

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

PRINTED: 09/01/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2016
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NAME OF PROVIDER OR SUPPLIER NORTH 16TH STREET GRP HOME	STREET ADDRESS CITY STATE, ZIP CODE 5563 N 16TH STREET ARLINGTON, VA 22205
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(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
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W 000 INITIAL COMMENTS

W 000

An unannounced annual Medicaid survey for Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) was conducted 8/23/16 through 8/25/16. 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.

The census in this eight bed facility was seven at the time of the survey. The survey sample consisted of three current individual reviews (Individuals #1, #2 and # 3).

W 111 483.410(c)(1) CLIENT RECORDS

W 111

The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.

This STANDARD is not met as evidenced by:
Based on staff interview and clinical record review it was determined that the facility staff failed to ensure the clinical record was complete and accurate for one of three individuals in the survey sample, Individual # 1.

Facility staff failed to ensure the current "Behavior Intervention Plan" and the following consent forms "Consent To Exchange Information for (Name of Speech Therapist), Notice of Rights, Informed Consent For Assistance With Self-Medication, Consent To Exchange Information for Behaviors Consult, Consent To Exchange Information for (Name of Physical Therapist Assistant), Consent for Photographs,

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

TITLE

(X6) DATE

[Signature] *Clinical Director* *9/12/16*
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
Video and Audio Recordings, Consent To Exchange Information for Medical Personnel / Group Practice, Consent To Exchange Information for Service Coordination and Treatment Planning and Eligibility Determination, Consent To Exchange Information for (Name of Another Speech Therapist) and Consent To Exchange Information for (Name of Physical Therapist)" were up to date in the day program clinical record for Individual # 1.

The findings include:

Individual # 1 was a 66 year old male, who was admitted to (Name of Group Home) on 3/28/82. Diagnoses in the clinical record included but were not limited to: moderate Intellectual disability (1), schizophrenia (2) and tardive dyskinesia (3), kyphosis (4), osteopenia (5), benign prostatic hyperplasia (6) glaucoma (7) and dry eyes.

On 8/24/16 at 9:15 a.m. Individual # 1's clinical record was reviewed at (Name of Day Program). Individual # 1's clinical record revealed a "Behavior Intervention Plan" dated "4/1/15-3/31/16" and signed consent forms dated "April 15, 2015" for "Consent To Exchange Information for (Name of Speech Therapist), Notice of Rights, Informed Consent For Assistance With Self-Medication, Consent To Exchange Information for Behaviors Consult, Consent To Exchange Information for (Name of Physical Therapist Assistant), Consent for Photographs, Video and Audio Recordings, Consent To Exchange Information for Medical Personnel/Group Practice, Consent To Exchange Information for Service Coordination and Treatment Planning and Eligibility Determination, Consent To Exchange Information for (Name of

W 111
The Day Program Manager will complete a record review to ensure that Individual #1 consents as listed are updated and signed annually: 10/5/16

- o Consent to exchange information (Name of Speech Therapist)
- o Notice of Rights
- o Informed Consent for assistance with Self-Medication
- o Consent to Exchange Information for Behaviors Consult
- o Consents to Exchange Information for (Name of physical Therapist Assistant)
- o Consent for Photographs, Video, and Audio Recordings
- o Consent to Exchange Information for Medical Personnel/Group Practice
- o Consent to Exchange Information for Service Coordination and Treatment Planning and Eligibility Determination
- o Consent to Exchange Information for (Name of Another Speech Therapist) and Consent to Exchange information for (Name of Physical Therapist)

The QMRP will conduct monthly visit to ensure Individual #1 consents are Signed and are currently updated as needed.

The Program Manager and/or QMRP will conduct monthly observation and record reviews to ensure all consents is current, and up-to-date, and to ensure continuity of care at the Day Programs

The QMRP will revise the outcome for "physical activity" into Measureable terms to collect appropriate data for individual #1.

The QMRP will revise the outcome for "medication management" in measureable terms to collect appropriate data for individual #2.

The QMRP will revise the outcome for "Identifying and writing His name" in measureable terms to collect appropriate data for Individuals #3.

The QMRP will review objectives to ensure that it accurately reflect the needs of individual #2 and #3.

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		(X5) COMPLETION DATE	

W 111 Continued From page 2
Another Speech Therapist) and Consent To Exchange Information for (Name of Physical Therapist)."

Further review of the clinical record failed to evidence a current copy of the "Behavior Intervention Plan" and current signed consent forms "Consent To Exchange Information for (Name of Speech Therapist), Notice of Rights, Informed Consent For Assistance With Self-Medication, Consent To Exchange Information for Behaviors Consult, Consent To Exchange Information for (Name of Physical Therapist Assistant), Consent for Photographs, Video and Audio Recordings, Consent To Exchange Information for Medical Personnel/Group Practice, Consent To Exchange Information for Service Coordination and Treatment Planning and Eligibility Determination, Consent To Exchange Information for (Name of Another Speech Therapist) and Consent To Exchange Information for (Name of Physical Therapist)."

On 8/24/16 at 9:25 a.m. an interview was conducted with OSM (other staff member) # 5, assistant day program manager regarding Individual # 1's behavior plan and consent forms. OSM # 5 stated, "The behavior plan is coming through (being faxed) now. We found we didn't have the updated plan yesterday. (ASM [administrative staff member] # 3), quality improvement coordinator conducted an audit of (Individual # 1's record) and brought it to our attention. We realized we were out of compliance and I contacted the (Name of Responsible Party) and faxed the forms yesterday." During the interview (Name of Responsible Party) telephoned OSM # 5 and stated the consent

W 111

The Program Manager/QMRP will update the Person Center Plan to incorporate these changes for those individuals.

The Program Manager will complete this process for all individuals to prevent further deficiencies.

The Program Manager will continue to monitor to ensure that all service needs of individuals are accurately reflected through the use of weekly operation meetings.

The Clinical Director will review within supervision with the Program Manager for documentation to support the coordination of services for each individual needs.

The Clinical Director will ensure that all documentation is completed as identified in the Person Center Plan through monthly supervision with the Program Manager.

A quarterly peer review will be completed on-going that will audit records to monitor to ensure that all service needs of individuals are accurately documented. This report will be submitted to the Clinical Director.

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NAME OF PROVIDER OR SUPPLIER NORTH 18TH STREET GRP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 5583 N 18TH STREET ARLINGTON, VA 22205	
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<p>W 111 Continued From page 3</p> <p>forms would be signed and faxed that morning. At 9:55 a.m. OSM # 5 stated that she had not received the signed fax forms for Individual # 1.</p> <p>On 8/24/16 at 9:30 a.m. OSM # 5 provided this surveyor with a copy of the "Behavior Intervention Plan" dated "4/1/16-3/31/17" and fax cover sheet from (Name of Day Program). The fax cover sheet documented, "To: (Name of Responsible Party). From: (OSM # 5. Date: 8/23/16."</p> <p>On 8/24/16 at 4.15 p.m. ASM (administrative staff member) # 1, program manager was made aware of the findings.</p> <p>On 8/25/16 at approximately 8:00 a.m. LPN (licensed practical nurse) # 1 provided this surveyor with faxed copies of the consent forms "Consent To Exchange Information for (Name of Speech Therapist), Notice of Rights, Informed Consent For Assistance With Self-Medication, Consent To Exchange Information for Behaviors Consult, Consent To Exchange Information for (Name of Physical Therapist Assistant), Consent for Photographs, Video and Audio Recordings, Consent To Exchange Information for Medical Personnel/Group Practice, Consent To Exchange Information for Service Coordination and Treatment Planning and Eligibility Determination, Consent To Exchange Information for (Name of Another Speech Therapist) and Consent To Exchange Information for (Name of Physical Therapist)" from OSM # 5 dated "Aug (August) 24, 2016."</p> <p>No further information was provided prior to exit.</p> <p>References:</p>	<p>W 111</p>
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W 111

(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website:
<https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>

(2) A mental disorder that makes it hard to tell the difference between what is real and not real. This information was obtained from the website:
<https://medlineplus.gov/ency/article/000928.htm>.

(3) Characterized by repetitive, involuntary, purposeless movements. Features of the disorder may include grimacing, tongue protrusion, lip smacking, puckering and pursing, and rapid eye blinking. Rapid movements of the arms, legs, and trunk may also occur. Involuntary movements of the fingers may be present. This information was obtained from the website:
<<http://www.ninds.nih.gov/disorders/tardive/tardive.htm>>.

(4) A curving of the spine that causes a bowing or rounding of the back, which leads to a hunchback or slouching posture. This information was obtained from the website:
<<https://medlineplus.gov/ency/article/001240.htm>>.

(5) A term to define bone density that is not normal but also not as low as osteoporosis. This information was obtained from the website:

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W 111 Continued From page 5
<http://www.ncbi.nlm.nih.gov/pubmed/21234807>.
 (6) An enlarged prostate. This information was obtained from the website:
 <<https://www.nlm.nih.gov/medlineplus/enlargedprostatebph.html>>

W 111

(7) A group of diseases that can damage the eye's optic nerve. This information was obtained from the website:
<https://www.nlm.nih.gov/medlineplus/glaucoma.html>.

W 124 483.420(a)(2) PROTECTION OF CLIENTS RIGHTS

W 124

The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.

This STANDARD is not met as evidenced by:
 Based on staff interview and day program clinical record review it was determined that the facility staff failed to obtain consent for the release of information for one of three individuals in the survey sample, Individuals # 1.

Facility staff failed to obtain consents for the following forms: Consent To Exchange Information for (Name of Speech Therapist), Notice of Rights, Informed Consent For Assistance With Self-Medication, Consent To Exchange Information for Behaviors Consult, Consent To Exchange Information for (Name of Physical Therapist Assistant), Consent for

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W 124 Continued From page 6

Photographs, Video and Audio Recordings, Consent To Exchange Information for Medical Personnel / Group Practice, Consent To Exchange Information for Service Coordination and Treatment Planning and Eligibility Determination, Consent To Exchange Information for (Name of Another Speech Therapist) and Consent To Exchange Information for (Name of Physical Therapist)" for Individual # 1.

The findings include:

Individual # 1 was a 65 year old male, who was admitted to (Name of Group Home) on 3/28/82. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), schizophrenia (2) and tardive dyskinesa (3), kyphosis (4), osteopenia (5), benign prostatic hyperplasia (6) glaucoma (7) and dry eyes.

On 8/24/16 at 9:15 a.m. Individual # 1's clinical record was review at (Name of Day Program). Individual # 1's clinical record revealed consent forms for "Consent To Exchange Information for (Name of Speech Therapist), Notice of Rights, Informed Consent For Assistance With Self-Medication, Consent To Exchange Information for Behaviors Consult, Consent To Exchange Information for (Name of Physical Therapist Assistant), Consent for Photographs, Video and Audio Recordings, Consent To Exchange Information for Medical Personnel/Group Practice, Consent To Exchange Information for Service Coordination and Treatment Planning and Eligibility Determination, Consent To Exchange Information for (Name of Another Speech Therapist) and Consent To Exchange Information for (Name of Physical Therapist)" dated "April 15, 2015."

W 124

The Day Program Manager will complete a record review to ensure that individual #1 consents as listed

10/5/16

- Consent to exchange information (Name of Speech Therapist)
- Notice of Rights
- Informed Consent for assistance with Self-Medication
- Consent to Exchange Information for Behaviors Consult
- Consents to Exchange Information for (Name of physical Therapist Assistant)
- Consent for Photographs, Video, and Audio Recordings
- Consent to Exchange Information for Medical Personnel/Group Practice
- Consent to Exchange Information for Service Coordination and Treatment Planning and Eligibility Determination
- Consent to Exchange Information for (Name of Another Speech Therapist) and Consent to Exchange Information for (Name of Physical Therapist)

The Day Program Manager will also complete a record review of all other individuals to ensure that all their consent is current, updated, and signed in a timely manner annually.

The Program Manager and/or QMRP will conduct monthly observation and record reviews to ensure all consents is current, and up-to-date, and to ensure continuity of care.

The Program Manger will review this process to ensure compliance to prevent further deficiencies.

Mission Effectiveness and/or Clinical Director will also conduct quarterly record review to also ensure compliance.

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W 124

Further review of the clinical record failed to evidence current signed consent forms "Consent To Exchange Information for (Name of Speech Therapist), Notice of Rights, Informed Consent For Assistance With Self-Medication, Consent To Exchange Information for Behaviors Consult, Consent To Exchange Information for (Name of Physical Therapist Assistant), Consent for Photographs, Video and Audio Recordings, Consent To Exchange Information for Medical Personnel/Group Practice, Consent To Exchange Information for Service Coordination and Treatment Planning and Eligibility Determination, Consent To Exchange Information for (Name of Another Speech Therapist) and Consent To Exchange Information for (Name of Physical Therapist)."

On 8/24/16 at 9:25 a.m. an interview was conducted with OSM (other staff member) # 5, assistant day program manager regarding Individual # 1's behavior plan and consent forms. OSM # 5 stated, "The behavior plan is coming through (being faxed) now. We found we didn't have the updated plan yesterday. (ASM [administrative staff member] # 3), quality improvement coordinator conducted an audit of (Individual # 1's record) and brought it to our attention. We realized we were out of compliance and I contacted the (Name of Responsible Party) and faxed the forms yesterday." During the interview (Name of Responsible Party) telephoned OSM # 5 and stated the consent forms would be signed and faxed that morning. At 9:55 a.m. OSM # 5 stated that she had not received the signed fax forms for Individual # 1.

On 8/24/16 at 9:30 a.m. OSM # 5 provided this

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surveyor with a copy of the "Behavior Intervention Plan" dated "4/1/16-3/31/17" and fax cover sheet from (Name of Day Program). The fax cover sheet documented, "To: (Name of Responsible Party). From: (OSM # 5. Date: 8/23/16."

On 8/24/16 at 4:15 p.m. ASM (administrative staff member) # 1, program manager was made aware of the findings.

On 8/25/16 at approximately 8:00 a.m. LPN (licensed practical nurse) # 1 provided this surveyor with faxed copies of the consent forms "Consent To Exchange Information for (Name of Speech Therapist), Notice of Rights, Informed Consent For Assistance With Self-Medication, Consent To Exchange Information for Behaviors Consult, Consent To Exchange Information for (Name of Physical Therapist Assistant), Consent for Photographs, Video and Audio Recordings, Consent To Exchange Information for Medical Personnel/Group Practice, Consent To Exchange Information for Service Coordination and Treatment Planning and Eligibility Determination, Consent To Exchange Information for (Name of Another Speech Therapist) and Consent To Exchange Information for (Name of Physical Therapist)" from OSM # 5 dated "Aug (August) 24, 2016."

No further information was provided prior to exit.

References:

(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions.

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W 124

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) A mental disorder that makes it hard to tell the difference between what is real and not real. This information was obtained from the website:
<https://medlineplus.gov/ency/article/000928.htm>.

(3) Characterized by repetitive, involuntary, purposeless movements. Features of the disorder may include grimacing, tongue protrusion, lip smacking, puckering and pursing, and rapid eye blinking. Rapid movements of the arms, legs, and trunk may also occur. Involuntary movements of the fingers may be present. This information was obtained from the website:
<<http://www.ninds.nih.gov/disorders/tardive/tardive.htm>>.

(4) A curving of the spine that causes a bowing or rounding of the back, which leads to a hunchback or slouching posture. This information was obtained from the website:
<<https://medlineplus.gov/ency/article/001240.htm>>.

(5) A term to define bone density that is not normal but also not as low as osteoporosis. This information was obtained from the website:
<http://www.ncbi.nlm.nih.gov/pubmed/21234807>.

(6) An enlarged prostate. This information was obtained from the website:
<<https://www.nlm.nih.gov/medlineplus/enlargedpr>>

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W 124	Continued From page 10 ostatebph.html> (7) A group of diseases that can damage the eye's optic nerve. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/glaucoma.html .	W 124	The Program Manager and/or QMRP will conduct monthly observation and record reviews to ensure all consents is current, and up-to-date, and to ensure continuity of care at the Day Programs The QMRP will revise the outcome for "physical activity" into Measureable terms to collect appropriate data for individual #1. The QMRP will revise the outcome for "medication management" in measureable terms to collect appropriate data for individual #2. The QMRP will revise the outcome for "identifying and writing His name" in measureable terms to collect appropriate data for Individuals #3. The QMRP will review objectives to ensure that it accurately reflect the needs of individual #2 and #3. The Program Manager/QMRP will update the Person Center Plan to incorporate these changes for those individuals. The Program Manager will complete this process for all individuals to prevent further deficiencies. The Program Manager will continue to monitor to ensure that all service needs of individuals are accurately reflected through the use of weekly operation meetings. The Clinical Director will review within supervision with the Program Manager for documentation to support the coordination of services for each individual needs. The Clinical Director will ensure that all documentation is completed as identified in the Person Center Plan through monthly supervision with the Program Manager. A quarterly peer review will be completed on-going that will audit records to monitor to ensure that all service needs of individuals are accurately documented. This report will be submitted to the Clinical Director.	10/5/16	
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 program record reviews, day program record review and staff interview, it was determined that the QIDP (Qualified Intellectual Disabilities Professional) failed to coordinate and monitor the active treatment programs for three of three individuals in the survey sample, Individuals # 1, # 2 and # 3. 1a. The QIDP failed to ensure the consents for Individual # 1 were up to date in the (Name of Day Program) clinical record. b. The QIDP failed to ensure objectives on the ISP (Individual Service Plan) for Individual # 1 were developed in measurable terms. 2a. The QIDP failed to ensure objectives on the ISP (Individual Service Plan) for Individual # 2 were developed in measurable terms. b. The QIDP failed to ensure Individual # 2's medication management program was accurately implemented. 3a. The QIDP failed to ensure objectives on the				

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	<p>W 159 Continued From page 11</p> <p>ISP (Individual Service Plan) for Individual # 3 were developed in measurable terms.</p> <p>b. The QIDP failed to ensure Individual # 3's medication management program was accurately implemented.</p> <p>The findings include:</p> <p>1a. The QIDP failed to ensure the consents for Individual # 1 were up to date in the (Name of Day Program) clinical record.</p> <p>Individual # 1 was a 65 year old male, who was admitted to (Name of Group Home) on 3/28/82. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), schizophrenia (2) and tardive dyskinesa (3), kyphosis (4), osteopenia (5), benign prostatic hyperplasia (6) glaucoma (7) and dry eyes.</p> <p>On 8/24/16 at 9:15 a.m. Individual # 1's clinical record was review at (Name of Day Program). Individual # 1's clinical record revealed consent forms dated "April 15, 2015" for "Consent To Exchange Information for (Name of Speech Therapist), Notice of Rights, Informed Consent For Assistance With Self-Medication, Consent To Exchange Information for Behaviors Consult, Consent To Exchange Information for (Name of Physical Therapist Assistant), Consent for Photographs, Video and Audio Recordings, Consent To Exchange Information for Medical Personnel/Group Practice, Consent To Exchange Information for Service Coordination and Treatment Planning and Eligibility Determination, Consent To Exchange Information for (Name of Another Speech Therapist) and Consent To Exchange Information for (Name of Physical</p>	W 159	

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W 159	<p>Continued From page 12 Therapist)."</p> <p>Further review of the clinical record failed to evidence current signed consent forms for "Consent To Exchange Information for (Name of Speech Therapist), Notice of Rights, Informed Consent For Assistance With Self-Medication, Consent To Exchange Information for Behaviors Consult, Consent To Exchange Information for (Name of Physical Therapist Assistant), Consent for Photographs, Video and Audio Recordings, Consent To Exchange Information for Medical Personnel/Group Practice, Consent To Exchange Information for Service Coordination and Treatment Planning and Eligibility Determination, Consent To Exchange Information for (Name of Another Speech Therapist) and Consent To Exchange Information for (Name of Physical Therapist)."</p> <p>On 8/24/16 at 9:25 a.m. an interview was conducted with OSM (other staff member) # 5, assistant day program manager regarding Individual # 1's consent forms. OSM # 5 stated, "(ASM [administrative staff member] # 3), quality improvement coordinator conducted an audit of (Individual # 1's) and brought it to our attention. We realized we were out of compliance and I contacted the (Name of Responsible Party) and faxed the forms yesterday." During the interview (Name of Responsible Party) telephoned OSM # 5 and stated the consent forms would be signed and faxed that morning. At 9:55 a.m. OSM # 5 stated that she had not received the signed fax forms for Individual # 1.</p> <p>On 8/24/16 at 3:50 p.m. an interview was conducted with OSM (other staff member) # 4 the QIDP. When asked about the responsibilities of</p>	W 159	

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the QIDP, OSM # 4 stated, "Conduct monthly audits of the home and day program records of individuals to ensure they are up to date." When asked if she was aware that the consents for individual # 1 were not currently signed, OSM #4 stated "no".

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The facility's policy "8.1 Qualified Intellectual Disabilities 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 outside services have been incorporated into program services."

On 8/25/16 at 12:30 p.m. ASM (administrative staff member) # 1, program manager, ASM # 2, clinical director and OSM # 4 the QIDP (Qualified Intellectual Disabilities Professional) were made aware of the findings.

No further information was provided prior to exit.
References:

(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website:

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<https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>

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(2) A mental disorder that makes it hard to tell the difference between what is real and not real. This information was obtained from the website:
<https://medlineplus.gov/ency/article/000928.htm>.

(3) Characterized by repetitive, involuntary, purposeless movements. Features of the disorder may include grimacing, tongue protrusion, lip smacking, puckering and pursing, and rapid eye blinking. Rapid movements of the arms, legs, and trunk may also occur. Involuntary movements of the fingers may be present. This information was obtained from the website:
<<http://www.ninds.nih.gov/disorders/tardive/tardive.htm>>.

(4) A curving of the spine that causes a bowing or rounding of the back, which leads to a hunchback or slouching posture. This information was obtained from the website:
<<https://medlineplus.gov/ency/article/001240.htm>>.

(5) A term to define bone density that is not normal but also not as low as osteoporosis. This information was obtained from the website:
<http://www.ncbi.nlm.nih.gov/pubmed/21234807>.

(6) An enlarged prostate. This information was obtained from the website:
<<https://www.nlm.nih.gov/medlineplus/enlargedprostatebph.html>>.

(7) A group of diseases that can damage the eye's optic nerve. This information was obtained from the website:

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<https://www.nlm.nih.gov/medlineplus/glaucoma.html>.

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b. The QIDP failed to ensure objectives on the ISP (Individual Service Plan) for Individual # 1 were developed in measurable terms.

Individual # 1's current ISP dated 04/01/2016 through 03/31/2017 documented, "Desired Outcome: Global Outcome 1. I will maintain a happy and emotional balanced life by pursuing an active social life and doing things I enjoy. Support Activities & Instructions: To maintain a healthy weight and stay skinny through physical activity and better snack choices." Under "Support Instructions" it documented, "(Individual # 1) will engage in physical activity and also make healthy food choices ... (Individual # 1) enjoys riding his bike and staff will encourage him to ride his bike and also take short walks around the neighborhood as tolerated by the weather as well as participate in kick ball games. Staff will provide supervision as necessary during physical activity, while supporting (Individual # 1) following his Fall protocol. Staff will document participation, type of physical activity and the duration of the activity. Frequency: Daily. Duration: Annually."

On 8/24/16 at 4:00 p.m. an interview was conducted with ASM (administrative staff member) # 1, program manager of (Name of Group Home) and OSM (other staff member) # 4, QIDP (Qualified Intellectual Disabilities Professional). After reviewing the ISP outcome for exercise for Individual # 1 dated 04/01/2016 through 03/31/2017, ASM # 1 and OSM # 4 were asked if the duration of the bike riding was defined, ASM # 1 and OSM # 4 were unable to

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W 150	Continued From page 16 provide an answer. When asked if the outcome was measurable, ASM # 1 and OSM # 4 stated, "No." An interview with ASM # 1 and OSM # 4 was conducted on 8/24/16 at approximately 4:00 p.m. When asked what the purpose of the ISP was, OSM # 4 stated, "The ISP is to help the individual become independent by identifying skills that need development." ASM # 1 stated, "The ISP is geared towards what the individual's dreams and goals are and to develop goals to reach those goals and dreams. Outcomes should be measurable to track improvement towards the skill and to establish a baseline." On 8/25/16 at 12:30 p.m. ASM (administrative staff member) # 1, program manager, ASM # 2, clinical director and OSM # 4 the QIDP (Qualified Intellectual Disabilities Professional) were made aware of the findings. No further information was provided prior to exit. 2a. The QIDP failed to ensure objectives on the ISP (Individual Service Plan) for Individual # 2 were developed in measurable terms. Individual # 2 was a 71 year old male, who was admitted to (Name of Group Home) on 10/16/08. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), obsessive compulsive disorder (2) anxiety (3), fragile X syndrome (4), benign prostatic hyperplasia (5), allergies and a blood clotting disease. Individual # 2's current ISP dated 12/01/2016 through 11/31/2017 documented, "(Individual # 2) will improve medication independence. Support Activities & Instructions: (Individual # 2) will learn to administer nasal spray." Under "Support Instructions" it documented, "1. (Individual # 2)	W 159			

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will learn the proper way to administer nasal spray from staff demonstration. 2. (Individual # 2) will identify his nasal spray from his other treatments and medication. 3. (Individual # 2) will bring tissue with him to blow his nose before administration of nasal spray. 4. (Individual # 2) will read label with staff. 5. (Individual # 2) will count the sprays for each nasal passage to identify correct administration."
The "Progress Note" for Individual # 2 dated 8/14/2016 through 8/24/2016 were reviewed. The progress notes failed to evidence documentation of the data collection of Individual # 2's medication independence in measurable terms. On 8/14/2016 the weekend shift "Progress Note" documented, "Individual's Participation: Individual actively participated - (Individual # 2) took his medication independently. (Individual # 2) took his nasal spray after staff demonstration. He brought a tissue to blow his nose before administering the nasal drop. Staff praised him." On 8/15/2016 the evening shift "Progress Note" documented, "Individual's Participation: (Individual # 2's Initials) participated in his medication management by popping out his pills and taking them as ordered." On 8/15/2016 the overnight shift "Progress Note" documented, "Individual's Participation: (Individual # 2's Initials) blew his nose before using his nasal spray." On 8/16/2016 the evening shift "Progress Note" documented, "Individual's Participation: (Individual # 2 s Initials) participated in his medication management by popping out his pills and taking them as ordered." On 8/16/2016 the overnight "Progress Note" failed to document the data collection for Individual # 2." On 8/17/2016 the overnight "Progress Note"

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failed to document the data collection for Individual # 2."

On 8/18/2016 the evening shift "Progress Note" documented, "Individual's Participation: "(Individual # 2's Initials) was able to identify his nasal spray from his other treatments, he cleaned his nose with a paper napkin and administer (sic) nasal spray following staff directions."

On 8/19/2016 the evening shift "Progress Note" documented, "Individual's Participation: (Individual # 2's Initials) participated in his medication management by popping out his pills and taking them as ordered."

On 8/19/2016 the overnight shift "Progress Note" documented, "Individual's Participation: "(Individual # 2's Initials) completed this skill with hand over hand assistance from staff on shift."

On 8/20/2016 the weekend shift "Progress Note" documented, "Individual's Participation: (Individual # 2 s Initials) participated in his medication management by popping out his pills and taking them as ordered."

On 8/20/2016 the evening shift "Progress Note" documented, "Individual's Participation: (Individual # 2's Initials) participated in his medication management by popping out his pills and taking them as ordered."

On 8/20/2016 the overnight shift "Progress Note" documented, "Individual's Participation: "(Individual # 2's Initials) completed this skill with hand over hand assistance from staff on shift."

On 8/21/2016 the weekend shift "Progress Note" documented, "Individual's Participation: "(Individual # 2's Initials) did very well with assisting with his medication."

On 8/21/2016 the overnight shift "Progress Note" documented, "Individual's Participation: "(Individual # 2's Initials) completed this skill with hand over hand assistance from staff on shift."

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On 8/22/2016 the evening shift "Progress Note" documented, "Individual's Participation: (Individual # 2's Initials) participated in his medication management by popping out his pills and taking them as ordered."

On 8/22/2016 the overnight shift "Progress Note" documented, "Individual's Participation: "(Individual # 2) was supported to administer his medication and he was praised for following directions."

On 8/23/2016 the evening shift "Progress Note" documented, "Individual's Participation: (Individual # 2's Initials) participated in his medication management by popping out his pills and taking them as ordered."

On 8/23/2016 the overnight shift "Progress Note" documented, "Individual's Participation: "Staff reminded (Individual # 2) when it was time for his medication and encouraged (Individual # 2) to clean his nose before the administration of his nasal nostril."

On 8/24/2016 the evening shift "Progress Note" documented, "Individual's Participation: (Individual # 2's Initials) participated in his medication management by popping out his pills and taking them as ordered."

On 8/24/2016 the overnight shift "Progress Note" documented, "Individual's Participation: "(Individual # 2) was encouraged to participate in his medication administration by offering him his nasal spray to administer. Staff praised (Individual # 2) for following directions."

On 8/25/16 at approximately 9:30 a.m. an interview was conducted with ASM (administrative staff member) # 1, program manager of (Name of Group Home) and OSM (other staff member) # 4, QIDP (Qualified Intellectual Disabilities Professional). After reviewing the progress notes

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W 159	<p>Continued From page 20</p> <p>for medication management for Individual # 2 dated 8/14/2016 through 8/24/2016, OSM # 4 were asked if data collected was in measurable terms to determine Individual # 2's progress of the medication management outcome. OSM # 4 stated, "No."</p> <p>On 8/25/16 at 12:30 p.m. ASM (administrative staff member) # 1, program manager, ASM # 2, clinical director and OSM # 4 the QIDP (Qualified Intellectual Disabilities Professional) were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>.</p> <p>(2) A common, chronic and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (obsessions) and behaviors (compulsions) that he or she feels the urge to repeat over and over. This information was obtained from the website: <http://www.nimh.nih.gov/health/topics/obsessive-compulsive-disorder-ocd/index.shtml>.</p> <p>(3) Fear. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/anxiety.html#summary</p>	W 159	

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<<https://www.nlm.nih.gov/medlineplus/anxiety.html>>.

(4) The most common form of inherited developmental disability <<https://medlineplus.gov/developmentaldisabilities.html>>. A problem with a specific gene causes the disease. This information was obtained from the website: <<https://medlineplus.gov/fragilexysyndrome.html>>.

(5) An enlarged prostate. This information was obtained from the website: <<https://www.nlm.nih.gov/medlineplus/enlargedprostatebph.html>>.

b. The QIDP failed to ensure Individual # 2's medication management program was accurately implemented.

Individual # 2's current ISP dated 12/01/2016 through 11/31/2017 documented, "(Individual # 2) will improve medication independence. Support Activities & Instructions: (Individual # 2) will learn to administer nasal spray." Under "Support Instructions" it documented, "1. (Individual # 2) will learn the proper way to administer nasal spray from staff demonstration. 2. (Individual # 2) will identify his nasal spray from his other treatments and medication. 3. (Individual # 2) will bring tissue with him to blow his nose before administration of nasal spray. 4. (Individual # 2) will read label with staff. 5. (Individual # 2) will count the sprays for each nasal passage to identify correct administration."

The "Progress Note" for Individual # 2 dated 8/14/2016 through 8/24/2016 were reviewed. The

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<p>W 159 Continued From page 22</p> <p>progress notes failed to evidence accurate implementation of Individual # 2's medication independence program.</p> <p>On 8/15/2016 the evening shift "Progress Note" documented, "Individual's Participation: (Individual # 2's Initials) participated in his medication management by popping out his pills and taking them as ordered."</p> <p>On 8/16/2016 the evening shift "Progress Note" documented, "Individual's Participation: (Individual # 2's Initials) participated in his medication management by popping out his pills and taking them as ordered."</p> <p>On 8/18/2016 the overnight "Progress Note" failed to document the data collection for Individual # 2."</p> <p>On 8/17/2016 the overnight "Progress Note" failed to document the data collection for Individual # 2."</p> <p>On 8/19/2016 the evening shift "Progress Note" documented, "Individual's Participation: (Individual # 2's Initials) participated in his medication management by popping out his pills and taking them as ordered."</p> <p>On 8/20/2016 the weekend shift "Progress Note" documented, "Individual's Participation: (Individual # 2's Initials) participated in his medication management by popping out his pills and taking them as ordered."</p> <p>On 8/20/2016 the evening shift "Progress Note" documented, "Individual's Participation: (Individual # 2's Initials) participated in his medication management by popping out his pills and taking them as ordered."</p> <p>On 8/22/2016 the evening shift "Progress Note" documented, "Individual's Participation: (Individual # 2's Initials) participated in his medication management by popping out his pills and taking them as ordered."</p>	<p>W 159</p>
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On 8/23/2016 the evening shift "Progress Note" documented, "Individual's Participation: (Individual # 2's Initials) participated in his medication management by popping out his pills and taking them as ordered."
On 8/24/2016 the evening shift "Progress Note" documented, "Individual's Participation: (Individual # 2's Initials) participated in his medication management by popping out his pills and taking them as ordered."

On 8/25/16 at 11:00 a.m. an interview was conducted with OSM (other staff member) # 4, the QIDP (Qualified Intellectual Disabilities Professional) in the presence of ASM (administrative staff member) # 1, program manager and ASM # 2, the clinical director. When asked about the responsibilities of the QIDP for the implementation of an individual's program, OSM # 4 stated, "Supervise the direct care staff to carry out the plans." After reviewing the progress notes dated 8/14/2016 through 8/24/2016 for Individual # 2, OSM # 4 was asked if the program for medication was accurately implemented. OSM # 4 stated that they were not.
On 8/25/16 at 12:30 p.m. ASM (administrative staff member) # 1, program manager, ASM # 2, clinical director and OSM # 4 the QIDP (Qualified Intellectual Disabilities Professional) were made aware of the findings.
No further information was provided prior to exit.

3a. The QIDP failed to ensure objectives on the ISP (Individual Service Plan) for Individual # 3 were developed in measurable terms.

Individual # 3 was a 54 year old male, who was admitted to (Name of Group Home) on 9/10/10. Diagnoses in the clinical record included but were

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not limited to: profound intellectual disability (1), autistic disorder (2) PICA (3), microcephaly (4), fear (5), and gastroesophageal reflux disease. Individual # 3's current ISP dated 10/01/2016 through 09/30/2017 documented, "Support Activities & Instructions: Activity 5: I will learn how to identify and write my name. Support instructions: 1. (Individual # 3) will be presented with a variety of activities that help him identify the letters in his name. He can sort and manipulate various sensory items such as books with letters on them or foam letters, play flashcards games in which he selects his name versus someone else's, use the iPad to practice identifying and writing letters, etc. 2. (Individual # 2) will be provided with the appropriate materials for the activity he wishes to participate and will be assisted as needed. 3. After participating in either activity, (Individual # 2) will be praised." On 8/25/16 at approximately 9:30 a.m. an interview was conducted with ASM (administrative staff member) # 1, program manager of (Name of Group Home) and OSM (other staff member) # 4, QIDP (Qualified Intellectual Disabilities Professional). After reviewing the ISP outcome for identifying and writing his own name for Individual # 3 dated 10/01/2016 through 09/30/2017, ASM # 1 and OSM # 4 were asked what criteria was being measured to determine Individual # 3's progress of identifying and writing his own name. OSM # 4 stated, "The goal is not defined clearly." On 8/25/16 at 12:30 p.m. ASM (administrative staff member) # 1, program manager, ASM # 2, clinical director and OSM # 4 the QIDP (Qualified Intellectual Disabilities Professional) were made aware of the findings. No further information was provided prior to exit. References:

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(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website:
<<https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>>.

(2) A neurological and developmental disorder that begins early in childhood and lasts throughout a person's life. It affects how a person acts and interacts with others, communicates, and learns.) This information was obtained from the website:
<<https://www.nlm.nih.gov/medlineplus/autismspectrumdisorder.html>>.

(3) A pattern of eating non-food materials, such as dirt or paper. This information was obtained from the website:
<https://medlineplus.gov/ency/article/001538.htm>.

(4) A condition in which a person's head size is much smaller than that of others of the same age and sex. This information was obtained from the website:
<https://medlineplus.gov/ency/article/003272.htm>.

(5) Fear. This information was obtained from the website:
<https://www.nlm.nih.gov/medlineplus/anxiety.html#summary>
<<https://www.nlm.nih.gov/medlineplus/anxiety.html>>.

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(6) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website:
<https://www.nlm.nih.gov/medlineplus/gerd.html>.

b. The QIDP failed to ensure Individual # 3's identifying and writing his name was implemented.

Individual # 3's current ISP dated 10/01/2016 through 08/30/2017 documented, "Support Activities & Instructions: Activity 5: I will learn how to identify and write my name. Support instructions: 1. (Individual # 3) will be presented with a variety of activities that help him identify the letters in his name. He can sort and manipulate various sensory items such as books with letters on them or foam letters, play flashcards games in which he selects his name versus someone else's, use the iPad to practice identifying and writing letters, etc. 2. (Individual # 2) will be provided with the appropriate materials for the activity he wishes to participate and will be assisted as needed. 3. After participating in either activity, (Individual # 2) will be praised." The progress notes for Individual # 3 dated 8/14/2016 through 8/24/2016 were reviewed. The progress notes for the evening shift documented, "Individual's Participation: Not addressed."

On 8/25/16 at approximately 9:30 a.m. an interview was conducted with ASM (administrative staff member) # 1, program manager of (Name of Group Home) and OSM (other staff member) # 4, QIDP (Qualified Intellectual Disabilities Professional). When asked how often Individual # 3's program for name identification and writing

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W 159	Continued From page 27 was to be implemented, ASM # 1 stated, "Weekly refers to one time a week." After reviewing the progress notes for name identification and writing for Individual # 3 dated 8/14/2016 through 8/24/2016, OSM # 4 was asked if the program was implemented accurately. OSM # 4 stated, "No." On 8/25/16 at 12:30 p.m. ASM (administrative staff member) # 1, program manager, ASM # 2, clinical director and OSM # 4 the QIDP (Qualified Intellectual Disabilities Professional) were made aware of the findings. No further information was provided prior to exit.	W 159			
W 231	483.440(c)(4)(iii) INDIVIDUAL PROGRAM PLAN The objectives of the individual program plan must be expressed in behavioral terms that provide measurable indices of performance. This STANDARD is not met as evidenced by: Based on staff interview, clinical record review and facility document review it was determined that the facility staff failed to develop objectives in measurable terms for three of three individuals in the survey sample, Individual # 1, # 2 and # 3. 1. Facility staff failed to define the duration of Individual # 1's ISP (Individual Support Plan) outcome/goal for physical activity. 2. Facility staff failed to define the ISP outcome/goal of medication management in measurable terms for Individual # 2. 3. Facility staff failed to define the ISP outcome/goal of identifying and writing his name in measurable terms for Individual # 3.	W 231	The QMRP will revise the outcome for "physical activity" into Measureable terms to collect appropriate data for Individual #1. The QMRP will revise the outcome for "medication management" in measurable terms to collect appropriate data for individual #2. The QMRP will revise the outcome for "identifying and writing His name" in measurable terms to collect appropriate data for Individuals #3. The Program Manager will update the Person Center Plan to incorporate these changes for those individuals. The Program Manager will complete this process for all individuals to prevent further deficiencies. The Program Manager will continue to monitor to ensure that all service needs of individuals are accurately reflected through the use of weekly operation meetings. The Clinical Director will review within supervision with the Program Manager for documentation to support the coordination of services for each individual needs.	10/5/16	

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The findings include:

1. Facility staff failed to define the duration of Individual # 1's ISP (Individual Support Plan) outcome / goal for physical activity.

Individual # 1 was a 65 year old male, who was admitted to (Name of Group Home) on 3/28/82. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), schizophrenia (2) and tardive dyskinesa (3), kyphosis (4), osteopenia (5), benign prostatic hyperplasia (6) glaucoma (7) and dry eyes.

Individual # 1's current ISP dated 04/01/2016 through 03/31/2017 documented, "Desired Outcome: Global Outcome 1. I will maintain a happy and emotional balanced life by pursuing an active social life and doing things I enjoy. Support Activities & Instructions: To maintain a healthy weight and stay skinny through physical activity and better snack choices." Under "Support Instructions" it documented, "(Individual # 1) will engage in physical activity and also make healthy food choices ...(Individual # 1) enjoys riding his bike his bike and staff will encourage him to ride his bike and also take short walks around the neighborhood as tolerated by the weather as well as participate in kick ball games. Staff will provide supervision as necessary during physical activity, while supporting (Individual # 1) following his Fall protocol. Staff will document participation, type of physical activity and the duration of the activity. Frequency: Daily. Duration: Annually."

On 8/24/16 at 4:00 p.m. an interview was conducted with ASM (administrative staff

The Clinical Director will ensure that all documentation is completed as identified in the Person Center Plan through monthly supervision with the Program Manager.

A quarterly peer review will be completed on going that will audit records to monitor to ensure that all service needs of individuals are accurately documented. This report will be submitted to the Clinical Director.

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member) # 1, program manager of (Name of Group Home) and OSM (other staff member) # 4, QIDP (Qualified Intellectual Disabilities Professional). After reviewing the ISP outcome for exercise for Individual # 1 dated 04/01/2016 through 03/31/2017, ASM # 1 and OSM # 4 were asked if the duration of the bike riding was defined. ASM # 1 and OSM # 4 were unable to provide an answer. When asked if the outcome was measurable ASM # 1 and OSM # 4 stated, "No."

An interview with ASM # 1 and OSM # 4 was conducted on 8/24/16 at approximately 4:00 p.m. When asked what the purpose of the ISP was, OSM # 4 stated, "The ISP is to help the individual become independent by identifying skills that need development." ASM # 1 stated, "The ISP is geared towards what the individual's dreams and goals are and to develop goals to reach those goals and dreams. Outcomes should be measurable to track improvement towards the skill and to establish a baseline."

The facility's policy "4.1 Individual Service Plan (ISP)" documented, "4.1.3 Procedures: C. (Name of Corporation) ensures that an ISP will contain at a minimum: 4. Goals/outcomes and measurable objectives/desired outcomes for addressing each identified need. 4.1.4 Individual Service Plan (ISP) Development. E. Goals/Outcomes and Objectives/Desired Outcomes: The objectives/desired outcomes will be expressed in terms that are behavioral and provide measurable indexes of progress."

On 8/24/16 at 4:15 p.m. ASM (administrative staff member) # 1, program manager was made aware of the findings.

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No further information was provided prior to exit.

References:

(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website:

<https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>

(2) A mental disorder that makes it hard to tell the difference between what is real and not real. This information was obtained from the website:

<https://medlineplus.gov/ency/article/000928.htm>.

(3) Characterized by repetitive, involuntary, purposeless movements. Features of the disorder may include grimacing, tongue protrusion, lip smacking, puckering and pursing, and rapid eye blinking. Rapid movements of the arms, legs, and trunk may also occur. Involuntary movements of the fingers may be present. This information was obtained from the website:

<<http://www.ninds.nih.gov/disorders/tardive/tardive.htm>>.

(4) A curving of the spine that causes a bowing or rounding of the back, which leads to a hunchback or slouching posture. This information was obtained from the website:

<<https://medlineplus.gov/ency/article/001240.htm>>

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(5) A term to define bone density that is not normal but also not as low as osteoporosis. This information was obtained from the website: <http://www.ncbi.nlm.nih.gov/pubmed/21234807>.

(6) An enlarged prostate. This information was obtained from the website: <https://www.nlm.nih.gov/medlineplus/enlargedprostatebph.html>.

(7) A group of diseases that can damage the eye's optic nerve. This information was obtained from the website: <https://www.nlm.nih.gov/medlineplus/glaucoma.html>.

2. Facility staff failed to define the ISP outcome / goal of medication management in measureable terms for Individual # 2.

Individual # 2 was a 71 year old male, who was admitted to (Name of Group Home) on 10/16/08. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), obsessive compulsive disorder (2) anxiety (3), fragile X syndrome (4), benign prostatic hyperplasia (5), allergies and a blood clotting disease.

Individual # 2's current ISP dated 12/01/2016 through 11/31/2017, documented, "(Individual # 2) will improve medication independence. Support Activities & Instructions: (Individual # 2) will learn to administer nasal spray." Under "Support Instructions" it documented, "1. (Individual # 2) will learn the proper way to administer nasal spray from staff demonstration.

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2. (Individual # 2) will identify his nasal spray from his other treatments and medication. 3. (Individual # 2) will bring tissue with him to blow his nose before administration of nasal spray. 4. (Individual # 2) will read label with staff. 5. (Individual # 2) will count the sprays for each nasal passage to identify correct administration."

On 8/25/16 at approximately 9:30 a.m. an interview was conducted with ASM (administrative staff member) # 1, program manager of (Name of Group Home) and OSM (other staff member) # 4, QIDP (Qualified Intellectual Disabilities Professional). After reviewing the ISP outcome for medication management for Individual # 2 dated 12/01/2016 through 11/31/2017, ASM # 1 and OSM # 4 were asked what criteria was being measured to determine Individual # 2's progress of the medication management outcome. OSM # 4 stated, "It's not defined."

On 8/25/16 at 12:30 p.m. ASM (administrative staff member) # 1, program manager, ASM # 2, clinical director and OSM # 4 the QIDP (Qualified Intellectual Disabilities Professional) were made aware of the findings.

No further information was provided prior to exit.

References:

(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult

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(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)

W 231 Continued From page 33
responsiveness. This information was obtained from the website:
<<https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>>

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(2) A common, chronic and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (obsessions) and behaviors (compulsions) that he or she feels the urge to repeat over and over. This information was obtained from the website:
<<http://www.nlm.nih.gov/health/topics/obsessive-compulsive-disorder-ocd/index.shtml>>

(3) Fear. This information was obtained from the website:
<https://www.nlm.nih.gov/medlineplus/anxiety.html#summary>
<<https://www.nlm.nih.gov/medlineplus/anxiety.html>>

(4) The most common form of inherited developmental disability
<<https://medlineplus.gov/developmentaldisabilities.html>>. A problem with a specific gene causes the disease. This information was obtained from the website:
<https://medlineplus.gov/fragilexsyndrome.html>.

(5) An enlarged prostate. This information was obtained from the website:
<<https://www.nlm.nih.gov/medlineplus/enlargedprostatebph.html>>.

3. Facility staff failed to define the ISP outcome/goal of identifying and writing his name in measureable terms for Individual # 3.

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NAME OF PROVIDER OR SUPPLIER NORTH 16TH STREET GRP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 5563 N 16TH STREET ARLINGTON, VA 22205		
(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 231	<p>Continued From page 34</p> <p>Individual # 3 was a 54 year old male, who was admitted to (Name of Group Home) on 9/10/10. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), autistic disorder (2) PICA (3), microcephaly (4), fear (5), and gastroesophageal reflux disease.</p> <p>Individual # 3's current ISP dated 10/01/2016 through 09/30/2017 documented, "Support Activities & Instructions: Activity 5: I will learn how to identify and write my name. Support instructions: 1. (Individual # 3) will be presented with a variety of activities that help him identify the letters in his name. He can sort and manipulate various sensory items such as books with letters on them or foam letters, play flashcards games in which he selects his name versus someone else's, use the iPad to practice identifying and writing letters, etc. 2. (Individual # 2) will be provided with the appropriate materials for the activity he wishes to participate and will be assisted as needed. 3. After participating in either activity, (Individual # 2) will be praised."</p> <p>On 8/25/16 at approximately 9:30 a.m. an interview was conducted with ASM (administrative staff member) # 1, program manager of (Name of Group Home) and OSM (other staff member) # 4, QIDP (Qualified Intellectual Disabilities Professional). After reviewing the ISP outcome for identifying and writing his own name for Individual # 3 dated 10/01/2016 through 09/30/2017, ASM # 1 and OSM # 4 were asked what criteria was being measured to determine Individual # 3's progress of identifying and writing his own name. OSM # 4 stated, "The goal is not defined clearly."</p> <p>On 8/25/16 at 12:30 p.m. ASM (administrative</p>	W 231		

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W 231	Continued From page 35 staff member) # 1, program manager, ASM # 2, clinical director and OSM # 4 the QIDP (Qualified Intellectual Disabilities Professional) were made aware of the findings. No further information was provided prior to exit. References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: < https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100 >. (2) A neurological and developmental disorder that begins early in childhood and lasts throughout a person's life. It affects how a person acts and interacts with others, communicates, and learns.) This information was obtained from the website: < https://www.nlm.nih.gov/medlineplus/autismspecrumdisorder.html >. (3) A pattern of eating non-food materials, such as dirt or paper. This information was obtained from the website: https://medlineplus.gov/ency/article/001538.htm . (4) A condition in which a person's head size is much smaller than that of others of the same age and sex. This information was obtained from the	W 231	

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NAME OF PROVIDER OR SUPPLIER NORTH 16TH STREET GRP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 5503 N 16TH STREET ARLINGTON, VA 22205	
(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)

W 231 Continued From page 36 website:
<https://medlineplus.gov/ency/article/003272.htm>

(5) Fear. This information was obtained from the website:
<https://www.nlm.nih.gov/medlineplus/anxiety.html#summary>
<<https://www.nlm.nih.gov/medlineplus/anxiety.html>>.

(6) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website:
<https://www.nlm.nih.gov/medlineplus/gerd.html>.

W 249 483.440(d)(1) PROGRAM IMPLEMENTATION W 249

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 two of three Individuals in the survey sample, Individuals # 2 and # 3.

1. Facility staff failed to implement Individual # 2's medication management program.

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(X4) IJ 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 37 2. Facility staff failed to implement individual # 3's name identification and writing program. The findings include: 1. Facility staff failed to implement individual # 2's medication management program. Individual # 2 was a 71 year old male, who was admitted to (Name of Group Home) on 10/16/08. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), obsessive compulsive disorder (2) anxiety (3), fragile X syndrome (4), benign prostatic hyperplasia (5), allergies and a blood clotting disease. Individual # 2's current ISP dated 12/01/2016 through 11/31/2017 documented, "(Individual # 2) will improve medication independence. Support Activities & Instructions: (Individual # 2) will learn to administer nasal spray." Under "Support Instructions" it documented, "1. (Individual # 2) will learn the proper way to administer nasal spray from staff demonstration. 2. (Individual # 2) will identify his nasal spray from his other treatments and medication. 3. (Individual # 2) will bring issue with him to blow his nose before administration of nasal spray. 4. (Individual # 2) will read label with staff. 5. (Individual # 2) will count the sprays for each nasal passage to identify correct administration." The "Progress Note" for Individual # 2 dated 8/14/2016 through 8/24/2016 were reviewed. The progress notes failed to evidence accurate implementation of Individual # 2's medication independence program. On 8/15/2016 the evening shift "Progress Note"	W 249	The QMRP will Individuals #2's Person Center Plan goal that address "medication management program" and individual's #3 goal name identification and writing program. The QMRP will update their goals to ensure that it accurately reflect the needs of individual #1 and #3. The Program Manager/ QMRP will review all individual's goals/ Objectives to ensure that it accurately reflects their needs and It is incorporated within the Person Center Plans. The Program Manager will provide training to all staff to review all individuals' Person Center Plans with the next staff meeting. The Program Manager Will provide supervision to all staff to ensure that the Person Center Plan Accurately reflects the individual's needs and is implemented appropriately. The QMRP will conduct monthly assessments to ensure that all services and Needs are met and are accurately reflected on the QMRP note. The Clinical Director will review within supervision with the Program Manager the documentation to support the coordination of services for Each individual need.	10/5/16	

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documented, "Individual's Participation: (Individual # 2's Initials) participated in his medication management by popping out his pills and taking them as ordered."
On 8/16/2016 the evening shift "Progress Note" documented, "Individual's Participation: (Individual # 2's Initials) participated in his medication management by popping out his pills and taking them as ordered."
On 8/16/2016 the overnight "Progress Note" failed to document the data collection for Individual # 2."
On 8/17/2016 the overnight "Progress Note" failed to document the data collection for Individual # 2."
On 8/19/2016 the evening shift "Progress Note" documented, "Individual's Participation: (Individual # 2's Initials) participated in his medication management by popping out his pills and taking them as ordered."
On 8/20/2016 the weekend shift "Progress Note" documented, "Individual's Participation: (Individual # 2's Initials) participated in his medication management by popping out his pills and taking them as ordered."
On 8/20/2016 the evening shift "Progress Note" documented, "Individual's Participation: (Individual # 2's Initials) participated in his medication management by popping out his pills and taking them as ordered."
On 8/22/2016 the evening shift "Progress Note" documented, "Individual's Participation: (Individual # 2's Initials) participated in his medication management by popping out his pills and taking them as ordered."
On 8/23/2016 the evening shift "Progress Note" documented, "Individual's Participation: (Individual # 2's Initials) participated in his medication management by popping out his pills

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and taking them as ordered."
On 8/24/2016 the evening shift "Progress Note" documented, "Individual's Participation: (Individual # 2's Initials) participated in his medication management by popping out his pills and taking them as ordered."

On 8/25/16 at 11:00 a.m. an interview was conducted with OSM (other staff member) # 4, the QIDP (Qualified Intellectual Disabilities Professional) in the presence of ASM (administrative staff member) # 1, program manager and ASM # 2, the clinical director. When asked about the responsibilities of the QIDP for the implementation of an individual's program, OSM # 4 stated, "Supervise the direct care staff to carry out the plans. After reviewing the progress notes dated 8/14/2016 through 8/24/2016, for Individual # 2 OSM # 4 was asked if the program for medication was accurately implemented. OSM # 4 stated that they were not.

On 8/25/16 at 12:30 p.m. ASM (administrative staff member) # 1, program manager, ASM # 2, clinical director and OSM # 4 the QIDP (Qualified Intellectual Disabilities Professional) were made aware of the findings.

No further information was provided prior to exit.

References:

(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical

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(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	<p>Continued From page 40</p> <p>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) A common, chronic and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (obsessions) and behaviors (compulsions) that he or she feels the urge to repeat over and over. This information was obtained from the website: <http://www.nlm.nih.gov/health/topics/obsessive-compulsive-disorder-ocd/index.shtml>.</p> <p>(3) Fear. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/anxiety.html#summary.</p> <p>(4) The most common form of inherited developmental disability. A problem with a specific gene causes the disease. This information was obtained from the website: https://medlineplus.gov/fragilexsyndrome.html.</p> <p>(5) An enlarged prostate. This information was obtained from the website: <https://www.nlm.nih.gov/medlineplus/enlargedprostatebph.html>.</p> <p>2. Facility staff failed to implement individual # 3's name identification and writing program.</p> <p>Individual # 3 was a 54 year old male, who was admitted to (Name of Group Home) on 9/10/10. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), autistic disorder (2) PICA (3), microcephaly (4),</p>	W 249		

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(X5) COMPLETION DATE			

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fear (5), and gastroesophageal reflux disease. W 249

Individual # 3's current ISP dated 10/01/2016 through 09/30/2017 documented, "Support Activities & Instructions: Activity 5: I will learn how to identify and write my name. Support instructions: 1. (Individual # 3) will be presented with a variety of activities that help him identify the letters in his name. He can sort and manipulate various sensory items such as books with letters on them or foam letters, play flashcards games in which he selects his name versus someone else's, use the iPad to practice identifying and writing letters, etc. 2. (Individual # 2) will be provided with the appropriate materials for the activity he wishes to participate and will be assisted as needed. 3. After participating in either activity, (Individual # 2) will be praised."

The progress notes for Individual # 3 dated 8/14/2016 through 8/24/2016 were reviewed. The progress notes for the evening shift documented, "Individual's Participation: Not addressed."

On 8/25/16 at approximately 9:30 a.m. an interview was conducted with ASM (administrative staff member) # 1, program manager of (Name of Group Home) and OSM (other staff member) # 4, QIDP (Qualified Intellectual Disabilities Professional). When asked how often Individual # 3's program for name identification and writing was to be implemented, ASM # 1 stated, "Weekly refers to one time a week." After reviewing the progress notes for name identification and writing for Individual # 3 dated 8/14/2016 through 8/24/2016, ASM # 1 and OSM # 4 was asked if the program was implemented accurately. ASM # 1 and OSM # 4 stated, "No."

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W 249	<p>Continued From page 42</p> <p>On 8/25/16 at 12:30 p.m. ASM (administrative staff member) # 1, program manager, ASM # 2, clinical director and OSM # 4 the QIDP (Qualified Intellectual Disabilities Professional) were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>.</p> <p>(2) A neurological and developmental disorder that begins early in childhood and lasts throughout a person's life. It affects how a person acts and interacts with others, communicates, and learns.) This information was obtained from the website: <https://www.nlm.nih.gov/medlineplus/autismspectrumdisorder.html>.</p> <p>(3) A pattern of eating non-food materials, such as dirt or paper. This information was obtained from the website: https://medlineplus.gov/ency/article/001538.htm.</p> <p>(4) A condition in which a person's head size is much smaller than that of others of the same age</p>	W 249		

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and sex. This information was obtained from the website:
<https://medlineplus.gov/ency/article/003272.htm>.

(5) Fear. This information was obtained from the website:
<https://www.nlm.nih.gov/medlineplus/anxiety.html#summary>
<<https://www.nlm.nih.gov/medlineplus/anxiety.html>>

(6) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website:
<https://www.nlm.nih.gov/medlineplus/gerd.html>.

W 252 483.440(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 collect data of objectives in measurable terms for three of three individuals in the survey sample, Individual # 1, # 2 and # 3.

1. Facility staff failed to document the data collection of the duration of Individual # 1's ISP (Individual Support Plan) outcome/goal for physical activity in measurable terms.

2. Facility staff failed to document the data

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The QMRP will revise the outcome for "physical activity" into Measureable terms to collect appropriate data for individual #1.

The QMRP will revise the outcome for "medication management" in measureable terms to collect appropriate data for individual #2.

The QMRP will revise the outcome for "identifying and writing His name" in measureable terms to collect appropriate data for Individuals #3.

The Program Manager will update the Person Center Plan to incorporate these changes for those individuals.

The Program Manager will complete this process for all individuals to prevent further deficiencies.

The Program Manager will continue to monitor to ensure that all service needs of individuals are accurately reflected through the use of weekly operation meetings.

The Clinical Director will review within supervision with the Program Manager for documentation to support the coordination of services for each individual needs.

10/5/16

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collection of the ISP outcome/goal of medication management in measureable terms for Individual # 2.

3. Facility staff failed to document the data collection of the ISP outcome/goal of identifying and writing his name in measureable terms for Individual # 3.

The findings include:

1. Facility staff failed to document the data collection of the duration of Individual # 1's ISP (Individual Support Plan) outcome/goal for physical activity in measurable terms.

Individual # 1 was a 65 year old male, who was admitted to (Name of Group Home) on 3/28/82. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), schizophrenia (2) and tardive dyskinesa (3), kyphosis (4), osteopenia (5), benign prostatic hyperplasia (6) glaucoma (7) and dry eyes.

Individual # 1's current ISP dated 04/01/2016 through 03/31/2017 documented, "Desired Outcome: Global Outcome 1. I will maintain a happy and emotional balanced life by pursuing an active social life and doing things I enjoy. Support Activities & Instructions: To maintain a healthy weight and stay skinny through physical activity and better snack choices. Under "Support Instructions" it documented, "(Individual # 1) will engage in physical activity and also make healthy food choices ... (Individual # 1) enjoys riding his bike his bike and staff will encourage him to ride his bike and also take short walks around the neighborhood as tolerated by the weather as well as participate in kick ball games. Staff will

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The Clinical Director will ensure that all documentation is completed as identified in the Person Center Plan through monthly supervision with the Program Manager.

A quarterly peer review will be completed on going that will audit records to monitor to ensure that all service needs of individuals are accurately documented. This report will be submitted to the Clinical Director.

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provide supervision as necessary during physical activity, while supporting (Individual # 1) following his Fall protocol. Staff will document participation, type of physical activity and the duration of the activity. Frequency: Daily. Duration: Annually."

The "Progress Note" for Individual # 1 dated 8/14/2016 through 8/24/2016 were reviewed. The failed to evidence documentation of the data collection of the duration of Individual # 1's physical activity in measurable terms.

On 8/14/2016 the "Progress Note" documented, "Individual's Participation: At home he rode his bike for a short while drinking fluids in between."

On 8/17/2016 the "Progress Note" documented, "Individual's Participation: "(Individual # 1) exercised on his bike."

On 8/18/2016 the "Progress Note" documented, "Individual's Participation: "(Individual # 1's initials) rode his bike with staff supervision this afternoon."

On 8/19/2016 the "Progress Note" documented, "Individual's Participation: "(Individual # 1's initials) rode his bike with staff supervision this afternoon."

On 8/20/2016 the "Progress Note" documented, "Individual's Participation: "(Individual # 1's initials) had a total of two sodas today and those were the only unhealthy choices he made, to counter the act those unhealthy choice [sic], he walked around the fair for at least 30-45 minutes."

On 8/18/2116 the "Progress Note" documented, "Individual's Participation: "(Individual # 1's initials) could not go out for his community outing as a result of bad weather. He stayed home and was offered healthy snack choices to choose from by staff. He listened to music and danced whilst in the house."

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On 8/22/2016 the "Progress Note" documented, "Individual's Participation: "(Individual # 1) exercised by riding his bike."
On 8/23/2016 the "Progress Note" documented, "Individual's Participation: "(Individual # 1) exercised by riding his bike."
On 8/24/2016 the "Progress Note" documented, "Individual's Participation: "(Individual # 1's initials) rode his bike in the backyard with staff supervision."

On 8/24/16 at 4:00 p.m. an interview was conducted with ASM (administrative staff member) # 1, program manager of (Name of Group Home) and OSM (other staff member) # 4, QIDP (Qualified Intellectual Disabilities Professional). After reviewing the progress notes for exercise for Individual # 1 dated 8/14/2016 through 8/23/2016, ASM # 1 and OSM # 4 were asked if the data collected was in measurable terms ASM # 1 and OSM # 4 stated, "No."

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 measureable 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."

On 8/24/16 at 4:15 p.m. ASM (administrative staff member) # 1, program manager was made

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aware of the findings.

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No further information was provided prior to exit.

References:

(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website:
<https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>

(2) A mental disorder that makes it hard to tell the difference between what is real and not real. This information was obtained from the website:
<https://medlineplus.gov/ency/article/000928.htm>.

(3) Characterized by repetitive, involuntary, purposeless movements. Features of the disorder may include grimacing, tongue protrusion, lip smacking, puckering and pursing, and rapid eye blinking. Rapid movements of the arms, legs, and trunk may also occur. Involuntary movements of the fingers may be present. This information was obtained from the website:
<<http://www.ninds.nih.gov/disorders/tardive/tardive.htm>>.

(4) A curving of the spine that causes a bowing or rounding of the back, which leads to a hunchback or slouching posture. This information was obtained from the website:

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<<https://medlineplus.gov/ency/article/001240.htm>>

(5) A term to define bone density that is not normal but also not as low as osteoporosis. This information was obtained from the website: <http://www.ncbi.nlm.nih.gov/pubmed/21234807>.

(6) An enlarged prostate. This information was obtained from the website: <<https://www.nlm.nih.gov/medlineplus/enlargedprostatebph.html>>.

(7) A group of diseases that can damage the eye's optic nerve. This information was obtained from the website: <https://www.nlm.nih.gov/medlineplus/glaucoma.html>.

2. Facility staff failed to document the data collection of the ISP outcome/goal of medication management in measureable terms for Individual # 2.

Individual # 2 was a 71 year old male, who was admitted to (Name of Group Home) on 10/16/08. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), obsessive compulsive disorder (2) anxiety (3), fragile X syndrome (4), benign prostatic hyperplasia (5), allergies and a blood clotting disease.

Individual # 2's current ISP dated 12/01/2016 through 11/31/2017 documented, "(Individual # 2) will improve medication independence. Support Activities & Instructions: (Individual # 2) will learn to administer nasal spray." Under "Support

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Instructions" it documented, "1. (Individual # 2) will learn the proper way to administer nasal spray from staff demonstration. 2. (Individual # 2) will identify his nasal spray from his other treatments and medication. 3. (Individual # 2) will bring tissue with him to blow his nose before administration of nasal spray. 4. (Individual # 2) will read label with staff. 5. (Individual # 2) will count the sprays for each nasal passage to identify correct administration."

The "Progress Note" for individual # 2 dated 8/14/2016 through 8/24/2016 were reviewed. The progress notes failed to evidence documentation of the data collection of individual # 2's medication independence in measurable terms. On 8/14/2016 the weekend shift "Progress Note" documented, "Individual's Participation: Individual actively participated - (Individual # 2) took his medication independently. (Individual # 2) took his nasal spray after staff demonstration. He brought a tissue to blow his nose before administering the nasal drop. Staff praised him." On 8/15/2016 the evening shift "Progress Note" documented, "Individual's Participation: (Individual # 2's Initials) participated in his medication management by popping out his pills and taking them as ordered." On 8/15/2016 the overnight shift "Progress Note" documented, "Individual's Participation: (Individual # 2's Initials) blew his nose before using his nasal spray." On 8/16/2016 the evening shift "Progress Note" documented, "Individual's Participation: (Individual # 2's Initials) participated in his medication management by popping out his pills and taking them as ordered." On 8/16/2016 the overnight "Progress Note" failed to document the data collection for

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Individual # 2."
On 8/17/2016 the overnight "Progress Note" failed to document the data collection for Individual # 2."
On 8/18/2016 the evening shift "Progress Note" documented, "Individual's Participation: "(Individual # 2's Initials) was able to identify his nasal spray from his other treatments, he cleaned his nose with a paper napkin and administer [sic] nasal spray following staff directions."
On 8/19/2016 the evening shift "Progress Note" documented, "Individual's Participation: (Individual # 2's Initials) participated in his medication management by popping out his pills and taking them as ordered."
On 8/19/2016 the overnight shift "Progress Note" documented, "Individual's Participation: "(Individual # 2's Initials) completed this skill with hand over hand assistance from staff on shift."
On 8/20/2016 the weekend shift "Progress Note" documented, "Individual's Participation: (Individual # 2 s Initials) participated in his medication management by popping out his pills and taking them as ordered."
On 8/20/2016 the evening shift "Progress Note" documented, "Individual's Participation: (Individual # 2's Initials) participated in his medication management by popping out his pills and taking them as ordered."
On 8/20/2016 the overnight shift "Progress Note" documented, "Individual's Participation: "(Individual # 2's Initials) completed this skill with hand over hand assistance from staff on shift."
On 8/21/2016 the weekend shift "Progress Note" documented, "Individual's Participation: "(Individual # 2's Initials) did very well with assisting with his medication."
On 8/21/2016 the overnight shift "Progress Note" documented, "Individual's Participation:

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"(Individual # 2's Initials) completed this skill with hand over hand assistance from staff on shift."
On 8/22/2016 the evening shift "Progress Note" documented, "Individual's Participation: (Individual # 2's Initials) participated in his medication management by popping out his pills and taking them as ordered."
On 8/22/2016 the overnight shift "Progress Note" documented, "Individual's Participation: "(Individual # 2) was supported to administer his medication and he was praised for following directions."
On 8/23/2016 the evening shift "Progress Note" documented, "Individual's Participation: (Individual # 2 s Initials) participated in his medication management by popping out his pills and taking them as ordered."
On 8/23/2016 the overnight shift "Progress Note" documented, "Individual's Participation: "Staff reminded (Individual # 2) when it was time for his medication and encouraged (Individual # 2) to clean his nose before the administration of his nasal nostril."
On 8/24/2016 the evening shift "Progress Note" documented, "Individual's Participation: (Individual # 2's Initials) participated in his medication management by popping out his pills and taking them as ordered."
On 8/24/2016 the overnight shift "Progress Note" documented, "Individual's Participation: "(Individual # 2) was encouraged to participate in his medication administration by offering him his nasal spray to administer. Staff praised (Individual # 2) for following directions."

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On 8/25/16 at approximately 9:30 a.m. an interview was conducted with ASM (administrative staff member) # 1, program manager of (Name of Group Home) and OSM (other staff member) # 4,

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(X5) COMPLETION DATE			

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QIDP (Qualified Intellectual Disabilities Professional). After reviewing the progress notes for medication management for Individual # 2 dated 1/14/2016 through 8/24/2016, ASM # 1 and OSM # 4 were asked if data collected was in measurable terms to determine Individual # 2's progress of the medication management outcome. ASM # 1 and OSM # 4 stated, "No."

On 8/25/16 at 12:30 p.m. ASM (administrative staff member) # 1, program manager, ASM # 2, clinical director and OSM # 4 the QIDP (Qualified Intellectual Disabilities Professional) were made aware of the findings.

No further information was provided prior to exit.

References:

(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website:
<<https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>>

(2) A common, chronic and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (obsessions) and behaviors (compulsions) that he or she feels the urge to repeat over and over. This information was obtained from the website:
<<http://www.nimh.nih.gov/health/topics/obsessive>>

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[compulsive-disorder-ocd/index.shtml](#).

(3) Fear. This information was obtained from the website:
<https://www.nlm.nih.gov/medlineplus/anxiety.html#summary>
<<https://www.nlm.nih.gov/medlineplus/anxiety.html>>.

(4) The most common form of inherited developmental disability
<<https://medlineplus.gov/developmentaldisabilities.html>>. A problem with a specific gene causes the disease. This information was obtained from the website:
<https://medlineplus.gov/fragilexsyndrome.html>.

(5) An enlarged prostate. This information was obtained from the website:
<<https://www.nlm.nih.gov/medlineplus/enlargedprostatebph.html>>.

3. Facility staff failed to document the data collection of the ISP outcome/goal of identifying and writing his name in measureable terms for Individual # 3.

Individual # 3 was a 54 year old male, who was admitted to (Name of Group Home) on 9/10/10. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), autistic disorder (2) PICA (3), microcephaly (4), fear (5), and gastroesophageal reflux disease.

Individual # 3's current ISP dated 10/01/2016 through 09/30/2017 documented, "Support Activities & Instructions: Activity 5: I will learn how to identify and write my name. Support

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instructions: 1. (Individual # 3) will be presented with a variety of activities that help him identify the letters in his name. He can sort and manipulate various sensory items such as books with letters on them or foam letters, play flashcards games in which he selects his name versus someone else's, use the iPad to practice identifying and writing letters, etc. 2. (Individual # 2) will be provided with the appropriate materials for the activity he wishes to participate and will be assisted as needed. 3. After participating in either activity, (Individual # 2) will be praised."

The "Progress Note" for Individual # 3 dated 8/14/2016 through 8/24/2016 were reviewed. The progress notes failed to evidence documentation of the data collection of Individual # 3's name identification and writing in measurable terms. On 8/15/2016 the weekend shift "Progress Note" failed to document the data collection for Individual # 3." On 8/21/2016 the weekend shift "Progress Note" documented, "Individual's Participation: (Individual # 3) had a relaxing day as he sat in his chair in the living room listening to music and working on his puzzles. Staff presented him with the activity of foam letters to enable him to recognize the letters in his name."

On 8/25/16 at approximately 9:30 a.m. an interview was conducted with ASM (administrative staff member) # 1, program manager of (Name of Group Home) and OSM (other staff member) # 4, QIDP (Qualified Intellectual Disabilities Professional). After reviewing the progress notes for name identification and writing for Individual # 3 dated /14/2016 through 8/24/2016, ASM # 1 and OSM # 4 were asked if data collected was in measurable terms to determine Individual # 3's

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progress of identifying and writing his name. ASM # 1 and OSM # 4 stated, "No."

On 8/25/16 at 12:30 p.m. ASM (administrative staff member) # 1, program manager, ASM # 2, clinical director and OSM # 4 the QIDP (Qualified Intellectual Disabilities Professional) were made aware of the findings.

No further information was provided prior to exit.

References:

(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website:

<<https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>>.

(2) A neurological and developmental disorder that begins early in childhood and lasts throughout a person's life. It affects how a person acts and interacts with others, communicates, and learns.) This information was obtained from the website:

<<https://www.nlm.nih.gov/medlineplus/autismspectrumdisorder.html>>.

(3) A pattern of eating non-food materials, such as dirt or paper. This information was obtained from the website:

<https://medlineplus.gov/ency/article/001538.htm>.

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(4) A condition in which a person's head size is much smaller than that of others of the same age and sex. This information was obtained from the website:
<https://medlineplus.gov/ency/article/003272.htm>.

(5) Fear. This information was obtained from the website:
<https://www.nlm.nih.gov/medlineplus/anxiety.html#summary>
<<https://www.nlm.nih.gov/medlineplus/anxiety.html>>

(6) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website:
<https://www.nlm.nih.gov/medlineplus/gerd.html>.

W 255 483.440(f)(1)(i) PROGRAM MONITORING & CHANGE

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The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on residential record review and staff interview, it was determined that the QIDP (Qualified Intellectual Disabilities Professional) failed to revise the ISP (Individual Service Plan) for three of three individuals in the survey sample, Individuals # 1, # 2, and # 3.

1. The QIDP failed to revise Individual # 1's ISP (Individual Service Plan) after meeting the outcomes/goals.

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NAME OF PROVIDER OR SUPPLIER NORTH 16TH STREET GRP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 5553 N 16TH STREET ARLINGTON, VA 22205	
(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)

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2. The QIDP failed to revise Individual # 2's ISP (Individual Service Plan) after meeting the outcomes/goals.

3. The QIDP failed to revise Individual # 3's ISP (Individual Service Plan) after meeting the outcomes/goals.

The findings include:

1. The QIDP failed to revise Individual # 1's ISP (Individual Service Plan) after meeting the outcomes/goals.

Individual # 1 was a 65 year old male, who was admitted to (Name of Group Home) on 3/28/82. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), schizophrenia (2) and tardive dyskinesa (3), kyphosis (4), osteopenia (5), benign prostatic hyperplasia (6) glaucoma (7) and dry eyes.

Individual # 1's current ISP dated 04/01/2016 through 03/31/2017 documented, "Global Outcome 1 (one). I will maintain a happy and emotional balanced life by pursuing an active social life and doing things I enjoy. Global Outcome 2 (two). I will become more independent with my ADLs (activities of daily living) and learn how to manage my Money, Medication and maintain and [sic] personal schedule."

Individual # 1's quarterly review dated 04/01/2016 through 06/30/2016 documented, "Global Outcome 1. Status of Outcome: Met. This quarter starting from April 2016. (Individual # 1) met his goal of maintaining an emotional

The QMRP will review and update individuals #1, 2, and 3 ISP's outcomes/goals. The Program Manager will update the Person Center Plan to incorporate the changes for those individuals.

10/5/16

The Program Manager will complete this process for all individuals to prevent further deficiencies.

The Program Manager will continue to monitor to ensure that all service needs of individuals are accurately reflected through the use of weekly operation meetings.

The Clinical Director will review within supervision with the Program Manager for documentation to support the coordination of services for each individual needs.

The Clinical Director will ensure that all documentation is completed as identified in the Person Center Plan through monthly supervision with the Program Manager.

A quarterly peer review will be completed on going that will audit records to monitor to ensure that all service needs of individuals are accurately documented. This report will be submitted to the Clinical Director.

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(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 255	Continued From page 58 balanced life ..." Further review of Individual # 1's ISP dated 04/01/2016 through 03/31/2017 failed to evidence updates and/ or revisions to global outcomes 1 (one) and 2 (two). On 8/25/16 at 11:00 a.m. an interview was conducted with OSM (other staff member) # 4, the QIDP (Qualified Intellectual Disabilities Professional) in the presence of ASM (administrative staff member) # 1, program manager and ASM # 2, the clinical director. When asked about the procedure for outcomes that were met, OSM # 4 stated, "When a goal is met I would modify the goal to continue to build the individual's skills." After reviewing the ISP for Individual # 1 dated 04/01/2016 through 03/31/2017, OSM # 4 was asked if the global outcomes were revised. OSM # 4 stated that they were not. The facility's policy "8.1 Qualified Intellectual Disabilities 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 outside services have been incorporated into program services." On 8/25/16 at 12:30 p.m. ASM (administrative staff member) # 1, program manager, ASM # 2,	W 255			

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(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)

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clinical director and OSM # 4 the QIDP (Qualified Intellectual Disabilities Professional) were made aware of the findings.

No further information was provided prior to exit.

References:

(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website:
<https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>

(2) A mental disorder that makes it hard to tell the difference between what is real and not real. This information was obtained from the website:
<https://medlineplus.gov/ency/article/000928.htm>.

(3) Characterized by repetitive, involuntary, purposeless movements. Features of the disorder may include grimacing, tongue protrusion, lip smacking, puckering and pursing, and rapid eye blinking. Rapid movements of the arms, legs, and trunk may also occur. Involuntary movements of the fingers may be present. This information was obtained from the website:
<<http://www.ninds.nih.gov/disorders/tardive/tardive.htm>>.

(4) A curving of the spine that causes a bowing or rounding of the back, which leads to a hunchback

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NAME OF PROVIDER OR SUPPLIER NORTH 16TH STREET GRP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 5563 N 16TH STREET ARLINGTON, VA 22205	
(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)

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or slouching posture. This information was obtained from the website:
<<https://medlineplus.gov/ency/article/001240.htm>>

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(5) A term to define bone density that is not normal but also not as low as osteoporosis. This information was obtained from the website:
<http://www.ncbi.nlm.nih.gov/pubmed/21234807>

(6) An enlarged prostate. This information was obtained from the website:
<<https://www.nlm.nih.gov/medlineplus/enlargedprostatebph.html>>

(7) A group of diseases that can damage the eye's optic nerve. This information was obtained from the website:
<https://www.nlm.nih.gov/medlineplus/glaucoma.html>

2. The QIDP failed to revise Individual # 2's ISP (Individual Service Plan) after meeting the outcomes/goals.

Individual # 2 was a 71 year old male, who was admitted to (Name of Group Home) on 10/16/08. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), obsessive compulsive disorder (2) anxiety (3), fragile X syndrome (4), benign prostatic hyperplasia (5), allergies and a blood clotting disease.

Individual # 2's current ISP dated 12/01/2016 through 11/31/2017 documented, "(Individual # 2) will improve his money management skills. (Individual # 2) will improve medication

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NAME OF PROVIDER OR SUPPLIER NORTH 16TH STREET GRP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5583 N 16TH STREET ARLINGTON, VA 22205		
(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 255	Continued From page 61 independence. (Individual # 2) will increase exercise to maintain health and agility." Individual # 2's quarterly review dated 03/01/2016 through 05/30/2016 documented, "(Individual # 2) will improve his money management skills. Status of Outcome: Met. (Individual # 2) will improve medication independence. Status of Outcome: Met. (Individual # 2) will increase exercise to maintain health and agility. Status of Outcome: Met." Further review of Individual # 2's ISP dated 12/01/2016 through 11/31/2017 failed to evidence updates and/ or revisions to the outcomes. On 8/25/16 at 11:00 a.m. an interview was conducted with OSM (other staff member) # 4, the QIDP (Qualified Intellectual Disabilities Professional) in the presence of ASM (administrative staff member) # 1, program manager and ASM # 2, the clinical director. When asked about the procedure for outcomes that were met, OSM # 4 stated, "When a goal is met I would modify the goal to continue to build the individual's skills." After reviewing the ISP for Individual # 2 dated 12/01/2016 through 11/31/2017, OSM # 4 was asked if the global outcomes were revised. OSM # 4 stated that they were not. On 8/25/16 at 12:30 p.m. ASM (administrative staff member) # 1, program manager, ASM # 2, clinical director and OSM # 4 the QIDP (Qualified Intellectual Disabilities Professional) were made aware of the findings. No further information was provided prior to exit.	W 255			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	(7) PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
	<p>W 255 Continued From page 62</p> <p>References:</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>.</p> <p>(2) A common, chronic and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (obsessions) and behaviors (compulsions) that he or she feels the urge to repeat over and over. This information was obtained from the website: <http://www.nlm.nih.gov/health/topics/obsessive-compulsive-disorder-ocd/index.shtml>.</p> <p>(3) Fear. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/anxiety.html#summary <https://www.nlm.nih.gov/medlineplus/anxiety.html>.</p> <p>(4) The most common form of inherited developmental disability <https://medlineplus.gov/developmentaldisabilities.html>. A problem with a specific gene causes the disease. This information was obtained from the website: https://medlineplus.gov/fragilexysndrome.html.</p>	W 255	

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NAME OF PROVIDER OR SUPPLIER NORTH 16TH STREET GRP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 5563 N 16TH STREET ARLINGTON, VA 22205	

(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
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(5) An enlarged prostate. This information was obtained from the website:
<<https://www.nlm.nih.gov/medlineplus/enlargedprostatebph.html>>.

W 255

3. The QIDP failed to revise Individual # 3's ISP (Individual Service Plan) after meeting the outcomes/goals.

Individual # 3 was a 54 year old male, who was admitted to (Name of Group Home) on 9/10/10. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), autistic disorder (2) PICA (3), microcephaly (4), fear (5), and gastroesophageal reflux disease.

Individual # 3's current ISP dated 10/01/2015 through 09/30/2016 documented, "Desired Outcome: (Individual # 3) would like to better communicate his needs and wants to others. Desired Outcome: (Individual # 3) would like to be more involved in his community. Desired Outcome: (Individual # 3) would like to become more independent in his medication management. Desired Outcome: (Individual # 3) would like to become more independent in his money management. Desired Outcome: (Individual # 3) would like to increase his independence by developing his skill set and knowledge in a variety of areas: Activity # 1 I will participate in a variety of calming activities to reduce my stress; Activity 2: I would like to participate in a variety of novel leisure activities ranging from physical, social, sensory and cognitive games; Activity 3: I would like to learn how to operate various technological devices of my interest; Activity 4: I will have the opportunity to participate in cultural and spiritual activities of

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NAME OF PROVIDER OR SUPPLIER NORTH 16TH STREET GRP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 6503 N 16TH STREET ARLINGTON, VA 22205	
(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)

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my interest; Activity 5: I will learn how to identify and write my name."

Individual # 3's quarterly review dated 04/01/2016 through 06/30/2016 documented, "Desired Outcome: (Individual # 3) would like to better communicate his needs and wants to others. Status Outcome: Met. Desired Outcome: (Individual # 3) would like to be more involved in his community. Status Outcome: Met. Desired Outcome: (Individual # 3) would like to become more independent in his medication management. Status Outcome: Met. Desired Outcome: (Individual # 3) would like to become more independent in his money management. Status Outcome: Met. Desired Outcome: (Individual # 3) would like to increase his independence by developing his skill set and knowledge in a variety of areas: Activity # 1 I will participate in a variety of calming activities to reduce my stress. Status Outcome: Met. Activity 2: I would like to participate in a variety of novel leisure activities ranging from physical, social, sensory and cognitive games. Status Outcome: Met. Activity 3: I would like to learn how to operate various technological devices of my interest. Status Outcome: Met. Activity 4: I will have the opportunity to participate in cultural and spiritual activities of my interest. Status Outcome: Met. Activity 5: I will learn how to identify and write my name. Status Outcome: Met."

Further review of Individual # 3's ISP dated 10/01/2015 through 09/30/2016 failed to evidence updates and/ or revisions to the outcomes.

On 8/25/16 at 11:00 a.m. an interview was conducted with OSM (other staff member) # 4,

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(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)

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the QIDP (Qualified Intellectual Disabilities Professional) in the presence of ASM (administrative staff member) # 1, program manager and ASM # 2, the clinical director. When asked about the procedure for outcomes that were met, OSM # 4 stated, "When a goal is met I would modify the goal to continue to build the individual's skills." After reviewing the ISP for Individual # 3 dated 10/01/2015 through 09/30/2016, OSM # 4 was asked if the global outcomes were revised. OSM # 4 stated that they were not.

On 8/25/16 at 12:30 p.m. ASM (administrative staff member) # 1, program manager, ASM # 2, clinical director and OSM # 4 the QIDP (Qualified Intellectual Disabilities Professional) were made aware of the findings.

No further information was provided prior to exit.

References:

(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website:
<<https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>>

(2) A neurological and developmental disorder that begins early in childhood and lasts throughout a person's life. It affects how a person

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acts and interacts with others, communicates, and learns.) This information was obtained from the website:
<<https://www.nlm.nih.gov/medlineplus/autismspectrumdisorder.html>>.

(3) A pattern of eating non-food materials, such as dirt or paper. This information was obtained from the website:
<https://medlineplus.gov/ency/article/001538.htm>.

(4) A condition in which a person's head size is much smaller than that of others of the same age and sex. This information was obtained from the website:
<https://medlineplus.gov/ency/article/003272.htm>.

(5) Fear. This information was obtained from the website:
<https://www.nlm.nih.gov/medlineplus/anxiety.html#summary>
<<https://www.nlm.nih.gov/medlineplus/anxiety.html>>.

(6) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website:
<https://www.nlm.nih.gov/medlineplus/gerd.html>.

W 255

W 420 483.470(b)(4)(iv) CLIENT BEDROOMS

W 420

The facility must provide each client with functional furniture, appropriate to the clients needs.

This STANDARD is not met as evidenced by:
Based on observations and staff interview, it was determined that the facility staff failed to maintain

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the environment in good repair.

1. The shoe and base molding around the base of the walls throughout the "Entry Level and Lower Level" of the group home was missing paint, chipped, peeling and scuffed with black marks.

2. The floor tile in the kitchen on the "Entry Level" was dirty and scuffed with black marks, chipped and pitted.

3. The wooden flooring throughout the "Entry Level" of the group home had a worn finish with black scuff marks and pitted areas.

4. The bottom half of the inside and outside of the storm door on the "Entry Level" of the group home was covered with black and brown dirt and grime.

5. In one of two bathrooms on the "Entry Level" of the group home the hot water faucet for the bathroom sink was not working.

6. A piece of base molding approximately three and a half feet long was missing from the bottom of the wall outside an individual's room on the "Lower Level."

7. The bottom half of the door on the upright freezer in the "Lower Level" kitchen was rusted, and chipped at the bottom.

8. The bottom quarter of the bathroom and bedroom doors of the individuals on the "Lower Level" was dirty and scuffed with black marks.

9. A section of wall next to and behind the

W 420

The Property Department will address the following deficiencies outlined.

10/5/16

1. Replace and paint the shoe and base molding
2. Replace flooring on top floor of kitchen
3. Replace wooden floor in common area of top floor
4. Replace storm door
5. Repair hot water faucet in bathroom
6. Replace 3/4 foot base molding
7. Replace upright freezer
8. Add kick plate to bathroom and bedroom doors
9. Repair and Paint

The Program Manager and Property Manager will complete a walk-through of the program to identify potential hazardous areas and items that needs to be addressed to ensure the safety of the Individuals.

The Program Manager and QMRP will complete weekly environmental checks in the program.

The Program Manager and the Director will also complete bi-annual program assessment to evaluate and address the environmental needs of the program.

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kitchen table, approximately three and a half feet long on the "Lower Level" was scrapped and pitted.

The findings include:

Observations of the "Entry Level and Lower Level" of the group home on 8/23/16 at 3:40 p.m., 8/24/16 at 8:05 a.m. and 8/25/16 at 7:30 a.m. revealed the following:

The shoe and base molding around the base of the walls throughout the "Entry Level and Lower Level" of the group home was missing paint, chipped, peeling and scuffed with black marks. The floor tile in the kitchen on the "Entry Level" was dirty and scuffed with black marks, chipped and pitted.

The wooden flooring throughout the "Entry Level" of the group home had a worn finish with black scuff marks and pitted areas.

The bottom half of the inside and outside of the storm door on the "Entry Level" of the group home was covered with black and brown dirt and grime.

In one of two bathrooms on the "Entry Level" of the group home the hot water faucet for the bathroom sink was not working.

A piece of base molding approximately three and a half feet long was missing from the bottom of the wall outside an individual's room on the "Lower Level."

The bottom half of the door on the upright freezer in the "Lower Level" kitchen was rusted, and chipped at the bottom.

The bottom quarter of the bathroom and bedroom doors of the individuals on the "Lower Level" were dirty and scuffed with black marks.

A section of wall next to and behind the kitchen table approximately three and a half feet long on

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2016
NAME OF PROVIDER OR SUPPLIER NORTH 16TH STREET GRP HOME		STREET ADDRESS CITY STATE ZIP CODE 5563 N 16TH STREET ARLINGTON, VA 22205	
(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)
	<p>W 420 Continued From page 69 the "Lower Level" was scrapped and pitted.</p> <p>On 8/25/16 at approximately 12:05 p.m. a tour was conducted with ASM (administrative staff member) # 1, program manager and ASM # 2, clinical director. When asked about the poor repair of the environment ASM # 1 and ASM # 2 agreed with the above findings. ASM # 1 stated, "A walk through is done every day. I was unaware of the faucet not working. We've notified the property manager and they do walk through. We were told there were no findings."</p> <p>Review of an email dated "July 29, 2016" from (Name of Property Manager) documented that the interior of the (Name of Group Home) was in "Excellent/ Good" condition.</p> <p>On 8/25/16 at 12:30 p.m. ASM (administrative staff member) # 1, program manager, ASM # 2, clinical director and OSM # 4 the QIDP (Qualified Intellectual Disabilities Professional) were made aware of the findings.</p> <p>No further information was provided prior to exit.</p>	W 420	