PRINTED: 06/02/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER'S UPPLIER CLIA IDENTIFICATION NUMBER:	(30)	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G065	B. WING		05/26/2016
ROSS DI	PROVIDER OR SUPPLIER		50	TREET ADDRESS, CITY, STATE, ZIP CODE 604 ROSS DRIVE REDERICKSBURG, VA 22407	,
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
W 000	INITIAL COMMENT	гѕ	W 000		
	Intermediate Care I Intellectual Disabilit 5/24/16 through 5/2 compliance with 42 for Intermediate Ca Intellectually Disabilisurvey report will fo The census in this fitime of the survey. of three current indi	led. The Life Safety Code		RECEIVED JUN 27 2016 VDH/OLC	
W 126	RIGHTS  The facility must en Therefore, the facility to manage their fina	TECTION OF CLIENTS  assure the rights of all clients.  ity must allow individual clients ancial affairs and teach them and of their capabilities.	W 126	W126  How corrective action will be accomplished for Individual #1:  Facility staff will assess Individual #1' interest and ability in managing his personal financial affairs. If assessme indicates capability and interest, QID develop a support plan outcome to protraining for Individual #1 to assume	ent P will
	Based on observation record review and fadetermined that the individual to manage	s not met as evidenced by: tion, staff interview, residential acility document review, it was a facility staff failed to teach an the their own finances for one of the survey sample, Individual		responsibility of his financial affairs to best of his abilities. If assessment ind a lack of capability to learn or a lack of interest in managing his financial affa evidences will be included in Individu#1's support plan.  Assurance that other residents are	icates of airs, ual
	financial manageme	ed to teach Individual #1 ent and/or provide evidence not capable of learning to al affairs.		protected from the possibility of the deficiency: Facility staff will assess each resident's interest and ability in managing their personal financial affairs. If assessme	s
	The findings include	<del>)</del> :		indicates capability and interest, QID develop a support plan outcome to pr	
	Individual #1 was ac	dmitted to (name of group		training for each resident to assume	

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.

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

TITLE

Coordinator

(X6) DATE

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		49G065	B. WING_		05/26/2016
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	E
ROSS DE	RIVE			5604 ROSS DRIVE FREDERICKSBURG, VA 22407	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETION
	but were not limited disability, glaucoma Review of Resident functional assessm documented, "Com Management- 1. Us purchasing: N (No). responsibly: N. 3. P (sic): N. 4. Deposits Withdraws money ficheck: N. 7. Writes  An intermediate car survey summary sh documented, COMI With what type of as currently be able to denominations up to Further review of Infailed to reveal documented and part management or a p financial management (plan for supports) of (individual service p	with diagnoses that included to: severe intellectual and osteoarthritis.  #1's comprehensive ent dated 11/17/15 munity Living: Money ses coins/currency for 2. Carries/handles money erforms simple conputations money in bank: N. 5. rom bank: N. 6. Cashes a a check: N"  e facility level of functioning eet dated 12/1/15 MUNITY LIVING SKILLS-ssistance would this personc) Add coins of various of one dollar: 5 (Total Care)"  dividual #1's residential record imentation of whether the icipate in any financial lan to teach Individual #1 ent. Review of section five of Individual #1's ISP lan) with a start date of	W 12	responsibility of their financial at best of their abilities. If assessme indicates a lack of capability to le lack of interest in managing their affairs, evidence will be included resident's support plan.  Measures to be put into place or changes to be made to ensure the deficient practice will not recursorable to address the level of sk interest in participating in managinancial affairs to the best of their How the facility plans to monito performance to make sure that are sustained:  The RACSB Quality Assurance E and/or program administration we conduct audits of individual reconsure compliance is maintained Date of Completion:  6/30/16	ent earn or a r financial in each r systemic eat the inual for each fill and ging their ir ability. or its solutions Department will ords to
	12/29/15 failed to do regarding financial r	nanagement.		RECEIV	ED
	During this time periobserved holding a	vidual #1 were conducted. od, Individual #1 was utensil and feeding himself		JUN 27 20 VDH/OL	016
	with staff supervision	n.		VDITIOE	

On 5/25/16 at 6:00 p.m., an interview was conducted with ASM (administrative staff

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		I VIAD LIOIMVIA SEKAICES			FORM APPROVED
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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G065	B. WING		05/26/2016
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 00/20/2010
ROSS DI	DIVE			5604 ROSS DRIVE	
10000				FREDERICKSBURG, VA 22407	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETION
W 126	Continued From pa	ige 2	W 126		
	•	CF [intermediate care facility]	** 120	,	
		M #2 (the QIDP [qualified			
	intellectual disabiliti	es professional]). ASM #2			
		determines what financial			
		are developed for each stated the goals depend on			
		, level of inventory and what			
		old onto. ASM #2 stated each			
		pacity evaluation that talks			
		ndividual can manage their			
		lks about focuses during ASM #2 was asked if Individual			
	#1 could hold onto	objects. ASM #2 stated the			
	individual could hold	d objects but throws them. At			
	this time, ASM #2 w	as asked to provide Individual			
		ation and any further			
		vidence the individual was not ting in financial management.			
	capable of participa	ang in mancial management.			
		a.m., ASM #2 stated she tried			
		's capacity evaluation but the			
		he facility in 2012 and all of as scanned into one			
		as scanned into one she couldn't find the			
		2 stated she could not find any			
		vidence Individual #1 was not			
	capable of participa	ting in financial management.			
	The facility policy titl	led, "Client Protections.			
		ual Rights and Assurances"			
		"Each individual will have the			
	right to choices in re	egards (sic) managing			
		nmunity involvement to			
		ous, and community group			
		household routines. Staff will the skill building exploration of			II

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options and assistance with accessing activities

and services written in their plan..."

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		49G065	B. WING	····	05/2	6/2016
NAME OF	PROVIDER OR SUPPLIER		56	REET ADDRESS, CITY, STATE, ZIP CODE 804 ROSS DRIVE REDERICKSBURG, VA 22407		.0/2010
(X4) ID PRÉFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	8E	(X5) COMPLETION DATE
W 126 W 149	The facility must de policies and proced mistreatment, negle This STANDARD is Based on staff intereview and facility d determined that the implement policies one of three individual functional facility staff faile allegations regardin "Nosferatu (a vampi holding doors to preexiting the room, and take a shower or go was ready.  The findings include Individual #3 was achome) on 2/24/16 who but were not limited disability, seizures and "Allegation of Human and processing the seizures a	on was presented prior to exit.  F TREATMENT OF CLIENTS  velop and implement written ures that prohibit ect or abuse of the client.  s not met as evidenced by: rview, residential record ocument review, it was facility staff failed to prohibiting mistreatment for uals in the survey sample,  ed to immediately report g staff calling Individual #3 ire character in a movie (1))," event the individual from d forcing the individual to go to the bedroom before he  e: dmitted to (name of group rith diagnoses that included to: moderate intellectual	W 126 W 149	W149  How corrective action will be accomposed for individual #3:  Facility staff have been re-trained on purchibiting mistreatment for Individual ensure he is referred to by his preferred to ensure doors are not held to preven from exiting the room, and he is not for go take a shower or go to his bedroom he is ready.  Assurance that other residents are purching to the possibility of the deficiency. Facility staff have retaken the Human training which specifies the right of all residents to be called by their first nan preferred name, to ensure staff do not doors to prevent any residents from eany rooms, and do not force any residents from eany rooms, and do not force any residence they are ready.  Measures to be put into place or systemages to be made to ensure that the deficient practice will not recur:  QIDP and ICF Management will mon facility staff adherence to Human Right policies to ensure compliance in the fact How the facility plans to monitor its performance to make sure that solut sustained:  Resident's Human Rights will be reviewed.	policies al #3 to d name, it him before rotected Rights l ne or hold kiting ents to ms  emic e itor ots acility. ions are	6/6/16
	written on March 20 staff stated: I, (name member] #1 [interm supervisor), receive	, 2016 by (name of facility) e of ASM [administrative staff		mandatory staff meetings at least annu ICF Management will monitor and do various shift checks to ensure that ind Human Rights are being protected.  Date of Completion: 6/6/16	cument	

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CENTE	13 FOR WEDICARE	& MEDICAID SEKVICES			OMR M	<u>J. 0938-0391</u>	
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) D/	(X3) DATE SURVEY COMPLETED	
		49G065	8. WING		0	5/26/2016	
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD			
ROSS DI	RIVE		1	5604 ROSS DRIVE FREDERICKSBURG, VA 22407			
	OU IN AN ENVIOR	TEMENT OF DESIGNATION				·	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG		HOULD BE	(X5) COMPLETION DATE	
W 149	Continued From pa	ge 4	W 1	49		_	
	said, 'Noferatu (sic) (Individual #3) and fat ass. This is the around here? He co #3).' (Name of ASM coordinator!) also re He notified (name of the message he confirmed that I had (Name of residentia gave me direction to and to send him hor Further review of the the allegation that E fat ass was unfound additional allegation.	is the name (DSP #9) calls this morning he has called him type of worker you want learly does not like (Individual #4 [assistant residential eceived the same message. If residential coordinator) and I had received from her and I deceived the same thing. If coordinator) called me and to go ask (DSP #9) about it me until further notice"  The allegation report revealed the same thing and the same thing are until further notice"					
	on 3/20/16 revealed	cted by ASM #1 with DSP #7 that DSP #7 allegedly heard all #3 "Nosferatu" in the past					
	on 3/20/16 revealed	cted by ASM #1 with DSP #6 that he allegedly heard DSP "Nosferatu" but didn't think					
	assurance coordina revealed that DSP # Individual #3 "Nosfe DSP #7 also alleged Individual #3 from e holding the door in t	cted by ASM #3 (quality tor) with DSP #7 on 3/21/16 F7 allegedly heard DSP #9 call ratu" on several occasions. I DSP #9 had prevented xiting the activity room by he past. DSP #7 reported these allegations because					

DSP #9 had mentioned that he worked for one of

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CENTE	& MEDICAID SERVICES	OMB NO. 0938-0						
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		49G065	B. WING	i		0.9	5/26/2016	
NAME OF I	PROVIDER OR SUPPLIER			56	REET ADDRESS, CITY, STATE, ZIP CODE 604 ROSS DRIVE REDERICKSBURG, VA 22407		3720720 10	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETION DATE	
W 149	on 3/21/16 revealed occasion he witnes activity room door to exiting the room. In this because he originally doing the really going on."  -An interview conduction 3/21/16 revealed occasion, she witnes #3 to his room and and DSP #10 call in #5 stated she did not activity room and and procession of the revealed occasion.	_	<b>W</b> 1	49				
	(no longer employe revealed DSP #10 a #3 "Nosferatu." DS harm by the name a language resemble into "attack mode." overheard him callin and informed him thand may be conside stated he stopped o "Nosferatu." During reported on one occ give Individual #3 a	d at the facility) on 3/21/16 at the facility) on 3/21/16 admitted to calling Individual P #10 stated he did not mean and Individual #3's body d "Nosferatu" when he went DSP #10 reported ASM #1 ng Individual #3 "Nosferatu" hat was not a proper name ered derogatory. DSP #10 realling Individual #3 this interview, DSP #10 also casion he witnessed DSP #9 "time out" by putting the mand telling him to sit on his						

-An interview conducted by ASM #3 with DSP #3

	( )
DEPARTMENT OF HEALTH AN	ID HŮWÁN SERVICES
CENTERS FOR MEDICARE & I	MEDICAID SERVICES

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CLIVIL	TO LOW MICHICAINE	& MEDICAID SERVICES			OMR M	<u>0. 0938</u> -0391		
STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		49G065	B. WING		0:	5/26/2016		
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 5604 ROSS DRIVE				
				FREDERICKSBURG, VA 22407				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		SHOULD BE	(X5) COMPLETION DATE		
W 149	Continued From pa	ge 6	W 1	49				
	on 3/21/16 revealed DSP #9 and DSP #	I that DSP #3 allegedly heard 10 call Individual #3 they were not trying to be						
	on 3/21/16 revealed DSP #9 "pushing In showers" before the	cted by ASM #3 with DSP #2 I DSP #2 allegedly witnessed dividual #3 along to take individual was ready and had						
	Individual #3 to go t	DSP #8 and DSP #9 escort o bed before he was ready.						
	on 3/21/16 revealed Individual #3 "Nosfe mean the name in a also stated that he c room and sat with the	ucted by ASM #3 with DSP #9 I DSP #9 admitted to calling ratu" but stated he didn't i derogatory way. DSP #9 escorted Individual #3 to his ne individual when he was SP #9 denied calling						
	Individual #3 a fat a							
	conducted with DSF began calling Individual began employment ago). DSP #2 state "Nosferatu" meant.	a.m., an interview was P #2. DSP #2 stated DSP #10 dual #3 "Nosferatu" when he (approximately six months d he didn't know what DSP #2 stated DSP #9 and lose and DSP #9 began						
	calling Individual #3 DSP #9 called Indivi- regular basis and st tone when the indivi- task. DSP #2 stated	"Nosferatu." DSP #2 stated idual #3 "Nosferatu" on a ated the name in an irritating dual would not complete a d he reported the name calling				1		
	pattern. When aske concerns regarding Individual #3, DSP # employed at the face	realized it was becoming a red if he had any other DSP #9's treatment of red stated DSP #8 (no longer lity) and DSP #9 would have ne bedroom or bathroom at						

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, .		INSTRUCTION	(X3) D	ATE SURVEY OMPLETED		
		49G065	B. WING				5/26/2016		
NAME OF	PROVIDER OR SUPPLIER			5604 R	T ADDRESS, CITY, STATE, ZIP COD ROSS DRIVE PERICKSBURG, VA 22407		3/20/20 16		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	( , ,	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-RÉFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
W 149	their preferred time preferred time. Wh DSP #2 stated Indivcompleting a task) amoves. DSP #2 stawould try to turn the him to his room. DSI times, the individual or others. DSP #2 stiting and listening DSP #9 would make bedroom or bathroo initiate the task.  On 5/25/16 at 10:30 conducted with DSF reports allegations or mistreatment to her incidents occur. DSI #9 call Individual #3 month but didn't know she looked it up at him to be immediated by #6 stated he hallegations during the witnessed any of the works during the nig On 5/25/16 at 12:35 conducted with ASM supervisor]. ASM # allegations of abuse her or another mem	versus the individual's en asked what he meant, ridual #3 gets stuck (in and will display grunts and ated DSP #8 and DSP #9 individual around and guide SP #2 stated during these I was not endangering himself stated Individual #3 could be to music and DSP #8 and the individual go to the iminstead of allowing him to a.m., an interview was P #7. DSP #7 stated she of abuse, neglect or supervisor right after the IP #7 stated she heard DSP "Nosferatu" for about a pw what the name meant until some.  a.m., an interview was P #6. DSP #6 stated in neglect or mistreatment allowed investigation but had never a allegations because he	W 1	49					

3/20/16, someone mentioned DSP #10 called

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES	OMB NO. 0938-0391							
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					STRUCTION	·	(X3) DATE SURVE COMPLETED		
		49G065	B. WING						05/26/20	16
NAME OF I	PROVIDER OR SUPPLIER					ADDRESS, CITY,	STATE, ZIP COD	Œ		
KU35 DI	ZIAE			ı	FREDE	ERICKSBURG,	VA 22407			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFID TAG		i I	(EACH CORRECT CROSS-REFEREN	PLAN OF CORRI CTIVE ACTION SH ICED TO THE AP EFICIENCY)	HOULD BE	COMP	X5) LETION ATE
W 149	with DSP #10 who shame was not approsupposed to be call preferred name. As not Individual #3's pstated she was not calling the individual investigation on 3/2.  On 5/25/16 at 1:00 were made aware of conducted with ASM coordinator). ASM investigation, she cowas calling Individual substantiate it was manner. ASM #3 sin has nicknames. At staff were aware of or mistreatment and those concerns to manner those concerns those concerns those concerns	eratu" so she addressed this stopped. ASM #1 stated the opriate and individuals were ed by their first name or SM #1 stated "Nosferatu" was referred name. ASM #1 aware that DSP #9 was I "Nosferatu" until the 0/16.  D.m., ASM #1 and ASM #4 of the above findings.  D.m., an interview was M #3, (quality assurance #3 stated during her ould substantiate some staff al #3 "Nosferatu" but could not meant in a derogatory stated DSP #9 said everyone this time, ASM #3 confirmed allegations of potential abuse I didn't immediately report management.  Cility documents revealed that on on 3/20/15, DSP #9 and do to another facility and DSP #7 were given counseling ailing to report acts of staff.  ed, "Client Protection. and Neglect" documented in of (name of facility) to ensure the free from physical, verbal,	W 1	49						
	that all individuals a									

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neglect or mistreatment...8. Any employee who witnesses any behavior prohibited by (name of

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
		49G065	B. WING		05/:	26/2016
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 5604 ROSS DRIVE FREDERICKSBURG, VA 22407	, , ,	2012010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE	(X5) COMPLETION DATE
	complete an incider inform the supervis Human Rights Advo (name of company' Corporate Complian violates (name of compand Corporate Responder Respo	a Rights Plan is required to not report and immediately or and (name of company's) ocate in accordance with s) Code of Ethics and nee Plan. Failure to do so ompany's) Human Rights Plan ponsibility Resolution"  Plan documented in part, so the right to: 1. Use his ame. The use of an individual is and makes the determination or have significant negative ram itself or the individual's and recovery2. Be in including abuse, neglect, roviders shall recognize, diprotect the dignity rights of all times"  on was presented prior to exit.  was obtained from the cratumovie.com/ FTREATMENT OF CLIENTS is sure that all allegations of act or abuse, as well as source, are reported administrator or to other noce with State law through	W 14	W153 How corrective action will be accompared in Individual #3: Facility staff involved have received concept and counseling for their failure report allegations of mistreatment and of Individual #3. Staff meetings have butilized to educate facility staff concept	orrective to l abuse een ning this ed on the at lual #3 cred prevent	6/30/16
	This STANDARD is	not met as evidenced by:		hedroom before he is ready		

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			FORM APPROVE OMB NO. 0938-039
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1.0	PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED
		49G065	B. WING_		05/26/2016
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
ROSS D	RIVE			5604 ROSS DRIVE FREDERICKSBURG, VA 22407	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETIC
W 153	Continued From pa	age 10	W 15	3 Assurance that other residents a	are
	review and facility of determined that the allegations of abus of three individuals Individual #3.  The facility staff fail allegations regarding "Nosferatu (a vampholding doors to preexiting the room, and take a shower or gowas ready.  The findings include Individual #3 was a home) on 2/24/16 who but were not limited disability, seizures and "Allegation of He	dmitted to (name of group vith diagnoses that included I to: moderate intellectual		protected from the possibility of deficiency:  Staff meetings have been utilized facility staff concerning this defice Facility staff have been re-trained Rights policies and will review the reporter policy to ensure that all mistreatment will be immediately for all residents to ensure they are to by their preferred name, to ensure not held to prevent them from any rooms, and they are not force take a shower or go to their bedretthey are ready.  Measures to be put into place on changes to be made to ensure the deficient practice will not recurse QIDP and ICF Management will facility staff adherence to Human policies and Mandated Reporter requirements to ensure compliant facility.  How the facility plans to monite	to educate ciency. I on Human e mandated egations of y reported e referred sure doors in exiting ed to go coms before exystemic to at the exiting ed to go coms before expected to go com before ex

staff stated: I, (name of ASM [administrative staff are sustained: member] #1 [intermediate care facility Resident's Human Rights and Mandated supervisor), received a text message at 8:01 am

Reporter reqirements will be reviewed at mandatory staff meetings at least annually. ICF Management will conduct monthly 1:1 supervision meetings with each staff to ensure that there are no unreported allegations or concerns.

**Date of Completion:** 6/30/16

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from (name of DSP [direct support staff] #7) that

(Individual #3) and this morning he has called him

around here? He clearly does not like (Individual

said, 'Noferatu (sic) is the name (DSP #9) calls

fat ass. This is the type of worker you want

#3).1 (Name of ASM #4 [assistant residential

coordinator]) also received the same message.

He notified (name of residential coordinator) and I of the message he had received from her and I confirmed that I had received the same thing. (Name of residential coordinator) called me and

Event ID: HUT911

Facility ID: VAICFMR63

If continuation sheet Page 11 of 38







PRINTED: 06/02/2016 FORM APPROVED OMB NO. 0938-0391

CENTE	KS FUR MEDICARE	& MEDICAID SERVICES				<u>)WR NO</u>	<u>). 0</u> 938-0391	
	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		49G065	B. WING	·		9:	5/26/2016	
NAME OF	PROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE			
ROSS DI	RIVE				ROSS DRIVE DERICKSBURG, VA 22407			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	lD		PROVIDER'S PLAN OF CORRECTION			
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPRIED CONTROL OF THE APPROPRIED CONT	D BE	(X5) COMPLETION DATE	
W 153	Continued From pa	ge 11	W 1	153				
	gave me direction to	o go ask (DSP #9) about it me until further notice"						
	the allegation that E fat ass was unfound additional allegation	e allegation report revealed OSP #9 called Individual #3 a ded but revealed the following as that were reported by direct the investigation but not investigation:						
	on 3/20/16 revealed	toted by ASM #1 with DSP #7 I that DSP #7 allegedly heard all #3 "Nosferatu" in the past						
	on 3/20/16 revealed	cted by ASM #1 with DSP #6 I that he allegedly heard DSP "Nosferatu" but didn't think						
The second secon	assurance coordina revealed that DSP # Individual #3 "Nosfe DSP #7 also alleged Individual #3 from e holding the door in t she feared reporting	cted by ASM #3 (quality for) with DSP #7 on 3/21/16 f7 allegedly heard DSP #9 calleratu" on several occasions. If DSP #9 had prevented exiting the activity room by the past. DSP #7 reported the past of the past of the past of the worked for one of difference in the members.						
A sum service seminar control	on 3/21/16 revealed occasion he witness activity room door to exiting the room. Do this because he original than the control of the control o	cted by ASM #3 with DSP #6 that DSP #6 alleged on one sed DSP #9 holding the prevent Individual #3 from SP #6 stated he did not report plinally thought DSP #9 and playing and after the situation						

lasted for a while he was not sure of what was

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r	10 1 011 011	I WINDER OF THE				NAID IAC	<u>), 0930-0391</u>	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		49G065	B. WING			05	/26/2016	
ROSS DI	PROVIDER OR SUPPLIER			56	REET ADDRESS, CITY, STATE, ZIP CODE 04 ROSS DRIVE REDERICKSBURG, VA 22407	·		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE	(X5) COMPLETION DATE	
	on 3/21/16 revealed occasion, she witne #3 to his room and and DSP #10 call in #5 stated she did not meant the name "N manner.  -An interview condu (no longer employer revealed DSP #10 a #3 "Nosferatu." DS harm by the name a language resembled into "attack mode." overheard him calling and informed him thand may be considered the stopped of "Nosferatu." During reported on one occition in the stopped of "Nosferatu." During reported on one occition in his room bed.  -An interview condured on 3/21/16 revealed DSP #9 and DSP #"Nosferatu" but felt in demeaning.  -An interview condured on 3/21/16 revealed	acted by ASM #3 with DSP #5 al DSP #5 alleged on one assed DSP #9 send Individual in the past she heard DSP #9 adividual #3 "Nosferatu." DSP at believe DSP #9 or DSP #10 asferatu" in a derogatory  acted by ASM #3 with DSP #10 d at the facility) on 3/21/16 admitted to calling Individual P #10 stated he did not mean and Individual #3's body d "Nosferatu" when he went DSP #10 reported ASM #1 and Individual #3 "Nosferatu" nat was not a proper name ared derogatory. DSP #10 alling Individual #3 a this interview, DSP #10 also casion he witnessed DSP #9 "time out" by putting the m and telling him to sit on his  acted by ASM #3 with DSP #3 I that DSP #3 allegedly heard all call Individual #3 they were not trying to be  acted by ASM #3 with DSP #2 DSP #2 allegedly witnessed	W	153	RECEIV JUN 27 2	016		
	DSP #9 "pushing Inc	dividual #3 along to take individual was ready and had			VDH/O	LC		

also allegedly seen DSP #8 and DSP #9 escort

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G065	B. WING		·	05/26/2016
NAME OF I	PROVIDER OR SUPPLIER			5604	EET ADDRESS, CITY, STATE, ZIP CODE I ROSS DRIVE EDERICKSBURG, VA 22407	1
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	(	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL, CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE COMPLETION
W 153	-An interview condon 3/21/16 revealed Individual #3 "Nosfe mean the name in a also stated that he croom and sat with the	ucted by ASM #3 with DSP #9 d DSP #9 admitted to calling eratu" but stated he didn't a derogatory way. DSP #9 escorted Individual #3 to his he individual when he was	W 1	53		
	Individual #3 a fat a On 5/25/16 at 9:05 a conducted with DSF began calling Individual began employment ago). DSP #2 state "Nosferatu" meant. DSP #10 became c calling Individual #3	PSP #9 denied calling iss.  a.m., an interview was P #2. DSP #2 stated DSP #10 dual #3 "Nosferatu" when he (approximately six months id he didn't know what DSP #2 stated DSP #9 and lose and DSP #9 began "Nosferatu." DSP #2 stated idual #3 "Nosferatu" on a				
	regular basis and st tone when the indivi- task. DSP #2 stated to ASM #1 after he in pattern. When aske concerns regarding Individual #3, DSP # employed at the fact Individual #3 go to to their preferred time preferred time. When DSP #2 stated Indivi-	rated the name in an irritating idual would not complete a d he reported the name calling realized it was becoming a sed if he had any other DSP #9's treatment of #2 stated DSP #8 (no longer ility) and DSP #9 would have he bedroom or bathroom at versus the individual's en asked what he meant, ridual #3 gets stuck (in and will display grunts and		erick of the the control of the later between the second of the later between the second of the later between the later		
,	moves. DSP #2 sta would try to turn the him to his room. DS	individual around and guide SP #2 stated during these			RECE JUN 21	27

times, the individual was not endangering himself or others. DSP #2 stated Individual #3 could be sitting and listening to music and DSP #8 and

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFII TAG	к	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	) BE	(X5) COMPLETION DATE		
W 153	bedroom or bathroom initiate the task.  On 5/25/16 at 10:30 conducted with DSI reports allegations of mistreatment to her incidents occur. DS #9 call Individual #3 month but didn't known she looked it up at 10 conducted with DSI allegations of abuse	e the individual go to the orm instead of allowing him to 0 a.m., an interview was 0 a.m., and an intervie	W 1	53					
	DSP #6 stated he hallegations during the witnessed any of the works during the nig On 5/25/16 at 12:35 conducted with ASM supervisor]. ASM # allegations of abuse her or another membours. ASM #1 state 3/20/16, someone in Individual #3 "Nosfe with DSP #10 who shame was not appresupposed to be call preferred name. As not Individual #3's p stated she was not the with the state of the	eard about all of the above the investigation but had never the allegations because he ght. If intermediate care facility that it is tated staff must report the prior to the investigation on the investigation of the inv			RECE				

On 5/25/16 at 1:00 p.m., ASM #1 and ASM #4

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		49G065	B WING			05	/26/2016			
NAME OF F	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE					
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W 153	Continued From pa	ge 15 of the above findings.	W 1	53						
	conducted with ASM coordinator). ASM investigation, she cowas calling Individu substantiate it was manner. ASM #3 shas nicknames. At staff were aware of	p.m., an interview was M #3, (quality assurance #3 stated during her ould substantiate some staff al #3 "Nosferatu" but could not meant in a derogatory tated DSP #9 said everyone this time, ASM #3 confirmed allegations of potential abuse didn't immediately report nanagement.								
	after the investigation #10 were transferre #2, #3, #5, #6 and #	cility documents revealed that on on 3/20/15, DSP #9 and d to another facility and DSP f7 were given counseling failing to report acts of r staff.								
	Section 2-3: Abuse part, "It is the policy that all individuals a sexual or psycholog neglect or mistreath witnesses any beha company's) Human complete an incider inform the supervisor Human Rights Advo (name of company's Corporate Compliar violates (name of company).	led, "Client Protection. and Neglect" documented in of (name of facility) to ensure re free from physical, verbal, ical abuse, punishment, nent8. Any employee who vior prohibited by (name of Rights Plan is required to at report and immediately or and (name of company's) icate in accordance with s) Code of Ethics and ince Plan. Failure to do so ompany's) Human Rights Plan ionsibility Resolution"								

The Human Rights Plan documented in part,

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONS			(X3) DATE SURVEY COMPLETED	
		49G065	B. WING			05/26/2016		
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	preferred or legal name individual's preferred a licensed profession that the use of the redemonstrable harm impact on the progress protected from harm and exploitationPerespect, support an each individual at a license with the license learning of the license learning in the license learning lear	s the right to: 1. Use his ame. The use of an ame. The use of an and name may be limited when onal makes the determination name will result in or have significant negative am itself or the individual's and recovery2. Be in including abuse, neglect, roviders shall recognize, diprotect the dignity rights of all times"  on was presented prior to exit.  was obtained from the eratumovie.com/  treatment program must be all disability professional. It is not met as evidenced by: ion, staff interview, residential acility document review, it was apply the professional acility document review, it was acility professional acilit	W 1	59 W159 1. How accor The C Indiv encou Assur prote defici The C plans ensur	corrective action will be implished for Individual #1: QIDP will revise the support plandidual #1 to reflect outcomes to urage progress toward independent of the extendent of the possibility of the extendent of	ence.  port rage	6/30/16	
		d to develop an ISP to # 2's progress toward			JUN 27 VDH/(	2016 )LC		

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NAME OF P	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
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				F	FREDERICKSBURG, VA 22407		
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t en 'n dry de meert is de meert bewere de meert de projectie bestelle de en de meert de projectie de en de meert de mee	PECS (picture exch per Individual #2's I The findings include 1. The QIDP failed Individual #1's progundividual #1's progundividual #1 was an home) on 11/28/14 but were not limited disability, glaucoma On 5/26/16 Individual plan) dated 12/29/1 reviewed. Individual 2- Important To be of friends/peers." Furtindividual #1's ISP measurable goals for toward independence on 5/26/16 at 8:10 conducted with ASN member) #1 (the infinite stated the purpose of independence and pwas shown goal two asked what the individual maintain of the goal was individual maintain of the go	d to ensure staff implemented hange communication system) SP (individual service plan).  e:  to develop an ISP to promote ress toward independence.  dmitted to (name of group with diagnoses that included to: severe intellectual and osteoarthritis.  al #1's ISP (individual service 5 through 12/28/16 was at # 1's ISP documented, "Goal connected to family and ther review of goal two in failed to evidence clear or Individual # 1 to progress ce.  a.m., an interview was A (administrative staff termediate care facility M #2 (the QIDP [qualified es professional]). ASM #2 of an ISP is to promote personal choices. ASM #2 in Individual #1's ISP and vidual was learning and how sting independence. ASM #2 more about helping the connections.	W 1	159	Measures to be put into place or syst changes to be made to ensure that the deficient practice will not recur:  The facility staff will review the skills each resident during the annual support plan meeting. The Comprehensive Functional and Clinical Assessments used to establish skill building outcome aimed at increasing independence.  How the facility plans to monitor its performance to make sure that solute are sustained:  The RACSB Quality Assurance Department and/or program administration will conduct audits of individual records to ensure compliant maintained.  Date of Completion: 6/30/16	of ort will be nes ions	
Our special	The facility policy tit	led, "ICF (intermediate care					II

facility) Service: Active Treatment. Section 5-10:

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		SHOULD BE	(X5) COMPLETION DATE
W 159	Continued From pa	_	W 1	59		<del></del>
	Goals and Objectiv	es" documented in part, "It is				
		e of facility) that residents will				
		ntered Plan (PCP) (ISP) that				
Į l		zed goals based on assessed cobjectives and methods of				
		port to be implemented by the				
		wards progress and				
	achievement of ide	ntified goals/needs with each				
		ctives will be developed to				
		ic learning result or behavioral				
		dividual and a projected				
	completion date"			2a.		
	No further informat	ion was presented prior to exit.		How corrective action will be		6/30/16
	140 (41310)	of was prosented pro- to some		accomplished for individual #	2:	0/30/10
	2.a. The QIDP faile	ed to develop an ISP to		The QIDP will revise the suppo		
	promote Individual	# 2's progress toward		Individual #2 to reflect outcom		
	independence.			encourage progress toward ind		
	م مصدر 440 امتيانيانيان	duction to force of many		Assurance that other resident		
		dmitted to (name of group with diagnoses that included		protected from the possibility	of the	
		to: moderate intellectual		deficiency:		
I	disability, autism an		i.	The QIDP will review and revis		
				plans as necessary for each resi		
		al # 2's ISP (Individual Service		ensure there are outcomes that		
	Plan) dated 10/29/1	15 through 10/28/16 was		progress towards independence  Measures to be put into place		
		al # 2's ISP documented, "Goal		changes to be made to ensure		
		ame of Individual #2) to have		deficient practice will not recu		
	assistance accomp	lishing his personal care." oal six in Individual # 2's ISP		The facility staff will review the		Ш
		lear measurable goals for		each resident during the annua		
		ogress toward independence.		plan meeting. The Comprehen		
	11 Martin and 11 mart	Alaco sassara mashamasira	1	Functional and Clinical Assess		
	On 5/26/16 at 8:10	a.m., an interview was		used to establish skill building		
	conducted with ASN	M (administrative staff		aimed at increasing independen		
		termediate care facility				
		M #2 (the QIDP [qualified				
	intellectual disabiliti	es professional]). ASM #2				

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stated the purpose of an ISP is to promote

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Facility ID: VAICFMR63

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NC	0. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		49G065	B. WING		05	/26/2016
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
ROSS D	RIVE			5604 ROSS DRIVE FREDERICKSBURG, VA 22407		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG		OULD BE	(X5) COMPLETION DATE
W 159	was shown Individual goal six in the ISP of the individual was let the individual partice.  No further information of the PECS (picture exchange individual #2's Individual #2 was an individual #2 wa	personal choices. ASM #2 all #1's ISP. ASM #2 agreed didn't clearly document what earning and only documented ipated.  Ion was presented prior to exit. d to ensure staff implemented hange communication system) SP (individual service plan).	W 1	How the facility plans to moniperformance to make sure tha solutions are sustained: The RACSB Quality Assurance Department and/or program administration will conduct audindividual records to ensure coils maintained.  Date of Completion: 6/30/16	<u>t</u> dits of	
	but were not limited disability, autism and disability, autism and A speech and language documented, "While non-verbal, he has a communicate his we controlled and famili communication metattendant or communication attendant or communication attendant will follow ability to choose being the location attendant will follow ability to choose beindividual #2) is able pushing away the it (name of individual vocalizations (mainlitimes. The purpose appeared to be in from the purpose appeared to the purpose appe	lage report conducted by a ge pathologist on 10/18/15 e (name of Individual #2) is a great deal of means to ants and needs when in a liar setting. These thods include grabbing his unicative partner by the hand owhere he wants to go or n on his own, in which his the also demonstrated an tween items by using an open e his choices. (Name of e to demonstrate refusal by em he does not want. Finally,		How corrective action will be accomplished for Individual #2 The QIDP will monitor facility s ensure they are implementing th exchange communication system Individual #2.  Assurance that other residents: protected from the possibility of deficiency: The QIDP will monitor facility s ensure they are implementing the treatment plan for each resident.  Measures to be put into place of changes to be made to ensure the deficient practice will not recur. The QIDP will monitor and obsettreatment/implementation of out each resident. If a revision or claim necessary, the QIDP will revise to plan and ensure all staff are train changes.	taff to e picture n with  are of the taff to e active r systemic nat the erve active tcomes for rification is he support	6/30/16

function as well. No words or word approximations were heard during the

evaluation... Recommendations: Based on this

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CENTERS FOR MEDICARE & MEDICAID SERVICES						<u>omb nc</u>	<u>). 0938-0391</u>	
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		49G065	B. WING	' <u> </u>		05	/26/2016	
NAME OF	PROVIDER OR SUPPLIER			\$	STREET ADDRESS, CITY, STATE, ZIP CODE			
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NOOD D					FREDERICKSBURG, VA 22407			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
W 159	being made to assishis independence a communication skill communication in the communication in the communication metropictures, high tech of would benefit from a to request or expression five (plan for ISP (individual servidual) 10/29/15 document for (name of Individual servidual) 10/29/15 document for (name of Individual) 10/29/15 document for extension and staying setting (day support choose one method Individual) 11/29/15 and schoices. Use PEC's schedule/list. i.e. the Eat Breakfast, There adding the Then active in a sequence transportable sched four of the next active 2nd-Brush Teeth. Sunch 4th- Sit and we success: verbal guid schedule/routine to timed timer for active show him the timer	wing recommendations are st (name of Individual #2) with and functioning in his ls: 2. Learn more about his ne past and prior alternative thods (PECS, board maker options) to determine if he a low communication system as his needs or if his current	The second secon	159	How the facility plans to monitor performance to make sure that so are sustained:  The RACSB Quality Assurance Department and/or program administration will conduct audits individual records to ensure compl maintained.  Date of Completion: 6/30/16	lutions of		

Observations of Individual #2 were conducted at

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CENTE	RS FOR MEDICAR	E & MEDICAID SERVICES		<del></del> -		OMB NO. 0938-0391		
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		49G065	B. WING			05/26/2016		
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, 0 5604 ROSS DRIVE FREDERICKSBU		V0/20/20 TV		
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W 159	p.m. until 3:35 p.m on 5/24/16 from 5: these observations choices and/or a til #2 with communicate of the search o	y program on 5/24/16 from 2:30 and at the individual's home 30 p.m. until 6:30 p.m. During s, staff failed to use picture med timer to assist Individual ating his schedule.  a.m., an interview was EP (direct support staff) #3 al #2's communication stated staff verbally individual #2 and he to is spoken to him very well. individual communicates by g; the individual pulls an object pushes an object that he does sked if any communication a PECS system was used with stated those tools were not individual gets irritated if "stuff"  p.m., an interview was M (administrative staff CF [intermediate care facility] is M#2 (the QIDP [qualified is professional]). ASM #2 ual #2's ISP and asked to er five (as documented above), speech language pathologisting the "first then" picture tiles to make choices about what he did then what task he would like ASM #1 and ASM #2 were	W 1	59	JUN 2	7 2016 /OLC		
	Treatment. Section	n 5-9: Implementation and ocumented in part, " 1. The						

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AND DUAN OF CODDECTION INCIDENTIFICATION MUMBERS		(X2) MULTIPLE A. BUILDING		(X3) DATE SURVEY COMPLETED		
		49G065	B. WING	05/	05/26/2016	
ROSS DI	PROVIDER OR SUPPLIER		56	REET ADDRESS, CITY, STATE, ZIP CODE 104 ROSS DRIVE REDERICKSBURG, VA 22407	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
	familiar with every replan (PCP) (individual rained, observed, a order to provide the written in the PCP Each individual must treatment program interventions and so and frequency to sup PCP objectives by a individual"  No further information 483.440(c)(6)(i) INDIVIDUAL The individual program relevant intervention toward independent toward independent This STANDARD is Based on staff interview and facility determined that the ISPs (Individual Serindividuals' move to three individuals in #1 and #2.  1. The facility staff interventions and mendividual # 1's program an	e for making sure all staff is resident's Person Centered ual service plan). Staff will be and retrained as necessary in a supports and services as .4. Program Implementation: st receive a continuous active consisting of needed ervices in sufficient intensity apport the achievement of all staff working with the on was presented prior to exit. DIVIDUAL PROGRAM PLAN ram plan must describe as to support the individual	W 159	W240 1.  How corrective action will be accomplished for Individual #1 The QIDP will revise the support Individual #1 to reflect outcomes encourage progress toward indep Assurance that other residents aprotected from the possibility of deficiency: The QIDP will review and revise plans as necessary for each reside ensure there are outcomes that exprogress towards independence. Measures to be put into place or changes to be made to ensure the deficient practice will not recur. The facility staff will review the same resident during the annual support meeting. The Comprehensive Further accounts to the comprehensive Further accounts and the comprehensive Further accounts accounts accounts accounts and the comprehensive Further accounts account accounts account accounts accounts accounts accounts accounts account accounts account accounts accounts account account accounts account accou	a plan for to pendence. are f the support ent to ncourage at the kills of each	6/30/16
	interventions and m	easurable goals to support press toward independence.	) 1	and Clinical Assessments will be establish skill building outcomes increasing independence.	used to	

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		E CONSTRUCTION	(X3) DAT	E SURVEY PLETED
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NAME OF F	PROVIDER OR SUPPLIER			ı	TREET ADDRESS, CITY, STATE, ZIP CODE		
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W 240	interventions and mandividual # 1's programment on 11/28/14 but were not limited disability, glaucoma  On 5/26/16 Individual plan) dated 12/29/1 reviewed. Individual 2- Important To be of friends/peers." Furtindividual # 1's ISP measurable goals for toward independent on 5/26/16 at 8:10 conducted with ASM member) #1 (the interpretated the purpose of independence and pwas shown goal two asked what the inditthe goal was promoted.	failed to develop an ISP with reasurable goals to support gress toward independence.  dmitted to (name of group with diagnoses that included to: severe intellectual and osteoarthritis.  al #1's ISP (individual service 5 through 12/28/16 was al # 1's ISP documented, "Goal connected to family and ther review of goal two in failed to evidence clear or Individual # 1 to progress	W	240	How the facility plans to monitor its performance to make sure that solu sustained:  The RACSB Quality Assurance Depa and/or program administration will caudits of individual records to ensure compliance is maintained.  Date of Completion: 6/30/16	rtment onduct	
	individual maintain of The facility policy titl facility) Service: Act					EIV 27 201	

the policy of (name of facility) that residents will

have a Person Centered Plan (PCP) (ISP) that includes individualized goals based on assessed

VDH/OLC

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	TO TOTAL MEDICATION	WINDOWN OF WHOLD			<u> </u>	<u> /ID NŲ.</u>	<u> </u>
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION			E SURVEY PLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORR  (EACH CORRECTIVE ACTION SI  CROSS-REFERENCED TO THE AF  DEFICIENCY)	HOULD 8	BE	(X5) COMPLETION DATE
W 240	intervention or supp program to work to achievement of ider individual2. Object address one specific outcome for the individual end individual	objectives and methods of port to be implemented by the wards progress and ntified goals/needs with each tives will be developed to clearning result or behavioral ividual and a projected on was presented prior to exit.  failed to develop an ISP with easurable goals to support press toward independence.  Idmitted to (name of group with diagnoses that included to: moderate intellectual diagnoses	W 2		plan for o ndence the upport to ensemble the the tills of eat to to all sed to	r e. sure ess <u>ic</u> ach	
		al #1's ISP. ASM #2 agreed					

goal six in the ISP didn't clearly document what

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G065	B. WING		05/26/2016
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
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				FREDERICKSBURG, VA 22407	
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144.040				How the facility plans to monitor it	ts
VV 240	Continued From pa	ige 25	W 24	O performance to make sure that	
		earning and only documented		solutions are sustained:	
	the individual partic	ipated.		The RACSB Quality Assurance	
				Department and/or program	
187.040		ion was presented prior to exit.		administration will conduct audits o	
W 249	483.440(a)(1) PRO	GRAM IMPLEMENTATION	W 24		ince
	As soon as the inte	rdisciplinary toom has		is maintained.	
		rdisciplinary team has s individual program plan,		Date of Completion:	
		ceive a continuous active		6/30/16	
		consisting of needed		<u>W249</u>	(1(1))
		ervices in sufficient number		How corrective action will be	6/6/16
		upport the achievement of the		accomplished for individual #2:	
		in the individual program		Facility staff have implemented active treatment for Individual #2's PECS	re
	plan.				ah a
				communication system as written in current support plan.	tne
				Assurance that other residents are	
	THE OTANDARD !			protected from the possibility of th	۵
		s not met as evidenced by:		deficiency:	<u>.c</u>
		tion, staff interview, residential acility document review, it was		Facility staff will implement active	
į.		facility staff failed to		treatment for each resident as writte	n in
		eatment for one of three		their current support plans.	
		rvey sample, Individual #2.		Measures to be put into place or	
				systemic changes to be made to ens	ure
	The facility staff faile	ed to implement PECS		that the deficient practice will not	4
		communication system) per		recur:	
	Individual #2's ISP (	(individual service plan).		QIDP will monitor and document	
	The Calbara Cala			effectiveness of active treatment mor	othly
1	The findings include	<b>3</b> :		and quarterly to ensure outcomes ar	e
	Individual #2 was a	dmitted to (name of group		implemented.	
		with diagnoses that included			
B 1 1 1		to: moderate intellectual		RECEIVI	-U
	disability, autism an				
1		•		JUN 27 20	16
		age report conducted by a			
	speech and languag	ge pathologist on 10/18/15		VDH/UL	C

documented, "While (name of Individual #2) is

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION  G		TE SURVEY MPLETED
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ROSS D	IDN/E			5604 ROSS DRIVE		
NO33 D	RIVE			FREDERICKSBURG, VA 22407		
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*** 040	-¥ <u>.</u>	_				······································
W 249		•	W 249			
		a great deal of means to		performance to make sure that solu	<u>tions are</u>	
		vants and needs when in a		sustained:		
	controlled and fami			ICF Management and QIDP will ensu		
		ethods include grabbing his		facility staff are implementing active		
		nunicative partner by the hand		treatment as written in each resident'		
		o where he wants to go or		support plans through reviewing data		
		n on his own, in which his		collection and conducting observatio	ns.	
		v. He also demonstrated an		Date of Completion:		
		etween items by using an open		6/6/16		
		te his choices. (Name of				
		le to demonstrate refusal by				
		tem he does not want. Finally,				
	(name of individual	i #2) exhibited loud hly screams or squeals) several				
		e of these vocalizations				
		rustration, but there were				
		appeared to have no obvious				
	function as well. No					
	approximations wer					
		mmendations: Based on this				
		owing recommendations are				
		ist (name of Individual #2) with				
	his independence a	and functioning in his				
	communication skill	lls: 2. Learn more about his				
		the past and prior alternative				
		thods (PECS, board maker				
		options) to determine if he				
		a low communication system				
		ss his needs or if his current				
	communication met	thod is suffice"				
	Section five (plan fo	or supports) of Individual #2's				
		rice plan) with a start date of				
	10/29/15 document	ted, "Goal 5- Important To and				
		dual #2) to keep a routinized				
	schedule to help inc	crease his ability to anticipate				
		s: (Name of Individual #2) will				

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have a daily routine to support him in reducing anxiety and staying regulated. Objective: Each

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  ADVISION NUMBER:  ABOURD NUM	CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB N	<u>O. 0938-0391</u>
MAME OF PROVIDER OR SUPPLIER  ROSS DRIVE  SUMMARY STATEMENT OF DEFICIENCES FREDERICKSBURG, VA 22407  [CA1] D [CA1] D [CA2] D [CA2] D [CA3] D [		<del>-</del>						
ROSS DRIVE    SUMMARY STATEMENT OF DEFICIENCIES   SEAM ROSS DRIVE   FREDERICKSBURG, VA 22407			49G065	B. WING			0	5/26/2016
(XA)   D   SUMMARY STATEMENT OF DEFICIENCIES   PROVIDERS PLAN OF CORRECTION   PREFIX TAG   PROVIDERS PLAN OF CORRECTION   PROVIDERS PLAN OF CORRECTION   COMPLETION   PREFIX TAG   PROVIDERS PLAN OF CORRECTION   COMPLETION   PREFIX TAG   PROVIDERS PLAN OF CORRECTION   COMPLETION   COMPLETIO	NAME OF	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
(X4)ID PREFEX (EACH DEFICIENCY MUST BE PRECEDED BY FILL TAGE OF PREFEX TAGE OF PREFEX TAGE OF PRECEDED BY FILL TAGE OF PREFEX TAGE OF T	ROSS D	RIVE		1	56	04 ROSS DRIVE		
PREFIX TAG REGULATORY OR ISC IDENTIFYING INFORMATION)  W 249 Continued From page 27 setting (day support and residential) should choose one method that works for (name of Individual #2) and stick with it. 'First/Then' picture choices. Use PEC's and a transportable schedule/list. I.e. two PEC's picture. Four items in a sequence-use four PEC's and a transportable schedule/list. Set up no more than four of the next activities. I.e. 1st. Eat Breakfast. 2nd- Brush Teeth. 3rd- Gather back pack with lunch 4th- Sit and wait. Items moving; use the timed timer for activities conducted with the settine, provide verbal prompts to wait, point/focus on the time leaving the timer"  Observations of Individual #2 were conducted at the individual's day program on 5/24/16 from 2:30 p.m. until 6:30 p.m. During these observations, staff falled to use picture choices and/or a timed timer to assist Individual #2 with communicating his schedule.  On 5/25/16 at 9:30 a.m., an interview was conducted with DSP (direct support staff) #3 regarding Individual #2 sommunication methods. DSP #3 stated staff werbally communicates to Individual #2 and he comprehends what is spoken to him very well. DSP #3 stated the individual communicates by pulling and pushlers; and polect that he wants and pushes an object that he does		-			FF	REDERICKSBURG, VA 22407		
setting (day support and residential) should choose one method that works for (name of Individual #2) and stick with it. 'First/Then' picture choices. Use PEC's and a transportable schedule/list. i.e. two PEC's to represent, First Eat Breakfast, Then Brush Teeth. Each time adding the Then activity PEC's picture. Four items in a sequence- use four PEC's and a transportable schedule/list. Set up no more than four of the next activities. i.e. 1st- Eat Breakfast. 2nd- Brush Teeth. 3rd- Gafter back pack with lunch 4th- Sit and wait. Items that contribute to success: verbal guidance through his daily schedule/routine to keep him moving; use the timed timer for activities and activities like waiting: show him the timer with the set time, provide verbal prompts to wait, point/focus on the time leaving the timer"  Observations of Individual #2 were conducted at the individual's day program on 5/24/16 from 2:30 p.m. until 3:35 p.m. and at the individual's home on 5/24/16 from 5:30 p.m. until 6:30 p.m. During these observations, staff failed to use picture choices and/or a timed timer to assist Individual #2 with communicating his schedule.  On 5/25/16 at 9:30 a.m., an interview was conducted with DSP (direct support staff) #3 regarding Individual #2 sommunication methods. DSP #3 stated staff verbally communicates to Individual #2 and he comprehends what is spoken to him very well.  DSP #3 stated the individual communicates by pulling and pushing; the individual pulls an object that he does	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETION
books, pictures or a PECS system was used with	W 249	setting (day support choose one method Individual #2) and significant services. Use PEC's chedule/list. i.e. twenty schedule/list. i.e. twenty schedule/list. i.e. twenty schedule/list. i.e. twenty schedule/list. i.e. twenty schedule for actives in a sequence transportable schedule four of the next actives. It is and we success: verbal guides schedule/routine to timed timer for actives show him the timer verbal prompts to we leaving the timer"  Observations of Individual's day p.m. until 3:35 p.m. on 5/24/16 from 5:3 these observations, choices and/or a time #2 with communicated on 5/25/16 at 9:30 and conducted with DSF regarding Individual methods. DSP #3 scommunicates to In comprehends what DSP #3 stated the inpulling and pushing; that he wants and prinot want. When asi	t and residential) should If that works for (name of tick with it. 'First/Then' picture is and a transportable to PECS to represent, First in Brush Teeth. Each time tivity PEC's picture. Four is use four PEC's and a fule/list. Set up no more than vities. i.e. 1st- Eat Breakfast. in Brush Teeth ack pack with vait. Items that contribute to dance through his daily keep him moving; use the rities and activities like waiting: with the set time, provide rait, point/focus on the time  ividual #2 were conducted at program on 5/24/16 from 2:30 and at the individual's home on p.m. until 6:30 p.m. During staff failed to use picture and timer to assist Individual ting his schedule.  a.m., an interview was of (direct support staff) #3 #2's communication stated staff verbally dividual #2 and he is spoken to him very well. Individual communicates by Ithe individual pulls an object ushes an object that he does ked if any communication	W 2	49			

Individual #2, DSP stated those tools were not

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ROSS DI	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 5604 ROSS DRIVE FREDERICKSBURG, VA 22407	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
W 249	Continued From pa used because the ii is in his space.	ge 28 ndividual gets irritated if "stuff"	W 24	19	
	conducted with ASM member) #1 (the IC supervisor) and ASI intellectual disabiliti was shown Individu explain goal number ASM #2 stated the recommended using help Individual #2 m wants to do first and	p.m., an interview was ### (administrative staff of [intermediate care facility] ### (the QIDP [qualified es professional]). ASM #2 al #2's ISP and asked to er five (as documented above). speech language pathologist g the "first then" picture tiles to hake choices about what he d then what task he would like ASM #1 and ASM #2 were above findings.			
	Treatment. Section Documentation" documentation: Ea continuous active trof needed intervention intensity and freque achievement of PCI [individual service p working with the ind No further information 483.450(b)(3) MGM CLIENT BEHAVIOR Techniques to management and treatment of the process of	P (person centered plan lan]) objectives by all staff lividual"  on was presented prior to exit. T OF INAPPROPRIATE  age inappropriate client r be used as a substitute for	W 28	W288  How corrective action will be accompor individual #3:  Facility staff have been retrained on the treatment steps from Individual #3's page 18.	e active
		not met as evidenced by:		behavioral support plan.	

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		49G065	B. WING_			05/:	26/2016
NAME OF I		2		560	REET ADDRESS, CITY, STATE, ZIP CODE 4 ROSS DRIVE EDERICKSBURG, VA 22407		10/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	:	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 288	review and facility of determined that the behavior managem substitute for active individuals in the su. The facility staff loc the home while the aggressive behavior. The findings included Individual #3 was as home) on 2/24/16 who but were not limited disability, seizures as Individual #3's behas 3/19/14 and 3/16/16 Identified Problem & Aggression toward Property destruction Grabbing sharp objuknives" The "Processional reinforcement appropriate and to when his behavior when his behavior when his behavior when his behavior when his did to document and Individual #3's ISP (start date of 3/25/16 document any intermindividual outside of A facility "Fact Findidocumented," On Management and the substitution of the start date of 3/25/16 document any intermindividual outside of A facility "Fact Findidocumented," On Managemented, "On Managemented," On Managemented and Individual substitution of the	rview, residential record focument review, it was a facility staff failed to ensure ent was not used as a treatment for one of three arvey sample, Individual #3.  ked Individual #3 outside of individual was displaying retoward other individuals.  c:  dmitted to (name of group with diagnoses that included to: moderate intellectual and allergies.  avior support plan dated of documented, "Previously Behaviors: others- pulling hair, pinching apart notebooks ects, such a (sic) scissors or cedures" documented to use to when his behavior was withhold social reinforcement was not appropriate. The plan any procedure such as locking to of the home.  individual service plan) with a sthrough 3/24/17 failed to wention related to locking the	W 28		Assurance that other residents are protected from the possibility of the deficiency: Facility staff have been retrained on the treatment steps from each resident's pubehavioral support plan. Measures to be put into place or systemanges to be made to ensure that the deficient practice will not recur: QIDP and ICF Management will more facility staff adherence to active treatment steps from each resident's behavioral support plan to ensure compliance in facility. How the facility plans to monitor its performance to make sure that solute are sustained: ICF Management will review each resident's behavioral support plan and active treatment at mandatory staff meeting least annually. Date of Completion: 6/30/16	ne active positive semic net the sitions ident's	

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED
		49G065	B. WING		05/26/2016
ROSS D	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 5604 ROSS DRIVE FREDERICKSBURG, VA 22407	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		QULD BE COMPLETION
W 288	#3) was escorted at of the front entrance facility). The first or [direct support staff staff person, (DSP at Prior to leaving the what I had observed supervisor (ASM [at #1)She also state (Individual #3) was would be sharing m Executive Director,  After being briefed ovideo, (name of Dejan email to (name of assistant coordinator) asking	occasions (name of Individual appeared to be locked out appeared to be locked out to of the ICF (intermediate care casion involved staff (DSP 1#8) and the second involved feelility on March 11, I shared don the video with the site dministrative staff member 1 d that the incident involving bizarre. I informed her that I y findings with the Deputy (name).  On what I observed on the puty Executive Director) sent of ASM #4 [residential or]) and name of residential them to review the video and	W 2	288	
	the following: 'In talk were the same. (Indifficult evening; the (Individual #3's) ong immediately saw ou matter extremely se completely understovideo, and this worn home on administrato investigate this fu coverage. Please k steps and however #4).'	from (ASM #4) at 3:50 stating ting to both staff, their stories dividual #3) was having a sy were attempting to redirect going behaviors. (DSP #9) r concern, and took the rious. I'm not sure (DSP #8) and our concern with the ies me. I have sent them both tive leave; I believe we need or ther. (ASM #1) is working on eep me posted as to next I can help. Thanks, (ASM)		18	

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CENTE	KS FUR WEDICARE	& MEDICAID SERVICES	_		OMI	<u>B NO. 0938-</u> 0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING	(>	(3) DATE SURVEY COMPLETED
	7	49G065	B. WING			05/26/2016
ROSS D	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 5604 ROSS DRIVE FREDERICKSBURG, VA 22		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	_ '	CTION SHOULD BE THE APPROPRIA	
W 288	Continued From pa	ge 31	W 2	888		
	2016 (DSP #9) stated that assigned to administ individuals at (name about the situation is stated that (Individuals). He reported this several of his peresidents. There we submitted for (name incident was March (Individual #3) bit (not he left hand. (DSP clips of video to detable behaviors that even assed on video foothouse:  At approximately 4:: door, staff continued entrance into the hooccurred shortly afted during this situation (name of another in hit him on the head individual) and (Individual) and (Individual #3) head once he saw (name quickly went back de (name of other individual) 4: the kitchen with staf observed running to	tage of various angles of the 34 PM (Individual #3) was put time. When staff opened the d to block (Individual #3's) ome. The second incident er the first. At one point (Individual #3) did go toward dividual) as if he was going to At this point (name of other vidual #3) were lead outside. It is year to back to the house and of another individual) he own the drive way toward				

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			(	<u> DMB NC</u>	D. 0938-0391
	FOF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		TE SURVEY MPLETED
		49G065	B. WING			0!	5/26/2016
NAME OF	PROVIDER OR SUPPLIER	<u> </u>		S1	REET ADDRESS, CITY, STATE, ZIP CODE		
ROSS D	RIVE				604 ROSS DRIVE		
				Fi	REDERICKSBURG, VA 22407		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 288	Continued From pa	ge 32	. W 2	288			
		headed toward (name of					
53	another individual). and redirected (Indi	Staff, (DSP #9), intervened					f
		49 PM (name of another					}
	individual) entered	the back entrance of the ICF					3
		The video from the courtyard					
		behind (name of other e of other individual) was					
	proceeding in a fast	t pace to the back door.					:
		oached (other individual) and 's) hand in his mouth. Staff					
	quickly intervened.	Staff, (DSP #3), redirected					f
	(Individual #3) and	staff member (DSP #2)					
	attended to (other in	ndividual).					1
	When asked if there	was another staff person					
		dual #3) was placed outside, I					
		#2) was outside with (name of wever (DSP #9) nor (DSP #8)					
		that they were making					
		outside. In addition, it should					7
		#2) was not in the immediate the home as he and (name of					· Property of
		re taking a walk to enjoy the					4
	weather.						10 to
	There was much dis	scussion regarding (DSP #9's)					est Line
	interaction with (Ind	ividual #3). He appeared to					- r v v v v v v v v v v v v v v v v v v
		e better ways to handle					-
	challenging day	ndividual is having a					
	2016	ew with (DSP #8) March 14th,					
		t he and (Individual #3) had					
	gone on a walk with individual) (Individual)	(DSP #2) and (other ual #3) had become					
		other individual) thus (DSP					

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#8) stated that he brought (Individual #3) back to

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STATEMENT OF DEFICIENCES AND PLAN OF CORRECTION  AND PLAN OF CORRECTION  AND PLAN OF CORRECTION  AND PLAN OF CORRECTION  ASSOCIATED TO THE SUMPEY COMPLETED  ASSOCIATED TO THE SUMPEY COMPLETED  ASSOCIATED TO THE SUMPEY COMPLETED  STREET ADDRESS, CITY, STATE, ZIP CODE 5604 ROSS DRIVE  FREDRICKSBURG, VA 22407  PREPER CARD EFFICIENCY MUST RE PRECEDED BY FILL FACE ADDRESS AND A 22407  FREDRICKSBURG, VA 22407  FREDRICKSBURG	CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					OMB NO	<u>0. 0938-0391</u>
NAME OF PROVIDER OR SUPPLIER  ROSS DRIVE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  W 288 Continued From page 33 the ICF so that (other individual) could finish enjoying his walk. (DSP #8) stated that he locked (Individual #3) out of the home to try and calm him down and so that he would not go after the other residents. When asked if he had informed (DSP #2) that he was leaving (Individual #3) outside, he reported no that he had not. He continued to state that event though (Individual #3) was outside he was keeping an eye on him through the peep hole. When asked about why he would leave (Individual #3) outside if the reason he had decided to bring him home was that he was aggressive toward (other individual) and (other individual) was still outside. (DSP #8) just repeated that he was watching him through the peep hole. (DSP #8) stated that his intent was not to violate (Individual #3's) rights he just wanted him to calm down and not be aggressive toward his housemates. (DSP #8) appeared to be having a challenging time understanding the concerns of leaving (Individual #3) outside  Face to face interview with (ASM #1) March 14, 2016 (ASM #1) and I again discussed my findings. She stated that the behaviors of (DSP #8) appeared to be having a challenging time understanding the concerns of leaving (Individual #3) outside  Face to face interview with concerns and that it may possibly (sic) due to his culture/native language"  Further review of the above fact finding report, employee records and staff training records revealed DSP #8 was given a standard of conduct violation and transferred to another				1 ' '		FRUCTION	_		
ROSS DRIVE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICENCY MUST BE PRECEDED BY FILL TAG  REGULATORY OR LSC IDENTIFFING NETOMATION)  W 288  Continued From page 33 the ICF so that (other individual) could finish enjoying his walk. (DSP #8) stated that he locked (Individual #3) out of the home to try and calm him down and so that he would not go after the other residents. When asked if he had informed (DSP #2) that he was leaving (Individual #3) outside, he reported no that he had not. He continued to state that even though (Individual #3) outside, he reported no that he had not. He continued to state that even though (Individual #3) outside, he reported that his intent was not to violate (Individual #3's) outside if the reason he had decided to bring him home was that he was aggressive toward (other individual) was still outside. (DSP #8) just repeated that he was watching him through the peep hole. (DSP #8) stated that his intent was not to violate (Individual #3's) rights he just wanted him to calm down and not be aggressive toward his housemates. (DSP #8) appeared to be having a challenging time understanding the concerns of leaving (Individual #3') outside  Face to face interview with (ASM #1) March 14, 2016 (ASM #1) and I again discussed my findings. She stated that the behaviors of (DSP #8) and (DSP #8) were not acceptable. She stated that (DSP #8) is a good staff and that she thinks that (DSP #8) is a good staff and that she thinks that (DSP #8) is a good staff and that she thinks that (DSP #8) were not acceptable. She stated that (DSP #8) were not			49G065	B. WING	<u></u>		···-	90	5/26/2016
INCOME DRIVE  IXAID  IX	NAME OF I	PROVIDER OR SUPPLIER	-			-	TATE, ZIP CODE		
PRÉFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  W 288  Continued From page 33  the ICF so that (other individual) could finish enjoying his walk. (DSP #8) stated that he locked (Individual #3) out of the home to try and calm him down and so that he would not go after the other residents. When asked if he had informed (DSP #2) that he was leaving (Individual #3) outside, he reported no that he had not. He continued to state that even though (Individual #3) outside he was keeping an eye on him through the peep hole. (When asked about why he would leave (Individual #3) outside if the reason he had decided to bring him home was that he was aggressive toward (other individual) and (other individual) was attl outside. (DSP #8) stated that his intent was not to violate (Individual #3's) rights he just wanted him to calm down and not be aggressive toward his housemates. (DSP #8) appeared to be having a challenging time understanding the concerns of leaving (Individual #3) outside  Face to face interview with (ASM #1) March 14, 2016 (ASM #1) and I again discussed my findings. She stated that the behaviors of (DSP #8) and (DSP #8) were not acceptable. She stated that (DSP #8) doesn't understand the concerns and that it may possibly (sic) due to his culture/native language"  Further review of the above fact finding report, employee records and staff training records revealed DSP #8 was given a standard of conduct violation and transferred to another	ROSS DI	RIVE					/A 22407		
the ICF so that (other individual) could finish enjoying his walk. (IDSP #8) stated that he locked (Individual #3) out of the home to try and calm him down and so that he would not go after the other residents. When asked if he had informed (DSP #2) that he was leaving (Individual #3) outside, he reported no that he had not. He continued to state that even though (Individual #3) was outside he was keeping an eye on him through the peep hole. When asked about why he would leave (Individual #3) outside if the reason he had decided to bring him home was that he was aggressive toward (other individual) and (other individual) was still outside. (DSP #8) just repeated that he was watching him through the peep hole. (DSP #8) stated that his intent was not to violate (Individual #3's) rights he just wanted him to calm down and not be aggressive toward his housemates. (DSP #8) appeared to be having a challenging time understanding the concerns of leaving (Individual #3) outside  Face to face interview with (ASM #1) March 14, 2016 (ASM #1) and I again discussed my findings. She stated that the behaviors of (DSP #9) and (DSP #8) were not acceptable. She stated that (DSP #8) is a good staff and that she thinks that (DSP #8) doesn't understand the concerns and that it may possibly (sic) due to his culture/native language"  Further review of the above fact finding report, employee records and staff training records revealed DSP #8 was given a standard of conduct violation and transferred to another	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECT ROSS-REFERENC	IVE ACTION SHOPED TO THE APPR	ULD BE	
violation; Individual #3's behavior plan was	W 288	the ICF so that (oth enjoying his walk. (Individual #3) out of him down and so the other residents. Wishing down and so that he was outside he through the peep he he would leave (Individual possible that he was aggress and (other individual just repeated that he have a the peep hole. (DS was not to violate (I wanted him to calm toward his housemable having a challen concerns of leaving.)  Face to face intervity 2016  (ASM #1) and I agas She stated that the (DSP #8) were not a (DSP #8) were not a (DSP #8) doesn't urthat it may possibly language"	er individual) could finish (DSP #8) stated that he locked of the home to try and calm that he would not go after the hen asked if he had informed as leaving (Individual #3) of no that he had not. He hat even though (Individual was keeping an eye on him tole. When asked about why ividual #3) outside if the ded to bring him home was sive toward (other individual) al) was still outside. (DSP #8) e was watching him through P #8) stated that his intent individual #3's) rights he just down and not be aggressive ates. (DSP #8) appeared to ging time understanding the (Individual #3) outside  The with (ASM #1) March 14, in discussed my findings. behaviors of (DSP #9) and acceptable. She stated that staff and that she thinks that inderstand the concerns and (sic) due to his culture/native e above fact finding report, and staff training records as given a standard of out transferred to another a given a standard of conduct	W 2	88				

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reviewed and revised; staff were educated on

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CENTE	43 FOR WEDICARE	& MEDICAID SERVICES	<del>,</del>		OMB NO	<u> </u>	
	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		49G065	B. WING		0:	5/26/2016	
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
ROSS DI	RIVE			5604 ROSS DRIVE FREDERICKSBURG, VA 22407			
(VA) ID	SHAMARY STA	TEMENT OF DEFICIENCIES			STICN		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE	(X5) COMPLETION DATE	
W 288	Continued From pa	ge 34	W 2	288			
	•	vior plan and monthly staff	***-				
	conducted with ASM matter. ASM #4 state "go after people" so porch and was watchole. ASM #4 state Individual #3's behat isolate the individual remembered a staff member was outside but the facility was licouldn't just put him DSP #9 was given a stated DSP #8 was ASM #4 stated he goultural reasons, DS seriousness of the sexplained the situat staff receives human	p.m., an interview was M #4 regarding the above ated Individual #3 was trying to estaff put him on the front ching him through the peep of staff was supposed to follow avior plan; to redirect and not al. ASM #4 stated he is member saying another staff le walking another individual ndividual #3's home and staff is on the porch. ASM #4 stated a formal write up. ASM #4 transferred to another facility, not the impression that due to SP #8 didn't understand the situation until (ASM #4) really ion to him. ASM #4 stated in rights training upon hire and ing doesn't give specific					
	conducted with ASA coordinator who do report). ASM #3 sta footage while invest noticed Individual #2 DSP #8 and DSP #8 appeared to be look ASM #3 stated she that and who else wone point (in the vidinside, was escorted	p.m. an interview was ### ### ### ### ### ### ### ### ### #	THE PARTY OF THE P				

interviews with staff who told her DSP #2 was

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G065	B. WING		05/26/2016	
NAME OF PROVIDER OR SUPPLIER  ROSS DRIVE			:	STREET ADDRESS, CITY, STATE, ZIP CODE 5604 ROSS DRIVE FREDERICKSBURG, VA 22407		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
W 288	so he was not in Ind ASM #3 stated she her supervisor who above documented confirmed Individual document directives of the home.  On 5/25/16 at 6:00 supervisor) and ASI intellectual disabilities aware of the above  The facility policy tithes a part, provide, support, guintervention to assist and/or gaining contresponses to situationly use positive an interactions (i.e. ver positive reinforcement (name of facility)k interventions will not	eldn't see DSP #2 in the video dividual #3's line of sight. reported this information to directed her to initiate the investigation. ASM #3 if #3's behavior plan did not is to lock the individual outside p.m., ASM #1 (the ICF M #2 (the QIDP [qualified es profession]) were made concern.  Ided, "Behavior and Facility 6-1: Behavior Supports", "1. (Name of facility) will indiduce and positive it residents in maintaining rol over their behavioral ons and stimulie. staff will dapproved behavioral bal praise, rewards systems, ent) with individuals living at Behavior Support Plans and to the utilized for the expectation of the place of an active stress of the staff or in place of an active stress of the signal and the utilized for the expectation of the staff or in place of an active staff or in place of an active	W 288			
W 389	483.460(m)(1)(ii) DR Labeling for drugs a the appropriate acce	on was presented prior to exit. RUG LABELING and biologicals must include essory and cautionary as the expiration date, if	W 389	W389 How corrective action will be accomp forthis deficient practice: The ICF Nurse Manager discarded the of PPD solution per manufacturer's guidelines.		

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		& MEDICAID SERVICES				M APPROVED D. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G065	B. WING_		05	5/26/2016
ROSS D	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 5604 ROSS DRIVE FREDERICKSBURG, VA 22407		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLO BE	(X5) COMPLETION DATE
W 389	Continued From page 36 This STANDARD is not met as evidenced by: Based on observation, staff interview and facility document review, it was determined that the facility staff failed to label an applicable expiration date on medication in one of one medication room.  The facility staff failed to label an applicable open date/expiration date on one vial of Aplisol PPD (purified protein derivative) solution (a medication used in the diagnosis of tuberculosis [lung infection]) (1). Per manufacturer's instructions, the medication must be discarded 30 days after being opened.		W 38	Assurance that other residents are protected from the possibility of the deficiency:  The ICF Nurse Manager checked to that there are no other open, unlabe expired vials of medications present program.  Measures to be put into place or sy changes to be made to ensure that deficient practice will not recur:  LPNs or the Nurse Manager will comonthly checks to ensure expiration are within range on opened medicat Any vials of multi-dose medications	confirm led, or in the stemic the nduct dates ions.	
	The findings include	e:	1	labeled with expiration dates once o Medications will be discarded when	•	

On 5/24/16 at 5:35 p.m., observation of the medication room refrigerator was conducted. One vial of PPD solution was observed opened and approximately one eighth full. The vial and the box containing the vial failed to document an open date. At this time, an interview was conducted with RN (registered nurse) #1. RN #1 confirmed the PPD solution was used for individuals at the facility. RN #1 stated there was one dose left because the PPD solution was administered to the individuals the beginning of April for their annual tuberculosis tests. RN #1 was asked when the medication expired. RN #1 looked at the vial and stated the medication expired in March 2017. RN #1 was asked if there was any specific manufacturer's instructions regarding expiration after the medication was opened. RN #1 reviewed the manufacturer's instructions and stated the medication needed to be discarded because it should be discarded 30 days after being opened.

expire per manufacturer's guidelines. How the facility plans to monitor its

performance to make sure that solutions are sustained:

The Pharmacist will conduct checks to ensure there are no expired medications in the facility.

Date of Completion:

6/7/16

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JUN 27 2016

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		49G065	B. WING		05/26/2016
NAME OF PROVIDER OR SUPPLIER  ROSS DRIVE				STREET ADDRESS, CITY, STATE, ZIP CO 5604 ROSS DRIVE FREDERICKSBURG, VA 22407	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF COR ( [EACH CORRECTIVE ACTION: CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETION
W 389	"Vials in use more to discarded due to post degradation which is consisted in the constant of	ge 37 s instructions documented, than 30 days should be ossible oxidation and may affect potency"  p.m., ASM (administrative he ICF [intermediate care was made aware of the above led, "Health Care- Section orage, Transfer, Disposal", "It is the policy of (name of nagement of medication will if monitored to ensure proper and disposal according to state ons" the policy failed to formation regarding the above on was presented prior to exit.  was obtained from the  s.nih.gov/dailymed/fda/fdaDru 11a67c-1694-4523-9548-58f7a	W 3	89	
problem alternations				RECI	EIVED
i yabbilar dir				T	? 7 2016
Constant of the second				VDH	/OLC