

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

PRINTED: 05/11/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  49G084	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  05/03/2018
NAME OF PROVIDER OR SUPPLIER  LUCAS STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 6701 LUCAS STREET FREDERICKSBURG, VA 22407	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments	E 000		
W 000	An unannounced Emergency Preparedness survey was conducted 05/02/18 through 05/03/18. The facility was in compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.  INITIAL COMMENTS	W 000		
W 111	An unannounced annual Medicaid survey for Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) was conducted 05/02/18 through 05/03/18. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for the Intellectually Disabled. The Life Safety Code survey report will follow.  The census in this four bed facility was three at the time of the survey. The survey sample consisted of three current Individual reviews, (Individuals #1, # 2 and #3).  CLIENT RECORDS CFR(s): 483.410(c)(1)  The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.  This STANDARD is not met as evidenced by: Based on staff interviews and clinical record reviews it was determined that the facility staff failed to ensure the clinical record was accurate for two of three individuals in the survey sample, Individual # 1 and # 2.  1. The facility staff failed to document the use of	W 111	W111 1. <u>How corrective action will be accomplished for individual #1:</u> Facility staff will ensure that they document the use of a color contrasting plate on Individual #1's eating precaution plan. <u>Assurance that other residents are protected from the possibility of the deficiency:</u> Facility staff will ensure that the eating precaution plan for each individual is accurately documented. <u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u> The Program Manager or designee will review the clinical record to ensure that the eating precaution plan for each individual is accurately documented. <u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u> The QIDP will monitor to ensure that the eating precaution plan for each individual is accurately documented. <u>Date of Completion:</u> 6/1/18	6/1/18

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

TITLE

(X6) DATE

*[Signature]* DD Residential Coordinator 5/17/18

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

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W 111	<p>Continued From page 1</p> <p>a color contrasting plate on Individual # 1's "Eating Precaution Plan."</p> <p>2. The facility staff failed to document the quarterly review dated 04/19/2018 accurately for Individual # 2.</p> <p>The findings include:</p> <p>1. The facility staff failed to document the use of a color contrasting plate on Individual # 1's "Eating Precaution Plan."</p> <p>Individual # 1 was a 46 year-old male, who was admitted to (Name of Group Home) on 02/18/14. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), legally blind, glaucoma (2), osteopenia (3), and eczema (4).</p> <p>An observation of individual # 1 at dinner was conducted on 05/02/18 at 5:30 p.m. Individual # 1 was observed seated at the dinner table with other residents of the group home. Individual # 1 was served his meal using the following adaptive equipment: a Dycem (5) mat, small plastic cup, a regular metal spoon and a divided plate. Further observation of the divided plate revealed it to be the same color as the Dycem mat, blue.</p> <p>On 05/03/18, Individual # 1's PCP (Person Centered Plan) dated 03/19/2018 through 03/18/2019 documented, "Outcomes Important To/or #: 5a. (Individual # 1) has meals that are healthy and served according to his dietary needs." Under the heading, "Describe how this will be provided based on individual preferences and location where program strategy can be found." It documented, "While eating (Individual #</p>	W 111	<p>W111</p> <p>2.</p> <p><u>How corrective action will be accomplished for individual #2:</u> Facility staff will review and update the quarterly review dated 4/19/18 to ensure that it is accurate for individual #2.</p> <p><u>Assurance that other residents are protected from the possibility of the deficiency:</u> The facility staff will review the quarterly review for each individual to ensure that they are each accurate.</p> <p><u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u> Facility staff will ensure that each quarterly for each individual is accurate and each is a representation of what progress has been made toward outcomes.</p> <p><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u> The Program supervisor or designee will review each quarterly for each individual to ensure that they are accurate and representative of what progress has been made toward outcomes for each individual.</p> <p><u>Date of Completion:</u> 6/1/18</p>	6/1/18	

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NAME OF PROVIDER OR SUPPLIER  LUCAS STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 5701 LUCAS STREET FREDERICKSBURG, VA 22407		
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W 111	Continued From page 2  1) uses a metal spoon per his preference. He also uses a divided color contrast plate, small plastic cup and Dycem mat while eating."  The "Communication and swallowing / eating assessment" dated 02/16/2018 by the Speech Pathologist for individual # 1 documented, "Recommendations: 3) Continue to provide divided color contrast plate, small plastic cup and Dycem."  The facility's "Standing Orders" dated and signed by the physician on 04/27/2017 documented, "Divided plate with color contrasting dinnerware, Dycem mat."  Reviewed of the "Eating Precaution Plan" for Individual # 1 failed to evidence the use of a color contrasting plate for meals.  On 05/03/18 at 12:55 p.m., an interview was conducted with ASM (administrative staff member) # 1, ICF (intermediate care facility) supervisor. When asked about the divided color contrasting plate for Individual # 1, ASM # 1 stated she was not aware of it. ASM #1 reviewed the PCP (Person Centered Plan) dated 03/19/2018 through 03/18/2019, the "Communication and swallowing / eating assessment" dated 02/16/2018, the facility's "Standing Orders" dated and signed by the physician on 04/27/2017 and the "Eating Precaution Plan" for Individual # 1. ASM # 1 stated, "It's not on the eating precaution plan, it should be there." When asked why individual # 1 was using a color contrasting plate, ASM # 1 stated, "To see the plate better."  On 05/03/18 at approximately 2:00 p.m. ASM (administrative staff member) # 1, ICF supervisor,	W 111			

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W 111	<p>Continued From page 3</p> <p>was made aware of the findings.</p> <p>No further information was provided prior to exit. References:</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a></p> <p>(2) A group of diseases that can damage the eye's optic nerve. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/glaucoma.html">https://www.nlm.nih.gov/medlineplus/glaucoma.html</a>.</p> <p>(3) A term to define bone density that is not normal but also not as low as osteoporosis. This information was obtained from the website: <a href="http://www.ncbi.nlm.nih.gov/pubmed/21234807">http://www.ncbi.nlm.nih.gov/pubmed/21234807</a>.</p> <p>(4) A term for several different types of skin swelling. Eczema is also called dermatitis. Most types cause dry, itchy skin and rashes on the face, inside the elbows and behind the knees, and on the hands and feet. Scratching the skin can cause it to turn red, and to swell and itch even more. Eczema is not contagious. The cause is not known. It is likely caused by both genetic and environmental factors. Eczema may get better or worse over time, but it is often a long-lasting</p>	W 111		

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W 111	Continued From page 4  disease. People who have it may also develop hay fever and asthma. This information was obtained from the website: <a href="https://medlineplus.gov/eczema.html">https://medlineplus.gov/eczema.html</a> .  (5) A non-slip, rubber-like plastic material used to stabilize surfaces. Reusable. Cut to most any size or shape with scissors. Cleans with soap and water. Blue (except where noted). Matting is 1/32" thick. Not made of natural rubber latex. Long lasting. Unlimited uses. This information was obtained from the website: <a href="https://www.alimed.com/dycem-nonslip-matting.html">https://www.alimed.com/dycem-nonslip-matting.html</a> .  2. The facility staff failed to accurately document the quarterly review dated 04/19/2018 for Individual # 2.  Individual # 2 was a 52 year-old male, who was admitted to (Name of Group Home) on 03/12/15. Diagnoses in the clinical record included but were not limited to: profound intellectual disability, (1), dysphagia (2), gastroesophageal reflux disease (3), arterial shunt (4), bipolar (5), Cornelia DeLange (6) and Hepatitis B (7).  The facility's "4th (Fourth) Quarter review April 19, 2018" for Individual # 2 was reviewed. Under the heading "Condition (Check all that apply)" the quarterly review listed the following options to be checked: "Met, Progress, Regression, Stability and Revision." Further review of the "4th Quarter review April 19, 2018" for Individual # 2 documented all outcomes were checked as "Met."  On 05/03/18 at approximately 12:55 p.m., an	W 111			

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W 111	Continued From page 5  interview was conducted with ASM (administrative staff member) # 1, ICF (intermediate care facility) supervisor. After reviewing the "4th Quarter review April 19, 2018" for Individual # 2, ASM # 1 was asked if the quarterly review was accurate and if all the outcomes for Individual # 2 were met. ASM # 1 stated, "It was taught to us in training that at the end of the plan year all outcomes are marked as being met even if the outcomes are going to continue because the plan is going to end." When asked to interpret the condition "Met" on the quarterly review, ASM # 1 stated, "It means the outcome is achieved." When asked if the quarterly review was documented accurately to reflect Individual # 2's progress of the PCP outcomes, ASM # 1 stated no.  On 05/03/18 at approximately 2:00 p.m. ASM (administrative staff member) # 1, ICF supervisor, was made aware of the findings.  No further information was provided prior to exit. References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a> .  (2) A swallowing disorder. This information was obtained from the website:	W 111			

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W 111	Continued From page 6  <a href="https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html">https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html</a> .  (3) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a> .  (4) U-shaped plastic tube inserted between an artery and a vein (usually between the radial artery and cephalic vein), bypassing the capillary network, a formerly common means of arteriovenous ACCESS. Angioplasty and stent placement are two ways to open blocked peripheral arteries. This information was obtained from the website: <a href="https://medical-dictionary.thefreedictionary.com/arteriovenous+shunt">https://medical-dictionary.thefreedictionary.com/arteriovenous+shunt</a> .  (5) A brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks. This information was obtained from the website: <a href="https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml">https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml</a> .  (6) A developmental disorder that affects many parts of the body. It is characterized by slow growth before and after birth, intellectual disability that is usually severe to profound, skeletal abnormalities involving the arms and hands, and distinctive facial features). This information was obtained from the website: <a href="https://ghr.nlm.nih.gov/condition/cornelia-de-langere-syndrome">https://ghr.nlm.nih.gov/condition/cornelia-de-langere-syndrome</a> . Cerebral vascular accident. When blood flow to your brain stops. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/stroke.html">https://www.nlm.nih.gov/medlineplus/stroke.html</a> .	W 111			

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W 129	<p><b>PROTECTION OF CLIENTS RIGHTS</b></p> <p>CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy.</p> <p>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 provide privacy for one of three individuals in the survey sample, Individual # 3.</p> <p>The facility staff failed to knock on Individual # 3's bedroom before entering and administering medications.</p> <p>The findings include:</p> <p>Individual # 3 was a 75 year-old female, who was admitted to (Name of Group Home) on 07/28/14. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), osteoporosis (2), scoliosis (3), fibrocystic breast (4) and glaucoma (5).</p> <p>On 05/03/18 at approximately 7:05 a.m., LPN (licensed practical nurse) # 1 was observed during the medication administration observation. While in the facility's medication room, LPN # 1 prepared and gathered medications for Individual # 3, left the medication room with the medications for Individual # 3, proceeded down the hallway to Individual # 3's bedroom. The bedroom door to Individual # 3's bedroom was closed. LPN # 1 opened the bedroom door to Individual # 3's bedroom, turned on the bedroom ceiling light, stated "Good morning (Name of Individual # 3) it's</p>	W 129	<p><b>W129</b></p> <p><u>How corrective action will be accomplished for Individual #3:</u> Facility staff will be retrained to knock on the bedroom door before entering to offer support with personal care needs for Individual #3 . <u>Assurance that other residents are protected from the possibility of the deficiency:</u> Facility staff will be retrained to knock on the bedroom door for each individual before entering to offer support with personal care needs. <u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u> The QIDP and ICF Management will monitor to ensure that facility staff knock on the bedroom door for each individual before entering to offer support with personal care needs. <u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u> At the next mandatory staff meeting, residents' Human Rights will be reviewed, including the responsibility of knocking on resident doors before entering to offer support with personal care needs. A training log for each staff will be completed to ensure understanding. <u>Date of Completion:</u> 6/1/18</p>	6/1/18	



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W 129	<p>Continued From page 8</p> <p>time for your meds." Observation of Individual # 3 revealed she was squinting her eye, trying to adjust to the light. LPN # 1 then proceeded to administer an injection and crushed medications mixed in applesauce by spoon to Individual # 3.</p> <p>On 05/03/18 at 7:55 a.m., an interview was conducted with LPN # 1. When asked if she knocked on Individual # 3's bedroom door before entering to administer Individual #3's medications LPN # 1 stated, "No." When asked to describe the procedure for entering an individual's bedroom LPN # 1 stated, "I should have knocked first and waited for her to be more alert."</p> <p>On 05/03/18 at 8:45 a.m., an interview was conducted with RN (registered nurse) # 1. When asked to describe the procedure for entering an individual's bedroom in the morning to administer medications RN # 1 stated, "I would knock on the door before entering and tell the individual I'm turning on the light."</p> <p>On 05/03/18 at 12:55 p.m., an interview was conducted with ASM (administrative staff member) # 1, ICF (intermediate care facility) supervisor. When asked to describe the procedure for entering an individual's bedroom ASM # 1 stated, "Should knock on the door before entering the room and inform the individual you are going to turn on the light or check to see if they are awake." When informed of the observation ASM # 1 was asked if it was acceptable to enter an individual's bedroom without knocking. ASM # 1 stated, "No, it's a violation of their privacy."</p> <p>The facility's policy "Client Protection. Section 2-1: Individual Rights and Assurances" it</p>	W 129		

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W 129	<p>Continued From page 9</p> <p>documented in part, "...In keeping with the commitment to ensure all individuals are treated with dignity and respect, the program shall meet all conditions of participation by ensuring individuals have the opportunity for personal privacy during treatment, personal care activities and/or interactions with significant others to the extent possible with respect to each individuals health and safety needs."</p> <p>On 05/03/18 at approximately 2:00 p.m. ASM (administrative staff member) # 1, ICF supervisor, was made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100">https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</a>.</p> <p>(2) Makes your bones weak and more likely to break. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/osteoporosis.html">https://www.nlm.nih.gov/medlineplus/osteoporosis.html</a>.</p> <p>(3) An abnormal curving of the spine. Your spine is your backbone. It runs straight down your back. Everyone's spine naturally curves a bit. But</p>	W 129		

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  49G084	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  05/03/2018
NAME OF PROVIDER OR SUPPLIER  LUCAS STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 5701 LUCAS STREET FREDERICKSBURG, VA 22407		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 129	Continued From page 10	W 129			
W 159	<p>people with scoliosis have a spine that curves too much. The spine might look like the letter C or S. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/001241.htm">https://medlineplus.gov/ency/article/001241.htm</a>.</p> <p>(4) A common way to describe painful, lumpy breasts. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000912.htm">https://medlineplus.gov/ency/article/000912.htm</a>.</p> <p>(5) A group of diseases that can damage the eye's optic nerve. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/glaucoma.htm">https://www.nlm.nih.gov/medlineplus/glaucoma.htm</a>.</p> <p><b>QIDP</b> CFR(s): 483.430(a)</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. This STANDARD is not met as evidenced by: Based on residential program record reviews, day program record review, facility document review and staff interview, it was determined that the QIDP (Qualified Intellectual Disabilities Professional) failed to coordinate and monitor the individuals' active treatment programs for two of three individuals in the survey sample, Individuals # 1 and # 2.</p> <p>1a. The QIDP failed to ensure Individual # 1's eating precautions contained the use of the correct adaptive equipment.</p> <p>1b. The QIDP failed to develop PCP (Person Centered Plan) of sensory activity and communication for individual # 1.</p>	W 159	<p>W159 1a. <u>How corrective action will be accomplished for Individual #1:</u> The QIDP will monitor to ensure Individual #1's current eating precautions contains the use of the correct adaptive equipment. <u>Assurance that other residents are protected from the possibility of the deficiency:</u> The QIDP will monitor to ensure that each individual's current eating precautions contain the use of the correct adaptive equipment. <u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u> The QIDP will review and monitor each individual's eating precautions on an ongoing basis to ensure that they contain the use of the corrective adaptive equipment. <u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u> The program supervisor and assistant manager will monitor to ensure the use of the correct adaptive equipment for each individual's eating precautions during mealtimes. <u>Date of Completion:</u> 6/1/18</p>	6/1/18	

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W 159	Continued From page 11  1c. The QIDP failed ensure Individual # 1's active treatment for meals was implemented.  2a. The QIDP failed to ensure the quarterly review accurately reflected Individual # 2's progress.  2b. The QIDP failed to develop PCP (Person Centered Plan) of activity for individual # 2.  The findings include:  1a. The QIDP failed to ensure Individual # 1's eating precautions contained the use of the correct adaptive equipment.  Individual # 1 was a 46 year-old male, who was admitted to (Name of Group Home) on 02/18/14. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), legally blind, glaucoma (2), osteopenia (3), and eczema (4).  On 05/03/18 Individual # 1's PCP (Person Centered Plan) dated 03/19/2018 through 03/18/2019 documented, "Outcomes Important To/or #: 5a. (Individual # 1) has meals that are healthy and served according to his dietary needs." Under the heading, "Describe how this will be provided based on individual preferences and location where program strategy can be found." It documented, "While eating (Individual # 1) uses a metal spoon per his preference. He also uses a divided color contrast plate, small plastic cup and Dycem mat while eating." The "Communication and swallowing / eating assessment" dated 02/16/2018 by the Speech Pathologist for individual # 1 documented,	W 159	W 159  1b. <b><u>How corrective action will be accomplished for individual #1:</u></b> The QIDP will coordinate and revise the PCP (Person Centered Plan) to include sensory activity and communication for individual #1. <b><u>Assurance that other residents are protected from the possibility of the deficiency:</u></b> The QIDP will coordinate and revise the PCP's (Person Centered Plans) for all individuals to develop active treatment programs in accordance with the information gathered in the Comprehensive Functional Assessment. <b><u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u></b> The QIDP will extract information from the Comprehensive Functional Assessments to develop active treatment outcomes for each individual at a minimum of annually for their PCP or as changes or revisions are needed based on individualized needs. <b><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u></b> The annual PCP for each client will be reviewed by the ICF supervisor prior to submission deadlines to ensure that active treatment programs in accordance with the Comprehensive Functional Assessment for each resident are documented in the PCP. <b><u>Date of Completion:</u></b> 6/1/18	6/1/18	

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W 159	Continued From page 12  "Recommendations: 3) Continue to provide divided color contrast plate, small plastic cup and Dycem."  The facility's "Standing Orders" dated and signed by the physician on 04/27/2017 documented, "Divided plate with color contrasting dinnerware, Dycem mat."  Reviewed of the "Eating Precaution Plan" for Individual # 1 failed to evidence the use of a color contrasting plate for meals.  On 05/03/18 at 3:25 p.m., an interview was conducted with ASM (administrative staff member) # 1, ICF (intermediate care facility) supervisor. When asked about the QIDP, ASM # 1 stated, "A QIDP was hired but he is currently in training." When asked to describe the responsibility of the QIDP, ASM # 1 stated, "To monitor the active treatment, develop person centered plan outcomes, and ensure the clinical record is accurate." When asked who was taking the QIDP's responsibilities, ASM # 1 stated, "I took over some of the responsibilities." When asked about the missing documentation for the use of the color contrasting plate on the eating precaution plan for Individual # 1, ASM # stated, "It was my responsibility."  On 05/03/18 at approximately 2:00 p.m. ASM (administrative staff member) # 1, ICF supervisor, was made aware of the findings.  No further information was provided prior to exit.  References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money,	W 159	W 159 1c. <u>How corrective action will be accomplished for Individual #1:</u> The QIDP will ensure the implementation of the active treatment outcome involving meals for Individual #1. <u>Assurance that other residents are protected from the possibility of the deficiency:</u> The QIDP will ensure the implementation of the active treatment outcome involving meals for each individual. <u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u> The QIDP will continue to monitor and ensure implementation of the active treatment outcomes as described in each individual's PCP. <u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u> The program supervisor and assistant manager will monitor to ensure the implementation of the active treatment outcomes as described in each individual's PCP. <u>Date of Completion:</u> 6/1/18	6/1/18

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W 159	Continued From page 13  schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a>  (2) A group of diseases that can damage the eye's optic nerve. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/glaucoma.html">https://www.nlm.nih.gov/medlineplus/glaucoma.html</a> .  (3) A term to define bone density that is not normal but also not as low as osteoporosis. This information was obtained from the website: <a href="http://www.ncbi.nlm.nih.gov/pubmed/21234807">http://www.ncbi.nlm.nih.gov/pubmed/21234807</a> .  (4) A term for several different types of skin swelling. Eczema is also called dermatitis. Most types cause dry, itchy skin and rashes on the face, inside the elbows and behind the knees, and on the hands and feet. Scratching the skin can cause it to turn red, and to swell and itch even more. Eczema is not contagious. The cause is not known. It is likely caused by both genetic and environmental factors. Eczema may get better or worse over time, but it is often a long-lasting disease. People who have it may also develop hay fever and asthma. This information was obtained from the website: <a href="https://medlineplus.gov/eczema.html">https://medlineplus.gov/eczema.html</a> .  1b. The QIDP failed to develop PCP (Person	W 159	W 159 2a. <u>How corrective action will be accomplished for individual #2:</u> The QIDP will review and revise the quarterly review to ensure that it is accurate for individual #2. <u>Assurance that other residents are protected from the possibility of the deficiency:</u> The QIDP will review the quarterly reviews to ensure that they are accurate for each individual. <u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u> The QIDP will ensure that each quarterly for each individual is accurate and each is a representation of what progress has been made toward outcomes. <u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u> The program supervisor or designee will review each quarterly for each individual to ensure that they are accurate and representative of what progress has been made toward outcomes. <u>Date of Completion:</u> 6/1/18	6/1/18	

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W 159	Continued From page 14 Centered Plan) of sensory activity and communication for individual # 1.  On 05/03/18 Individual # 1's PCP (Person Centered Plan) dated 03/19/2018 through 03/18/2019 located in Individual # 1's residential clinical record was reviewed at (Name of Group Home). Individual # 1's PCP documented, "Outcomes Important To/or #: 2. I participate in sensory activities, 6. I am offered opportunities to make choices throughout the day." Further review of Individual; # 1's PCP outcomes # 2 and # 6 failed to evidence measurable goals.  The CFA (comprehensive functional assessment) for Individual # 1 dated 03/15/18 documented, "3. Task Learning Skills: a) Engages in purposeful activities for at least 5 (five) minutes - 3=sometimes." Under "Speech and Language Pathology Adaptive Behavior Assessment, IV (4) Communication: Awareness of Others" dated 02/12/18 Individual # 1's "Current Status was coded as "Yes" for establishing brief eye contact, responds to speaker by looking, responds to speaker by vocalizing and responds to physical contact." Under "Awareness of self" Individual # 1's "Current Status was coded as "Yes" for "Responds to name." Under "Communication-Receptive-Follows Instructions" Individual # 1's "Current Status was coded as "2 (two) = Maximum assistance - Staff completes 75% of task. Hand-over-hand assistance is used to complete the process. Staff may initially guide the consumer then release hand-overhand assistance." Under Communication - Expressive Individual # 1's "Current Status was coded as "Yes" for "Vocalizing, Expresses likes/dislikes and Expresses basic needs."	W 159	W 159 2b. <u>How corrective action will be accomplished for individual #2:</u> The QIDP will coordinate and revise the PCP (Person Centered Plan) to include activity for individual #2. <u>Assurance that other residents are protected from the possibility of the deficiency:</u> The QIDP will coordinate and revise the PCP's (Person Centered Plans) for all individuals to develop active treatment programs in accordance with the information gathered in the Comprehensive Functional Assessment. <u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u> The QIDP will extract information from the Comprehensive Functional Assessments to develop active treatment outcomes for each individual at a minimum of annually for their PCP or as changes or revisions are needed based on individualized needs. <u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u> The annual PCP for each client will be reviewed by the ICF supervisor prior to submission deadlines to ensure that active treatment programs in accordance with the Comprehensive Functional Assessment for each resident are documented in the PCP. <u>Date of Completion:</u> 6/1/18	6/1/18	

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W 159	<p>Continued From page 15</p> <p>On 05/03/18 at 12:55 p.m., an interview was conducted with ASM # 1, ICF supervisor regarding Individual # 1 PCP outcomes # 2 and # 6. When asked if they were measurable outcomes, ASM # 1 stated, "No, they are protocols." ASM # 1 was asked to review the CFA (comprehensive functional assessment) for Individual # 1 for "Task Learning Skills" and "Communication" dated 02/12/18. When asked if about the lack of a measurable goal/outcome for Individual # 1's PCP areas of # 2 sensory activities and # 6 communication, ASM # 1 stated, "They could have been developed into measurable outcomes."</p> <p>On 05/03/18 at 3:25 p.m., an interview was conducted with ASM (administrative staff member) # 1, ICF (intermediate care facility) supervisor. When asked about the QIDP, ASM # 1 stated, "A QIDP was hired but he is currently in training." When asked to describe the responsibility of the QIDP, ASM # 1 stated, "To monitor the active treatment, develop person centered plan outcomes, and ensure the clinical record is accurate." When asked who was taking the QIDP's responsibilities, ASM # 1 stated, "I took over some of the responsibilities." When asked about the lack of development of a PCP for Individual # 1's PCP for sensory activity and communication, ASM # stated, "It was my responsibility."</p> <p>On 05/03/18 at approximately 2:00 p.m. ASM (administrative staff member) # 1, ICF supervisor, was made aware of the findings.</p> <p>No further information was provided prior to exit.</p>	W 159		



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W 159	Continued From page 16  1c. The QIDP failed ensure Individual # 1's active treatment for meals was implemented.  An observation of Individual # 1 on 05/02/18 at 5:30 p.m., at dinner was conducted. Individual # 1 was observed seated at the dinner table with other residents of the group home. Individual # 1 was served his meal using the following adaptive equipment: a Dycem (5) mat, small plastic cup, a regular metal spoon and a divided plate. Further observation of the divided plate revealed it to be the same color as the Dycem mat, blue.  On 05/03/18 Individual # 1's PCP (Person Centered Plan) dated 03/19/2018 through 03/18/2019 documented, "Outcomes Important To/or #: 5a. (Individual # 1) has meals that are healthy and served according to his dietary needs." Under the heading, "Describe how this will be provided based on individual preferences and location where program strategy can be found." It documented, "While eating (Individual # 1) uses a metal spoon per his preference. He also uses a divided color contrast plate, small plastic cup and Dycem mat while eating."  The "Communication and swallowing / eating assessment" dated 02/18/2018 by the Speech Pathologist for individual # 1 documented, "Recommendations: 3) Continue to provide divided color contrast plate, small plastic cup and Dycem."  The facility's "Standing Orders" dated and signed by the physician on 04/27/2017 documented, "Divided plate with color contrasting dinnerware, Dycem mat."  On 05/03/18 at 12:55 p.m., an interview was	W 159			

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W 159	Continued From page 17  conducted with ASM (administrative staff member) # 1, ICF (intermediate care facility) supervisor. When asked about the QIDP, ASM # 1 stated, "A QIDP was hired but he is currently in training." When asked to describe the responsibility of the QIDP, ASM # 1 stated, "To monitor the active treatment, develop person centered plan outcomes, and ensure the clinical record is accurate." When asked who was taking the QIDP's responsibilities, ASM # 1 stated, "I took over some of the responsibilities." When asked about the color contrasting plate not being provided during Individual # 1's meal, ASM # stated, "It was my responsibility."  On 05/03/18 at approximately 2:00 p.m. ASM (administrative staff member) # 1, ICF supervisor, was made aware of the findings.  No further information was provided prior to exit.  2a. The QIDP failed to ensure the quarterly review accurately reflected Individual # 2's progress.  Individual # 2 was a 52 year-old male, who was admitted to (Name of Group Home) on 03/12/15. Diagnoses in the clinical record included but were not limited to: profound intellectual disability, (1), dysphagia (2), gastroesophageal reflux disease (3), arterial shunt (4), bipolar (5), Cornelia DeLange (6) and Hepatitis B (7).  The facility's "4th (Fourth) Quarter review April 19, 2018" for Individual # 2 was reviewed. Under the heading "Condition (Check all that apply)" the quarterly review listed the following options to be checked: "Met, Progress, Regression, Stability and Revision." Further review of the "4th Quarter	W 159			

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W 159	<p>Continued From page 18</p> <p>review April 19, 2018" for Individual # 2 documented all outcomes were check as "Met."</p> <p>On 05/03/18 at approximately 12:55 p.m., an interview was conducted with ASM (administrative staff member) # 1, ICF (intermediate care facility) supervisor. After reviewing the "4th Quarter review April 19, 2018" for Individual # 2, ASM # 1 was asked if the quarterly review was accurate and if all the outcomes for Individual # 2 were met. ASM # 1 stated, "It was taught to us in training that at the end of the plan year all outcomes are marked as being met even if the outcomes are going to continue because the plan is going to end." When asked to interpret the condition "Met" on the quarterly review, ASM # 1 stated, "It means the outcome is achieved." When asked if the quarterly review was documented accurately to reflect Individual # 2's progress of the PCP outcomes, ASM # 1 stated no.</p> <p>On 05/03/18 at 3:25 p.m., an interview was conducted with ASM (administrative staff member) # 1, ICF (intermediate care facility) supervisor. When asked about the QIDP, ASM # 1 stated, "A QIDP was hired but he is currently in training." When asked to describe the responsibility of the QIDP, ASM # 1 stated, "To monitor the active treatment, develop person centered plan outcomes, and ensure the clinical record is accurate." When asked who was taking the QIDP's responsibilities, ASM # 1 stated, "I took over some of the responsibilities." When asked about the inaccurate documentation on Individual # 2's quarterly review, ASM # stated, "It was my responsibility."</p>	W 159			

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W 159	Continued From page 19  On 05/03/18 at approximately 2:00 p.m. ASM (administrative staff member) # 1, ICF supervisor, was made aware of the findings.  No further information was provided prior to exit.  References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a> .  (2) A swallowing disorder. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html">https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html</a> .  (3) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a> .  (4) U-shaped plastic tube inserted between an artery and a vein (usually between the radial artery and cephalic vein), bypassing the capillary network, a formerly common means of arteriovenous ACCESS. Angioplasty and stent placement are two ways to open blocked peripheral arteries. This information was obtained from the website: <a href="https://medical-dictionary.thefreedictionary.com/ar">https://medical-dictionary.thefreedictionary.com/ar</a>	W 159		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  49G084	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  05/03/2018
NAME OF PROVIDER OR SUPPLIER  LUCAS STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 6701 LUCAS STREET FREDERICKSBURG, VA 22407		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 159	Continued From page 20 teriovenous+shunt.  (5) A brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks. This information was obtained from the website: <a href="https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml">https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml</a> .  (6) A developmental disorder that affects many parts of the body. It is characterized by slow growth before and after birth, intellectual disability that is usually severe to profound, skeletal abnormalities involving the arms and hands, and distinctive facial features). This information was obtained from the website: <a href="https://ghr.nlm.nih.gov/condition/cornelia-de-lang-e-syndrome">https://ghr.nlm.nih.gov/condition/cornelia-de-lang-e-syndrome</a> . Cerebral vascular accident. When blood flow to your brain stops. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/stroke.html">https://www.nlm.nih.gov/medlineplus/stroke.html</a> .  (7) Irritation and swelling (inflammation) of the liver due to infection with the hepatitis B virus (HBV). This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000279.htm">https://medlineplus.gov/ency/article/000279.htm</a> .  2b. The QIDP failed to develop PCP (Person Centered Plan) of recreational activity for individual # 2. On 05/03/18 Individual # 2's PCP (Person Centered Plan) dated 04/13/2018 through 04/12/2019 located in Individual # 2's residential clinical record was reviewed at (Name of Group Home). Individual # 2's PCP documented, "Outcomes Important To/or #: 4c. I participate in recreation activities in my home." Further review	W_159			

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NAME OF PROVIDER OR SUPPLIER  LUCAS STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 5701 LUCAS STREET FREDERICKSBURG, VA 22407	
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W 159	Continued From page 21 of Individual; # 2's PCP outcome 4 failed to evidence measurable goals.  The CFA (comprehensive functional assessment) for individual # 1 dated 02/21/18 documented, "Speech and Language Pathology Adaptive Behavior Assessment, IV (4) Communication: Awareness of Others." Individual # 2's "Current Status" was coded as "Yes" for establishing brief eye contact, responds to speaker by looking, responds to speaker by vocalizing and responds to physical contact." Under "Awareness of self" Individual # 2's "Current Status" was coded as "Yes" for "Responds to name." Under Communication - Expressive Individual # 2's "Current Status" was coded as "Yes" for "Vocalizing, Expresses likes/dislikes and Expresses basic needs." Under "Fine Motor" Individual # 2's "Current Status" was coded as "Yes" for Holds objects placed in fist, reaches with both arms, can pick up large objects with 1 or 2 hands, holds objects-right/left, releases deliberately, throws objects and turns a knob." Under "Leisure-Manipulates materials", Individual # 2's "Current Status" was coded as 2 (two) = Maximum assistance - Staff completes 75% of task. Hand-over-hand assistance is used to complete the process. Staff may initially guide the consumer then release hand-overhand assistance" for "Pushes large pegs into peg board, Pushes small pegs into peg board, puts matching forms for form board, put together puzzles with 3-4 pieces and puts together small multi-piece puzzles." For the activity of "Stacks 3 or more blocks, stacks rings appropriately by six and places objects in container" Individual # 2 was coded as 4 (four) = Minimal Assistance-staff completes 25% of the task. Intermittent hand-over-hand assistance is required. Staff	W 159		

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NAME OF PROVIDER OR SUPPLIER  LUCAS STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 6701 LUCAS STREET FREDERICKSBURG, VA 22407		
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W 159	Continued From page 22 provides hand-over-hand assistance as needed to complete the task."  On 05/03/18 at 12:55 p.m., an interview was conducted with ASM # 1, ICF supervisor regarding Individual # 2 PCP outcome 4c. When asked if it was a measureable outcome, ASM # 1 stated, "No, it's a protocol." ASM # 1 was asked to review the CFA (comprehensive functional assessment) for Individual # 2 for "Communication," "Fine Motor" and "Leisure" dated 02/21/18. When asked if about the lack of a measurable goal/outcome for Individual # 2's PCP areas of # 4c activities, ASM # 1 stated, "It could have been developed into measurable outcomes."  On 05/03/18 at 3:25 p.m., an interview was conducted with ASM (administrative staff member) # 1, ICF (intermediate care facility) supervisor. When asked about the QIDP, ASM # 1 stated, "A QIDP was hired but he is currently in training." When asked to describe the responsibility of the QIDP, ASM# 1 stated, "To monitor the active treatment, develop person centered plan outcomes, and ensure the clinical record is accurate." When asked who was taking the QIDP's responsibilities, ASM # 1 stated, "I took over some of the responsibilities." When asked about the lack of development of a PCP for Individual # 2's PCP for recreational activity, ASM # stated, "It was my responsibility."	W 159			
W 240	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)	W 240			

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NAME OF PROVIDER OR SUPPLIER  LUCAS STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 6701 LUCAS STREET FREDERICKSBURG, VA 22407		
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W 240	<p>Continued From page 23</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview, clinical record review and facility document review it was determined that the facility staff failed to develop PCPs (Person Center Plans) to support individual's move toward independence for two of two individuals in the survey sample, Individuals # 1 and # 2.</p> <p>1. The facility staff failed to develop PCP (Person Centered Plan) outcomes to support Individual # 1's progress toward independence.</p> <p>2. The facility staff failed to develop PCP (Person Centered Plan) outcomes to support Individual # 2's progress toward independence.</p> <p>The findings include:</p> <p>1. The facility staff failed to develop PCP (Person Centered Plan) outcomes to support Individual # 1's progress toward independence.</p> <p>Individual # 1 was a 59 year-old male, who was admitted to (Name of Group Home) on 01/20/16. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), seizures (2), dysphagia (3), gastroesophageal reflux disease (4), osteopenia (5), and hypertension (6).</p> <p>On 05/03/18 Individual # 1's PCP (Person Centered Plan) dated 03/19/2018 through</p>	W 240	<p>W 240</p> <p>1. <b><u>How corrective action will be accomplished for individual #1:</u></b> Facility staff will revise the PCP (Person Centered Plan) to ensure that outcomes are developed to support individual #1's move toward independence. <b><u>Assurance that other residents are protected from the possibility of the deficiency:</u></b> Facility staff will review and revise all PCP's (Person Centered Plans) as needed to ensure that outcomes are developed to support each individual's move toward independence. <b><u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u></b> Facility staff will extract outcomes from the Comprehensive Functional and Clinical Assessments to establish outcomes to support each individual's move towards independence. <b><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u></b> The annual PCP for each client will be reviewed by the program supervisor prior to submission deadlines to ensure that outcomes support each individual's move toward independence. <b><u>Date of Completion:</u></b> 6/1/18</p>	6/1/18



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NAME OF PROVIDER OR SUPPLIER  LUCAS STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 6701 LUCAS STREET FREDERICKSBURG, VA 22407		
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W 240	Continued From page 24  03/18/2019 located in Individual # 1's residential clinical record was reviewed at (Name of Group Home). Individual # 1's PCP documented, "Outcomes Important To/or #: 2. I participate in sensory activities, 6. I am offered opportunities to make choices throughout the day." Further review of Individual; # 1's PCP outcomes # 2 and # 6 failed to evidence measurable goals.  The CFA (comprehensive functional assessment) for Individual # 1 dated 03/15/18 documented, "3. Task Learning Skills: a) Engages in purposeful activities for at least 5 (five) minutes - 3=sometimes." Under "Speech and Language Pathology Adaptive Behavior Assessment, IV (4) Communication: Awareness of Others" dated 02/12/18 Individual # 1's "Current Status was coded as "Yes" for establishing brief eye contact, responds to speaker by looking, responds to speaker by vocalizing and responds to physical contact." Under "Awareness of self" Individual # 1's "Current Status was coded as "Yes" for "Responds to name." Under "Communication-Receptive-Follows Instructions" Individual # 1's "Current Status was coded as "2 (two) = Maximum assistance - Staff completes 75% of task. Hand-over-hand assistance is used to complete the process. Staff may initially guide the consumer then release hand-overhand assistance." Under Communication - Expressive Individual # 1's "Current Status was coded as "Yes" for "Vocalizing, Expresses likes/dislikes and Expresses basic needs."  On 05/02/18 at 3:15 p.m., an interview was conducted with ASM (administrative staff member) # 1, ICF (intermediate care facility) supervisor regarding the coding on the CFA	W 240	W 240 2. <u>How corrective action will be accomplished for individual #2:</u> Facility staff will revise the PCP (Person Centered Plan) to ensure that outcomes are developed to support individual #2's move toward independence. <u>Assurance that other residents are protected from the possibility of the deficiency:</u> Facility staff will review and revise all PCP's (Person Centered Plans) as needed to ensure that outcomes are developed to support each individual's move toward independence. <u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u> Facility staff will extract outcomes from the Comprehensive Functional and Clinical Assessments to establish outcomes to support each individual's move towards independence. <u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u> The annual PCP for each client will be reviewed by the program supervisor prior to submission deadlines to ensure that outcomes support each individual's move toward independence. <u>Date of Completion:</u> 6/1/18	6/1/18	

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NAME OF PROVIDER OR SUPPLIER  LUCAS STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 5701 LUCAS STREET FREDERICKSBURG, VA 22407		
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W 240	Continued From page 25  (comprehensive functional assessment). When asked if an individual is coded other than being dependent and /or independent, would that area be developed as an outcome or goal, ASM # 1 stated, "Yes." When asked about the process for developing the PCP (person Centered Plan) for an individual, ASM # 1 stated, "We use the information from the CFA, input from the team, previous data collection, active treatment programs, input from residential councilors and review of the quarterly reviews to develop the PCP outcomes/goals."  On 05/03/18 at 12:55 p.m., an interview was conducted with ASM # 1, ICF supervisor regarding Individual # 1 PCP outcomes # 2 and # 6. When asked if they were measureable outcomes, ASM # 1 stated, "No, they are protocols." ASM # 1 was asked to review the CFA (comprehensive functional assessment) for Individual # 1 for "Task Learning Skills" and "Communication" dated 02/12/18. When asked if about the lack of a measurable goal/outcome for Individual # 1's PCP areas of # 2 sensory activities and # 6 communication, ASM # 1 stated, "They could have been developed into measurable outcomes."  The facility's policy "ICF Services: Active Treatment Section 5-8: Person Centered Plan" documented, "3. The PCP must be directed toward the acquisition of behaviors necessary for the individual to function with as much self-determination and independence as possible and toward the prevention or deceleration of regression/loss of current optimal functional status; 6c. Objectives will be specific and necessary to meet the recipient's needs as identified by the CFA (needs observed to most	W 240			

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NAME OF PROVIDER OR SUPPLIER  LUCAS STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 5701 LUCAS STREET FREDERICKSBURG, VA 22407	
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W 240	Continued From page 26 likely impact the individual's ability to function in daily life ..."  On 05/03/18 at approximately 2:00 p.m. ASM (administrative staff member) # 1, ICF supervisor, was made aware of the findings.  No further information was provided prior to exit.  References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a>  (2) A group of diseases that can damage the eye's optic nerve. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/glaucoma.html">https://www.nlm.nih.gov/medlineplus/glaucoma.html</a> .  (3) A term to define bone density that is not normal but also not as low as osteoporosis. This information was obtained from the website: <a href="http://www.ncbi.nlm.nih.gov/pubmed/21234807">http://www.ncbi.nlm.nih.gov/pubmed/21234807</a> .  (4) A term for several different types of skin swelling. Eczema is also called dermatitis. Most types cause dry, itchy skin and rashes on the face, inside the elbows and behind the knees, and on the hands and feet. Scratching the skin	W 240		

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NAME OF PROVIDER OR SUPPLIER  LUCAS STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 5701 LUCAS STREET FREDERICKSBURG, VA 22407		
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W 240	Continued From page 27.  can cause it to turn red, and to swell and itch even more. Eczema is not contagious. The cause is not known. It is likely caused by both genetic and environmental factors. Eczema may get better or worse over time, but it is often a long-lasting disease. People who have it may also develop hay fever and asthma. This information was obtained from the website: <a href="https://medlineplus.gov/eczema.html">https://medlineplus.gov/eczema.html</a> .  2. The facility staff failed to develop PCP (Person Centered Plan) outcomes to support Individual # 2's progress toward independence.  Individual # 2 was a 52 year-old male, who was admitted to (Name of Group Home) on 03/12/15. Diagnoses in the clinical record included but were not limited to: profound intellectual disability, (1), dysphagia (2), gastroesophageal reflux disease (3), arterial shunt (4), bipolar (5), Comella DeLange (6) and Hepatitis B (7).  On 05/03/18 Individual # 2's PCP (Person Centered Plan) dated 04/13/2018 through 04/12/2019 located in Individual # 2's residential clinical record was reviewed at (Name of Group Home). Individual # 2's PCP documented, "Outcomes Important To/or #: 4c. I participate in recreation activities in my home." Further review of Individual; # 2's PCP outcome 4 failed to evidence measurable goals.  The CFA (comprehensive functional assessment) for Individual # 1 dated 02/21/18 documented, "Speech and Language Pathology Adaptive Behavior Assessment, IV (4) Communication: Awareness of Others." Individual # 2's "Current Status" was coded as "Yes" for establishing brief	W 240			

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W 240	<p>Continued From page 28</p> <p>eye contact, responds to speaker by looking, responds to speaker by vocalizing and responds to physical contact." Under "Awareness of self" Individual # 2's "Current Status was coded as "Yes" for "Responds to name." Under Communication - Expressive Individual # 2's "Current Status" was coded as "Yes" for "Vocalizing, Expresses likes/dislikes and Expresses basic needs." Under "Fine Motor" Individual # 2's "Current Status" was coded as "Yes" for Holds objects placed in fist, reaches with both arms, can pick up large objects with 1 or 2 hands, holds objects-right/left, releases deliberately, throws objects and turns a knob." Under "Leisure-Manipulates materials" Individual # 2's "Current Status" was coded as 2 (two) = Maximum assistance - Staff completes 75% of task. Hand-over-hand assistance is used to complete the process. Staff may initially guide the consumer then release hand-overhand assistance" for "Pushes large pegs into peg board, Pushes small pegs into peg board, puts matching forms for form board, put together puzzles with 3-4 pieces and puts together small multi-piece puzzles." For the activity of "Stacks 3 or more blocks, stacks rings appropriately by six and places objects in container" Individual # 2 was coded as 4 (four) = Minimal Assistance-staff completes 25% of the task. Intermittent hand-over-hand assistance is required. Staff provides hand-over-hand assistance as needed to complete the task."</p> <p>On 05/03/18 at 12:55 p.m., an interview was conducted with ASM # 1, ICF supervisor regarding Individual # 2 PCP outcome 4c. When asked if it was a measureable outcome, ASM # 1 stated, "No, It's a protocol." ASM # 1 was asked to review the CFA (comprehensive functional</p>	W 240		

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NAME OF PROVIDER OR SUPPLIER  LUCAS STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 LUCAS STREET FREDERICKSBURG, VA 22407	
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W 240	<p>Continued From page 29</p> <p>assessment) for Individual # 2 for "Communication," "Fine Motor" and "Leisure" dated 02/21/18. When asked if about the lack of a measurable goal/outcome for Individual # 2's PCP areas of # 4c activities, ASM # 1 stated, "It could have been developed into measurable outcomes."</p> <p>On 05/03/18 at approximately 2:00 p.m. ASM (administrative staff member) # 1, ICF supervisor, was made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a>.</p> <p>(2) A swallowing disorder. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html">https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html</a>.</p> <p>(3) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a>.</p> <p>(4) U-shaped plastic tube inserted between an</p>	W 240	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  49G064	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  05/03/2018
NAME OF PROVIDER OR SUPPLIER  LUCAS STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 5701 LUCAS STREET FREDERICKSBURG, VA 22407	
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W 240	Continued From page 30  artery and a vein (usually between the radial artery and cephalic vein), bypassing the capillary network, a formerly common means of arteriovenous ACCESS. Angioplasty and stent placement are two ways to open blocked peripheral arteries. This information was obtained from the website: <a href="https://medical-dictionary.thefreedictionary.com/arteriovenous+shunt">https://medical-dictionary.thefreedictionary.com/arteriovenous+shunt</a> .  (5) A brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks. This information was obtained from the website: <a href="https://www.nlm.nih.gov/health/topics/bipolar-disorder/index.shtml">https://www.nlm.nih.gov/health/topics/bipolar-disorder/index.shtml</a> .  (6) A developmental disorder that affects many parts of the body. It is characterized by slow growth before and after birth, intellectual disability that is usually severe to profound, skeletal abnormalities involving the arms and hands, and distinctive facial features) This information was obtained from the website: <a href="https://ghr.nlm.nih.gov/condition/cornelia-de-langere-syndrome">https://ghr.nlm.nih.gov/condition/cornelia-de-langere-syndrome</a> . cerebral vascular accident. When blood flow to your brain stops. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/stroke.html">https://www.nlm.nih.gov/medlineplus/stroke.html</a> .  (7) Irritation and swelling (inflammation) of the liver due to infection with the hepatitis B virus (HBV). This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000279.htm">https://medlineplus.gov/ency/article/000279.htm</a> .	W 240		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)	W 249		

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NAME OF PROVIDER OR SUPPLIER  LUCAS STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 5701 LUCAS STREET FREDERICKSBURG, VA 22407	
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W 249	Continued From page 31  As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.  This STANDARD is not met as evidenced by: Based on staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to implement active treatment according to the PCP (Person Centered Plan) for one of three individuals in the survey sample, Individual #1.  The facility staff failed to implement Individual #1's PCP outcome # 5a meals.  The findings include:  Individual # 1 was a 46 year-old male, who was admitted to (Name of Group Home) on 02/18/14. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), legally blind, glaucoma (2), osteopenia (3), and eczema (4).  An observation of Individual # 1 on 05/02/18 at 5:30 p.m., at dinner was conducted. Individual # 1 was observed seated at the dinner table with other residents of the group home. Individual # 1 was served his meal using the following adaptive equipment: a Dycem (5) mat, small plastic cup, a regular metal spoon and a divided plate. Further	W 249	W 249 <u>How corrective action will be accomplished for Individual #1:</u> Facility staff will implement the active treatment outcome involving meals for Individual #1. <u>Assurance that other residents are protected from the possibility of the deficiency:</u> Facility staff will implement the active treatment outcomes from the PCP's for each individual. <u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u> The QIDP will continue to monitor and ensure implementation of the active treatment outcomes as described in each individual's PCP. <u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u> The program supervisor and assistant manager will monitor to ensure the implementation of the active treatment outcomes as described in each individual's PCP. <u>Date of Completion:</u> 6/1/18	6/1/18



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NAME OF PROVIDER OR SUPPLIER  LUCAS STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 5701 LUCAS STREET FREDERICKSBURG, VA 22407	
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W.249	<p>Continued From page 32</p> <p>observation of the divided plate revealed it was the same color as the Dycem mat, blue.</p> <p>On 05/03/18 Individual # 1's PCP (Person Centered Plan) dated 03/19/2018 through 03/18/2019 documented, "Outcomes Important To/or #: 5a. (Individual # 1) has meals that are healthy and served according to his dietary needs." Under the heading "Describe how this will be provided based on individual preferences and location where program strategy can be found." It documented, "While eating (Individual # 1) uses a metal spoon per his preference. He also uses a divided color contrast plate, small plastic cup and Dycem mat while eating."</p> <p>The "Communication and swallowing / eating assessment" dated 02/16/2018 by the Speech Pathologist for individual # 1 documented, "Recommendations: 3) Continue to provide divided color-contrast plate, small plastic cup and Dycem."</p> <p>The facility's "Standing Orders" dated and signed by the physician on 04/27/2017 documented, "Divided plate with color contrasting dinnerware, Dycem mat."</p> <p>On 05/03/18 at 12:55 p.m., an interview was conducted with ASM (administrative staff member) # 1, ICF (intermediate care facility) supervisor. When asked about the divided color contrasting plate for Individual # 1 ASM # 1 stated she was not aware of it. After review the PCP (Person Centered Plan) dated 03/19/2018 through 03/18/2019 and the "Communication and swallowing / eating assessment" dated 02/16/2018 for Individual # 1, ASM # 1 stated, "The program is not being implemented." When</p>	W.249		

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NAME OF PROVIDER OR SUPPLIER  LUCAS STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 LUCAS STREET FREDERICKSBURG, VA 22407		
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W 249	<p>Continued From page 33</p> <p>asked why Individual # 1 was using a color contrasting plate ASM # 1 stated, "To see the plate better."</p> <p>The facility's policy "Active Treatment Section 5-3" documented, "8. Implementation of services will be purposeful (mirroring normal living experiences such as leisure and social activities), ongoing, consistent and targeted at training, treatment, and health services. Staff will encourage the individual to acquire, develop, and express functional skills and adaptive behaviors necessary to function with as much self-determination and independence as possible, as well as preventing the loss of such functional skills and independence."</p> <p>On 05/03/18 at approximately 2:00 p.m. ASM (administrative staff member) # 1, ICF supervisor, was made aware of the findings. No further information was provided prior to exit.</p> <p>References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a></p> <p>(2) A group of diseases that can damage the eye's optic nerve. This information was obtained from the website:</p>	W 249		

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NAME OF PROVIDER OR SUPPLIER  LUCAS STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 5701 LUCAS STREET FREDERICKSBURG, VA 22407		
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W 249	Continued From page 34 <a href="https://www.nlm.nih.gov/medlineplus/glaucoma.html">https://www.nlm.nih.gov/medlineplus/glaucoma.html</a> .  (3) A term to define bone density that is not normal but also not as low as osteoporosis. This information was obtained from the website: <a href="http://www.ncbi.nlm.nih.gov/pubmed/21234807">http://www.ncbi.nlm.nih.gov/pubmed/21234807</a> .  (4) A term for several different types of skin swelling. Eczema is also called dermatitis. Most types cause dry, itchy skin and rashes on the face, inside the elbows and behind the knees, and on the hands and feet. Scratching the skin can cause it to turn red, and to swell and itch even more. Eczema is not contagious. The cause is not known. It is likely caused by both genetic and environmental factors. Eczema may get better or worse over time, but it is often a long-lasting disease. People who have it may also develop hay fever and asthma. This information was obtained from the website: <a href="https://medlineplus.gov/eczema.html">https://medlineplus.gov/eczema.html</a> .  (5) A non-slip, rubber-like plastic material used to stabilize surfaces. Reusable. Cut to most any size or shape with scissors. Cleans with soap and water. Blue (except where noted). Matting is 1/32" thick. Not made of natural rubber latex. Long lasting. Unlimited uses. This information was obtained from the website: <a href="https://www.alimed.com/dycem-nonslip-matting.html">https://www.alimed.com/dycem-nonslip-matting.html</a> .	W 249			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2)  The system for drug administration must assure that all drugs, including those that are	W 369			

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W 369	<p>Continued From page 35</p> <p>self-administered, are administered without error.</p> <p>This STANDARD is not met as evidenced by: Based on observation, staff interview and clinical record review it was determined that the facility staff failed to administer medication according to the physician's orders for one of three individuals during the medication administration observation, Individual # 2.</p> <p>During the medication administration observation facility staff failed to provide Individual # 2 with a beverage when taking the medication Metamucil (1).</p> <p>The findings include:</p> <p>Individual # 2 was a 52 year-old male, who was admitted to (Name of Group Home) on 03/12/15. Diagnoses in the clinical record included but were not limited to: profound intellectual disability, (2), dysphagia (3), gastroesophageal reflux disease (4), arterial shunt (5), bipolar (6), Cornelia DeLange (7) and Hepatitis B (8).</p> <p>On 05/03/18 at approximately 7:05 a.m., the medication administration observation was conducted with LPN (licensed practical nurse) # 1. At 7:25 a.m., Individual # 2 was brought into the medication room of the (Name of Group Home). Individual # 2 was sitting in a chair positioned upright. LPN # 1 dispensed Individual # 2 medications including three Metamucil capsules into a small bowl of applesauce. LPN # 1 administered the medications including the Metamucil mixed with applesauce by spoon. After consuming all the medications and applesauce Individual # 2 was escorted out of the</p>	W 369	<p>W 369</p> <p><u>How corrective action will be accomplished for individual #2:</u> Facility staff will provide Individual #2 with a beverage when taking the medication Metamucil.</p> <p><u>Assurance that other residents are protected from the possibility of the deficiency:</u> Facility staff will ensure that each individual's medication is administered in accordance with the prescription.</p> <p><u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u> The nurse manager will review administration procedures with all staff at the next mandatory staff meeting and have all staff sign off on a training record.</p> <p><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u> The nurse manager will conduct periodic surveillance checks and supervision to ensure compliance with the procedures.</p> <p><u>Date of Completion:</u> 6/1/18</p>	6/1/18

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NAME OF PROVIDER OR SUPPLIER  LUCAS STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 6701 LUCAS STREET FREDERICKSBURG, VA 22407	
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W 369	Continued From page.36  medication room, with LPN # 1to the dining room for breakfast. LPN # 1 then returned to the medication room to document the MAR (medication administration record).  The "E (electronic)-Script New Prescription Request" for Individual # 2 documented, "Date written: 06/21/2017. Metamucil 520 MG (milligram) Capsules. 3 (Three) capsules bid (two times a day) with water or other beverage."  The MAR (medication administration record) dated May 2018 documented, "Metamucil 0.52 GM CAP (capsule). Take 3 (three) capsules by mouth twice a day with water or other beverage. Expires: 06/21/2018."  On 05/03/18 at 7:55 a.m., an interview was conducted with LPN (licensed practical nurse) # 1. When asked if the Metamucil should have been administered to Individual # 2 with water or another beverage, LPN # 2 stated, "I gave it with applesauce." When asked if that was the same as water, LPN # 1 did not reply. LPN #1 was asked to read the physician's order for the Metamucil and state how she interpreted it. LPN # stated, "I should have offered water at the time he was given the medication."  On 05/03/18 at 8:45 p.m., an interview was conducted with RN (registered nurse) # 1. After RN #1 was informed of the observation of the Individual # 2 receiving the medication Metamucil without water or a beverage, RN # 1 reviewed the MAR dated May 2018 and the E-Script. RN # 1 stated, "It should have been given with water or some other liquid."  The facility's policy "Section 7-8: Medication Administration" documented, "3. Administration	W 369		

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NAME OF PROVIDER OR SUPPLIER  LUCAS STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 6701 LUCAS STREET FREDERICKSBURG, VA 22407		
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W 369	<p>Continued From page 37</p> <p>of Medication. m. Match the doctor's order to the bubble pack order for each medication from the top of the bubble pack to the MARs instructions to ensure accuracy."</p> <p>On 05/03/18 at approximately 2:00 p.m. ASM (administrative staff member) # 1, ICF supervisor, was made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Blond psyllium is an herb. The seed and the outer covering of the seed (husk) are used to make medicine. Blond psyllium is used orally as a laxative and for softening stools in people with hemorrhoids, anal fissures, and after anal surgery. It is also used for diarrhea, irritable bowel syndrome (IBS), ulcerative colitis, and dysentery. Other uses include high cholesterol, high blood pressure, heart disease, diabetes, cancer, weight loss, weight control, and serious kidney disease. Blond psyllium is also used to reduce side effects from the weight loss drug called orlistat (Alli, Xenical). This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/natural/866.html">https://medlineplus.gov/druginfo/natural/866.html</a>.</p> <p>(2) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFa">https://www.report.nih.gov/NIHfactsheets/ViewFa</a></p>	W 369		

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W 369	<p>Continued From page 38 ctSheet.aspx?csid=100.</p> <p>(3) A swallowing disorder. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html">https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html</a>.</p> <p>(4) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a>.</p> <p>(5) U-shaped plastic tube inserted between an artery and a vein (usually between the radial artery and cephalic vein), bypassing the capillary network, a formerly common means of arteriovenous ACCESS. Angioplasty and stent placement are two ways to open blocked peripheral arteries. This information was obtained from the website: <a href="https://medical-dictionary.thefreedictionary.com/arteriovenous+shunt">https://medical-dictionary.thefreedictionary.com/arteriovenous+shunt</a>.</p> <p>(6) A brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks. This information was obtained from the website: <a href="https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml">https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml</a>.</p> <p>(7) A developmental disorder that affects many parts of the body. It is characterized by slow growth before and after birth, intellectual disability that is usually severe to profound, skeletal abnormalities involving the arms and hands, and distinctive facial features) This information was obtained from the website: <a href="https://ghr.nlm.nih.gov/condition/cornelia-de-langere-syndrome">https://ghr.nlm.nih.gov/condition/cornelia-de-langere-syndrome</a>.</p>	W 369		

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W 369	Continued From page 39	W 369	W455	6/1/18
W 455	<p>cerebral vascular accident. When blood flow to your brain stops. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/stroke.html">https://www.nlm.nih.gov/medlineplus/stroke.html</a></p> <p>(8) Irritation and swelling (inflammation) of the liver due to infection with the hepatitis B virus (HBV). This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000279.htm">https://medlineplus.gov/ency/article/000279.htm</a></p> <p>INFECTION CONTROL CFR(s): 483.470(l)(1)</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>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 implement infection control practices for two of three individuals in the survey sample, Individuals # 2, and # 3.</p> <ol style="list-style-type: none"> <li>The facility staff failed to change gloves while preparing dinner for individuals.</li> <li>The facility failed to change gloves while administering medications to Individual # 3.</li> <li>The facility failed to change gloves while administering medications to Individual # 2.</li> </ol> <p>The findings include:</p> <ol style="list-style-type: none"> <li>The facility staff failed to change gloves while preparing dinner for individuals.</li> </ol>	W 455	<p>1. <b><u>How corrective action will be accomplished for Individuals #2 and #3:</u></b> Facility staff will change their gloves between each task per standard infection control precautions during dinner preparation for Individuals #2 and #3. <b><u>Assurance that other residents are protected from the possibility of the deficiency:</u></b> Facility staff will change their gloves between each task per standard infection control precautions during dinner preparation for each individual in the program. <b><u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u></b> All facility staff will read the RACSB Infection Control Policy again and will sign a statement of understanding of the information therein. The Infection Control Policy will be reviewed and discussed at the next mandatory staff meeting. <b><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u></b> ICF Management will intermittently observe facility staff to ensure that they are changing gloves per standard infection control precautions when preparing meals for individuals. <b><u>Date of Completion:</u></b> 6/1/18</p>	



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  49G064	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  05/03/2018
NAME OF PROVIDER OR SUPPLIER  LUCAS STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 5701 LUCAS STREET FREDERICKSBURG, VA 22407		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 455	Continued From page 40  On 05/02/18 at 5:00 p.m., an observation of the meal preparation was conducted. LPN (licensed practical nurse) # 1 was scheduled to prepare dinner for the individuals. Observation of the kitchen area in the group home revealed two plates and one bowl on the kitchen counter for the individuals who resided at (Name of Group Home). LPN # 1 was observed wearing a pair of plastic gloves. While wearing the gloves LPN # 1 was observed to open and close the oven door two times checking on the food, opened cabinet doors and removed a food processor and plugged it into an outlet, opened kitchen drawers and removed utensils and retrieved two containers of applesauce from the dry storage room and placed them on the counter. While still wearing the same gloves, LPN # 1 then removed a package of cookies from the kitchen cabinet, opened the package, removed several cooking with her gloved hands, and broke the cookies into bite size pieces using her hands. While still wearing the same gloves, LPN #1 divided the cookies and placed them onto to the individual's dishware. The cookies were then served to the individuals during the evening meal.  On 05/03/18 at 7:55 a.m., an interview was conducted with LPN # 1 regarding the evening food preparation for the individuals on 05/02/18. When asked to explain the purpose for wearing gloves during food preparation, LPN # 1 stated, "To prevent cross contamination and spreading of germs." When informed of the observation of her preparing the cookies for the individuals on 05/02/18, LPN # 1 stated, "I should have changed my gloves."  On 05/03/18 at 12:55 p.m., an interview was	W.455	W455 2. <u>How corrective action will be accomplished for Individuals #3:</u> Facility staff will change their gloves while administering medications to individual #3. <u>Assurance that other residents are protected from the possibility of the deficiency:</u> Facility staff will change their gloves while administering medications to each individual in the program. <u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u> All facility staff will read the RACSB Infection Control Policy again and will sign a statement of understanding of the information therein. The Infection Control Policy will be reviewed and discussed at the next mandatory staff meeting. <u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u> ICF Management will intermittently observe facility staff to ensure that they are changing gloves per standard infection control precautions while administering medications to each individual in the program. <u>Date of Completion:</u> <u>6/1/18</u>	6/1/18	

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NAME OF PROVIDER OR SUPPLIER  LUCAS STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 5701 LUCAS STREET FREDERICKSBURG, VA 22407		
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W 455	Continued From page 41.  conducted with ASM (administrative staff member) # 1, ICF (intermediate care facility) supervisor. When informed of the observation of LPN # 1 preparing the individual's food on 05/02/18, ASM # 1 stated, "Staff should be changing their gloves before touching or handling the individual's food or utensils."  On 05/03/18 at approximately 2:00 p.m. ASM (administrative staff member) # 1, ICF supervisor, was made aware of the findings.  No further information was provided prior to exit.  2. The facility failed to change gloves while administering medications to individual # 3.  Individual # 3 was a 75 year-old female, who was admitted to (Name of Group Home) on 07/28/14. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), osteoporosis (2), scoliosis (3), fibrocystic breast (4) and glaucoma (5).  On 05/02/18 at approximately 4:35 p.m., the medication administration observation was conducted with LPN (licensed practical nurse) # 1. At 4:40 p.m., LPN #1 put on a pair of plastic disposable gloves opened the medication room door for Individual # 3. While still wearing the same gloves, LPN # 1 pushed Individual # 3's wheelchair into the medication room, opened the cabinet, removed the plastic box containing the medication for individual # 3, opened the bubble pack of medication, poured out Individual # 2's medication, one and a half tablets into her gloved hand. LPN #1 then put the tablets into a small plastic pouch, crushed the tablets, opened the plastic pouch containing the crushed tablets by	W 455	W455 3. <u>How corrective action will be accomplished for Individuals #2:</u> Facility staff will change their gloves while administering medications to individual #2. <u>Assurance that other residents are protected from the possibility of the deficiency:</u> Facility staff will change their gloves while administering medications to each individual in the program. <u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u> All facility staff will read the RACSB Infection Control Policy again and will sign a statement of understanding of the information therein. The Infection Control Policy will be reviewed and discussed at the next mandatory staff meeting. <u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u> ICF Management will intermittently observe facility staff to ensure that they are changing gloves per standard infection control precautions while administering medications to each individual in the program. <u>Date of Completion:</u> 6/1/18	6/1/18	

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W 455	<p>Continued From page 42</p> <p>placing a gloved finger into the pouch, put the medication into a small bowl of applesauce, and administered the medication mixed with applesauce by spoon to Individual # 3 without changing her gloves during the process.</p> <p>On 05/03/18 at approximately 7:00 a.m., the medication administration observation was conducted with LPN (licensed practical nurse) # 1. At 7:05 a.m., LPN # 1 was in the medication room at (Name of Group Home). LPN # 1 put on a pair of gloves, opened a cabinet and removed a box containing Individual # 3's medications. LPN #1 opened the box of medications, removed the bubble pack of medications, placed it on the counter, opened the refrigerator, removed a syringe, and placed it on the counter. LPN #1 then removed keys from her pocket unlocked a drawer, removed a bubble pack of medication, closed and locked the drawer and placed the keys in her pocket and placed the medication on the counter. While still wearing the same gloves, LPN # 1 then opened the bubble pack of medications for Individual # 3, poured them into her gloved hand, counted and compared the medications to the MAR (medication administration record) and picked up each tablet and capsule with her gloved fingers and placed each of them into a small container. Wearing the same gloves, LPN # 1 then gathered the medications and syringe, opened the medication room door, walked down the hall to Individual # 3's bedroom, opened the bedroom door, turned on the bedroom light by touching the wall switch and approached Individual # 3 who was in bed and placed the medications and syringe on the bedside table. While still wearing the same gloves, LPN # 3 lifted Individual # 3's shirt, administered the injection then administered the</p>	W.455		

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W 455	<p>Continued From page 43</p> <p>other medications and left the bedroom.</p> <p>On 05/03/18 at 7:55 a.m., an interview was conducted with LPN # 1 regarding the administration of Individuals on 05/02/18. When asked to explain the purpose for wearing gloves during medication administration, LPN # 1 stated, "To prevent cross contamination and spreading of germs." When informed of the observation of her preparing and administering medications and giving an injection to Individual # 3 on 05/02/18 and 05/03/18, LPN # 1 stated, "I should have put everything together first then changed my gloves before giving the medications." When asked about giving the injection without changing her gloves, LPN # 1 stated, "I should have put on clean gloves."</p> <p>On 05/03/18 at 8:45 a.m., an interview was conducted with RN (registered nurse) # 1, nurse manager. When asked to describe the procedure for wearing gloves and administering medications, RN # 1 stated, "They should gather the materials and medications then put on clean gloves to administer the medication." When asked to describe the procedure of administering an injection, RN # 1 stated, "Put on clean gloves when administering the injection."</p> <p>On 05/03/18 at approximately 2:00 p.m. ASM (administrative staff member) # 1, ICF supervisor, was made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money,</p>	W.455		

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W 455	Continued From page 44  schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100">https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</a> .  (2) Makes your bones weak and more likely to break. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/osteoporosis.html">https://www.nlm.nih.gov/medlineplus/osteoporosis.html</a> .  (3) An abnormal curving of the spine. Your spine is your backbone. It runs straight down your back. Everyone's spine naturally curves a bit. However, people with scoliosis have a spine that curves too much. The spine might look like the letter C or S. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/001241.htm">https://medlineplus.gov/ency/article/001241.htm</a> .  (4) A common way to describe painful, lumpy breasts. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000912.htm">https://medlineplus.gov/ency/article/000912.htm</a> .  (5) A group of diseases that can damage the eye's optic nerve. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/glaucoma.html">https://www.nlm.nih.gov/medlineplus/glaucoma.html</a> .  3. The facility failed to change gloves while administering medications to Individual # 2.  Individual # 2 was a 52 year-old male, who was	W 455		

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W 455	Continued From page 45.  admitted to (Name of Group Home) on 03/12/15. Diagnoses in the clinical record included but were not limited to: profound intellectual disability, (1), dysphagia (2), gastroesophageal reflux disease (3), arterial shunt (4), bipolar (5), Cornelia DeLange (6) and Hepatitis B (7).  On 05/03/18 at approximately 7:00 a.m., the medication administration observation was conducted with LPN (licensed practical nurse) # 1. At 7:25 a.m., LPN # 1 was in the medication room at (Name of Group Home). LPN # 1 put on a pair of gloves, opened a cabinet and removed a box containing Individual # 2's medications. LPN #1 opened the box of medications, removed the bubble pack of medications, a nasal spray and eye drops, placed them on the counter, removed keys from her pocket unlocked a drawer, removed a bubble pack of medication, closed and locked the drawer and placed the keys in her pocket and placed the medication on the counter. While still wearing the same gloves LPN # 1 then opened the bubble pack of medications for Individual # 2, poured them into her gloved hand, counted and compared the medications to the MAR (medication administration record) and picked up each tablet and capsule with her gloved fingers and placed each of them into a small container. LPN # 1 opened the medication room door and led Individual # 2 into the medication room. Individual # 2 was sitting in a chair positioned upright. LPN # 1 mixed the capsules and tablets in a small bowl of applesauce and administered the medications by spoon. Wearing the same gloves LPN # 1 used one hand to open Individual # 2's left eye and applied the eye drops then she held Individual # 2's nostrils closed, alternating right and left nostril as she administered the nasal spray into the	W 455			

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W 455	<p>Continued From page 46</p> <p>opposite nostril. After the administration of the medications, nasal spray and eye drops, LPN # 1 opened the medication room door and led Individual # 2 out toward the dining room.</p> <p>On 05/03/18 at 7:55 a.m., an interview was conducted with LPN # 1 regarding the administration of Individuals on 05/02/18. When asked to explain the purpose for wearing gloves during medication administration, LPN # 1 stated, "To prevent cross contamination and spreading of germs." When informed of the observation of her preparing and administering medications and giving an injection to Individual # 3 on 05/02/18 and 05/03/18, LPN # 1 stated, "I should have put everything together first then changed my gloves before giving the medications." When asked about giving the injection without changing her gloves, LPN # 1 stated, "I should have put on clean gloves."</p> <p>On 05/03/18 at 8:45 a.m., an interview was conducted with RN (registered nurse) # 1, nurse manager. When asked to describe the procedure for wearing gloves and administering medications, RN # 1 stated, "They should gather the materials and medications then put on clean gloves to administer the medication." When asked to describe the procedure of administering eye drops and nasal spray, RN # 1 stated, "You put on clean gloves."</p> <p>On 05/03/18 at approximately 2:00 p.m. ASM (administrative staff member) # 1, ICF supervisor, was made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p>	W 455		

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W.455	Continued From page 47  (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a> .  (2) A swallowing disorder. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/swallowingsdisorders.html">https://www.nlm.nih.gov/medlineplus/swallowingsdisorders.html</a> .  (3) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a> .  (4) U-shaped plastic tube inserted between an artery and a vein (usually between the radial artery and cephalic vein), bypassing the capillary network, a formerly common means of arteriovenous ACCESS. Angioplasty and stent placement are two ways to open blocked peripheral arteries. This information was obtained from the website: <a href="https://medical-dictionary.thefreedictionary.com/arteriovenous+shunt">https://medical-dictionary.thefreedictionary.com/arteriovenous+shunt</a> .  (5) A brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks. This information was obtained from the website: <a href="https://www.nimh.nih.gov/health/topics/bipolar-dis">https://www.nimh.nih.gov/health/topics/bipolar-dis</a>	W.455		



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W.455	<p>Continued From page 48 order/index.shtml.</p> <p>(6) A developmental disorder that affects many parts of the body. It is characterized by slow growth before and after birth, intellectual disability that is usually severe to profound, skeletal abnormalities involving the arms and hands, and distinctive facial features). This information was obtained from the website: <a href="https://ghr.nlm.nih.gov/condition/comelia-de-lang-e-syndrome">https://ghr.nlm.nih.gov/condition/comelia-de-lang-e-syndrome</a>. cerebral vascular accident. When blood flow to your brain stops. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/stroke.html">https://www.nlm.nih.gov/medlineplus/stroke.html</a>.</p> <p>(7) Irritation and swelling (inflammation) of the liver due to infection with the hepatitis B virus (HBV). This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000279.htm">https://medlineplus.gov/ency/article/000279.htm</a>.</p>	W.455		