

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


PRINTED: 06/01/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>49G065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/25/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROSS DRIVE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5604 ROSS DRIVE FREDERICKSBURG, VA 22407</b>		
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W 000	INITIAL COMMENTS	W 000		
	<p>An unannounced annual Medicaid survey for Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) was conducted 5/23/16 through 5/25/16. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for the Intellectually Disabled. The Life Safety Code survey report will follow.</p> <p>The census in this four bed facility was four at the time of the survey. The survey sample consisted of two current individual reviews, (Individuals #1 and #2).</p>			
W 156	483.420(d)(4) STAFF TREATMENT OF CLIENTS	W 156	<p><b><u>W156</u></b></p> <p><b><u>How corrective action will be accomplished for individual #2:</u></b></p> <p>All results of investigations for injuries of unknown origins or allegations of abuse will be reported to the executive director within 5 working days of the incident occurring for individual #2.</p> <p><b><u>Assurance that other residents are protected from the possibility of the deficiency:</u></b></p> <p>All results of investigations for injuries of unknown origins or allegations of abuse will be reported to the executive director within 5 working days of the incident occurring for all individuals.</p> <p><b><u>Measures to be put into place or systemic changes to be made to</u></b></p>	6/8/17
	<p>The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview, facility document review and residential record review, it was determined that the facility staff failed to report the results of an abuse investigation to the executive director within five working days of the incident for one of two individuals in the survey sample, Individual #2.</p> <p>An injury of unknown origin was observed on Individual #2 on 4/28/17. The investigation (that concluded founded physical abuse) was not concluded or reported to the executive director until 5/11/17.</p> <p>The findings include:</p>			

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

TITLE

(X6) DATE

 ID Residential Coordinator 6/9/17

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 156	Continued From page 1  Individual #2 was admitted to (name of group home) on 9/29/14. Individual #2's diagnoses included but were not limited to: moderate intellectual disability, anxiety and autism.  An incident report dated 4/28/17 and completed by the day support lead specialist from Individual #2's day support program documented, "Provide a Detailed Description of the Incident: (What happened?) Attach additional paper if necessary. When DSC (direct support counselor) (name) pulled (name of Individual #2's) sleeve up to apply sunscreen, he noticed several small bruises around (name of Individual #2's) left arm just above his elbow. What Actions Were Taken? DSC (name) notified me and I contacted the group home to see if anything was documented. Pictures were taken. (Name of Individual #2) did not seem bothered by the bruises and he continued with his daily schedule...Supervisor Comments: After contacting (name of ASM [administrative staff member] #1- group home program manager), GH (Group Home) Manager and (name of ASM #6- group home assistant program manager), assistance (sic) GH manager, it was discovered that (name of Individual #2) required assistance getting dressed twice this morning because he was agitated and GH staff (name of DSP [direct support staff] #2) said those marks were not there either times. It was also reported by GH staff (name of DSP #3) and (name of DSP #2) that he was smacking and stomping. (Name of Individual #2) seemed to be his normal self when he arrived to day support...Program Director Review- Comments: ID (Intellectual Disability) Residential Coordinator to review camera footage at (name of group home) and report findings to QA (Quality Assurance)..."	W 156	<b><u>ensure that the deficient practice will not recur:</u></b> Any staff appointed by the executive director to investigate instances of injuries of unknown origin or allegations of abuse will be responsible for ensuring that the results of the investigation are reported to the executive director within 5 working days. <b><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u></b> RACSB's Administrative team will oversee and ensure that results from any investigation of injuries of unknown origin or allegations of abuse are reported to the executive director within 5 working days. <b><u>Date of Completion:</u></b> 6/8/17		

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W 156	Continued From page 2	W 156			
	<p>A "Human Rights Investigation" with no signature or date documented, "Allegation of Human Rights Violation: Abuse- Complaint: While at Day Support on April 28, 2017, day support staff found several small bruises around (name of Individual #2's) left arm just above his elbow. Day support staff contacted the (sic) (name of Individual #2's) residential program to inquire about the bruises. The group home had not noted the bruising prior to (name of Individual #2) leaving for Day Support. An Incident Report form was completed and forwarded to Quality Assurance staff and the Deputy Executive Director. Immediately following, Executive Director (name) appointed (name of ASM #4), Quality Assurance Coordinator and (name), Utilization Review Specialist to initiate an investigation in compliance with the human rights regulations concerning allegations of 'Abuse, Neglect, and Exploitation' under the tents of abuse. (Name of ASM #4) and (name of Utilization Review Specialist) viewed video footage from (name of group home) for the morning of April 28, 2017. The video footage showed the following: Video footage showed (Individual #2) pacing, jumping up and down and moving items from place to place. The video showed that (Individual #2) went into the den area and was attempting to pick up another resident's shoes when he was redirected by (DSP #1). (Individual #2) then took another individual's books and (DSP #1) attempted to redirect (Individual #2). At that time, (Individual #2) attempted to hit (DSP #1). As (Individual #2) was swatting at (DSP #1), it appeared (DSP #1) held (Individual #2) by his arms, just above the elbow. As he was holding (Individual #2) by the arms the two of them moved toward the sofa. It appeared that</p>				

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W 156	Continued From page 3  (Individual #2) either sat or fell onto the couch with (DSP #1) still holding onto his arms. The two stayed in that position for a few seconds and (Individual #2) stood up and attempted to hit (DSP #1) again, and (DSP #1) held (Individual #2) by the arms again. The two men were near the entrance of the den and (Individual #2) appeared to bump into the door as evident by the door hitting the wall. (DSP #1) let go and (Individual #2) began walking down the hallway...In consideration of information collected and recorded herein, the investigators are able to substantiate that claim that (Individual #2) obtained his physical injuries to his left arm as a result of inappropriate intervention of (name of group home) staff. In conclusion, we the investigators consider the supporting evidence to render this allegation of physical abuse as founded..."  On 5/24/17 at 1:05 p.m., an interview was conducted with ASM (administrative staff member) #4 (the Quality Assurance coordinator and person responsible for the investigation). ASM #4 stated she was informed of the above incident by the Deputy Executive Director and an incident report was received on 4/28/17. ASM #4 stated she also initiated the investigation on 4/28/17. ASM #4 stated she has ten business days to complete investigations per the human rights policy. ASM #4 stated she concluded the investigation and submitted the final report to the Executive Director on 5/11/17. ASM #4 was asked to provide documentation to evidence the date when the investigation was concluded and submitted to the Executive Director.  A form titled, "HUMAN RIGHTS ALLEGATION HARM, ABUSE, NEGLECT OR EXPLOITATION"				W 156

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W 156	Continued From page 4 documented, "5/11/17- Agency investigative team makes report to Executive Director or designee within ten (10) working days..."  On 5/24/17 at 4:50 p.m., ASM (administrative staff member) #1 (the program manager), ASM #2 (the assistant residential coordinator), ASM #5 (the Qualified Intellectual Disabilities Professional) and ASM #6 (the assistant program manager) were made aware of the above concern.  The facility human rights policy documented, "CHAPTER 115 RULES AND REGULATIONS TO ASSURE THE RIGHTS OF INDIVIDUALS RECEIVING SERVICES FROM PROVIDERS LICENSED, FUNDED, OR OPERATED BY THE DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES...Part VII Reporting Requirements...3. The investigating authority shall provide a written report of the results of the investigation of abuse or neglect to the director and human rights advocate within 10 working days from the date the investigation began unless an exemption has been granted by the department..."  No further information was provided prior to exit.	W 156			
W 159	483.430(a) QIDP  Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. This STANDARD is not met as evidenced by: Based on staff interview, facility document review and residential record review, it was determined that the QIDP (Qualified Intellectual Disabilities Professional) failed to coordinate and monitor	W 159			

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W 159	Continued From page 5 active treatment for two of two individuals in the survey sample, Individuals #1 and #2.  1. a. The QIDP failed to ensure objectives on the ISP (Individual Support Plan) for Individual # 1 were developed in measurable terms.  1. b. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 1 were in measurable terms.  1. c. The QIDP failed to ensure Individual #1's active treatment program for laundry was implemented.  1. d. The QIDP failed to ensure Individual #1's active treatment program for water activity was implemented.  1. e. The QIDP failed to develop training outcomes for the area of eating in Individual #1's ISP, based on the comprehensive functional assessment.  2. a. The QIDP failed to ensure objectives on the ISP for Individual #2 were developed in measurable terms.  2. b. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual #2 was in measurable terms.  2. c. The QIDP failed to ensure Individual #2's active treatment program for laundry was implemented.  The findings include:  1. a. The QIDP failed to ensure objectives on the	W 159	W159 1a. <b><u>How corrective action will be accomplished for individual #1:</u></b> The QIDP will revise the support plan for individual #1 to ensure that goals are documented in measurable terms. <b><u>Assurance that other residents are protected from the possibility of the deficiency:</u></b> The QIDP will review and revise support plans for each resident to ensure that goals are documented in measurable terms. <b><u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u></b> The QIDP will extract outcomes from the Comprehensive Functional and Clinical Assessments to establish skill building outcomes that can be documented in measurable terms. <b><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u></b> The annual ISP for each client will be reviewed by the ICF supervisor prior to submission deadlines to ensure that goals are documented in measurable terms. <b><u>Date of Completion:</u></b> 6/30/17	6/30/17	

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W 159	<p>Continued From page 6</p> <p>ISP for Individual # 1 were developed in measurable terms.</p> <p>Individual #1 was admitted to the group home on 11/28/14. Individual #1's diagnoses included but were not limited to: severe intellectual disability, glaucoma and skin rashes.</p> <p>Individual #1's current ISP dated 12/29/16 through 12/28/17 documented:</p> <p>"Goal 1. Important To and For Choices. (Individual #1) will have structured choices between some of his activities. He will be more satisfied and involved in activities and eventually lead to increased positive independence..." Further review of goal #1 failed to evidence documentation of quantitative measurable indicators of performance.</p> <p>"Goal 2. It is Important To and For Socialization. (Individual #1) will have opportunities to talk to, visit with, and be involved in activities with family, friends, and peers at home and in the community. Support staff will offer choices, parameters/guidance and opportunities to help (Individual #1) have a successful experience..." Further review of goal #2 failed to evidence documentation of quantitative measurable indicators of performance.</p> <p>"Goal 3b. Important To Communication. (Individual #1) will annunciate his words so that he can communicate his wants and needs better..." Further review of goal #3b failed to evidence documentation of quantitative measurable indicators of performance.</p> <p>"Goal 5. Important For Health and</p>	W 159	<p><b>W159</b></p> <p><b><u>1b.</u></b></p> <p><b><u>How corrective action will be accomplished for individual #1:</u></b></p> <p>The QIDP will revise the data collection sheet for individual #1 to ensure that goal data is collected and documented in measurable terms.</p> <p><b><u>Assurance that other residents are protected from the possibility of the deficiency:</u></b></p> <p>The QIDP will review and revise data collection sheets for each resident to ensure that goal data is collected and documented in measurable terms.</p> <p><b><u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u></b></p> <p>The QIDP will extract outcomes from the Comprehensive Functional and Clinical Assessments to establish skill building outcomes that can be collected and documented in measurable terms.</p> <p><b><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u></b></p> <p>The data collection sheets for each client will be reviewed by the ICF supervisor prior to initiation to ensure that goal data can be collected and documented in measurable terms.</p> <p><b><u>Date of Completion:</u></b></p> <p>6/30/17</p>	6/30/17	

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W 159	Continued From page 7  Safety-Brushing teeth and medical appointments. ICF (Intermediate Care Facility) Nurse will assess and monitor monthly and quarterly to assist in maintaining (Individual #1's) health status and making referrals. (Individual #1) will have annual dental appointments and will also be supported in brushing his teeth at least twice daily..." Further review of goal #5 failed to evidence documentation of quantitative measurable indicators of performance.  "Goal 7. It is Important FOR Medication Management. (Individual #1) will receive his medication as scheduled and as ordered..." Further review of goal #7 failed to evidence documentation of quantitative measurable indicators of performance.  "Goal 9. It is important FOR (Individual #1) to have good hygiene. Support Staff will assist (Individual #1) will (sic) personal care and hygiene needs..." Further review of goal #9 failed to evidence documentation of quantitative measurable indicators of performance.  "Goal 11. It is Important To (Individual #1) to build upon his independence in the area of laundry. (Individual #1) rill (sic) participate at least once per week to wash, dry, and/or fold his laundry..." Further review of goal #11 failed to evidence documentation of quantitative measurable indicators of performance.  "Goal 12. It is Important To and For (Individual #1) to engage in water activity. (Individual #1) would benefit from water exercise as instructed by the ICF Physical Therapist..." Further review of goal #12 failed to evidence documentation of quantitative measurable indicators of	W 159	<b><u>W159</u></b> <b><u>1c.</u></b> <b><u>How corrective action will be accomplished for Individual #1:</u></b> The QIDP will monitor facility staff to ensure they are implementing the active treatment outcome for laundry with Individual #1. <b><u>Assurance that other residents are protected from the possibility of the deficiency:</u></b> The QIDP will monitor facility staff to ensure they are implementing all outcomes in the active treatment plan for each resident. <b><u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u></b> The QIDP will review data to ensure outcome implementation is being recorded accurately by staff. <b><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u></b> The ICF Supervisor and assistant manager will review all data collection at a minimum of monthly to ensure that implementation is being recorded accurately. <b><u>Date of Completion:</u></b> <b>6/30/17</b>	6/30/17	



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W 159	<p>Continued From page 8 performance.</p> <p>The QIDP who wrote Individual #1's ISP was no longer employed at the group home.</p> <p>On 5/25/17 at 8:52 a.m., an interview was conducted with ASM (administrative staff member) #1 (the program manager), ASM #2 (the assistant residential coordinator), ASM #5 (the current QIDP), ASM #6 (the assistant program manager) and ASM #7 (the nurse manager). ASM #5 stated the QIDP was responsible for developing the ISP and worked with the interdisciplinary team to do so. ASM #5 stated the ISP is developed based on the comprehensive functional assessment and assessments from physical therapy, occupational therapy, speech therapy, the nutrition specialist and psychology. Individual #1's ISP was reviewed with ASM #5. ASM #5 confirmed all of the above areas of the ISP were not written in measurable terms but could be. At this time, ASM #1, ASM #2, ASM #5, ASM #6 and ASM #7 were made aware of the above concern.</p> <p>The facility policy titled, "Facility Staffing. Section 4-2: Qualified Intellectual Disabilities Professional" documented, "3. Responsibilities of the QIDP:</p> <p>a. Facilitate the individual's Person Centered plan (PCP) (also known as the ISP) and Personal Support Team (PST) for development and review twice a year, with documented quarterly reviews by the QIDP.</p> <p>b. Ensure that all Person Centered Plans for the residents are individually developed and tailored.</p> <p>c. Ensure that the PCP is reflective of the criteria for Active Treatment, plans, interventions, task analysis, data collection, etc.</p>	W 159	<p><b><u>W159</u></b> <b><u>1d.</u></b> <b><u>How corrective action will be accomplished for Individual #1:</u></b> The QIDP will monitor facility staff to ensure they are implementing the active treatment outcome for water activity for Individual #1. <b><u>Assurance that other residents are protected from the possibility of the deficiency:</u></b> The QIDP will monitor facility staff to ensure they are implementing all outcomes in the active treatment plan for each resident. <b><u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u></b> The QIDP will review data to ensure outcome implementation is being recorded accurately by staff. <b><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u></b> The ICF Supervisor and assistant manager will review all data collection at a minimum of monthly to ensure that implementation is being recorded accurately. <b><u>Date of Completion:</u></b> 6/30/17</p>	6/30/17	

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W 159	Continued From page 9 d. ensures that the PCP is revised and updated as needed. e. Observe the residents to ensure that the recorded data and the individual's actual experiences and progress match. f. Monitor and observe the individuals, their activities, the supports and services, progress notes, and data..."  No further information was presented prior to exit.  1. b. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 1 were in measurable terms.  Individual #1's current ISP dated 12/29/16 through 12/28/17 documented:  "Goal 1. Important To and For Choices. (Individual #1) will have structured choices between some of his activities. He will be more satisfied and involved in activities and eventually lead to increased positive independence...  Goal 2. It is Important To and For Socialization. (Individual #1) will have opportunities to talk to, visit with, and be involved in activities with family, friends, and peers at home and in the community. Support staff will offer choices, parameters/guidance and opportunities to help (Individual #1) have a successful experience...  Goal 3b. Important To Communication. (Individual #1) will annunciate his words so that he can communicate his wants and needs better...  Goal 5. Important For Health and Safety-Brushing teeth and medical appointments. ICF	W 159	<b><u>W159</u></b> <b><u>1e.</u></b> <b><u>How corrective action will be</u></b> <b><u>accomplished for individual #1:</u></b> The QIDP will coordinate and revise the support plan for individual #1 to develop active treatment programs in the area of eating in accordance with the information gathered in the Comprehensive Functional Assessment. <b><u>Assurance that other residents are</u></b> <b><u>protected from the possibility of the</u></b> <b><u>deficiency:</u></b> The QIDP will coordinate and revise the support plans for all individuals to develop active treatment programs in accordance with the information gathered in the Comprehensive Functional Assessment. <b><u>Measures to be put into place or</u></b> <b><u>systemic changes to be made to</u></b> <b><u>ensure that the deficient practice</u></b> <b><u>will not recur:</u></b> The QIDP will extract information from the Comprehensive Functional Assessments to develop active treatment outcomes for each individual at a minimum of annually for their ISP or as changes or revisions are needed based on individualized needs.	6/30/17	

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W 159	<p>Continued From page 10</p> <p>(Intermediate Care Facility) Nurse will assess and monitor monthly and quarterly to assist in maintaining (Individual #1's) health status and making referrals. (Individual #1) will have annual dental appointments and will also be supported in brushing his teeth at least twice daily...</p> <p>Goal 7. It is Important FOR Medication Management. (Individual #1) will receive his medication as scheduled and as ordered...</p> <p>Goal 9. It is important FOR (Individual #1) to have good hygiene. Support Staff will assist (Individual #1) will (sic) personal care and hygiene needs...</p> <p>Goal 11. It is Important To (Individual #1) to build upon his independence in the area of laundry. (Individual #1) will (sic) participate at least once per week to wash, dry, and/or fold his laundry...</p> <p>Goal 12. It is Important To and For (Individual #1) to engage in water activity. (Individual #1) would benefit from water exercise as instructed by the ICF Physical Therapist..."</p> <p>Further review of the above goals failed to evidence documentation of quantitative measurable indicators of performance.</p> <p>The ISP "Checklists" (data collection forms) and progress notes for Individual #1 dated 4/1/17 through 5/20/17 were reviewed. The checklists and progress notes failed to evidence documentation of the data collection of Individual #1's ISP outcomes/goals in measurable terms.</p> <p>On 5/25/17 at 8:52 a.m., an interview was conducted with ASM (administrative staff member) #1 (the program manager), ASM #2</p>	W 159	<p><b><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u></b></p> <p>The annual ISP for each client will be reviewed by the ICF supervisor prior to submission deadlines to ensure that active treatment programs in accordance with the Comprehensive Functional Assessment for each resident are documented in the ISP.</p> <p><b><u>Date of Completion:</u></b> 6/30/17</p> <p><b><u>W159</u></b></p> <p><b><u>2a.</u></b></p> <p><b><u>How corrective action will be accomplished for individual #2:</u></b></p> <p>The QIDP will revise the support plan for individual #2 to ensure that goals are documented in measurable terms.</p> <p><b><u>Assurance that other residents are protected from the possibility of the deficiency:</u></b></p> <p>The QIDP will review and revise support plans for each resident to ensure that goals are documented in measurable terms.</p> <p><b><u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u></b></p> <p>The QIDP will extract outcomes from the Comprehensive Functional</p>	6/30/17	

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W 159	Continued From page 11 (the assistant residential coordinator), ASM #5 (the QIDP), ASM #6 (the assistant program manager) and ASM #7 (the nurse manager). ASM #5 stated the QIDP was responsible for developing the ISP and worked with the interdisciplinary team to do so. ASM #5 stated the ISP is developed based on the comprehensive functional assessment and assessments from physical therapy, occupational therapy, speech therapy, the nutrition specialist and psychology. Individual #1's ISP and ISP checklists for April and May 2017 was reviewed with ASM #5. ASM #5 confirmed all of the above areas of the ISP were not written in measurable terms and the data checklists were based on the ISP; therefore the data collection was not measurable as well. At this time, ASM #1, ASM #2, ASM #5, ASM #6 and ASM #7 were made aware of the above concern.  No further information was presented prior to exit.  1. c. The QIDP failed to ensure Individual #1's active treatment program for laundry was implemented.  Individual #1's current ISP dated 12/29/16 through 12/28/17 documented:  "Goal 11. It is Important To (Individual #1) to build upon his independence in the area of laundry. (Individual #1) rill (sic) participate at least once per week to wash, dry, and/or fold his laundry. Describe how this will be Provided based on individual preferences (support instructions) and location where Program strategy can be found: SKILL BUILDING: (Individual #1) seems to enjoy watching the laundry cycle in the washing machine. (Individual	W 159	Clinical Assessments to establish skill building outcomes that can be documented in measurable terms. <b><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u></b> The annual ISP for each client will be reviewed by the ICF supervisor prior to submission deadlines to ensure that goals are documented in measurable terms. <b><u>Date of Completion:</u></b> 6/30/17  <b><u>W159</u></b> <b><u>2b.</u></b> <b><u>How corrective action will be accomplished for individual #2:</u></b> The QIDP will revise the data collection sheet for individual #2 to ensure that goal data is collected and documented in measurable terms. <b><u>Assurance that other residents are protected from the possibility of the deficiency:</u></b> The QIDP will review and revise data collection sheets for each resident to ensure that goal data is collected and documented in measurable terms. <b><u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u></b>	6/30/17

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W 159	Continued From page 12 #1) has participated in the past with his laundry process and shows capabilities in improving his skills. (Individual #1) will be encouraged to participate in washing, drying, and/or folding is laundry when he chooses at least once per week. - Ask (Individual #1) to put his dirty clothing into the washing machine. Remind him to close the washing machine. - After measuring, offer (Individual #1) to pour the laundry soap into the proper receptacle while pointing at it. - Remind (Individual #1) to close the soap receptacle. - Point to the buttons on the washing machine to model one at a time in order for (Individual #1) to begin the wash cycle. - Let (Individual #1) know when the wash cycle is finished and let him know that his clothes are ready to be put into the dryer. - Encourage (Individual #1) to take out his clothing from the washer and put into the dryer. - Point to the buttons on the dryer to model one at a time in order for (Individual #1) to begin the dry cycle. - Let (Individual #1) know when the dry cycle is complete and ask him to fold his laundry. Allow (Individual #1) to fold his laundry to the best of his ability and model or use hand over hand to fold any pieces that need to be straightened out in order to prevent wrinkles. - Document (Individual #1's) progress toward independence during his laundry process in your support logs..."  Review of Individual #1's ISP checklist (data collection form) for April 2017 revealed a section of documentation regarding the weekly laundry outcome/goal. The key at the bottom of the form documented, "initials = (equals) support provided;	W 159	The QIDP will extract outcomes from the Comprehensive Functional and Clinical Assessments to establish skill building outcomes that can be collected and documented in measurable terms. <b><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u></b> The data collection sheets for each client will be reviewed by the ICF supervisor prior to initiation to ensure that goal data can be collected and documented in measurable terms. <b><u>Date of Completion:</u></b> 6/30/17		
			W159 2c. How corrective action will be accomplished for Individual #2: The QIDP will monitor facility staff to ensure they are implementing the active treatment outcome for laundry for Individual #2. <b><u>Assurance that other residents are protected from the possibility of the deficiency:</u></b> The QIDP will monitor facility staff to ensure they are implementing all		6/30/17

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W 159	<p>Continued From page 13</p> <p>+ (plus sign)/ - (minus sign) = participation/no participation." The following was documented:</p> <ul style="list-style-type: none"> <li>- A minus sign was documented for 4/1/17 through 4/5/17, 4/8/17; 4/10/17 through 4/21/17 and 4/24/17 through 4/30/17.</li> <li>- A plus sign was documented for 4/6/17, 4/22/17 and 4/23/17.</li> <li>- A plus sign and minus sign were documented for 4/7/17 and 4/9/17.</li> </ul> <p>Review of Individual #1's April 2017 progress notes failed to reveal any documentation regarding the individual's laundry outcome/goal.</p> <p>On 5/25/17 at 8:52 a.m., an interview was conducted with ASM (administrative staff member) #1 (the program manager), ASM #2 (the assistant residential coordinator), ASM #5 (the QIDP), ASM #6 (the assistant program manager) and ASM #7 (the nurse manager). ASM #1 and ASM #5 were asked to explain the documentation on the ISP checklist and demonstrate evidence that the weekly laundry outcome/goal was implemented for Individual #1. ASM #1 stated signatures meant the outcome/goal was completed. ASM #5 stated a minus sign either meant the outcome/goal didn't happen or the outcome/goal was not achieved for that day. ASM #5 stated that according to the ISP checklist key a minus sign meant the individual didn't participate in the outcome/goal. When asked why there was documentation for each day when the laundry outcome/goal was supposed to be implemented weekly, ASM #5 stated the checklist was filled out incorrectly. ASM #5 stated the progress notes should document whether the laundry outcome/goal was implemented and if there was no documentation in the progress notes then there was no proof the</p>	W 159	<p>outcomes in the active treatment plan for each resident.</p> <p><b><u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u></b></p> <p>The QIDP will review data to ensure outcome implementation is being recorded accurately by staff.</p> <p><b><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u></b></p> <p>The program Supervisor and assistant manager will review all data collection at a minimum of monthly to ensure that implementation is being recorded accurately.</p> <p><b><u>Date of Completion:</u></b> 6/30/17</p>		

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W 159	Continued From page 14  outcome/goal was implemented. At this time, ASM #1, ASM #2, ASM #5, ASM #5 and ASM #7 were made aware of the above concern.  No further information was presented prior to exit.  1. d. The QIDP failed to ensure Individual #1's active treatment program for water activity was implemented.  Individual #1's current ISP dated 12/29/16 through 12/28/17 documented:  "Goal 12. It is Important To and For (Individual #1) to engage in water activity. (Individual #1) would benefit from water exercise as instructed by the ICF Physical Therapist. Describe how this will be Provided based on individual preferences (support instructions) and location where Program strategy can be found: The Physical Therapist will assess (Individual #1) in the pool and train staff to safely help him into and out of the water as well as how to work with (Individual #1) in certain exercises that would promote muscle tone and range of motion. Staff will support (Individual #1) in the pool in accordance with the Physical Therapy assessment once the assessment in (sic) complete. This outcome will not go into effect until assessment in water and staff training is complete..."  Review of Individual #1's ISP checklist (data collection form) for April 2017 revealed a section of documentation regarding the monthly water activity outcome/goal. The key at the bottom of the form documented, "initials = (equals) support provided; + (plus sign)/ - (minus sign) = participation/no participation." The following was	W 159			

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W 159	Continued From page 15 documented: - A minus sign was documented for each day of April 2017.  Review of Individual #1's April 2017 progress notes failed to reveal any documentation regarding the individual's water activity outcome/goal.  On 5/25/17 at 8:52 a.m., an interview was conducted with ASM (administrative staff member) #1 (the program manager), ASM #2 (the assistant residential coordinator), ASM #5 (the QIDP), ASM #6 (the assistant program manager) and ASM #7 (the nurse manager). ASM #1 and ASM #5 were asked to explain the documentation on the ISP checklist and demonstrate evidence that the monthly water activity outcome/goal was implemented for Individual #1. ASM #1 stated signatures meant the outcome/goal was completed. ASM #5 stated a minus sign either meant the outcome/goal didn't happen or the outcome/goal was not achieved for that day. ASM #5 stated that according to the ISP checklist key a minus sign meant the individual didn't participate in the outcome/goal. When asked why there was documentation for each day when the water activity outcome/goal was supposed to be implemented monthly, ASM #5 stated the checklist was filled out incorrectly. ASM #5 stated the progress notes should document whether the water activity outcome/goal was implemented and if there was no documentation in the progress notes then there was no proof the outcome/goal was implemented. ASM #1 stated the program manager, assistant program manager and QIDP were responsible for ensuring active treatment was implemented. At this time, ASM #1, ASM #2,	W 159			



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W 159	Continued From page 16 ASM #5, ASM #5 and ASM #7 were made aware of the above concern.  No further information was presented prior to exit.  1. e. The QIDP failed to develop training outcomes for the area of eating in Individual #1's ISP, based on the comprehensive functional assessment (CFA).  Review of the CFA dated November 2016 for Individual # 1 revealed a page entitled "Adaptive Behavior Assessment Keys." The "Adaptive Behavior Assessment Keys" documented, "0 (zero): Task Resistive - consumer does not cooperate or become combative; 1 (one): Dependent - staff completes 100% (percent) of the task; 2 (two): Maximum Assistance - staff completes 75% of task. Hand-over-hand assistance is used to complete the process. Staff may initially guide the consumer then release hand-over-hand assistance; 3 (three): Moderate Assistance - staff completes 50% of task. Partial hand-over-hand assistance is required. Staff may initially guide the consumer then release hand-over-hand; 4 (four): Minimal Assistance - staff completes 25% of task. Intermittent hand-over-hand assistance is required. Staff provides hand-over-hand assistance as needed to complete the task; 5 (five): Touch Prompt - a quick touch is given to get consumer to begin the task; 6 (six): Verbal direction - a verbal statement is given to the hearing consumer; 7 (seven): Manual Sign - a manual sign is given to a hearing impaired consumer, instead of or in addition to a verbal direction; 8 (eight): Verbal Cue - a cue or hint about completing the task; 9 (nine) Gestural Cue - a visual cue such as pointing; 10 Set-up, supervision, contact guard - the environment is	W 159			

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W 159	Continued From page 17  set up to cause the consumer to complete the task independently or the consumer is supervised during the independent completion of the task for safety purposes; 11 Modified Independence - the consumer uses some type of adaptive equipment to complete a task without prompting or supervision; 12 Complete Independence - the consumer completes the task without prompts or cues, in a timely and safe manner. If the consumer were left alone, he/she would complete the task by his or her self; 13 N/A (non applicable) - Only to be used for gender or disability specific questions such as menstrual care, bra use, wheelchair use."  Further review of the CFA revealed that in the area of "Eating" Individual #1 scored a "10 Set-up, supervision, contact guard- the environment is set up to cause the consumer to complete the task independently or the consumer is supervised during the independent completion of the task for safety purposes" for the tasks of: -Grasping the cup or glass properly -Bringing the cup or glass to mouth -Tipping the cup to mouth at appropriate angle -Opening a twist-top lid on pitcher -Eating independently with fingers -Holding a spoon with food on it -Scooping food with a spoon -Bringing the filled spoon to mouth -Stirring with the spoon -Removing all food from the spoon -Holding the fork after food has been speared -Scooping food from the fork -Spearing soft food with the fork -Spearing hard food with the fork -Bringing the filled fork to mouth -Using the napkin to wipe mouth	W 159			

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W 159	Continued From page 18  Review of Individual #1's ISP dated 12/29/16 through 12/28/17 failed to evidence training outcomes for the area of eating.  On 5/24/17 at 2:00 p.m. an interview was conducted with ASM (administrative staff member) #5 the QIDP regarding the process of developing the Individual Support Plan from the Comprehensive Functional Assessment. When asked to describe the process, ASM #5 stated, "The team, which includes the supervisor, assistant manager, physical therapy, occupational therapy, speech therapy, the nutritionist, the psychologist and the day support staff, review the comprehensive functional assessment which includes the areas of self-care, eating, sensorimotor, life safety/health, domestic skills, leisure, social, pre-vocational cognitive and community living. Subcategories are selected from the major areas for the individual to work on and it is added in the ISP based on the scoring from two, maximum assistance to ten, set-up/supervision/contact guard."  On 5/25/17 at 8:52 a.m., an interview was conducted with ASM #1 (the program manager), ASM #2 (the assistant residential coordinator), ASM #5, ASM #6 (the assistant program manager) and ASM #7 (the nurse manager). ASM #5 confirmed if an individual has an area on the comprehensive functional assessment where the individual is not fully dependent or fully independent (as evidenced by a score from two to ten) then the area should be addressed in the ISP and a goal should be created for the individual to develop a skill and work toward independence. ASM #5 stated an eating goal should have been developed for Individual #1's ISP. At this time, ASM #1, ASM #2, ASM #5,	W 159			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>49G065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/25/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROSS DRIVE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5604 ROSS DRIVE FREDERICKSBURG, VA 22407</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 159	Continued From page 19 ASM #6 and ASM #7 were made aware of the above concern.  No further information was presented prior to exit.  2. a. The QIDP failed to ensure objectives on the ISP for Individual #2 were developed in measurable terms.  Individual #2 was admitted to the group home on 9/29/14. Individual #2's diagnoses included but were not limited to: moderate intellectual disability, anxiety and autism.  Individual #2's current ISP dated 10/29/16 through 10/28/17 documented:  "Goal 2. Important To and For (Individual #2) to make choices; Communication..." Further review of goal #2 failed to evidence documentation of quantitative measurable indicators of performance.  "Goal 5. Important For (Individual #2) to have assistance accomplishing his personal care; Health and Safety..." Further review of goal #5 failed to evidence documentation of quantitative measurable indicators of performance.  "Goal 7. Important To and For Community Outings. (Individual #2) will be supported in successful participation in community activities at least once per week. At least once per month, (Individual #2) will be supported to visit ARC park in Richmond, VA..." Further review of goal 7 failed to evidence documentation of quantitative measurable indicators of performance.  "Goal 8. Swimming- Important To (Individual #2)	W 159			

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W 159	<p>Continued From page 20</p> <p>will go swimming once per month..." Further review of goal #8 failed to evidence documentation of quantitative measurable indicators of performance.</p> <p>"Goal 9. Taking out the trash-Skill building-Important For (Individual #2) will participate in chores at home in order to gain independence..." Further review of goal #9 failed to evidence documentation of quantitative measurable indicators of performance.</p> <p>"Goal 10. Laundry- Important For (Individual #2) will put his dirty clothes in his hamper and will participate in washing his laundry once per week..." Further review of goal #10 failed to evidence documentation of quantitative measurable indicators of performance.</p> <p>The QIDP who wrote Individual #2's ISP was no longer employed at the group home.</p> <p>On 5/25/17 at 8:52 a.m., an interview was conducted with ASM (administrative staff member) #1 (the program manager), ASM #2 (the assistant residential coordinator), ASM #5 (the current QIDP), ASM #6 (the assistant program manager) and ASM #7 (the nurse manager). ASM #5 stated the QIDP was responsible for developing the ISP and worked with the interdisciplinary team to do so. ASM #5 stated the ISP is developed based on the comprehensive functional assessment and assessments from physical therapy, occupational therapy, speech therapy, the nutrition specialist and psychology. Individual #2's ISP was reviewed with ASM #5. ASM #5 confirmed all of the above areas of the ISP were not written in measurable terms but could be. At this time,</p>		W 159		

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W 159	<p>Continued From page 21</p> <p>ASM #1, ASM #2, ASM #5, ASM #6 and ASM #7 were made aware of the above concern.</p> <p>No further information was presented prior to exit.</p> <p>2. b. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual #2 was in measurable terms.</p> <p>Individual #2's current ISP dated 10/29/16 through 10/28/17 documented:</p> <p>"Goal 2. Important To and For (Individual #2) to make choices; Communication...</p> <p>"Goal 5. Important For (Individual #2) to have assistance accomplishing his personal care; Health and Safety...</p> <p>"Goal 7. Important To and For Community Outings. (Individual #2) will be supported in successful participation in community activities at least once per week. At least once per month, (Individual #2) will be supported to visit ARC park in Richmond, VA...</p> <p>"Goal 8. Swimming- Important To (Individual #2) will go swimming once per month...</p> <p>"Goal 9. Taking out the trash-Skill building- Important For (Individual #2) will participate in chores at home in order to gain independence...</p> <p>"Goal 10. Laundry- Important For (Individual #2) will put his dirty clothes in his hamper and will participate in washing his laundry once per week..."</p> <p>Further review of the above goals failed to</p>		W 159		

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W 159	Continued From page 22  evidence documentation of quantitative measurable indicators of performance.  The ISP "Checklists" (data collection forms) and progress notes for Individual #2 dated 4/1/17 through 5/20/17 were reviewed. The checklists and progress notes failed to evidence documentation of the data collection of Individual #2's ISP outcomes/goals in measurable terms.  On 5/25/17 at 8:52 a.m., an interview was conducted with ASM (administrative staff member) #1 (the program manager), ASM #2 (the assistant residential coordinator), ASM #5 (the QIDP), ASM #6 (the assistant program manager) and ASM #7 (the nurse manager). ASM #5 stated the QIDP was responsible for developing the ISP and worked with the interdisciplinary team to do so. ASM #5 stated the ISP is developed based on the comprehensive functional assessment and assessments from physical therapy, occupational therapy, speech therapy, the nutrition specialist and psychology. Individual #2's ISP and ISP checklists for April and May 2017 was reviewed with ASM #5. ASM #5 confirmed all of the above areas of the ISP were not written in measurable terms and the data checklists were based on the ISP; therefore the data collection was not measurable as well. At this time, ASM #1, ASM #2, ASM #5, ASM #6 and ASM #7 were made aware of the above concern.  No further information was presented prior to exit.  2. c. The QIDP failed to ensure Individual #2's active treatment program for laundry was implemented.	W 159			

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W 159	<p>Continued From page 23</p> <p>Individual #2's current ISP dated 10/29/16 through 10/28/17 documented:</p> <p>"Goal 10. Laundry- Important For (Individual #2) will put his dirty clothes in his hamper and will participate in washing his laundry once per week. Describe how this will be Provided based on individual preferences (support instructions) and location where Program strategy can be found: (Individual #2) has a tendency to throw his clothing in the trash can while he is in the bathroom. Staff should know to be on the lookout for this and discourage him to do that.</p> <ul style="list-style-type: none"> <li>- (Individual #2) will be verbally reminded to throw his dirty clothes into the hamper in the bathroom rather than the trash can.</li> <li>- On his laundry day at least once per week, (Individual #2) will take his clothing from his hamper and put it into the washing machine.</li> <li>- Staff will use modeling, hand over hand support, and/or verbal encouragement, starting with the most independent option, depending on what is needed in that moment..."</li> </ul> <p>Review of Individual #2's ISP checklist (data collection form) for April 2017 and May 2017 revealed a section of documentation regarding the weekly laundry outcome/goal. The key at the bottom of the form documented:</p> <p>Initials = (equal) support provided Circled initials = support provided/notation in log C = chose not to participate A = individual not present I = Incident O = Other - (a minus sign) = Not Offered</p> <p>A minus sign was documented each day from</p>	W 159			



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W 159	Continued From page 24 4/23/17 through 5/7/17.  Review of Individual #2's progress notes from 4/23/17 through 5/7/17 failed to reveal any documentation regarding the individual's laundry outcome/goal.  On 5/25/17 at 8:52 a.m., an interview was conducted with ASM (administrative staff member) #1 (the program manager), ASM #2 (the assistant residential coordinator), ASM #5 (the QIDP), ASM #6 (the assistant program manager) and ASM #7 (the nurse manager). ASM #1 and ASM #5 were asked to explain the documentation on the ISP checklist and demonstrate evidence that the weekly laundry outcome/goal was implemented for Individual #2. ASM #5 stated the minus sign indicated the outcome/goal was not offered. ASM #1 stated the program manager, assistant program manager and QIDP were responsible for ensuring active treatment was implemented. At this time, ASM #1, ASM #2, ASM #5, ASM #5 and ASM #7 were made aware of the above concern.  No further information was presented prior to exit.	W 159			
W 227	483.440(c)(4) INDIVIDUAL PROGRAM PLAN  The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.  This STANDARD is not met as evidenced by: Based on staff interview, facility document review and residential record review, it was determined	W 227	<u><b>W227</b></u> <b>How corrective action will be accomplished for individual #1:</b> The QIDP will coordinate and revise the support plan for individual #1 to develop active treatment programs in the area of eating in accordance with the information gathered in the Comprehensive Functional Assessment.	6/30/17	

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W 227	<p>Continued From page 25</p> <p>that the facility staff failed to develop an ISP (individual support plan) based on the CFA (comprehensive functional assessment) for one of two individuals in the survey sample, Individual #1.</p> <p>The facility staff failed to develop training outcomes for the area of eating in Individual #1's ISP, based on the comprehensive functional assessment</p> <p>The findings include:</p> <p>Individual #1 was admitted to the home on 11/28/14. Individual #1's diagnoses included but were not limited to: severe intellectual disability, glaucoma and skin rashes.</p> <p>Review of the CFA dated November 2016 for Individual # 1 revealed a page entitled "Adaptive Behavior Assessment Keys." The "Adaptive Behavior Assessment Keys" documented, "0 (zero): Task Resistive - consumer does not cooperate or become combative; 1 (one): Dependent - staff completes 100% (percent) of the task; 2 (two): Maximum Assistance - staff completes 75% of task. Hand-over-hand assistance is used to complete the process. Staff may initially guide the consumer then release hand-over-hand assistance; 3 (three): Moderate Assistance - staff completes 50% of task. Partial hand-over-hand assistance is required. Staff may initially guide the consumer then release hand-over-hand; 4 (four): Minimal Assistance - staff completes 25% of task. Intermittent hand-over-hand assistance is required. Staff provides hand-over-hand assistance as needed to complete the task; 5 (five): Touch Prompt - a quick touch is given to get consumer to begin the</p>	W 227	<p><b><u>Assurance that other residents are protected from the possibility of the deficiency:</u></b></p> <p>The QIDP will coordinate and revise the support plans for all individuals to develop active treatment programs in accordance with the information gathered in the Comprehensive Functional Assessment.</p> <p><b><u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u></b></p> <p>The QIDP will extract information from the Comprehensive Functional Assessments to develop active treatment outcomes for each individual at a minimum of annually for their ISP or as changes or revisions are needed based on individualized needs.</p> <p><b><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u></b></p> <p>The annual ISP for each client will be reviewed by the ICF supervisor prior to submission deadlines to ensure that active treatment programs in accordance with the Comprehensive Functional Assessment for each resident are documented in the ISP.</p> <p><b><u>Date of Completion:</u></b> 6/30/17</p>	

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W 227	Continued From page 26  task; 6 (six): Verbal direction - a verbal statement is given to the hearing consumer; 7 (seven): Manual Sign - a manual sign is given to a hearing impaired consumer, instead of or in addition to a verbal direction; 8 (eight): Verbal Cue - a cue or hint about completing the task; 9 (nine) Gestural Cue - a visual cue such as pointing; 10 Set-up, supervision, contact guard - the environment is set up to cause the consumer to complete the task independently or the consumer is supervised during the independent completion of the task for safety purposes; 11 Modified Independence - the consumer uses some type of adaptive equipment to complete a task without prompting or supervision; 12 Complete Independence - the consumer completes the task without prompts or cues, in a timely and safe manner. If the consumer were left alone, he/she would complete the task by his or her self; 13 N/A (non applicable) - Only to be used for gender or disability specific questions such as menstrual care, bra use, wheelchair use."  Further review of the CFA revealed that in the area of "Eating" Individual #1 scored a "10 Set-up, supervision, contact guard- the environment is set up to cause the consumer to complete the task independently or the consumer is supervised during the independent completion of the task for safety purposes" for the tasks of: -Grasping the cup or glass properly -Bringing the cup or glass to mouth -Tipping the cup to mouth at appropriate angle -Opening a twist-top lid on pitcher -Eating independently with fingers -Holding a spoon with food on it -Scooping food with a spoon -Bringing the filled spoon to mouth -Stirring with the spoon			W 227			

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W 227	<p>Continued From page 27</p> <ul style="list-style-type: none"> <li>-Removing all food from the spoon</li> <li>-Holding the fork after food has been speared</li> <li>-Scooping food from the fork</li> <li>-Spearing soft food with the fork</li> <li>-Spearing hard food with the fork</li> <li>-Bringing the filled fork to mouth</li> <li>-Using the napkin to wipe mouth</li> </ul> <p>Review of Individual #1's ISP dated 12/29/16 through 12/28/17 failed to evidence training outcomes for the area of eating.</p> <p>On 5/24/17 at 2:00 p.m. an interview was conducted with ASM (administrative staff member) #5 the QIDP (Qualified Intellectual Disabilities Professional) regarding the process of developing the Individual Support Plan from the Comprehensive Functional Assessment. When asked to describe the process ASM #5 stated, "The team, which includes the supervisor, assistant manager, physical therapy, occupational therapy, speech therapy, the nutritionist, the psychologist and the day support staff, review the comprehensive functional assessment which includes the areas of self-care, eating, sensorimotor, life safety/health, domestic skills, leisure, social, pre-vocational cognitive and community living. Subcategories are selected from the major areas for the individual to work on and it is added in the ISP based on the scoring from two, maximum assistance to ten, set-up/supervision/contact guard."</p> <p>On 5/25/17 at 8:52 a.m., an interview was conducted with ASM #1 (the program manager), ASM #2 (the assistant residential coordinator), ASM #5, ASM #6 (the assistant program manager) and ASM #7 (the nurse manager). ASM #5 confirmed if an individual has an area on</p>		W 227		

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W 227	Continued From page 28  the comprehensive functional assessment where the individual is not fully dependent or fully independent (as evidenced by a score from two to ten) then the area should be addressed in the ISP and a goal should be created for the individual to develop a skill and work toward independence. ASM #5 stated an eating goal should have been developed for Individual #1's ISP. At this time, ASM #1, ASM #2, ASM #5, ASM #6 and ASM #7 were made aware of the above concern.  The facility policy titled, "ICF (Intermediate Care Facility) Service: Active Treatment; Section 5-8: Person Centered Plan" documented, "It is the policy of (name of home) that every resident have an Individualized Program Plan (Person Centered Plan) (also known as an ISP) which will be reviewed every 90 days and revised as needed...Objectives will be specific and necessary to meet the recipient's needs as identified by the CFA (needs observed to most likely impact the individual's ability to functions in daily life)..."	W 227			
W 231	No further information was presented prior to exit. 483.440(c)(4)(iii) INDIVIDUAL PROGRAM PLAN  The objectives of the individual program plan must be expressed in behavioral terms that provide measurable indices of performance.  This STANDARD is not met as evidenced by: Based on staff interview, facility document review and residential record review, it was determined that the facility staff failed to develop objectives in measurable terms for two of two individuals in the	W 231	<u><b>W231</b></u> <u><b>1.</b></u> <u><b>How corrective action will be accomplished for individual #1:</b></u> The QIDP will revise the support plan for individual #1 to define the outcomes/goals in measurable terms in the areas of #1 Choices, #2 Socialization, #3b Communication, #5 Health and Safety, #7 Medication Management, #9 Hygiene, #11	6/30/17	

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W 231	<p>Continued From page 29 survey sample, Individuals #1 and #2.</p> <p>1. The facility staff failed to define the following ISP (individual support plan) outcomes/goals in measurable terms for Individual #1: Outcomes: #1 Choices; #2 Socialization; #3b Communication; #5 Health and Safety; #7 Medication Management; #9 Hygiene; #11 Laundry; #12 Water Activity.</p> <p>2. The facility staff failed to define the following ISP outcomes/goals in measurable terms for Individual #2: Outcomes: #2 Choices/Communication; #5 Personal Care/Health and Safety; #7 Community Outings; #8 Swimming; #9 Taking out the Trash; #10 Laundry.</p> <p>The findings include:</p> <p>1. The facility staff failed to define the following ISP (individual support plan) outcomes/goals in measurable terms for Individual # 1: "Outcomes: # 1 Choices; #2 Socialization; #3b Communication; #5 Health and Safety; #7 Medication Management; #9 Hygiene; #11 Laundry; #12 Water Activity.</p> <p>Individual #1 was admitted to the group home on 11/28/14. Individual #1's diagnoses included but were not limited to: severe intellectual disability, glaucoma and skin rashes.</p> <p>Individual #1's current ISP dated 12/29/16 through 12/28/17 documented:</p> <p>"Goal 1. Important To and For Choices. (Individual #1) will have structured choices between some of his activities. He will be more</p>	W 231	<p>Laundry, and #12 Water Activity.</p> <p><b><u>Assurance that other residents are protected from the possibility of the deficiency:</u></b> The QIDP will review and revise support plans for each resident to ensure that the objectives of the individual program plans are expressed in behavioral terms that provide measurable indices of performance.</p> <p><b><u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u></b> The QIDP will review all annual documentation for each resident at the annual support plan as it is completed to ensure that the objectives of the individual program plan are expressed in behavioral terms that provide measurable indices of performance.</p> <p><b><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u></b> The annual ISP for each client will be reviewed by the ICF supervisor prior to submission deadlines to ensure that the objectives of the individual program plan are expressed in behavioral terms that provide measurable indices of</p>		

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W 231	Continued From page 30  satisfied and involved in activities and eventually lead to increased positive independence..." Further review of goal #1 failed to evidence documentation of quantitative measurable indicators of performance.  "Goal 2. It is Important To and For Socialization. (Individual #1) will have opportunities to talk to, visit with, and be involved in activities with family, friends, and peers at home and in the community. Support staff will offer choices, parameters/guidance and opportunities to help (Individual #1) have a successful experience..." Further review of goal #2 failed to evidence documentation of quantitative measurable indicators of performance.  "Goal 3b. Important To Communication. (Individual #1) will announce his words so that he can communicate his wants and needs better..." Further review of goal #3b failed to evidence documentation of quantitative measurable indicators of performance.  "Goal 5. Important For Health and Safety-Brushing teeth and medical appointments. ICF (Intermediate Care Facility) Nurse will assess and monitor monthly and quarterly to assist in maintaining (Individual #1's) health status and making referrals. (Individual #1) will have annual dental appointments and will also be supported in brushing his teeth at least twice daily..." Further review of goal #5 failed to evidence documentation of quantitative measurable indicators of performance.  "Goal 7. It is Important FOR Medication Management. (Individual #1) will receive his medication as scheduled and as ordered..."	W 231	performance. <b><u>Date of Completion:</u></b> 6/30/17  <b><u>W231</u></b> <b><u>2.</u></b> <b><u>How corrective action will be</u></b> <b><u>accomplished for individual #2:</u></b> The QIDP will revise the support plan for individual #2 to define the outcomes/goals in measurable terms in the areas of #2 Choices/ Communication, #5 Personal Care/ Health and Safety, #7 Community Outings, #8 Swimming, #9 Taking out the trash, #10 Laundry. <b><u>Assurance that other residents are</u></b> <b><u>protected from the possibility of the</u></b> <b><u>deficiency:</u></b> The QIDP will review and revise support plans for each resident to ensure that the objectives of the individual program plans are expressed in behavioral terms that provide measurable indices of performance. <b><u>Measures to be put into place or</u></b> <b><u>systemic changes to be made to</u></b> <b><u>ensure that the deficient practice</u></b> <b><u>will not recur:</u></b> The QIDP will review all annual documentation for each resident at	6/30/17	

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W 231	<p>Continued From page 31</p> <p>Further review of goal #7 failed to evidence documentation of quantitative measurable indicators of performance.</p> <p>"Goal 9. It is important FOR (Individual #1) to have good hygiene. Support Staff will assist (Individual #1) will (sic) personal care and hygiene needs..." Further review of goal #9 failed to evidence documentation of quantitative measurable indicators of performance.</p> <p>"Goal 11. It is Important To (Individual #1) to build upon his independence in the area of laundry. (Individual #1) rill (sic) participate at least once per week to wash, dry, and/or fold his laundry..." Further review of goal #11 failed to evidence documentation of quantitative measurable indicators of performance.</p> <p>"Goal 12. It is Important To and For (Individual #1) to engage in water activity. (Individual #1) would benefit from water exercise as instructed by the ICF Physical Therapist..." Further review of goal #12 failed to evidence documentation of quantitative measurable indicators of performance.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) who wrote Individual #1's ISP was no longer employed at the group home.</p> <p>On 5/25/17 at 8:52 a.m., an interview was conducted with ASM (administrative staff member) #1 (the program manager), ASM #2 (the assistant residential coordinator), ASM #5 (the current QIDP), ASM #6 (the assistant program manager) and ASM #7 (the nurse manager). ASM #5 stated the QIDP was responsible for developing the ISP and worked</p>	W 231	<p>the annual support plan as it is completed to ensure that the objectives of the individual program plan are expressed in behavioral terms that provide measurable indices of performance.</p> <p><b><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u></b></p> <p>The annual ISP for each client will be reviewed by the ICF supervisor prior to submission deadlines to ensure that the objectives of the individual program plan are expressed in behavioral terms that provide measurable indices of performance.</p> <p><b><u>Date of Completion:</u></b> 6/30/17</p>		



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W 231	Continued From page 32  with the interdisciplinary team to do so. ASM #5 stated the ISP is developed based on the comprehensive functional assessment and assessments from physical therapy, occupational therapy, speech therapy, the nutrition specialist and psychology. Individual #1's ISP was reviewed with ASM #5. ASM #5 confirmed all of the above areas of the ISP were not written in measurable terms but could be. At this time, ASM #1, ASM #2, ASM #5, ASM #6 and ASM #7 were made aware of the above concern.  The facility policy titled, "ICF Service: Active Treatment. Section 5-8: Person Centered Plan" documented, "c. Objectives will be specific and necessary to meet the recipient's needs as identified by the CFA (comprehensive functional assessment) (needs observed to most likely impact the individual's ability to function in daily life) and include...iv. objectives expressed in behavioral terms that provide measurable indices of performance (the objective can be measured accurately in quantifiable data each time the treatment, procedure, intervention, or interaction occurs)..."  No further information was presented prior to exit.  2. The facility staff failed to define the following ISP outcomes/goals in measurable terms for Individual #2: Outcomes #2 Choices/Communication; #5 Personal Care/Health and Safety; #7 Community Outings; #8 Swimming; #9 Taking out the Trash; #10 Laundry.  Individual #2 was admitted to the group home on 9/29/14. Individual #2's diagnoses included but were not limited to: moderate intellectual	W 231			

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W 231	Continued From page 33 disability, anxiety and autism.  Individual #2's current ISP dated 10/29/16 through 10/28/17 documented:  "Goal 2. Important To and For (Individual #2) to make choices; Communication..." Further review of goal #2 failed to evidence documentation of quantitative measurable indicators of performance.  "Goal 5. Important For (Individual #2) to have assistance accomplishing his personal care; Health and Safety..." Further review of goal #5 failed to evidence documentation of quantitative measurable indicators of performance.  "Goal 7. Important To and For Community Outings. (Individual #2) will be supported in successful participation in community activities at least once per week. At least once per month, (Individual #2) will be supported to visit ARC park in Richmond, VA..." Further review of goal 7 failed to evidence documentation of quantitative measurable indicators of performance.  "Goal 8. Swimming- Important To (Individual #2) will go swimming once per month..." Further review of goal #8 failed to evidence documentation of quantitative measurable indicators of performance.  "Goal 9. Taking out the trash-Skill building- Important For (Individual #2) will participate in chores at home in order to gain independence..." Further review of goal #9 failed to evidence documentation of quantitative measurable indicators of performance.	W 231			

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W 231	Continued From page 34 "Goal 10. Laundry- Important For (Individual #2) will put his dirty clothes in his hamper and will participate in washing his laundry once per week..." Further review of goal #10 failed to evidence documentation of quantitative measurable indicators of performance.  The QIDP (qualified intellectual disabilities professional) who wrote Individual #2's ISP was no longer employed at the group home.  On 5/25/17 at 8:52 a.m., an interview was conducted with ASM (administrative staff member) #1 (the program manager), ASM #2 (the assistant residential coordinator), ASM #5 (the current QIDP), ASM #6 (the assistant program manager) and ASM #7 (the nurse manager). ASM #5 stated the QIDP was responsible for developing the ISP and worked with the interdisciplinary team to do so. ASM #5 stated the ISP is developed based on the comprehensive functional assessment and assessments from physical therapy, occupational therapy, speech therapy, the nutrition specialist and psychology. Individual #2's ISP was reviewed with ASM #5. ASM #5 confirmed all of the above areas of the ISP were not written in measurable terms but could be. At this time, ASM #1, ASM #2, ASM #5, ASM #6 and ASM #7 were made aware of the above concern.  No further information was presented prior to exit.	W 231			
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION  As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed	W 249	<b><u>W249</u></b> <b><u>1a.</u></b> <b><u>How corrective action will be</u></b> <b><u>accomplished for individual #1:</u></b> Facility staff have implemented the active treatment program for	6/8/17	

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W 249	<p>Continued From page 35</p> <p>interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview, facility document review and residential record review, it was determined that the facility staff failed to implement active treatment for two of two individuals in the survey sample, Individuals #1 and #2.</p> <p>1. a. The facility staff failed to implement Individual #1's weekly laundry outcome/goal in April 2017.</p> <p>1. b. The facility staff failed to implement Individual #1's monthly water activity outcome/goal in April 2017.</p> <p>2. The facility staff failed to implement Individual #2's weekly laundry outcome/goal from 4/23/17 through 5/7/17.</p> <p>The findings include:</p> <p>1. a. The facility staff failed to implement Individual #1's weekly laundry outcome/goal in April 2017.</p> <p>Individual #1 was admitted to the group home on 11/28/14. Individual #1's diagnoses included but were not limited to: severe intellectual disability, glaucoma and skin rashes.</p> <p>Individual #1's current ISP (Individual Support Plan) dated 12/29/16 through 12/28/17</p>	W 249	<p>laundry for individual #1.</p> <p><b><u>Assurance that other residents are protected from the possibility of the deficiency:</u></b> Facility staff will implement active treatment program for all ISP outcomes for each resident as written in their current support plans.</p> <p><b><u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u></b> QIDP will monitor and document effectiveness of active treatment programs monthly and quarterly to ensure outcomes are implemented.</p> <p><b><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u></b> The ICF Supervisor and QIDP will ensure that facility staff are implementing active treatment programs through conducting observations.</p> <p><b><u>Date of Completion:</u></b> 6/8/17</p> <p><b><u>W249</u></b></p> <p><b><u>1b.</u></b></p> <p><b><u>How corrective action will be accomplished for individual #1:</u></b> Facility staff will implement the active treatment program for water activity</p>	6/30/17	

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W 249	Continued From page 36 documented:  "Goal 11. It is Important To (Individual #1) to build upon his independence in the area of laundry. (Individual #1) will (sic) participate at least once per week to wash, dry, and/or fold his laundry. Describe how this will be Provided based on individual preferences (support instructions) and location where Program strategy can be found: <b>SKILL BUILDING:</b> (Individual #1) seems to enjoy watching the laundry cycle in the washing machine. (Individual #1) has participated in the past with his laundry process and shows capabilities in improving his skills. (Individual #1) will be encouraged to participate in washing, drying, and/or folding is laundry when he chooses at least once per week. - Ask (Individual #1) to put his dirty clothing into the washing machine. Remind him to close the washing machine. - After measuring, offer (Individual #1) to pour the laundry soap into the proper receptacle while pointing at it. - Remind (Individual #1) to close the soap receptacle. - Point to the buttons on the washing machine to model one at a time in order for (Individual #1) to begin the wash cycle. - Let (Individual #1) know when the wash cycle is finished and let him know that his clothes are ready to be put into the dryer. - Encourage (Individual #1) to take out his clothing from the washer and put into the dryer. - Point to the buttons on the dryer to model one at a time in order for (Individual #1) to begin the dry cycle. - Let (Individual #1) know when the dry cycle is complete and ask him to fold his laundry. Allow (Individual #1) to fold his laundry to the best of his			W 249	for individual #1. <b><u>Assurance that other residents are protected from the possibility of the deficiency:</u></b> Facility staff will implement active treatment program for all ISP outcomes for each resident as written in their current support plans. <b><u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u></b> QIDP will monitor and document effectiveness of active treatment programs monthly and quarterly to ensure outcomes are implemented. <b><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u></b> The ICF supervisor and QIDP will ensure that facility staff are implementing active treatment programs through conducting observations. <b><u>Date of Completion:</u></b> 6/30/17  <b><u>W249</u></b> <b><u>2.</u></b> <b><u>How corrective action will be accomplished for individual #2:</u></b> Facility staff have implemented the		6/8/17

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W 249	<p>Continued From page 37</p> <p>ability and model or use hand over hand to fold any pieces that need to be straightened out in order to prevent wrinkles.</p> <p>- Document (Individual #1's) progress toward independence during his laundry process in your support logs..."</p> <p>Review of Individual #1's ISP checklist (data collection form) for April 2017 revealed a section of documentation regarding the weekly laundry outcome/goal. The key at the bottom of the form documented, "initials = (equals) support provided; + (plus sign)/ - (minus sign) = participation/no participation." The following was documented:</p> <p>- A minus sign was documented for 4/1/17 through 4/5/17; 4/8/17, 4/10/17 through 4/21/17 and 4/24/17 through 4/30/17.</p> <p>- A plus sign was documented for 4/6/17, 4/22/17 and 4/23/17.</p> <p>- A plus sign and minus sign were documented for 4/7/17 and 4/9/17.</p> <p>Review of Individual #1's April 2017 progress notes failed to reveal any documentation regarding the individual's laundry outcome/goal.</p> <p>On 5/25/17 at 8:52 a.m., an interview was conducted with ASM (administrative staff member) #1 (the program manager), ASM #2 (the assistant residential coordinator), ASM #5 (the QIDP [qualified intellectual disabilities professional]), ASM #6 (the assistant program manager) and ASM #7 (the nurse manager). ASM #1 and ASM #5 were asked to explain the documentation on the ISP checklist and demonstrate evidence that the weekly laundry outcome/goal was implemented for Individual #1. ASM #1 stated signatures meant the outcome/goal was completed. ASM #5 stated a</p>	W 249	<p>active treatment program for laundry for individual #2.</p> <p><b><u>Assurance that other residents are protected from the possibility of the deficiency:</u></b></p> <p>Facility staff will implement active treatment program for all ISP outcomes for each resident as written in their current support plans.</p> <p><b><u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u></b></p> <p>QIDP will monitor and document effectiveness of active treatment programs monthly and quarterly to ensure outcomes are implemented.</p> <p><b><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u></b></p> <p>The ICF Supervisor and QIDP will ensure that facility staff are implementing active treatment programs through conducting observations.</p> <p><b><u>Date of Completion:</u></b></p> <p>6/8/17</p>		

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W 249	Continued From page 38  minus sign either meant the outcome/goal didn't happen or the outcome/goal was not achieved for that day. ASM #5 stated that according to the ISP checklist key a minus sign meant the individual didn't participate in the outcome/goal. When asked why there was documentation for each day when the laundry outcome/goal was supposed to be implemented weekly, ASM #5 stated the checklist was filled out incorrectly. ASM #5 stated the progress notes should document whether the laundry outcome/goal was implemented and if there was no documentation in the progress notes then there was no proof the outcome/goal was implemented. At this time, ASM #1, ASM #2, ASM #5, ASM #5 and ASM #7 were made aware of the above concern.  The facility policy titled, "ICF Service: Active Treatment. Section 5-9: Implementation and Documentation" documented, "4. Program Implementation: Each individual must receive a continuous active treatment program consisting of needed interventions and services in sufficient intensity and frequency to support the achievement of PCP (Person Centered Plan) (also known as the ISP) objectives by all staff working with the individual..."  No further information was presented prior to exit.  1. b. The facility staff failed to implement Individual #1's monthly water activity outcome/goal in April 2017.  Individual #1's current ISP (Individual Support Plan) dated 12/29/16 through 12/28/17 documented:  "Goal 12. It is Important To and For (Individual #1)	W 249		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>49G065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/25/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROSS DRIVE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5604 ROSS DRIVE FREDERICKSBURG, VA 22407</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 249	Continued From page 39  to engage in water activity. (Individual #1) would benefit from water exercise as instructed by the ICF Physical Therapist. Describe how this will be Provided based on individual preferences (support instructions) and location where Program strategy can be found: The Physical Therapist will assess (Individual #1) in the pool and train staff to safely help him into and out of the water as well as how to work with (Individual #1) in certain exercises that would promote muscle tone and range of motion. Staff will support (Individual #1) in the pool in accordance with the Physical Therapy assessment once the assessment in (sic) complete. This outcome will not go into effect until assessment in water and staff training is complete..."  Review of Individual #1's ISP checklist (data collection form) for April 2017 revealed a section of documentation regarding the monthly water activity outcome/goal. The key at the bottom of the form documented, "initials = (equals) support provided; + (plus sign)/ - (minus sign) = participation/no participation." The following was documented: - A minus sign was documented for each day of April 2017.  Review of Individual #1's April 2017 progress notes failed to reveal any documentation regarding the individual's water activity outcome/goal.  On 5/25/17 at 8:52 a.m., an interview was conducted with ASM (administrative staff member) #1 (the program manager), ASM #2 (the assistant residential coordinator), ASM #5 (the QIDP [qualified intellectual disabilities	W 249			



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W 249	Continued From page 40  professional]], ASM #6 (the assistant program manager) and ASM #7 (the nurse manager). ASM #1 and ASM #5 were asked to explain the documentation on the ISP checklist and demonstrate evidence that the monthly water activity outcome/goal was implemented for Individual #1. ASM #1 stated signatures meant the outcome/goal was completed. ASM #5 stated a minus sign either meant the outcome/goal didn't happen or the outcome/goal was not achieved for that day. ASM #5 stated that according to the ISP checklist key a minus sign meant the individual didn't participate in the outcome/goal. When asked why there was documentation for each day when the water activity outcome/goal was supposed to be implemented monthly, ASM #5 stated the checklist was filled out incorrectly. ASM #5 stated the progress notes should document whether the water activity outcome/goal was implemented and if there was no documentation in the progress notes then there was no proof the outcome/goal was implemented. ASM #1 stated the program manager, assistant program manager and QIDP were responsible for ensuring active treatment was implemented. At this time, ASM #1, ASM #2, ASM #5, ASM #5 and ASM #7 were made aware of the above concern.  No further information was presented prior to exit.  2. The facility staff failed to implement Individual #2's weekly laundry outcome/goal from 4/23/17 through 5/7/17.  Individual #2 was admitted to the group home on 9/29/14. Individual #2's diagnoses included but were not limited to: moderate intellectual disability, anxiety and autism.	W 249		

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W 249	Continued From page 41  Individual #2's current ISP (individual support plan) dated 10/29/16 through 10/28/17 documented:  "Goal 10. Laundry- Important For (Individual #2) will put his dirty clothes in his hamper and will participate in washing his laundry once per week. Describe how this will be Provided based on individual preferences (support instructions) and location where Program strategy can be found: (Individual #2) has a tendency to throw his clothing in the trash can while he is in the bathroom. Staff should know to be on the lookout for this and discourage him to do that. - (Individual #2) will be verbally reminded to throw his dirty clothes into the hamper in the bathroom rather than the trash can. - On his laundry day at least once per week, (Individual #2) will take his clothing from his hamper and put it into the washing machine. - Staff will use modeling, hand over hand support, and/or verbal encouragement, starting with the most independent option, depending on what is needed in that moment..."  Review of Individual #2's ISP checklist (data collection form) for April 2017 and May 2017 revealed a section of documentation regarding the weekly laundry outcome/goal. The key at the bottom of the form documented:  Initials = (equal) support provided Circled initials = support provided/notation in log C = chose not to participate A = individual not present I = Incident O = Other - (a minus sign) = Not Offered	W 249			

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W 249	Continued From page 42  A minus sign was documented each day from 4/23/17 through 5/7/17.  Review of Individual #2's progress notes from 4/23/17 through 5/7/17 failed to reveal any documentation regarding the individual's laundry outcome/goal.  On 5/25/17 at 8:52 a.m., an interview was conducted with ASM (administrative staff member) #1 (the program manager), ASM #2 (the assistant residential coordinator), ASM #5 (the QIDP [qualified intellectual disabilities professional]), ASM #6 (the assistant program manager) and ASM #7 (the nurse manager). ASM #1 and ASM #5 were asked to explain the documentation on the ISP checklist and demonstrate evidence that the weekly laundry outcome/goal was implemented for Individual #2. ASM #5 stated the minus sign indicated the outcome/goal was not offered. ASM #1 stated the program manager, assistant program manager and QIDP were responsible for ensuring active treatment was implemented. At this time, ASM #1, ASM #2, ASM #5, ASM #5 and ASM #7 were made aware of the above concern.  No further information was presented prior to exit.	W 249			
W 252	483.440(e)(1) PROGRAM DOCUMENTATION  Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.	W 252	<u><b>W252</b></u> <u><b>1.</b></u> <u><b>How corrective action will be</b></u> <u><b>accomplished for individual #1:</b></u> Facility staff will document on revised data collection sheet for individual #1 to ensure that goal		6/30/17

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W 252	<p>Continued From page 43</p> <p>This STANDARD is not met as evidenced by: Based on staff interview, facility document review and residential record review, it was determined that the facility staff failed to collect data of objectives in measurable terms for two of two individuals in the survey sample, Individuals #1 and #2.</p> <p>1. The facility staff failed to collect data in measurable terms for the following outcomes/goals on the ISP (Individual Support Plan) for Individual #1: # 1 Choices; #2 Socialization; #3b Communication; #5 Health and Safety; #7 Medication Management; #9 Hygiene; #11 Laundry; #12 Water Activity.</p> <p>2. The facility staff failed to collect data in measurable terms for the following outcomes/goals on the ISP for Individual #2: #2 Choices/Communication; #5 Personal Care/Health and Safety; #7 Community Outings; #8 Swimming; #9 Taking out the Trash; #10 Laundry.</p> <p>The findings include:</p> <p>1. The facility staff failed to collect data in measurable terms for the following outcomes/goals on the ISP (Individual Support Plan) for Individual #1: # 1 Choices; #2 Socialization; #3b Communication; #5 Health and Safety; #7 Medication Management; #9 Hygiene; #11 Laundry; #12 Water Activity.</p> <p>Individual #1 was admitted to the home on 11/28/14. Individual #1's diagnoses included but were not limited to: severe intellectual disability, glaucoma and skin rashes.</p>	W 252	<p>data is collected and documented in measurable terms.</p> <p><b><u>Assurance that other residents are protected from the possibility of the deficiency:</u></b> Facility staff will document on data collection sheet for each resident to ensure that goal data is collected and documented in measurable terms.</p> <p><b><u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u></b> The QIDP will monitor and review data collection sheets monthly and quarterly to ensure outcomes are being documented in measurable terms.</p> <p><b><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u></b> The data collection sheets for each client will be reviewed by the ICF supervisor prior to initiation to ensure that goal data can be collected and documented in measurable terms.</p> <p><b><u>Date of Completion:</u></b> 6/30/17</p> <p><b><u>W252</u></b></p> <p><b><u>2.</u></b></p> <p><b><u>How corrective action will be accomplished for individual #2:</u></b></p>	6/30/17	

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W 252	Continued From page 44 Individual #1's current ISP dated 12/29/16 through 12/28/17 documented:  "Goal 1. Important To and For Choices. (Individual #1) will have structured choices between some of his activities. He will be more satisfied and involved in activities and eventually lead to increased positive independence...  Goal 2. It is Important To and For Socialization. (Individual #1) will have opportunities to talk to, visit with, and be involved in activities with family, friends, and peers at home and in the community. Support staff will offer choices, parameters/guidance and opportunities to help (Individual #1) have a successful experience...  Goal 3b. Important To Communication. (Individual #1) will annunciate his words so that he can communicate his wants and needs better...  Goal 5. Important For Health and Safety-Brushing teeth and medical appointments. ICF (Intermediate Care Facility) Nurse will assess and monitor monthly and quarterly to assist in maintaining (Individual #1's) health status and making referrals. (Individual #1) will have annual dental appointments and will also be supported in brushing his teeth at least twice daily...  Goal 7. It is Important FOR Medication Management. (Individual #1) will receive his medication as scheduled and as ordered...  Goal 9. It is important FOR (Individual #1) to have good hygiene. Support Staff will assist (Individual #1) will (sic) personal care and hygiene needs...	W 252	Facility staff will document on revised data collection sheet for individual #2 to ensure that goal data is collected and documented in measurable terms. <b><u>Assurance that other residents are protected from the possibility of the deficiency:</u></b> Facility staff will document on data collection sheet for each resident to ensure that goal data is collected and documented in measurable terms. <b><u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u></b> The QIDP will monitor and review data collection sheets monthly and quarterly to ensure outcomes are being documented in measurable terms. <b><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u></b> The data collection sheets for each client will be reviewed by the ICF supervisor prior to initiation to ensure that goal data can be collected and documented in measurable terms. <b><u>Date of Completion:</u></b> 6/30/17		

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W 252	Continued From page 45  Goal 11. It is Important To (Individual #1) to build upon his independence in the area of laundry. (Individual #1) rill (sic) participate at least once per week to wash, dry, and/or fold his laundry...  Goal 12. It is Important To and For (Individual #1) to engage in water activity. (Individual #1) would benefit from water exercise as instructed by the ICF Physical Therapist..."  Further review of the above goals failed to evidence documentation of quantitative measurable indicators of performance.  The ISP "Checklists" (data collection forms) and progress notes for Individual #1 dated 4/1/17 through 5/20/17 were reviewed. The checklists and progress notes failed to evidence documentation of the data collection of Individual #1's ISP outcomes/goals in measurable terms.  On 5/25/17 at 8:52 a.m., an interview was conducted with ASM (administrative staff member) #1 (the program manager), ASM #2 (the assistant residential coordinator), ASM #5 (the QIDP [qualified intellectual disabilities professional]), ASM #6 (the assistant program manager) and ASM #7 (the nurse manager). ASM #5 stated the QIDP was responsible for developing the ISP and worked with the interdisciplinary team to do so. ASM #5 stated the ISP is developed based on the comprehensive functional assessment and assessments from physical therapy, occupational therapy, speech therapy, the nutrition specialist and psychology. Individual #1's ISP and ISP checklists for April and May 2017 was reviewed with ASM #5. ASM #5 confirmed all of the above areas of the ISP were not written in measurable		W 252		

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W 252	<p>Continued From page 46</p> <p>terms and the data checklists were based on the ISP; therefore the data collection was not measurable as well. At this time, ASM #1, ASM #2, ASM #5, ASM #6 and ASM #7 were made aware of the above concern.</p> <p>The facility policy titled, "ICF Service: Active Treatment. Section 5-8: Person Centered Plan" documented, "c. Objectives will be specific and necessary to meet the recipient's needs as identified by the CFA (comprehensive functional assessment) (needs observed to most likely impact the individual's ability to function in daily life) and include...iv. objectives expressed in behavioral terms that provide measurable indices of performance (the objective can be measured accurately in quantifiable data each time the treatment, procedure, intervention, or interaction occurs)..."</p> <p>The facility titled, "ICF Service: Active Treatment. Section 5-9: Implementation and Documentation" documented, "6. Program Documentation: Accurate, systematic, behaviorally stated data about the individual's performance toward meeting the criteria stated in PCP (Person Centered Plan) (also known as the ISP) objectives serves as the basis for necessary change and revision to the program..."</p> <p>No further information was presented prior to exit.</p> <p>2. The facility staff failed to collect data in measurable terms for the following outcomes/goals on the ISP for Individual #2: #2 Choices/Communication; #5 Personal Care/Health and Safety; #7 Community Outings; #8 Swimming; #9 Taking out the Trash; #10 Laundry.</p>		W 252		

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W 252 Continued From page 47

W 252

Individual #2 was admitted to the group home on 9/29/14. Individual #2's diagnoses included but were not limited to: moderate intellectual disability, anxiety and autism.

Individual #2's current ISP dated 10/29/16 through 10/28/17 documented:

"Goal 2. Important To and For (Individual #2) to make choices; Communication...

"Goal 5. Important For (Individual #2) to have assistance accomplishing his personal care; Health and Safety...

"Goal 7. Important To and For Community Outings. (Individual #2) will be supported in successful participation in community activities at least once per week. At least once per month, (Individual #2) will be supported to visit ARC park in Richmond, VA...

"Goal 8. Swimming- Important To (Individual #2) will go swimming once per month...

"Goal 9. Taking out the trash-Skill building- Important For (Individual #2) will participate in chores at home in order to gain independence...

"Goal 10. Laundry- Important For (Individual #2) will put his dirty clothes in his hamper and will participate in washing his laundry once per week..."

Further review of the above goals failed to evidence documentation of quantitative measurable indicators of performance.



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NAME OF PROVIDER OR SUPPLIER

**ROSS DRIVE**

STREET ADDRESS, CITY, STATE, ZIP CODE

**5604 ROSS DRIVE  
FREDERICKSBURG, VA 22407**

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W 252 Continued From page 48

W 252

The ISP "Checklists" (data collection forms) and progress notes for Individual #2 dated 4/1/17 through 5/20/17 were reviewed. The checklists and progress notes failed to evidence documentation of the data collection of Individual #2's ISP outcomes/goals in measurable terms.

On 5/25/17 at 8:52 a.m., an interview was conducted with ASM (administrative staff member) #1 (the program manager), ASM #2 (the assistant residential coordinator), ASM #5 (the QIDP [qualified intellectual disabilities professional]), ASM #6 (the assistant program manager) and ASM #7 (the nurse manager). ASM #5 stated the QIDP was responsible for developing the ISP and worked with the interdisciplinary team to do so. ASM #5 stated the ISP is developed based on the comprehensive functional assessment and assessments from physical therapy, occupational therapy, speech therapy, the nutrition specialist and psychology. Individual #2's ISP and ISP checklists for April and May 2017 was reviewed with ASM #5. ASM #5 confirmed all of the above areas of the ISP were not written in measurable terms and the data checklists were based on the ISP; therefore the data collection was not measurable as well. At this time, ASM #1, ASM #2, ASM #5, ASM #6 and ASM #7 were made aware of the above concern.

No further information was presented prior to exit.