

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

PRINTED: 09/19/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/08/2017
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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
(X5) COMPLETION DATE			

<p>W 000 INITIAL COMMENTS</p> <p>An unannounced annual Medicaid survey for Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) was conducted 9/6/17 through 9/8/17. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for the Mentally Retarded. The Life Safety Code survey report will follow.</p> <p>The census in this 11 bed facility was 9 at the time of the survey. The survey sample consisted of four current Individual reviews (Individuals # 1, # 2, # 3, and # 4).</p> <p>W 111 483.410(c)(1) CLIENT RECORDS</p> <p>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and clinical record review it was determined that the facility staff failed to ensure the clinical record was complete and accurate for three of four individuals in the survey sample, Individuals # 1, # 4, and # 3.</p> <p>1a. For Individual # 1 the facility staff failed to ensure that the following consents (four) were signed and in the clinical record: "Authorization for Release of Protected Health Information."</p> <p>1b. For Individual # 1 the facility staff failed to ensure that there was a "Progress Note" for 8/27/17.</p>	<p>W 000</p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED OCT 10 2017 VEHICLE</p> <p>W 111</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; vertical-align: top;"> <p>483.410(c)(1) for Individual #1-1a.</p> <p>1. The 4 consents for individual #1 were sent to guardian for signature. Once returned they will be filed in the Clinical Record. QIDP in charge will receive supervision regarding complete and accurate clinical record.</p> <p>2. QIDP's will receive retraining on maintaining a complete and accurate clinical record. During which time they will audit their assigned individuals record.</p> <p>3. Program Director, Social Worker and/or Lead QIDP will complete quarterly Clinical Record audits to ensure that consents are accurate and current.</p> <p>4. The Office of Mission Effectiveness will conduct random quality audits twice a year to ensure compliance in regards to client records</p> <p>483.410(c)(1) for Individual #1-1b.</p> <p>1. Staff responsible for completion of Progress Note on 8/27/17 for Individual #1 will receive supervision regarding completion of daily progress notes.</p> <p>2. During staff meetings, Progress Note completion will be reviewed to ensure proper understanding of standard.</p> </td> <td style="width:20%; vertical-align: top;"> <p>10/18/17.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>10/18/17</p> <p>.....</p> <p>.....</p> <p>10/18/17</p> <p>.....</p> <p>.....</p> <p>10/18/17.....</p> <p>.....</p> <p>.....</p> <p>10/18/17.....</p> <p>.....</p> <p>10/18/17</p> </td> </tr> </table>	<p>483.410(c)(1) for Individual #1-1a.</p> <p>1. The 4 consents for individual #1 were sent to guardian for signature. Once returned they will be filed in the Clinical Record. QIDP in charge will receive supervision regarding complete and accurate clinical record.</p> <p>2. QIDP's will receive retraining on maintaining a complete and accurate clinical record. During which time they will audit their assigned individuals record.</p> <p>3. Program Director, Social Worker and/or Lead QIDP will complete quarterly Clinical Record audits to ensure that consents are accurate and current.</p> <p>4. The Office of Mission Effectiveness will conduct random quality audits twice a year to ensure compliance in regards to client records</p> <p>483.410(c)(1) for Individual #1-1b.</p> <p>1. Staff responsible for completion of Progress Note on 8/27/17 for Individual #1 will receive supervision regarding completion of daily progress notes.</p> <p>2. During staff meetings, Progress Note completion will be reviewed to ensure proper understanding of standard.</p>	<p>10/18/17.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>10/18/17</p> <p>.....</p> <p>.....</p> <p>10/18/17</p> <p>.....</p> <p>.....</p> <p>10/18/17.....</p> <p>.....</p> <p>.....</p> <p>10/18/17.....</p> <p>.....</p> <p>10/18/17</p>
<p>483.410(c)(1) for Individual #1-1a.</p> <p>1. The 4 consents for individual #1 were sent to guardian for signature. Once returned they will be filed in the Clinical Record. QIDP in charge will receive supervision regarding complete and accurate clinical record.</p> <p>2. QIDP's will receive retraining on maintaining a complete and accurate clinical record. During which time they will audit their assigned individuals record.</p> <p>3. Program Director, Social Worker and/or Lead QIDP will complete quarterly Clinical Record audits to ensure that consents are accurate and current.</p> <p>4. The Office of Mission Effectiveness will conduct random quality audits twice a year to ensure compliance in regards to client records</p> <p>483.410(c)(1) for Individual #1-1b.</p> <p>1. Staff responsible for completion of Progress Note on 8/27/17 for Individual #1 will receive supervision regarding completion of daily progress notes.</p> <p>2. During staff meetings, Progress Note completion will be reviewed to ensure proper understanding of standard.</p>	<p>10/18/17.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>10/18/17</p> <p>.....</p> <p>.....</p> <p>10/18/17</p> <p>.....</p> <p>.....</p> <p>10/18/17.....</p> <p>.....</p> <p>.....</p> <p>10/18/17.....</p> <p>.....</p> <p>10/18/17</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Melina W 10/5/17

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

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W 111 Continued From page 1 W 111

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3. QIDP's will review all data collection sheets including progress notes every shift to ensure that there are no gaps in documentation.

4. Lead Q will review documentation weekly including, Progress Notes to ensure there are no lapse in completion. Program Director will randomly audit records monthly to ensure compliance with the above noted standard.

483.410(c)(1) for Individual #4-2a.

1. The consents for individual #4 were sent to guardian for signature. Once returned they will be filed in the Clinical Record. QIDP in charge will receive supervision regarding complete and accurate clinical record.

2. QIDP's will receive retraining on maintaining a complete and accurate clinical record. During which time they will audit their assigned individuals record.
3. Program Director, Social Worker and/or Lead QIDP will complete quarterly Clinical Record audits to ensure that consents are accurate and current.
4. The Office of Mission Effectiveness will conduct random quality audits to ensure compliance in regards to client records.

483.410(c)(1) for Individual #4-2b.

1. The current ISP for individual #4 will be updated to include only information pertaining to the current plan. The QIDP in charge will receive supervision and retraining in regards to maintaining accurate files.

2. QIDP's will receive retraining on completion of the ISP, while also auditing the ISP's of their current individual caseload for accuracy.

3. QIDP's will submit ISP's prior to due date, to the Program Director, to be reviewed for accuracy.

4. The Office of Mission Effectiveness will conduct random quality audits to ensure compliance in regards to client records.

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W 111	Continued From page 2 Protected Health Information" were found to be unsigned: Day Program (name identified), Community Services Board, Physician (name of physician was identified), and (name of a transportation company). Further review of the clinical record revealed that the most recent signed consents were dated 12/22/15. During an interview on 9/6/17 at 2:00 p.m. with ASM (administrative staff member) # 1, the program manager, a request for the most recent signed consents was made. During an interview on 9/7/17 at 4:05 p.m. with ASM # 1, ASM # 1 stated that the consents for Individual # 1 should have been signed but they were not. During an interview on 9/8/17 at 9:50 a.m. this issue was again discussed with ASM # 1, the program manager. No further information was provided prior to exit. (1) Mild intellectual disability is defined as an intelligence quotient (IQ) in the range of 50-69. This information was obtained from the website: https://www.ncbi.nlm.nih.gov/medgen/10044 1b. For Individual # 1 the facility staff failed to ensure that there was a "Progress Note" for 8/27/17. During an interview on 9/7/17 at 4:05 p.m. with ASM # 1, the program manager, a request for Individual # 1's Progress Note was requested. During an interview on 9/8/17 at 9:50 a.m. this	W 111	483.410(c)(1) for Individual #3-3a. 1. Staff responsible for completion of Progress Note on 4/11/17 for Individual #3 will receive supervision regarding details need when completing daily progress notes. 2. During staff meetings, Progress Note completion and details to be included will be reviewed to ensure proper understanding of standard. 3. QIDP's will review all data collection sheets including progress notes every shift to ensure accuracy and completeness. 4. Lead Q will review documentation weekly including, Progress Notes to ensure they are accurate and complete. Program Director will randomly audit records monthly to ensure compliance with the above noted standard. 483.410(c)(1) for Individual #3-3b. 1. The current ISP for individual #3 will be corrected to not include information pertaining to the day program. The QIDP in charge will receive supervision and retraining in regards to maintaining accurate files. 2. QIDP's will receive retraining on completion of the ISP Outcomes, while also auditing the ISP's of their current individual caseload for accuracy. 3. The Program Director will review upcoming plans, including outcomes, prior to their start date, to ensure accuracy. 4. The Office of Mission Effectiveness will conduct random quality audits to ensure compliance in regards to client records.	10/18/17..... 10/18/17 10/18/17 10/18/17 10/18/17 10/18/17..... 10/18/17 10/18/17.....	

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W 111	Continued From page 3 issue was discussed with ASM # 1, who stated that she did not have one. Progress notes are used daily to communicate what is going on in the Individuals life - each Individual has an ISP (individual Service Plan) that outlines a program that helps the individual to build skills. If there is not a note for each of the daily skill building activities then there is no documentation that the ISP program is being worked. No further information was provided prior to exit. 2a. For Individual # 4 the facility staff failed to ensure that the following consent (one) was signed and in the clinical record: "Authorization for Release of Protected Health Information." Individual # 4 was admitted to the facility on 5/19/15 with diagnoses that included but were not limited to: severe intellectual disability (1), osteoporosis, anemia, and seizures. During a clinical record review the following consent for "Authorization for Release of Protected Health Information" was found to be unsigned. This consent was for a physician. Further review of the clinical record revealed that the previous consent naming this physician was dated 7/1/16. During an interview on 9/6/17 at 2:00 p.m. with ASM (administrative staff member) # 1, the program manager, a request for the most recent signed consent was made. During an interview on 9/7/17 at 4:05 p.m. with	W 111			

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W 111	<p>Continued From page 4</p> <p>ASM # 1, ASM # 1 stated that the consent for Individual # 4 should have been signed but it was not. ASM # 1 then presented a newly signed consent dated 9/6/17.</p> <p>During an interview on 9/8/17 at 9:50 a.m. this issue was again discussed with ASM # 1, the program manager.</p> <p>No further information was provided prior to exit.</p> <p>1. Severe intellectual disability refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</p> <p>2b. For Individual # 4 there was incorrect information in the "Progress Notes" - reference to a program from 2015 was in the ISP (Individual Service Plan).</p> <p>Individual # 4's current ISP dated 07/01/2017 through 07/30/2018 documented the "Desired Outcome # 1: Self-care and independence."</p> <p>"Support Activities & Instructions: (Name of Individual # 4) participates in my self-care routine by brushing my teeth daily with a soft bristle toothbrush. 1. Staff will inform (Name of Individual # 4) that it is time to brush his teeth. 2.</p>	W 111	

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W 111	Continued From page 5 Staff will rinse (Name of Individual # 4)'s toothbrush then apply toothpaste. 3. Staff will assist (Name of Individual # 4) with hand over hand assistance. 4. When (Name of Individual # 4) is unable to complete the task, staff will complete it for him. 5. Complete the necessary documentation. Frequency: Daily." When the progress notes were reviewed an additional program under the "Self Care and Independence" program was inserted. This program was dated 08/31/2015. This program was documented in the progress notes but not in the Current ISP as follows: "Date Range: 08/31/2015 I dress myself by putting on my shirt. 1. (Name of Individual # 4) will choose the shirt of his choice to wear for the day. 2. Staff will hand (Name of Individual # 4) the shirt he chooses. 3. (Name of Individual # 4) will put the shirt over his head first than put his arms through the sleeves. 4. Staff will prompt (name of Individual # 4) to pull the remaining part of his shirt down if necessary. 5. Staff will complete the needed documentation." This program was documented in the Progress Notes as having been done. During an interview on 9/7/17 at 4:05 p.m. with ASM # 1, ASM # 1 stated the reference to a program from 2015 was a computer error and should not been in there. During an interview on 9/8/17 at 9:50 a.m. this issue was discussed with ASM # 1, the program manager. No further information was provided prior to exit. 3a. For individual # 3 no documentation was noted in the progress notes to indicate that on	W 111			

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W 111	Continued From page 6 4/11/17 the individual was transported without a safety device that was outlined in the Fall Protocol of the current ISP. Individual # 3 was admitted to the facility on 2/5/13 with diagnoses that included but were not limited to: profound intellectual disability (1), autism (2), osteopenia, and seizure disorder. During a review of the incident accident report for Individual # 3 dated 4/11/17 revealed documentation that Individual # 3 was transported without a seatbelt adjuster and incurred an injury. Review of Individual # 3's ISP (individual service plan) dated 03/01/2017 through 02/28/2018 documents a "Fall Protocol". This Fall Protocol documented: "Wear Seatbelt adjuster every time I am traveling in a vehicle or have 2 staff support travel." During an interview on 9/7/17 at 8:55 a.m. with DSP (direct support staff) # 4 stated that she (DSP # 4) was taking (Name of Individual # 3) to her day program. I put (Name of Individual # 3) (in the vehicle) and there was no seat belt adjuster in the vehicle. We only have one seatbelt adjuster (3). I did not check the other vehicles, but did check the office and could not find the seatbelt adjuster. I put (Name of Individual # 3) in the vehicle and used the seat belt without the seatbelt adjuster. As we were driving I noticed that (name of Individual # 3) was out of her seatbelt but was sitting on the seat. During the interview on 9/7/17 at 8:55 a.m. DSP # 4 was asked if she documented in the clinical record (progress notes) that the seatbelt adjuster was not used during transport. DSP stated that	W 111			

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W 111	<p>Continued From page 7</p> <p>she did not and that she (DSP # 4) was responsible to do that documentation.</p> <p>During an interview on 9/7/17 at 10:42 a.m. with ASM # 1, Individual # 3's ISP and each daily progress notes that was lacking documentation were reviewed. ASM # 1 was given the opportunity to present any documentation at this time and was unable to provide any further information for the progress notes outlined above.</p> <p>During an interview on 9/8/17 at 9:50 a.m. this issue was again discussed with ASM # 1, the program manager.</p> <p>No further information was provided prior to exit.</p> <p>(1) Profound -- Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</p> <p>(2) Autism, also known as autism spectrum disorder (ASD), is a disorder that causes impairment in social interaction, as well as the presence of repetitive, restricted behaviors and interests. This information was obtained from the website: https://www.niehs.nih.gov/health/topics/conditions/autism/index.cfm</p>	W 111	

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W 111	Continued From page 8 (3) Seatbelt adjuster is a device used to prevent Individual # 3 from slipping out of her seatbelt per facility staff. 3b. For Individual # 3 the facility staff failed to ensure that the ISP (individual service plan) under "Outcomes & Activities" did not contain the following statement: "See day program plan for support activities and instruction for this goal." Review of Individual # 3's clinical record revealed in the ISP (individual service plan) with at start dated 03/1/2017 that under "Outcomes & Activities" the following statement was documented: under "Desired Outcome: (Name of Individual # 3) uses vibrating sensory objects for stimulation..." Under "Support Activities & Instructions: "See day program plan for support activities and instructions for this goal." During an interview on 9/7/17 at 10:45 a.m. with ASM # 1, the program manager, this concern was reviewed. ASM # 1 stated that it was an error. During an interview on 9/8/17 at 9:50 a.m. this issue was again discussed with ASM # 1, the program manager. No further information was provided prior to exit.		W 111		
W 159	483.430(a) QIDP Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. This STANDARD is not met as evidenced by: Based on residential record review and staff interview, it was determined that the facility staff failed to ensure that the QIDP (Qualified		W 159		

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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: LES011 Facility ID: VAICFMR14 If continuation sheet Page 10 of 38

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W 159	Continued From page 10 anxiety, dementia Alzheimer's type, osteoarthritis, osteoporosis, and hyperlipidemia. Individual # 1's current ISP (Individual Service Plan) dated 01/01/2017 through 12/31/2018 documented "Desired Outcome: I (Individual # 1) would like to improve hygiene and health habits." A. Support Activities & Instructions: (Name of Individual # 1) performs oral care which includes, but is not limited to brushing her teeth and using her water pik twice a day." Under "Support Instructions" it documented, "1. Prompt (name of Individual # 1) of the time and the need to perform oral care. 2. Support with collecting needed items with verbal prompts. 3. Support with preparing the tooth brush, water pik, etc. with verbal prompts. 4. Give verbal prompts how to complete the task fully. 5. Give (name of Individual # 1) reinforcement for participating and review areas that can be improved." "Frequency: Daily." B. Support Activities & Instructions: "(Name of Individual # 1) brushes her hair once daily." Under "Support Instructions" it documented, "1. Prompt (Name of Individual # 1) of the time and the need to brush her hair. 2. Support with collecting needed items with verbal prompts. 3. Give verbal prompts how to complete the task fully. 5. Give (name of Individual # 1) positive reinforcement for participating and review areas that can be improved." "Frequency: Daily." The "Progress Note" for Individual # 1 dated 8/23/17 through 9/5/17 were reviewed. The progress notes failed to evidence accurate implementation of Individual # 1's hygiene and health habits program.		W 159	4. Program Director will review progress notes and data collections sheets weekly to ensure that data collection is done in measurable terms. The office of Mission Effectiveness will periodically audit records to ensure compliance with the above listed corrections. 483.430(a) for Individual #3. 1. The QIDP in charge will receive supervision and retraining in regards to coordinating and monitoring active treatment. During staff meetings, implementation and how to document individual #3's Self Care program will be reviewed to ensure staff understanding. 2. During team meetings, all individuals ISP and data will be reviewed with staff to ensure proper understanding and documentation. 3. QIDP's will review all data collection and progress notes each shift to ensure that data is collected completely, correctly and in measurable terms. 4. Program Director will review progress notes and data collections sheets weekly to ensure that data collection is done in measurable terms. The office of Mission Effectiveness will periodically audit records to ensure compliance with the above listed corrections.	10/18/17 10/18/17..... 10/18/17 10/18/17 10/18/17

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/08/2017
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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 159	Continued From page 11		W 159		
	<p>**On 8/23/17 Morning Shift documented, "Individual's Participation: Individual actively participated-She brush (sic) her teeth and hair."</p> <p>**On 8/23/17 Evening Shift documented, "Individual's Participation: Individual actively participated-(initials of Individual # 1) did (sic) her hygiene before she went for bed this evening, staff member watched her while she did it. She brush (sic) her teeth and hair."</p> <p>**On 8/24/17 Morning Shift documented, "Individual's Participation: Individual actively participated-(name of Individual # 1) brushed her teeth and hair when DSP prompted her to do so."</p> <p>**On 8/24/17 Evening Shift documented, "Individual's Participation: Individual actively participated-(initials of Individual # 1) did her hygiene before she went for bed this evening, staff member watched her while she did it."</p> <p>**On 8/27/17 No progress provided for this date."</p> <p>**On 8/28/17 Evening Shift documented, "Individual's Participation: Individual actively participated-(initials of Individual # 1) did her hygiene when she was supposed to before she went for bed for the night tonight."</p> <p>During an interview on 9/7/17 at 9:50 a.m. with OSM (other staff member) # 1, QIDP (Qualified Intellectual Disabilities Professional), the purpose of the ISP was discussed. OSM # 1 stated that the ISP is used every day and staff work the program consistently every day. When asked what the responsibility of the QIDP was, OSM # 1</p>			<p>483.430(a) for Individual #4.</p> <p>1. The QIDP in charge will receive supervision and retraining in regards to coordinating and monitoring active treatment. During staff meetings, implementation and how to document individual #4's teeth brushing outcome will be reviewed to ensure staff understanding.</p> <p>2. During team meetings, all individuals ISP and data will be reviewed with staff to ensure proper understanding and documentation.</p> <p>3. QIDP's will review all data collection and progress notes each shift to ensure that data is collected completely, correctly and in measurable terms.</p> <p>4. Program Director will review progress notes and data collections sheets weekly to ensure that data collection is done in measurable terms. The office of Mission Effectiveness will periodically audit records to ensure compliance with the above listed corrections.</p>	<p>10/18/17.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>10/18/17</p> <p>.....</p> <p>10/18/17</p> <p>.....</p> <p>10/18/17</p>

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W 159	Continued From page 12 stated that it was the responsibility of all the staff to follow the ISP. OSM # 1 stated that she monitored on a weekly basis and if she saw a problem she would speak to the staff. During an interview on 9/7/17 at 10:09 a.m. with ASM (administrative staff member) # 1, the Program Director and QIDP, the responsibilities of a QIDP were discussed. ASM # 1 stated that the responsibilities of the QIDP include coordinating the ISP (Individual Support Plan), assisting in developing goals, monitoring, and revising the program (ISP), and ensuring that ISP is being implemented. When asked what "daily" meant ASM # 1 stated that it should be done daily and if it is a goal that should be done daily it should be worked daily no matter what day of the week." During an interview on 9/7/17 at 10:42 a.m. with ASM # 1, Individual # 1's ISP and each daily progress notes that was lacking documentation were reviewed. ASM # 1 was given the opportunity to present any documentation at this time and was unable to provide any further information for the progress notes outlined above. The facility's policy "8.1 Qualified Mental Retardation Professional" documented, "The QMRP is responsible for the integration, coordination, monitoring and development of the Individual Service Plan, and to ensure quality active treatment in the program." Under "8.1.2 Qualified Intellectual Disabilities Professional Monitoring Of Services" it documented, "A. Review consumer records to include clinical, financial and medical to ensure prescribed treatment and services are being implemented correctly, documented appropriately and that any		W 159		

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W 159	Continued From page 13 outside services have been incorporated into program services." NOTE: QDIP and QMRP refer to the same professional. 1) Mild intellectual disability is defined as an intelligence quotient (IQ) in the range of 50-69. This information was obtained from the website: https://www.ncbi.nlm.nih.gov/medgen/10044 No further information was provided prior to exit. 2. The QIDP failed to coordinate and monitor the active treatment plan for Individual # 2 to ensure this Individual's Hygiene and Organization of personal belongings program was accurately implemented. Individual # 2 was admitted to the facility on 1/21/12 with diagnoses that included but were not limited to: moderate intellectual disability (1), cerebral palsy (2), gastroesophageal reflux disease (3), and osteopenia. Individual # 2's current ISP dated 03/01/2017 through 02/28/2018 documented the "Desired Outcome: A. (Name of Individual # 2) to take 15 minutes and work with support staff modeling to clean off all soiled items (linen, pajamas and put briefs into garbage) from her bed. B. (Name of Individual # 2) to put laundry into washer and then when finished into the dryer only, three times a week." A. Support Activities & Instructions: 1. (Name of Individual # 2) to place soiled items in her hamper and briefs in garbage can, each morning after awaking for the day. 2. (Name of Individual # 2)	W 159			

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W 159	Continued From page 14 to ask any questions of staff in regard to cleaning bed. 3. (Name of Individual # 2) to engage in verbal conversation about tasks with staff modeling cleaning and organizing bed with her (how she is feeling, her thoughts, any concerns she may have). 4. (Name of Individual # 2) to perform tasks to clean and organize her bed in the morning for 15 minutes. 5. Please take into consideration (Name of Individual # 2)'s health status at all times. She may not be able at times to demonstrate all tasks completely." "Frequency: Daily."	W 159		
	B. Support Activities & Instructions: "1. (Name of Individual # 2) to be assisted by support staff modeling putting laundry into the washing machine and then the dryer with her. 2. (Name of Individual # 2) to put her laundry into the washer and dryer only with support staff assistance. 3. (Name of Individual # 2) to talk and ask any questions for further clarification of how to clean and dry laundry while performing these tasks with staff. 4. (Name of Individual # 2) to talk with support staff modeling and assisting her with any concerns, comments, feelings and/or thoughts. 5. Please take into consideration (Name of Individual # 2)'s health status at all times. She may not be able at times to demonstrate all tasks completely. Therefore, support staff to assist further by cleaning and organizing the remainder of her clothing and bedroom." "Frequency: Daily." Three times a week.			
	The "Progress Note" for Individual # 2 dated 8/23/17 through 9/5/17 were reviewed. The progress notes failed to evidence accurate implementation of Individual # 2's hygiene and health habits program.			

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W 159	Continued From page 15 **On 8/25/17 Morning Shift documented, "Individual's Participation: Individual actively participated-(Name of Individual # 2) to place soiled items in her hamper and briefs in garbage. (Name of Individual # 2) did not do laundry during the shift." **On 8/26/17 Weekend Shift documented, "Individual's Participation: Individual actively participated-Staff prompt (sic) and supported her to do her ADLs and provide everything she need." **On 8/27/17 Weekend Shift documented, "Individual's Participation: Individual actively participated-(initials of Individual # 2) did her ADLs with prompt and support." **On 9/2/17 Weekend Shift documented, "Individual's Participation: Individual actively participated-(Name of Individual # 2) assisted staff with picking out her outfit for the day and she was found to shower with assistant (sic) from staff." **On 9/3/17 Weekend Shift documented, "Individual's Participation: Individual actively participated-(Name of Individual # 2) put laundry into washer and she put the clean cloth (sic) her room after laundry done." There was no mention of Outcome "A (Name of Individual # 2) to take 15 minutes and work with support staff modeling to clean off all soiled items (linen, pajamas and put briefs into garbage) from her bed. And this is the only time in two weeks that Outcome "B. (Name of Individual # 2) to put laundry into washer and then when finished into the dryer only, three times a week." Outcome A was to be done daily and outcome B was to be	W 159		

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W 159	Continued From page 16 done three times a week. During an interview on 9/7/17 at 10:37 a.m. with ASM # 1, Individual # 2's ISP and each daily progress notes that was lacking documentation were reviewed. ASM # 1 was given the opportunity to present any documentation at this time and was unable to provide any further information for the progress notes outlined above. No further information was provided prior to exit. (1) Moderate intellectual disability refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100 (2) Cerebral palsy-- a group of disorders that affect a person's ability to move and to maintain balance and posture. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/cerebralpalsy.html . (3) Gastroesophageal reflux disease-- Stomach contents to leak, or reflux, into the esophagus and irritate it. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/gerd.html .	W 159			

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W 159	Continued From page 17 3. The QIDP failed to coordinate and monitor the active treatment plan for Individual # 3 to ensure this Individual's self-care activities to improve her health and independence was accurately implemented. Individual # 3 was admitted to the facility on 2/5/13 with diagnoses that included but were not limited to: profound intellectual disability (1), autism (2), osteopenia, and seizure disorder. Individual # 3's current ISP dated 03/01/2017 through 02/28/2018 documented the "Desired Outcome: (Individual # 3) participates in self-care activities to improve her health and independence would like to improve hygiene and health habits." A. "Support Activities & Instructions: (Name of Individual # 3) brushes her teeth during her morning and evening hygiene routine. 1. Inform (Name of Individual # 3) it is time for her hygiene routine. 2. Inform (Name of Individual # 3) during the routine, that it is teeth brushing time. 3. Support (Name of Individual # 3) with putting toothpaste on her brush. 3. (Sic) Provide (Name of Individual # 3) to hand to hand support during brushing and rinsing. Frequency: Daily." B. "Support Activities & Instructions: (Name of Individual # 3) disrobes during hygiene routine. 1. Inform (Name of Individual # 3) it is time for her hygiene routine. 2. Demonstrate and support (Name of Individual # 3) to disrobe by taking off her pants and tops. 3. Praise (Name of Individual # 3)." The "Progress Note" for Individual # 3 dated 8/23/17 through 9/5/17 were reviewed. The progress notes failed to evidence accurate	W 159			

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W 159	Continued From page 18 implementation of Individual # 3's hygiene and independence program (tooth brushing and disrobing). **On 8/23/17 Morning Shift documented, "Individual's Participation: Individual actively participated-Goal achieved as implemented." **On 8/25/17 Evening Shift documented, "Individual's Participation: Individual actively participated-staff member brushes (Name of Individual # 3) hair after she being changed into her pajamas this evening tonight." **On 8/30/17 Evening Shift documented, "Individual's Participation: Individual actively participated-staff member brushes her hair after changing her for the evening tonight." **On 8/30/17 Evening Shift documented, "Individual's Participation: Individual actively participated-(Initials of Individual # 3) participated in her care management to the best of her ability." **On 8/31/17 Morning Shift documented, "Individual's Participation: Individual actively participated-(Name of Individual # 3) she washed her hands and took off her pants and top with hand to hand supports from DSP." During an interview on 9/7/17 at 10:42 a.m. with ASM # 1, Individual # 3's ISP and each daily progress notes that was lacking documentation were reviewed. ASM # 1 was given the opportunity to present any documentation at this time and was unable to provide any further information for the progress notes outlined above.	W 159			

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W 159	Continued From page 19 No further information was provided prior to exit. (1) Profound -- Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100 (2) Autism, also known as autism spectrum disorder (ASD), is a disorder that causes impairment in social interaction, as well as the presence of repetitive, restricted behaviors and interests. This information was obtained from the website: https://www.niehs.nih.gov/health/topics/conditions/autism/index.cfm 4. The QIDP failed to coordinate and monitor the active treatment plan for Individual # 4 to ensure this Individual's participation in his self-care routine to brush his teeth daily was accurately implemented. Individual # 4 was admitted to the facility on 5/19/15 with diagnoses that included but were not limited to: severe intellectual disability (1), osteoporosis, anemia, and seizures. Individual # 4's current ISP dated 07/01/2017 through 07/30/2018 documented the "Desired Outcome # 1. Self-care and independence.	W 159			

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W 159	Continued From page 20 "Support Activities & Instructions: (Name of Individual # 4) participates in my self-care routine by brushing my teeth daily with a soft bristle toothbrush. 1. Staff will inform (Name of Individual # 4) that it is time to brush his teeth. 2. Staff will rinse (Name of Individual # 4)'s toothbrush then apply toothpaste. 3. Staff will assist (Name of Individual # 4) with hand over hand assistance. 4. When (Name of Individual # 4) is unable to complete the task, staff will complete it for him. 5. Complete the necessary documentation. Frequency: Daily." The "Progress Notes" for Individual # 4 dated 8/23/17 through 9/5/17 were reviewed. The progress notes failed to evidence accurate implementation of Individual # 4's self-care independence (tooth brushing). Review of the "Progress Notes" dated 8/24/17 through 8/26/17 for Individual # 4 revealed no documentation that this Desired Outcome for teeth brushing was implemented. During an interview on 9/7/17 at 10:42 a.m. with ASM # 1, Individual # 4's ISP and each daily progress notes that was lacking documentation were reviewed. ASM # 1 was given the opportunity to present any documentation at this time and was unable to provide any further information for the progress notes outlined above. No further information was provided prior to exit. 1. Severe intellectual disability refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors	W 159			

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W 159	Continued From page 21 such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100		W 159		
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on staff interview and clinical record review, it was determined that the residential staff failed to ensure an Individual was receiving services consistent with the Individual Support Plan for one of four Individuals in the survey sample, Individual # 3. Facility staff failed to implement Individual # 3's Fall Protocol related to safe transport. The findings include: Individual # 3 was admitted to the facility on 2/5/13 with diagnoses that included but were not limited to: profound intellectual disability (1),		W 249	483.440(d)(1) for Individual #3 1. Staff supporting individual #3 at the time of the incident will receive disciplinary action and retraining on the fall protocol. During staff meetings the fall protocol and proper use of the seat belt adjuster will be reviewed. 2. During team meetings, all individual protocols will be reviewed with staff to ensure proper understanding and response needed. 3. QIDP's and LPN's will observe and monitor the adherence to individual protocols and completion of supporting documentation. LPN's will review protocols on a quarterly basis to ensure that they are accurate and up to date. 4. Program Director and RN Coordinator will randomly observe and monitor adherence to individuals protocols. Any concerns in protocol implementation will be addressed accordingly. Yearly, retraining on protocols will take place during staff meetings. The office of Mission Effectiveness will conduct periodic program audits including adherence to individual protocols to ensure compliance with the above listed corrections.	10/18/17..... 10/18/17..... 10/18/17..... 10/18/17

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/08/2017
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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 249	Continued From page 22 autism (2), osteopenia, and seizure disorder. A review of the incident accident report for Individual # 3 dated 4/11/17 revealed documentation that Individual # 3 was transported without a seatbelt adjuster and incurred an injury. Review of Individual # 3's ISP (individual service plan) dated 03/01/2017 through 02/28/2018 documents a "Fall Protocol". This Falls Protocol documented: "Wear Seatbelt adjuster every time I am traveling in a vehicle or have 2 staff support travel." During an interview on 9/7/17 at 8:55 a.m. with DSP (direct support staff) # 4 stated that she (DSP # 4) was taking (Name of Individual # 3) to her day program. "I put (Name of Individual # 3) (in the vehicle), there was no seat belt adjuster in the vehicle. We only have one seatbelt adjuster (3). I did not check the other vehicles, but did check the office and could not find the seatbelt adjuster. I put (Name of Individual # 3) in the vehicle and used the seat belt without the seatbelt adjuster. As we were driving I noticed that (name of Individual # 3) was out of her seatbelt but was sitting on the seat." DSP # 4 also confirmed that she was the only staff member in the vehicle. During an interview on 9/7/17 at 10:42 a.m. with ASM # 1, the concern about Individual # 3's Fall Protocol not being followed was reviewed. ASM # 1 was given the opportunity to present any further documentation at this time. No further information was provided prior to exit. (1) Profound -- Refers to a group of disorders characterized by a limited mental capacity and	W 249			

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W 249	Continued From page 23 difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100 (2) Autism, also known as autism spectrum disorder (ASD), is a disorder that causes impairment in social interaction, as well as the presence of repetitive, restricted behaviors and interests. This information was obtained from the website: https://www.nihs.nih.gov/health/topics/conditions/autism/index.cfm (3) Seatbelt adjuster is a device used to prevent Individual # 3 from slipping out of her seatbelt per facility staff.	W 249			
W 252	483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on staff interview, clinical record review and facility document review it was determined that the facility staff failed to collect data of objectives accurately for four of four individuals in the survey sample, Individual # 1, # 2, # 3, and #	W 252	483.440(e)(1) for individual #1, #2, #3, #4 1) During staff meetings, the imperativeness of collecting data completely, correctly and in measurable terms will be reviewed. Data sheets will be introduced as a way to accurately and measurable document progress on outcomes. 2. During team meetings, all individual's ISP outcomes and data sheets will be reviewed with staff to ensure proper understanding and documentation. 3. QIDP's will review all data collection and progress notes each shift to ensure that data is collected completely, correctly and in measurable terms.	10/18/17..... 10/18/17..... 10/18/17	

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W 252	Continued From page 24 4. 1. Facility staff failed to document the data collection of Individual # 1's ISP (Individual Support Plan Outcome/Goal for hygiene and health habits program accurately. 2. Facility staff failed to document the data collection of Individual # 2's ISP Outcome/Goal for Hygiene and Organization of personal belongings program accurately. 3. Facility staff failed to document the data collection of Individual # 3's ISP Outcome/Goal for health and independence accurately. 4. Facility staff failed to document the data collection of Individual # 4's ISP Outcome/Goal for self-care routine to brush his teeth daily accurately. The findings include: 1. Facility staff failed to document the data collection of Individual # 1's ISP (Individual Support Plan Outcome/Goal for hygiene and health habits program accurately. Individual # 1 was admitted to the facility on 11/14/11 with diagnoses that included but were not limited to mild intellectual disability (1), anxiety, dementia Alzheimer's type, osteoarthritis, osteoporosis, and hyperlipidemia. Individual # 1's current ISP (Individual Service Plan) dated 01/01/2017 through 12/31/2018 documented "Desired Outcome: I (Individual # 1) would like to improve hygiene and health habits."	W 252	4. Program Director will review progress notes and data collection sheets weekly to ensure that data collection is done in measurable terms. The office of Mission Effectiveness will periodically audit records to ensure compliance with the above listed corrections.	10/18/17	

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W 252	Continued From page 25 A. Support Activities & Instructions: (Name of Individual # 1) performs oral care which includes, but is not limited to brushing her teeth and using her water pik twice a day." Under "Support Instructions" it documented, "1. Prompt (name of Individual # 1) of the time and the need to perform oral care. 2. Support with collecting needed items with verbal prompts. 3. Support with preparing the tooth brush, water pik, etc. with verbal prompts. 4. Give verbal prompts how to complete the task fully. 5. Give (name of Individual # 1) reinforcement for participating and review areas that can be improved." "Frequency: Daily." B. Support Activities & Instructions: "(Name of Individual # 1) brushes her hair once daily." Under "Support Instructions" it documented, "1. Prompt (Name of Individual # 1) of the time and the need to brush her hair. 2. Support with collecting needed items with verbal prompts. 3. Give verbal prompts how to complete the task fully. 5. Give (name of Individual # 1) positive reinforcement for participating and review areas that can be improved." "Frequency: Daily." The "Progress Note" for Individual # 1 dated 8/23/17 through 9/5/17 were reviewed. The progress notes failed to evidence accurate implementation of Individual # 1's hygiene and health habits program. **On 8/23/17 Morning Shift documented, "Individual's Participation: Individual actively participated-She brush (sic) her teeth and hair." **On 8/23/17 Evening Shift documented, "Individual's Participation: Individual actively participated-(initials of Individual # 1) did her	W 252			

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W 252	<p>Continued From page 26</p> <p>hygiene before she went for bed this evening, staff member watched her while she did it. She brush (sic) her teeth and hair."</p> <p>**On 8/24/17 Morning Shift documented, "Individual's Participation: Individual actively participated-(name of Individual # 1) brushed her teeth and hair when DSP prompted her to do so."</p> <p>**On 8/24/17 Evening Shift documented, "Individual's Participation: Individual actively participated-(initials of Individual # 1) did her hygiene before she went for bed this evening, staff member watched her while she did it."</p> <p>**On 8/27/17 No progress provided for this date."</p> <p>**On 8/28/17 Evening Shift documented, "Individual's Participation: Individual actively participated-(initials of Individual # 1) did her hygiene when she was supposed to before she went for bed for the night tonight."</p> <p>During an interview on 9/7/17 at 9:50 a.m. with OSM (other staff member) # 1, QIDP (Qualified Intellectual Disabilities Professional), the purpose of the ISP was discussed. OSM # 1 stated that the ISP is used every day and staff works the program consistently every day. When asked what the responsibility of the QIDP was, OSM # 1 stated that it was the responsibility of all the staff to follow the ISP. OSM # 1 stated that she monitored on a weekly basis and if she saw a problem she would speak to the staff.</p> <p>During an interview on 9/7/17 at 10:09 a.m. with ASM (administrative staff member) # 1, the Program Director and QIDP, the responsibilities</p>	W 252		

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W 252	Continued From page 27 of a QIDP were discussed. ASM # 1 stated that the responsibilities of the QIDP include coordinating the ISP (Individual Support Plan), assisting in developing goals, monitoring, and revising the program (ISP), and ensuring that ISP is being implemented. When asked what "daily" meant ASM # 1 stated that it should be done daily and if it is a goal that should be done daily it should be worked daily no matter what day of the week." During an interview on 9/7/17 at 10:42 a.m. with ASM # 1, Individual # 1's ISP and each daily progress notes that was lacking documentation were reviewed. ASM # 1 was given the opportunity to present any documentation at this time and was unable to provide any further information for the progress notes outlined above. NOTE: QDIP and QMRP refer to the same professional. DSP refers to direct support personal. The facility's policy "4.1 Individual Service Plan (ISP)" documented, "4.1.4 Individual Service Plan (ISP) Development. H. Data Collection: Data collection is recorded on all objectives/desired outcomes in a format that accurately represents the consumer's progress. Data is tracked, documented in measurable terms and analyzed to ensure that appropriate objectives/desired outcomes and interventions/support strategies are in place for the consumer. On-going documentation is kept in the progress notes regarding the progress, changes or significant events relating to the functioning of the consumer."	W 252			

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W 252	Continued From page 28 No further information was provided prior to exit. 1) Mild intellectual disability is defined as an intelligence quotient (IQ) in the range of 50-69. This information was obtained from the website: https://www.ncbi.nlm.nih.gov/medgen/10044 2. Facility staff failed to document the data collection of Individual # 2's ISP Outcome/Goal for Hygiene and Organization of personal belongings program accurately. Individual # 2 was admitted to the facility on 1/21/12 with diagnoses that included but were not limited to: moderate intellectual disability (1), cerebral palsy (2), gastroesophageal reflux disease, and osteopenia. Individual # 2 was admitted to the facility on 1/21/12 with diagnoses that included but were not limited to: moderate intellectual disability (1), cerebral palsy (2), gastroesophageal reflux disease (3), and osteopenia. Individual # 2's current ISP dated 03/01/2017 through 02/28/2018 documented the "Desired Outcome: A. (Name of Individual # 2) to take 15 minutes and work with support staff modeling to clean off all soiled items (linen, pajamas and put briefs into garbage) from her bed. B. (Name of Individual # 2) to put laundry into washer and then when finished into the dryer only, three times a week." A. Support Activities & Instructions: 1. (Name of Individual # 2) to place soiled items in her hamper and briefs in garbage can, each morning after awaking for the day. 2. (Name of Individual # 2)	W 252			

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W 252	Continued From page 29 to ask any questions of staff in regard to cleaning bed. 3. (Name of Individual # 2) to engage in verbal conversation about tasks with staff modeling cleaning and organizing bed with her (how she is feeling, her thoughts, any concerns she may have). 4. (Name of Individual # 2) to perform tasks to clean and organize her bed in the morning for 15 minutes. 5. Please take into consideration (Name of Individual # 2)'s health status at all times. She may not be able at times to demonstrate all tasks completely." "Frequency: Daily."	W 252			
	B. Support Activities & Instructions: "1. (Name of Individual # 2) to be assisted by support staff modeling putting laundry into the washing machine and then the dryer with her. 2. (Name of Individual # 2) to put her laundry into the washer and dryer only with support staff assistance. 3. (Name of Individual # 2) to talk and ask any questions for further clarification of how to clean and dry laundry while performing these tasks with staff. 4. (Name of Individual # 2) to talk with support staff modeling and assisting her with any concerns, comments, feelings and/or thoughts. 5. Please take into consideration (Name of Individual # 2)'s health status at all times. She may not be able at times to demonstrate all tasks completely. Therefore support staff to assist further by cleaning and organizing the remainder of her clothing and bedroom." "Frequency: Daily." Three times a week.				
	The "Progress Note" for Individual # 2 dated 8/23/17 through 9/5/17 were reviewed. The progress notes failed to evidence accurate implementation of Individual # 2's hygiene and health habits program.				

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W 252	Continued From page 30 **On 8/25/17 Morning Shift documented, "Individual's Participation: Individual actively participated-(Name of Individual # 2) to place soiled items in her hamper and briefs in garbage. (Name of Individual # 2) did not do laundry during the shift." **On 8/26/17 Weekend Shift documented, "Individual's Participation: Individual actively participated-Staff prompt (sic) and supported her to do her ADLs and provide (sic) everything she need (sic)." **On 8/27/17 Weekend Shift documented, "Individual's Participation: Individual actively participated-(initials of Individual # 2) did her ADLs with prompt and support." **On 9/2/17 Weekend Shift documented, "Individual's Participation: Individual actively participated-(Name of Individual # 2) assisted staff with picking out her outfit for the day and she was found to shower with assistant (sic) from staff." **On 9/3/17 Weekend Shift documented, "Individual's Participation: Individual actively participated-(Name of Individual # 2) put laundry into washer and she put the clean cloth (sic) her room after laundry done." There was no mention of Outcome "A (Name of Individual # 2) to take 15 minutes and work with support staff modeling to clean off all soiled items (linen, pajamas and put briefs into garbage) from her bed. And this is the only time in two weeks that Outcome "B. (Name of Individual # 2) to put laundry into washer and then when finished into the dryer only, three times a week." Outcome A	W 252			

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W 252	Continued From page 31 was to be done daily and outcome B was to be done three times a week. During an interview on 9/7/17 at 10:37 a.m. with ASM # 1, Individual # 2's ISP and each daily progress notes that was lacking documentation were reviewed. ASM # 1 was given the opportunity to present any documentation at this time and was unable to provide any further information for the progress notes outlined above. No further information was provided prior to exit. (1) Moderate intellectual disability refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100 (2) Cerebral palsy-- a group of disorders that affect a person's ability to move and to maintain balance and posture. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/cerebralpalsy.html . (3) Gastroesophageal reflux disease-- Stomach contents to leak, or reflux, into the esophagus and irritate it. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/gerd.html .	W 252			

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W 252	Continued From page 32 3. Facility staff failed to document the data collection of Individual # 3's ISP Outcome/Goal for health and independence accurately. Individual # 3 was admitted to the facility on 2/5/13 with diagnoses that included but were not limited to: profound intellectual disability (1), autism (2), osteopenia, and seizure disorder. Individual # 3's current ISP dated 03/01/2017 through 02/28/2018 documented the "Desired Outcome: (Individual # 3) participates in self care activities to improve her health and independence and would like to improve hygiene and health habits." A. "Support Activities & Instructions: (Name of Individual # 3) brushes her teeth during her morning and evening hygiene routine. 1. Inform (Name of Individual # 3) it is time for her hygiene routine. 2. Inform (Name of Individual # 3) during the routine, that it is teeth brushing time. 3. Support (Name of Individual # 3) with putting toothpaste on her brush. 3. (Sic) Provide (Name of Individual # 3) to hand to hand support during brushing and rinsing. Frequency: Daily." B. "Support Activities & Instructions: (Name of Individual # 3) disrobes during hygiene routine. 1. Inform (Name of Individual # 3) it is time for her hygiene routine. 2. Demonstrate and support (Name of Individual # 3) to disrobe by taking off her pants and tops. 3. Praise (Name of Individual # 3)." The "Progress Note" for Individual # 3 dated 8/23/17 through 9/5/17 were reviewed. The progress notes failed to evidence accurate implementation of Individual # 3's hygiene and	W 252			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/08/2017
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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 252	Continued From page 33 independence program (tooth brushing and disrobing). **On 8/23/17 Morning Shift documented, "Individual's Participation: Individual actively participated-Goal achieved as implemented." **On 8/25/17 Evening Shift documented, "Individual's Participation: Individual actively participated-staff member brushes (Name of Individual # 3) hair after she being changed into her pajamas this evening tonight." **On 8/30/17 Evening Shift documented, "Individual's Participation: Individual actively participated-staff member brushes her hair after changing her for the evening tonight." **On 8/30/17 Evening Shift documented, "Individual's Participation: Individual actively participated-(Initials of Individual # 3) participated in her care management to the best of her ability." **On 8/31/17 Morning Shift documented, "Individual's Participation: Individual actively participated-(Name of Individual # 3) she washed her hands and took off her pants and top with hand to hand supports from DSP (Direct Service Personal)." During an interview on 9/7/17 at 10:42 a.m. with ASM # 1, Individual # 3's ISP and each daily progress notes that was lacking documentation were reviewed. ASM # 1 was given the opportunity to present any documentation at this time and was unable to provide any further information for the progress notes outlined above.	W 252			

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W 252	Continued From page 34 No further information was provided prior to exit. (1) Profound -- Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100 (2) Autism, also known as autism spectrum disorder (ASD), is a disorder that causes impairment in social interaction, as well as the presence of repetitive, restricted behaviors and interests. This information was obtained from the website: https://www.niehs.nih.gov/health/topics/conditions/autism/index.cfm 4. Facility staff failed to document the data collection of Individual # 4's ISP Outcome/Goal for self-care routine to brush his teeth daily accurately. Individual # 4 was admitted to the facility on 5/19/15 with diagnoses that included but were not limited to: severe intellectual disability (1), osteoporosis, anemia, and seizures. Individual # 4's current ISP dated 07/01/2017 through 07/30/2018 documented the "Desired Outcome # 1. Self-care and independence. "Support Activities & Instructions: (Name of	W 252			

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W 252	Continued From page 35 Individual # 4) participates in my self-care routine by brushing my teeth daily with a soft bristle toothbrush. 1. Staff will inform (Name of Individual # 4) that it is time to brush his teeth. 2. Staff will rinse (Name of Individual # 4)'s toothbrush then apply toothpaste. 3. Staff will assist (Name of Individual # 4) with hand over hand assistance. 4. When (Name of Individual # 4) is unable to complete the task, staff will complete it for him. 5. Complete the necessary documentation. Frequency: Daily." Review of the "Progress Notes" dated 8/24/17 through 8/26/17 for Individual # 4 revealed no documentation that this Desired Outcome for teeth brushing was implemented. During an interview on 9/7/17 at 10:42 a.m. with ASM # 1, Individual # 4's ISP and each daily progress notes that was lacking documentation were reviewed. ASM # 1 was given the opportunity to present any documentation at this time and was unable to provide any further information for the progress notes outlined above. No further information was provided prior to exit. 1. Severe intellectual disability refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100	W 252			

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W 420	<p>483.470(b)(4)(iv) CLIENT BEDROOMS</p> <p>The facility must provide each client with functional furniture, appropriate to the clients needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations and staff interview, it was determined that the facility staff failed to maintain the environment in good repair for three of nine Individual's bedrooms, rooms # 7, # 8, and # 11. The findings include:</p> <p>During observation on 9/6/17 at 9:50 a.m. revealed the following: In Room # 7 there was a hole in the wall behind the door. This hole was round and had a diameter of approximately four inches. To the left of the door was a mirror and to the left side of the mirror the paint was peeling. To the right of the mirror there was a recliner and behind the recliner the paint was worn off.</p> <p>In Room # 8 approximately 2 ½ feet below the light switch the paint was peeling. Under the window the paint was peeling and the top or the base board was worn revealing bare wood.</p> <p>In Room # 11 below the light switch and above the base board there were two areas of peeling paint and a hole just above the baseboard. To the right of the bedroom door was a closet. To the right of the closet enclosure there was damage with exposed dry wall and missing paint.</p> <p>On 9/7/17 at 10:00 a.m. a tour was conducted with ASM (administrative staff member) # 1, program manager. ASM # 1 agreed with the above mentioned observations. ASM # 1 stated</p>		W 420	<p>483.470(b)(4)(iv)</p> <p>1. A work order was submitted for repair/painting needed in bedrooms #7,8 and 11. Residential staff will follow up weekly with the maintenance staff until its repair.</p> <p>2. Residential staff will complete daily program site reviews to include completion of an environmental checklist to ensure items are in good repair.</p> <p>3. The QIDP will review the environmental checklist weekly and submit needed work order requests.</p> <p>4. The program director will conduct monthly program audits to ensure that the environment is in good repair. The office of Mission Effectiveness will equally conduct periodic audits as needed or upon written request by the Program Director.</p>	<p>10/18/17.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>10/18/17.....</p> <p>.....</p> <p>10/18/17</p> <p>.....</p> <p>10/18/17</p>

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W 420	Continued From page 37 that the actual building is owned by the county and that work orders must be sent to the county. ASM # 1 further stated that she would search the work orders that had been sent to see if the issues had been noted. A request for any environmental maintenance policy was requested at this time. During an interview on 9/8/17 at 9:00 a.m. with OSM (other staff member) # 1, QIDP (Qualified Intellectual Disabilities Professional) the process for having environmental issues repaired was discussed. OSM # 1 stated that when her staff tells her there is an issue she will submit a work order and copy the program manager. OSM # 1 stated that any staff on any shift is able to submit a work order. Although some other issues were found to be on the work orders the above listed issues were not.	W 420		

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