daily Living and Communication"  The Program Manager/ QIDP will review all individual's goal/ objectives to ensure that it accurately reflects their needs and it is incorporated within the Person Center Plans.  The Program Manager will provide training to all staff to review all individuals' Person Center Plans within the next staff meeting. The Program Manager will provide supervision to all staff to ensure that the Person Center Plan accurately reflects the individuals needs and is implemented appropriately.  The QIDP will conduct monthly assessments to ensure that all services and needs are met and are accurately reflected on the QIDP note.  The Clinical Director will review within supervision with the Program Manager and review the documentation to support the coordination of services for each individual needs.		

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W 249	<p>Continued From page 52</p> <p>member) # 1, (Name of Group Home) program manager and OSM # 1, QIDP (Qualified Intellectual Disabilities Professional). Further review of the progress notes and data collection revealed Individual # 1's ADLs program for tooth brushing was implemented in 28 of 32 opportunities. Further review of the "Progress Notes" and data collection dated 011/27/2017 through 12/12/2017 for the ISP program for laundry documented, "12/07/2017. 2.3 Was the support activity completed? Please describe barriers and participation level.: Yes. (Individual # 1's initials) requested to eat the same breakfast as his peers this morning when prompted by staff. Staff explained what was on the menu and he choose to eat the same meal. (Individual # 1's initials) poured his cereal for breakfast with staff's assistance."</p> <p>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. ASM # 1 and OSM # 1 were then asked to review Individual # 1's progress notes dated 11/27/17 through 12/12/17. When asked if the progress notes documented the data collections in measurable terms ASM # 1 and OSM # 1 stated, "They're not written in measurable terms." When asked if the data collection in the progress notes does not reflect the stated outcome or is not implemented according to the ISP can it be stated that the individual participated in their active treatment programs ASM # 1 and OSM # 1 stated, "It should reflect the outcome statement and all parts of it. If the documentation does not reflect the outcome or it is not implemented according to</p>	W 249			

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W 249	<p>Continued From page 53</p> <p>the ISP I cannot say that the active treatment program was implemented."</p> <p>The facility's policy "4.1 Individual Service Plan" documented, "ISP Implementation and Consumer Engagement: Implementation of the ISP begins at the time of its development. Components of the plan are fully implemented, with the consumer receiving support, learning environment and active engagement necessary to reach his or her objective / desired outcomes as defined in the ISP."</p> <p>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.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a></p> <p>(2) A form of cerebral palsy, a neurological condition that usually appears in infancy or early childhood and permanently affects muscle control and coordination. Affected people have increased muscle tone which leads to spasticity (stiff or tight</p>	W 249			

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W 249	<p>Continued From page 54</p> <p>muscles and exaggerated reflexes) in the legs. The arm muscles are generally less affected or not affected at all. Other signs and symptoms may include delayed motor or movement milestones (i.e. rolling over, sitting, standing); walking on toes; and a "scissored" gait (style of walking). It occurs when the portion of the brain that controls movement is damaged or develops abnormally. This information was obtained from the website: <a href="https://rarediseases.info.nih.gov/diseases/9637/spastic-diplegia-cerebral-palsy">https://rarediseases.info.nih.gov/diseases/9637/spastic-diplegia-cerebral-palsy</a>.</p> <p>(3) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a>.</p> <p>(4) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a>.</p> <p>(5) A brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain send out the wrong signals. People may have strange sensations and emotions or behave strangely. They may have violent muscle spasms or lose consciousness. This information was obtained from the website: <a href="https://medlineplus.gov/epilepsy.html">https://medlineplus.gov/epilepsy.html</a>.</p> <p>2. The facility staff failed to implement Individual # 2's ISP (Individual Support Plan) for ADLs (Activities for Daily Living) and communication.</p>	W 249			

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W 249	Continued From page 55  Individual # 2 was a 28-year old female, who was admitted to (Name of Group Home) on 9/22/11. Diagnoses in the clinical record included but were not limited to: (1) severe intellectual disability, (2) gastroesophageal reflux disease, (3) seizure disorder, (4) and anxiety.  Individual # 2's current ISP dated 10/01/2017 through 09/30/2018 documented: "Desired Outcome: (Individual # 2) learns 2-3 words in sign language per month 6 (six) out of 12 months by June 30, 2018. Support Instructions: 1. (Individual # 2) communicates by using 2-3 words in sign language. 2. (Individual # 2) answers a question by using sign language. Frequency: Daily. Amount: Continually."  "Desired Outcome: (Individual # 2) participates in her ADL's to increase her independence. (Individual # 2) independently completes her oral hygiene for 1 (one) minute 2 (two) times daily for 6 (six) consecutive months by June 30, 2018. Support Instructions: 1. (Individual # 2) prepares her toothbrush with tooth paste. 2. (Individual # 2) independently brushes her teeth for 1 minute. 3. Staff support (Individual # 2) to complete 2 minutes of brushing. Frequency: Daily. Amount: Continually."  On 12/14/17 at approximately 10:55 p.m. Individual # 2's "Progress Notes" and data collection dated 011/27/2017 through 12/12/2017 were reviewed with ASM (administrative staff member) # 1, (Name of Group Home) program manager and OSM # 1, QIDP (Qualified Intellectual Disabilities Professional). Further review of the progress notes and data collection	W 249			



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W 249	<p>Continued From page 56</p> <p>revealed Individual # 2's ADLs program for tooth brushing was implemented in 8 of 16 opportunities and the communication program was implemented in 3 of 16 opportunities.</p> <p>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. ASM # 1 and OSM # 1 were then asked to review Individual # 1's progress notes dated 11/27/17 through 12/12/17. When asked if the progress notes documented the data collections in measurable terms ASM # 1 and OSM # 1 stated, "They're not written in measurable terms." When asked if the data collection in the progress notes does not reflect the stated outcome or is not implemented according to the ISP can it be stated that the individual participated in their active treatment programs ASM # 1 and OSM # 1 stated, "It should reflect the outcome statement and all parts of it. If the documentation does not reflect the outcome or it is not implemented according to the ISP I cannot say that the active treatment program was implemented."</p> <p>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.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with</p>	W 249			

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W 249	Continued From page 57 adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100">https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</a> .  (2) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a> .  (3) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a> .  (4) Fear. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/anxiety.html#summary">https://www.nlm.nih.gov/medlineplus/anxiety.html#summary</a> .	W 249			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)  Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.  This STANDARD is not met as evidenced by:	W 252			

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W 252	<p>Continued From page 58</p> <p>Based on staff interview, clinical record review and facility document review it was determined that the facility staff failed to develop objectives in measurable terms for three of three individuals in the survey sample, Individual # 1, # 2 and # 3.</p> <ol style="list-style-type: none"> <li>1. Facility staff failed to document the data collection of Individual # 1's ISP (Individual Support Plan) outcome/goal in measurable terms.</li> <li>2. Facility staff failed to document the data collection of Individual # 2's ISP (Individual Support Plan) outcome/goal in measurable terms.</li> <li>3. Facility staff failed to document the data collection of Individual # 3's ISP (Individual Support Plan) outcome/goal in measurable terms.</li> </ol> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Facility staff failed to document the data collection of Individual # 1's ISP (Individual Support Plan) outcome/goal in measurable terms.</li> </ol> <p>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.</p> <p>Individual # 1's current ISP dated 07/01/2017 through 07/01/2018 documented: "Desired Outcome: # 2 (Individual # 1) engages in activities of daily living to increase his independence. "Support Activities: (Individual # 1) independently manages his laundry 2 (two) times a week for 3 (three) consecutive months by June 30, 2018. Support Instructions: a. (Individual # 1)</p>	W 252	<p>W252</p> <p>The QIDP will revise individuals #1, 2, and 3 Person Center Plans to develop outcome/ objectives into measurable terms to collect appropriate data.</p> <p>The QIDP will update the Person Center Plan to incorporate these changes for all individuals as necessary.</p> <p>The Program Manager will complete this process for all individuals to prevent further deficiencies.</p> <p>The Program Manager will continue to monitor to ensure that all service needs of individuals are accurately reflected through the use of weekly operation meetings.</p> <p>The Clinical Director will review within supervision with the Program Manager for documentation to support the coordination of services for each individual needs.</p>	1/22/18	

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W 252	<p>Continued From page 59</p> <p>folds his shirts and puts them in his dresser. b. (Individual # 1) receives guidance and assistance from staff as needed to complete his task. Frequency: Weekly. Amount: 45 minutes."</p> <p>"Desired Outcome: # 5 (Individual # 1) maintains his health and safety by participating in his medication administration and following his 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 30, 2018. Support Instructions: a. (Individual # 1) is asked if he is ready for his medications. b. (Individual # 1) identifies his AM or his PM medications by label recognition/label color. c. (Individual # 1) is praised when choosing the correct medications. Frequency: Daily. Amount: 30 minutes."</p> <p>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. ASM # 1 and OSM # 1 were then asked to review Individual # 1's progress notes dated 11/27/17 through 12/12/17. When asked if the progress notes documented the data collections in measurable terms ASM # 1 and OSM # 1 stated, "They're not written in measurable terms." OSM # 1 further stated that if the ISP outcomes were not developed in measurable terms then the data collection could not be documented in measurable terms.</p> <p>The facility's policy "4.1 Individual Service Plan (ISP)" documented, "4.1.4 Individual Service Plan</p>	W 252			

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W 252	<p>Continued From page 60</p> <p>(ISP) Development. H. Data Collection: Data collection is recorded on all objectives/desired outcomes in a format that accurately represents the consumer's progress. Data is tracked, documented in measureable terms and analyzed to ensure that appropriate objectives/desired outcomes and interventions/support strategies are in place for the consumer. On-going documentation is kept in the progress notes regarding the progress, changes or significant events relating to the functioning of the consumer."</p> <p>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.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a></p> <p>(2) A form of cerebral palsy, a neurological condition that usually appears in infancy or early childhood and permanently affects muscle control and coordination. Affected people have increased muscle tone which leads to spasticity (stiff or tight</p>	W 252			

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NAME OF PROVIDER OR SUPPLIER  BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 252	<p>Continued From page 61</p> <p>muscles and exaggerated reflexes) in the legs. The arm muscles are generally less affected or not affected at all. Other signs and symptoms may include delayed motor or movement milestones (i.e. rolling over, sitting, standing); walking on toes; and a "scissored" gait (style of walking). It occurs when the portion of the brain that controls movement is damaged or develops abnormally. This information was obtained from the website: <a href="https://rarediseases.info.nih.gov/diseases/9637/spastic-diplegia-cerebral-palsy">https://rarediseases.info.nih.gov/diseases/9637/spastic-diplegia-cerebral-palsy</a>.</p> <p>(3) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a>.</p> <p>(4) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a>.</p> <p>(5) A brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain send out the wrong signals. People may have strange sensations and emotions or behave strangely. They may have violent muscle spasms or lose consciousness. This information was obtained from the website: <a href="https://medlineplus.gov/epilepsy.html">https://medlineplus.gov/epilepsy.html</a>.</p> <p>2. Facility staff failed to document the data collection of Individual # 2's ISP (Individual Support Plan) outcome/goal in measurable terms.</p>	W 252			

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W 252	<p>Continued From page 62</p> <p>Individual # 2 was a 28-year old female, who was admitted to (Name of Group Home) on 9/22/11. Diagnoses in the clinical record included but were not limited to: (1) severe intellectual disability, (2) gastroesophageal reflux disease, (3) seizure disorder, (4) and anxiety.</p> <p>Individual # 2's current ISP dated 10/01/2017 through 09/30/2018 documented:</p> <p>"Desired Outcome: (Individual # 2) 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 Activities &amp; Instructions: 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) makes purchases with her budget. Frequency: Monthly. Amount: 30 minutes."</p> <p>"Desired Outcome: (Individual # 2) increases her physical activity to improve her physical health 2-3 (two to three) times a week for 6 (six) consecutive months until 1 October 2018. Support Activities &amp; Instructions: 1. (Individual # 2) chooses a physical activity she would like to participate in. 2. (Individual # 2) participates in the physical activity of her choice for at least 10 minutes. 3. (Individual # 2) is praised for following through with her activity. Frequency: Weekly. Amount: 15 minutes."</p> <p>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,</p>	W 252			

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W 252	<p>Continued From page 63</p> <p>program manager. ASM # 1 and OSM # 1 were then asked to review Individual # 2's progress notes dated 11/27/17 through 12/12/17. When asked if the progress notes documented the data collections in measurable terms ASM # 1 and OSM # 1 stated, "They're not written in measurable terms." OSM # 1 further stated that if the ISP outcomes were not developed in measurable terms then the data collection could not be documented in measurable terms.</p> <p>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.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100">https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</a>.</p> <p>(2) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a>.</p> <p>(3) Symptoms of a brain problem. They happen</p>	W 252			



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W 252	<p>Continued From page 64</p> <p>because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a>.</p> <p>(4) Fear. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/anxiety.html#summary">https://www.nlm.nih.gov/medlineplus/anxiety.html#summary</a>.</p> <p>3. Facility staff failed to document the data collection of Individual # 3's ISP (Individual Support Plan) outcome/goal in measurable terms.</p> <p>Individual # 3 was a 49-year-old female, who was admitted to (Name of Group Home) on 6/4/13. Diagnoses in the clinical record included but were not limited to: (1) profound intellectual disability, (2) encephalopathy, (3) history of Graves disease, (4) vitamin D deficiency, (5) autism and (6) self-injurious behavior.</p> <p>Individual #3's current ISP dated 07/01/2017 through 07/01/2018 documented, "Desired Outcome: 6. (Individual # 3) increases her independence by engaging in activities of daily living. Support Activities &amp; 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."</p> <p>"Desired Outcome: (Individual # 3) increases her money management and budgeting skills.</p>	W 252			

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W 252	<p>Continued From page 65</p> <p>Support Activities &amp; 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) makes purchases with her budget. Frequency: Monthly. Amount: 15 minutes."</p> <p>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. ASM # 1 and OSM # 1 were then asked to review Individual # 2's progress notes dated 11/27/17 through 12/12/17. When asked if the progress notes documented the data collections in measurable terms ASM # 1 and OSM # 1 stated, "They're not written in measurable terms." OSM # 1 further stated that if the ISP outcomes were not developed in measurable terms then the data collection could not be documented in measurable terms.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult</p>	W 252			

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W 252	Continued From page 66 responsiveness. This information was obtained from the website: <a href="https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100">https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</a> .  (2) A term for any diffuse disease of the brain that alters brain function or structure. This information was obtained from the website: <a href="http://www.ninds.nih.gov/disorders/encephalopathy/encephalopathy.htm">http://www.ninds.nih.gov/disorders/encephalopathy/encephalopathy.htm</a> .  (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: <a href="https://medlineplus.gov/ency/article/000358.htm">https://medlineplus.gov/ency/article/000358.htm</a> .  (4) Vitamin D helps your body absorb calcium. This information was obtained from the website: <a href="https://medlineplus.gov/vitamind.html">https://medlineplus.gov/vitamind.html</a> .  (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: <a href="https://www.nlm.nih.gov/medlineplus/autismspectrumdisorder.html">https://www.nlm.nih.gov/medlineplus/autismspectrumdisorder.html</a> .  (6) Self-harm refers to a person's harming their own body on purpose. This information was obtained from the website: <a href="https://medlineplus.gov/selfharm.html">https://medlineplus.gov/selfharm.html</a> .	W 252			
W 255	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(i)	W 255			

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W 255	Continued From page 67  The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on residential record review and staff interview, it was determined that the QIDP (Qualified Intellectual Disabilities Professional) failed to review the ISP (Individual Service Plan) for one of three individuals in the survey sample, Individual # 1.  The QIDP (Qualified Intellectual Disabilities Professional) failed to review Individual # 1's ISP (Individual Service Plan) to determine outcomes for outcomes for ADLs (activities of daily living) and Emergency Evacuation and drills.  The findings include:  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.  Individual # 1's current ISP dated 07/01/2017 through 07/01/2018 documented: "Desired Outcome # 2: (Individual # 1) engages in activities of daily living to increase his independence. Support Activities: 1: (Individual # 1) brushes his teeth twice daily for 2 (two) minutes for 6 (six) consecutive months by June 30, 2018., 2: (Individual # 1) washes and rinses his hair independently 3 (three) times a week for	W 255	W255  The QIDP will review and individual #1 Person Center Plan. Assessment NB, and determine the outcomes for objectives "Activities of Daily Living and Evacuation and Drills". The Program Manager will update the Person Center Plan to incorporate the changes for those individuals.  The Program Manager will review and complete this process for all other individuals to prevent further deficiencies.  The Program Manager will continue to monitor to ensure that all service needs of individuals are accurately reflected through the use of weekly operation meetings.  The Clinical Director will review within supervision with the Program Manager for documentation to support the coordination of services for each individual needs.  The Clinical Director will ensure that all documentation is completed as identified in the Person Center Plan through monthly supervision with the Program Manager  A quarterly peer review will be completed on-going that will audit records to monitor to ensure that all service needs of individuals are accurately documented. This report will be submitted to the Clinical Director.	1/22/18	

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W 255	<p>Continued From page 68</p> <p>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."</p> <p>"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."</p> <p>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.</p> <p>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 # 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 Home).</p> <p>The facility's policy "8.1 Qualified Intellectual</p>	W 255			

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W 255	<p>Continued From page 69</p> <p>Disabilities Professional" documented, "The QMRP is responsible for the integration, coordination, monitoring and development of the Individual Service Plan, and to ensure quality active treatment in the program." Under "8.1.2 Qualified Intellectual Disabilities Professional Monitoring Of Services" it documented, "A. Review consumer records to include clinical, financial and medical to ensure prescribed treatment and services are being implemented correctly, documented appropriately and that any outside services have been incorporated into program services."</p> <p>On 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.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a></p> <p>(2) A form of cerebral palsy, a neurological condition that usually appears in infancy or early childhood and permanently affects muscle control and coordination. Affected people have increased</p>	W 255			

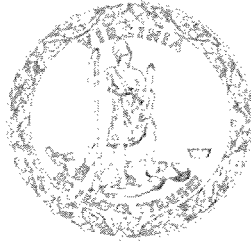
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NAME OF PROVIDER OR SUPPLIER  BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC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







## COMMONWEALTH of VIRGINIA

### Virginia Department of Fire Programs

Michael T. Reilly  
EXECUTIVE DIRECTOR

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

State Fire Marshal's Office  
Eastern Region - Division 7  
4975 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:

#### I. SURVEY [X]

- ☐ 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 [ ]

- ☐ 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.

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  
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](http://www.vafire.com)



**WORKSHEETS FOR DETERMINING 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**

ZONE 1 OF 1 ZONES

NAME OF FACILITY Brambleton Group home		ADDRESS OF FACILITY 22775 Sweet Andrea Drive Ashburn, Va 20148	
ZONE(S) EVALUATED			
PROVIDER/VENDOR NO. 49G052		DATE OF SURVEY 01-09-2018	
SURVEYOR SIGNATURE <i>Jimmy Csizmadia</i>		TITLE Deputy Fire Marshal	OFFICE Northern - SFMO
SURVEYOR ID			
FIRE AUTHORITY SIGNATURE <i>Ronald C Reynolds - JJC</i>		TITLE Assistant State Fire Ma	OFFICE Northern - SFMO
			DATE

ADDITIONAL COMMENTS:

CMS FORMS SHALL BE COMPLETED AND RETAINED AS PART OF THE SURVEY RECORD



**Worksheet 6.8.5 – Coversheet for Staff Score**Staff Shift: From 11PM To 9AM**Worksheet 6.8.6 – Staff Response and Training**

	Yes	No
A protection plan has been promulgated and all staff members considered in the calculation of the E- Score have been trained in its implementation. (see 6.5.2.1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The total available staff at any given time is able to handle to the individual evacuation needs of each resident who is in the facility. (See 6.5.2.2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Every staff member considered in the calculation of the E-Score can meaningfully participate in the evacuation of every resident. (See 6.5.2.3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All staff members considered in this rating are required to be in the facility when on duty, except as permitted. (See 6.5.2.4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At least 12 fire drills were conducted during the previous year. (See 6.5.2.5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Note: All answers must be “Yes” before proceeding.****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 6.5.3.2.2 of NFPA 101A (2013 Edition).

Staff Availability	Alarm Effectiveness	
	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 staff member'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	Promptness of Response Score
Sylene Blake	20		
Bobby Adewale	20		
Monica Akoi	20		
Dora Quarkume	20		
		<b>Staff Shift Score</b>	<b>Total</b>
			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

### Worksheets 6.8.9 – Rating the Facility

- 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	<input type="radio"/> Score 0.8	<input checked="" type="radio"/> Score 1.0	<input type="radio"/> Score 1.2
Large Facility or Apartment	<input type="checkbox"/> Score 1.0		

### Worksheets 6.8.10 – Calculation of Evacuation Capability Score

- Enter the Total Resident Assistance Score from Worksheet 6.8.4 in the formula below.
- Enter the Staff Shift Score from Worksheet 6.8.8 in the formula below.
- Enter the Vertical Distance from Sleeping Room to Exits from Worksheet 6.8.9 in the formula below.
- Compute the Evacuation Capability Score (E-Score) in the table below:
  - Multiply the Total Resident Evacuation Assistance Score by the Vertical Distance from Sleeping Room to Exits Score.
  - 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)	<b>X</b>	Vertical Distance from Sleeping Room to Exit (Worksheet 6.8.9)	<b>=</b>	Evacuation Capability Score (E-SCORE)
<input type="text" value="88"/>		<input type="text" value="1"/>		<input type="text" value="1.1"/>
Staff Shift Score (Worksheet 6.8.8)				ENTER THIS SCORE on Cover of Form CMS-2786
<input type="text" value="80"/>				

### Worksheet 6.8.11 - Evacuation Capability Score

- 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	<hr/> Prompt
>1.5 to ≤5.0	Slow	
> 5.0	Impractical	

### Worksheet 6.8.2 – Rating the Resident on the Risk Factors

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 BOXES	
I. Risk of Resistance (Check only one)	Minimal Risk <input checked="" type="radio"/> score = 0	Risk of Mild Resistance <input type="radio"/> score = 6	Risk of Strong Resistance <input type="radio"/> score = 20			0
II. Impaired Mobility (Check only one)	Self-Starting <input type="radio"/> score = 0	Slow <input type="radio"/> score = 3	Needs Limited Assistance <input checked="" type="radio"/> score = 6	Needs Full Assistance or Very Slow <input type="radio"/> score = 20		6
III. Impaired Consciousness (Check only one)	No Significant Risk <input checked="" type="radio"/> score = 0	Partially Impaired <input type="radio"/> score = 6	Totally Impaired <input type="radio"/> score = 20			0
IV. Need for Extra Help (Check only one)	Needs at Most One Staff <input checked="" type="radio"/> score = 0	Needs Limited Assistance from 2 Staff <input type="radio"/> score = 30	Needs Full Assistance from 2 Staff <input type="radio"/> score = 40			0
V. Response to Instructions (Check only one)	Follows Instructions <input type="radio"/> score = 1	Requires Supervision <input checked="" type="radio"/> score = 3	Requires Considerable Attention/Might Not Respond <input type="radio"/> score = 10			3
VI. Waking Response to Alarm (Check only one)	Response Probable <input checked="" type="radio"/> score = 0	Response Not Probable <input type="radio"/> score = 6				0
VII. Response to Fire Drills (Without Guidance or Advice from Staff)	Initiates and Completes Evacuation Promptly	Yes <input type="radio"/> score = 0	No <input checked="" type="radio"/> score = 8	8		
	Chooses and Completes Back-up Strategy	Yes <input type="radio"/> score = 0	No <input checked="" type="radio"/> score = 4	4		
	Remains at Designated Location	Yes <input type="radio"/> score = 0	No <input checked="" type="radio"/> score = 6	6		
					SUM OF THESE THREE SCORES	18

### Worksheet 6.8.3 – Determining the Resident's Overall Need for Assistance

Compare the numbers in the seven score boxes you have filled in on Worksheet 6.8.2. Take the one highest score from the score boxes and write it in this box.

EVACUATION  
ASSISTANCE  
SCORE

18

Lisa Cirillo

### Worksheet 6.8.2 – Rating the Resident on the Risk Factors

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 BOXES	
I. Risk of Resistance (Check only one)	Minimal Risk <input type="radio"/> score = 0	Risk of Mild Resistance <input type="radio"/> score = 6	Risk of Strong Resistance <input type="radio"/> score = 20			0
II. Impaired Mobility (Check only one)	Self-Starting <input type="radio"/> score = 0	Slow <input type="radio"/> score = 3	Needs Limited Assistance <input type="radio"/> score = 6	Needs Full Assistance or Very Slow <input type="radio"/> score = 20	6	
III. Impaired Consciousness (Check only one)	No Significant Risk <input type="radio"/> score = 0	Partially Impaired <input type="radio"/> score = 6	Totally Impaired <input type="radio"/> score = 20			0
IV. Need for Extra Help (Check only one)	Needs at Most One Staff <input type="radio"/> score = 0	Needs Limited Assistance from 2 Staff <input type="radio"/> score = 30	Needs Full Assistance from 2 Staff <input type="radio"/> score = 40			0
V. Response to Instructions (Check only one)	Follows Instructions <input type="radio"/> score = 1	Requires Supervision <input type="radio"/> score = 3	Requires Considerable Attention/Might Not Respond <input type="radio"/> score = 10			3
VI. Waking Response to Alarm (Check only one)	Response Probable <input type="radio"/> score = 0	Response Not Probable <input type="radio"/> score = 6				0
VII. Response to Fire Drills (Without Guidance or Advice from Staff)	Initiates and Completes Evacuation Promptly <input type="radio"/> score = 0	Yes <input type="radio"/> score = 0	No <input type="radio"/> score = 8			8
	Chooses and Completes Back-up Strategy <input type="radio"/> score = 0	Yes <input type="radio"/> score = 0	No <input checked="" type="radio"/> score = 4			4
	Remains at Designated Location <input type="radio"/> score = 0	Yes <input type="radio"/> score = 0	No <input checked="" type="radio"/> score = 6			6
					SUM OF THESE THREE SCORES	18

### Worksheet 6.8.3 – Determining the Resident's Overall Need for Assistance

Compare the numbers in the seven score boxes you have filled in on Worksheet 6.8.2.

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

EVACUATION  
ASSISTANCE  
SCORE

18

Kendra Hamilton



### Worksheet 6.8.2 – Rating the Resident on the Risk Factors

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 BOXES	
I. Risk of Resistance (Check only one)	Minimal Risk <input type="radio"/> score = 0	Risk of Mild Resistance <input type="radio"/> score = 6	Risk of Strong Resistance <input type="radio"/> score = 20			0
II. Impaired Mobility (Check only one)	Self-Starting <input type="radio"/> score = 0	Slow <input type="radio"/> score = 3	Needs Limited Assistance <input type="radio"/> score = 6	Needs Full Assistance or Very Slow <input type="radio"/> score = 20		6
III. Impaired Consciousness (Check only one)	No Significant Risk <input type="radio"/> score = 0	Partially Impaired <input type="radio"/> score = 6	Totally Impaired <input type="radio"/> score = 20			0
IV. Need for Extra Help (Check only one)	Needs at Most One Staff <input type="radio"/> score = 0	Needs Limited Assistance from 2 Staff <input type="radio"/> score = 30	Needs Full Assistance from 2 Staff <input type="radio"/> score = 40			0
V. Response to Instructions (Check only one)	Follows Instructions <input type="radio"/> score = 1	Requires Supervision <input type="radio"/> score = 3	Requires Considerable Attention/Might Not Respond <input type="radio"/> score = 10			3
VI. Waking Response to Alarm (Check only one)	Response Probable <input type="radio"/> score = 0	Response Not Probable <input type="radio"/> score = 6				0
VII. Response to Fire Drills (Without Guidance or Advice from Staff)	Initiates and Completes Evacuation Promptly	Yes <input type="radio"/> score = 0	No <input type="radio"/> score = 8	8		
	Chooses and Completes Back-up Strategy	Yes <input type="radio"/> score = 0	No <input checked="" type="radio"/> score = 4	4		
	Remains at Designated Location	Yes <input type="radio"/> score = 0	No <input checked="" type="radio"/> score = 6	6		
					SUM OF THESE THREE SCORES	18

### Worksheet 6.8.3 – Determining the Resident's Overall Need for Assistance

Compare the numbers in the seven score boxes you have filled in on Worksheet 6.8.2.  
Take the one highest score from the score boxes and write it in this box.

**EVACUATION  
ASSISTANCE  
SCORE**

18

Kelly Mc Nanley

### Worksheet 6.8.2 – Rating the Resident on the Risk Factors

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.

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II. Impaired Mobility (Check only one)	Self-Starting <input type="radio"/> score = 0	Slow <input type="radio"/> score = 3	Needs Limited Assistance <input type="radio"/> score = 6	Needs Full Assistance or Very Slow <input type="radio"/> score = 20
III. Impaired Consciousness (Check only one)	No Significant Risk <input type="radio"/> score = 0	Partially Impaired <input type="radio"/> score = 6	Totally Impaired <input type="radio"/> score = 20	
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V. Response to Instructions (Check only one)	Follows Instructions <input type="radio"/> score = 1	Requires Supervision <input type="radio"/> score = 3	Requires Considerable Attention/Might Not Respond <input type="radio"/> score = 10	
VI. Waking Response to Alarm (Check only one)	Response Probable <input type="radio"/> score = 0	Response Not Probable <input type="radio"/> score = 6		
VII. Response to Fire Drills (Without Guidance or Advice from Staff)	Initiates and Completes Evacuation Promptly <input type="radio"/> score = 0	Yes <input type="radio"/> score = 0	No <input type="radio"/> score = 8	8
	Chooses and Completes Back-up Strategy <input type="radio"/> score = 0	Yes <input type="radio"/> score = 0	No <input checked="" type="radio"/> score = 4	4
	Remains at Designated Location <input type="radio"/> score = 0	Yes <input type="radio"/> score = 0	No <input checked="" type="radio"/> score = 6	6

#### SCORE BOXES







SUM OF  
THESE  
THREE  
SCORES

### Worksheet 6.8.3 – Determining the Resident's Overall Need for Assistance

Compare the numbers in the seven score boxes you have filled in on Worksheet 6.8.2. Take the one highest score from the score boxes and write it in this box.

EVACUATION  
ASSISTANCE  
SCORE

Ryan Merhaut

### Worksheet 6.8.2 – Rating the Resident on the Risk Factors

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.

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V. Response to Instructions (Check only one)	Follows Instructions <input type="radio"/> score = 1	Requires Supervision <input type="radio"/> score = 3	Requires Considerable Attention/Might Not Respond <input type="radio"/> score = 10			3
VI. Waking Response to Alarm (Check only one)	Response Probable <input type="radio"/> score = 0	Response Not Probable <input type="radio"/> score = 6				0
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	Chooses and Completes Back-up Strategy	Yes <input type="radio"/> score = 0	No <input checked="" type="radio"/> score = 4	4		
	Remains at Designated Location	Yes <input type="radio"/> score = 0	No <input checked="" type="radio"/> score = 6	6		
					SUM OF THESE THREE SCORES	18

### Worksheet 6.8.3 – Determining the Resident's Overall Need for Assistance

Compare the numbers in the seven score boxes you have filled in on Worksheet 6.8.2. Take the one highest score from the score boxes and write it in this box.

EVACUATION  
ASSISTANCE  
SCORE

18

Randolph Thompson

### Worksheet 6.8.2 – Rating the Resident on the Risk Factors

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.

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III. Impaired Consciousness (Check only one)	No Significant Risk <input type="radio"/> score = 0	Partially Impaired <input type="radio"/> score = 6	Totally Impaired <input type="radio"/> score = 20			0
IV. Need for Extra Help (Check only one)	Needs at Most One Staff <input type="radio"/> score = 0	Needs Limited Assistance from 2 Staff <input type="radio"/> score = 30	Needs Full Assistance from 2 Staff <input type="radio"/> score = 40			0
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VII. Response to Fire Drills (Without Guidance or Advice from Staff)	Initiates and Completes Evacuation Promptly	Yes <input type="radio"/> score = 0	No <input type="radio"/> score = 8	8		
	Chooses and Completes Back-up Strategy	Yes <input type="radio"/> score = 0	No <input checked="" type="radio"/> score = 4	4		
	Remains at Designated Location	Yes <input type="radio"/> score = 0	No <input checked="" type="radio"/> score = 6	6		
					SUM OF THESE THREE SCORES	18

### Worksheet 6.8.3 – Determining the Resident's Overall Need for Assistance

Compare the numbers in the seven score boxes you have filled in on Worksheet 6.8.2. Take the one highest score from the score boxes and write it in this box.

EVACUATION  
ASSISTANCE  
SCORE

18

Jialin Zhu

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>49G052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - BRAMBLETOWN GROUP HOME</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/09/2018</b>
NAME OF PROVIDER OR SUPPLIER <b>BRAMBLETON GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>22755 SWEET ANDREA DRIVE ASHBURN, VA 20148</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS  Surveyor: 35700 The Facility is a two story on a basement single family type residence. The Facility is Type V construction and is fully sprinkled.  An unannounced recertification Life Safety Code survey was conducted on 1/9/18 in accordance with 42 Code of Federal Regulations, Part 483.150 and 410 to 480: Requirements for Intermediate Care Facilities for Persons with mental Retardation. The Facility was surveyed for compliance using the LSC 2012 Existing Regulations.  The Facility was not in compliance with the Requirements for Participation for Medicare and Medicaid.	K 000			
K0211	Means of Egress - General CFR(s): NFPA 101  Means of Escape – General 2012 EXISTING Designated means of escape shall be continuously maintained clear of obstructions and impediments to full instant use in the case of fire or emergency. 33.2.2 This Standard is not met as evidenced by: Surveyor: 35700 Based on observation the facility failed to properly install and maintain correct operation of its emergency egress lighting.  On 1/9/2018 at approximately 4:00 PM it was observed that the Emergency lighting was mounted and properly wired and failed to operate.	K0211	Spoke with the Program Manager (PM) and explained the importance of emergency lighting and what is acceptable. A call was made to the county to make the necessary arrangements to replace these with properly wired lights. The PM will review this with her team at the next staff meeting. Regular status checks will be made to make sure the lighting is operational.	2/22/18	

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

*Jeff Scannell*

TITLE

Facility Manager

(X6) DATE

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.

N-0120-001

**FIRE SAFETY SURVEY REPORT – 2012 LIFE SAFETY CODE**  
**Intermediate Care Facilities for Individuals with Intellectual Disabilities**  
**SMALL FACILITIES**

1. (A) PROVIDER NO.

49G052

1. (A) MEDICAID I.D. NO.

K2

PART I – Instructions for Completing the Form (CMS-2786V)

PART II – Existing Resident Board &amp; Care Occupancies Requirements (NFPA 101, Chapter 33)

PART III – New Residential Board &amp; Care Occupancies Requirements (NFPA 101, Chapter 32)

PART IV – Building Services (New and Existing Facilities)

PART V – Operating Features (New and Existing Facilities)

PART VI – Crucial Data Extract

Optional – Fire Safety Evaluation System for Board and Care Occupancies (CMS-2786Y, NFPA 101A, Chapter 7)

Identifying information as shown in applicable records. Enter changes, if any, alongside each item, giving date of change.

2. NAME OF FACILITY <b>Brambleton Group Home</b>	2. (A) MULTIPLE CONSTRUCTION (BLDGs) A. BUILDING <u>1 of 1</u> B. WING _____ C. FLOOR _____	2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE) <b>22775 Sweet Andrea Drive Ashburn Va 20148</b>	A. <input checked="" type="checkbox"/> Fully Sprinklered (All required areas are sprinklered) B. <input type="checkbox"/> Partially Sprinklered (Not all required areas are sprinklered) C. <input type="checkbox"/> None (No sprinkler system) K0180
3. SURVEY FOR <input checked="" type="checkbox"/> MEDICARE <input checked="" type="checkbox"/> MEDICAID	4. DATE OF SURVEY <b>01/09/2018</b>	DATE OF PLAN APPROVAL <b>2/23/2011</b>	SURVEY UNDER: 5. <input checked="" type="checkbox"/> 2012 EXISTING 6. <input type="checkbox"/> 2012 NEW K7
E-SCORE <b>1.1</b>	5. SURVEY FOR CERTIFICATION OF: SMALL FACILITY - LEVEL OF EVACUATION DIFFICULTY (Check one) <b>USE FOR EXISTING FACILITIES ONLY</b> 1. <input checked="" type="checkbox"/> Prompt 2. <input type="checkbox"/> Slow 3. <input type="checkbox"/> Impractical K9		
6. BED COMPOSITION a. TOTAL NO. OF BEDS IN THE FACILITY <b>6</b>	e. NUMBER OF ICF/IID BEDS CERTIFIED FOR MEDICAID <b>6</b> K8		

6. A. ☒ THE FACILITY MEETS, BASED UPON (check all appropriate boxes):

1. ☐ COMPLIANCE WITH ALL PROVISIONS 2. ☒ ACCEPTANCE OF A PLAN OF CORRECTION 4. ☐ FSES 5. ☐ PERFORMANCE BASED DESIGN
- B. ☐ THE FACILITY DOES NOT MEET THE STANDARD

SURVEYOR (Signature) <i>Jenny Caizmadia</i>	TITLE Deputy State Fire Marshal	OFFICE Division 7 - SFMO	DATE 03/22/18
SURVEYOR ID K10 <b>35700</b>			
FIRE AUTHORITY OFFICIAL (Signature) <i>J. M. B.</i>	TITLE Assistant State Fire Marshal	OFFICE SFMO - HQ	DATE 04/05/2018
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 49G052 K1	Facility Name Brambleton Group Home	Survey Date 01/09/2018 *K4
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K6 DATE OF PLAN APPROVAL 2/23/2011	K3 MULTIPLE CONSTRUCTION TOTAL NUMBER OF BUILDINGS <u>1 of 1</u> NUMBER OF THIS BUILDING _____	<input checked="" type="checkbox"/> A. BUILDING <input type="checkbox"/> B. WING <input type="checkbox"/> C. FLOOR <input type="checkbox"/> D. APARTMENT UNIT
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**LSC FORM INDICATOR**

HEALTH CARE FORM		
12	2786R	2012 EXISTING
13	2786R	2012 NEW

AHCO FORM		
14	2786U	2012 EXISTING
15	2786U	2012 NEW

ICF/IID FORM		
16	2786V, W, X	2012 EXISTING
17	2786V, W, X	2012 NEW

\*K7 ☒ 16 SELECT NUMBER OF FORM USED FROM ABOVE

(Check if K321 or K351 are marked as not applicable in the 2786 M, R, T, U, V, W, X, and Y.)

K321: ☐ K351: ☐

COMPLETE IF ICF/IID IS SURVEYED UNDER CHAPTER 33, EXISTING

SMALL (16 BEDS OR LESS)

K8 ☒ 1. PROMPT  
2. SLOW  
3. IMPRACTICAL

LARGE

K8 ☐ 4. PROMPT  
5. SLOW  
6. IMPRACTICAL

APARTMENT HOUSE

K8 ☐ 7. PROMPT  
8. SLOW  
9. IMPRACTICAL

COMPLETE IF ICF/IID IS SURVEYED UNDER CHAPTER 33, EXISTING

ENTER E – SCORE

K5: ☒ 1. e.g. 2.5

\*K9 FACILITY MEETS LSC BASED ON (Check all that Apply)

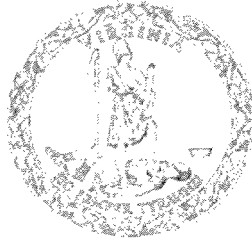
A1. ☐ (COMP. WITH ALL PROVISIONS)      A2. ☒ (ACCEPTABLE POC)      A3. ☐ (WAIVERS)      A4. ☐ (FSes)      A5. ☐ (PERFORMANCE BASED DESIGN)

FACILITY DOES NOT MEET LSC

K0180

B. ☐      A. ☒ FULLY SPRINKLERED (All required areas are sprinklered)      B. ☐ PARTIALLY SPRINKLERED (Not all required areas are sprinklered)      C. ☐ NONE (No sprinkler system)

\*MANDATORY



# COMMONWEALTH of VIRGINIA

## Virginia Department of Fire Programs

Michael T. Reilly  
EXECUTIVE DIRECTOR

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

State Fire Marshal's Office  
Eastern Region - Division 7  
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Suite 4E 100  
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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: **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 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.

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  
Deputy State Fire Marshal

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

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

[www.vafire.com](http://www.vafire.com)



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:  <b>49G052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - BRAMBLETOWN GROUP HOME</b> B. WING _____		(X3) DATE SURVEY COMPLETED <b>R</b> <b>02/22/2018</b>
NAME OF PROVIDER OR SUPPLIER <b>BRAMBLETON GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>22755 SWEET ANDREA DRIVE ASHBURN, VA 20148</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS		{K 000}		
	<p>Surveyor: 35700</p> <p>The Facility is a two story on a basement single family type residence. The Facility is Type V construction and is fully sprinkled.</p> <p>An unannounced Life Safety Code revisit to the standard survey conducted on 01/09/2018 was conducted on 02/22/2018 in accordance with 42 Code of federal Regulation, Part 483.150 and 410 to 480: Requirements for Intermediate Care Facilities for Persons with Intellectual Disability (ICF/ID). The facility was surveyed for compliance using the 2012 Life Safety Code new regulations.</p> <p>The Facility was in compliance with the Requirements for Participation for Medicare and Medicaid. Corrected deficiencies are identified on the CMS-2567B.</p>				

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

TITLE

(X6) DATE

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

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 49G052	MULTIPLE CONSTRUCTION A. Building 01 - BRAMBLETOWN GROUP HOME B. Wing	DATE OF REVISIT 2/22/2018
NAME OF FACILITY BRAMBLETON GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. #	Completed	Reg. #	Completed
LSC K0211	02/22/2018	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS) <i>g msc</i>	DATE 04/05/18	SIGNATURE OF SURVEYOR <i>Jimmy Csizmadia</i>	DATE 02/22/2018
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON  
1/9/2018

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO