

COMMONWEALTH of VIRGINIA

Department of Health
Office of Licensure and Certification

TYY 7-1-1 OR 1-800-828-1120 9960 Mayland Drive, Suite 401 Henrico, Virginia 23233-1485 Fax (804) 527-4502

August 23, 2018

M. Norman Oliver, MD. MA

State Health Commissioner

Alicia Eversole, Director Minerva Fisher Hall Group Home 8207 Wolftrap Rd Vienna, VA 22180

RE: Minerva Fisher Hall Group Home

Vienna, Virginia ICF/ID: 49G014

Dear Ms Eversole:

An unannounced Medicaid survey, ending August 16, 2018 was conducted, by the VDH Office of Licensure and Certification staff. All references to regulatory requirements are found in Title 42, Code of Federal Regulations

Survey Results and Plan of Correction

Enclosed is the CMS-2567, Statement of Deficiencies, for the Fundamental Health Survey. This document contains a listing of the deficiencies found at the time of this inspection. [Any deficiencies found as a result of a Life Safety Code inspection will be mailed separately from the office of the State Fire Marshall.]

You are required to file a plan for correcting these deficiencies. Your statements shall reflect the specific detailed actions you will take to correct deficiencies, prevent a recurrence of the deficiencies, and measures implemented to maintain compliance. You must also give the <u>specific calendar date</u> on which correction for each deficiency is expected to be completed. The response "Corrected" is not an acceptable response. That kind of response does not fulfill the requirement to provide information on preventing recurrence or maintaining compliance. The response "will train staff" is not an acceptable response unless specific information is given on the plan for frequency and methods to evaluate results.



Ms Alicia Eversole August 23, 2018 Page 2

Correction/completion dates must be within forty-five (45) days from the day of the inspection. If you have been cited for physical plant or Life Safety Code deficiencies that will require more than 45 days to correct and you intend to request an exception, you must provide a specific reason for the request and the expected completion date.

After signing and dating your Plan of Correction, retain one copy of the Report for your files and return the original to this office within ten (10) calendar days from receiving the report. You will be notified if your Plan of Correction is not acceptable.

<u>Failure to return your Plan of Correction within the time frame specified above can result in a loss of Medicaid reimbursement.</u>

A copy of the completed form (CMS-2567) will be kept on file in this office and will be available for public review. This Division is required to make copies of this report available to other Federal and State regulatory or reimbursement agencies upon request.

Survey Response Form

The Survey Response Form is offered as a method to share your review of the onsite survey process. Please take a moment to complete this evaluation, which is available at: "http://www.vdh.virginia.gov/OLC/Downloadables/documents/2011/pdf/LTC%20facility%20survey%20response%20form.pdf". We will appreciate your participation.

If you have any questions, please call me at (804) 367-2100.

Sincerely,

Wietske G. Weigel-Delano, LTC Supervisor

Division of Long Term Care Services

Enclosures

cc: Bertha Ventura, Department of Medical Assistance Services (Sent Electronically)
Susan Elmore, Department of Behavioral Health and Developmental Services

PRINTED: 08/23/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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E 000	Initial Comments		E	000			
E 037	survey was conduct 08/16/18. Correction compliance with 42 Requirement for Lo EP Training Progra CFR(s): 483.475(d)	CFR Part 483.73, ing-Term Care Facilities. m (1)	E (037			
	ASCs, PACE organ	m. The [facility, except CAHs, izations, PRTFs, Hospices, s] must do all of the following:					
œ	policies and proced staff, individuals pro arrangement, and vexpected role. (ii) Provide emerger least annually. (iii) Maintain docum (iv) Demonstrate staprocedures. *[For Hospitals at § at §491.12:] (1) Traor RHC/FQHC] must (i) Initial training in expolicies and proced staff, individuals pro arrangement, and vexpected roles. (ii) Provide emerger least annually. (iii) Maintain docum (iv) Demonstrate staprocedures.	emergency preparedness ures to all new and existing oviding services under volunteers, consistent with their necy preparedness training at tentation of the training. aff knowledge of emergency 482.15(d) and RHCs/FQHCs ining program. The [Hospital st do all of the following: emergency preparedness ures to all new and existing oviding on-site services under volunteers, consistent with their necy preparedness training at entation of the training. aff knowledge of emergency					
ABORATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	IATURE		TITLE		(X6) DATE

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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E 037	hospice must do all (i) Initial training in a policies and proced hospice employees services under arra expected roles. (ii) Demonstrate sta procedures. (iii) Provide emerge least annually. (iv) Periodically revi emergency prepare employees (includir special emphasis p procedures necess others. *[For PRTFs at §44 program. The PRTF (i) Initial training in a policies and proced staff, individuals pro arrangement, and v expected roles. (ii) After initial trainin preparedness traini (iii) Demonstrate sta procedures. (iv) Maintain docum preparedness traini *[For PACE at §460 organization must d (i) Initial training in a policies and proced staff, individuals pro arrangement, contra	of the following: emergency preparedness ures to all new and existing , and individuals providing ngement, consistent with their off knowledge of emergency emergency preparedness training at ew and rehearse its dness plan with hospice and nonemployee staff), with laced on carrying out the eary to protect patients and 1.184(d):] (1) Training emergency preparedness ures to all new and existing poiding services under colunteers, consistent with their eng, provide emergency and at least annually. Enf knowledge of emergency mentation of all emergency	E 03	37			

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E 037	(ii) Provide emerger least annually. (iii) Demonstrate staprocedures, including what to do, where to case of an emerger (iv) Maintain docum. *[For CORFs at §48 CORF must do all compared in the corresponding of the corr	aff knowledge of emergency of informing participants of o go, and whom to contact in ocy. The entation of all training. The of the following: The ining in emergency es and procedures to all new individuals providing services, and volunteers, consistent roles. The preparedness training at entation of the training. The ining in emergency es and procedures to all new individuals providing services, and volunteers, consistent roles. The preparedness training at entation of the training. The training program must be oriented fic responsibilities regarding ency plan within 2 weeks of the training program must in the location and use of signals and firefighting The following: The emergency preparedness ures, including prompt puishing of fires, protection, ry, evacuation of patients, ests, fire prevention, and efighting and disaster		37			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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E 037	roles. (ii) Provide emerge least annually. (iii) Maintain docur (iv) Demonstrate s procedures. *[For CMHCs at §4 CMHC must provide preparedness policiand existing staff, in under arrangement with their expected documentation of the demonstrate staff is procedures. There emergency prepare annually. This STANDARD Based on staff intereview it was determined to have a compreparedness plant and annual emergency preparedness plant commentation that and annual emergency preparedness plant documentation that and annual emergency preparedness plant (administrative staff director of (Name of (other staff member Intellectual Disability).	ency preparedness training at mentation of the training. taff knowledge of emergency [85.920(d):] (1) Training. The de initial training in emergency cies and procedures to all new individuals providing services t, and volunteers, consistent I roles, and maintain the training. The CMHC must knowledge of emergency after, the CMHC must provide edness training at least is not met as evidenced by: erview and facility document mined that the facility staff mplete emergency. Iled to provide evidence of t facility staff received initial ency preparedness training.	E 03				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDI	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
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E 037	to provide evidence staff received initial preparedness traini haven't initiated train On 08/16/18 at app (administrative staff director and OSM (QIDP and RN (regis aware of the finding No further informati INITIAL COMMENT An unannounced a Intermediate Care Fintellectual Disabilit	of documentation that facility and annual emergency ng. ASM # 1 stated that they ning the staff. roximately 12:10 p.m., ASM member) # 1, program other staff member) # 1, the stered nurse) # 1 were made is. on was provided prior to exit. S nnual Medicaid survey for facilities for Persons with ies (ICF/ID) was conducted	E O				
W 111	compliance with 42 for Intermediate Ca Retarded. The Life follow. The census in this rethe time of the surviconsisted of six curre (Individuals # 1, # 2 CLIENT RECORDS CFR(s): 483.410(c) The facility must de recordkeeping system health care, active the and protection of the This STANDARD is	(1) velop and maintain a em that documents the client's reatment, social information,	W 1	11			

STATEMENT OF DEFICIENCIES (X' AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
l.		49G014	B. WING		08/	16/2018
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W 111	day program record was determined that Intellectual Disabilit coordinate and more treatment programs the survey sample, 1a. The QIDP (Qual Professional) failed nutritional assessmention protocols Program) clinical recordinate of Group Hollindividual # 1. 2a. The QIDP failed nutritional assessmention protocols Program) clinical recording to the program of Group Hollindividual # 1. 2a. The QIDP failed nutritional assessmention protocols program of Clinical recording to the program of Clinical recording to the professional of Failed provided with the applianch. 3. The QIDP (Qualification protocols) failed at (Name of Group (Individual Service Management Skills)	I review and staff interview, it the QIDP (Qualified ies Professional) failed to nitor the individuals' active for three of four individuals in Individuals # 1, # 2, and # 3. Ilified Intellectual Disabilities to ensure the current ent, dementia, falls and were in (Name of Day cord for Individual # 1. I to ensure the "Physical dated 01/31/2018 was in the clinical record for Individual # 2. I to ensure the current ent was in (Name of Day cord for Individual # 2.	W 111			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	TIPLE CONSTRUCTION NG	_ (x	(X3) DATE SURVEY COMPLETED		
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W 111	nutritional assessmaspiration protocols Program) clinical relational assessmaspiration protocols admitted to (Name Diagnoses in the clinot limited to: mildidementia (2), depresanxiety (5), and high On 08/15/18 at applicational assessmaspiration protocols reviewed the clinical stated, "I don't see nutritional assessmaspirational assessmaned to call the groone." When asked the current nutrition OSM # 2 stated, "Toprovide appropriate	d to ensure the current and, dementia, falls and swere in (Name of Day ecord for Individual # 1. a 74-year-old female, who was of Group Home) on 11/16/11. inical record included but were intellectual disability (1), ession (3), hiatal hernia (4), h cholesterol. aroximately 10:00 a.m., cal record was reviewed at tram). Individual # 1's clinical "Nutritional Assessment", "Dementia Protocol" dated tocol" dated "5/12/16" and an	W 1					

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W 111	interview was condi- staff member) # 1, (other staff member) # 1, (other staff member) Intellectual Disabilit asked to describe the OSM # 1 stated, "I day programs to endate, ensure they hequipment, ensure implemented, make being met, observe ensure their privacy how often he visits stated, "I visit routin When asked about day programs have protocols for Individuated, "We send the assessments to the confirmation sheet indicating that they ASM # 1 further stated on't have it." OSM evidence that the condementia, falls and Individual # 1 were Program). On 08/16/18 at app (administrative staff director and OSM (or QIDP (Qualified Interprofessional) and Finade aware of the	roximately 12:00 p.m., an acted with ASM (administrative program director and OSM r) # 1, the QIDP (Qualified lies Professional). When he responsibilities of the QIDP check the group home and sure documentation is up to ave the appropriate adaptive active treatment is being a sure individual's needs are how they respond with staff, and dignity." When asked the day program OSM # 1 lely on a monthly basis." the procedure to ensure the the current assessments and lual # 1, ASM # 1 and OSM # 1 lely updated protocols and day program. We use a that the day program signs received the paperwork." ted, "I don't know why they I # 1 was unable to provide urrent nutritional assessment, aspiration protocols for sent to (Name of Day Toximately 12:10 p.m., ASM member) # 1, program other staff member) # 1, the ellectual Disabilities IN (registered nurse) # 1 were	W 11				
	References:						

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	A. BUILDI	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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W 111	by a limited mental adaptive behaviors schedules and rout Intellectual disability 18 and may result f autism or cerebral pcauses, such as lac responsiveness. The from the website: https://www.report.ictSheet.aspx?csid=(2) A loss of brain for diseases. It affects judgment, and behave obtained from the whittps://medlineplus. (3) Depression may blue, unhappy, miss Most of us feel this short periods. Clini disorder in which feor frustration interfeor more. This inforwebsite: https://medlineplus. (4) A condition in wistomach bulges the diaphragm. This in the website: https://medlineplus. (5) Fear. This inforwebsite:	ip of disorders characterized capacity and difficulty with such as managing money, ines, or social interactions. It is originates before the age of rom physical causes, such as palsy, or from nonphysical ck of stimulation and adult his information was obtained with the information was obtained unction that occurs with certain memory, thinking, language, avior. This information was	W 1				

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	Therapy Evaluation (Name of Group He Individual # 1. On 08/14/18 a reviethome) "Incident Re Individual # 1 docu Action Plan: Will resto complete an evaluation of the (Name of Green of Individual "Referral Order" documented REFERRAL." On 08/14/18 at apport of the (Name of Green of Individual # 1 failed therapy evaluation. On 08/14/18 at apport of the evaluation documents of Individual # 1 failed therapy evaluation. On 08/14/18 at apport of the evaluation documents of Individual # 1 failed therapy evaluation. On 08/14/18 at apport of the evaluation documents of Individual # 1 failed therapy evaluation documents of Individual # 1 failed therapy evaluation documents of Individual # 1 failed the evaluation documents of Individual # 1 failed the evaluation documents of Individual # 1 failed the evaluation documents of Individual # 1 failed therapy	ne of Group Home) clinical al # 1 revealed a physician's ated 1/29/2018. The "Referral d, "PHYSICAL THERAPY broximately 2:00 p.m., a review oup Home) clinical record for I to evidence a physical broximately 3:00 p.m. RN # 1 provided a copy of the Evaluation" dated 01/31/2018." umented, "Client" (Individual # broximately 3:00 p.m., an ucted with RN # 1. When # 1's clinical record contained y evaluation RN # 1 stated, home health agency and they				

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interview was member) # Disabilities PT evaluation program, Ome missing. On 08/16/18 (administrated director and QIDP (Qual Professional made award No further in 2a. The QIE nutritional a Program) clausing program of limited to Diagnoses in not limited to Diagnoses in not limited to seizure disce (3) and hyper On 08/15/18 Individual # (Name of Direcord evided dated "07/1" On 08/15/18 interview was	8 at appas cond 1, the C Profess on not i SM sta 8 at appative stat il OSM (lifted Inta il) and I e of the order (2 order (2 othyroid 8 at appas cond 1/17." 8 at appas cond	proximately 12:00 p.m., an flucted with OSM (other staff QIDP (Qualified Intellectual sional). When asked about the n the clinical record at the day ted he wasn't aware of it being proximately 12:10 p.m., ASM off member) # 1, program (other staff member) # 1, the dellectual Disabilities RN (registered nurse) # 1 were findings. The cord included prior to exit. In the current nent was in (Name of Day ecord for Individual # 2. The argument of Group Home) on 08/30/02. Inical record included but were bund intellectual disability (1), b, Lennox-Gastaut syndrome	W 1	111			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILD	TIPLE CONSTRUCT		(X3) DATE SURVEY COMPLETED		
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W 111	Day Program). Whe current nutritional a provided with a "Nu 07/11/17 for Individed On 08/16/18 at apprinterview was condimember) # 1, the Obisabilities Profess "Nutritional Assess Individual # 2, OSN the day program dinutritional assessmon On 08/16/18 at appropriation (administrative staff director and OSM (QIDP (Qualified Interprofessional) and Formation of the No further information of the N	hen this surveyor asked for the assessment, this surveyor was utritional Assessment" dated dual # 2. proximately 12:00 p.m., an ducted with OSM (other staff QIDP (Qualified Intellectual sional). When asked about the sment" dated 07/11/17 for M stated he wasn't aware that id not have the current ment. proximately 12:10 p.m., ASM ff member) # 1, program (other staff member) # 1, the tellectual Disabilities RN (registered nurse) # 1 were findings. tion was provided prior to exit. up of disorders characterized a capacity and difficulty with such as managing money, tines, or social interactions. By originates before the age of from physical causes, such as palsy, or from nonphysical ck of stimulation and adult this information was obtained nih.gov/NIHfactsheets/ViewFa	W 1	11			

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	because of sudden the brain. This inforwebsite: https://www.nlm.nihml. (3) This syndrome ages of 3 and 5, bu adolescence. Child types of seizure wit include tonic (where become stiff), atonis suddenly relax), my atypical absences. longer than normal a child may be resp surroundings. Man learning difficulties This syndrome can AEDs, and most child ferent drugs. Sor as the ketogenic die therapy (VNS) can continue into adult I obtained from the whttps://www.epilepsepsy-syndromes?graning. This from the website: https://www.nlm.nihsm.html. 2b. The QIDP (Qua	abnormal electrical activity in mation was obtained from the a.gov/medlineplus/seizures.ht a.gov/medlineplus/seizures.ht a.gov/medlineplus/seizures.ht a.gov/medlineplus/seizures.ht a.gov/medlineplus/seizures.ht a.gov/medlineplus/seizures.ht a.gov/medlineplus/seizures.ht a.gov/medlineplus/seizures.ht a.gov/medlineplus/hypothyroidi activity children also develop as well as behavior problems. a.gov/medlineplus/seizures often also be helpful. Seizures often also behavior mation was abtained alsov/medlineplus/hypothyroidi alsov/medlineplus/hypothyroidi alsov/medlineplus/hypothyroidi also implement Individual # 2's				

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	PROVIDER OR SUPPLIER A FISHER HALL GRO	UP HOME		STREET ADDRESS, CITY, STATE, 2 8207 WOLFTRAP RD VIENNA, VA 22180	ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		TION SHOULD I	BE	(X5) COMPLETION DATE ,
W 111	On 08/14/18 at approbservation was codining room at (Nar Individual # 2 was stable. DSP (direct splaced Individual # front of Individual # verbally cued to eat meal independently eating, DSP # 2 stoplate and utensil frokitchen sink while It at the dining room to the ISP (individual dated 10/01/2018 doutcome: Home Mactivities & Instruction his dishes in the simulates and with no prompts at 100% at months. Support Ir meals, staff will vertake his dishes in the sinunction will be documented record). 5. Progress the QIDP (Qualified Professional). 6. (In achieved this outcothe sink after eating with no more than 3 100% accuracy for Frequency: Daily."	roximately 5:40 p.m., an inducted of Individual # 2 in the me of Group Home). Seated at the dining room support professional) # 2 2's plate of food, and drink in 2. Individual # 2 was then a and was observed eating his with the medical was decorated and took it to the individual # 2 remained seated	W 1				

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X	(3) DATE SURVEY COMPLETED
		49G014	B. WING _			08/16/2018
	PROVIDER OR SUPPLIER A FISHER HALL GRO	UP HOME		STREET ADDRESS, CITY, STATE, ZIP C 8207 WOLFTRAP RD VIENNA, VA 22180)ODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	
W 111	active treatment for implemented, DSP When asked to desmanagement skill, take his dishes to the outcome was initiat finished eating DSF him." On 08/16/18 at appinterview was condimember) # 1, the CD Disabilities Profess active treatment prohis dishes to the sinhave been implemented on 08/16/18 at appinterview treatment prohis dishes to the sinhave been implemented on 08/16/18 at appinterview and OSM (QIDP (Qualified Interpretation) and Finade aware of the No further information of the No further information. On 08/15/18 at appintervided with the appinter in the provided with the provided with the appinter in the provided with th	When asked how often the Individual # 2 should be # 2 stated, "All the time." scribe Individual # 2's home butcome, DSP # 2 stated, "To ne sink." When asked if the ed during after Individual # 2 P # 2 stated, "I didn't prompt of the ed with OSM (other staff elDP (Qualified Intellectual ional). When asked about the orgam of Individual # 2 taking nk OSM # 1 stated, "It should ented." Troximately 12:10 p.m., ASM if member) # 1, program other staff member) # 1, the ellectual Disabilities RN (registered nurse) # 1 were	W 1			

	FOF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	FIPLE CONSTRUCTION	ı		E SURVEY PLETED
		49G014	B. WING			08/	16/2018
	PROVIDER OR SUPPLIER A FISHER HALL GRO	UP HOME		STREET ADDRESS, CITY, STATE, ZIP 8207 WOLFTRAP RD VIENNA, VA 22180	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD E HE APPROPR	BE	(X5) COMPLETION DATE
W 111	plate, nosey cup ar handle. The "Nutritional Assidated "March 2018 Adaptive Equipmer Further review of the failed to evidence to spoon. The POS (physicial 2 dated 08/01/18 to "Treatment Orders. Further review of the order for the use of the order for th	sessment" for Individual # 2 " documented, "Dining Skills. nt: Nosey cup, scooper plate." ne "Nutritional Assessment" he use of a built up handle n's order sheet) for Individual # 0 08/31/18 documented, Nosey cup. Scooper plate." ne POS failed to evidence an a built up handle spoon. roximately 12:25 p.m., an ucted with OSM (other staff stant side manager at (Name When asked how he knew oment Individual # 2 used for ated, "The group home roximately 12:00 p.m., an ucted with OSM (other staff DIDP (Qualified Intellectual ional). When asked about of a built up handle spoon at SM (administrative staff d, "He shouldn't use it." roximately 12:10 p.m., ASM f member) # 1, program other staff member) # 1, the ellectual Disabilities RN (registered nurse) # 1 were	W 1				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION		TE SURVEY MPLETED
		49G014	B. WING	 	80	/16/2018
	MINERVA FISHER HALL GROUP HOME (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 111 Continued From page 16 No further information was provided prior to exit. 3. The QIDP (Qualified Intellectual Disabilities Professional) failed to ensure the data collection at (Name of Group Home) for Individual # 3's ISP (Individual Service Plan) outcome of "Home		8	STREET ADDRESS, CITY, STATE, ZIP COI 1207 WOLFTRAP RD /IENNA, VA 22180		
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 111	No further informat 3. The QIDP (Quali Professional) failed at (Name of Group (Individual Service Management Skills implement Individual skills program. Individual # 3 was a admitted to (Name Diagnoses in the clinot limited to: profocerebral palsy (2), thernia (4). On 08/14/18 at 4:50 conducted of Individual # 3 walked Group Home) with professional) # 1. Ecabinet door and veget the jar of coffee the cabinet, took out on the kitchen coffee the kitchen refrigerator, took placed it on the kitchen counter next Individual # 3 stood 1 opened the jar of coffee, poured it int stirred the coffee ar	ion was provided prior to exit. ified Intellectual Disabilities I to ensure the data collection Home) for Individual # 3's ISP	W 111			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL1 A. BUILDII	PIPLE CONSTRUCTION		E SURVEY MPLETED
		49G014	B. WING		08/	/16/2018
	PROVIDER OR SUPPLIER A FISHER HALL GRO	UP HOME		STREET ADDRESS, CITY, STATE, ZIP 8207 WOLFTRAP RD VIENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 111	period of time. DS Individual # 3 to pu 3 was observed pic across the kitchen, placing the coffee j cabinet door indep back next to DSP # Individual # 3 to purefrigerator. Individup the gallon of mil opening the refrige refrigerator, closing and then standing Individual # 3's coff microwave, and ca DSP # 1, while Individual # 10 into the dining room sitting at the table in her coffee independent.	P # 1 then verbally instructed to the coffee away. Individual # cking up the coffee jar, walking opening the kitchen cabinet, ar into the cabinet, closing the endently and then standing # 1. DSP # 1 then asked to the milk back into the dual # 3 was observed picking k, taking it to the refrigerator, rator, placing the milk into the goal to the refrigerator independently back next to DSP # 1. See was then taken out of the rried into the dining room by vidual # 3 followed DSP # 1 in. Individual # 3 was observed in a regular chair and drinking dently.	W 1	11		
	Outcome: Home M Activities & Instruct (Individual # 3) will making her coffee with 100% (percent months by 3/31/19. (Individual # 3) sign have coffee. 2. (Individual into cup. 4. (Individual into cup. 4. (Individual # 3) receattempts. 6. Staff was ervices and the letter Credible (electronic will be monitored M Intellectual Disabilities.)	documented, "Desired anagement Skills. Support ions: At the appropriate times, follow a three step task of each day for 5 (five) minutes it) accuracy for 12 consecutive "Support Instructions: 1. Instead to staff that she would like to dividual #3) fills mug up with al #3) scoops coffee grounds fual #3) stirs cup. 5. In the series of participating via (by) is documentation). 7. Progress lonthly by the QIDP (Qualified ites Professional). 8. When followed a 3 step task of				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION		TE SURVEY MPLETED
		49G014	B. WING		08	/16/2018
	PROVIDER OR SUPPLIER A FISHER HALL GRO	UP HOME	8	TREET ADDRESS, CITY, STATE, ZIP CODE 207 WOLFTRAP RD IENNA, VA 22180	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 111	Continued From pa	ige 18	W 111			
	making her coffee of with 100% (percent months, she will ha Frequency: Daily." The data collection August 2018 documlike to improve her Under "Support act "Support instruction staff that she would (Individual # 3) fills (Individual # 3) sireceives praise from Staff will document the level of participa (electronic docume monitored Monthly Intellectual Disabilit (Individual # 3) has making her coffee of with 100% (percent months, she will ha Further review of the revealed a '+' (plus 08/14/18. On 08/15/18 at 5:20 conducted with DSI director and OSM (Qualified Intellecture garding Individual 08/14/18. When as 3's outcome for hor 1 stated, "To assist After reviewing the	sheet for Individual # 3 dated nented, "Need # 2. She would home management skills." ivity # 2:" it documented, is: 1. (Individual # 3) signs to I like to have coffee. 2. mug up with water. 3. ops coffee grounds into cup. tirs cup. 5. (Individual # 3) in staff for her attempts. 6. her responses to services and ating via (by) Credible intation). 7. Progress will be by the QIDP (Qualified ies Professional). 8. When followed a 3 step task of each day for 5 (five) minutes a curracy for 12 consecutive ve achieved this outcome." in e data collection sheet sign) under "Participation" for a p.m., an interview was p. # 1 and ASM # 1, program other staff member) 1, QIDP al Disabilities Professional) I # 3's data collection on sked to describe Individual # me management skills, DSP # her to prepare the coffee. ISP for Individual # 3's home DSP # 1 was asked to				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI	TIPLE CONSTRUCTION		TE SURVEY MPLETED
		49G014	B. WING		O.E	/16/2018
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZII 8207 WOLFTRAP RD VIENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
W 111	her to get and put poured the coffee stirred it." After re sheet for Individua skills DSP was ask indicated. DSP # in the outcome." V documentation of t given the fact that participate in any of and data collection OSM # 1 stated, "N	n. DSP # 1 stated, "I allowed away the coffee and milk. I and milk into her cup and viewing the data collection II # 3's home management ked what the plus sign 1 stated, "That she participated When asked if the the plus sign was accurate Individual # 3 did not of the steps outlined on the ISP in sheet. DSP # 1, ASM # 1 and No." When asked if he idual # 3's outcome for making	W 1	11		
Ti di	interview was condimember) # 1, the 0 Disabilities Profess data collection bein 3's coffee outcome seen it. It wasn't cabout the impleme program for Individual OSM # 1 stated, "I implemented." On 08/16/18 at apple (administrative stated) in the implemented of the implementation o	proximately 12:00 p.m., an ducted with OSM (other staff QIDP (Qualified Intellectual sional). When asked about the ng inaccurate for Individual # e OSM # 1 stated, "I hadn't oded correctly." When asked entation of the active treatment dual # 3 making her own coffee, t should have been proximately 12:10 p.m., ASM off member) # 1, program (other staff member) # 1, the tellectual Disabilities				
	Professional) and I made aware of the	RN (registered nurse) # 1 were findings.				
		tion was provided prior to exit.				
	References:					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI	FIPLE CONSTRUCTION NG		E SURVEY MPLETED
		49G014	B. WING		08/	16/2018
	PROVIDER OR SUPPLIER A FISHER HALL GRO	UP HOME		STREET ADDRESS, CITY, STATE, ZIP C 8207 WOLFTRAP RD VIENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 111	(1) Refers to a group by a limited mental adaptive behaviors schedules and rout Intellectual disabilit 18 and may result autism or cerebral causes, such as lar responsiveness. Trom the website: https://www.report.ctSheet.aspx?csid=(2) A group of disorability to move and posture. This infort website: https://www.nlm.nify.html. (3) Depression may blue, unhappy, mis Most of us feel this short periods. Clinic disorder in which feor frustration interfeor more. This infort website: https://medlineplus (4) A condition in w stomach bulges thr diaphragm. This in the website:	up of disorders characterized capacity and difficulty with such as managing money, tines, or social interactions. It is yoriginates before the age of from physical causes, such as palsy, or from nonphysical ck of stimulation and adult this information was obtained with this information was obtained from the mation was obtained from the mation was obtained from the mation was obtained from the delings of sadness, loss, anger, with everyday life for weeks mation was obtained from the mation was obtained from mation.	W 1			

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		49G014	B. WING _		08	/16/2018
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 8207 WOLFTRAP RD VIENNA, VA 22180			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 112	This STANDARD Based on observate record review it was staff failed to ensuindividual's person individuals in the stand # 5. 1. The name and acquaintance of Inthe outside of his bedroom door. The findings included the stand of the stand o	eep confidential all information ients' records, regardless of the ethod of the records. is not met as evidenced by: ation, staff interview and clinical as determined that the facility re the confidentiality of all information for two of six urvey sample, Individuals # 4 phone number of an adividual # 4's was posted on bedroom door. In for Individual # 5's foot and on the outside of her de: phone number of an andividual # 4 was posted on the outside of her de: phone number of an andividual # 4 was posted on the outside of her de: phone number of an andividual # 4 was posted on the own door. admitted to the facility on noses that included but were lerate mental retardation (1), alsy (2), dysphagia (3), and	W 11	2		
	an initial tour of the of Individual # 4's I bulletin board attac Observation of the	e group home, an observation bedroom door, revealed a ched on the outside of the door. bulletin board revealed lividual # 4 and a name and				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		TE SURVEY MPLETED
		49G014	B. WING _		30	3/16/2018
	PROVIDER OR SUPPLIER A FISHER HALL GRO	UP HOME	,	STREET ADDRESS, CITY, STATE, ZIP C 8207 WOLFTRAP RD VIENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 112	observation of Indivervealed a bulleting of the door. Observer revealed photograph name and phone of the door. Observer the door of Indivervealed a bulleting of the door. Observer evealed photograph name and phone of Indivervealed photograph name and OSM (Qualified Intellectur When asked to identify the outside of Indivervealed of Indivervealed of Indivervealed Individual # 1 stand OSM #	roximately 6:50 a.m., an ridual # 4's bedroom door, coard attached on the outside vation of the bulletin board hs of Individual # 4 and a number. roximately 10:00 a.m., an ridual # 4's bedroom door, coard attached on the outside vation of the bulletin board hs of Individual # 4 and a number. roximately 10:15 a.m., an ridual # 4's bedroom door, was for a load of the force of Group Home) program other staff member) # 1, QIDP al Disabilities Professional). In tify the name and phone he bulletin board mounted on dual # 4's bedroom door, ASM ated they did not know the posted on the bulletin board ar with the phone number he. ASM # 1 further stated, "I n't know who it is but will find ASM # 1 stated, "I spoke with her and he thinks it was the number of someone from assisted (Individual # 4) with the of Group Home)." ASM # 1 ame and phone number from	W 11			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		E SURVEY MPLETED
		49G014	B. WING _		08	/16/2018
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
W 112	(administrative stadirector and OSM QIDP (Qualified In Professional) and made aware of the No further informated Reference: (1) Refers to a groby a limited mental adaptive behaviors schedules and rou Intellectual disabilities and may result autism or cerebral causes, such as laresponsiveness. If from the website: https://www.report.ctSheet.aspx?csid (2) A group of disoability to move and posture. This inforwebsite: https://www.nlm.niiy.html. (3) A swallowing diobtained from the https://www.nlm.niisorders.html.	ff member) # 1, program (other staff member) # 1, the tellectual Disabilities RN (registered nurse) # 1 were findings. tion was provided prior to exit. up of disorders characterized I capacity and difficulty with s such as managing money, tines, or social interactions. ty originates before the age of from physical causes, such as palsy, or from nonphysical ck of stimulation and adult This information was obtained nih.gov/NIHfactsheets/ViewFa =100 rders that affect a person's I to maintain balance and mation was obtained from the h.gov/medlineplus/cerebralpals sorder. This information was website: h.gov/medlineplus/swallowingdi nts to leak back, or reflux, into d irritate it. This information	W 11:			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		49G014	B. WING _		08	/16/2018		
	MINERVA FISHER HALL GROUP HOME (X4) ID SUMMARY STATEMENT OF DEFICIENCIES		STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180			1 00/10/2010		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
W 112	2. The information orthosis was posted bedroom door. Individual # 5 was 02/16/05 with diagnot limited to: profeerebral palsy (2), On 08/14/18 at apan initial tour of the of Individual # 5's bulletin board attact Observation of the photographs of Indocumented, "VK's (ankle-foot orthotic THAT THE AFO LARIGHT, LEFT IS CON 08/15/18 at apobservation of Indirevealed a bulletin of the door. Observation of Indirevealed photograthat documented, AFO (ankle-foot or SURE THAT THE HER RIGHT, LEFT On 08/16/18 at apobservation of Indirevealed a bulletin of the door. Observealed photograthat documented, AFO (ankle-foot or SURE THAT THE HER RIGHT, LEFT On 08/16/18 at apobservation of Indirevealed a bulletin of the door. Observealed photograthat documented, AFO (ankle-foot or SURE THAT THE	admitted to the facility on noses that included but were ound mental retardation (1), epilepsy (3), and quadriplegia. proximately 11:05 a.m., during e group home, an observation bedroom door, revealed a ched on the outside of the door. bulletin board revealed dividual # 5 and paper that (Individual # 5's Initials) AFO (5). [5]. PLEASE MAKE SURE ABELED RIGHT IS ON HER	W 11	2				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED		
		49G014	B. WING			08	/16/2018	
NAME OF PROVIDER OR SUPPLIER MINERVA FISHER HALL GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	×	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
W 112	On 08/16/18 at app observation of Indiv conducted with ASM member) 1, (Name director and OSM ((Qualified Intellectu When asked the pabulletin board that of 1 and OSM # 1 stat the outside of her dithe paper from Indiv On 08/16/18 at app (administrative staff director and OSM (QIDP (Qualified Interprofessional) and Fmade aware of the No further informati References: (1) (1) Refers to a gicharacterized by a lidifficulty with adaptimanaging money, social interactions. Defore the age of 18 causes, such as au nonphysical causes and adult responsivious obtained from the whittps://www.report.rctSheet.aspx?csid=	proximately 10:15 a.m., an initial # 5's bedroom door, was M (administrative staff of Group Home) program other staff member) # 1, QIDP al Disabilities Professional). Apper post on Individual # 5's documented her AFO, ASM # 1 then removed vidual # 5's bulletin board. Proximately 12:10 p.m., ASM f member) # 1, program other staff member) # 1, the ellectual Disabilities RN (registered nurse) # 1 were findings. On was provided prior to exit. Proup of disorders limited mental capacity and ve behaviors such as schedules and routines, or Intellectual disability originates B and may result from physical tism or cerebral palsy, or from a such as lack of stimulation reness. This information was vebsite: Dih.gov/NIHfactsheets/ViewFa	W 1	12				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			(X3) DATE SURVEY COMPLETED		
		49G014	B. WING		08	/16/2018	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180		. 10,2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W 112	posture. This inforwebsite: https://www.nlm.ni y.html. (3) A brain disorderecurring seizures. clusters of nerve cosend out the wrong strange sensations strangely. They may or lose conscious robtained from the https://medlineplus. (4) The loss of mu body. It happens wowith the way mess and muscles. Parapartial. It can occu body. It can also obe widespread. Paralysis of the arrangelysis of the arrangelysis. Arong the arrangelysis of the arran	rmation was obtained from the h.gov/medlineplus/cerebralpals r that causes people to have The seizures happen when ells, or neurons, in the brain g signals. People may have and emotions or behave ay have violent muscle spasms less. This information was	W 1	12			
		ice". The goal of AFO use is to					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		((X3) DATE SURVEY COMPLETED	
		49G014	B. WING			08/16/2018	
NAME OF PROVIDER OR SUPPLIER MINERVA FISHER HALL GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP 8207 WOLFTRAP RD VIENNA, VA 22180	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD E	BE	(X5) COMPLETION DATE
	helps decrease the falling. A typical AF around the foot and below the knee to t foot. This informat website: https://ww PROTECTION OF	risk of catching the toe and risk of catching the toe and concerns an L-shaped frame dankle, extending from just he metatarsal heads of the ion was obtained from the w.alimed.com/afo-info-blog/. CLIENTS RIGHTS	W 1				
	Therefore, the facilindividual clients to of the facility, and a including the right to due process. This STANDARD is Based on observate facility document rethe facility staff fails exercise their rights the survey sample, 1. The facility staff	nsure the rights of all clients. ity must allow and encourage exercise their rights as clients as citizens of the United States, of file complaints, and the right is not met as evidenced by: tion, clinical record review and eview, it was determined that ed to allow individuals to a for two of six individuals in Individuals # 2 and # 3. failed to ensure Individual # pected during meals.					
	3's dignity was resp The findings include 1. The facility staff 2's dignity was resp Individual # 2 was a admitted to (Name Diagnoses in the cl	failed to ensure Individual # pected during a snack. e: failed to ensure Individual # pected during meals. a 37-year-old male, who was of Group Home) on 08/30/02. inical record included but were und intellectual disability (1),					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` '	PLE CONSTRUCTION	, ,	TE SURVEY MPLETED
		49G014	B. WING _		80	/16/2018
NAME OF PROVIDER OR SUPPLIER MINERVA FISHER HALL GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180			10/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 125	seizure disorder (2 (3) and hypothyroid On 08/14/18 at approbservation was codining room at (Na Individual # 2 was table. DSP (direct provided and place Individual # 2. After protector around Irreplaced the remaining protector on top of 2. DSP # 2 then placed the remaining protector on the table verbally due to ear observed to eat his plate was on the clothing lunch at (Na Individual # 2 was individuals. OSM (assistant side man Program) provided protector on Individual # 3 placed the clothing protector of Individual # 2. OSI 2's plate of food, at protector that was # 2 was then verbal 2 was observed to while the plate was	c), Lennox-Gastaut syndrome dism (4). Droximately 5:40 p.m., an onducted of Individual # 2 in the me of Group Home). Seated at the dining room support professional) # 2 and a clothing protector on er attaching the clothing individual # 2's neck, DSP # 2 and length of the clothing the table in front of Individual # laced Individual # 2's plate of top of the clothing protector onle. Individual # 2 was then and Individual # 2 was semeal independently while the	W 12			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL1 A. BUILDI	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		49G014	B. WING		08	/16/2018	
NAME OF PROVIDER OR SUPPLIER MINERVA FISHER HALL GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 125	member) # 3, assis of Day Program). 2's clothing protect then the lunch plat protector, OSM # 3 spilling on (Individual clean." On 08/15/18 at application of (Name of the clothing keep spillage off the After being informal individual # 2's day 1 was asked if the remaining length of the table in front placing his plate or dignified. ASM # 1 best practice." The facility's policy documented in parshall be treated with and free from abus. On 08/16/18 at applications of the table in foot placing his plate or dignified. ASM # 1 best practice."	ducted with OSM (other staff stant side manager at (Name When asked why Individual # for was placed on the table and e placed on top of the clothing stated, "To keep food from all # 2) and to keep the table proximately 4:00 p.m., an flucted with DSP # 2 and ASM ff member) # 1, program of Group Home). When asked as clothing protector was placed en the lunch plate placed on protector, DSP # 2 stated, "To be floor, his lap and the table." and of the meal observation at a program on 08/15/18, ASM # practice of placing the find the clothing protector on top of Individual # 2, and then in top of the clothing was stated, "It's probably not the "2.1 Human Rights Plan" at, "2.1.4 Dignity. Individuals the dignity as a human being se."	W 1:	25			
	QIDP (Qualified In	(other staff member) # 1, the tellectual Disabilities RN (registered nurse) # 1 were findings.					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		49G014	B. WING		08	/16/2018		
	PROVIDER OR SUPPLIER		82	REET ADDRESS, CITY, STATE, ZIP CODE 07 WOLFTRAP RD ENNA, VA 22180	,			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE		
W 125	No further informal References: (1) Refers to a groby a limited mental adaptive behaviors schedules and rou Intellectual disabilities and may result autism or cerebral causes, such as laresponsiveness. If from the website: https://www.report.ctSheet.aspx?csid (2) Symptoms of a because of suddenthe brain. This information website: https://www.nlm.niml. (3) This syndrome ages of 3 and 5, biadolescence. Child	up of disorders characterized I capacity and difficulty with such as managing money, tines, or social interactions. ty originates before the age of from physical causes, such as palsy, or from nonphysical ack of stimulation and adult This information was obtained anih.gov/NIHfactsheets/ViewFa	W 125					
	become stiff), atom suddenly relax), m atypical absences. longer than norma a child may be res surroundings. Mai learning difficulties problems. This syndrome car AEDs, and most cl	re the muscles suddenly lic (where the muscles lyoclonic, tonic clonic and Atypical absences often last I absences and are different as ponsive and aware of their ly children also develop las well as behaviour The very difficult to treat with hildren need a combination of lime non-drug treatments such						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		49G014	B. WING		08	/16/2018	
	PROVIDER OR SUPPLIER A FISHER HALL GRO	UP HOME		STREET ADDRESS, CITY, STATE, ZIP 8207 WOLFTRAP RD VIENNA, VA 22180			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
W 125	as the ketogenic did therapy (VNS) can continue into adult obtained from the whttps://www.epilepsepsy-syndromes?granivwpCfCh2x7wF (4) Not enough thyrbody's needs. This from the website: https://www.nlm.nihsm.html. 2. The facility staff 3's dignity was responded to (Name Diagnoses in the clinot limited to: profocerebral palsy (2), othernia (4). On 08/15/18 at approbservation was con (Name of Day Proglandividual # 3 was stable. OSM (other integration specialis Program) was seat Individual # 3. OSM cup, and a plastic scontained a chopper proceeded to feed I cup using the plastic revealed Individual	et and vagus nerve stimulation also be helpful. Seizures often ife. This information was vebsite: ysociety.org.uk/childhood-epil clid=EAlalQobChMlj4H9z6P0 ifEAAYASAAEgJPD_BwE oid hormone to meet your information was obtained a gov/medlineplus/hypothyroidi if ailed to ensure Individual # lected during a snack. 44-year-old female, who was of Group Home) on 05/27/03. Inical record included but were und intellectual disability (1), depression (3) and hiatal if a chair at the end of a staff member) # 4, community it from (Name of Day led in a chair in front of if if a was holding a plastic poon. The plastic cup if up nutri-grain bar. OSM # 4 individual # 3 from the plastic cospoon. Further observation # 3 was not provided the herself throughout the	W 1	25			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION		TE SURVEY MPLETED
		49G014	B. WING		08	/16/2018
	MINERVA FISHER HALL GROUP HOME STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 125	dated "March 2018 Completely indeper may use plate guar small flat bowled sp. The (Name of Day and aspiration for Indocumented, "High plate guard opening small flat bowled sp. On 08/15/18 at app OSM (other staff mintegration specialis Program). When a equipment Individually 4 stated, "Plate with spoon and regular obut requires superveats." When asked to eat her snack individually asked if it was dignificated, "It's not." On 08/15/18 at appinterview was condicated, "It's not." On 08/15/18 at appinterview was condicated, "It's not."	sessment" for Individual # 3 " documented, "Dining skills. Indent. Adaptive Equipment: It is ided scoop dish or plate with a positioned to the left, apron, boon, Dycem mat." Indent. It is independently is independently is independently is independently. It is he allowed Individual # 3 It is he allowed Individ	W 125			

PRINTED: 08/23/2018 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G014	B. WING			08/	16/2018
NAME OF PROVIDER OR SUPPLIER MINERVA FISHER HALL GROUP HOME		STREET ADDRESS, C 8207 WOLFTRAP RI VIENNA, VA 2218					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 125	(administrative stated director and OSM of QIDP (Qualified Interpretation of the Professional) and I made aware of the No further information interfeormation of the No further information interfeormation. This information interfeormation of the No further information of the No further information interfeormation. This information interfeormation of the No further information interfeormation.	of member) # 1, program (other staff member) # 1, the ellectual Disabilities RN (registered nurse) # 1 were findings. ion was provided prior to exit. up of disorders characterized capacity and difficulty with such as managing money, tines, or social interactions. y originates before the age of from physical causes, such as palsy, or from nonphysical ck of stimulation and adult this information was obtained mih.gov/NIHfactsheets/ViewFa	W 1	25			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G014	B. WING		08/16/2018	
	PROVIDER OR SUPPLIER	UP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 125	Continued From pa	ge 34	W 12	25		
W 130	stomach bulges thr diaphragm. This in the website:		W 13	00		
		sure the rights of all clients. ty must ensure privacy during of personal needs.				
	Based on observat was determined that provide privacy duri administration obse	s not met as evidenced by: ions and staff interviews it at the facility staff failed to ng the medication ervation for one of six urvey sample, Individual # 6.				
į		ed to provide Individual # 6 istering her tube feeding.		æ		
	The findings include	ə:				
	admitted to (Name Diagnoses in the clinot limited to: profo	a 46 year old female, who was of Group Home) on 02/05/13. inical record included but were und intellectual disability (1), , epilepsy (3), dysphagia (4), and esotropia (6).				
	administration obse LPN (licensed pract of the medication ca hallway in (Name of	o p.m., the medication ervation was conducted with tical nurse) # 1. Observation art revealed it was located in a f Group Home). Further and a Gerri chair located next to		£		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G014	B. WING		0.8	3/16/2018	
	PROVIDER OR SUPPLIE A FISHER HALL GR			STREET ADDRESS, CITY, STATE, ZI 8207 WOLFTRAP RD VIENNA, VA 22180			
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
W 130	the medication calbeing a window so room and the hall and Gerri-chair. If the day room whe individuals were elegeri-chair next to the hallway. LPN next to the Gerri-chair next to the Hallway. LPN next to the Gerri-chair ne	rt. A door with the top half eparated the group homes day way with the medication cart individual # 6 was assisted from re several staff members and ingaged with activities, to the other medication cart located in # 1 set up a small folding table thair, placed all tube feeding ble, put on a pair of plastic the lock on the medication cart, LPN #1 then raised Individual ed the abdominal binder section, from below her chest to men opened the cap on the While holding up Individual # 6's midsection of her body, LPN # ing syringe into the tubing and ing a container of Ensure (liquid the syringe connected to the vidual # 6 was receiving her mer individual who resided at the lay room on two occasions and ividual # 6. Further observation PN # 1 had Individual # 6's ed, a staff member entered the led door from the day room, Individual # 6, retrieved a book ed in the same hallway and light the door to the day room. was empty, LPN # 1 recapped blaced the abdominal binder # 6 and pulled her shirt down ection of her body. Proximately 4:10 p.m., an ducted with LPN # 1 and RN # 1 regarding privacy during	W 1:	30			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G014	B. WING		08	/16/2018	
	PROVIDER OR SUPPLIER A FISHER HALL GRO	UP HOME	8	TREET ADDRESS, CITY, STATE, ZIP CODE 207 WOLFTRAP RD /IENNA, VA 22180		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
W 130	Individual # 6's tube privacy was provide feeding, LPN # 1 st privacy." When as have been provided how it was to be added to the facility's policy documented, "Med Procedures: A. Added Procedures: A	e feeding. When asked if ed during Individual # 6's tube stated, "I provided limited ked if complete privacy should d, LPN # 1 and RN # 1 asked complished. "3.4 Medication Management" ication Administration minister medications to only time ensuring privacy if proximately 12:10 p.m., ASM f member) # 1, program other staff member) # 1, the ellectual Disabilities RN (registered nurse) # 1 were findings. In of disorders characterized capacity and difficulty with such as managing money, ines, or social interactions. It is or strong to the stimulation and adult this information was obtained with gov/NIHfactsheets/ViewFa = 100 Iffuse disease of the brain that in or structure. This information	W 130				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
•		49G014	B. WING		08/	16/2018
	PROVIDER OR SUPPLIER A FISHER HALL GRO	UP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180	1 00	10/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE .	(X5) COMPLETION DATE
W 130	y/encephalopathy.h (3) A brain disorder recurring seizures. clusters of nerve cesend out the wrong strange sensations strangely. They may or lose consciousned obtained from the whittps://medlineplus. (4) A swallowing disobtained from the whittps://www.nlm.nih sorders.html. (5) A condition in will much smaller than and sex. This inforwebsite: https://medlineplus.	that causes people to have The seizures happen when ells, or neurons, in the brain signals. People may have and emotions or behave y have violent muscle spasms ess. This information was vebsite: gov/epilepsy.html.	W 130			
W 159	Therefore, they do the same time. The known as "crossed obtained from the whttps://medlineplus.QIDP CFR(s): 483.430(a) Each client's active integrated, coordinates.	not look at the same object at condition is more commonly eyes." This information was rebsite: gov/ency/article/001004.htm treatment program must be ated and monitored by a	W 159			
		disability professional. s not met as evidenced by:				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		49G014	B. WING _		08	/16/2018
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 8207 WOLFTRAP RD VIENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 159	day program recome was determined the Intellectual Disabilic coordinate and most treatment program the survey sample, and the survey samp	ial program record reviews, d review and staff interview, it at the QIDP (Qualified ties Professional) failed to nitor the individuals' active s for three of four individuals in Individuals # 1, # 2, and # 3. alified Intellectual Disabilities if to ensure the current nent, dementia, falls and s were in (Name of Day ecord for Individual # 1. d to ensure the "Physical nome) clinical record for individual # 2. d to ensure the current nent was in (Name of Day ecord for Individual # 2.	W 15			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		I ' '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
,		49G014	B. WING		08	V/16/2018	
	PROVIDER OR SUPPLIER A FISHER HALL GRO	UP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180			1 00/10/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORI ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 159	Continued From pa	age 39	W 1	59			
	The findings includ	e:					
	nutritional assessm aspiration protocols	d to ensure the current nent, dementia, falls and s were in (Name of Day ecord for Individual # 1.					
	admitted to (Name Diagnoses in the cl not limited to: mild	a 74-year-old female, who was of Group Home) on 11/16/11. inical record included but were intellectual disability (1), ession (3), hiatal hernia (4), h cholesterol.	-18				
	Individual # 1's clini (Name of Day Progrecord evidenced a dated "03/10/2016"	proximately 10:00 a.m., ical record was reviewed at gram). Individual # 1's clinical "Nutritional Assessment", "Dementia Protocol" dated tocol" dated "5/12/16" and an il" dated "5/12/16."					
	interview was cond member) # 2, progr Day Program). Wh nutritional assessm aspiration protocols reviewed the clinica stated, "I don't see	proximately 10:25 a.m., an ucted with OSM (other staff ram coordinator at (Name of the asked for the current then, dementia, falls and as for Individual # 1, OSM # 2 all record for Individual # 1 and the current protocol; or the					
2	need to call the gro one." When asked the current nutrition OSM # 2 stated, "To provide appropriate	nent, we don't have them. I up home and get the updated why it was important to have nal assessment and protocols, to keep our files updated and e support for individuals. If the dual change we can do it at our					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G014	B. WING _		80	/16/2018
	PROVIDER OR SUPPLIER	UP HOME		STREET ADDRESS, CITY, STATE, ZIP 8207 WOLFTRAP RD VIENNA, VA 22180		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 159	interview was condistaff member) # 1, (other staff member) # 1, (other staff member) have intellectual Disability asked to describe to OSM # 1 stated, "I day programs to endate, ensure they hequipment, ensure implemented, make being met, observe ensure their privacy how often he visits stated, "I visit routing When asked about day programs have protocols for Individuated, "We send the assessments to the confirmation sheet indicating that they ASM # 1 further stated on't have it." OSM evidence that the condementia, falls and Individual # 1 were Program). On 08/16/18 at app (administrative staff director and OSM (of QIDP (Qualified Interprofessional) and Finade aware of the	proximately 12:00 p.m., an ucted with ASM (administrative program director and OSM r) # 1, the QIDP (Qualified ies Professional). When he responsibilities of the QIDP check the group home and isure documentation is up to ave the appropriate adaptive active treatment is being a sure individual's needs are how they respond with staff, and dignity." When asked the day program OSM # 1 ally on a monthly basis." the procedure to ensure the the current assessments and lual # 1, ASM # 1 and OSM # 1 are updated protocols and a day program. We use a that the day program signs received the paperwork." Ited, "I don't know why they I # 1 was unable to provide urrent nutritional assessment, aspiration protocols for sent to (Name of Day Toximately 12:10 p.m., ASM if member) # 1, the ellectual Disabilities RN (registered nurse) # 1 were	W 15			
						1 1

The state of the s		IDENTIFICATION NUMBER:	` '	CONSTRUCTION		COMPLETED	
		49G014	B. WING		08	/16/2018	
	PROVIDER OR SUPPLIER A FISHER HALL GRO		ST 82 VI	,	1 00/10/2010		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
W 159	References: (1) Refers to a groby a limited mental adaptive behaviors schedules and rou Intellectual disabili 18 and may result autism or cerebral causes, such as la responsiveness. from the website: https://www.report.ctSheet.aspx?csid (2) A loss of brain diseases. It affects judgment, and behobtained from the https://medlineplus. (3) Depression mablue, unhappy, mis Most of us feel this short periods. Clir disorder in which for frustration interfor more. This inforwebsite: https://medlineplus. (4) A condition in vistomach bulges the diaphragm. This if the website: https://medlineplus.	oup of disorders characterized all capacity and difficulty with a such as managing money, atines, or social interactions. Ity originates before the age of from physical causes, such as palsy, or from nonphysical ack of stimulation and adult This information was obtained Inih.gov/NIHfactsheets/ViewFall=100 function that occurs with certain a memory, thinking, language, navior. This information was					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 159	Continued From pa #summary.	age 42	W 1	59			
	Therapy Evaluation	d to ensure the "Physical n" dated 01/31/2018 was in ome) clinical record for					
	Home) "Incident Re Individual # 1 docu	ew of the (Name of Group eport" dated 01/28/2018 for mented in part, "Corrective equest PT (Physical Therapy) aluation."					
	record for Individua "Referral Order" da	ne of Group Home) clinical al # 1 revealed a physician's ated 1/29/2018. The "Referral d, "PHYSICAL THERAPY					
	of the (Name of Gr	proximately 2:00 p.m., a review roup Home) clinical record for d to evidence a physical					
	(registered nurse) "Physical Therapy	proximately 3:00 p.m. RN # 1 provided a copy of the Evaluation" dated 01/31/2018." cumented, "Client" (Individual #					
	interview was cond asked if Individual the physical therap	proximately 3:00 p.m., an lucted with RN # 1. When # 1's clinical record contained by evaluation RN # 1 stated, we home health agency and they					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G014	B. WING		- 0	8/16/2018
	PROVIDER OR SUPPLIER A FISHER HALL GRO	UP HOME		STREET ADDRESS, CITY, STA 8207 WOLFTRAP RD VIENNA, VA 22180		
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL.		ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BE ITO THE APPROPRIATE HENCY)	(X5) COMPLETION DATE
W 159	faxed it over today. On 08/16/18 at apprinterview was condimember) # 1, the ODisabilities Profess PT evaluation not in program, OSM statemissing. On 08/16/18 at appropriate (administrative stafed director and OSM (QIDP (Qualified Interprofessional) and Finade aware of the No further informated. 2a. The QIDP failed nutritional assessment Program) clinical results of the Climited to (Name Diagnoses in the clinot limited to: professional professional in the clinot limited to: professional program) clinical results of the Climited to: professional professional in the clinot limited to: professional professional in the clinot limited to: professional professional professional in the climited to: professional professional professional in the climited to: professional profession	proximately 12:00 p.m., an ucted with OSM (other staff DIDP (Qualified Intellectual ional). When asked about the in the clinical record at the day red he wasn't aware of it being proximately 12:10 p.m., ASM if member) # 1, program other staff member) # 1, the ellectual Disabilities RN (registered nurse) # 1 were findings. It ion was provided prior to exit. If to ensure the current lent was in (Name of Day ecord for Individual # 2. If a 37-year-old male, who was of Group Home) on 08/30/02. Inicial record included but were und intellectual disability (1), p. Lennox-Gastaut syndrome	W 1	59		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G014	B. WING _		80	/16/2018
	PROVIDER OR SUPPLIER	UP HOME		STREET ADDRESS, CITY, STATE, ZIP CO 8207 WOLFTRAP RD VIENNA, VA 22180		
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 159	Day Program). Whe current nutritional as provided with a "Nu 07/11/17 for Individual On 08/16/18 at appinterview was condimember) # 1, the Quisabilities Professis "Nutritional Assessing Individual # 2, OSM the day program didinutritional assessing On 08/16/18 at apping (administrative staff director and OSM (QIDP (Qualified Interprofessional) and Finade aware of the No further informational References: (1) Refers to a group ya limited mental adaptive behaviors schedules and routintellectual disability 18 and may result for autism or cerebral programs or cerebral programs. The from the website:	ant side manager at (Name of en this surveyor asked for the ssessment, this surveyor was tritional Assessment" dated ual # 2. roximately 12:00 p.m., an ucted with OSM (other staff IDP (Qualified Intellectual ional). When asked about the ment" dated 07/11/17 for I stated he wasn't aware that d not have the current ent. roximately 12:10 p.m., ASM if member) # 1, program other staff member) # 1, the ellectual Disabilities IN (registered nurse) # 1 were findings. on was provided prior to exit. up of disorders characterized capacity and difficulty with such as managing money, ines, or social interactions. It originates before the age of rom physical causes, such as palsy, or from nonphysical check of stimulation and adult in information was obtained with gov/NIHfactsheets/ViewFa	W 15			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			(X3) DATE SURVEY COMPLETED		
		49G014	B. WING		08	/16/2018	
	PROVIDER OR SUPPLIER	UP HOME		STREET ADDRESS, CITY, STATE, ZIP COD 8207 WOLFTRAP RD VIENNA, VA 22180		, 30.10.20.0	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W 159	because of sudden the brain. This info website: https://www.nlm.nil ml. (3) This syndrome ages of 3 and 5, but adolescence. Child types of seizure with include tonic (where become stiff), atoms suddenly relax), may atypical absences. longer than normal a child may be responded as the ketogenic different drugs. So as the ketogenic ditherapy (VNS) can continue into adult obtained from the whittps://www.epilepsepsy-syndromes?g 3AIVwpCfCh2x7wf (4) Not enough thys body's needs. This from the website: https://www.nlm.nil sm.html.	brain problem. They happen a abnormal electrical activity in rmation was obtained from the magov/medlineplus/seizures.ht usually begins between the at can start as late as fren may have several different the this syndrome. These is the muscles suddenly ic (where the muscles voclonic, tonic clonic and Atypical absences often last absences and are different as consive and aware of their may children also develop as well as behavior problems. The very difficult to treat with mildren need a combination of me non-drug treatments such the tand vagus nerve stimulation also be helpful. Seizures often life. This information was website: Bysociety.org.uk/childhood-epil clid=EAIaIQobChMIj4H9z6P0 EFEAAYASAAEgJPD_BwE Toid hormone to meet your information was obtained in gov/medlineplus/hypothyroidi	W 1	59			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURV COMPLETE	
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	PROVIDER OR SUPPLIER A FISHER HALL GRO	UP HOME		STREET ADDRESS, CITY, STATE, ZIP CO 8207 WOLFTRAP RD VIENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 159	On 08/14/18 at app observation was codining room at (Nar Individual # 2 was stable. DSP (direct splaced Individual # front of Individual # verbally cued to eat meal independently eating, DSP # 2 stoplate and utensil frokitchen sink while Ir at the dining room to the ISP (individual dated 10/01/2018 doutcome: Home Mactivities & Instruction his dishes in the similates and with no prompts at 100% at months. Support Ir meals, staff will verificate his dishes in the place his dishes in the verbal prompts from (Individual # 2) for him will be documented record). 5. Progres the QIDP (Qualified Professional). 6. (In achieved this outcothe sink after eating with no more than 3 100% accuracy for Frequency: Daily."	roximately 5:40 p.m., an inducted of Individual # 2 in the ne of Group Home). eated at the dining room upport professional) # 2 2's plate of food, and drink in 2. Individual # 2 was then and was observed eating his when Individual # 2 finished od, picked up Individual # 2's om the table and took it to the individual # 2 remained seated	W 1	59		

	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG	CO	MPLETED
		49G014	B. WING		08	/16/2018
	PROVIDER OR SUPPLIER A FISHER HALL GRO	UP HOME		STREET ADDRESS, CITY, STATE, ZIP COL 8207 WOLFTRAP RD VIENNA, VA 22180	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR ((EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 159	conducted with DSI active treatment. V active treatment for implemented, DSP When asked to des management skill, take his dishes to the outcome was initiat finished eating DSF him." On 08/16/18 at apprinterview was condimember) # 1, the CD Disabilities Profess active treatment prohis dishes to the sin have been implemented on 08/16/18 at appropropropropropropropropropropropropro	P # 2 regarding Individual # 2's When asked how often the Individual # 2 should be # 2 stated, "All the time." Individual # 2's home outcome, DSP # 2 stated, "To me sink." When asked if the ed during after Individual # 2 P # 2 stated, "I didn't prompt outcome in the ed during after Individual # 2 P # 2 stated, "I didn't prompt outcome with OSM (other staff all DP (Qualified Intellectual ional). When asked about the orgam of Individual # 2 taking in the OSM # 1 stated, "It should ented." Proximately 12:10 p.m., ASM if member) # 1, program other staff member) # 1, the ellectual Disabilities RN (registered nurse) # 1 were	W 1:	59		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		49G014	B. WING _		08/	16/2018
	PROVIDER OR SUPPLIER	UP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
W 159	Program) provided plate, nosey cup an handle. The "Nutritional Assidated "March 2018 Adaptive Equipmen Further review of th failed to evidence the spoon. The POS (physician 2 dated 08/01/18 to "Treatment Orders. Further review of the order for the use of On 08/15/18 at appinterview was condimember) # 3, assis of Day Program). What adaptive equipmeals, OSM # 3 staprovides it." On 08/16/18 at appinterview was condimember) # 1, the CD Disabilities Profess Individual # 2's use the day program, Amember) # 1 stated On 08/16/18 at appinterview was condimember) # 1 stated On 08/16/18 at appinterview was condimember) # 1 stated On 08/16/18 at appinterview was condimember) # 1 stated On 08/16/18 at appinterview was condimember) # 1 stated On 08/16/18 at appinterview was condimember) # 1 stated On 08/16/18 at appinterview was condimember) # 1 stated On 08/16/18 at appinterview was condimember) # 1 stated On 08/16/18 at appinterview was condimember) # 1 stated On 08/16/18 at appinterview was condimember) # 1 stated On 08/16/18 at appinterview was condimember) # 2's use the day program, Amember) # 1 stated On 08/16/18 at appinterview was condimember) # 2's use the day program, Amember) # 3 stated On 08/16/18 at appinterview was condimember) # 3 stated On 08/16/18 at appinterview was condimember) # 3 stated On 08/16/18 at appinterview was condimember) # 3 stated On 08/16/18 at appinterview was condimember) # 3 stated On 08/16/18 at appinterview was condimember) # 3 stated On 08/16/18 at appinterview was condimember) # 3 stated On 08/16/18 at appinterview was condimember) # 3 stated On 08/16/18 at appinterview was condimember) # 3 stated On 08/16/18 at appinterview was condimember) # 3 stated On 08/16/18 at appinterview was condimember) # 3 stated On 08/16/18 at appinterview was condimember) # 3 stated On 08/16/18 at appinterview was condimember) # 3 stated On 08/16/18 at appinterview was condimember) # 3 stated On 08/16/18 at appinterview was condimember) # 3 stated On 08/16/18 at appinterview was condimember)	Individual # 2 a high-sided ad spoon with a built up sessment" for Individual # 2 " documented, "Dining Skills. at: Nosey cup, scooper plate." he "Nutritional Assessment" he use of a built up handle a' 08/31/18 documented, hosey cup. Scooper plate." he POS failed to evidence an a built up handle spoon. roximately 12:25 p.m., an acted with OSM (other staff tant side manager at (Name When asked how he knew oment Individual # 2 used for ated, "The group home roximately 12:00 p.m., an acted with OSM (other staff tant). When asked about of a built up handle spoon at SM (administrative staff I, "He shouldn't use it." roximately 12:10 p.m., ASM f member) # 1, program other staff member) # 1, the	W 15	59		
	Professional) and F made aware of the	RN (registered nurse) # 1 were findings.				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER A FISHER HALL GRO	UP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180		iv	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	OTION SHOULD BE OTHE APPROPRIATE	(X5) COMPLETION DATE	
W 159	Continued From pa	age 49 ion was provided prior to exit.	W 1	59			
	Professional) failed at (Name of Group (Individual Service Management Skills	ified Intellectual Disabilities I to ensure the data collection Home) for Individual # 3's ISP Plan) outcome of "Home " was accurate, and failed to al # 3's home management					
	admitted to (Name Diagnoses in the cl not limited to: profe	a 44-year-old female, who was of Group Home) on 05/27/03. linical record included but were bund intellectual disability (1), depression (3) and hiatal					
	conducted of Indivicoffee after arriving Individual # 3 walks Group Home) with professional) # 1. Ecabinet door and veget the jar of coffee the cabinet, took on it on the kitchen cothe kitchen refriger door, and asked In Individual # 3 went the refrigerator, too placed it on the kitchen counter need in the counter need in the individual # 3 stood 1 opened the jar of	O p.m., an observation was dual # 3 receiving a cup of phome from the day program. It is defined into the kitchen at (Name of DSP (direct support DSP # 1 opened a kitchen erbally asked Individual # 3 to it. Individual # 3 reached into it the jar of coffee, and placed unter. DSP # 1 then went to ator, opened the refrigerator dividual # 3 to get the milk. It to the refrigerator, reached in ok out a gallon jug of milk, and it counter next to the coffee. The counter next to the coffee. It to the milk and coffee. It next to DSP # 1, while DSP # coffee, scooped out some to the cup, added the milk,					

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) PROVIDER/SUPPLIER/CLIA (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X8) MULTIPLE CONSTRUCTION (X8) MULTIPLE CONSTRUCTION (X9) MULTIPLE CONSTRUCTION (X9) MULTIPLE CONSTRUCTION (X9) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) PROVIDER/SUPPLIER/CLIA (X4) PROVIDER/SUPPLIER/CLIA (X5) MULTIPLE CONSTRUCTION (X6) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X8) PROVIDER/SUPPLIER/SUPPL			(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 8207 WOLFTRAP RD VIENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 159	stirred the coffee as cup of coffee into the period of time. DS Individual # 3 to put 3 was observed pit across the kitchen placing the coffee cabinet door indepeach next to DSP Individual # 3 to put refrigerator. Indivitup the gallon of micropening the refrigerator, closin and then standing Individual # 3's cofficient with the dining room of the dining room of the standing Individual # 3's cofficient with the dining room of the standing Individual # 3's cofficient with the dining room of the standing room o	and milk together, placed the the microwave for a short SP # 1 then verbally instructed at the coffee away. Individual # cking up the coffee jar, walking , opening the kitchen cabinet, jar into the cabinet, closing the bendently and then standing # 1. DSP # 1 then asked at the milk back into the dual # 3 was observed picking lilk, taking it to the refrigerator, placing the milk into the g the refrigerator independently back next to DSP # 1. If the was then taken out of the rried into the dining room by vidual # 3 followed DSP # 1 m. Individual # 3 was observed in a regular chair drinking her	W 18	59		
	dated 03/04/2018 Outcome: Home M Activities & Instruct (Individual # 3) will making her coffee with 100% (percer months by 3/31/19 (Individual # 3) sig have coffee. 2. (In water. 3. (Individual into cup. 4. (Individual into cup. 4. (Individual into cup. 6. Staff services and the le Credible (electronic	Il support plan) for Individual # 3 documented, "Desired Management Skills. Support tions: At the appropriate times, I follow a three step task of each day for 5 (five) minutes at) accuracy for 12 consecutive II. Support Instructions: 1. Ins to staff that she would like to adividual # 3) fills mug up with al # 3) scoops coffee grounds dual # 3) stirs cup. 5. Serives praise from staff for her will document her responses to evel of participating via (by) of documentation). 7. Progress Monthly by the QIDP (Qualified				

NAME OF PROVIDER OR SUPPLIER MINERVA FISHER HALL GROUP HOME SITREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180 VIENNA, VA 22180 SUMMARY STATEMENT OF DEFICIENCIES (EACH ORFICENCY MUST BE PRECEDED BY FULL REGULATIONY OR LSC IDENTIFYING INFORMATION) W 159 Continued From page 51 Intellectual Disabilities Professional), 8. When (Individual # 3) has followed a 3 step task of making her coffee each day for 5 (five) minutes with 100% (percent) accuracy for 12 consecutive months, she will have achieved this outcome. Frequency: Daily." The data collection sheet for Individual # 3 dated August 2018 documented, "Need # 2. She would like to improve her home management skills." Under "Support instructions: 1, (Individual # 3) signs to staff that she would like to have coffee. 2. (Individual # 3) sitrs cup. 5. (Individual # 3) receives praise from staff for her attempts. 6. Staff will documentation, 7. Progress will be monitored Monthly by the QIDP (Qualified Intellectual Disabilities Professional). 8. When (Individual # 3) has followed a 3 step task of making her coffee each day for 5 (five) minutes with 100% (percent) accuracy for 12 consecutive months, she will have achieved this outcome. Further review of the data collection sheet revealed a" '(plus sign) under "Participation" for 08/14/18. On 08/15/18 at 5:20 p.m., an interview was conducted with DSP # 1 and ASM # 1, program director and OSM (other staff member) 1, OIDP (Qualified Intellectual Disabilities Professional) regarding Individual # 3 stad acollection on 08/14/18. When asked to describe Individual # CD #		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '		LE CONSTRUCTION		E SURVEY PLETED
MINERVA FISHER HALL GROUP HOME MINERVA FISHER HALL GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 159 Continued From page 51 Intellectual Disabilities Professional). 8. When (Individual # 3) has followed a 3 step task of making her coffee each day for 5 (five) minutes with 100% (percent) accuracy for 12 consecutive months, she will have achieved this outcome. Frequency: Daily." The data collection sheet for Individual # 3 dated August 2018 documented, "Need # 2. She would like to improve her home management skills." Under "Support instructions: 1, (Individual # 3) signs to staff that she would like to have coffee. 2. (Individual # 3) sits cup. 5. (Individual # 3) receives praise from staff for her attempts. 6. Staff will document her responses to services and the level of participating via (by) Credible (electronic documentation). 7. Progress will be monitored Monthly by the QIDP (Qualified Intellectual Disabilities Professional). 8. When (Individual # 3) as followed a 3 step task of making her coffee each day for 5 (five) minutes with 100% (percent) accuracy for 12 consecutive months, she will have achieved this outcome." Further review of the data collection sheet revealed a "+ (plus sign) under "Participation" for 08/14/18. On 08/15/18 at 5:20 p.m., an interview was conducted with DSP # 1 and ASM # 1, program director and OSM (other staff member) 1, QIDP (Qualified Intellectual Disabilities Professional) regarding Individual # 3 stake to describe Individual # 3			49G014	B. WING	i		08/	16/2018
PREFIX TAG REQUILATORY OR ISC IDENTIFYING INFORMATION) W 159 Continued From page 51 Intellectual Disabilities Professional). 8. When (Individual # 3) has followed a 3 step task of making her coffee each day for 5 (five) minutes with 100% (percent) accuracy for 12 consecutive months, she will have achieved this outcome. Frequency: Daily." The data collection sheet for Individual # 3 dated August 2018 documented, "Need # 2. She would like to improve her home management skills." Under "Support activity # 2:" it documented, "Support instructions: 1. (Individual # 3) signs to staff that she would like to have coffee. 2. (Individual # 3) signs to staff that she would like to have coffee. 2. (Individual # 3) signs to staff will document her responses to services and the level of participating via (by) Credible (electronic documentation). 7. Progress will be monitored Monthly by the QIDP (Qualified Intellectual Disabilities Professional). 8. When (Individual # 3) has followed a 3 step task of making her coffee each day for 5 (five) minutes with 100% (percent) accuracy for 12 consecutive months, she will have achieved this outcome." Further review of the data collection sheet revealed a "+" (plus sign) under "Participation" for 08/14/18. When asked to describe Individual # # 0 ask office on 08/14/18. In the professional) regarding Individual # 3 data collection on 08/14/18. The nasked to describe Individual # # 0 ask office on 08/14/18. When asked to describe Individual # # 0 ask office on 08/14/18. When asked to describe Individual # # 0 ask office on 08/14/18. When asked to describe Individual # # 0 ask office on 08/14/18. When asked to describe Individual # # 0 ask office on 08/14/18. When asked to describe Individual # # 0 ask office on 08/14/18. When asked to describe Individual # # 0 ask office on 08/14/18. When asked to describe Individual # # 0 ask office on 08/14/18. When asked to describe Individual # # 0 ask office office on 08/14/18. When asked to describe Individual # # 0 ask office office office office			UP HOME	!	8	3207 WOLFTRAP RD	, , ,	
Intellectual Disabilities Professional). 8. When (Individual # 3) has followed a 3 step task of making her coffee each day for 5 (five) minutes with 100% (percent) accuracy for 12 consecutive months, she will have achieved this outcome. Frequency: Daily." The data collection sheet for Individual # 3 dated August 2018 documented, "Need # 2. She would like to improve her home management skills." Under "Support activity # 2:" it documented, "Support instructions: 1. (Individual # 3) signs to staff that she would like to have coffee. 2. (Individual # 3) fills mug up with water. 3. (Individual # 3) stirs cup. 5. (Individual # 3) stops coffee grounds into cup. 4. (Individual # 3) stirs cup. 5. (Individual # 3) receives praise from staff for her attempts. 6. Staff will document her responses to services and the level of participating via (by) Credible (electronic documentation). 7. Progress will be monitored Monthly by the OIDP (Qualified Intellectual Disabilities Professional). 8. When (Individual # 3) has followed a 3 step task of making her coffee each day for 5 (five) minutes with 100% (percent) accuracy for 12 consecutive months, she will have achieved this outcome." Further review of the data collection sheet revealed a '+' (plus sign) under "Participation" for 08/14/18. On 08/15/18 at 5:20 p.m., an interview was conducted with DSP # 1 and ASM # 1, program director and OSM (other staff member) 1, QIDP (Qualified Intellectual Disabilities Professional) regarding Individual # 3's data collection on 08/14/18. When asked to describe Individual #	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETION
1 stated, "To assist her to prepare the coffee. After reviewing the ISP for Individual # 3's home	W 159	Intellectual Disabilit (Individual # 3) has making her coffee e with 100% (percent months, she will har Frequency: Daily." The data collection August 2018 documlike to improve her Under "Support acti "Support instruction staff that she would (Individual # 3) fills (Individual # 3) stoce 4. (Individual # 3) has receives praise from Staff will document the level of participal (electronic documer monitored Monthly Intellectual Disabilit (Individual # 3) has making her coffee e with 100% (percent months, she will har Further review of the revealed a '+' (plus 08/14/18. On 08/15/18 at 5:20 conducted with DSF director and OSM (Individual 08/14/18. When as 3's outcome for hor 1 stated, "To assist	ies Professional). 8. When followed a 3 step task of each day for 5 (five) minutes accuracy for 12 consecutive we achieved this outcome. sheet for Individual # 3 dated mented, "Need # 2. She would home management skills." wity # 2:" it documented, s: 1. (Individual # 3) signs to like to have coffee. 2. mug up with water. 3. ops coffee grounds into cup. irs cup. 5. (Individual # 3) in staff for her attempts. 6. her responses to services and ating via (by) Credible intation). 7. Progress will be only the QIDP (Qualified ies Professional). 8. When followed a 3 step task of each day for 5 (five) minutes accuracy for 12 consecutive we achieved this outcome." e data collection sheet sign) under "Participation" for a p.m., an interview was a p. # 1 and ASM # 1, program other staff member) 1, QIDP al Disabilities Professional) # 3's data collection on ked to describe Individual # me management skills, DSP # her to prepare the coffee.	W	159			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION ING		ATE SURVEY OMPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 159	management skills describe how he in treatment program her to get and put a poured the coffee a stirred it." After resheet for Individual skills DSP was ask indicated. DSP # 1 in the outcome." V documentation of t given the fact that participate in any o and data collection OSM # 1 stated, "N implemented Indivicoffee DSP # 1 stated.	DSP # 1 was asked to aplemented the active . DSP # 1 stated, "I allowed away the coffee and milk. I and milk into her cup and viewing the data collection if # 3's home management and what the plus sign is stated, "That she participated when asked if the he plus sign was accurate individual # 3 did not if the steps outlined on the ISP sheet. DSP # 1, ASM # 1 and Io." When asked if he dual # 3's outcome for making ted, "No."		59		
	interview was condimember) # 1, the ODisabilities Profess data collection beir 3's coffee outcome seen it. It wasn't cabout the impleme program for Individ OSM # 1 stated, "It implemented." On 08/16/18 at app (administrative stat director and OSM (QIDP (Qualified Int Professional) and I made aware of the	proximately 12:10 p.m., ASM if member) # 1, program (other staff member) # 1, the ellectual Disabilities RN (registered nurse) # 1 were	P			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		49G014	B. WING _	,	30	/16/2018
	PROVIDER OR SUPPLIER	UP HOME		STREET ADDRESS, CITY, STATE, ZIP CO 8207 WOLFTRAP RD VIENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(XS) COMPLETION DATE
W 159	References: (1) Refers to a grouby a limited mental adaptive behaviors schedules and rout Intellectual disability 18 and may result fautism or cerebral grouses, such as lac responsiveness. The from the website: https://www.report.rctSheet.aspx?csid= (2) A group of disorability to move and posture. This informability to move and posture. This informability to move and posture. This informability is moved and posture. This informability is short periods. Clinical disorder in which fe or frustration interferor more. This informability.//medlineplus. (4) A condition in wistomach bulges the diaphragm. This in the website: https://medlineplus.	up of disorders characterized capacity and difficulty with such as managing money, ines, or social interactions. It is or social interactions or social causes, such as palsy, or from nonphysical causes, such as palsy, or from nonphysical causes of stimulation and adult this information was obtained with gov/NIHfactsheets/ViewFa	W 15	59		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		49G014	B. WING		08/	16/2018	
	PROVIDER OR SUPPLIER A FISHER HALL GRO	UP HOME	8:	TREET ADDRESS, CITY, STATE, ZIP CODE 207 WOLFTRAP RD (IENNA, VA 22180			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETION DATE	
	formulated a client' each client must re treatment program interventions and s and frequency to so objectives identified plan. This STANDARD is Based on observative record review, it was residential staff failureceiving services of Support Plan (ISP) survey sample, Inc. The facility staff # 2's home manage. The findings includ. The facility staff # 2's home manage. The findings includ. The facility staff # 2's home manage. The findings includ.	MENTATION (1) Indisciplinary team has a individual program plan, ceive a continuous active consisting of needed ervices in sufficient number upport the achievement of the din the individual program Individual program Individual program Individual was consistent with the Individual for two of six individuals in the dividuals # 2 and # 3. Indied to implement Individual ement skills program. Individual ement skills program.	W 249 W 249				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION DING			PLETED
		49G014	B. WING			08/1	16/2018
	PROVIDER OR SUPPLIER A FISHER HALL GRO	UP HOME		STREET ADDRESS, CITY, STATE, ZIP O 8207 WOLFTRAP RD VIENNA, VA 22180	ODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	1	I SHOULD B		(X5) COMPLETION DATE
W 249	observation was co dining room at (Nar Individual # 2 was stable. DSP (direct splaced Individual # front of Individual # verbally cued to eat meal independently eating, DSP # 2 stoplate and utensil frokitchen sink while Ir at the dining room to the ISP (individual dated 10/01/2018 do Outcome: Home Mactivities & Instruction his dishes in the simminutes and with no prompts at 100% acmonths. Support Ir meals, staff will vertake his dishes in the verbal prompts from (Individual # 2) for his dishes in the sink dishes in the sink after eating with no more than 3 100% accuracy for Frequency: Daily."	proximately 5:40 p.m., an inducted of Individual # 2 in the me of Group Home). Heated at the dining room upport professional) # 2 2's plate of food, and drink in 2. Individual # 2 was then and was observed to eat his and was observed to eat his and the individual # 2 finished od, picked up Individual # 2's om the table and took it to the individual # 2 remained seated	W 2	249			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION		TE SURVEY MPLETED
		49G014	B. WING _		08.	/16/2018
	PROVIDER OR SUPPLIER A FISHER HALL GRO	UP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 249	active treatment. Vactive treatment for implemented, DSP When asked to desmanagement skill, take his dishes to to outcome was initiat finished eating, DS him." On 08/16/18 at app (administrative staf director and OSM (QIDP (Qualified Int Professional) and Fmade aware of the No further informat References: (1) Refers to a group by a limited mental adaptive behaviors schedules and rout Intellectual disability 18 and may result from the website: https://www.report.ictsheet.aspx?csid=(2) Symptoms of a because of sudden the brain. This inforwebsite:	P # 2 regarding Individual # 2's When asked how often the r Individual # 2 should be # 2 stated, "All the time." scribe Individual # 2's home outcome, DSP # 2 stated, "To he sink." When asked if the red during after Individual # 2 P # 2 stated, "I didn't prompt other staff member) # 1, the ellectual Disabilities RN (registered nurse) # 1 were findings. In of disorders characterized capacity and difficulty with such as managing money, ines, or social interactions. It is yoriginates before the age of rom physical causes, such as palsy, or from nonphysical causes, such as palsy, or from nonphysical characterized capacity and difficulty with such as managing money, ines, or social interactions. It is yoriginated before the age of rom physical causes, such as palsy, or from nonphysical characterized causes, such as palsy, or from nonphysical characterized causes, such as palsy, or from nonphysical characterized characterized causes, such as palsy, or from nonphysical characterized characterized characterized characterized causes, such as palsy, or from nonphysical characterized cha	W 249			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		C	(X3) DATE S COMPL	
		49G014	B. WING		-	08/1	16/2018
	PROVIDER OR SUPPLIER A FISHER HALL GRO		STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	X (EACH CORRECTIVE CROSS-REFERENCED			(X5) COMPLETION DATE
W 249	ages of 3 and 5, be adolescence. Child types of seizure wi include tonic (wher become stiff), aton suddenly relax), matypical absences. longer than normal a child may be responded as the ketogenic different drugs. So as the ketogenic ditherapy (VNS) can continue into adult obtained from the white of the continue into adult obtained from the white of the continue into adult obtained from the white of the continue into adult obtained from the white of the continue into adult obtained from the white of the continue into adult obtained from the white of the continue into adult obtained from the white of the continue into adult obtained from the white of the continue into adult obtained from the website: https://www.nlm.nilsm.html.	usually begins between the ut can start as late as dren may have several different th this syndrome. These re the muscles suddenly ic (where the muscles yoclonic, tonic clonic and Atypical absences often last absences and are different as ponsive and aware of their ny children also develop as well as behavior problems. In be very difficult to treat with hildren need a combination of me non-drug treatments such itet and vagus nerve stimulation also be helpful. Seizures often life. This information was	W 2				
	Individual # 3 was admitted to (Name Diagnoses in the c	a 44-year-old female, who was of Group Home) on 05/27/03. linical record included but were					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL' A. BUILDI	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		49G014	B. WING		l o	8/16/2018		
	PROVIDER OR SUPPLIER A FISHER HALL GRO	UP HOME		STREET ADDRESS, CITY, STATE, Z 8207 WOLFTRAP RD VIENNA, VA 22180				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE		
W 249	cerebral palsy (2), hernia (4). On 08/14/18 at 4:5 conducted of Indivicoffee after arriving Individual # 3 walked Group Home) with professional) # 1. It cabinet door and viget the jar of coffee the cabinet, took or it on the kitchen cothe kitchen refriger door and asked Individual # 3 went the refrigerator, too placed it on the kitchen counter net Individual # 3 stood 1 opened the jar of coffee, poured it into stirred the coffee a cup of coffee into the period of time. DS Individual # 3 to pure 3 was observed picture across the kitchen, placing the coffee just cabinet door independent individual # 3 to pure frigerator. Individual # 3 to pure frigerator, closing and then standing I	depression (3) and hiatal O p.m., an observation was dual # 3 receiving a cup of g home from the day program. The direct support of the kitchen at (Name of DSP (direct support of the kitchen at (Name of DSP # 1 opened a kitchen erbally asked Individual # 3 to get the milk and content of the part of coffee, and placed unter. DSP # 1 then went to ator, opened the refrigerator dividual # 3 to get the milk. To the refrigerator, reached in ok out a gallon jug of milk, and chen counter next to the coffee. The next to the milk and coffee. As the next to DSP # 1 while DSP # coffee, scooped out some to the cup, added the milk, and milk together, placed the ne microwave for a short P # 1 then verbally instructed the coffee away. Individual # the milk together, closing the gendently and then standing the coffee jar, walking opening the kitchen cabinet, ar into the cabinet, closing the endently and then standing the milk back into the dual # 3 was observed picking k, taking it to the refrigerator, rator, placing the milk into the graph of the refrigerator independently back next to DSP # 1.	W 2	49				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF A. BUILDING		(X3) DATE SURVEY COMPLETED		
		49 G 014	B. WING _		08	/16/2018	
	PROVIDER OR SUPPLIER A FISHER HALL GRO	UP HOME		STREET ADDRESS, CITY, STATE, ZIP COD 8207 WOLFTRAP RD VIENNA, VA 22180			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W 249	DSP # 1, while Indirinto the dining room sitting at the table in her coffee independ. The ISP (individual dated 03/04/2018 do Outcome: Home M. Activities & Instruct (Individual # 3) will making her coffee with 100% (percent months by 3/31/19. (Individual # 3) sign have coffee. 2. (Individual into cup. 4. (Individual into cup. 4. (Individual into cup. 4. (Individual # 3) receattempts. 6. Staff waterices and the let Credible (electronic will be monitored M. Intellectual Disabilit (Individual # 3) has	rried into the dining room by vidual # 3 followed DSP # 1 n. Individual # 3 was observed n a regular chair and drinking	W 249				
	with 100% (percent months, she will ha Frequency: Daily." On 08/15/18 at 5:20 conducted with DSI director and OSM (Qualified Intellectu regarding Individua 08/14/18. When as 3's outcome for hor 1 stated, "To assist) accuracy for 12 consecutive ve achieved this outcome. D.p.m., an interview was P # 1 and ASM # 1, program other staff member) 1, QIDP al Disabilities Professional) I # 3's data collection on sked to describe Individual # me management skills, DSP # her to prepare the coffee. ISP for Individual # 3's home					

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILD	TIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED		
		49G014	B. WING			08/	16/2018
	PROVIDER OR SUPPLIER A FISHER HALL GRO	UP HOME		STREET ADDRESS, CITY, STATE, ZIF 8207 WOLFTRAP RD VIENNA, VA 22180	ODE .		_
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD HE APPROPF	BE	(X5) COMPLETION DATE
W 249	describe how he im treatment program. her to get and put a poured the coffee a stirred it." When as Individual # 3's out # 1 stated, "No." On 08/16/18 at app (administrative staff director and OSM (QIDP (Qualified Interprofessional) and Fmade aware of the No further information References: (1) Refers to a group by a limited mental adaptive behaviors schedules and routintellectual disability 18 and may result frautism or cerebral procauses, such as lact responsiveness. The from the website: https://www.report.rctSheet.aspx?csid= (2) A group of disordability to move and posture. This inform website:	DSP # 1 was asked to plemented the active DSP # 1 stated, "I allowed way the coffee and milk. I and milk into her cup and sked if he implemented come for making coffee, DSP roximately 12:10 p.m., ASM member) # 1, program other staff member) # 1, the ellectual Disabilities IN (registered nurse) # 1 were findings. on was provided prior to exit. p of disorders characterized capacity and difficulty with such as managing money, nes, or social interactions. It originates before the age of rom physical causes, such as palsy, or from nonphysical check of stimulation and adult his information was obtained with gov/NIHfactsheets/ViewFa	W 2	249			

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				E CONSTRUCTION	COMPLETED		
		49G014	B. WING			08/	16/2018
	PROVIDER OR SUPPLIER	JP HOME		8:	TREET ADDRESS, CITY, STATE, ZIP CODE 207 WOLFTRAP RD IENNA, VA 22180	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	(X5) COMPLETION DATE
W 249	blue, unhappy, mise Most of us feel this short periods. Clinic disorder in which fe or frustration interfe or more. This inforr website:	ge 61 be described as feeling sad, erable, or down in the dumps. way at one time or another for cal depression is a mood elings of sadness, loss, anger, re with everyday life for weeks mation was obtained from the gov/ency/article/003213.htm.	W	249	ACM 610		
W 454	stomach bulges thro diaphragm. This inf the website: https://medlineplus. INFECTION CONTI CFR(s): 483.470(I)(1)	W	154			
	This STANDARD is Based on observati determined that the the facility's hallway six of 18 ceiling hall	_		The second secon			
Tis	ceiling light in the ha from insects and dir The findings include On 08/14/18 at appr an initial tour of the of the globes of the						
	revealed insects and	u unt on the inside of the					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	FIPLE CONSTRUCTION NG		E SURVEY IPLETED			
		49G014	B. WING _		ns/	16/2018			
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	10/2010			
MINERV	A FISHER HALL GRO	UP HOME	8207 WOLFTRAP RD VIENNA, VA 22180						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFILE OF CORRECTION	BE	(X5) COMPLETION DATE			
W 454	globes. On 08/14/18 at app observation of the ghallways revealed in the globes. On 08/15/18 at app observation of the ghallways revealed in the globes. On 08/15/18 at app observation of the ghallways revealed in the globes. On 08/15/18 at app observation of the ghallways was condustaff member) # 1, I Group Home). Obs globes revealed insthe globes. ASM # recently cleaned and dirty. On 08/16/18 at app (administrative staff director and OSM (QIDP (Qualified Interval of the globe).	roximately 3:45 p.m., an globes of the ceiling light in the insects and dirt on the inside of roximately 4:00 p.m., an globes of the ceiling light in the insects and dirt on the inside of roximately 4:35 p.m., globes of the ceiling light in the insect with ASM (administrative program director of (Name of servation of six of the 18 ects and dirt on the inside of 1 stated the globes were didn't notice some were roximately 12:10 p.m., ASM member) # 1, program other staff member) # 1, the ellectual Disabilities in (registered nurse) # 1 were	W 45						
W 455	No further informati	on was provided prior to exit.	W 45	55					
		ctive program for the and investigation of infection diseases.							

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		49G014	B. WING			08/	16/2018
	PROVIDER OR SUPPLIER A FISHER HALL GRO	UP HOME		STREET ADDRESS, 8207 WOLFTRAP I VIENNA, VA 221			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CO	DER'S PLAN OF CORRECTION PRRECTIVE ACTION SHOULD PERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 455	Based on observativas determined that follow infection commedication administivation in the facility staff fail administering Individuals in the facility staff fail administering Individual # 6 was a admitted to (Name Diagnoses in the clinot limited to: profoencephalopathy (2) microcephaly (5) arongonoses in the clinot limited to: profoencephalopathy (2) microcephaly (5) arongonoses in the clinot limited to: profoencephalopathy (2) microcephaly (5) arongonoses in the clinot limited to: profoencephalopathy (1) administration observed the medicat LPN # 1 set up a srogerri-chair, placed the table, put on a pin the lock on the mkeys, and raised limited the removed the amidsection, from be button, and then op abdominal tube. Lift syringe into the tubic container of Ensure syringe connected the syringe connec	is not met as evidenced by: tions and staff interviews it at the facility staff failed to trol practices during the stration observation for one of e survey sample, Individual # ed to change gloves when idual # 6's tube feeding. e: a 46-year-old female, who was of Group Home) on 02/05/13. inical record included but were und intellectual disability (1), , epilepsy (3), dysphagia (4),	W 4	55			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G014	B. WING			08/16/2018	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z 8207 WOLFTRAP RD VIENNA, VA 22180	IP CODE	00/10/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD B		
W 455	On 08/15/18 at ap interview was con (registered nurse) during Individual # to describe the pure medication admin wear them for the contaminate the granged his glove the medication carbefore removing the feeding, LPN # 1 s "He should have or removing the cap On 08/16/18 at ap (administrative standirector and OSM QIDP (Qualified In Professional) and made aware of the No further information References: (1) Refers to a group a limited mental adaptive behaviors schedules and roulntellectual disabilities and may result autism or cerebral causes, such as la responsiveness. From the website: https://www.report.ctSheet.aspx?csid	proximately 4:10 p.m., an ducted with LPN # 1 and RN # 1 regarding infection control 66's tube feeding. When asked rpose of wearing gloves during istration, LPN # 1 stated, "I tube feeding so I don't -tube." When asked if he is after pushing in the lock on rt and removing his keys, and he cap on Individual # 6's tube stated, "No." RN # 1 stated, shanged his gloves before on the g-tube." proximately 12:10 p.m., ASM of member) # 1, program (other staff member) # 1, the stellectual Disabilities RN (registered nurse) # 1 were be findings. Attion was provided prior to exit. The proximately 12:10 p.m. as the stellectual Disabilities and continuous provided prior to exit. The proximately 12:10 p.m. as the stellectual Disabilities and continuous provided prior to exit. The proximately 12:10 p.m. as the stellectual Disabilities and continuous provided prior to exit. The proximately 12:10 p.m. as	W	155			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
l.		49G014	B. WING	·		08/	16/2018
	PROVIDER OR SUPPLIER	UP HOME		4	STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPR DEFICIENCY)			(X5) COMPLETION DATE
W 455	alters brain function was obtained from http://www.ninds.nily/encephalopathy.h (3) A brain disorder recurring seizures. clusters of nerve cesend out the wrong strange sensations strangely. They may or lose consciousned obtained from the whttps://medlineplus. (4) A swallowing disobtained from the woods.	n or structure. This information the website: h.gov/disorders/encephalopath tm. that causes people to have The seizures happen when ells, or neurons, in the brain signals. People may have and emotions or behave y have violent muscle spasms ess. This information was vebsite: gov/epilepsy.html.	W	455			
	much smaller than and sex. This information website: https://medlineplus.	hich a person's head size is that of others of the same age mation was obtained from the gov/ency/article/003272.htm. bismus) A disorder in which e up in the same direction.					
W 475	Therefore, they do not the same time. The known as "crossed obtained from the way."	not look at the same object at condition is more commonly eyes." This information was rebsite: gov/ency/article/001004.htm	W 4	175			
	Food must be serve	ed with appropriate utensils.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		49G014	B. WING		Of	8/16/2018	
	PROVIDER OR SUPPLIER A FISHER HALL GRO	UP HOME		STREET ADDRESS, CITY, STATE, ZI 8207 WOLFTRAP RD VIENNA, VA 22180			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENCY	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
W 475	This STANDARD is Based on observa staff interview, it was staff failed to provid during a meal for o survey sample, Ind. The facility staff fail was provided with the eating lunch. The findings includ. Individual # 2 was a admitted to (Name Diagnoses in the classification of the classification was considered to the classification was considered as individual # 2 was sindividual # 2 was sindividual # 2 was sindividuals. OSM (assistant side mana Program) provided plate, nosey cup are handle. The "Nutritional Assidated "March 2018 Adaptive Equipmer Further review of the failed to evidence the spoon.	s not met as evidenced by: tion, clinical record review and as determined that the facility de the appropriate utensil ne of six individuals in the ividual # 2. led to ensure Individual # 2 the appropriate utensil when e: a 37-year-old male, who was of Group Home) on 08/30/02. inical record included but were aund intellectual disability (1), b, Lennox-Gastaut syndrome	W 4	75			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		49G014	B. WING			08/16/2018		
	PROVIDER OR SUPPLIER A FISHER HALL GRO	UP HOME		8:	TREET ADDRESS, CITY, STATE, ZIP CODE 207 WOLFTRAP RD IENNA, VA 22180			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 475	2 dated 08/01/18 to "Treatment Orders. Further review of th order for the use of On 08/15/18 at app interview was cond member) # 3, assis of Day Program). What adaptive equipmeals, OSM # 3 staprovides it."	o 08/31/18 documented, Nosey cup. Scooper plate." he POS failed to evidence an a built up handle spoon. broximately 12:25 p.m., an aucted with OSM (other staff atant side manager at (Name When asked how he knew broment Individual # 2 used for ated, "The group home	W 4	175	**			
	interview was cond (administrative staff director of (Name of about Individual # 2 spoon at the day pr	roximately 4:50 p.m., an ucted with DSP # 2 and ASM f member) # 1, program of Group Home). When asked its use of a built up handle cogram, ASM (administrative stated, "There're no order for it,						
	(administrative staff director and OSM (QIDP (Qualified Inte	RN (registered nurse) # 1 were						
	No further informati	on was provided prior to exit.		,				
	by a limited mental adaptive behaviors schedules and rout Intellectual disability 18 and may result f	op of disorders characterized capacity and difficulty with such as managing money, ines, or social interactions. Yoriginates before the age of rom physical causes, such as palsy, or from nonphysical						

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDI	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED			
		49G014	B. WING	 -	l o	8/16/2018		
	PROVIDER OR SUPPLIER A FISHER HALL GRO	UP HOME		STREET ADDRESS, CITY, STATE 8207 WOLFTRAP RD VIENNA, VA 22180				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE		
W 475	causes, such as la responsiveness. The syndrome active to suddent the brain. This infowebsite: https://www.nlm.nilml. (3) This syndrome ages of 3 and 5, but adolescence. Child types of seizure with include tonic (where become stiff), atom suddenly relax), my atypical absences. longer than normal a child may be responded active to syndrome can active to the syndrome can	ck of stimulation and adult this information was obtained nih.gov/NIHfactsheets/ViewFa=100 brain problem. They happen a shormal electrical activity in reation was obtained from the magov/medlineplus/seizures.ht usually begins between the st can start as late as tren may have several different the this syndrome. These the muscles suddenly in the muscles usually begins between the syndrome. These the muscles suddenly in the muscles suddenly in the muscles often last absences and are different as consive and aware of their ay children also develop as well as behavior problems. The very difficult to treat with wildren need a combination of the non-drug treatments such the tand vagus nerve stimulation also be helpful. Seizures often life. This information was		75				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		49G014	B. WING				08/	16/2018
	PROVIDER OR SUPPLIER	UP HOME		8207 WOI	NDDRESS, CITY, STATE, ZIP C LETRAP RD , VA 22180	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE				(X5) COMPLETION DATE
W 475	Continued From pa https://www.nlm.nih sm.html. DINING AREAS AN CFR(s): 483.480(d)	n.gov/medlineplus/hypothyroidi	W 4 W 4					
	The facility must as	sure that each client eats in a with his or her developmental						:
	This STANDARD is not met as evidenced by: Based on observation, clinical record review and staff interview, it was determined that the facility staff failed to ensure the individual ate in a manner consistent with their developmental level for one of six individuals in the survey sample, Individual # 3.							
	The facility staff fail feed herself a snac	ed to allow Individual # 3 to k.						
i	The findings include	e:						
	admitted to (Name Diagnoses in the clinot limited to: profo	a 44-year-old female, who was of Group Home) on 05/27/03. inical record included but were und intellectual disability (1), depression (3) and hiatal						
-	observation was co (Name of Day Prog Individual # 3 was s table. OSM (other s integration specialis Program) was seate	roximately 1:50 p.m., an nducted of Individual # 3 at ram) while having a snack. Sitting in a chair at the end of a staff member) # 4, community st from (Name of Dayed in a chair in front of M # 4 was holding a plastic						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		49G014	B. WING			08/	16/2018	
NAME OF PROVIDER OR SUPPLIER MINERVA FISHER HALL GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180				33,10,2013	
(X4) ID PREFIX TAG				PROVIDER'S PLAN C X (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD E	HOULD BE COMPLETION		
W 488	contained a chopper proceeded to feed cup using the plast revealed Individual opportunity to feed consumption of the The "Nutritional Asdated "March 2018 Completely independent use plate guarsmall flat bowled symmetry and aspiration for I documented, "High plate guard opening small flat bowled symmetry of the consument of the completely independent of the completely independent of the completely independent of the completely independent of the complete of th	spoon. The plastic cup ed up nutri-grain bar. OSM # 4 Individual # 3 from the plastic ic spoon. Further observation # 3 was not provided the herself throughout the snack. sessment" for Individual # 3 " documented, "Dining skills. Indent. Adaptive Equipment: rd during meal and uses a boon to enhance safe eating." Program) protocol for eating Individual # 3 dated 02/21/18 In sided scoop dish or plate with Individual # 3 positioned to the left, apron,	W 4	.88				

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		49G014	B. WING _		08	3/16/2018		
NAME OF PROVIDER OR SUPPLIER MINERVA FISHER HALL GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP (8207 WOLFTRAP RD VIENNA, VA 22180	OB/16/2018 CODE ORRECTION (X5) N SHOULD BE COMPLETION			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPLETION		
W 488	On 08/16/18 at app (administrative state director and OSM QIDP (Qualified Interpretation Professional) and made aware of the No further information References: (1) Refers to a group by a limited mental adaptive behaviors schedules and rou Intellectual disabilitials and may result autism or cerebral causes, such as la responsiveness. If from the website: https://www.report.ctSheet.aspx?cside(2) A group of disorability to move and posture. This inforwebsite: https://www.nlm.nily.html. (3) Depression mablue, unhappy, mis Most of us feel this short periods. Clindisorder in which for frustration interferences:	proximately 12:10 p.m., ASM off member) # 1, program (other staff member) # 1, the itellectual Disabilities RN (registered nurse) # 1 were e findings. Ition was provided prior to exit. Four of disorders characterized I capacity and difficulty with as such as managing money, itines, or social interactions. Ity originates before the age of from physical causes, such as palsy, or from nonphysical ack of stimulation and adult This information was obtained Inih.gov/NIHfactsheets/ViewFa	W 48	38				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		49G014	B. WING		Ī	08/	16/2018	
NAME OF PROVIDER OR SUPPLIER MINERVA FISHER HALL GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFII TAG	X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
W 488	(4) A condition in what stomach bulges the diaphragm. This in the website:	ge 72 gov/ency/article/003213.htm. nich the upper part of the ough an opening in the formation was obtained from gov/hiatalhernia.html.	W 4	.88				