

PRINTED: 07/05/2018 FORM APPROVED

OMB NO. 0938-0391

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLI	A (X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF	DETAIL OF THE PROPERTY OF THE		2 2		COMPLETED
		49G022	B. WING		06/27/2018
NAME OF P	ROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, ZIP CODE	3
CONRAD	ICF			23 CONRAD STREET LEXANDRIA, VA 22312	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	T 10 T	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG	27	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	COMPLETION
E 000	1776		E 000		
	Initial Comments				
	minusi oominionto				
	survey was conducted Corrections are required CFR Part 483.73, Re	mergency Preparedness ed 6/25/18 through 6/27/18. ired for compliance with 42 equirement for Intermediate ersons with Intellectual			
E 006	Plan Based on All Ha	azards Risk Assessment	E 006		
W. 3000 (32 SQ WARE)	CFR(s): 483.475(a)(1)-(2)			
,	and maintain an eme that must be reviewe annually. The plan m	The [facility] must develop ergency preparedness plan ed, and updated at least nust do the following:]			
	facility-based and co utilizing an all-hazard	mmunity-based risk assessment, ds approach.*			
	on and include a doc community-based ris	t §483.73(a)(1):] (1) Be based cumented, facility-based and ck assessment, utilizing an all- ncluding missing residents.			
	and include a docum community-based ris	3.475(a)(1):] (1) Be based on ented, facility-based and ok assessment, utilizing an all- ncluding missing clients.			
	(2) Include stratevents identified by t	tegies for addressing emergency the risk assessment.			
	strategies for addres identified by the risk management of the failures, natural disa- that would affect the	st18.113(a)(2):] (2) Include sing emergency events assessment, including the consequences of power sters, and other emergencies hospice's ability to provide	1 2 3		
ABORATORY	DIRECTOR'S OR PROVIDER	R/SUPPLIER REPRESENTATIVE'S SIGNATUR	RE	TITLE	(X6) DATE

AUG 0 1 2018

CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/05/2018 FORM APPROVED OMB NO. 0938-0391

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.

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

Event ID:VVQX11

Facility ID: VAICEMR04

If continuation sheet Page 1 of 28

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONS	STRUCTION		SURVEY	
7 TO TO TO TO THE TOTAL TOTAL TO THE TOTAL TOTAL TO THE TOTAL TOTAL TO THE TOTAL TOTAL TOTAL TO THE TOTAL TOT				1G	100 D 200 M C 100 A 200 M C 100 A 200 M C 100 A 200 M C 100 M	COIVII	- LC IED	
			B. WING	}				
		49G022	D. WING_	170.007		06	/27/2018	1
NAME OF P	ROVIDER OR SUPPLIER			STREET	ADDRESS, CITY, STATE, ZIP CODE			
				4123 C	ONRAD STREET			
CONRAD	ICF		ŀ		ANDRIA, VA 22312			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	N	(X5)	110-1
PREFIX TAG		CY MUST BE PRECEDED BY FULL	PREFIX		(EACH CORRECTIVE ACTION SHOULD		COMPLETIO	N
IAG	REGULATURY OF	R LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE	DAIL	
					DEI TOTALITY			
E 006			ΕO	06				
	The state of the s							
	Continued From pag	ge 1	2	EO	06 (a)			
	care.				A facility based and community	based		
	This STANDARD is	not met as evidenced by:		-10.	risk assessment, utilizing an all		5/4/46	
	Based on staff inten	view and facility document			approach will completed by the		8/1/18	
	review, it was detern	mined that the facility staff			Compliance Manager in conjunc			
	failed to develop an	emergency preparedness			the facility manager and QIDP b			
	plan based on and it	ncluding a facility-based and			31st, 2018. This assessment (T			
	community-based ris	sk assessment, utilizing an all-		1	Permanente Medical Center Ha			
	hazards approach.	77 1000			Vulnerability Analysis Tool) will to amend the facility's Emergence	be utilized		
	The facility staff faile	ed to evidence a facility-based		ı	Preparedness Plan based on the	**************************************		
1983		ed risk assessment was			that were assessed to have the			
	completed.				likelihood and impact on the faci			
	~				each individual.	2000 p. 10 10 10 10 10 10 10 10 10 10 10 10 10		
	The findings include	:	li	2.	The risk assessment and Emerg Preparedness Plan will address			
	On 6/26/18 at 1:05 p	o.m., the facility's emergency			and needs of all individuals in th			140
		vas reviewed with ASM			Therefore, no other individuals in	n the 🧻	<	
		member) #1 (the compliance			facility will be affected by the sai	me	F €	Ŧ
		of the facility's emergency		İ	deficiency.		¥ 🖺	(
		ailed to evidence a facility-		3.	The risk assessment and subse	quent	# O	1
		ity-based risk assessment,			edits to the Emergency Prepare	dness	$O \subset$	8
		ds approach. ASM #1 was			Plan will be reviewed and updat	ed	AUG 0 1 2018	
	made aware of this	7 4			annually to ensure that this defic	ciency	C) con	i
				1	does not recur.			- 1

No further information was obtained prior to exit.

The Home Manager, Project Director and

CEITIE	NO POR MEDICARE & MEDICAID SERVICES	· · · · · · · · · · · · · · · · · · ·	OMB NO. 0938-0391
			Compliance Manager will work together
			to monitor performance around these
			solutions quarterly to ensure they are
		Í	adequate and sustained. They will track
			emergencies and responses annually and
176			update the plan annually. E006 (2)
			A. The Emergency Preparedness Plan
			will address emergency events
			identified by the facility and community based risk assessment. The
		,	Emergency Preparedness Plan will be
			completed by August 1, 2018.
			B. The Emergency Preparedness Plan
			will address concerns for all
			individuals living in the facility.
	i e		Therefore, no other individuals in the
	Í		facility will be affected by the same
	tý.		deficiency in the future.
	į .		C. The Emergency Preparedness Plan
			will be reviewed and updated annually
S.			to ensure that this deficiency does not
			recur.
			D. The QIDP, Home Manager, and
i		e	Project Director will meet quarterly to
			review any emergencies and responses and make updates to the
			Emergency Preparedness Plan. Any
			changes will be reviewed with the
			Compliance Manager. The plan will
			be updated at least annually to
6			address any newly identified risks or
			needs.
e II			E007 (a) (3)
			and and a
Ì			The facility Emergency Preparedness
			Plan that addressed the individual 8/1/2018
			population, including individual risk,
W	EP Program Patient Population	E 007	services the facility has the ability to
E 007	CFR(s): 483.475(a)(3)		provide in an emergency and continuity of operations will be
			completed by 8/1/18. An individual
	[(a) Emergency Plan. The [facility] must develop		risk assessment that includes each
	and maintain an emergency preparedness plan		individual's basic information, details
	that must be reviewed, and updated at least		on their disability, medical needs, level
	annually. The plan must do the following:]		of functioning and additional
	70. 4.1.		vulnerabilities will be conducted by the
	(3) Address patient/client population, including,		Home Manager and QIDP, using data
	but not limited to, persons at-risk; the type of		from medical records, documentation
	services the [facility] has the ability to provide in		house the second and the second secon
	an emergency; and continuity of operations,		The individual risk assessment for
	including delegations of authority and succession		each individual will be completed by
			7/31/18.
			by staff and additional information. The individual risk assessment for each individual will be completed by 7/31/18. 2. Individual risk assessments will be conducted for each individual in the facility and any future individual who is
			conducted for each individual in the
			facility and any future individual who is
			admitted to the facility. Therefore no
			additional individuals will be affected

DEPART	MENT OF HEALTH A	AND HUMAN SERVICES				FOR	M APPROVED
CENTER	RS FOR MEDICARE &	MEDICAID SERVICES				OMB NO	D. 0938-0391
					by this same deficiency.		
				4.	Through quarterly reviews of by the QIDP, Home Manage Project Director, any change individual's level of function diagnosis, or additional vuln will be identified and used to the individual's assessment changes will be reflected in updated Emergency Prepared Plan. Any change to the sefacility has the ability to procontinuity of operations plan be reflected in an updated I Preparedness Plan when the changes occur. Therefore the deficiency will not recur. The QIDP, Home Manager Project Director will meet que monitor the accuracy of the assessments and any updated to be made. If change made to the individual risk assessments, those change be reflected in the Emergency Preparedness Plan. Barring year changes, the Risk Assend Emergency Preparedness and update in order to sustain this solutions.	per and pes to an a, medical merabilities to update at. These an redness ervices the rvide or the an will also Emergency mese his and uarterly to risk ates that tes are the will also may an o mid- messments the ses Plan the dannually	
			450				
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRU		(X3) DATE COMP	SURVEY LETED
		49G022	B. WING _	27	- / -	061	27/2018
NAME OF PE	ROVIDER OR SUPPLIER		'	STREET ADD	DRESS, CITY, STATE, ZIP CODE	007	1//2010
CONRAD	CF			4123 CONR			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL ROSS-REFERENCED TO THE APPRO	LD BE	(X5) COMPLETION DATE



DEFICIENCY)

PRINTED: 07/05/2018

PRINTED: 07/05/2018 FORM APPROVED OMB NO. 0938-0391

E 007 E 007 Continued From page 2 plans.** *Note: ["Persons at risk" does not apply to: ASC, hospice, PACE, HHA, CORF, CMCH, RHC, FQHC, or ESRD facilities.] This STANDARD is not met as evidenced by: Based on staff interview and facility document review it was determined that the facility staff failed to have a complete emergency preparedness plan. The facility staff failed to develop the emergency preparedness plan that included the facility's patient population that would be at risk and strategies that the facility put in place to address the needs of at-risk or vulnerable patients. The findings include: On 6/26/18 at 1:05 p.m., the facility's emergency preparedness plan was reviewed with ASM (administrative staff member) #1 (the compliance manager). Review of the facility's emergency preparedness plan failed to evidence the emergency preparedness plan included the facility's patient population that would be at risk and strategies that the facility put in place to address the needs of at-risk or vulnerable patients. ASM #1was made aware of this concern. E013(b) No further information was obtained prior to exit. E 013 Development of EP Policies and Procedures E 013 1. A facility based and community 7/31/18 CFR(s): 483.475(b) based risk assessment, utilizing an all hazards approach will completed (b) Policies and procedures. [Facilities] must by July 31st, 2018. This assessment develop and implement emergency preparedness (The Kaiser Permanente Medical policies and procedures, based on the emergency Center Hazard and Vulnerability Analysis Tool) will be utilized to amend the facility's Emergency Preparedness Plan based on the hazards that were assessed to have the highest likelihood and impact on the facility and each individual. The agency Policy and Procedure for Risk Management (Policy #20) will

DEPARTMENT OF HEALTH AND HUMAN SERVICES	FORM APPROVED
DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES	FORM APPROVED OMB NO. 0938-0391 be updated by July 31th 2018, so that it encompasses a facility-and- community based risk, utilizing all- hazards approach and a revised communication plan. The assessment, Emergency Preparedness Plan, and Agency Policy and Procedures #20 will be revised and finalized based on all individuals living in the facility and
	A COLLEG AND COLLEGE OF SERVICE AND SERVIC
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY

VDH/OLC

PRINTED: 07/05/2018

PRINTED: 07/05/2018 FORM APPROVED

OMB NO. 0938-0391

CONRAD ICF			ALEXANDRIA, VA 22312				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION		
E 013	Continued From page	ne 3	E 013		, in		
		graph (a) of this section, risk]				
		graph (a)(1) of this section,					
		ion plan at paragraph (c) of					
1		icies and procedures must be	1				
8	reviewed and update	ed at least annually.					
	*Additional Requiren Facilities:	nents for PACE and ESRD		2.			
	*[For PACE at §460.	84(h):1 Policies and					
		CE organization must					
		ent emergency preparedness					
	policies and procedu	ires, based on the					
	emergency plan set	forth in paragraph (a) of this					
	section, risk assessn	nent at paragraph (a)(1) of					
		communication plan at					
		section. The policies and					
		dress management of lical emergencies, including,			9		
		e; equipment, power, or					
		e, equipment, power, or lated emergencies; and					
		ly to threaten the health or					
	safety of the participa	ants, staff, or the public. The					
		res must be reviewed and			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
	updated at least annu						
		s at §494.62(b):] Policies and					
3	procedures. The dial	ysis facility must develop and					
	implement emergence	by preparedness policies and					
	forth in paragraph (a)	n the emergency plan set					
		raph (a)(1) of this section,					
		on plan at paragraph (c) of					
	this section. The police	cies and procedures must be					
	reviewed and update	d at least annually. These					
	emergencies include,	, but are not limited to, fire,					
	equipment or power t	failures, care-related					
		supply interruption, and					
	natural disasters likel	y to occur in the facility's					
STATEMENT O	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	9 M				
AND PLAN OF		IDENTIFICATION NUMBER:	TO NE HOUSEAN HAVE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING				
		leanth.	B. WING		1		
		49G022			06/27/2018		

NAME OF PROVIDER OR SUPPLIER

CONRADICF

4123 CONRAD STREET

ALEXANDRIA, VA 22312

STREET ADDRESS, CITY, STATE, ZIP CODE

PRINTED: 07/05/2018 FORM APPROVED

CENTER	S FOR MEDICARE & MEDICAID SERVICES		OMB N	O. 0938-0391
(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
E 015	Continued From page 4 geographic area. This STANDARD is not met as evidenced by: Based on staff interview and facility document review it was determined that the facility staff failed to have a complete emergency preparedness plan. The facility staff failed to provide documentation that the policies and procedures were developed based on the facility-and-community based risk assessment and communication plan, utilizing an all-hazards approach. The findings include: On 6/26/18 at 1:05 p.m., the facility's emergency preparedness plan was reviewed with ASM (administrative staff member) #1 (the compliance manager). Review of the facility's emergency preparedness plan failed to evidence documentation that the policies and procedures were developed based on a facility- based and community-based risk assessment and utilizing an all-hazards approach. ASM #1 was made aware of this concern. No further information was obtained prior to exit. Subsistence Needs for Staff and Patients CFR(s): 483.475(b)(1) [(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a) of this section, risk assessment at paragraph (a) of this section, risk assessment and updated at least annually.] At a	E 013	E015 (b) 1. The facility Emergency Preparedness Plan will be amended to include policies and procedures on how to provide for subsistence needs including sewage and waste disposal. The procedures will include details regarding the location of all emergency food, water, medica and pharmaceutical supplies. The procedures also will address alternate sources of energy including the use of the onsite generator that will be used to maintain safe temperatures, lighting, and alarm systems working. Fire detection, extinguishing and alarm services as well as sewage and waste disposal will also be addressed in the procedures. Within those procedures will be details about the	AUG 0 1 201

PRINTED: 07/05/2018 FORM APPROVED

OMB NO. 0938-0391

compromised. This includes keeping adequate water available not only for drinking, bathing and food preparation but also for flushing toilets should there be a disruption in water service. Additionally, the agency has an on-going contract with D&B Hauling for solid waste removal should there be a need to have waste removed. The revised Emergency Preparedness Plan will be completed by 8/1/18.

- 2. The revised Emergency Preparedness Plan will address subsistence needs including sewage and waste disposal that will adequately address the needs of all individuals in the facility as well as staff and/or any volunteers present. No other individuals will be be affected by this deficiency.
- 3. The Emergency Preparedness Plan including the procedures around maintaining subsistence needs will be reviewed and updated at least annually. As a part of the bi-annual Quality Assurance Review, the food, water and medical supplies are inventoried to ensure there is an adequate amount to withstand an emergency evacuation or shelter in place. The amount of water needed will be increased and included in this review to allow for the emergency flushing of toilets in the event the need arises. Therefore this deficiency will not recur.
- 4. As a part of the annual review of the Emergency Preparedness Plan, the procedures around maintaining subsistence needs will be closely evaluated to ensure any changes are made. The generator is monitored weekly to ensure it is in working order and it is maintained by an accredited technician annually to ensure its safety and performance. Adequate food, water, and medical supplies are monitored by the Home Manager monthly to ensure no food has expired and water and medical supplies are still adequate. Therefore these solutions will be maintained.

PRINTED: 07/05/2018 FORM APPROVED

OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING _ B. WING 49G022 06/27/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4123 CONRAD STREET** CONRAD ICF **ALEXANDRIA, VA 22312** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) E 015 E 015 Continued From page 5 minimum, the policies and procedures must address the following: (1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following: (i) Food, water, medical and pharmaceutical supplies (ii) Alternate sources of energy to maintain the following: Temperatures to protect patient health and (A) safety and for the safe and sanitary storage of provisions. (B) Emergency lighting. (C) Fire detection, extinguishing, and alarm systems. (D) Sewage and waste disposal. *[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures. (6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following: (iii) The provision of subsistence needs for hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following: (A) Food, water, medical, and pharmaceutical supplies. **(B)** Alternate sources of energy to maintain the following: (1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (2) Emergency lighting. (3)Fire detection, extinguishing, and alarm systems.

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION

PROVIDER/SUPPLIER/CLIA

IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

(X3) DATE SURVEY

COMPLETED

PRINTED: 07/05/2018 FORM APPROVED

OMB NO. 0938-0391

		49G022	B. WING_		06/27/2049
NAME OF P	ROVIDER OR SUPPLIER	490022		STREET ADDRESS, CITY, STATE, ZIP CODE	06/27/2018
CONRAD	ICF			4123 CONRAD STREET ALEXANDRIA, VA 22312	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
E 015	Continued From page (C) Sewage and wa		E 0	15	
E 022	This STANDARD is rate Based on staff intervier review it was determined failed to have a compute preparedness plan. The facility staff failed procedures for the proneeds including sewarch The findings include: On 6/26/18 at 1:05 p.r. preparedness plan was (administrative staff manager). Review of preparedness plan failed documentation of policity provision of subsistentiand waste disposal. At this concern. No further information Policies/Procedures for CFR(s): 483.475(b)(4) [(b) Policies and procedures and procedure plan set forth in paragrament at paragrament at paragrament at paragrament at paragrament at communication procedures and the communication procedures are pro	and the tas evidenced by: and facility document and that the facility staff alete emergency and develop policies and and ovision of subsistence and waste disposal. and the facility's emergency as reviewed with ASM and procedures for the and the facility's emergency and the facility's emergency and the facility's emergency and the compliance and procedures for the and procedures for the and the section of the compliance and procedures for the and the section of the compliance and the section of the compliance and the section of the compliance and and the section of the compliance and and procedures must be at least annually. At a and procedures must	E 02	22 E022 (b) 1. Using the facility based and community based risk assess events that will require Individually providing services, to Shelter Place have been identified at be included in the Emergence by August 1, 2018. The policy procedures will address a meshelter in place for individuals and volunteers that align with facility and community risk assessments. The agency Pand Procedures #20 will also amended to include more deleprocedures on sheltering in pan agency. 2. The Emergency Preparednes will address shelter in place rand procedures for all individithe facility and therefore no of	duals s s r-In- nd will y Plan cies and eans to s, staff, o the rolicy be tailed place as ses Plan needs uals in

DEPART	MENT OF HEALTH A	AND HUMAN SERVICES					D: 07/05/2018 M APPROVED
						100000-00000	AN ARRANGE W. NEW PROPERTY.
CENTER	RS FOR MEDICARE	MEDICAID SERVICES	N.	P			D. 0938-0391
					individuals will be affected by	this	
					deficiency.		
				3.	Shelter in Place Drills that ad-	dress	
					how to shelter in place, will or	cur	
					twice a year, with any issues	being	
				1	documented and addressed t		
					a change in the procedures.		
15 1800				4	Procedures will be reviewed	and	
					updated annually; therefore ti		
					deficient practice will not recu		
				4.			
				7.	Home Manager and reviewed		
					Home Manager, Project Direct		
					500 A SA S		
					Compliance Manager twice a	year to	
			89		monitor performance of the	100	
					procedures and ensure adequ	uate	
					solutions are maintained.	8	
à:	3.533			-1	Page	0	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	E CONSTRUC	TION	(X3) DATE	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER.	ESS 20			COMP	LETED
				7			
		49G022	D. WING			06/	27/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDR	RESS, CITY, STATE, ZIP CODE	1 00.	2772010
				4123 CONRA	New Assessment of Contract Con		
CONRAD	ICF				IA, VA 22312		
(X4) ID		TATEMENT OF DEFICIENCIES	ID	T .	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	20 A C	CY MUST BE PRECEDED BY FULL	PREFIX	Common Co	EACH CORRECTIVE ACTION SHOULD B	Surgery and a	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CR	OSS-REFERENCED TO THE APPROPRI	ATE	DATE



DEFICIENCY)

PRINTED: 07/05/2018 FORM APPROVED OMB NO. 0938-0391

E 022 E 022 Continued From page 7 (4) A means to shelter in place for patients, staff, and volunteers who remain in the [facility]. [(4) or (2),(3),(5),(6)] A means to shelter in place for patients, staff, and volunteers who remain in the [facility]. *[For Inpatient Hospices at §418.113(b):] Policies and procedures. (6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following: (i) A means to shelter in place for patients, hospice employees who remain in the hospice. This STANDARD is not met as evidenced by: Based on staff interview and facility document review it was determined that the facility staff failed to have a complete emergency preparedness plan. The facility staff failed to develop policies and procedures for sheltering in place that aligned with a facility risk assessment. The findings include: On 6/26/18 at 1:05 p.m., the facility's emergency preparedness plan was reviewed with ASM (administrative staff member) #1 (the compliance manager). Review of the facility's emergency preparedness plan failed to evidence documentation of how the policies and procedures for sheltering in place are aligned with a facility risk assessment. ASM #1 was made aware of this concern. No further information was obtained prior to exit. E 024 Policies/Procedures-Volunteers and Staffing E 024 E024 (b.6) 1. The facility Emergency Preparedness Plan will be updated using the facility 8/1/18 based and community based risk assessment and will include procedures for the use of volunteers in the event of an emergency. The Emergency Plan will be updated by August 1, 2018. The policies and procedures will address a means to provide emergency staffing and other supports through the use of volunteers. The agency Policy and Procedures #20 will also be amended to include more detailed procedures on utilizing volunteers as an agency in the event of an emergency. 2. The Emergency Preparedness Plan

DEPARTMENT OF HEALTH A	ND HUMAN SERVICES					D: 07/05/2018 MAPPROVED
	A THE STATE OF THE					
CENTERS FOR MEDICARE 8	MEDICAID SERVICES			will identify the use and role of volunteers in the event of an emergency for all individuals in facility. It will utilize the individuals assessment to determine the use of volunteers for each ind. Therefore, no other individuals affected by this deficiency. A policy and procedure for utilivolunteers in emergency situated developed and included in Agency Policy and Procedure and the Facility's Emergency Preparedness Plan. It will ide practices and processes for us volunteers at this facility with the specific individuals who live the Volunteers will be provided with documents and included in seannual drills to ensure they are of their roles and responsibilitied documents will be reviewed an updated annually to ensure the deficiency does not recur. The Home Manager, QIDP and Project Director will maintain of with potential volunteers and reflectiveness of using voluduring the bi-annual drills. Amendments will be made to the policies and procedures based monitoring to ensure these solare maintained.	n the dual risk best ividual. s will be izing itions will both the s #20 ntify best sing he ere. th the mi- e aware es. Both hd contact nonitor inteers	0. 0938-0391
STATEMENT OF DEFICIENCIES	Lya) poolantaa na usa sa s				48	
AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDII	IPLE CONSTRU	- 1000	(X3) DATE : COMPL	
	49G022	J. 171110 _	- 100 - 100	<u> </u>	06/2	27/2018
NAME OF PROVIDER OR SUPPLIER CONRAD ICF			4123 CONR	DRESS, CITY, STATE, ZIP CODE AD STREET RIA, VA 22312	en e	

ID

PREFIX

TAG

(X4) ID

PREFIX

TAG

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETION DATE

PRINTED: 07/05/2018 FORM APPROVED OMB NO. 0938-0391

		<u> </u>		01110 111	3: 0000 000 1
E 024		E 024			
	Continued From page 8				
	CFR(s): 483.475(b)(6)				
	31 T((0): +00:410(b)(0)				
	[(b) Policies and procedures. The [facilities] must			ſ	
	develop and implement emergency preparedness				
!					
	policies and procedures, based on the emergency			· ·	
	plan set forth in paragraph (a) of this section, risk				
	assessment at paragraph (a)(1) of this section,				
	and the communication plan at paragraph (c) of				
	this section. The policies and procedures must be				
	reviewed and updated at least annually. At a				
	minimum, the policies and procedures must				8/1/2018
	address the following:]				9,1,120,10
	NAMES CORES AND ALTER IS NOT IN STREET, AND				
	(6) [or (4), (5), or (7) as noted above] The use of			1	
	volunteers in an emergency or other emergency				
	staffing strategies, including the process and role				
	for integration of State and Federally designated				
	health care professionals to address surge needs				
1	during an emergency.				
		8			
	*[For RNHCIs at §403.748(b):] Policies and				
	procedures. (6) The use of volunteers in an				
	emergency and other emergency staffing				
ŀ	strategies to address surge needs during an				
	emergency.				
	This STANDARD is not met as evidenced by:				
	Based on staff interview and facility document				
ļ	review it was determined that the facility staff				
	failed to have a complete emergency				
	preparedness plan.				
	The facility staff failed to develop policies and				
	procedures for the use of volunteers in the				
	emergency plan.				
	The findings include:	1			
	On 6/26/18 at 1:05 p.m., the facility's emergency				
	preparedness plan was reviewed with ASM	22 3			
STATEMENT O	F DEFICIENCIES I(X1) PROVIDER/SUPPLIER/CLIA	er e			
AND PLAN OF		(X2) MUI TIPI F	CONSTRUCTION	(X3) DATE	SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		147 (155)	E SURVEY IPLETED
		49G022	B. WING		06	5/27/2018
CONRADIO	540 			STREET ADDRESS, CITY, STATE, ZIP CODE 4123 CONRAD STREET ALEXANDRIA, VA 22312		- 2.
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE

E 024

PRINTED: 07/05/2018 FORM APPROVED OMB NO. 0938-0391

L 024				-		
i .	Continued From page	e 9				
	35 4750	member) #1 (the compliance				
		f the facility's emergency				
	preparedness plan fa		ľ			
		licies and procedures for the				
		he emergency plan. ASM				
	#1 was made aware					
	", was meas analo	or time conjecti.				
	No further information	n was obtained prior to exit.				
E 026		er Declared by Secretary	E O	26		
	CFR(s): 483.475(b)(8					
		•)		,		
	(b) Policies and proc	edures. The [facilities] must		2		
		ent emergency preparedness	Ì			
		res, based on the emergency		,		
	and the second s	graph (a) of this section, risk				
	• Control of the Cont	raph (a)(1) of this section,				
		on plan at paragraph (c) of				
		cies and procedures must be				
		d at least annually. At a				
		s and procedures must				
	address the following					
		,· u		1		
	(8) [(6), (6)(C)(iv), (7)	, or (9)] The role of the				
1 0		er declared by the Secretary,				
		ection 1135 of the Act, in the				
	many of a company of the control of	treatment at an alternate		1		
	- B. 107 AP., ADM AND	emergency management				ž.
	officials.					
	- NACC NO 18000					
	*[For RNHCIs at §403	3.748(b):] Policies and	,			l
	procedures. (8) The r	ole of the RNHCI under a				
	waiver declared by th	e Secretary, in accordance				
	with section 1135 of	Act, in the provision of care				
	at an alternative care	site identified by emergency				
	management officials					
	This STANDARD is	not met as evidenced by:				
	Based on staff intervi	ew and facility document		ľ		
	review it was determi	ned that the facility staff				
CTATEMENT (OF DEFICIENCIES		- 68		326-9	
	CORRECTION	(X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
Commence of the second		The state of the s	A. BUILDIN	G		OOM CETEB
		49G022]			06/27/2018
NAME OF PE	ROVIDER OR SUPPLIER		3 98 8	STREET ADDRESS, CITY, STATE	ZIP CODE	
CD-0000 ACRES -				4123 CONRAD STREET		
CONRAD	ICF .		İ	ALEXANDRIA, VA 22312		

E 024

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

(X4) ID

PREFIX

TAG

ID

PREFIX

TAG

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETION

PRINTED: 07/05/2018 FORM APPROVED OMB NO. 0938-0391

E 026 E026 (b.8) 1. The Facility's Emergency Preparedness Plan will be updated to 8/1/18 include a process for providing care and treatment at alternate care sites should the need arise under an 1135 Waiver. This plan will include procedures that delineates staff's role in providing care and services to the Individuals at the ICF at an alternate facility, with whom it has established a connection with and able to support the needs of the Individuals. 2. The Emergency Preparedness Plan will include processes that ensure the safety of all individuals in the home in the event of an 1135 Waiver or other emergency situation that requires the relocation of individuals to another facility. Therefore, no other individuals will be affected by this deficiency. 3. CLA previously identified the ARC of Frederick County as a potential Continued From page 10 failed to partner in which we could relocate have a complete emergency individuals in the event we needed to preparedness plan. provide supports at an alternate location beyond a 50 mile radius of our The facility staff failed to develop policies and current location. We will develop a procedures in the emergency plan that describe formal procedure and agreement with the facility's role in providing care and treatment the ARC of Frederick County and at alternate care sites under an 1135 waiver. continue to conduct annual drills to ensure this deficiency does not recur. The findings include: 4. The QIDP, Home Manager, and Project Director will maintain an On 6/26/18 at 1:05 p.m., the facility's emergency agreement with the ARC of Frederick preparedness plan was reviewed with ASM County (or develop an additional (administrative staff member) #1 (the compliance partner in which to maintain an manager). Review of the facility's emergency agreement) and conduct annual drills preparedness plan failed to evidence in which feedback will be obtained. documentation of policies and procedures in the The Emergency Preparedness Plan emergency plan that describe the facility's role in will be updated annually and will providing care and treatment at alternate care reflect any changes found to be sites under an 1135 waiver. ASM #1 was made necessary during the annual drill or as aware of this concern. a result in any other changes. This will ensure these solutions are No further information was obtained prior to exit. maintained.

PRINTED: 07/05/2018 FORM APPROVED

OMB NO. 0938-0391

8/1/18

LENIER	S FOR MEDICARE & MEDICAID SERVICES
E 035	LTC and ICF/IID Sharing Plan with Patients
	CFR(s): 483.475(c)(8)

[(c) The [LTC facility and ICF/IID] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.] The communication plan must include all of the following:

(8) A method for sharing information from the emergency plan, that the facility has determined is appropriate, with residents [or clients] and their families or representatives.

This STANDARD is not met as evidenced by: Based on staff interview and facility document

E 035 | E035 (c.8)

An Emergency Preparedness
Communication Plan that complies
with Federal, State and Local laws
will be developed by August 1, 2018
and updated annually. The plan will
include a method for sharing
information with the individuals and
their families/guardians. The plan
will be shared with the individuals
and families/guardians by August 9,
2018.

- The Communication Plan will address communication policies, procedures and strategies that will address the needs of all individuals in the facility and therefore no other individuals will be affected by this deficiency.
- The Emergency Preparedness Plan, including the communication plan will be reviewed and updated annually by the Home Manager and Project Director. The updated Plan will be provided to the individuals and families/guardians for their feedback annually, ensuring that this deficiency does not recur.
- 4. The effectiveness of the communication plan will be monitored throughout the year as a part of routine drills, including the monthly fire drills, bi-annual shelter in place drills, and annual 1135 Waiverevacuation drill. Any changes will be made as needed based on the success or challenges uncovered during those drills. The Emergency Preparedness Plan, including the communication plan will be updated at least annually or as the need arises to ensure these solutions are sustained.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		PLE CONSTRUCTION	100000000000000000000000000000000000000	TE SURVÉY MPLETED
		49G022	B. WING		0	6/27/2018
CONRAD IC	OVIDER OR SUPPLIER	# 1 33333		STREET ADDRESS, CITY, STATE, ZIP CODE 4123 CONRAD STREET ALEXANDRIA, VA 22312	-	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE

PRINTED: 07/05/2018 FORM APPROVED

OMB NO. 0938-0391

E 035			F 035		1870	2450 2250
E 035	failed to have a comp preparedness plan. The facility staff failed documentation that the includes a method for the emergency plan of families or representate. The findings include: On 6/26/18 at 1:05 p. preparedness plan we (administrative staff in manager). Review of preparedness plan fat documentation that the includes a method for the emergency with infamilies or representate aware of this concern. No further information INITIAL COMMENTS An unannounced and Intermediate Care Fat Intellectual Disabilities 6/25/18 through 6/27/	ined that the facility staff blete emergency If to provide evidence of the communication plan in sharing information from with individuals and/or their atives. If the facility's emergency as reviewed with ASM nember) #1 (the compliance of the facility's emergency illed to evidence the communication plan in sharing information from andividuals and/or their atives. ASM #1 was made in the was obtained prior to exit. If was obtained prior to exit. If the facility was not in the fac	E 035		•	
	Intellectually Disabled survey report will follo	d. The Life Safety Code ow. or bed facility was three at or The survey sample				
	(100 to 100 to 1	· · · · · · · · · · · · · · · · · · ·				30 No.
STATEMENT C AND PLAN OF	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
) (A) = C = -	Alanen a-	49G022			06/	27/2018
NAME OF PR	OVIDER OR SUPPLIER		3	STREET ADDRESS, CITY, STATE, ZIP CODE		
CONRAD I				MEXANDRIA, VA 22312		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	800	(X5) COMPLETION DATE
II.	Continued From page		W 000		\$100.5	***

PRINTED: 07/05/2018 FORM APPROVED

OMB NO. 0938-0391

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 staff interview, residential record review and facility document review, it was determined that the QIDP (Qualified Intellectual Disabilities Professional) failed to coordinate and monitor individuals' active treatment programs for two of two individuals in the survey sample, Individuals #1 and #2.

- 1. The QIDP failed to develop PCP (person centered plan) outcomes to support Individual # 1's progress toward independence.
- 2. The QIDP failed to develop PCP outcomes to support Individual # 2's progress toward independence.

The findings include:

1. The QIDP failed to develop PCP outcomes to support Individual # 1's progress toward independence.

Individual #1's placement date was June 2000 (the face sheet did not document the exact date). Individual #1's diagnoses included but were not limited to moderate intellectual disability, urine retention and depression.

Review of Individual #1's PCP with a start date of 9/1/17 revealed the following:

W 159 W159

The QIDP will work with the Home Manager, Project Director, DSP staff and the individuals to continue to assess any skill building outcomes that may further support the individual's progress towards independence. An assessment of the current plans, including obtaining feedback from the individuals and quardians, will be conducted to determine which of the current outcomes are still relevant and which could be developed into skill building outcomes, and if there are other skill building outcomes that may be appropriate. From that feedback and assessment, new person centered plans will be developed and provided to the individuals and guardians for additional feedback. After revisions are finalized, the person centered plans will be submitted to the individuals and/or guardians for signature and returned by August 9, 2018.

- This assessment, feedback and revision will take place for all of the individuals in the facility. Therefore no other individuals will be affected by this deficiency.
- In the future a greater emphasis will be placed on outcome development that will support each individual's progress towards independence. Goals that can enhance individual skills will be a greater focus for each individual's plans and ensuring that this deficiency does not recur.
- 4. Each individual's progress on their goals and outcomes will be evaluated regularly by the QIDP, Home Manager and Project Director and fully assessed each quarter. From these assessments it will be determined whether individuals are making progress towards independence with current supports in place. Challenges will be addressed with the individual, guardians, family members and support team members to find appropriate solutions and to ensure they are sustained.

PRINTED: 07/05/2018 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	2 S	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
			A. BUILDING			
			B. WING _			00/07/2049
NAME OF P	ROVIDER OR SUPPLIER	49G022	-	STREET ADDRESS, CITY	STATE ZIR CODE	06/27/2018
CONRAD				4123 CONRAD STREE ALEXANDRIA, VA	T	
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH COF	ER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD E RENCED TO THE APPROPRI DEFICIENCY)	GE COMPLETION
W 159	List the actions/supplindividual #1) wants activities in the composeribe how this windividual preference location where progressive who pay (signonthly allowance, understands that he the things he wants, to budget his money from stores and rest Meet with (name of I review his petty cash activities in the compourement with the compoundary was activitied in the compoundary was activitied in the compoundary was activitied in the compoundary was activitied in the compoundary was activitied in the compoundary was activitied in the compoundary was activitied in the compoundary was activitied in the compoundary was activitied in the composition was presented in the composition was activitied in the composition was act	y Management Skills ports needed: (Name of (sic) budget his money for munity. ill be provided based on es, (support instructions) and ram strategy can be found: #1) has a Representative) his bills and gives him a (Name of Individual #1) needs money to purchase and would like to learn how to make simple purchases aurants in the community. Individual #1) twice a week to (sic) and budget for munity. Review the different on with (name of Individual ic) to go to 7-Eleven or eat upport him with figuring out e will need including tax eation Management forts needed: It is important ital #1) to take his cribed by his doctors with ill be provided based on es, (support instructions) and am strategy can be found: #1) needs to take all his prescribed by his doctor in ically stable. Staff reminds #1) when it is time to take him ompts (name of Individual	W 1		DECEIVED	
	purpose of each med	dentifies the names and dication before administering ual #1). Staff initials (name			RECEIVED AUG 0 1 2018 VDHIOLG	5
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED

PRINTED: 07/05/2018 FORM APPROVED

OMB NO. 0938-0391

		75.000.000.0000000000000000000000000000	B. WING		
A14645	OVADED OF SURE	49G022			06/27/2018
NAME OF PE	ROVIDER OR SUPPLIER		12	STREET ADDRESS, CITY, STATE, ZIP CODE	
CONRAD	ICF		L.	4123 CONRAD STREET ALEXANDRIA, VA 22312	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
W 159	380	TOTAL IN THE SECOND	W 18	59	
	Continued From page	14 administration	2006 323		
	Continued From page				
	record) chart to confir	m his medications			
	were administered	the a second of	1		
		al hygiene and grooming			
		orts needed: It is important			
		al #1) to maintain good			
2		appearance at all times.			
		be provided based on			
	All contracts and the first state of the sta	s, (support instructions) and			
		m strategy can be found:			
		will attend to his personal upport daily. Staff prompts			
		l) to get ready to take his			
:	shower and attend to	A CONTRACTOR OF THE PROPERTY O			
		1) collects items he needs			
		nal hygiene; body wash,			
		d towel. Staff provides			
		physical cues as (name of			
		s shower and attends to his			
	grooming needs. Stat				
		n clean weather appropriate			
	clothing. Staff redirect				
	Individual #1) to chang	ge his clothing as needed			
	when they are soiled to				38
		tcomes was documented as			0.00
•		ing activity outcomes to			
	promote independenc	e.			
	On 6/27/18 at 9:03 a.r	n., an interview was			
	conducted with ASM (The state of the s			
		se manager). ASM #3 was			
	asked to describe the	purpose of the person-	6%		
	centered plan. ASM #		B		
	centered plan address				la de la companya de
	individuals depending	on their individual needs			
	and the goal is to mak				
		stated skill building activity			
		eas where the individuals			
11		nd have to be measurable			
		gress can be measured.		<u> </u>	
STATEMENT O AND PLAN OF		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE SURVEY
		SETTI TONTION NOWIDER.		<u> </u>	COMPLETED
		49G022	D. 141110		06/27/2018
NAME OF PR	OVIDER OR SUPPLIER	*	8 9	STREET ADDRESS, CITY, STATE, ZIP CODE	1010 TANTI II
				4123 CONRAD STREET	36
			20-7		

PRINTED: 07/05/2018 FORM APPROVED

OMB NO. 0938-0391

CONRAD ICF			ALEXANDRIA, VA 22312				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL 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	3 30 0.500		W 159				
	Continued From pag	e 15					
	When asked the purpoutcomes, ASM #3 sto help individuals dehow staff determines skill building activity meeting that involves discusses individuals and goals. When as role in relation to the QIDP's job is to write implemented daily ar #3 was asked to revicentered plan. ASM (Money Management building activity outcome could be deactivity outcome and Intellectual Disabilities on the plan. ASM #3 understands money a his money managem asked to review outcome asked to review outcome and Individuals management). ASM outcome could be deactivity outcome. ASM could be developed a outcome and Individuals review outcome #9 (Figrooming). ASM #3 sto of potential." ASM and then staff asks Inhold his shaving razo "No. I want you to sharp activity out to shaving razo "No. I want you to sharp activity out to shaving razo".	pose of skill building activity stated they are implemented evelop skills. When asked which outcomes should be outcomes, ASM #3 stated a stall staff is held and the staff strengths, weaknesses ked to describe the QIDP's PCP, ASM #3 stated the the plan, make sure it is not follow up with staff. ASM ew Individual #1's person #3 confirmed outcome #3 to Skills) was not a skill ome. ASM #3 stated the eveloped as a skill building the QIDP (Qualified as Professional) was working a stated Individual #1 and looks forward to having ent ledger. ASM #3 was ome #6 (Medication #3 was asked if this veloped as a skill building im #3 stated the outcome as a skill building activity ual #1 could be taught to s. ASM #3 was asked to					
	plan.	be incorporated into his					
STATEMENT O	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		Try's	3) DATE SURVEY		
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING B. WING		COMPLETED		
NAME OF PR	OVIDER OR SUPPLIER	440044	STR	REET ADDRESS, CITY, STATE, ZIP CODE	06/27/2018		
CONRAD I	CF		(0)	S CONRAD STREET EXANDRIA, VA 22312	ED		

RECEIVED AUG 0 1 2018 VDH/OLC

PRINTED: 07/05/2018 FORM APPROVED

OMB NO. 0938-0391

CENTERS FOR MEDICARE & MEDICAID SERVICES

(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES	1D	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE	COMPLETION
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIATE	DATE
			DEFICIENCY)	
W 159		10/450		ļ
VV 159		W 159		
	Continued From page 16			
	Note that the state of the stat	l i		
			ŧ	
	The QIDP was not available for interview during			
	the survey.			
	On 6/27/18 at 10:28 a.m., ASM #2 (the project			1
8				
	director) was asked to provide a policy regarding			
1	the QIDP role. ASM #2 stated she only had a job			ľ
	description. The job description documented,			1
	"Implements or ensures the implementation of			
	the particular requirements of the ISP (individual			
	service plan [person centered plan]) on a daily			
	basis. In the ICF (Intermediate Care Facility),			
	ensures compliance with all pertinent federal			
	regulations applicable to community ICFs."			
	- against approach to continuintly for co			
	O= 6/07/40 at 40/50 a AOM #0			
	On 6/27/18 at 10:50 a.m., ASM #2 was made			
	aware of the above concern.			
	No further information was presented prior to exit.			
	Appendix committees to approve response response requires — to a consistent.			
	2. The QIDP failed to develop PCP outcomes to	r .		
	support Individual # 2's progress toward			
	independence.			
ı				
	Individual #2's placement date was 11/2/05.			
	Individual #2's diagnoses included but were not			
l	limited to intellectual disabilities, seizure disorder			
	and seasonal allergies.			
	Review of Individual #2's PCP with a start date of	li s		
	9/1/17 revealed the following:			
	"Outcome #2- Participates in activities in the			
	community he enjoys			
33				
	List the actions/supports needed: (Name of	İ		
	Individual #2 wants to engage in activities he			
	enjoys in the community.			
	Describe how this will be provided based on			
	individual preferences, (support instructions) and			
	location where program strategy can be found:			
	to season who is program strategy can be found.	I	<u> </u>	L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN B. WING	PLE CONSTRUCTION G		TE SURVEY MPLETED
AIAME OF DR	OVIDER OR SUPPLIER	49G022				6/27/2018
CONRADIC				STREET ADDRESS, CITY, STATE, ZIP C 4123 CONRAD STREET ALEXANDRIA, VA 22312	ODE	
(X4) ID PREFIX TAG	(EACH DEFICI	/ STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE

PRINTED: 07/05/2018 FORM APPROVED

CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO	0. 0938-0391
W 159	Continued From pag	e 17	W 159			
	(Name of Individual #	#2) likes eating out at a				
ľ		ek with his housemates and	ĺ			
		going for van rides and				É
		l events in the community.	l			
		Staff) meets with (name of				
i i		minds him he is going out for		1		
		taurant during the weekend.				
	Allow (name of Indivi					
		to visit. Review (name of				
		ash to ensure he has			1	
	enough money to ear				1	
		s an opportunity to review				
1	different currency der					
1		entify the different current			1	
		e restaurant, staff assists	1			
		2) with choosing a healthy				
	15	calorie meal) and a regular				
1		ssible staff will encourage				
		2) to incorporate fruits and				
		eal. Meet with (name of				
ĺ		to discuss/review activities				
	·	t might be of interest to him.				
ľ		at each activity will entail.				
		and appears as € Alexandr The contractions as				
	Allow him to select a				20	
		name of Individual #2) is of for the activity. Once a				
ļ						
		dual #2) visits his local 7-			34	
	Eleven to practice his					
		Individual #2) to get his				
		for it at the cashier register.				
		his change, if change is	l l			
		ceipt. Provide verbal praise	200			
		I #2) for selecting an activity				
1	3.0	pation. It is important to				
		vidual #2) to refrain from	ŝ			
ŀ	1 No.	e sees at the store; refrain	į.			*
	STATE OF THE PROPERTY AND ADDRESS OF THE PERSON OF THE PER	eryone he sees at the	į.			
	store	71				
		etes household task as	4			
	assigned	- 3 - A - 1994				
STATEMENT O	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE	SHRVEY
AND PLAN OF		IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	COMP	
			A. BUILDING _			soun Marros
			B. WING			
3 		49G022			06/2	27/2018
NAME OF PR	OVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE		2 202 A

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

CONRAD ICF

(X4) ID

PREFIX

4123 CONRAD STREET

PREFIX

TAG

ALEXANDRIA, VA 22312

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5)

COMPLETION

DATE

PRINTED: 07/05/2018 FORM APPROVED

CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NC	. 0938-0391
W 159			W 1	159	600 H/House	28 2 3 3
		1000 T				
	Continued From page	e 18				
	List the actions/support	orts needed: It is important	İ	1		
	for (name of Individua	al #2) to participate in				
	household tasks to he	elp care for his home and		}		
	develop independent			Ì		Í
	CHANGE COME AND SECTION SERVICES AND ADMINISTRATION OF THE PROPERTY OF THE PRO	l be provided based on		1		
		s, (support instructions) and		1		
	The same of the sa	am strategy can be found:		4		
		ng tasks is not what (name	Ì	Í		
		to do. He requires verbal	ĺ			
1	Annual control of the	ıral and physical prompts to				
		task daily. Develop a daily				
1		household tasks are				
		of Individual #2) and his				
		rompt (name of Individual				
		schedule daily so that he		1		
		s assigned for the day.				
!		ge (name of Individual #2) to				
		ter each meal, bring his	t .			
		rinse them off and load		İ		
		sher. Provide verbal praise				
	to (name of Individua					
	participation"					
1			ŀ			
1	None of the above ou	itcomes was documented as				
		ling activity outcomes to				
	promote independent					
! !			ĺ			
	On 6/27/18 at 9:03 a.		ž			
2	conducted with ASM	(administrative staff			1	
<u> </u>	member) #3 (the hou	se manager). ASM #3 was				
		purpose of the person-				
	centered plan. ASM				1	
	centered plan addres				•	
		on their individual needs				
	and the goal is to mal			r	j	
		3 stated skill building activity				
i i		eas where the individuals				
		nd have to be measurable				
	so the individuals' pro	gress can be measured.		1000		
STATEMENT O	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			LV2\ DATE	CUDUEN
AND PLAN OF		IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION	(X3) DATE S	
	-		A. BUILDIN	NG	765	98.3%
: 		49G022			06/2	7/2018
NAME OF PR	OVIDER OR SUPPLIER		\Box	STREET ADDRESS, CITY, STATE, ZIP (CODE	
			Į,	4123 CONDAD STREET		j

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

CONRAD ICF

(X4) ID

PREFIX

TAG

ALEXANDRIA, VA 22312

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

ID

PREFIX

TAG

(X5) COMPLETION

DATE

PRINTED: 07/05/2018

9 Continued From some 10	W 150	1 1 2 2 2
ERS FOR MEDICARE & MEDICAID SERVICES		OMB NO. 0938-0391
THE THE TENETH AND HOME HE OF THE		TORMATTROYED

W 159 Continued From page 19 When asked the purpose of skill building activity outcomes, ASM #3 stated they are implemented to help individuals develop skills. When asked how staff determines which outcomes should be skill building activity outcomes, ASM #3 stated a meeting that involves all staff is held and the staff discusses individuals' strengths, weaknesses and goals. When asked to describe the QIDP's role in relation to the PCP, ASM #3 stated the QIDP's job is to write the plan, make sure it is implemented daily and follow up with staff. ASM #3 was asked to review Individual #1's person centered plan. ASM #3 was asked to review Individual #2's person centered plan. ASM #3 confirmed outcome #2 (participation in community activities) was not a skill building activity outcome but could be. ASM #3 stated Individual #2 loves going out into the community. ASM #3 was asked to review outcome #4 (household tasks). ASM #3 was asked if outcome #4 could be developed as a skill building activity outcome. ASM #3 stated Individual #2 has a limited attention span but does simple tasks such as setting the table and taking the trash out. When asked if it was possible to incorporate short household tasks as a skill building activity outcome, ASM #3 stated it was. The QIDP was not available for interview during the survey. On 6/27/18 at 10:50 a.m., ASM #2 was made aware of the above concern. No further information was presented prior to exit. W 240 | INDIVIDUAL PROGRAM PLAN W 240 CFR(s): 483.440(c)(6)(i)

\$2000 CONTRACTOR (\$1000 CONTRACTOR CO		(X1) PROVIDER/SUPPLIER/CLIDENTIFICATION NUMBER:	(X2) MULTI	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G022			0	6/27/2018	
CONRAD IC	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 4123 CONRAD STREET ALEXANDRIA, VA 22312			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	

AUG 0 1 2018

VDHIOLC

PRINTED: 07/05/2018 FORM APPROVED

OMB NO. 0938-0391

W 240 W240-8/10/18 W 240 1. The facility staff will work with the QIDP, Home Manager, Project Director, and the individuals to continue to assess any skill building outcomes that may further support the individual's progress towards independence. An assessment of the current plans, including obtaining feedback from the individuals and guardians, will be conducted to determine which of the current outcomes are still relevant and which could be developed into skill building outcomes, and if there are other skill building outcomes that may be appropriate. From that feedback and assessment, new Continued From page 20 person centered plans will be The individual program plan must describe developed and provided to the relevant interventions to support the individuals and quardians for additional feedback. After revisions individual toward independence. are finalized the person centered plans will be submitted to the This STANDARD is not met as evidenced by: individuals and/or quardians for Based on staff interview, residential record review signature and returned by August 9, and facility document review, it was determined 2018. that the facility staff failed to develop PCPs This assessment, feedback and revision will take place for all of the (Person Center Plans) to support individuals' individuals in the facility. Therefore move toward independence for two of two no other individuals will be affected individuals in the survey sample, Individuals #1 by this deficiency. and #2. In the future a greater emphasis will be placed on outcome development 1. The facility staff failed to develop PCP that will support each individual's outcomes to support Individual # 1's progress progress towards independence. toward independence. Goals that can enhance individual skills will be a greater focus for each The facility staff failed to develop PCP individual's person centered plan outcomes to support Individual # 2's progress and ensuring that this deficiency toward independence. does not recur. Each individual's progress on their The findings include: goals and outcomes will be evaluated regularly by the QIDP. 1. The facility staff failed to develop PCP Home Manager and Project Director outcomes to support Individual # 1's progress and fully assessed each quarter. toward independence. From these assessments it will be determined whether individuals are Individual #1's placement date was June 2000 making progress towards (the face sheet did not document the exact date). independence with current supports Individual #1's diagnoses included but were not in place. Challenges will be limited to moderate intellectual disability, urine addressed with the individual, retention and depression. guardians, family members and support team members to find Review of Individual #1's PCP with a start date of appropriate solutions and to ensure 9/1/17 revealed the following: they are sustained. "Outcome #3- Money Management Skills List the actions/supports needed: (Name of Individual #1) wants (sic) budget his money for

PRINTED: 07/05/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING __ B. WING 49G022 06/27/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4123 CONRAD STREET CONRAD ICF** ALEXANDRIA, VA 22312 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 240 W 240 Continued From page 21 activities in the community. Describe how this will be provided based on individual preferences, (support instructions) and location where program strategy can be found: (Name of Individual #1) has a Representative Payee, who pay (sic) his bills and gives him a monthly allowance. (Name of Individual #1) understands that he needs money to purchase the things he wants, and would like to learn how

from stores and restaurants in the community. Meet with (name of Individual #1) twice a week to review his petty cask (sic) and budget for activities in the community. Review the different currency denomination with (name of Individual #1). If he choose (sic) to go to 7-Eleven or eat out at a restaurant support him with figuring out how much money he will need including tax... Outcome #6- Medication Management List the actions/supports needed: It is important for (name of Individual #1) to take his medications as prescribed by his doctors with staff support daily. Describe how this will be provided based on individual preferences, (support instructions) and location where program strategy can be found: (Name of Individual #1) needs to take all his medications daily as prescribed by his doctor in order to remain medically stable. Staff reminds (name of Individual #1) when it is time to take him medication. Staff prompts (name of Individual #1) to get a glass of water to take his medications. Staff identifies the names and purpose of each medication before administering it to (name of Individual #1). Staff initials (name of Individual #1's) MAR (medication administration record) chart to confirm his medications were administered Outcome #9- Personal hygiene and grooming

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
·		

to budget his money to make simple purchases

PRINTED: 07/05/2018 FORM APPROVED

OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES B. WING

W 240 W 240 Co Lis for per ind loc (Na sha ver lnd gro	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L DOMESTIC TO THE PROPERTY or (name of Individual ersonal hygiene and escribe how this will dividual preferences cation where progra lame of Individual # nower and attend to lame of Individual #	orts needed: It is important al #1) to maintain good I appearance at all times. I be provided based on s, (support instructions) and im strategy can be found: 1) will attend to his personal upport daily. Staff prompts 1) to get ready to take his	4123	EET ADDRESS, CITY, STATE, ZIP CODE CONRAD STREET EXANDRIA, VA 22312 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
(X4) ID PREFIX TAG W 240 Co Lis for per ind loc (Na she (Na she ver lnd grown)	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L DOMESTIC TO THE PROPERTY or (name of Individual ersonal hygiene and escribe how this will dividual preferences cation where progra lame of Individual # nower and attend to lame of Individual #	e 22 orts needed: It is important all #1) to maintain good appearance at all times. I be provided based on s, (support instructions) and am strategy can be found: 1) will attend to his personal apport daily. Staff prompts 1) to get ready to take his	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETION
W 240 Co List for period local (National Share) Co List for period	ceach deficiency regulatory or Leading to the actions/support (name of Individual ersonal hygiene and escribe how this will dividual preferences cation where progralame of Individual # ooming with staff suame of Individual # ower and attend to lame of Individual #	e 22 orts needed: It is important all #1) to maintain good appearance at all times. I be provided based on s, (support instructions) and am strategy can be found: 1) will attend to his personal apport daily. Staff prompts 1) to get ready to take his	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETION
Co Lis for per De ind loc (Na gro (na sho (Na to: sho ver	st the actions/support (name of Individual ersonal hygiene and escribe how this will dividual preferences cation where progration where progratione of Individual # ooming with staff stame of Individual # ower and attend to lame of Individual #	orts needed: It is important al #1) to maintain good I appearance at all times. I be provided based on s, (support instructions) and im strategy can be found: 1) will attend to his personal upport daily. Staff prompts 1) to get ready to take his	W 240		
List for per per ind local (Na she kara kara kara kara kara kara kara kar	st the actions/support (name of Individual ersonal hygiene and escribe how this will dividual preferences cation where progration where progratione of Individual # ooming with staff stame of Individual # ower and attend to lame of Individual #	orts needed: It is important al #1) to maintain good I appearance at all times. I be provided based on s, (support instructions) and im strategy can be found: 1) will attend to his personal upport daily. Staff prompts 1) to get ready to take his			
for per De ind loc (Na she ver Ind gro	r (name of Individual ersonal hygiene and escribe how this will dividual preferences cation where progra lame of Individual # ooming with staff su ame of Individual # lower and attend to lame of Individual #	al #1) to maintain good I appearance at all times. I be provided based on s, (support instructions) and im strategy can be found: 1) will attend to his personal upport daily. Staff prompts 1) to get ready to take his			
for per De ind loc (Na she ver Ind gro	r (name of Individual ersonal hygiene and escribe how this will dividual preferences cation where progra lame of Individual # ooming with staff su ame of Individual # lower and attend to lame of Individual #	al #1) to maintain good I appearance at all times. I be provided based on s, (support instructions) and im strategy can be found: 1) will attend to his personal upport daily. Staff prompts 1) to get ready to take his			
	naver, washcloth and erbal, modeling and dividual #1) takes h ooming needs. Sta	1) collects items he needs hal hygiene; body wash, d towel. Staff provides physical cues as (name of is shower and attends to his ff prompts (name of			
clo Ind wh	othing. Staff redired dividual #1) to chan nen they are soiled one of the above ou	on clean weather appropriate cts/prompts (name of ge his clothing as needed with food" It comes was documented as ling activity outcomes to			
The state of the s	omote independend	A(5)()			
cor me asl cer cer ind and ind out nee so Wt	enducted with ASM (ember) #3 (the house ked to describe the entered plan. ASM antered plan address dividuals depending the goal is to make dependent. ASM #3 (tcomes address are ed the most help are the individuals' prothen asked the purp	m., an interview was (administrative staff se manager). ASM #3 was purpose of the person- #3 stated the person ses the needs of the on their individual needs to individuals more 3 stated skill building activity teas where the individuals and have to be measurable togress can be measured. The stated skill building activity ated they are implemented			
STATEMENT OF S	DEELCIENCIES	(V4) BRAVINER/BLIDDUES (C. L.		Love	N DATE OF IDEAL
STATEMENT OF DI AND PLAN OF COR		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ONSTRUCTION (X3	B) DATE SURVEY COMPLETED
		49G022			06/27/2018

PRINTED: 07/05/2018 FORM APPROVED

OMB NO. 0938-0391

CONRAD ICF			1	ALEXANDRIA, VA 22312			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 240			W 24	10			
	Continued From page	e 23 to help individuals					
	develop skills. When					į	
	I	comes should be skill					
	1	mes, ASM #3 stated a					
		all staff is held and the staff		Ì			
	DE	strengths, weaknesses					
	and goals. ASM #3 w			•			
	W-X	centered plan. ASM #3					
		3 (Money Management					
	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	building activity outcome.					
	The second secon	tcome could be developed				20	
		vity outcome and the QIDP					
	TO SEE THE PROPERTY OF THE PRO	Disabilities Professional)					
	was working on the p						
	The property of the control of the c	ands money and looks					
	forward to having his						
	Standard Accessor resonantial and Children of Standard and Comment	asked to review outcome					
	Charles - The Control of the Control	gement). ASM #3 was					
		could be developed as a					
	skill building activity of	outcome. ASM #3 stated			i i		
	the outcome could be				1		
	building activity outco	me and Individual #1 could					
	be taught to recite his	medications. ASM #3 was					
	asked to review outco	ome #9 (Personal hygiene					
	and grooming). ASM	#3 was asked if this		ł			
	outcome could be de-	veloped as a skill building					
	25.120	M #3 stated, "It could be.					
		ial." ASM #3 stated that		1			
		taff asks Individual #1 if he					
		ving razor and the individual					
	1	ou to shave me." ASM #3					
		Individual #1 could learn to					
	1	s could be incorporated into					
	his plan.					81	
	On 6/27/10 at 10:20 a	m ACM #2 (the project					
		a.m., ASM #2 (the project provide a policy regarding			}		
	3.0	ne person centered plan.					
	The state of the s	cumentation and Records					
		ented, "It is the policy of	i.				
	Management docum	ented, it is the policy of					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(V2) MI II TIE	O E CONSTRUCTION	(X3) DATE		
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	ALCOHOL SINGEL IN A SUPERIOR AND THE PROPERTY OF	PLE CONSTRUCTION	COMPL	LETED	
			0.000	3			
		49G022	B. WING	(XXXX)	ne"	27/2018	
NAME OF P	ROVIDER OR SUPPLIER	490022		STREET ADDRESS, CITY, STATE, ZIP COI		Er/EUIU	
2000/00/00/00/00/00/00/00/00/00/00/00/00	ray-ray-ray-ray-taoon regress-ABACT-900-5-05-37 DECT-5-5-5-1000			4123 CONRAD STREET			
CONRAD ICF					ECEIVED		

AUG 0 1 2018

PRINTED: 07/05/2018 FORM APPROVED

OMB NO. 0938-0391

	112 12 11 11 11 11 11 11 11 11 11 11 11	
CENTERS FOR MI	EDICARE & MEDICAID SERVICES	

(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 240		8	W 240		308.85 T	
	Continued From page	e 24		*		
	(name of company) to	hat clinical records be				
	maintained in complia standards"	ance with all regulatory				
	On 6/27/18 at 10:50 a aware of the above c	a.m., ASM #2 was made oncern.				,
	No further information	n was presented prior to exit.				
	2. The facility staff facultcomes to support toward independence	Individual # 2's progress				
	Individual #2's diagno	ment date was 11/2/05. oses included but were not disabilities, seizure disorder es.				
	9/1/17 revealed the fo	#2's PCP with a start date of ollowing: pates in activities in the				
	community he enjoys					
	List the actions/suppo	orts needed: (Name of o engage in activities he		i		
3		l be provided based on				
		s, (support instructions) and				
		am strategy can be found: 2) likes eating out at a				
		ek with his housemates and				
		going for van rides and				
		l events in the community.				
		Staff) meets with (name of minds him he is going out for				
		aurant during the weekend.				
	Allow (name of Individ					
		to visit. Review (name of ash to ensure he has enough				
		estaurant he chooses. Use				
STATEMENT C	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	900 ch		(X3) DATE	SURVEY
AND PLAN OF	CORRECTION	DENTIFICATION NUMBER:	15(1) - 45(1) (((((((((((((((((((((((((((((((((((E CONSTRUCTION	COMPL	A CONTRACTOR OF THE PROPERTY O
		,	CHACT DATES IN CO. NAME OF C.	- 179 J		
	1390	49G022	B. WING	211	06/2	7/2018
NAME OF PR	ROVIDER OR SUPPLIER	9.		STREET ADDRESS, CITY, STATE, ZIP CODE	_	
CONRAD ICF				1123 CONRAD STREET ALEXANDRIA, VA 22312		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	1000000	(X5) COMPLETION DATE

W 240

PRINTED: 07/05/2018 **FORM APPROVED** OMB NO. 0938-0391

Continued From page 25 this as	an opportunity to		Í		
review different currency denomi					
Encourage him to identify the diff			1		ů,
denomination. At the restaurant					1
(name of Individual #2) with choo					l.
meal (a low salt/high calorie mea					
soda. Whenever possible staff w				9	
(name of Individual #2) to incorp					
vegetable into his meal. Meet wi					
Individual #2) weekly to discuss/i	generation (Sectional International Internat				
in the community that might be o					
Discuss details of what each acti					
The second of the control of the con	endrong the fact of the second states and all the second states and the second states are second sec				
Allow him to select an activity he	IN ACCOMENDATION OF PROPERTY				
engage in. Ensure (name of Indi	3.5				
appropriately dressed for the acti					
week (name of Individual #2) visi					
Eleven to practice his purchasing					
Encourage (name of Individual #					
regular soda and pay for it at the					
Remind him to count his change,					
given and take his receipt. Provi					
to (name of Individual #2) for sele					
and his active participation. It is					
remind (name of Individual #2) to					
touching everyone he sees at the					
from hogging (sic) everyone he s	ees at the				
store					
Outcome #4- Completes househousehousehousehousehousehousehouse	old task as				1
assigned					
List the actions/supports needed:					
for (name of Individual #2) to part	ticipate in				
household tasks to help care for			2		
develop independent living skills.		31	,		1
Describe how this will be provide					
individual preferences, (support in					
location where program strategy					
Completing home living tasks is r	not what (name				
of Individual #2) likes to do. He r	requires verbal				
cues, modeling/gestural and phys					
attend to home living task daily.					
STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION IDENTIFICATION	PROVIDER/SUPPLIER/CLIA (X	(2) MULTIPLE	CONSTRUCTION	(X3)) DATE SURVEY
	OIT TOMBLITE	(1950)			COMPLETED
	1				
	49G022	. WING			06/27/2018
NAME OF PROVIDER OR SUPPLIER	430022	S.	TREET ADDRESS, CITY, STATE, ZIF	PCODE	00/21/2010
		100	123 CONRAD STREET	0001	
CONRAD ICF			LEXANDRIA, VA 22312		

ID

PREFIX

TAG

W 240

ECTIVE...
ENCED TO THE AFT...
DEFICIENCY)
RECEIVED

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

(X4) ID

PREFIX

TAG

(X5)

COMPLETION

DATE

PRINTED: 07/05/2018 FORM APPROVED OMB NO. 0938-0391

						OIIID III	J. 0000-000
W 240			W	240			
iš.							
	Continued From page	e 26 task schedule so that					
		completed by (name of					
		s housemates daily. Prompt					į.
	(name of Individual #						
		t he knows what task he is					
	assigned for the day.	Prompt and encourage					
1	(name of Individual #	2) to clean after himself					
[g his dishes to the kitchen,					
	rinse them off and loa		g.				
		verbal praise to (name of					
	Individual #2) for his	active participation"	Ĺ				
	None of the above ou	utcomes was documented as					
	measurable skill build	ding activity outcomes to					
	promote independent						
	On 6/27/18 at 9:03 a.	.m., an interview was					
	conducted with ASM	and any of the second of the s				160	
	member) #3 (the hou	se manager). ASM #3 was					
		purpose of the person-					
	centered plan. ASM			ľ			
	centered plan addres						
		on their individual needs					
	and the goal is to mai						
		3 stated skill building activity eas where the individuals	100				
E		nd have to be measurable					
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ogress can be measured.					
2		pose of skill building activity				į	
		tated they are implemented					
		velop skills. When asked					
	how staff determines	which outcomes should be					
		outcomes, ASM #3 stated a					
		all staff is held and the staff					
1		strengths, weaknesses and					
	All and the second of the seco	asked to review Individual					
		plan. ASM #3 confirmed					
		ation in community activities)					
1	was not a skill buildin	g activity outcome but could	-				100
	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	/Y2) 841 II T	IPLE CONSTRUCTION		(X3) DATE	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	98 NAC			COMP	LETED
				IG	_		
		49G022	B. WNG _			ne!	27/2018
NAME OF PR	OVIDER OR SUPPLIER	700022	Т	STREET ADDRESS, CITY,	STATE, ZIP CODE		L1/2010
				4123 CONRAD STREET			

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

CONRAD ICF

(X4) ID PREFIX

TAG

ALEXANDRIA, VA 22312

ID

PREFIX

TAG

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY)

(X5) COMPLETION DATE

PRINTED: 07/05/2018 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES		OMB NO. 0938-0391
W 240 Continued From page 27 be. ASM #3 stated	W 240	
Individual #2 loves going out into the community.		
ASM #3 was asked to review outcome #4	1	
(household tasks). ASM #3 was asked if	1 1	
outcome #4 could be developed as a skill		1
building activity outcome. ASM #3 stated		
Individual #2 has a limited attention span but	1 1	1
does simple tasks such as setting the table and		
taking the trash out. When asked if it was	1	
possible to incorporate short household tasks as		
a skill building activity outcome, ASM #3 stated it	1 1	
was.	1	
	1	
On 6/27/18 at 10:50 a.m., ASM #2 was made		
aware of the above concern.		
	1 1	
No further information was presented prior to exit.	1 1	
1 1	1	
	*	
	1	
	1	
	1 1	
	1	
<u> </u>	1	
	1	
	1 1	
	1	
	1 1	
	}	
		x — w

RECEIVED * 13 N 1 2018 WOH/OLC