PRINTED: 09/01/2016

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	7X2EMBET	PLE CONSTRUCTION		0938-039
	CORRECTION	IDENTIFICATION NUMBER	A. BUILDIN	O TO WELL		E SURVEY PLUTED
		49G011	B. WING	401 0 000111	007	25/2046
NAME OF	PROVIDER OR SUPPLIE	R		STREET ADDRESS, CITY, STATE, ZIP CODE	1 007.	25/2016
NORTH	16TH STREET GRP	HOME		5563 N 16TH STREET		16.5
-				ARLINGTON, VA 22205		
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W 000	INITIAL COMMEN	NTS	W 00	0		
	Intermediate Care Intellectual Disabil 8/23/16 through 8/ compliance with 4 for Intermediate C Retarded. The Lif follow.	annual Medicaid survey for Facilities for Persons with lities (ICF/ID) was conducted (25/16. The facility was not in 2 CFR Part 483 Requirements are Facilities for the Mentally e Safety Code survey report will				
	the time of the sur	eight bed facility was seven at vey. The survey sample current Individual reviews				
W 111	483.410(c)(1) CLIE		W 11	I		
	recordkeeping sys	evelop and maintain a fem that documents the client's treatment, social information, he client's rights.				
	Based on staff into review it was deter failed to ensure the	is not met as evidenced by: erview and clinical record mined that the facility staff e clinical record was complete ne of three individuals in the lividual # 1.				
	Intervention Plan" a forms "Consent To (Name of Speech T Informed Consent I Self-Medication, Co Information for Beh Exchange Informat	to ensure the current "Behavior and the following consent Exchange Information for Therapist), Notice of Rights, For Assistance With onsent To Exchange aviors Consult, Consent To ion for (Name of Physical ), Consent for Photographs,				

Any deficiency statement ending withjan esterisk (\*) denotes a denote by 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.

FORM CMS-2567(02-99) Previous Vorsions Obsolete

Event ID: PSVE11

Facility ID VAICEMENT

If continuation sheet Page 1 of 70

PRINTED: 09/01/2016 FORM APPROVED

CENTE	RS FOR MEDICAL	RE & MEDICAID SERVICES			OMB NO. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  49G011		A BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	PROVIDER OR SUPPLIE	R	5	TREET ADDRESS, CITY, STATE, ZIP CO 563 N 16TH STREET ARLINGTON, VA 22205	08/25/2016 DE
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSG IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE COMPLETION
W 111	Exchange Information Practice, Confermation for Se	page 1 Recordings, Consent To ation for Medical Personnel / Consent To Exchange ervice Coordination and and eligibility Determination,	W 111 The Day I	Program Manager will complete a record #1 consents as listed are updated and si ○ Consent to exchange information	gned annually:
	Consent To Excha Another Speech 1 Exchange Informa	ange Information for (Name of Therapist) and Consent To ation for (Name of Physical up to date in the day program		(Name of Speech Therapist)  Notice of Rights  Informed Consent for assistance with Self-Medication  Consent to Exchange Information	

#### The findings include:

clinical record for Individual # 1.

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 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

- 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 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.

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

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

		RE & MEDICAID SERVICES			OMB N	0. 0938-039	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING		(XJ) DATE SURVEY COMPLETED	
		49G011	B. WING	B. WING		8/25/2016	
	ROVIDER OR SUPPLIE			STREET ADDRESS, CITY STATE, 2 5563 N 16TH STREET ARLINGTON, VA 22205	P CODE	JIZ JIZ J ( )	
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	Continued From p	page 2	W 1	11			

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 8/24/18 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 altention. 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

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.

STATEMENT	T OF DEFICIENCIES OF CORRECTION	E & MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		LE CONSTRUCTION	(X3) DA	0. 0938-03 TE SURVEY
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	16TH STREET GRP I		5	TREET ADDRESS, CITY, STATE, ZIP CODE 563 N 16TH STREET ARLINGTON, VA 22205		
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W 111	Continued From pa	nge 3	W 111			-
	forms would be sig At 9:55 a.m. OSM	ned and faxed that morning. # 5 stated that she had not I fax forms for Individual # 1	** 111			
	surveyor with a cop Plan" dated "4/1/16 from (Name of Day sheet documented, Party). From: (OSM On 8/24/16 at 4:15	a.m. OSM # 5 provided this y of the "Behavior Intervention -3/31/17" and fax cover sheet Program). The fax cover "To: (Name of Responsible # 5. Date: 8/23/16."  p.m. ASM (administrative staff am manager was made s.				
;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	(licensed practical name of surveyor with faxed "Consent To Exchange on Speech Therapist), I Consent To Exchange of Physical To Photographs, Vid Consent To Exchange of Promation for Serving of Serving on Serving of Serving on Servi	eximately 8:00 a.m. LPN urse) # 1 provided this copies of the consent forms age information for (Name of Notice of Rights, Informed nce With Self-Medication, age Information for Behaviors Exchange Information for herapist Assistant), Consent leo and Audio Recordings, all Information for Medical actice, Consent To Exchange actice, Consent To Exchange and Eligibility Determination, le Information for (Name of repist) and Consent To n for (Name of Physical M # 5 dated "Aug (August)				

References:

No further information was provided prior to exit.

PRINTED: 09/01/2016

CENTE	RS FOR MEDICAR	RE & MEDICAID SERVICES				M APPROVEI D. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				E CONSTRUCTION	(X3) DATE SI COMPLE	
U		49G011	B, WING		0.0	7/25/2016
NAME OF	PROVIDER OR SUPPLIE	₹	8	TREET ADDRESS, CITY, STATE, ZIP CO		ALSIZO 10
NORTH	16TH STREET GRP	HOME		663 N 16TH STREET RLINGTON, VA 22205		
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W 111	Continued From p	age 4	.W 111			
	(1) Refers to a gr	roup of disorders characterized				
	by a limited menta	i capacity and difficulty with				
	schedules and rou	s such as managing money, itines, or social interactions.	77			
	Intellectual disabili	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. T	his information was obtained				
	from the website;	ov/nihfactsheets/ViewFactShee				
	t.aspx?csid=100	ov/titilactsneets/viewractonee				
	(2) A mental disord	er that makes it hard to tell the				
	difference between	what is real and not real. This				
		stained from the website: .gov/ency/article/000928.htm.				
	(3) Characterized b	by repetitive, involuntary,				
	purposeless move	ments. Features of the disorder cing, tongue protrusion, lip				
	smacking, puckering	rg and pursing, and rapid eye				
	blinking. Rapid mov	vements of the arms, legs, and				
	trunk may also occ	ur. Involuntary movements of present. This information was				
	obtained from the v	vebsite:				
	<a href="http://www.ninds.re.htm">http://www.ninds.re.htm&gt;.</a>	nlh.gov/disorders/tardive/tardiv				
	(4) A curving of the	spine that causes a bowing or				
	rounding of the bac	k, which leads to a hunchback				
	obtained from the w	e. This information was				
		s.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:

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

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

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AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	A. BUILD	TIPLE CONSTRUCTION	(X3) D/	ATE SURVEY
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	PROVIDER OR SUPPLIER  16TH STREET GRP H	OME		STREET ADDRESS, CITY, STATE, ZII 5563 N 16TH STREET ARLINGTON, VA 22205	CODE	<u>8/25/2016</u>
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W 111	http://www.ncbi.nlm (6) An enlarged pro obtained from the w <a href="https://www.nlm.nl">https://www.nlm.nl</a>	nih.gov/pubmed/21234807.	<b>W</b> 1	11		
W 124	(7) A group of disea eye's optic nerve. T from the website: https://www.nlm.nih. ml.	ses that can damage the his information was obtained gov/medlineplus/glaucoma.ht	W 12	24		
	Therefore the facility parent (if the client is of the client's medicand behavioral statu	sure the rights of all clients.  must inform each client,  a minor), or legal guardian, al condition, developmental us, attendant risks of eright to refuse treatment.				
	Based on staff inter- record review it was staff failed to obtain of	not met as evidenced by: view and day program clinical determined that the facility consent for the release of f three individuals in the duals # 1.				
	following forms "Continuous Information for (Nami Notice of Rights, Info Assistance With Self-Exchange Information	e of Speech Therapist), rmed Consent For Medication, Consent To n for Behaviors Consult, a Information for (Name of			,	

PRINTED: 09/01/2016

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STATEMEN AND PLAN I	OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	PROVIDER OR SUPPLIE	•	5	TREET ADDRESS, CITY, STATE, ZIP CO 563 N 16TH STREET RLINGTON, VA 22205	08/25/2016 DE
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W 124	Photographs, Vick Consent To Excha Personnel / Group Exchange Informa and Treatment Pla Determination, Co for (Name of Arrott Consent To Excha	eo and Audio Recordings, inge Information for Medical Practice, Consent To ation for Service Coordination aming and Eligibility insent To Exchange Information her Speech Therapist) and inge Information for (Name of I)" for Individual #1.	review to e	gram Manager will complete a record nsure that individual #1 consents as liste  Consent to exchange information (Name of Speech Therapist)  Notice of Rights Informed Consent for assistance with Self-Medication	10/5/16 ed
	admitted to (Name Diagnoses in the conot limited to: mod schizophrenia (2) a kyphosis (4), osteo hyperplasia (6) glater on 8/24/16 at 9:15 record was review Individual # 1's cliniforms for "Consent (Name of Speech 1 Informed Consent I Self-Medication, Colliformation for Beh Exchange Information for Beh Exchange Information for Sexchange Information for S	ractice, Consent To Exchange vice Coordination and and Eligibility Determination, ge Information for (Name of erapist) and Consent To on for (Name of Physical	The Day Proindividuals signed in a The Program and record and to ensure the Program prevent fur Mission Effectives	Consent to Exchange Information for Consents to Exchange Information (Name of physical Therapist Assistate Consent for Photographs, Video, at Consent to Exchange Information for Medical Personnel/Group Practice Consent to Exchange Information for and Treatment Planning and Eligibility Consent to Exchange Information for Speech Therapist) and Consent to It (Name of Physical Therapist) are consure that all their consent is current timely manner annually.  In Manager and/or QMRP will conduct or reviews to ensure all consents is current timely manner annually.  In Manager will review this process to ensure continuity of care.  In Manager will review this process to ensure deficiencies.	for nt) and Audio Recordings or Service Coordination lity Determination or (Name of Another Exchange Information for ord review of all other at, updated, and nonthly observation t, and up-to-date, sure compliance to

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	<b>APPROVED</b>
OMB NO	0038-0304

	CARE & MEDICAID SERVICES			FORM APPROVE OMB NO. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CON A BUILDING	ISTRUCTION	(X3) DATE SURVEY COMPLETED
	49G011	8. WING		
NORTH 16TH STREET G	RP HOME	5563 N	ADDRESS CITY, STATE, ZIP CODE 16TH STREET GTON, VA 22205	08/25/2016
PREFIX (EACH DEFIC	Y STATEMENT OF DEFICIENCIES IENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG (	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS REFERENCED TO THE APPRI DEFICIENCY)	11005 5010
W 124 Continued From	m page 7	W 124		

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

#### PRINTED: 09/01/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES **FORM APPROVED** CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BUILDING

	49G011	8 WING	09/25/2046
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS CITY STATE 710 CODE	08/25/2016

(X4) ID PREFIX

TAG

**5563 N 16TH STREET** 

NORTH 16TH STREET GRP HOME ARLINGTON, VA 22205

SUMMARY STATEMENT OF DEFICIENCIES (D (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION! TAG

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETION DATE

W 124 Continued From page 8

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 (Ilcensed 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.

W 124

DEPARTMENT OF HEALTH AND HUMAN SERVICES  CENTERS FOR MEDICARE & MEDICAID SERVICES  STATEMENT OF DEFICIENCIES  (X1) PROVIDER/SUPPLIFE/CLIA					FOF	ED: 09/01/201 RM APPROVEI O. 0938-039	
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	autism or cerebral causes, such as lar responsiveness. The from the website: https://report.nih.go t.aspx?csid=100  (2) A mental disorded difference between information was obtained from the websites://medlineplus.  (3) Characterized between may include grimacismacking, puckering blinking. Rapid mover trunk may also occur the fingers may be pobtained from the websites://www.ninds.nie.htm>.  (4) A curving of the sacker slouching posture obtained from the websites://medlineplus.	ty originates before the age of from physical causes, such as palsy, or from nonphysical ck of stimulation and adult his information was obtained ov/nihfactsheets/ViewFactShee er that makes it hard to tell the what is real and not real. This tained from the website: gov/ency/article/000928.htm.  The propertitive, involuntary, nents, Features of the disorder ing, tongue protrusion, lip g and pursing, and rapid eye ements of the arms, legs, and ir. Involuntary movements of present. This information was ebsite:  The properties a bowing or which leads to a hunchback. This information was	W 1	24			

http://www.ncbi.nlm.nih.gov/pubmed/21234807.
(6) An enlarged prostate. This information was obtained from the website:

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

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

OLIVIC.	TO TOK MEDIONINE	A MEDIONIN OF (LAIOTO			OMB NO. (	1938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	AND THE PERSON NAMED IN	E CONSTRUCTION	(X3) DATE : COMPL	SURVEY ETED
		49G011	B. WING		08/2	5/2016
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W 124	Continued From pa	ge 10	W 124			
	ostatebph.html>.					İ
	eye's optic nerve. I from the website:	ses that can damage the This information was obtained gov/medlineplus/glaucoma.ht	and reco	ram Manager and/or QMRP will cond ord reviews to ensure all consents is co nsure continuity of care at the Day Pro	urrent, and up-to-date,	on 10/5/1
W 159	ml.	.govinteointeplusigiaucuma.iit		IP will revise the outcome for "physical able terms to collect appropriate data		
	Each client's active integrated, coordinated	treatment program must be ited and monitored by a		IP will revise the outcome for "medica ureable terms to callect appropriate d		
	qualified intellectual This STANDARD is Based on residentia	disability professional, not met as evidenced by: al program record reviews,	The QMR His name Individua	LP will revise the outcome for "Identif" in measureable terms to collect app ils #3.	ying and writing propriate data for	1
	was determined tha intellectual Disabiliti	es Professional) failed to		IP will review objectives to ensure that e needs of Individual #2 and #3.	at it accurately	
	programs for three o	itor the active treatment of three individuals in the riduals # 1, # 2 and # 3.		ram Manager/QMRP will update the incorporate these changes for those in		
		to ensure the consents for		ram Manager will complete this proce nt further deficiencies.	ess for all individuals	
	Program) clinical rec	10 th	service n	ram Manager will continue to monito eeds of individuals are accurately refli ly operation meetings.		
	b. The QIDP failed	to ensure objectives on the	OT WEEK	) operation meanings		
	were developed in m		Manager	cal Director will review within supervi for documentation to support the co individual needs.	sion with the Program ordination of services	
		to ensure objectives on the ce Plan) for Individual # 2 leasurable terms.	identifie	cal Director will ensure that all docum d in the Person Center Plan through n ram Manager.	nentation is completed nonthly supervision wi	as th
		o ensure Individual # 2's ment program was accurately	to monit	rly peer review will be completed on- or to ensure that all service needs of nted. This report will be submitted to	individuals are accurat	cords ely
	3a. The QIDP failed	to ensure objectives on the				

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CENTE	RS FOR MEDICAR	RE & MEDICAID SERVICES	FORM APPRO OMB NO. 0938-0				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		49G011	B. WING		09/75/0046		
	PROVIDER OR SUPPLIE 16TH STREET GRP		STREET ADDRESS, CITY, STATE, ZIP CODE  5563 N 16TH 8TREET  ARLINGTON, VA 22205				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLETION		
	ISP (Individual Se were developed in b. The QIDP faile medication managimplemented.  The findings included in the findings included in the findings included in the continual individual in	rvice Plan) for Individual # 3 measurable terms.  d to ensure Individual # 3's period program was accurately de:  ed to ensure the consents for up to date in the (Name of Day	W 159	DEFICIENCY)			
1	Physical Therapist Photographs, Video Consent To Exchar Personnel/Group P Information for Sen Treatment Planning Consent To Exchan Another Speech Th	age Information for (Name of Assistant), Consent for and Audio Recordings, age Information for Medical ractice, Consent To Exchange vice Coordination and and Eligibility Determination, ge Information for (Name of erapist) and Consent To on for (Name of Physical					

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICAGE & MEDICAGE SERVICES

PRINTED: 09/01/2016 FORM APPROVED OMB NO 0938-0301

CENTERS FOR MEDICA		NE & WEDICAID SERVICES			OMP NO	PPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		ORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		PLE CONSTRUCTION	OMB NO. ( (X3) DATE COMPI	
		49G011	B. WING			
	PROVIDER OR SUPPLIE	HOME		STREET ADDRESS, CITY STATE ZIP CODE 5563 N 16TH STREET ARLINGTON, VA 22205	08/25/2016	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	A D AE	(X5) COMPLETION DATE
W 159	Continued From p	page 12	W 159			
	evidence current s	the clinical record failed to signed consent forms for				
	"Consent To Exch Speech Therapist	ange Information for (Name of ), Notice of Rights, Informed				
	Consent For Assis Consent To Excha	stance With Self-Medication,				
	Consult, Consent (Name of Physical	To Exchange Information for Therapist Assistant). Consent				
	for Photographs, V Consent To Excha	/ideo and Audio Recordings, nge Information for Medical				I.
	Personnel/Group F Information for Ser	Practice, Consent To Exchange vice Coordination and				
	Treatment Planning Consent To Exchain	g and Eligibility Determination, nge Information for (Name of				
	Another Speech Ti	herapist) and Consent To lion for (Name of Physical				
	conducted with OS assistant day progra	a.m. an interview was M (other staff member) # 5, am manager regarding				
	"(ASM [administrati improvement coord (Individual # 1's) an	sent forms. OSM # 5 stated, ive staff mamber] # 3), quality linator conducted an audit of id brought it to our attention.				

forms for individual # 1.

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

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

PRINTED: 09/01/2016

NAME OF PROVIDER OR SUPPLIER  NORTH 16TH STREET GRP HOME  (X4) ID SUMMARY STATEMENT (EACH DEFICIENCY MUST BE REGULATORY OR LSC IDENT)  W 159 Continued From page 13 the QIDP, OSM #4 stated,	DICAID SERVICES				APPROVED 0. 0938-039
NORTH 16TH STREET GRP HOME  (X4) ID SUMMARY STATEMENT (EACH DEFICIENCY MUST BE REGULATORY OR LSC IDENTITY OF L	OVIDER/SUPPLIER/CLIA NTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
NORTH 16TH STREET GRP HOME  (X4) ID SUMMARY STATEMENT (EACH DEFICIENCY MUST BE REGULATORY OR LSC IDENTITY OF L	49G011	B: WING		08	/25/2016
(X4) ID SUMMARY STATEMENT (EACH DEFICIENCY MUST BE REGULATORY OR LSC IDENTITY OF STATEMENT OF ST		ST	REET ADDRESS, CITY, STATE, ZIP		74.072010
W 159 Continued From page 13 the QIDP, OSM #4 stated,		100.0	83 N 18TH STREET RLINGTON, VA 22205		
the QIDP, OSM # 4 stated,	PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	IN SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
individuals to ensure they a asked if she was aware that Individual # 1 were not curristated "no".  The facility's policy "8.1 Quadrick of the Coordination, monitoring an Individual Service Plan, and active treatment in the program individual Services" it directly the Review consumer records the Review consum	r program records of the up to date." When it the consents for ently signed, OSM #4 salified Intellectual ocumented, "The elintegration, didevelopment of the to ensure quality ram." Under "8.1.2 lities Professional ocumented, "A. to include clinical, sure prescribed being implemented opriately and that any incorporated into SM (administrative manager, ASM # 2, 4 the QIDP (Qualified essional) were made provided prior to exit.	W 159			

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

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

PRINTED: 09/01/2016 FORM APPROVED OMB NO 0938-0301

CENTERS FOR WEDICARE			<del></del>		OMB NO	OMB NO. 0938-039	
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(X2) MUL A. BUILD	TIPLE CONSTRUCTION BING	(X3) DATE COMPI		
		49G011	8. WING	~*************************************	01	8/25/2016	
700	PROVIDER OR SUPPLIEF			STREET ADDRESS, CITY, STATE, ZIP 5563 N 16TH STREET ARLINGTON, VA 22205	CODE	BI 23/20 16	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECIDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFE TAG	PROVIDER'S PLAN OF CH (EACH CORRECTIVE ACTIO	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
W 159	Continued From p	age 14	W 1	59			
		ov/nihfactsheets/ViewFactShee	****				
	difference between information was of	der that makes it hard to tell the n what is real and not real. This plained from the website: s.gov/ency/article/000928.htm.					
	purposeless mover may include grimal smacking, puckerin blinking. Rapid mo- trunk may also occ the fingers may be obtained from the	by repetitive, involuntary, ments. Features of the disorder cing, tongue protrusion, liping and pursing, and rapid eye vements of the arms, legs, and rur. Involuntary movements of present. This information was website:  hih.gov/disorders/tardive/tardiv					
	(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: <a href="https://medlineplus.gov/ency/article/001240.htm">https://medlineplus.gov/ency/article/001240.htm</a>	k, which leads to a hunchback e. This information was vebsite:					
	normal but also not information was obt	bone density that is not as low as osteoporosis. This lained from the website:nih.gov/pubmed/21234807.					
	obtained from the w	state. This information was rebsite: h.gov/mediineplus/enlargedpr					
		ses that can damage the his information was obtained		£2		7.	

PRINTED: 09/01/2016

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			- (	FOR!	M APPROVE( ). 0938-039
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A BUIL		CONSTRUCTION	(X3) DA	J. 0938-039 TE SURVEY MPLETED
		49G011	B. WING	i			
NAME OF	PROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE	30	/25/2016
NORTH	16TH STREET GRP H			5563	3 N 16TH STREET LINGTON, VA 22205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL CROSS REFERENCED TO THE APPROP DEFICIENCY)	DBE	(X5) COMPLETION DATE
	b. The QIDP failed ISP (Individual Serv were developed in no Individual # 1's current through 03/31/2017 Outcome: Global Outco	to ensure objectives on the ice Plan) for Individual # 1 neasurable terms.  ent ISP dated 04/01/2016 documented, "Desired atcome 1. I will maintain a all balanced life by pursuing an doing things I enjoy. Instructions: To maintain a tay skinny through physical ack choices." Under "it documented, "(Individual nysical activity and also make(Individual # 1) enjoys aff will encourage him to ride to short walks around the enated by the weather as well ball games. Staff will as necessary during physical ting (Individual # 1) following ff will document physical activity and the y. Frequency: Daily.  m. an interview was (administrative staff	<b>W</b>	59	DEPIGENCY		
C C F f	Group Home) and OS QIDP (Qualified Intelle Professional). After re or exercise for Individ	m manager of (Name of SM (other staff member) # 4, sectual Disabilities eviewing the ISP outcome dual # 1 dated 04/01/2016					

asked if the duration of the bike riding was defined, ASM # 1 and OSM # 4 were unable to

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

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

CENTE	19 LOW MEDICAL	CE OF IMEDICATO SEVAICES	-		אן פואט	<del>J. 0938-039</del>	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
		49G011	B WING		08/25/2016		
	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZIP CO 5583 N 16TH STREET ARLINGTON, VA 22205		1 4000010	
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDERS PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLETION DATE	
W 159	was measurable, "No." An interview with conducted on 8/2. When asked wha OSM # 4 stated, "become independent development geared towards with goals are and to goals and dreams measurable to trackill and to establi On 8/25/16 at 12: staff member) # 1 clinical director and interview of the staff member in th	r. When asked if the outcome ASM # 1 and OSM # 4 stated,  ASM # 1 and OSM # 4 was  4/16 at approximately 4:00 p.m.  I the purpose of the ISP was,  The ISP is to help the individual lent by identifying skills that it." ASM # 1 stated, "The ISP is that the individual's dreams and levelop goals to reach those is. Outcomes should be ck improvement towards the sh a baseline."  30 p.m. ASM (administrative, program manager, ASM # 2, and OSM # 4 the QIDP (Qualified lities Professional) were made	W 159			8	
	2a. The QIDP fail ISP (Individual Se were developed in Individual # 2 was admitted to (Name Diagnoses in the cont limited to: seven obsessive compul fragile X syndrome hyperplasia (5), all disease.	ed to ensure objectives on the rvice Plan) for Individual # 2 measurable terms.  a 71 year old male, who was a of Group Home) on 10/16/08. Simical record included but were ere intellectual disability (1), sive disorder (2) anxiety (3), a (4), benign prostatic lergies and a blood clotting trent ISP dated 12/01/2016					
	through 11/31/201 will Improve medic Activities & Instruc- to administer nasa	7 documented, "(Individual # 2) ration independence. Support tions: (Individual # 2) will learn I spray." Under "Support umented, "1. (Individual # 2)					

PRINTED: 09/01/2016

CENTE	RS FOR MEDICARI	E & MEDICAID SERVICES			FORM APPROVED OMB NO. 0938-039	
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G011	B. WING		09/25/0040	
NAME OF	PROVIDER OR SUPPLIER		8	TREET ADDRESS, CITY, STATE, ZIP CODE	08/25/2016	
NORTH	16TH STREET GRP H		5	563 N 16TH STREET RLINGTON, VA 22205		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D.RE COMPLETION	
W 159	Continued From pa	ge 17	W 159			
	will learn the proper	r way to administer nasal	11 100			
	spray from staff der	monstration, 2. (Individual #				
	2) will identify his na	asal spray from his other				
	will bring figure with	dication. 3. (Individual # 2) him to blow his nose before				
	administration of na	isal spray. 4. (Individual # 2)				
	will read label with s	staff. 5. (Individual # 2) will				
	count the sprays for	each nasal passage to				
	identify correct adm	inistration."				
	P/14/2018 through the	" for Individual # 2 dated				
	o/ 14/20 to through a	3/24/2016 were reviewed. The d to evidence documentation				
	of the data collection	o of Individual # 2's				
	medication independ	dence in measurable terms.				
	On 8/14/2016 the w	Bekend shift "Progress Note"				
	documented, "Individual	dual's Participation: Individual				
	actively participated	- (Individual # 2) took his				
	his possi provetter	dently. (Individual #2) took				
	brought a tissue to b	staff demonstration. He			i	
	administering the na	sal drop. Staff praised him."			ľ	
	On 8/15/2016 the ev	ening shift "Progress Note"				
	documented, "Individ	fual's Participation:				
	(Individual # 2's initia	als) participated in his				
	medication manager	nent by popping out his pills			j	
	and taking them as o	ordered."			i	
	documented, "Individ	emight shift "Progress Note"				
	(individual # 2's Initia	ils) blew his nose before			ĺ	
	using his nasal spray	, P			İ	
-	On 8/16/2016 the eve	ening shift "Progress Note"				
	documented, "Individ	ual's Participation:				
	(Individual #2 s Initia	(s) participated in his			i	
Į!	medication managem	nent by popping out his pills			1	
	and taking them as o	rdered."				

Individual # 2."

On 8/16/2016 the overnight "Progress Note" failed to document the data collection for

On 8/17/2016 the overnight "Progress Note"

D 1

CENTE	ERS FOR MEDICARE	H AND HUMAN SERVICES E & MEDICAID SERVICES			PRINTED: 09/01/20 FORM APPROV
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G011	B WING	white the same of	00/05/0040
	NAME OF PROVIDER OR SUPPLIER  NORTH 18TH STREET GRP HOME			STREET ADDRESS, CITY, STATE, ZIP COD 5563 N 16TH STREET	08/25/2016 DE
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECT (CEACH CORRECTIVE ACTION SHOCK CROSS-REFERENCED TO THE APPLICATION OF THE APPLICAT	MINDRE COMPLETION
tac	failed to document individual # 2." On 8/18/2016 the eldocumented, "Indivi" (Individual # 2's Initianasal spray from his his nose with a paper nasal spray following On 8/19/2016 the eldocumented, "Individual # 2's Initiamedication manager and taking them as a On 8/19/2016 the over documented, "Individual # 2's Initialization manager and taking them as a lon 8/19/2016 the over the eldocumented, "Individual # 2's Initialization manager and taking them as a long 8/19/2016 the over the eldocumented, "Individual # 2's Initialization manager and taking them as a long 8/19/2016 the over the eldocumented, "Individual # 2's Initialization manager and taking them as a long 8/19/2016 the over the eldocumented, "Individual # 2's Initialization manager and taking them as a long 8/19/2016 the over the eldocumented," Individual # 2's Initialization manager and taking them as a long 8/19/2016 the over the eldocumented, "Individual # 2's Initialization manager and taking them as a long 8/19/2016 the over the eldocumented, "Individual # 2's Initialization manager and taking them as a long 8/19/2016 the over the eldocumented," Individual # 2's Initialization manager and taking them as a long 8/19/2016 the over the eldocumented, "Individual # 2's Initialization manager and taking them as a long 8/19/2016 the over the eldocumented and 1/19/2016 the eldocumented and 1/19/2016 the eldocumented and 1/19/2016 the eldocumented and 1/19/2016 the eldocumented and 1/19/2016 the eldocumented and 1/19/2016 the eldocumented and 1/19/2016 the eldocumented and 1/19/2016 the eldocumented and 1/19/2016 the eldocumented and 1/19/2016 the eldocumented and 1/19/2016 the eldocumented and 1/19/2016 the eldocumented and 1/19/2016 the eldocumented and 1/19/2016 the eldocumented and 1/19/2016 the eldocumented and 1/19/2016 the eldocumented and 1/19/2016 the eldocumented and 1/19/2016 the eldocumen	evening shift "Progress Note" vidual's Participation: aitials) was able to identify his is other treatments, he cleaned per napkin and administer [sic] and staff directions." avening shift "Progress Note" aidual's Participation: aidis) participated in his ament by popping out his pills ordered." avernight shift "Progress Note" aidual's Participation: aidis) completed this skill with aistance from staff on shift."	W 15	59	

and taking them as ordered."

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

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

(Individual # 2 s Initials) participated in his medication management by popping out his pills

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."

Event ID: PSVE11

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

CENTERS FOR WEDICARE & MEDICAID SERVICE				OMB NO	OMB NO. 0938-0391		
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	A. BUILD	TIPLE CONSTRUCTION		TE SURVEY	
		49G011	B. WING	And the second s	10	1/25/2016	
	PROVIDER OR SUPPLIER  16TH STREET GRP			STREET ADDRESS, CITY, STATE, 21 5563 N 16TH STREET ARLINGTON, VA 22205	IP CODE	08/25/2016 ODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF (X) (EACH CORRECTIVE ACT)	ION SHOULD BE THE APPROPRIATE	COMPLETION DATE	
	On 8/22/2016 the documented, "Individual # 2's Inmedication managand taking them as On 8/22/2016 the documented, "Individual # 2) was medication and he directions." On 8/23/2016 the documented, "Individual # 2 s Individual # 3	evening shift "Progress Note" vidual's Participation: litials) participated in his lement by popping out his pills is ordered." overnight shift "Progress Note" vidual's Participation: as supported to administer his was praised for following evening shift "Progress Note" vidual's Participation: litials) participated in his lement by popping out his pills ordered." overnight shift "Progress Note" vidual's Participation: "Staff laf # 2) when it was time for his couraged (Individual # 2) to ore the administration of his evening shift "Progress Note" vidual's Participation: lials) participated in his evening shift "Progress Note" vidual's Participation: lials) participated in his evening shift "Progress Note" vidual's Participated in his evening to participate in lials) participated in his evenight shift "Progress Note" lidual's Participation: s encouraged to participate in linistration by offering him his linister. Staff praised following directions."  oximately 9:30 a.m. an lucted with ASM (administrative program manager of (Name of DSM (other staff member) # 4,	W 1	59			

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

CENTE	RS FOR MEDICAR	RE & MEDICAID SERVICES				HUH N BMO	M APPROVEI O. 0938-039
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL		CONSTRUCTION	(X3) D	ATE SURVEY OMPLETED
		49G011	B. WING	Total Passager day			GITEMAAA
	NAME OF PROVIDER OR SUPPLIER  NORTH 16TH STREET GRP HOME			556	REET ADDRESS. CITY, STATE, ZIP CODE 33 N 16TH STREET RLINGTON, VA. 22205	08/25/2016	
(X4) ID PREFIX 1AG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES  TY MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFID TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(X5) COMPLETION DATE
	for medication madated 8/14/2016 the were asked if data terms to determine the medication mastated, "No."  On 8/25/16 at 12:3 staff member) # 1, clinical director and Intellectual Disabilita aware of the findin No further informat References:  (1) Refers to a group by a limited mental adaptive behaviors schedules and rout Intellectual disabilita and may result autism or cerebrat causes, such as laresponsiveness. The from the website:	nagement for Individual # 2 nrough 8/24/2016, OSM # 4 n collected was in measurable e Individual # 2's progress of inagement outcome. OSM # 4 10 p.m. ASM (administrative program manager, ASM # 2, d OSM # 4 the QIDP (Qualified ities Professional) were made gs. tion was provided prior to exit. up of disorders characterized capacity and difficulty with is such as managing money, tines, or social interactions. y originates before the age of from physical causes, such as palsy, or from nonphysical ck of stimulation and adult his information was obtained	W 1	59			
	in which a person he thoughts (obsession (compulsions) that is repeat over and over obtained from the work the compulsive-disorder or the compulsive-disorder or the compulsive-disorder or the compulsive-disorder or the compulsive-disorder or the compulsive-disorder or the compulsive-disorder or the compulsive-disorder or the compulsive-disorder or the compulsive-disorder or the compulsive-disorder or the compulsive-disorder or the compulsive-disorder or the compulsive-disorder or the compulsive-disorder or the compulsive-disorder or the compulsive-disorder or the computer or the comp	he or she feels the urge to er. This information was rebsite: h.gov/health/topics/obsessive er-ocd/index.shtml>.					
	(3) Fear. This infori	mation was obtained from the					Į.

#summary

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

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

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

		LE & MEDICAID SERVICES			OMB N	OMB NO. 0938-0391		
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	A BUILD	LTIPLE CONSTRUCTION DING	(X3) D	ATE SURVEY OMPLETED		
		49G011	B. WING			0/05/00 40		
	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZII 5563 N 16TH STREET ARLINGTON, VA 22205	PCODE	08/25/2016		
(X4) ID PREFIX FAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFL TAG	(	ON SHOULD BE HE APPROPRIATE	COMPLETION DATE		
W 159	Continued From p	page 21	W 1	59				
	<a href="https://www.nim.mi">https://www.nim.mi"&gt;.</a>	nih.gov/medlineplus/anxlety.ht	112.					
	developmental dis <a href="https://medilneplis.html">https://medilneplis.html</a> . A problem the disease. This the website:	mon form of inherited ability us.gov/developmentaldisabilitie with a specific gene causes information was obtained from us.gov/fragilexsyndrome.html>.						
	(5) An enlarged problained from the	rostate. This information was				¥		
		d to ensure Individual # 2's ement program was accurately						
	through 11/31/2017 will improve medica Activities & Instruct to administer nasal Instructions" it docu will learn the prope spray from staff dea 2) will identify his na	rent ISP dated 12/01/2016 7 documented, "(Individual # 2) ation independence. Support ilons: (Individual # 2) will learn spray." Under "Support umented, "1. (Individual # 2) r way to administer nasal monstration. 2. (Individual # asal spray from his other dication. 3. (Individual # 2)						
1	will bring tissue with administration of na will read label with a count the sprays for identify correct adm	n him to blow his nose before asal spray. 4. (Individual # 2) staff. 5. (Individual # 2) will reach nasal passage to			*			

8/14/2016 through 8/24/2016 were reviewed. The

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CENTE	RS FOR MEDICAR	RE & MEDICAID SERVICES			FORM APPROVI
STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G011	B. WING		00/08/0040
	PROVIDER OR SUPPLIE 16TH STREET GRP		5	REET ADDRESS, CITY, STATE, ZIP 63 N 16TH STREET RLINGTON, VA 22205	08/25/2016 CODE
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	progress notes fai implementation of independence pro On 8/15/2016 the documented, "Individual # 2's Inimedication manage and taking them as On 8/16/2016 the documented, "Individual # 2's Inimedication manage and taking them as On 8/16/2016 the of failed to document Individual # 2." On 8/17/2016 the of failed to document Individual # 2." On 8/19/2016 the edocumented, "Individual # 2's Initimedication manage and taking them as On 8/20/2016 the edocumented, "Individual # 2's Initimedication manage and taking them as On 8/20/2016 the edocumented, "Individual # 2's Initimedication manage and taking them as On 8/20/2016 the edocumented, "Individual # 2's Initimedication manage and taking them as On 8/20/2016 the edocumented, "Individual # 2's Initimedication manage and taking them as On 8/22/2016 the edocumented, "Individual # 2's Initimedication manage and taking them as On 8/22/2016 the edocumented, "Individual # 2's Initimedication manage and taking them as On 8/22/2016 the edocumented, "Individual # 2's Initimedication manage and taking them as On 8/22/2016 the edocumented, "Individual # 2's Initimedication manage and taking them as On 8/22/2016 the edocumented, "Individual # 2's Initimedication manage and taking them as On 8/22/2016 the edocumented, "Individual # 2's Initimedication manage and taking them as On 8/22/2016 the edocumented, "Individual # 2's Initimedication manage and taking them as On 8/22/2016 the edocumented, "Individual # 2's Initimedication manage and taking them as On 8/22/2016 the edocumented, "Individual # 2's Initimedication manage and taking them as On 8/22/2016 the edocumented, "Individual # 2's Initimedication manage and taking them as On 8/22/2016 the edocumented, "Individual # 2's Initimedication manage and taking them as On 8/22/2016 the edocumented, "Individual # 2's Initimedication manage and taking them as On 8/22/2016 the edocumented and taking them as On 8/22/2016 the edocumented and taking them as On 8/22/2016 the edocumented and taking them as On 8/22/2016 the edocumented and	led to evidence accurate Individual # 2's medication gram. evening shift "Progress Note" vidual's Participated in his ement by popping out his pills ordered." evening shift "Progress Note" vidual's Participated in his ement by popping out his pills ordered." evening shift "Progress Note" the data collection for evenight "Progress Note" evenight "Progress Note" evening shift "Progress Note" evenin	W 159		

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		E & MEDICAID SERVICES		<u> </u>		MAPPROVED 0. 0938-039
STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULT A BUILDIN	PLE CONSTRUCTION  IG	(X3) DA	TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 5563 N 16TH STREET ARLINGTON, VA 22205		1/25/2016
(X4) HD PREFIX FAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	On 8/23/2016 the documented, "Indi (Individual # 2's In medication managand taking them as On 8/24/2016 the documented, "Indi (Individual # 2's Ini medication managand taking them as On 8/25/16 at 11:0 conducted with OS the QIDP (Qualifier Professional) in the (administrative stamanager and ASM When asked about QIDP for the imple program, OSM # 4 care staff to carry of the program for the program for n implemented. OSM On 8/25/16 at 12:3 staff member) # 1, clinical director and Intellectual Disability aware of the finding No further informations. The QIDP faile ISP (Individual Service developed in the program of the single ISP (Individual Service) and Intellectual Disability Individual Service developed in the single ISP (Individual Service) and Intellectual Disability Individual Service ISP (Individual Service) and Intellectual Disability Individual Service Individual In	evening shift "Progress Note" vidual's Participation: itials) participated in his jement by popping out his pills is ordered."  evening shift "Progress Note" vidual's Participation: itials) participated in his jement by popping out his pills is ordered."  O a.m. an interview was is of the member of ASM in the lieutual Disabilities in presence of ASM if member) # 1, program # 2, the clinical director. It the responsibilities of the mentation of an individual's stated, "Supervise the direct out the plans." After reviewing dated 8/14/2016 through idual # 2, OSM # 4 was asked medication was accurately M # 4 stated that they were not. Op.m. ASM (administrative program manager, ASM # 2, I OSM # 4 the QIDP (Qualified lies Professional) were made is. Ion was provided prior to exit.  I do ensure objectives on the rice Plan) for Individual # 3	W 15	9		
	admitted to (Name	of Group Home) on 9/10/10. nical record included but were				

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CENTE	RS FOR MEDICA	RE & MEDICAID SERVICES			FOR	MAPPROVEI O. 0938-039	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) (X)	(X3) DATE SURVEY COMPLETED	
		49G011	B WING		م ا	8/25/2016	
NAME OF PROVIDER OR SUPPLIER NORTH 16TH STREET GRP HOME				STREET ADDRESS, CITY STATE 5563 N 16TH STREET ARLINGTON, VA 22205	ZIP CODE	HAGI EV 10	
(X4) ID PREFIX TAG	4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PL REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECT) AG REGULATORY OR LSC IDENTIFYING INFORMATION] TAG CROSS-REFERENCE			TION SHOULD BE THE APPROPRIATE	COMPLETION DATE		
W 159	not limited to: pro	page 24  plound intellectual disability (1), (2) PICA(3), microcephaly (4)	W 1	59			

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:

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

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		RE & MEDICAID SERVICES			OMB N	OMB NO. 0938-039	
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD	NOITOURSTRUCTION  DING  DING	(X3) D	ATE SURVEY OMPLETED	
	49G011		B. WING		0.0	8/25/2016	
NAME OF	NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE.	ZIP CODE	0/23/2010	
NORTH -	16TH STREET GRP	NOME		5563 N 16TH STREET			
11011111	TOTAL CONT			ARLINGTON, VA 22205			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
W 159	Continued From p	page 25	W 1	159			
		oup of disorders characterized					
		al capacity and difficulty with					
	adaptive behavior	s such as managing money, itines, or social interactions.					
	Intellectual disabil	ily 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: nihfactsheets="" p="" report.nih.gov="" viewfactshe<=""></https:>						
	et.aspx?csid=100>.		•				
	(2) A neurological and developmental disorder						
	that begins early in	and developmental disorder i childhood and lasts					
	throughout a perso	on's life. It affects how a person					
	acts and interacts	with others, communicates,					
		information was obtained from					
	the website:	nih.gov/medlineplus/autismspe					
	ctrumdisorder.htm	ini.govinadiiilapids/addsmsps  >.					
	(3) A pattern of eat	ing non-food materials, such				i	
		his information was obtained					
	from the website:	conferential-1004 FOR htm					
	nups.//medimeplus	.gov/ency/article/001538.htm.			12		
	(4) A condition in w	hich a person's head size is					
	much smaller than	that of others of the same age					
	and sex. This inforwebsite:	rmation was obtained from the					
		.gov/ency/article/003272.htm.					
		rmation was obtained from the					
	website:	a manufacional Banachica de en detecto de la		19		ŀ	
	#summary	n.gov/medlineplus/anxiety.html					
	<https: td="" www.nlm.n<=""><td>ih.gov/medlineplus/anxiety.ht</td><td></td><td></td><td></td><td></td></https:>	ih.gov/medlineplus/anxiety.ht					

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	RE & MEDICAID SERVICES	4 _	FORM APPROVE OMB NO. 0938-03	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIET/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED	
	49G011	B. WING	22/22/24	
NAME OF PROVIDER OR SUPPLIE	R	STREET ADDRESS, CITY, STATE, ZE	08/25/2016	
NORTH 18TH STREET GRP	HOME	5563 N 16TH STREET	PCOCE	

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)

COMPLETION

W 159 Continued From page 26

W 159

- (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 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

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

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		E & MICOTO/ NO OFICE/OFO			OMP M	<u>/. U938-03</u>
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	49G011		B. WING		08	/25/2016
	PROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE 1563 N 16TH STREET ARLINGTON, VA 22205		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	J.O.BE	COMPLETION DATE
W 159	Continued From pa	age 27	W 159			
W 231	refers to one time a progress notes for Individual # 3 di 8/24/2016, OSM # was implemented a "No."  On 8/25/16 at 12:3 staff member) # 1, clinical director and Intellectual Disabilia aware of the finding No further informat 483.440(c)(4)(iii) IN	ented, ASM # 1 stated, "Weekly a week." After reviewing the name identification and writing ated 8/14/2016 through 4 was asked if the program accurately. OSM # 4 stated, 0 p.m. ASM (administrative program manager, ASM # 2, I OSM # 4 the QIDP (Qualified ties Professional) were made as. ion was provided prior to exit. IDIVIDUAL PROGRAM PLAN the individual program plan in behavioral terms that	W 231	¥		
	provide measurabl	e indices of performance.	The QMRP ( Measureab	will revise the outcome for "physical activity" le terms to collect appropriate data for indivi	into dual #1.	10/5/16
	This STANDARD is not met as evidenced by: Based on staff interview, clinical record review		The QMRP of the in measure.	will revise the outcome for "medication mana able terms to collect appropriate data for ind	gement " ividual #2	· 7
	and facility docume that the facility staff measurable terms f	nt review it was determined failed to develop objectives in or three of three individuals in Individual # 1, # 2 and # 3.	His name" la Individuals t	C20	riting ata for	
			The Program Plan to incom	n Manager will update the Person Center porate these changes for those individuals.		
	<ol> <li>Facility staff failed to define the duration of individual # 1's ISP (individual Support Plan) outcome/goal for physical activity.</li> </ol>		The Program to prevent (	n Manager will complete this process for all in urther deficiencies.	dividuals	
1	2. Facility staff faile outcome/goal of me measureable terms	dication management in	service need	n Manager will continue to monitor to ensure is of individuals are accurately reflected throu peration meetings	that all igh the use	
	3. Facility staff falle outcome/goal of ide in measureable term	ntifying and writing his name	Manager for	Director will review within supervision with the documentation to support the coordination lividual needs.	ne Program of services	

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OMB NO.	0938-0391

		RE & MEDICAID SERVICES			FORM APPROVE OMB NO. 0938-039
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA		TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		49G011	B. WING		08/25/2016
	PROVIDER OR SUPPLIE			STREET ADDRESS CITY, STATE, ZIP CODE 5503 N 16TH STREET ARLINGTON, VA 22205	1 2000000000000000000000000000000000000
(X4) IO PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL PR LSC IDENTIFYING INFORMATION;	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC'S (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
W 231	Continued From	page 28	W 23	31	
	The findings inclu	ude:			
	1. Facility staff failed to define the duration of Individual # 1's ISP (Individual Support Plan) outcome / goal for physical activity.		īde	e Clinical Director will ensure that all documents entified in the Person Center Plan through mont e Program Manager.	ation is completed as thly supervision with
	admitted to (Nam- Diagnoses in the not limited to: mos schizophrenia (2) kyphosis (4), oste	is a 65 year old male, who was ne of Group Home) on 3/28/82. I clinical record included but were oderate intellectual disability (1), and tardive dyskinesa (3), eopenia (5), benign prostatic iaucoma (7) and dry eyes	to	parterly peer review will be completed on going monitor to ensure that all service needs of indiv curnented. This report will be submitted to the	viduals are accurately

Individual # 1's current ISP dated 04/01/2018 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 blke 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

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CENTERS FOR MEDICAL		RE & MEDICAID SERVICES			OMB NO. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G011		B. WING		08/25/2016
	PROVIDER OR SUPPLIE 16TH STREET GRP		159	TREET ADDRESS, CITY, STATE, ZIP CODE 163 N 16TH STREET RLINGTON, VA 22205	00/23/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	UID BE COMPLETION
W 231	Continued From p	page 29	W 231		
	Professional). After exercise for in through 03/31/20 asked if the durate defined. ASM # 1 provide an answewas measurable # "No."	ntellectual Disabilities ter reviewing the ISP outcome dividual # 1 dated 04/01/2016 17, ASM # 1 and OSM # 4 were ion of the bike riding was and OSM # 4 were unable to r. When asked if the outcome ASM # 1 and OSM # 4 stated,			
	conducted on 8/24 When asked what OSM # 4 stated, " become independ need developmen geared towards w goals are and to d goals and dreams	ASM # 1 and OSM # 4 was 4/16 at approximately 4:00 p.m. I the purpose of the ISP was, The ISP is to help the individual ent by identifying skills that I." ASM # 1 stated, "The ISP is hat the individual's dreams and evelop goals to reach those Outcomes should be ck improvement towards the sh a baseline."			
	The facility's policy (ISP)" documented (Name of Corpora	r "4.1 Individual Service Plan d, "4.1.3 Procedures: C. tion) ensures that an ISP will um: 4. Goals/outcomes and			

aware of the findings.

measurable objectives/desired outcomes for addressing each identified need. 4.1.4 Individual

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

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."

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

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CE	NTEF	RS FOR MEDICARE	& MEDICAID SERVICES	3.5		W.		O. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUL A BUILD		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			49G011	B, WING			١,	9/95/0040
		ROVIDER OR SUPPLIER 6TH STREET GRP H	OME		5	STREET ADDRESS, CITY, STATE, ZIP CODE 5563 N 16TH STREET ARLINGTON, VA 22205		8/25/201 <del>6</del>
PR	4) ID EFIX AG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
W	231	Continued From pa	ge 30	W 2	31			
		No further informati	ion 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:						
		3) Characterized by burposeless movem may include grimach macking, puckering blinking. Rapid move runk may also occur he fingers may be pobtained from the we	gov/ency/article/000928.htm. repetitive, involuntary, ents. Features of the disorder ng, tongue protrusion, lip g and pursing, and rapid eye ements of the arms, legs, and r. Involuntary movements of resent. This information was abaite: h.gov/disorders/tardive/tardiv				3	
	0	ounding of the back or stouching posture, obtained from the we	pine that causes a bowing or , which leads to a hunchback . This information was ebsite: gov/ency/article/001240.htm					

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CENTE	RS FOR MEDICARI	E & MEDICAID SERVICES			FORM APPROVED OMB NO. 0938-0391
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUL A. BUILD	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
		49G011	B, WING		00000000
	PROVIDER OR SUPPLIER	OME		STREET ADDRESS, CITY, STATE ZIP CO 5583 N 16TH STREET ARLINGTON, VA 22205	08/25/2016 DDE
(X4) ID PREFIX TAG	(EACH DEFICIENCS	NTEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE COMPLETION
	normat but also not information was obtained from the we https://www.nlm.nl. ostatebph.html>.  (7) A group of diseaseye's optic nerve. T from the website: https://www.nlm.nih.ml.  2. Facility staff failed goal of medication materms for Individual # 2 was a admitted to (Name o	bone density that is not as low as esteoporosis. This tained from the website: .nih.gov/pubmed/21234807.  state. This information was rebsite: h.gov/medlineplus/enlargedproses that can damage the this information was obtained gov/medlineplus/glaucoma.ht did to define the ISP outcome / nanagement in measureable	W 2		
	not limited to: severe obsessive compulsiv fragile X syndrome (	intellectual disability (1), e disorder (2) anxiety (3).			
	through 11/31/2017, « 2) will improve medic Support Activities & li will learn to administe "Support Instructions" (Individual #2) will lea	nstructions: (Individual # 2) er nasal spray." Under			

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		RE & MEDICAID SERVICES			OMB NO. 0938-039 <sup>-</sup>
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		PRECTION INCUMENCED		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G011	B WING_		08/25/2016
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE	
NORTH	16TH STREET GRP	HOME		5563 N 16TH STREET ARLINGTON, VA 22205	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION I CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE COMPLETION
W 231	Continued From p	page 32	W 23	1	
	W 231 Continued From page 32  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 #				
	On 8/25/16 at 12:3 staff member) # 1.	0 p.m. ASM (administrative program manager, ASM # 2.			

No further information was provided prior to exit.

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

#### References:

aware of the findings.

(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

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

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

	T OF DEFICIENCIES	AVE & VIEDICALD SERVICES	10.27			OMB NO. 0938-0391	
		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED		
		49G011	8, WING		01	3/25/2016	
NAME OF	PROVIDER OR SUPPLIE	₹		STREET ADDRESS. CITY, STATE, ZIP			
NORTH 16TH STREET GRP HOME			5563 N 16TH STREET ARLINGTON, VA 22205				
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFU TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X6) COMPLETION DATE	
W 231	Continued From p	eage 33	W 2	31			
	responsiveness. T	his information was obtained gov/nihfactsheets/ViewFactShe		•			
	(2) A common, chronic and long-lasting disorder in which a person has uncontrollable, reoccuring thoughts (obsessions) and behaviors (compulsions) that he or she feels the urge to repeat over and over. This information was obtained from the website: <a href="http://www.nimh.nih.gov/health/topics/obsessive">http://www.nimh.nih.gov/health/topics/obsessive</a>						
		der-ocd/index.shtml>.					
	website:	rmation was obtained from the					
	#summary	h.gov/medlineplus/anxiety.html					
	<https: www.nim.r<br="">mi&gt;.</https:>	nih.gov/medlineplus/anxiety.ht					
	developmental disa						
	s.html>. A problem	is gov/developmentaldisabilitie with a specific gene causes information was obtained from					
		.gov/fragilexsyndrome.html.					
	(5) An enlarged prostate. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/enlargedpr">https://www.nlm.nih.gov/medlineplus/enlargedpr</a>						
	ostatebph.html>.						
		ed to define the ISP entifying and writing his name ms for Individual #3.					

PRINTED: 09/01/2016

CENTE	RS FOR MEDICAR	E & MEDICAID SERVICES			OM	FURM APPROVED 1B NO. 0938-039			
STATEMENT OF IDEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION  A BUILDING			(X3) DATE SURVEY COMPLETED			
		49G011	B WING			00/25/2045			
NAME OF PROVIDER OR SUPPLIER  NORTH 16TH STREET GRP HOME				STREET ADDRESS. CITY, S 5563 N 16TH STREET ARLINGTON, VA 2220		98/25/2016 P CODE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PL X (EACH CORRECT) CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD B ED TO THE APPROPRI ICIENCY)				
	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		W	231					

On 8/25/16 at 12:30 p.m. ASM (administrative

### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MED

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		E & MEDICAID SERVICES				= OA	AB NO.	0938-039	3 - 3 -	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDENTI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING				(X3) DATE SURVEY COMPLETED			
		49G011	B. WING				604			
NAME OF PROVIDER OR SUPPLIER  NORTH 16TH STREET GRP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 5563 N 16TH STREET ARLINGTON, VA 22205			<u> </u>	25/2016	_	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	× (EA	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)			III DAE COMPLETENT		
W 231	Continued From pa	age 35	W 2	31					_	
	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 informat	ion was provided prior to exit.								
	References:									
	by a limited mental adaptive behaviors schedules and routi Intellectual disability 18 and may result fi	op of disorders characterized capacity and difficulty with such as managing money, lines, or social interactions. The originates before the age of rom physical causes, such as palsy, or from nonphysical								
	causes, such as lac responsiveness. Th from the website:	k of stimulation and adult is information was obtained ov/nihfactsheets/ViewFactShe								
	that begins early in of throughout a person acts and interacts we and learns.) This int the website:	's life. It affects how a person ith others, communicates, formation was obtained from						5		
1	as dirt or paper. This from the website:	g non-food materials, such s information was obtained ov/ency/article/001538.htm.								
	(4) A condition in whi	ch a person's head size is								

and sex. This information was obtained from the

	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G011	B. WING	, , , , , , , , , , , , , , , , , , ,	08/25/2016	
	PROVIDER OR SUPPLIER	OME	550	REET ADDRESS, CITY, STATE, ZIP CODE 33 N 16TH STREET RLINGTON, VA 22205	V0/20/2016	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROIDEFICIENCY)	DBE COMPLETION	
W 249	(5) Fear. This inforwebsite: https://www.nlm.nih #summary <https: ml="" www.nlm.ni="">.  (6) Stomach contenthe esophagus and was obtained from thttps://www.nlm.nih 483.440(d)(1) PROG As soon as the interformulated a client's each client must rectreatment program cinterventions and seand frequency to su objectives identified plan.  This STANDARD is Based on staff interreview, it was deterned.</https:>	gov/ency/article/003272.htm. mation was obtained from the gov/medlineptus/anxiety.html ih.gov/medlineptus/anxiety.ht ats to leak back, or reflux, into irritate it. This information	W 249			
	Plan for two of three sample, Individuals	to implement Individual #				

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	PLE CONSTRUCTION	(X3) DATE SURVI	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDIN	G	08/25/2016	
		49G011	B. WING	entering in the grand published to the control of		
	PLAN OF CORRECTION  49G011  AE OF PROVIDER OR SUPPLIER  RTH 18TH STREET GRP HOME  4) IIJ SUMMARY STATEMENT OF DEFICIENCIES INSERIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL AG REGULATORY OR LSC IDENTIFYING INFORMATION)			STREET ADDRESS, GITY, STATE, ZIP CODE 5563 N 16TH STREET ARLINGTON, VA 22205		
(X4) IIJ PREFIX TAG	(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS REFERENCED TO THE APPR DEFICIENCY)	JLD BE COM	(X5) PLETION DATE
W 249	Continued From	page 37	W 24	9		
	2. Facility staff fa	ded to implement individual # 3's				
	The findings inclu	ude:				
	Individual # 2 was admitted to (Nam Diagnoses in the not limited to: sev obsessive compu- fragile X syndrom hyperplasia (5), a	s a 71 year old male, who was ne of Group Home) on 10/16/08, clinical record included but were vere intellectual disability (1), alsive disorder (2) anxiety (3), ne (4), benign prostatic			22	,-
	Individual # 2's cu through 11/31/20	urrent ISP dated 12/01/2016 17 documented, "(Individual # 2) cation independence. Support	med name	tMRP will individuals #2's Person Center Plan go leation management program" and individual's dentification and writing program. The QMRF goals to ensure that it accurately reflect the new 3.	#3 goal P will update	10/5/16

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.

8/14/2016 through 8/24/2016 were reviewed. The progress notes failed to evidence accurate implementation of Individual # 2's medication independence program.

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 read label with staff. 5. (Individual # 2) will

count the sprays for each nasal passage to

The "Progress Note" for Individual # 2 dated

identify correct administration."

will bring tissue with him to blow his nose before administration of nasal spray. 4. (Individual # 2)

On 8/15/2016 the evening shift "Progress Note"

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G011	B. WING		08/25/2016	
	PROVIDER OR SUPPLIER	IOME		STREET ADDRESS, CITY, STATE, ZIP CODE 5563 N 16TH STREET ARLINGTON, VA 22205		
(X4) ID PREFIX TAG	(EACH DEFICIENC	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPR DEFICIENCY)	ILD BE COMPLETION	
W 249	(Individual # 2's Init medication manage and taking them as On 8/16/2016 the edocumented, "Individual # 2's Init medication manage and taking them as On 8/16/2016 the edocument Individual # 2." On 8/17/2016 the edocument Individual # 2." On 8/19/2016 the edocumented, "Individual # 2's Init medication manage and taking them as On 8/20/2016 the edocumented, "Individual # 2's Init medication manage and taking them as On 8/20/2016 the edocumented, "Individual # 2's Init medication manage and taking them as On 8/22/2016 the edocumented, "Individual # 2's Init medication manage and taking them as On 8/22/2016 the edocumented, "Individual # 2's Init medication manage and taking them as On 8/22/2016 the edocumented, "Individual # 2's Init medication manage and taking them as	vidual's Participation: tials) participated in his ement by popping out his pills ordered." evening shift "Progress Note" tials) participated in his ement by popping out his pills ordered." evernight "Progress Note" the data collection for evernight "Progress Note" the data collection for evening shift "Progress Note" the data collection for evening shift "Progress Note" tidual's Participation: tials) participated in his ement by popping out his pills ordered." evekend shift "Progress Note" tidual's Participation: tals) participated in his ement by popping out his pills ordered." evening shift "Progress Note" tidual's Participation: tials) participated in his ement by popping out his pills ordered." evening shift "Progress Note" tidual's Participation: tials) participated in his ement by popping out his pills ordered." evening shift "Progress Note" tidual's Participation: tials) participated in his ement by popping out his pills ordered." evening shift "Progress Note" tidual's Participation: tials) participated in his ement by popping out his pills ordered."	W 2			
	On 8/23/2016 the e documented, "Individual # 2's Init	vening shift "Progress Note" idual's Participation: ials) participated in his ement by popping out his pills				

CENTERS FOR MEDICARE & MEDICAID SERVICES				OMB NO	OMB NO. 0938-0391		
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		49G011	B. WING		OF	3/25/2016	
NAME OF	PROVIDER OR SUPPLIE	R		STREET ADDRESS, CITY, STATE, ZIP	CODE	#25/2010	
NORTH '	16TH STREET GRP	HOME		5563 N 16TH STREET ARLINGTON, VA 22205			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSG IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
W 249	Continued From p	page 39	W 2	·			
	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."						
	conducted with On the QIDP (Qualified Professional) in the (administrative statement and ASA When asked about QIDP for the imple program, OSM #4 care staff to carry the programs notes 8/24/2016, for Indial if the program for	00 a.m. an interview was SM (other staff member) # 4, and Intellectual Disabilities are presence of ASM (aff member) # 1, program of # 2, the clinical director. It the responsibilities of the amentation of an individual's 4 stated, "Supervise the direct out the plans. After reviewing a dated 8/14/2016 through ividual # 2 OSM # 4 was asked medication was accurately is # 4 stated that they were not					
	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 informa	tion 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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		49G011	B. WING			08/25/2016		
NAME OF	PROVIDER OR SUPPLIE	R		STR	EET ADDRESS, CITY, STATE, ZIP COD			
NORTH -	16TH STREET GRP	KOME		5563	N 16TH STREET			
***************************************	TOTAL CIRCLE CHAP	TOME		ARL	INGTON, VA 22205			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE	
W 249	Continued From p	page 40	W 2	249				
	causes, such as la responsiveness. I from the website:	ack of stimulation and adult This information was obtained .gov/nihfactsheets/ViewFactShe						
	in which a person thoughts (obsessi (compulsions) tha repeat over and or obtained from the <a href="http://www.nimh.">http://www.nimh.</a>	ronic and long-lasting disorder has uncontrollable, reoccurring ons) and behaviors the or she feels the urge to ver. This information was website: nih.gov/health/topics/obsessive der-ocd/index.shtml>.						
Š	website:	ormation was obtained from the ih.gov/medlineplus/anxiety.html		ř				
	developmental dis specific gene caus information was ob-	mon form of inherited ability. A problem with a sees the disease. This otalned from the website: s.gov/fragilexsyndrome.html.					W	
	obtained from the	rostate. This information was website: nih.gov/medlineplus/enlargedpr						
	2. Facility staff faile name identification	ed to implement individual # 3's and writing program.					ĺ	
	admitted to (Name Diagnoses in the c	a 54 year old male, who was of Group Home) on 9/10/10. linical record included but were bund intellectual disability (1),						

autistic disorder (2) PICA (3), microcephaly (4),

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				0938-039
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
	Y	49G011	B. WING_		08/	25/2016
A BUILDING						
PREFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOWN CROSS REFERENCED TO THE APPR	ALD BE	(X5) COMPLETION DATE
W 249			W 24	9		
	through 09/30/2017 Activities & Instruct to identify and write instructions: 1. (Ind with a variety of act	ent ISP dated 10/01/2016 documented, "Support ions: Activity 5: I will learn how my name. Support lividual # 3) will be presented ivities that help him identify the He can sort and manipulate				

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."

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). 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."

#### PRINTED: 09/01/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCU-S (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 49G011 B WING 08/25/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5563 N 16TH STREET NORTH 16TH STREET GRP HOME ARLINGTON, VA 22205 SUMMARY STATEMENT OF DEFICIENCIES {X4} ID ID PROVIDER'S PLAN OF CORRECTION (XS) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION! TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 249 Continued From page 42 W 249 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 tack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://report.nih.gov/nihfactsheets/ViewFactShe">https://report.nih.gov/nihfactsheets/ViewFactShe</a> el.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.

from the website:

the website:

ctrumdisorder.html>.

and learns.) This information was obtained from

<a href="https://www.nlm.nih.gov/medlineplus/autismspe">https://www.nlm.nih.gov/medlineplus/autismspe</a>

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

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

	OF DEFICIENCES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	77 8000	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		49G011	B WING		08/25/2016
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 5563 N 16TH STREET ARLINGTON, VA 22205	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL. SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD RE COMPLETION
W 249	Continued From pa	age 43	W 24	19	
	website:	mation was obtained from the gov/ency/article/003272.htm.			
	website:	rmation was obtained from the			æ
	#summary	ih.gov/medlineplus/anxiety.ht			
	the esophagus and was obtained from	nts to leak back, or reflux, into irritate it. This information the website: .gov/medlineplus/gerd.html.			
W 252	483.440(a)(1) PRO	GRAM DOCUMENTATION	W 25	2	j
	specified in client in	omplishment of the criteria dividual program plan documented in measurable		MRP will revise the outcome for "physical activi ureable terms to collect appropriate data for in	
	terms.			MRP will revise the outcome for "medication m asureable terms to collect appropriate data for	
	Based on staff inter	s not met as evidenced by: rview, clinical record review	His na	MRP will revise the outcome for "identifying an me" in measureable terms to collect appropriat fuals #3.	d writing le data for
	that the facility staff	nt review it was determined failed collect data of		ragram Manager will update the Person Center o incorporate these changes for those individua	ls.
	individuals in the suit 2 and #3.	rable terms for three of three rvey sample, Individual # 1, #		rogram Manager will complete this process for a event further deticiencies.	all individuals
	collection of the duri	d to document the data ation of Individual # 1's ISP Plan) outcome/goaf for	servic	rogram Manager will continue to monitor to en e needs of individuals are accurately reflected t ekly operation meetings	
	physical activity in m	easurable terms.	Mana	inical Director will review within supervision wi ger for documentation to support the coordinat	Production of the Control of the Con
	2. Facility staff failed	d to document the data	for ea	ch individual needs.	

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CENTE	RS FOR MEDICARI	E & MEDICAID SERVICES						938-0391
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		49G011	B. WING				09/24	5/2016
W	PROVIDER OR SUPPLIER 18TH STREET GRP H			5563 N	TADDRESS, CITY, STATE, ZI 16TH STREET GTON, VA 22205	PCODE	1 00/2:	<i>12</i> 010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO Y DEFICIENCY	ION SHOULD HE APPROPE	BE	(X5) COMPLETION DATE
W 252	management in me # 2.  3. Facility staff fails collection of the ISI and writing his name individual # 3.  The findings includ  1. Facility staff fails collection of the du (Individual Support physical activity in a limited to (Name Diagnoses in the clinot limited to: mode schizophrenia (2) a kyphosis (4), osteo hyperplasia (6) glau individual # 1's curre through 03/31/2017 Outcome: Global Ohappy and emotion active social life and Support Activities & healthy weight and activity and better sinstructions" it docuengage in physical food choices (Individual food choices (Individual food choices (Individual food choices	P outcome/goal of medication reasureable terms for Individual ed to document the data P outcome/goal of identifying te in measureable terms for e:  ed to document the data ration of Individual # 1's ISP Plan) outcome/goal for measurable terms.  a 65 year old male, who was of Group Home) on 3/28/82. inical record included but were erate intellectual disability (1), and tardive dyskinesa (3), penia (5), benign prostatic acoma (7) and dry eyes.  rent ISP dated 04/01/2016 of documented, "Desired outcome 1. I will maintain a all balanced life by pursuing and doing things I enjoy.  Instructions: To maintain a stay skinny through physical mack choices. Under "Support Imented, "(Individual # 1) will activity and also make healthy lyidual # 1) enjoys riding his	ider the A qu to r	Clinical Dir ntified in th Program N warterly pec monitor to	rector will ensure that all doc ne Person Center Plan throug Manager. er review will be completed o ensure that all service needs This report will be submitted	th monthly su on going that of individual	pervision wi will audit re s are accura	th cords
	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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CEIVIE	13 FOR MEDICARE	G MEDICAID SEKVICES			OWB VC	J. 0938-0391	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		49G011	B, WING		00	3/25/2016	
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF			
NORTH	16TH STREET GRP H	IOME	- 1	5563 N 16TH STREET			
				ARLINGTON, VA 22205	_		
(X4) ID PREFEX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		ON SHOULD BE HE APPROPRIATE	(XS) COMPLETION DATE	
W 252	Continued From pa	age 45	W 2	 2 <b>52</b>			
	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."			~~	¥)		
5	8/14/2016 through failed to evidence of collection of the durphysical activity in r On 8/14/2016 the "Individual's Participities for a short while On 8/17/2016 the "Individual's Participexercised on his bit On 8/18/2016 the "Individual's Participinitials) rode his bit afternoon."	Progress Note" documented, pation: At home he rode his le drinking fluids in between." Progress Note" documented, pation: "(Individual # 1)		gr			
	initials) rode his bike afternoon." On 8/20/2016 the "f" Individual's Participinitials) had a total owere the only unhead counter the act those walked around the fon 8/18/2116 the "F" Individual's Participinitials) could not go as a result of bad we was offered healthy	Progress Note" documented, pation: "(Individual # 1's e with staff supervision this exition: "(Individual # 1's of two sodas today and those eathy choices he made, to be unhealthy choice [sic], he eair for at least 30-45 minutes." Progress Note" documented, pation: "(Individual # 1's e out for his community outing eather. He stayed home and snack choices to choose stened to music and danced					

whilst in the house."

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CENTE	RS FOR MEDICARI	& MEDICAID SERVICES	,			OMB NO	0. 0938-039
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G011	B. WING			1 00	3/25/2016
NAME OF	PROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE		NZ312010
NORTH -	16TH STREET GRP H	IOME		556	3 N 18TH STREET		
			1-1	AR	LINGTON, VA 22205		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
W 252	Continued From pa	age 46	W 2	52			
	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 Participexercised by riding	pation: "(Individual # 1) his bike."					
	"Individual's Particip	Progress Note" documented, pation: "(Individual # 1's e in the backyard with staff					
	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,				0 49		
	QIDP (Qualified Interpretation of Professional). After for exercise for India through 8/23/2016,	ellectual Disabilities r reviewing the progress notes vidual # 1 dated 8/14/2016 ASM # 1 and OSM # 4 were					
	terms ASM # 1 and	llected was in measurable OSM # 4 stated, "No."					
	(ISP)" documented,	4.1 Individual Service Plan 4.1.4 Individual Service Plan					
	(ISP) Development. collection is recorde	H. Data Collection: Data on all objectives/desired			0		
	outcomes in a forma	at that accurately represents gress. Data is tracked.					
	documented in mea	sureable terms and analyzed					
	to ensure that appro	priate objectives/desired					
	outcomes and interv	rentions/support strategies consumer. On-going					
	documentation is ke	pt in the progress notes					
	regarding the progre	ess, changes or significant					
	events relating to the consumer."	e tunctioning of the					
		.m. ASM (administrative staff					

member) # 1, program manager was made

	PREFIX TAG (EACH DEFICIENCY REGULATORY OR REGULATORY OR REGULATORY OR REGULATORY OR REGULATORY OR PARTIES (1) Refers to a growy a limited mental adaptive behaviors schedules and rou intellectual disabilities and may result autism or cerebral causes, such as la responsiveness. The from the website: https://report.nih.got.aspx?csid=100  (2) A mental disord difference between information was observed.			(X2) MULTIPLE CONSTRUCTION A, BUILDING			
A9G011 B, WING		١٠	8/25/2016				
			5	STREET ADDRESS, CITY, STATE, ZIP CODE 1563 N 16TH STREET ARLINGTON, VA 22205		00/23/2010	
PREFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	COMPLETION DATE	
NAME OF PR NORTH 16  (X4) ID PREFIX TAG  W 252 (A)  IT IT IT IT IT IT IT IT IT IT IT IT IT	Continued From pa	age 47	W 252			1	
	aware of the findin	gs.					
	No further information was provided prior to exit.						
	References:						
	by a limited mental adaptive behaviors schedules and rous intellectual disabilitia and may result autism or cerebral causes, such as lar responsiveness. The from the website: https://report.nih.got.aspx?csid=100  (2) A mental disord difference between information was obhttps://medlineplus  (3) Characterized between include grimad smacking, puckerin blinking. Rapid movernal trunk may also occur	oup of disorders characterized capacity and difficulty with such as managing money, tines, or social interactions. The originates before the age of from physical causes, such as palsy, or from nonphysical ck of stimulation and adult his information was obtained ov/nihfactsheets/ViewFactShee er that makes it hard to tell the what is real and not real. This tained from the website: gov/ency/article/000928.htm.  By repetitive, involuntary, ments. Features of the disordering, tongue protrusion, liping and pursing, and rapid eye rements of the arms, legs, and ur, involuntary movements of present. This information was					
	obtained from the w <a href="http://www.ninds.ne.htm">http://www.ninds.ne.htm</a> >. (4) A curving of the rounding of the back	vebsite:  ih.gov/disorders/tardive/tardiv  spine that causes a bowing or k, which leads to a hunchback b. This information was					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
		49G011	8 WING			ا	8/25/2016
	PROVIDER OR SUPPLIER	OME		5563	ET ADDRESS, CITY, STATE, ZIP CODE IN 16TH STREET INGTON, VA. 22205		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFI TAG	x	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE
W 252	Continued From pa	nge 48	W 2	52			
	<https: medlineplu<br="">&gt;</https:>	s.gov/ency/article/001240.htm					
	normal but also not information was ob	bone density that is not as low as osteoporosis. This tained from the website: a.nih.gov/pubmed/21234807.					i
(	(6) An enlarged pro obtained from the v <a href="https://www.nlm.n.ostatebph.html">https://www.nlm.n.ostatebph.html</a> .					i	
	eye's optic nerve. from the website:	ases that can damage the This information was obtained a.gov/medlineplus/glaucoma.ht					
	collection of the ISF	ed to document the data outcome/goal of medication asureable terms for Individual					
	admitted to (Name objection of limited to: sever obsessive compulsi fragile X syndrome	n 71 year old male, who was of Group Home) on 10/16/08, inical record included but were e intellectual disability (1), we disorder (2) anxiety (3), (4), benign prostatic rgles and a blood clotting					
	through 11/31/2017 will improve medica	ent ISP dated 12/01/2016 documented, "(Individual # 2) tion independence. Support ons: (Individual # 2) will learn					

to administer nasal spray." Under "Support

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	S FOR MEDICARI		OMB NO. 0938-039			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2 IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G011	B. WING		08/25/2016	
NAME OF PROVIDER OR SUPPLIER  NORTH 18TH STREET GRP HOME				STREET ADDRESS, CITY, STATE, ZIP COD 5563 N 16TH STREET ARLINGTON, VA 22205	9 00/20/2010	
(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 CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION	

#### W 252 Continued From page 49

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 falled to evidence documentation of the data collection of Individual # 2's medication independence in measurable terms. On 8/14/2016 the weakend 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 8/16/2018 the overnight "Progress Note" failed to document the data collection for

W 252

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		49G011	B. WING	š	*****	_   0	8/25/2016	
NAME OF	PROVIDER OR SUPPLIER			STREET	TADORESS. CITY, STATE, ZIP CO			
*********		****		10610041	16TH STREET			
NORTH	16TH STREET GRP I	HOME		1 - A C - Y	IGTON, VA 22205			
AVAL AD	SHAMADY ST	ATEMENT OF DEFICIENCIES	45		· · · · · · · · · · · · · · · · · · ·			
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF		PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	COMPLETION DATE	
W 252	Continued From page 50			252				
	Individual # 2."							
		overnight "Progress Note"						
		the data collection for						
	Individual # 2."							
	On 8/18/2016 the e	evening shift "Progress Note"					i	
		/Idual's Participation:						
		itials) was able to identify his	_					
		is other treatments, he cleaned	ı					
	nis nose with a par	per napkin and administer [sic]						
	nasal spray followin	ng stan directions." Evening shift "Progress Note"						
		ridual's Participation:						
	(Individual # 2's Ini	lials) participated in his						
	medication manage	ement by popping out his pills						
	and taking them as							
		vernight shift "Progress Note"						
	documented, "Indiv	idual's Participation:						
		itials) completed this skill with						
		sistance from staff on shift."						
		veekend shift "Progress Note"						
		idual's Participation:						
		ials) participated in his ement by popping out his pills						
	and taking them as							
		vening shift "Progress Note"						
	documented. "Indiv	idual's Participation:						
		ials) participated in his						
		ement by popping out his pills						
	and taking them as						l l	
		vernight shift "Progress Note"					ľ	
	documented, "Indiv	idual's Participation:					ŀ	
		tials) completed this skill with					ı	
		istance from staff on shift."					-	
		eekend shift "Progress Note"						
	documented, "Indivi						I	
		tials) did very well with					I	
	assisting with his m				7.0		[	
	OH 0/2 1/2010 (NB 0)	vernight shift "Progress Note"					1	

documented, "Individual's Participation:

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G011	B. WING			0.	8/25/2016
NAME OF	PROVIDER OR SUPPLIE	R		STR	EET ADDRESS, CITY, STATE, ZIP CODE		012012010
NORTH	16TH STREET GRP	HOME		5563	3 N 16TH STREET		
1101(111	TOTAL OTTERS ON	TIONIC		ARL	LINGTON, VA 22205		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	Continued From p "(Individual # 2's I hand over hand a On 8/22/2016 the documented, "Individual # 2's I medication managand taking them a On 8/22/2016 the documented, "Individual # 2) w medication and he directions." On 8/23/2016 the documented, "Individual # 2 s I medication managand taking them a On 8/23/2016 the documented, "Individual medication and er clean his nose bein nasal nostril." On 8/24/2016 the documented, "Individual # 2's In medication managand taking them a On 8/24/2016 the documented, "Individual # 2's In medication managand taking them a On 8/24/2016 the documented, "Individual # 2's In medication managand taking them a On 8/24/2016 the documented, "Individual # 2) was his medication adrinasal spray to administration adrinasal spray to administration admini	page 51 Initials) completed this skill with ssistance from staff on shift." evening shift "Progress Note" lividual's Participated in his gement by popping out his pills as ordered." overnight shift "Progress Note" ividual's Participation: as supported to administer his a was praised for following evening shift "Progress Note" ividual's Participated in his gement by popping out his pills a ordered." overnight shift "Progress Note" ividual's Participation: "Staff ual # 2) when it was time for his incouraged (Individual # 2) to fore the administration of his evening shift "Progress Note" vidual's Participation: "Staff ual # 2) when it was time for his incouraged (Individual # 2) to fore the administration of his evening shift "Progress Note" vidual's Participation: litials) participated in his pement by popping out his pills pement by popping out his pills	W 2			MININE	
	On 8/25/16 at apprinterview was conditionally #1,	roximately 9:30 a.m. an ducted with ASM (administrative program manager of (Name of OSM (other staff member) # 4,					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
		49G011	B. WING			O	B/25/2016
NAME OF	PROVIDER OR SUPPLIEF	l .		STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
NORTH 4	16TH STREET GRP I	40ME			N 16TH STREET		
14011111	TOTAL OTTICE COLU.	10112		ARL	INGTON, VA 22205		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	ALD BE	(X5) COMPLETION DATE
W 252	Continued From p	age 52	W 2	952			
	QIDP (Qualified in Professional). After for medication mandated /14/2016 thr OSM # 4 were ask measurable terms progress of the measurable terms progress of the measurable terms outcome. ASM # 1 On 8/25/16 at 12:3 staff member) # 1, clinical director and	tellectual Disabilities er reviewing the progress notes magement for Individual # 2 ough 8/24/2016, ASM # 1 and ted if data collected was in to determine Individual # 2's adication management and OSM # 4 stated, "No."  10 p.m. ASM (administrative program manager, ASM # 2, to OSM # 4 the QIDP (Qualified ties Professional) were made	** 2				
	No further information	ilon was provided prior to exit.					
	References:						
	(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100">https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</a> >.						
	in which a person h thoughts (obsessio (compulsions) that	he or she feels the urge to er. This information was					

<a href="http://www.nimh.nih.gov/health/topics/obsessive">http://www.nimh.nih.gov/health/topics/obsessive</a>

CLITTL	13 I OIL MEDIONIL	- G MEDIOVID OF LANGE			CIVID 110, 0300-0331			
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		49G011	B. WING _		08/25/2016			
	PROVIDER OR SUPPLIER 16TH STREET GRP H			STREET ADDRESS, CITY, STATE, ZIP CODE 5563 N 16TH STREET ARLINGTON, VA 22205				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	FIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION				
W 252	Continued From pa	age 53	W 25	2				
!	-compulsive-disord	ler-ocd/index.shtml>.						
	website: https://www.nlm.nih #summary	rmation was obtained from the n.gov/medlineplus/anxiety.html ih.gov/medlineplus/anxiety.ht			i			
	(4) The most commodevelopmental disa <a href="https://medlineplus.html">https://medlineplus.html</a> , A problem the disease. This is the website: https://medlineplus.  (5) An enlarged probbained from the website.	s.gov/developmentaldisabilitie with a specific gene causes information was obtained from gov/fragilexsyndrome.html.  ostate. This information was						
	collection of the ISF	ed to document the data outcome/goal of identifying te in measureable terms for						
	admitted to (Name Diagnoses in the cli not limited to: profo autistic disorder (2) fear (5), and gastro	a 54 year old male, who was of Group Home) on 9/10/10. inical record included but were und intellectual disability (1), PICA (3), microcephaly (4), esophageal reflux disease.						
	through 09/30/2017 Activities & Instructi	ent ISP dated 10/01/2016 documented, "Support lons: Activity 5: I will learn how my name. Support						

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CENTE	13 FOR MEDICAR	E & MEDICAID SELVICES		III			MR NO	I. U938-U391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUL A. BUILD	TIPLE CONSTR ING	RUCTION		(X3) DATE SURVEY COMPLETED	
		49G011	B, WING			že.	08	/25/2016
NAME OF	PROVIDER OR SUPPLIER	1	Ī	STREET AD	DRESS, CITY, STAT	E ZIP CODE		
NODTH A	ATH OTHER ON	IONE		5563 N 16T	TH STREET			
NORTH	16TH STREET GRP I	TOME	i	ARLINGT	ON, VA 22205			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (E	PROVIDER'S PLAN IACH CORRECTIVE DSS-REFERENCED DEFICI	ACTION SHOULD TO THE APPROP	BE	(X5) COMPLETION DATE
W 252	with a variety of actetters in his name various sensory ite on them or foam le which he selects helse's, use the iPa writing letters, etc. provided with the a activity he wishes to assisted as needed either activity, (India The "Progress Note 8/14/2016 through progress notes fall of the data collectic identification and won 8/15/2016 the vibralled to document individual # 3." On 8/21/2016 the vibralled to document individual # 3 had chair in the living roworking on his puzathe activity of foam recognize the letter On 8/25/16 at apprinterview was condistaff member) # 1, Group Home) and QIDP (Qualified Int Professional). After for name identification	dividual # 3) will be presented dividual # 3) will be presented dividites that help him identify the He can sort and manipulate ims such as books with letters enters, play flashcards games in is name versus someone do to practice identifying and 2. (Individual # 2) will be appropriate materials for the participate and will be do participate and will be do participate and will be do participate and will be do participate and will be do participate and will be do participate and will be do participate and will be praised."  The for Individual # 3 dated 8/24/2016 were reviewed. The ded to evidence documentation on of Individual # 3's name writing in measurable terms. Weekend shift "Progress Note" the data collection for the data collection for veekend shift "Progress Note" vidual's Participation:  In a relaxing day as he sat in his form listening to music and cales. Staff presented him with letters to enable him to be in his name."  Doximately 9:30 a.m. an an ucted with ASM (administrative program manager of (Name of OSM (other staff member) # 4, ellectual Disabilities in reviewing the progress notes ion and writing for individual #						
		rough 8/24/2016, ASM # 1 asked if data collected was in						640

measurable terms to determine Individual # 3's

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CO	DE		
INOPTH 4	16TH STREET GRP I	IONE	ŀ	5563 N 16TH STREET			
NORTH	IOIN SIREEI GRAI	TONIE		ARLINGTON, VA 22205			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFE TAG		HOULD BE	(X5) COMPLETION DATE	
W 252	Continued From pa	ace 55	W 2	252			
	·	ring and writing his name.	***	<b>V</b> 2			
	staff member) # 1, clinical director and	0 p.m. ASM (administrative program manager, ASM # 2, d OSM # 4 the QIDP (Qualified tles Professional) were made gs.					
	No further informat	tion was provided prior to exit.					
	References:						
	by a limited mental adaptive behaviors schedules and rout intellectual disabilit 18 and may result fautism or cerebral causes, such as lacresponsiveness. The from the website:	up of disorders characterized capacity and difficulty with such as managing money, tines, or social interactions. y originates before the age of from physical causes, such as palsy, or from nonphysical ck of stimulation and adult his information was obtained gov/nihfactsheets/ViewFactShe					
	that begins early in throughout a person acts and interacts v and learns.) This in the website:	and developmental disorder childhood and lasts n's life. It affects how a person with others, communicates, nformation was obtained from th.gov/medlineplus/autismspe					
		ng non-food materials, such ils information was obtained					

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

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	LTIPLE CONSTRUCTION DING		DATE SURVEY COMPLETED
		49G011	B. WING	<u> </u>		08/25/2016
	PROVIDER OR SUPPLIER 16TH STREET GRP H			STREET ADDRESS, CITY. STATE, ZIP 5563 N 16TH STREET ARLINGTON, VA 22205		T T I I I I I
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LBC IDENTIFYING INFORMATION)	ID PREFII TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 252	Continued From pa	age 56	W 2	252		
W 255	much smaller than and sex. This inforwebsite: https://medlineplus (5) Fear. This inforwebsite: https://www.nlm.nih #summary <a href="https://www.nlm.nih">https://www.nlm.nih #summary <a href="https://www.nlm.nih">https://www.nlm.nih #summary <a href="https://www.nlm.nih">https://www.nlm.nih #summary <a href="https://www.nlm.nih">https://www.nlm.nih #summary <a href="https://www.nlm.nih 483.440(f)(1)(i) PRICHANGE">https://www.nlm.nih 483.440(f)(1)(i) PRICHANGE</a> The individual prog least by the qualified professional and rebut not limited to sit successfully completed in the individual floor interview, it was def (Qualified Intellectufailed to revise the least the for three of three intellectufailed intellectufailed to revise the least three of three intellectufailed intellectufailed intellectufailed to revise the least three of three intellectufailed intellec</a></a></a></a>	n.gov/medlineptus/gerd.html. OGRAM MONITORING &  gram plan must be reviewed at a dintellectual disability avised as necessary, including, tuations in which the client has a teted an objective or objectives indual program plan. It is not met as evidenced by: lal record review and staff a termined that the QIDP and Disabilities Professional) ISP (Individual Service Plan) dividuals in the survey sample,	W 2	?55		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		49G011	B. WING		08/25/2016	
	ROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZIP CODE 5563 N 16TH STREET ARLINGTON, VA 22205		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				BE COMPLETION		
W 255	Continued From page 57			55		
		ed to revise Individual # 2's ISP e Plan) after meeting the				
	The second secon	ed to revise Individual # 3's ISP e Plan) after meeting the			- LW/3/1	
	The findings inclu	ide:		am Manager will complete this process for all Indivi	dvals	
		ed to revise Individual # 1's ISP e Plan) after meeting the	The Progr	nt further deficiencles. am Manager will continue to monitor to ensure that eds of individuals are accurately reflected through t		

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

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.

CENTE	RS FOR MEDICARE	E & MEDICAID SERVICES			OMB N	NO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A, BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G011	B. WING	17		08/25/2016
	PROVIDER OR SUPPLIER 16TH STREET GRP H			STREET ADDRESS, CITY, STATE, ZIP 5583 N 16TH STREET ARLINGTON, VA 22205		06/23/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFE TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	COMPLETION DATE
	04/01/2016 through updates and/ or rev (one) and 2 (two).  On 8/25/16 at 11:00 conducted with OSI the QIDP (Qualified Professional) in the (administrative staff manager and ASM; When asked about that were met, OSI met I would modify the individual # 1 dated 03/31/2017, OSM # outcomes were revisitely were not.  The facility's policy "Disabilities Professional Coordination, monitor individual Service Plactive treatment in the Qualified Intellectual Monitoring Of Service Review consumer refinancial and medicat treatment and service correctly, documented outside services have program services."  On 8/25/16 at 12:30	ndividual # 1's ISP dated n 03/31/2017 failed to evidence risions to global outcomes 1 o a.m. an interview was M (other staff member) # 4,	W 2	55		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		49G011	B. WING		01	8/25/2016
	PROVIDER OR SUPPLIER  16TH STREET GRP H	OME		STREET ADDRESS, CITY, STATE, ZIP COD 5563 N 16TH STREET ARLINGTON, VA 22205		WZWZ010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SCIDENTIFYING INFORMATION)	PREFI) TAG	PROVIDER'S PLAN OF CORRE ( (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD 8E	COMPLETION DATE
W 255	Intellectual Disabilit aware of the finding No further informati References:  (1) Refers to a gro	OSM # 4 the QIDP (Qualified ies Professional) were made is.  on was provided prior to exit.  oup of disorders characterized	W 2:	55		
	by a limited mental adaptive behaviors schedules and routi intellectual disability 18 and may result frautism or cerebral peauses, such as lac responsiveness. The from the website:	capacity and difficulty with such as managing money, nes, or social interactions or originates before the age of rom physical causes, such as easy, or from nonphysical k of stimulation and adult is information was obtained winihfactsheets/ViewFactShee				
	difference between Information was obtained from the work in the state of the state	er that makes it hard to tell the what is real and not real. This ained from the website: gov/ency/article/000928.htm.  repetitive, involuntary, sents. Features of the disordering, tongue protrusion, lip grand pursing, and rapid eye ements of the arms, legs, and r. Involuntary movements of present. This information was absite: h.gov/disorders/tardive/tardiv				
	(4) A curving of the s rounding of the back	spine that causes a bowing or , which leads to a hunchback				

	MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G011	B. WING	3		08/25/2016	
	OF PROVIDER OR SUPPLIER TH 16TH STREET GRP H	OME		STREET ADDRESS, CITY, STATE. 2IP- 5563 N 16TH STREET ARLINGTON, VA 22205	CODE	-	
(X4) PRE	FIX (EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX (EACH CORRECTIVE ACTIO	N SHOULD E APPROPI	BE CUMPLETION	
W	obtained from the v <a href="https://medlineplus"> <a href="https://medlineplus"> <a href="https://medlineplus"> <a href="https://medlineplus"> <a href="https://www.ncbi.nlm"> <a href="https://www.ncbi.nlm"> <a href="https://www.ncbi.nlm"> <a href="https://www.nlm.nin.nlm"> <a #="" (individual="" 2)<="" href="https://www.&lt;/td&gt;&lt;td&gt;e. This information was vebsite: s.gov/ency/article/001240.htm  bone density that is not as low as osteoporosis. This tained from the website:nih.gov/pubmed/21234807. state. This information was rebsite: ih.gov/medlineptus/enlargedpr  ses that can damage the This information was obtained .gov/medlineptus/glaucoma.ht  to revise Individual # 2's ISP Plan) after meeting the  71 year old male, who was of Group Home) on 10/16/08. nical record included but were intellectual disability (1), we disorder (2) anxiety (3). (4), benign prostatic regies and a blood clotting  ent ISP dated 12/01/2016 documented, " td=""><td>W:</td><td>255</td><td></td><td></td></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a>	W:	255				
	Individual # 2's curre through 11/31/2017	documented, "(Individual # 2) bey management skills.					

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CENTE	RS FOR MEDICAR	E & MEDICAID SERVICES				M APPROVE 2. 0938-039
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPL A BUILDING	E CONSTRUCTION		NTE SURVEY
		49G011	B. WING		_	2/28/2014
NAME OF	PROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP COL	DE	3/25/2016
МОРТЫ	16TH STREET GRP I	LIANE		563 N 16TH STREET		
NORTH	TOTH STREET GRET	TOME	A	RLINGTON, VA 22205		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 255	Continued From pa	age 61	W 255			
	independence. (In	ndividual # 2) will increase in health and agility."	*** ***			
	Individual # 2's qua	arterly review dated 03/01/2016				
	through 05/30/2010	6 documented, "(Individual # 2)				
	will improve his mo Status of Outcome	oney management skills.				
		improve medication				
		atus of Outcome: Met.				
	(Individual #2) will	increase exercise to maintain Status of Outcome: Met."				
	12/01/2016 through	ndividual # 2's ISP dated n 11/31/2017 failed to evidence visions to the outcomes.			9	
	On 8/25/16 at 11:00	0 a.m. an Interview was				
	conducted with OS	M (other staff member) # 4,				
	the QIDP (Qualified	Intellectual Disabilities				
	Professional) in the					
		f member) # 1, program # 2, the clinical director.				
		the procedure for outcomes				
		# 4 stated, "When a goal is				
	met I would modify	the goal to continue to build				
		s." After reviewing the ISP for				
		12/01/2016 through 4 was asked if the global				
		sed. OSM # 4 stated that				
	they were not.	Boot. Com # 4 stated first				
	On 8/25/16 at 12:30	p.m. ASM (administrative				
	staff member) # 1, p	program manager, ASM # 2.				
	clinical director and	OSM # 4 the QIDP (Qualified				
	Intellectual Disabiliti	es Professional) were made				
	aware of the finding	ა.				

No further information was provided prior to exit.

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	(40 ( 40 ( 10 ( 10 ( 10 ( 10 ( 10 ( 10 (					1710 170, 0000 000 1
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILI	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED
		49G011	B. WING			08/25/2016
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	TATE ZIP CODE	
NORTH 1	6TH STREET GRP H	OME		5563 N 16TH STREET ARLINGTON, VA 2220	15	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCILS Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	(C) PREF TAG	IX (EACH CORRECT CROSS-REFERENC	LAN OF CORRECTION TIVE ACTION SHOULD SED TO THE APPROPE FICIENCY)	BE COMPLETION
W 255	Continued From pa	age 62	w:	255		
	(1) Refers to a group by a limited mental adaptive behaviors schedules and rout Intellectual disabilities and may result for autism or cerebral causes, such as lact responsiveness. The from the website: <a href="https://report.nih.get.aspx?csid=100">https://report.nih.get.aspx?csid=100</a> (2) A common, chrowing which a person in thoughts (obsession (compulsions) that repeat over and own obtained from the vehttp://www.nimh.n-compulsive-disording from the vehttps://www.nimh.nih.gen	onic and long-lasting disorder has uncontrollable, reoccurring has uncontrollable, reoccurring has and behaviors he or she feels the urge to er. This information was vebsite:  Ith.gov/health/topics/obsessive er-ocd/index.shtml>.  Imation was obtained from the h.gov/medlineplus/anxiety.html  ith.gov/medlineplus/anxiety.html				

https://medlineplus.gov/fragilexsyndrome.html.

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CENTER	42 LOK MEDICAKI	E-A WEDICAID SERVICES			= = (	71VIB NO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUL A. BUILD		DISTRUCTION	(X3) DATE SURVEY COMPLETED
		49G011	B. WING	-		08/25/2016
NAME OF F	PROVIDER OR SUPPLIER		ľ	SIRE	ET ADDRESS, CITY, STATE, ZIP CODE	
NORTH 4	INTH STREET GRP H	IOME		5563	N 16TH STREET	
HORITI.	ion onter our i	TORIE		ARLI	NGTON, VA 22205	
(X4HD PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION;	ID PREFII TAG	ĸ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION
W 255	Continued From pa	age 63	W 2	55		
	•	ostate. This Information was				
	obtained from the					
		to revise Individual # 3's ISP Plan) after meeting the				-
		a 54 year old male, who was			4	
		of Group Home) on 9/10/10. linical record included but were				
		ound intellectual disability (1),				
		PICA (3), microcephaly (4),				
		esophageal reflux disease.				
	Individual # 3's cur	rent ISP dated 10/01/2015				
		3 documented, "Desired				
		ual # 3) would like to better				
		eeds and wants to others. (Individual # 3) would like to				
		his community. Desired				
		ual # 3) would like to become				
	more independent					
	management. Des	ired Outcome: (Individual # 3)				
		ne more independent in his				
		nt. Desired Outcome:				
	1	old like to increase his				
		eveloping his skill set and lety of areas: Activity # 1 I will				
		ely of calming activities to				
		Activity 2: I would like to				1
		ety of novel leisure activities				1
***		cal, social, sensory and				
		ctivity 3: I would like to learn				İ
		ous technological devices of				
	my interest; Activity	y 4: I will have the opportunity				ļ

to participate in cultural and spiritual activities of

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CATION NUMBER:  49G011  A GUILDING  B. WING  STREET ADDRESS, CITY, STATE, ZIP ( 5563 N 16TH STREET ARLINGTON, VA 22205  [X4] ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  W 255  Continued From page 64 my interest; Activity 5: I will learn how to identify and write my name."  Individual # 3's quarterly review dated 04/01/2016 Ihrough 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	7.07	
NORTH 16TH STREET GRP HOME  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  W 255  Continued From page 64 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		DATE SURVEY COMPLETED
NORTH 16TH STREET GRP HOME  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  W 255 Continued From page 64 W 255 W 255 Continued From page 64 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		08/25/2016
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  W 255  Continued From page 64  W 255  W 255  W 255  Continued From page 64  W 255  ID PREFIX (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)  W 255  W 255  W 255  W 255  W 255  W 255  ID PREFIX (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)  W 255  W 255  W 255  W 255  ID PROVIDER'S PLAN OF CO.  (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)  W 255  W 255  W 255  W 255  ID PROVIDER'S PLAN OF CO.  (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)  W 255  W 255  ID PREFIX (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)  W 255  ID PROVIDER'S PLAN OF CO.  (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICE ACTION CROSS-REFERENCED TO THE DEFICIENCY)  W 255  ID PROVIDER'S PLAN OF CO.  (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICE		TOTAL CO.
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	ON SHOULD BE IE APPROPRIATE	COMPLETION DATE
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."		

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,

CENTE	KS FUR MEDICARE	A MICHICAID SERVICES				OWR NO	<i>),</i> 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	A. BUILD		CONSTRUCTION		ITE SURVEY
	· · · · · · · · · · · · · · · · · · ·	49G011	B. WING			- 08	3/25/2016
50-64	PROVIDER OR SUPPLIER  16TH STREET GRP H	OME		5563	EET ADDRESS CITY, STATE, ZIP CODE 3 N 16TH STREET LINGTON, VA 22205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
W 255	Professional) in the (administrative staff manager and ASM When asked about that were met, OSM met I would modify the individual's skill: Individual # 3 dated 09/30/2016, OSM # outcomes were revithey were not.  On 8/25/16 at 12:30 staff member) # 1, pclinical director and Intellectual Disabiliti aware of the finding	I Intellectual Disabilities presence of ASM f member) # 1, program # 2, the clinical director. the procedure for outcomes ff # 4 stated, "When a goal is the goal to continue to build s." After reviewing the ISP for 10/01/2015 through 4 was asked if the global ised. OSM # 4 stated that  D.p.m. ASM (administrative program manager, ASM # 2, OSM # 4 the QIDP (Qualified ies Professional) were made is.	W 2	:55			
	References:	on was provided prior to exit.					
	by a limited mental adaptive behaviors schedules and routi intellectual disability 18 and may result frautism or cerebral p causes, such as lac responsiveness. Thi from the website:	p of disorders characterized capacity and difficulty with such as managing money, nes, or social interactions, originates before the age of tom physical causes, such as easy, or from nonphysical k of stimulation and adult is information was obtained by/nihfactsheets/ViewFactShe					
	that begins early in o	nd developmental disorder childhood and lasts 's life, it affects how a person					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER			CONSTRUCTION	(X3) DATE SURY COMPLETE	
		49G011	B. WING			08/25/20	116
	PROVIDER OR SUPPLIER 16TH STREET GRP H	OME		556	EET ADDRESS, CITY, STATE, ZIP CODE 3 N 16TH STREET LINGTON, VA 22205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDERS PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULT CROSS-REFERENCED TO THE AFPROP DEFICIENCY)	BE COMP	XS) PLETION ATE
W 255	acts and interacts wand learns.) This in the website: <a href="https://www.nlm.nictrumdisorder.html">https://www.nlm.nictrumdisorder.html</a> (3) A pattern of eating as dirt or paper. The from the website: <a href="https://medlineplus.">https://medlineplus.</a> (4) A condition in whe much smaller than that and sex. This information website: <a href="https://www.nlm.nih.#summary">https://www.nlm.nih.#summary</a> <a href="https://www.nlm.nih.#summary">https://www.nlm.nih.#summary</a> <a href="https://www.nlm.nih.#summary">https://www.nlm.nih.#summary</a> <a href="https://www.nlm.nih.#summary">https://www.nlm.nih.#summary</a> <a href="https://www.nlm.nih.#summary">https://www.nlm.nih.#summary</a> <a href="https://www.nlm.nih.#summary">https://www.nlm.nih.#summary</a> <a href="https://www.nlm.nih.#summary">https://www.nlm.nih.#summary</a> <a href="https://www.nlm.nih.#summary">https://www.nlm.nih.#summary</a> <a href="https://www.nlm.nih.#summary">https://www.nlm.nih.#summary</a> <a href="https://www.nlm.nih.#summary">https://www.nlm.nih.#summary</a> <a href="https://www.nlm.nih.#summary">https://www.nlm.nih.#summary</a> <a href="https://www.nlm.nih.#summary">https://www.nlm.nih.#summary</a> <a href="https://www.nlm.nih.#summary">https://www.nlm.nih.#summary</a> <a href="https://www.nlm.nih.#summary">https://www.nlm.nih.#summary</a> <a href="https://www.nlm.nih.#summary">https://www.nlm.nih.#summary</a> <a href="https://www.nlm.nih.#summary">https://www.nlm.nih.#summary</a> <a href="https://www.nlm.nih.#summary">https://www.nlm.nih.#summary</a> <a href="https://www.nlm.nih.#summary">https://www.nlm.nih.#summary</a> <a href="https://www.nlm.nih.#summary">https://www.nlm.nih.#summary</a> <a href="https://www.nlm.nih.#summary">https://www.nlm.nih.#summary</a> <a href="https://www.nlm.nih.#summary">https://www.nlm.nih.#summary</a> <a href="https://www.nlm.nih.#summary">https://www.nlm.nih.#summary</a> <a href="https://www.nlm.nih.#summary">https://www.nlm.nih.#summary</a> <a href="https://www.nlm.nih.#summary">https:</a>	with others, communicates, information was obtained from the gov/medlineplus/autismspens, and non-food materials, such its information was obtained gov/ency/article/001538.htm. In the aperson's head size is that of others of the same age mation was obtained from the gov/ency/article/003272.htm. In the gov/medlineplus/anxiety.html the gov/medlineplus/anxiety.html the total back, or reflux, into irritate it. This information he website: gov/medlineplus/gerd.html. JENT BEDROOMS	W 2				
	Based on observation	not met as evidenced by: ons and staff interview, it was facility staff failed to maintain					

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V4111L	TOT ON INCOME	AL OF MEDICARD OF MAIOEO			OMB NO 0938-035		
STATEMENT AND PLAN (	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	Distriction Const.	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		49G011	8 WING		08/25/2016		
NAME OF	PROVIDER OR SUPPLIE	R	- 1	REET ADDRESS, CITY, STATE, ZIP CODE	V.—		
NORTH '	16TH STREET GRP	HOME		3 N 16TH STREET			
			AR	LINGTON, VA 22205			
(XA) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL RESC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	EUD BE COMPLETION		
W 420	Continued From p	page 67	W 420				
	the environment in	A A STATE OF THE PARTY OF THE P	**				
	of the walls throug Lower Level" of th	base molding around the base ghout the "Entry Level and ne group home was missing seling and scuffed with black	The Pro followin	perty Department will address the ng deficiencies outlined.	10/5/16		
	<ol> <li>The floor tile in the kitchen on the "Entry Level" was dirty and scuffed with black marks, chipped and pitted.</li> <li>The wooden flooring throughout the "Entry Level" of the group home had a worn finish with black scuff marks and pitted areas.</li> </ol>		1. 2. 3. 4. 5. 6. 7. 8. 9.	Replace and paint the shoe and base in Replace flooring on top floor of kitcher Replace wooden floor in common area Replace storm door Repair hot water faucet in bathroom Replace 3 % foot base molding Replace upright freezer Add kick plate to bathroom and bedrookepair and Paint	n a of top floor		
	the storm door on	If of the inside and outside of the "Entry Level" of the group d with black and brown dirt and	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.				
ð	<ul> <li>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.</li> <li>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."</li> </ul>		The Progr	ram Manager and QMRP will complete wo nental checks in the program, ram Manager and the Director will also co	number blooms		
			program of the pr	assessment to evaluate and address the	environmental needs		
		if of the door on the upright wer Lievel" kitchen was rusted, bottom.		65			
	bedroom doors of t	arter of the bathroom and the individuals on the "Lower ad scuffed with black marks.					

9. A section of wall next to and behind the

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CEIVIL	IND LOW MEDICALIF	S MEDICAID SERVICES			OMB N	D. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUR,D	TIPLE CONSTRUCTION ING		ATE SURVEY MPLETED
		49G011	B. WING		lot.	8/25/2016
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP		3/20/20/0
		t and all all and		5563 N 16TH STREET		
NORTH	16TH STREET GRP H	OME	- 1	ARLINGTON, VA 22205		
(X4) ID PREFIX TAG	(EACH DEFICIENC	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF C X (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(XS) COMPLETION DATE
W 420	Continued From pa	nge 68	W 4	20		
		oximately three and a half feet	** **	20		
		Level" was scrapped and				
	The findings include	<b>8</b> ;				
		"Entry Level and Lower				
	8/24/16 at 8:05 a.m revealed the followi The shoe and base	home on 8/23/16 at 3:40 p.m., and 8/25/16 at 7:30 a.m. ng: molding around the base of at the "Entry Level and Lower				
	Level" of the group chipped, peeling an The floor tile in the	home was missing paint, id scuffed with black marks, kitchen on the "Entry Level" and with black marks, chipped				ä
		g throughout the "Entry Level" nad a worn finish with black				
	The bottom half of t storm door on the "I	he inside and outside of the Entry Level" of the group with black and brown dirt and				
	grime. In one of two bathro	oms on the "Entry Level" of				
	bathroom sink was					
	a half feet long was	ding approximately three and missing from the bottom of ndividual 's room on the				
	"Lower Level." The bottom half of the	he door on the upright freezer				:
	chipped at the botto	kitchen was rusted, and m. of the bathroom and bedroom			•	
	doors of the individu	als on the "Lower Level" were				

table approximately three and a half feet long on

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		E & MEDICAID SERVICES			FORM APPROVEI OMB NO. 0938-039	
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1	IPLE CONSTRUCTION  VG	(X3) DATE SURVEY COMPLETED	
		49G011	B. WING		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	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOTH CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION	
W 420	Continued From pa	age 69	W 42	20		
	the "Lower Level"	was scrapped and pitted.		-		
	was conducted with member) # 1, prog clinical director. We repair of the environagreed with the about "A walk through is cunaware of the faur notified the property	coximately 12:05 p.m. a tour th ASM (administrative staff ram manager and ASM # 2, then asked about the poor nment ASM # 1 and ASM # 2 tove findings. ASM # 1 stated, done every day. I was cet not working. We've y manager and they do walk told there were no findings."				

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.

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.