PRINTED: 01/29/2019 **FORM APPROVED** OMB NO. 0938-0391

LAND DI AN DE CODDECTION IN INDENTIFICATION NUMBER		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		E SURVEY IPLETED	
,		49G044	B WING	5 KH	01/	17/2019
1000001784017147781 (0.7470)	PROVIDER OR SUPPLIER  STREET ICF/MR			STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET MANASSAS, VA 20111	100 100	30.50 St. 10
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(XS) COMPLETION DATE
E 000	Initial Comments		E 00	0		
E 015	survey was conduction of 1/17/19. Correction compliance with 42 Requirement for Lo	ing-Term Care Facilities. For Staff and Patients	E 01	E015: Subsistence needs for staff patients CPR 483.475(b)(1)  The CRI Oak Street Group Home incorporate protocols into their EP address sewage and waste dispose	will plan to	3/3/2019
	develop and impler policies and proced plan set forth in par assessment at para and the communica this section. The po- reviewed and upda	ocedures. [Facilities] must nent emergency preparedness lures, based on the emergency ragraph (a) of this section, risk agraph (a)(1) of this section, ation plan at paragraph (c) of olicies and procedures must be led at least annually.] At a ies and procedures must ing:		The CRI Oak Street Group Home be trainedon the new protocols du March Team meeting. Minutes from the March Team me document the staff training  The Community Residences Risk Management Committee will revie Emergency Plan specific to CRI C Street Group	ring the etirig will with the world with the wind the control of t	
	and patients whether place, include, but a clip place, included by a clip place, including a	n, extinguishing, and alarm waste disposal. pice at §418.113(b)(6)(iii):]		Home on annual basis.		
LABORATOR'	Y DINEOTÉRIS OR PROVID	PARVSUPPLIER REPRESENTATIVE'S ŞIĞI	NATURE	I TITLE		(X6) DATE /

Any deliciency statement ending with an asterisk (\*) denotes a deliciency 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 tollowing the date of survey whether or not a plan of correction is provided 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.

Facility ID. VA'CEMR47

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILOI	TIPLE CONSTRUCTION NG		E SURVEY IPLETED
		49G044	B. WING	диш с и	01/	17/2019
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 7811 OAK STREET MANASSAS, VA 20111		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(XS) COMPLETION DATE
E 015	hospice-operated in The policies and profollowing:  (iii) The provision of hospice employees evacuate or shelter limited to the follow (A) Food, water, supplies.  (B) Alternate sout following:  (1) Temperature and safety and for for forovisions.  (2) Emergence (3) Fire detects systems.  (C) Sewage and This STANDARD is Based on staff intereview it was deterfailed to have a compreparedness plant and the emergency plant procedures for was the findings included on 01/16/19 at 1:00 emergency prapare conducted with ASI member) # 2, progracility's emergency evidence document included policies at sewage disposal.	npatient care facilities only. ocedures must address the if subsistence needs for and patients, whether they in place, include, but are not ing: medical, and pharmaceutical arces of energy to maintain the ares to protect patient health the safe and sanitary storage by lighting. ion, extinguishing, and alarm waste disposal. Is not met as evidenced by: arview and facility document mined that the facility staff inplete emergency o provide documentation that in included policies and ite and sewage disposal.	EO	15		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	(X3) DATE SURVEY COMPLETED		
	20 10 10 10 10 10 10 10 10 10 10 10 10 10	49G044	B. WING	MARKE STANDARDO	01/17/2019
	PROVIDER OR SUPPLIER STREET ICF/MR		7	TREET ADDRESS, CITY, STATE, ZIP CODE 811 OAK STREET JANASSAS, VA 20111	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION
E 015	Continued From pa Home)."	ge 2	E 015		
	(administrative staff clinical director and	roximately 9:55 a.m. f member) #1, the acting ASM # 2, the program de aware of made aware of			
W 000	No further informati	ion was provided prior to exit.	W 000		
	Intermediate Care I Intellectual Disabilit 01/5/19 through 01/ compliance with 42 for Intermediate Ca	nnual Medicaid survey for Facilities for Persons with ies (ICF/ID) was conducted (17/19. The facility was not in CFR Part 483 Requirements are Facilities for the Mentally Safety Code survey report will			
W 111	the time of the surv consisted of three of (Individuals # 1, # 2	3	W 111		
	recordkeeping syst	evelop and maintain a em that documents the client's treatment, social information, ne client's rights.			
	Based on staff inte review it was determ failed to ensure the	s not met as evidenced by: erview and clinical record mined that the facility staff clinical record was complete ne of three individuals in the			

ICOA PANORDO CONTRANAMENTA ANTON	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION		SURVEY
	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			PLETED
		49G044	B. WING		01/1	17/2019
NAME OF PROVIDER OR SUPPLIER  CRI OAK STREET ICF/MR			7	TREET ADDRESS, CITY, STATE, ZIP CODE 811 OAK STREET MANASSAS, VA 20111		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 111	Continued From pa	*** <del>-</del> **** ***	W 111	W 111 Client Records 483.410(c)(1	1)	
9000	survey sample, Ind			The QIDP will review Individual # 2	s	3/3/19
		led complete the progress note Individual # 2's active		progress note to ensure that it is completed as required to address t supports as identified in the Person	300000	
	The findings includ	le:		Center Plan		
	admitted to (Name Diagnoses in the c not limited to: seve	a 58-year-old female, who was of Group Home) on 1/24/96. linical record included but were the intellectual disability (1),		The QIDP will review all other indiv progress to ensure that it is comple required to address the supports as identified in the Person Center Plan	eted as	
	(electronic health r	al # 2's clinical record and EHR record) failed to evidence a ad 01/081/19 reflecting the		The Program Manager will complet weekly audits to ensure that the se needs are accurately reflected thro documentation of the completion of progress notes.	rvice ugh the	i
	conducted with AS member) #1, the a	5 a.m., an interview was M (administrative staff cting clinical director and ASM		The Program Manager will complet process for all individuals to prever further deficiencies.		
	Individual # 2's mis 01/08/19, ASM # 1 were unable to local 1 and ASM # 2 furt Group Home) had	nanager. When asked about sing progress note dated and ASM # 2 stated that they ate the progress note. ASM # ther stated that (Name of an agency staff working on sked to describe the procedure		The Program Manager will continue monitor to ensure that all service neall individuals are accurately reflect through the use of weekly operation meeting.	eeds of ted	
	to ensure agency s ASM # 1 and ASM support profession	staff complete progress note, # 2 stated, "The DSP (direct al) who was on that day was		The Clinical Director will review wit supervision with the Program Mana documentation to support the coord	ager for ¦	
	put in the clinical re the days that the C Disabilities Profess asked whom the D	ure a note was completed and ecord. A DSP is assigned on DIDP (Qualified Intellectual sional) is not here." When DISP was that was assigned to 101/08/19, ASM # 2 stated,		of services for each needs		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		49G044	B. WING	# # P	01/17/2019
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET MANASSAS, VA 20111	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
W 111	W 111 Continued From page 4		W 11	1	
	On 01/17/19 at 9:45 DSP # 3 was unsuc	5 a.m., an attempt to interview cessful.			
	(administrative staff clinical director and	roximately 9:55 a.m. f member) #1, the acting ASM # 2, the program de aware of made aware of			
	No further informati	on was provided prior to exit.			
	by a limited mental adaptive behaviors schedules and rout Intellectual disability 18 and may result fautism or cerebral places, such as lac responsiveness. The from the website: https://report.nih.got.aspx?csid=100.	ip of disorders characterized capacity and difficulty with such as managing money, ines, or social interactions. y originates before the age of rom physical causes, such as palsy, or from nonphysical ck of stimulation and adult his information was obtained by/nihfactsheets/ViewFactShee			
	as dirt or paper. The from the website:	ng non-food materials, such nis information was obtained gov/ency/article/UU1538.htm.			
	has repeated seizu episodes of uncont brain cells that may behavior. Generali seizure (involves th	ain disorder in which a person res over time. Seizures are rolled and abnormal firing of cause changes in attention or zed tonic-clonic (grand mal) e entire body, including aura, loss of alertness). This			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SU		(X1) PROV.DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	3	
		49G044	B. WING		01/17/2019	9	
	ROVIDER OR SUPPLIER		7	TREET ADDRESS, CITY, STATE, ZIP CODE 811 OAK STREET MANASSAS, VA 20111			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE COMPLE	TION	
	https://medlineplus QIDP CFR(s): 483.430(a) Each client's active integrated, coording qualified intellectual This STANDARD is Based on resident day program record was determined that Intellectual Disability coordinate and most reatment programs in the survey samp 1. The QIDP failed programs of senso living skills for Indivaccording to the PC 2a. The QIDP failed (Person Centered I in measurable termines).	tained from the website: .gov/ency/article/000694.htm.	W 111		date / vidual review that and e the staff II ensure	9	
	treatment program:	d to ensure the active s of Communication for implemented according to the ered Plan).		lassessments to ensure that a'l ser- and needs are met and are accura reflect on the monthly QIDP notes. The Clinical Director will review wit	tely		
		d to ensure the data collection PCP (Person Centered Plan) measurable terms.	10 mm	supervision with the Program Mana the documentation to support the coordination of services for each	700 MM - 15		
	3a. The QIDP failer	d to ensure the PCP (Person		ind:vidua  			

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF	PROVIDER OR SUPPLIER	49G044	B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE	01/	17/2019
CRI OAK	STREET ICF/MR			811 OAK STREET MANASSAS, VA 20111		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTS (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	DBE	(X5) COMPLETION DATE
W 159	Centered Plan) out Communication ski measurable terms i 3b. The QIDP failed (Person Centered F communication, coi (Name of Day Programsurable terms) 3c. The QIDP failed treatment program Individual # 3 was i PCP (Person Centered) 3d. The QIDP failed of Individual # 3's Is from (Name of Day measurable terms. The findings included 1a. The QIDP failed treatment programs independent living implemented according to the contered Plan). Individual # 1 was a admitted to (Name Diagnoses in the classification of the contered Plan). Individual # 1's curt (2) pervasive devel disorder and allergi Individual # 1's curt through 11/30/2016 Outcome: Outcome	come of "Outcome # 2: ills" was developed in for Individual # 3.  d to ensure the following PCP Plan) outcomes of exercise, mmunity and socialization at gram) was developed in for Individual # 3.  d to ensure the active of Communication for mplemented according to the ered Plan).  d to ensure the data collection SP (Individual Service Plan) or Program) outcomes were in e: d to ensure the active s of sensory stimulation and skills for Individual # 1 was rding to the PCP (Person  24-year-old male, who was of Group Home) on 10/12/11. linical record included but were moderate intellectual disability, lopmental disorder, (3) mood	W 159	The OIDP will revise Individual # 3 "Medication Education and Managoutcomes into measurable terms."  The OIDP will revise Individuals # PCP outcomes into measurable tecollect appropriate data.  The Program Manager will update PCPs to incorporate these changithose individuals.  The Program Manager will comple process for all the individuals to proceed for all the individuals to proceed the program Manager will continue monitor to ensure that all service individuals are accurately reflected through the use of weekly operation meetings.  The Clinical Director will review with the Program Manager will continue the coordination of services for each individual needs.	ement" 3's rms to the es for ete this event heeds of tons	3/3/19

	13 OH MEDICAN	E & MEDICAID SERVICES	OMB NO. 0938-039				
	FOF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIS A. BUILDING	PLE CONSTRUCTION	(X3) DATE COME	SURVEY PLETED	
		49G044	B. WING		01/1	7/2019	
NAME OF	PAOVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 0111	772010	
COLOAK	CTOCCT IAPAID			7811 OAK STREET			
CHI UAF	STREET ICF/MR		1	MANASSAS, VA 20111			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	O BE	(X5) COMPLETIO DATE	
W 159	objects when he is 4 (four) out of 5 (fin 11/30/19. Support (Individual # 1) use to stimulate himsel time in the sensory offered choices for to choose from at a prompted to rearradone. 4. (Individual good job. Frequen minutes."  Desired Outcome: Living Skills. (Individual good job. Frequen minutes."  Desired Outcome: Living Skills. (Individual # 1) Instructions: (Individual # 1) is pelean up. 2. (Individual # 1) is pelean up. 2. (Individual # 1) is pelean up. 2. (Individual # 1) is Frequency: Weekly Review of the programment of the program	ds to learn how to rearrange his done using them daily, at least ve) times a week (80%) until Activities & Instructions: es objects in the sensory room if: 1. (Individual # 1) spends v room. 2. (Individual # 1) is susing on only one or two items a time. 3. (Individual # 1) is nige his objects when he is al # 1) is praised for doing a roy: Daily. Amount: 45  Outcome # 6: Independent vidual # 1) likes to help around dual # 1) participates in doing of 4 (four) times a week (50%) (30/19. Support Activities & idual # 1) likes to help around aning and trash disposal. 1. Incompted when it is time to idual # 1) is offered a hand are. 3. (Individual # 1) is ethe initiative and do laundry. Is praised for doing a good job. Individual # 1) is ress notes and data collection ough 01/15/19 of Individual # altion program revealed it was	W 159	The Day Program Manager will re Individual # 3's PCP outcomes of "Exercise, Communication, Command Socialization" into measurable to collect appropriate data  The Program Manager and/ or QII review and revise day program PC all the other individuals to ensure that are in measurable terms  The Program Manager/QIDP will of monthly observations and record in appropriate data collection and outcomes being measurable and in these in monthly QIDP notes.  The Day Program Monitor/ Clinical Director will also conduct quarterly observations and record reviews from pliance.	DP will CPs for that they conduct reviews	3/3/19	

		(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		E SURVEY PLETED
	5. 3011120110) <b>4</b>	DEITH ON OTHORUS.	A, BUILDING		0014	
		49G044	B. WING		01/	17/2019
	PROVIDER OR SUPPLIER  ( STREET ICF/MR		78	REET ADDRESS, CITY, STATE, ZIP CODE 111 OAK STREET ANASSAS, VA 20111		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
W 159	On 01/16/19 at apprinterview was cond member) # 1, QDIF Disabilities Profess asked to describe to QIDP. OSM # 1 stat that they are monit sure they are follow Review the staff's of the individuals, heli day programs once being followed. Che behaviors, review on the the purpose of stated, "To help them imple having trouble with notes for Individual independent living program, OSM # 1 treatment was imple them imple them of the program, OSM # 1 treatment was imple them imp	age 8 proximately, 1:30 p.m., an lucted with OSM (other staff of (Qualified Intellectual sional). When OSM #1 was the responsibilities of the ated, "Help monitor the staff oring the individuals by making ving their goals and protocols. documentation, help transport p with assignments, and visit a month to ensure goals are eck on the individual's putcome/goals and progress mes a week. When asked of the PCP was, OSM #1 em, (Individuals) with daily life. The ment something they are "After reviewing the progress #1's sensory stimulation and skills active treatment was asked if the active lemented according to PCP for M#1 stated, "I see what you	W 159			
	Disabilities Profess OMRP is responsit coordination, moni Individual Service active treatment in Qualified Intellectu Monitoring Of Serview consumer financial and media treatment and services.	"8.1 Qualified Intellectual sional" documented, "The ble for the integration, toring and development of the Plan, and to ensure quality the program." Under "8.1.2 al Disabilities Professional rices" it documented, "A. records to include clinical, cal to ensure prescribed rices are being implemented appropriately and that any ave been incorporated into				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG		E SURVEY IPLETED
		49G044	r With		01/	17/2019
	PROVIDER OR SUPPLIER	3		STREET ADDRESS, GITY, STATE, ZIP O 7811 OAK STREET MANASSAS, VA 20111		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(XS) COMPLETION DATE
W 159	(administrative staclinical director armanager, were methe above findings.) No further information and person's life, it affiniteracts with other includes what usyndrome and person's life, it affiniteracts. This in the website: https://medlineplutml.	oproximately 9:55 a.m.  aff member) #1, the acting and ASM # 2, the program ade aware of made aware of s.  ation was provided prior to exit.  oup of disorders characterized at capacity and difficulty with as such as managing money, utines, or social interactions. lity originates before the age of the from physical causes, such as all palsy, or from nonphysical ack of stimulation and adult This information was obtained	W 1!	59		
	emotional state. bipolar disorder (	der affects a person's everyday These include depression and also called manic depression). can increase a person's risk for				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		SURVEY PLETEO
		49G044	B. WING ,		01/	17/2019
NAME OF PROVIDER OR SUPPLIER CRI OAK STREET ICF/MR			781	REET ADDRESS, CITY, STATE, ZIP CODE IT OAK STREET INASSAS, VA 20111		or when
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
W 159	heart disease, diab Treatments include a combination of be people with mood of lives. This informat website: https://vsearch.nlm meta?v%3Aproject medlineplus-bundle 2.250975558.1992 9.1515023902.  2a. The QIDP faile (Person Centered in measurable term # 8: Medication Ed skills." Individual # 2 was admitted to (Name Diagnoses in the c not limited to: seve PICA (2) and grand Individual # 2's cur through 10/31/201 Outcome: Outcom and Management escalate her Medic Management Skills angaging/participa administration 3 tir day = 100% of the months until 10/31 Instructions: (Indivi in taking schedule day 100% of the tir	setes, and other diseases.  medication, psychotherapy, or oth. With treatment, most disorders can lead productive tion was obtained from the manifest of the m	W 159			

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 01/29/2019 FORM APPROVED OMB NO. 0938-0391

CENTER	ENTERS FOR MEDICARE & MEDICAID SERVICES			OMB NO. 0938-03				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED			
		49G044	B WING		01/17/2019			
NAME OF	PROVIDER OR SUPPLIER	<u> </u>	1	STREET ADDRESS, CITY, STATE, ZIP				
001044	CRI OAK STREET ICF/MR			7811 OAK STREET				
CHI OAK	SIREELICHMH			MANASSAS, VA 20111				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE COMPLET DATE			
W 159	Continued From pa	nge 11	W 1	59				
	her medication. 2.	(Individual # 2) is educated on ing the medication. 3.						
		s a cup/bottle of water for [sic]						
	to take medication.	4. (Individual # 2) ingests all						
	medication with wa Amount: Continual	ter. Frequency: Daily. y."						
	interview was cond member) # 1, QDIR Disabilities Profess PCP dated 11/01/2 Individual # 2's memanagement skills was asked if the addeveloped in meas according to the PC stated, "I see what On 01/17/19 at app (administrative stated)	proximately 1:30 p.m., an lucted with OSM (other staff of Qualified Intellectual sional). After reviewing the 018 through 10/31/2019 for dication education and treatment program, OSM # 1 stive treatment outcome was urable terms implemented CP for Individual # 2. OSM # 1 you mean."  proximately 9:55 a.m. of member) #1, the acting the ASM # 2, the program de aware of made aware of						
	the above findings.							
	No further informat	ion was provided prior to exit.						
	by a limited mental adaptive behaviors schedules and roul Intellectual disabilit 18 and may result it	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						
	causes, such as la responsiveness. The from the website:	palsy, or from nonphysical ck of stimulation and adult nis information was obtained						

https://report.nih.gov/nihfactsheets/ViewFactShee

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION G		TE SURVEY MPLETED
		49G044	B. WING		01	/17/2019
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2 7811 OAK STREET MANASSAS, VA 20111	ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(XS) COMPLETION DATE
W 159	t.aspx?csid=100.  (2) A pattern of eat as dirt or paper. The from the website: https://medlineplus (3) Epilepsy is a brhas repeated seizu episodes of uncombrain cells that mabehavior. General seizure (involves the rigid muscles, and information was other the things://medlineplus (4) A good way to for your height is to index (BMI). You acan use your BMI you have. This infer the website: https://medlineplus 2b. The QIDP failed treatment program Individual # 2 was PCP (Person Cent Individual # 2's curthrough 10/31/201 Outcome: Communicate her and others by usin like facial expressitivice out of the two consecutive montil	ing non-food materials, such his information was obtained .gov/ency/article/001538.htm. ain disorder in which a person tres over time. Seizures are trolled and abnormal firing of y cause changes in attention or ized tonic-clonic (grand mal) ne entire body, including aura, loss of alertness). This obtained from the website: .gov/ency/article/000694.htm. decide if your weight is healthy of figure out your body mass and your health care provider to estimate how much body fat formation was obtained from s.gov/ency/article/007196.htm. and to ensure the active is of Communication for implemented according to the		9		

CENTER	15 FUR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-0391			
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	32 miles	e) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED		
		49G044	B. WING	/45		01/	17/2019	
NAME OF F	PROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE			
CRI OAK	STREET ICF/MR				1 OAK STREET NASSAS, VA 20111			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	D BE	(X5) COMPLETION DATE	
W 159	express her wants to staff and or her pto what she would her head for yes or (Individual # 2) is u facial to express he Amount: Continuall "Desired Outcome: engage in exercise offered a week for the time to maintait consecutive month Activities & Instruct four times a week! 3 times weekly by: recumbent bike, dayoga and floor yog the type of exercise gesturing, pointing presented to her. correct footwear to (Individual # 2) rev perform exercise. weight once month Frequency: Daily.  Review of the programmented in 15 Individual # 2's exent implemented in 15 Individua	s her preferred language to and needs three times a day beers. 1. (Individual # 2) points like. 2. (Individual # 2) shakes no when asked a question. 3, se [sic] vocalization and or er thoughts. Frequency: Daily. y."  Exercise. (Individual # 2) will 2 (two) of 3 (three) times 20 minutes weekly (66%) of n BMI (Body Max Index) for 12 s until 10/20/2019. Support tions: (Individual # 2) exercises for 20 minutes or more 2 out of going for walks, using ancing, participating in chair a. 1. (Individual # 2) selects that she would like to do by or making vocalizations when 2. (Individual # 2) puts on the perform the exercise. 3. iews instructions on how to 4. (Individual # 2) checks hereby to track progress. Amount: 15 minutes."  Tress notes and data collection ough 01/15/19 of Individual # program revealed it was not opportunities and review of ercise program revealed it was	W 1	159				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (	CONSTRUCTION		TE SURVEY MPLETED
		49G044	B. WING	MR 8 W	01	/17/2019
	PROVIDER OR SUPPLIER		781	EET ADDRESS, CITY, STATE, ZIP 1 OAK STREET NASSAS, VA 20111		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE SE APPROPRIATE	(X5) COMPLETION DATE
W 159	on/only19 through of communication protection protection and the active treatment were implemented, you mean."  An interview on only p.m. was conducted staff member) # 2, (Name of Group Hemissing documents Individual # 2's PC and exercise, ASM note does not reflet implemented."  On only17/19 at app (administrative static clinical director and manager, were mattered above findings.  No further information and the above findings.  No further information and Management escalate her Medic Management Skillengaging/participal administration 3 tireday = 100% of the	I data collection dated 1/15/19 of Individual # 2's 1/15/19 of Individual # 2's 1/15/19 of Individual # 2's 1/15/19 of Individual # 2 1/15/19 at approximately 3:30 1/16/19 at approximate	W 159			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G		TE SURVEY MPLETED
		49G044	B. WING		01	/17/2019
05 AND 61805	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI 7811 OAK STREET MANASSAS, VA 20111	PCODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE HE APPROPRIATE	(XS) COMPLETION DATE
W 159	Instructions: (Indivi in taking scheduled day 100% of the tin (Individual # 2) is referred to take medication. 2. The reason for takin (Individual # 2) gets to take medication with we amount: Continual Review of the programount: Continual Review of the programount of the program	dual # 2) participates/engage if medications three times a me. Support Instructions: 1. eminded when it is time to take (Individual # 2) is educated oning the medication. 3. is a cup/bottle of water for [sic] is 4. (Individual # 2) ingests all iter. Frequency: Daily. Iter. Frequency: Daily. Iter. Frequency: Daily. Iter. Frequency: Daily. Iter. Frequency: Medication magement Skills outcome failed to collection was documented in a collection was documented in the collection dated in the late of the collection dated in the late of the collection dated in and management skills was asked if the data dual # 2 was documented in OSM # 1 stated, "I see what the construction of the collection dated in the late of the data dual # 2 was documented in OSM # 1 stated, "I see what the construction of the program and aware of made aware of made aware of	W 15	9		

	<u> </u>	WINEBIONIS OCHTICES		<del></del>	DIVID NO	. 0930-0391	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION 3		(X3) DATE SURVEY COMPLETED	
		49G044	B. WING		01/	/17/2019	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET MANASSAS, VA 20111		SPACE CA	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	IQ PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETION DATE	
W 159	Communication ski measurable terms in the communication of the communica	lls" was developed in	W 159				

		AND HUMAN SERVICES & MEDICAID SERVICES			PRINTED: 01/29/2019 FORM APPROVED OMB NO. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A BUILDI	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G044	B. WING		01/17/2019
NAME OF F	PROVIDER OR SUPPLIER	e can de		STREET ADDRESS, CITY, STATE, ZIP CODE	
CRIOAK	STREET ICF/MR			7811 OAK STREET MANASSAS, VA 20111	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC 'DENTIFYING INFORMATION)	ID PREFII TAG		LD BE   COMPLETION
W 159	program, OSM # 1 treatment outcome terms implemented individual # 3. OSM mean."  On 01/17/19 at app (administrative staf clinical director and manager, were mat the above findings.  No further informat  References: (1) Refers to a grow by a limited mental adaptive behaviors schedules and rout Intellectual disabilit 18 and may result autism or cerebral causes, such as lar responsiveness. T from the website: https://www.report. ctSheet.aspx?csid= (2) A pattern of eat as dirt or paper. T from the website: https://medlineplus (3) Symptoms of a	vidual # 3's communication was asked if the active was developed in measurable according to PCP for M # 1 stated, "I see what you broximately 9:55 a.m. frember) #1, the acting ASM # 2, the program de aware of made aware of ion was provided prior to exit.  Up of disorders characterized capacity and difficulty with such as managing money, tines, or social interactions. Yoriginates before the age of from physical causes, such as palsy, or from nonphysical ck of stimulation and adult this information was obtained inih.gov/NIHfactsheets/ViewFa=100  ing non-food materials, such his information was obtained agov/ency/article/001538.htm.  brain problem. They happen	<b>W 1</b>	159	
		n, abnormal electrical activity in			

https://www.nlm.nih.gov/medlineplus/seizures.ht

website:

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
- 0		49G044	B. WING	· 19 <del>44</del>	01/	17/2019		
	PROVIDER OR SUPPLIER		7	STREET ADDRESS, CITY, STATE, ZIP CODE 1811 OAK STREET MANASSAS, VA 20111				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED DEFICIENCY)	BE	(X5) COMPLETION DATE		
W 159	ml.  (4) Fear. This inforwebsite: https://www.nlm.nif #summary.  3b. The QIDP failed (Person Centered Formunication, co (Name of Day Progmeasurable terms) The ISP (Individual 3 dated 08/01/2018 documented, "Desi Safety: (Individual 4 Learning and other communicates effe socialization: (Individual 4 evidence documented of the skills.) On 01/16/19 at apprinterview was condmember) # 1, QDIF Disabilities Profess (Individual Service 08/01/2018 through 3's exercise, communication programs were beinterview was condmember) # 1, QDIF Disabilities Profess (Individual Service 08/01/2018 through 3's exercise, communication programs active treatment out the skills.)	mation was obtained from the n.gov/medlineplus/anxiety.html  It to ensure the following PCP Plan) outcomes of exercise, mmunity and socialization at tram) was developed in for Individual # 3.  Service Plan) for Individual # 1 through 07/31/2019 red Outcome: 1. Health and # 3) will exercise daily. 2. pursuits: (Individual # 3) ctively, 3. Communication and ridual # 3) socializes with her riew of Individual # 3's ISP hrough 07/31/2019 failed to tation of how the ISP ng measured to determine gress toward independence of proximately 1:30 p.m., an sucted with OSM (other staff of Qualified Intellectual Ional). After reviewing the ISP Plan) for Individual # 3 dated to 07/31/2019 for Individual # 3 dated to 07/31/2019 for Individual # 3 munication, community and times, OSM # 1 was asked if the toomes were developed in for Individual # 3, OSM # 1	W 159					

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		SURVEY PLETED
		49G044	B WING	8 65 8 15 859888	01/	17/2019
20422 12 000000	PROVIDER OR SUPPLIER		781	REET ADDRESS, CITY, STATE, ZIP CODE 11 OAK STREET ANASSAS, VA 20111		8
(X4) ID PREFIX TAG	LEACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO GROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 159	Continued From p	age 19	W 159			
	(administrative sta clinical director an manager, were ma the above findings	proximately 9:55 a.m.  If member) #1, the acting  d ASM # 2, the program  ade aware of made aware of  tion was provided prior to exit.				
	treatment program	ed to ensure the active n of Communication for implemented according to the tered Plan).				2500
	conducted from 4 Observation of Ind 5:30 p.m. revealed Group Home), was taff presenting the Individual # 3 to pengage Individual puzzies, using the preparing for dinning staff support, beind down at the dining observation of Indialed to evidence	bservation of Individual #3 was 35 p.m. to 5:30 p.m. to 5:30 p.m. to dividual #3 from 4:35 p.m. to dishe arrived home to (Name of soffered an choice of snack by the etypes of foods and asking lick one. Staff attempting to #3 in an activity, games or bathroom with staff assistance, er by washing her hands with a called for dinner and sitting table and eating. Further lividual #3 during this period the staff using Individual #3's sation chart as described in the tered-plan).				
	conducted from 8 Observation of In- 8:30 a.m. reveale the living room of watching television	observation of Individual #3 was :00 a.m. to 8:30 a.m. dividual # 3 from 8:00 a.m. to d she was sitting on the sofa in (Name of Group Home) on. Staff members were ching Individual # 3 and asking				

CENTE	NO FUR IVICUIUMA	& MEDICAID SERVICES				OMP NO	<u>. 0938-039</u>
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G044	e wind	R WING		01/17/2019	
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET MANASSAS, VA 20111				
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG			PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 159	her simple question where are you goin transportation arriv Program), staff me Individual # 3 to ge Further observation period failed to evin # 3's picture communithe PCP (person-communithe PCP (person-communithe PCP) (per	ns; "Are you ready for work, og today?" When Individual #'s ed to take her to (Name of Day mbers gave instructions for it her coat, bag and lunch." n of Individual # 3 during this dence the staff using Individual nunication chart as described in		159			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE 5 COMPL  A. BUILDING	
, i	
49G044 B. WING 01/17	7/2019
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  7811 OAK STREET  CRI OAK STREET ICF/MR  MANASSAS, VA 20111	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 159  Continued From page 21 between 4:35 p.m. to 5:30 p.m. and on 01/16 19 between 8:00 a.m. to 8:30 a.m., DSP # 2 stated "Yes." When asked to describe Individual # 3's communication program, DSP # 2 stated, "She is non-verbal and she will take staff by the hand to take her where she wants to go. She has a communication book with pictures to be used for services and going out in the community. That's the only thing it's used for," DSP # 2 stated asked to review the PCP communication program for Individual # 3. When asked if she was aware that the pictures were to be used all the time according to the PCP communication program, DSP # 2 stated, "yes." When asked why the communication book was not used on 01/15/19 between 4:35 p.m. to 5:30 p.m. and on 01/16 19 between 4:35 p.m. to 5:30 p.m., DSP # 2 could not provide an answer.  On 01/16/19 at approximately 1:30 p.m., an interview was conducted with OSM (other staff member) # 1, QDIP (Qualified Intellectual Disabilities Professional). After being informed of the observations of Individual # 3's communication not implemented according to the PCP by the staff, OSM # 1 stated, "I see what you mean. It should have been done."  On 01/17/19 at approximately 9:55 a.m. (administrative staff member) #1, the acting clinical director and ASM # 2, the program manager, were made aware of made aware of the above findings.  No further information was provided prior to exit.  3d. The OIDP failed to ensure the data collection of Individual # 3's ISP (Individual Service Plan)	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		TE SURVEY
		49G044	8. WING	*	0	1/17/2019
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z 7811 OAK STREET MANASSAS, VA 20111		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(XS) COMPLETION DATE
W 159	from (Name of Day measurable terms.  The ISP (Individual 3 dated 08/01/2018 documented, "Desi Safety: (Individual # Learning and other communicates effersocialization: (Indiv peers." Further rev dated 08/01/2018 the evidence document programs were beir Individual # 3's program) dated 01/1 Individual # 2's exercommunity and societies was condimember) # 1, QDIF Disabilities Profess collection of the ISF communication, confrom (Name of Day were written in measurable, "I see what On 01/17/19 at app (administrative staff clinical director and	Program) outcomes were in  Service Plan) for Individual # Ithrough 07/31/2019 red Outcome: 1. Health and 3) will exercise daily. 2. pursuits: (Individual # 3) ctively, 3. Communication and ridual # 3) socializes with her riew of Individual # 3's ISP rough 07/31/2019 failed to tation of how the ISP rig measured to determine gress toward independence of  ress notes from (Name of Day 101/19 through 01/15/19 for roise, communication, rialization outcomes failed to collection was documented in  roximately 1:30 p.m., an ucted with OSM (other staff 2 (Qualified Intellectual fronal). When asked if the data 2 outcomes of exercise, mmunity and socialization Program) for Individual # 3 resurable terms, OSM # 1	W 1	159		

CENTE	13 FOR WEDICANE	& MEDICAID SERVICES					. 0938-039
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G044	B. W NG	B. W NG		01/17/2019	
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1000	
051044	AZAFET IAEMIA			7	B11 OAK STREET		
CHI UAK	STREET ICF/MR			N	IANASSAS, VA 20111		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IO PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	38 C	(X5) COMPLETION DATE
W 159	Continued From pa	age 23	W 1	59			1
<b>W</b> 231	No further informat INDIVIDUAL PROC CFR(s): 483.440(c)		W 2	31	W 231 INDIVIDUAL PROGRAM PI CFR -483 440(c)(4)	an	3/3/19
	must be expressed	ne individual program plan I in behavioral terms that le indices of performance.			The QIDP will revise Individual # 2' Medication Education and Manage Skills" outcomes into measurable to	ment	
	Based on staff into and facility docume that the facility staff (Person Centered I	s not met as evidenced by: erview, clinical record review ent review it was determined I failed to develop PCP Plan) outcomes in measurable ee individuals in the survey # 2 and # 3.			The OiDP will revise Individual # 3' "Communication Skills" outcomes i measurable terms  The OIDP will revise Individuals # 3 PCP outcomes into measurable ter collect appropriate data	nto 3's	
	(Person Centered I 8: Medication Educ	failed to develop the PCP Plan) outcome of "Outcome # ation and Management skills" as for Individual # 2.			The Program Manager will update PCPs to incorporate these change those individuals  The Program Manager will complete process for all the individuals to pre-	es for te this	
	(Person Centered I	f failed to develop the PCP Plan) outcome of "Outcome # skills" in measurable terms for			further deficiencies  The Program Manager will continue monitor to ensure that all service re-	e to   eeds	
	(Person Centered I communication, co	failed to develop the PCP Plan) outcomes of exercise, mmunity and socialization at rram) in measurable terms for	Name of the first state of the f		of individuals are accurately reflect through the use of weekly operation meetings	ns	
	The findings include				The Chirical Director will review with supervision with the Program Mana for decumentation to support the coordination of services for each	200	
98		failed to develop the PCP Plan) outcome of "Outcome #			individual needs		

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G044	B. WING	<u> </u>	01/1	17/2019
	PROVIDER OR SUPPLIER  STREET ICF/MR			STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET MANASSAS, VA 20111		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLET ON DATE
W 231	8: Medication Educin measurable term Individual # 2 was admitted to (Name Diagnoses in the contilement of the continual of the continual of the contilement of the co	cation and Management skills" as for Individual # 2.  a 58-year-old female, who was of Group Home) on 1/24/96. Ilinical record included but were re intellectual disability (1), if maul seizure (3).  rent PCP dated 11/01/2018 9 documented, "Desired e # 8: Medication Education Skills. (Individual # 2) will eation Education and station Education and station in her medication mes of the 3 times offered a time for 12 consecutive /2019. Support Activities & idual # 2) participates/engage id medications three times a me. Support Instructions: 1. eminded when it is time to take (Individual # 2) is educated on the medication. 3. is a cup/bottle of water for [sic] 4. (Individual # 2) ingests all later. Frequency: Daily.		The Day Program Manager will re Individual # 3's PCP outcomes of "Exercise, Communication, Command Socialization" into measurable. The Program Manager and/ or QII review and revise day program PC all the other individuals to ensure are in measurable terms.  The Program Manager/QIDP will monthly observations and record to ensure that outcomes are in meterms and report on these in montantes.  The Day Program Monitor/ Clinical Director will also conduct quarterly observations and record reviews compliance.	conduct reviews casurable hly QIDP	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		49G044	B. WING		M	01	/17/2019	
J. 1000000000	PROVIDER OR SUPPLIER			7811 OAK S	ORESS, CITY, STATE, ZIP CODE TREET IS, VA 20111	- <b> </b>		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EA	PAOVIDER'S PLAN OF CORRECT ACH CORRECTIVE ACTION SHOU SS-REFERENCED TO THE APPRI DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
W 231	management was v OSM # 1 stated, "i s An interview on 01/ p.m. was conducted staff member) # 2, 1 (Name of Group Ho outcome for Individe education and management)	vritten in measurable terms, see what you mean."  16/19 at approximately 3:30 d with ASM (administrative the program manager for time). When asked if the PCP and # 2 of medication agement was written in	W 2	31				
	The facility's policy (ISP)" documented, of Corporation) ens a minimum: 4. Goal objectives / desired each identified need Plan (ISP) Developi and Objectives/Des objectives / desired in terms that are be measurable indexes							
	(administrative staff clinical director and manager, were mad the above findings.	roximately 9:55 a.m. member) #1, the acting ASM # 2, the program de aware of made aware of on was provided prior to exit.						
- Control of the Cont	by a limited mental adaptive behaviors a schedules and routi Intellectual disability	p of disorders characterized capacity and difficulty with such as managing money, nes, or social interactions.						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED				
		49G044	B. WING			01	/17/2019		
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET MANASSAS, VA 20111				000000 0010		
(X4) ID PREFIX TAG			OULD BE	(X5) COMPLETION DATE					
W 231	autism or cerebra causes, such as la responsiveness. I from the website: https://report.nih.gt.aspx?csid=100.  (2) A pattern of ea as dirt or paper. from the website: https://medlineplu (3) Epilepsy is a bhas repeated seize episodes of uncobrain cells that mediation. General seizure (involves rigid muscles, and information was of https://medlineplu (4) A good way to for your height is index (BMI). You can use your BM you have. This in the website: https://medlineplu 2a. The facility st (Person Centere 2: Communication Individual # 3.  Individual # 3 was admitted to (Nan	I palsy, or from nonphysical ack of stimulation and adult This information was obtained gov/nihfactsheets/ViewFactSheetting non-food materials, such This information was obtained		231					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		49G044	B, WING	DO 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		01/	17/2019
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 7811 OAK STREET MANASSAS, VA 20111	ODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD	BE	(XS) COMPLETION DATE
W 231	PICA (2), seizure d Individual # 3's cur through 07/31/2098 Outcome: Outcome (Individual # 3) use communicate her v to a desired locatio indicate specific ne leading to specific se le	age 27 aund intellectual disability (1), isorder (3) and anxiety (4).  Tent PCP dated 08/01/2018 a documented, "Desired at 2: Communication skills. Is non-verbal cues to vants and needs. She will walk in, purposefully vocalize to eds, holding staff's hand and areas/need, etc. [sic] e.g. to Monday to Friday 5 (five) out the times, until 7/31/2019.  Instructions: (Individual # 3) less to communicate her wants stance; to go to bed or to eat, is from Mondays to Friday using C (picture exchange system) es of the day (100%)." 1.  Trompted to pick up her art/device. 2. (Individual # 3) wants on the chart/device. 3. Inpletes one of the above by communicating her wants. Is praised for following tency: Daily. Amount:  Droximately, 1:30 p.m., an fucted with OSM (other staff of Qualified Intellectual sional). When asked what the P was, OSM # 1 stated, "To help pomething they are having in asked what the PCP icome for Individual # 3 was 1 stated, "I see what you ed if the PCP communication	W2	231			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION NG		TE SURVEY MPLETED
1000	1995 - 1995 - 1	49G044	B. WING		01	/17/2019
	PROVIDER OR SUPPLIER  STREET ICF/MR			STREET ADDRESS, CITY, STATE, ZIP 7811 OAK STREET MANASSAS, VA 20111	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
W 231	measurable terms, you mean."  An interview on 01, p.m. was conducte staff member) # 2, (Name of Group H communication ou written in measura "No."  On 01/17/19 at app (administrative statclinical director and manager, were mathe above findings.  No further information and the above findings.  References: (1) Refers to a group by a limited mental adaptive behaviors schedules and roughtellectual disabilities and may result autism or cerebral causes, such as la responsiveness. If from the website: https://www.report.ctSheet.aspx?csid.  (2) A pattern of eat as dirt or paper. The from the website:	dual # 3 was written in  OSM # 1 stated, "I see what  /16/19 at approximately 3:30  id with ASM (administrative the program manager for ome). When asked if the PCP tcome for Individual # 3 was ble terms, OSM # 1 stated,  proximately 9:55 a.m.  If member) #1, the acting I ASM # 2, the program ade aware of made aware of tion was provided prior to exit.  Up of disorders characterized I capacity and difficulty with I such as managing money, tines, or social interactions.  By originates before the age of from physical causes, such as palsy, or from nonphysical ck of stimulation and adult This information was obtained  Inih.gov/NIHfactsheets/ViewFa	W 2	31		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G044	B. WING			01/	17/2019
8 8	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 7811 OAK STREET MANASSAS, VA 20111	ODE		
(X4) ID PRIEFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE			
W 231	because of sudden the brain. This infor website: https://www.nlm.nihml.  (4) Fear. This infor website: https://www.nlm.nih#summary.  2b. The facility staff (Person Centered Fcommunication, con (Name of Day Proglindividual # 3.  The ISP (Individual # 3.  The ISP (Individual # 3.  The ISP (Individual # 2.  The ISP (Individual # 3.  The ISP (Individual # 3.)  The ISP (Individual # 3.)  The ISP (Individual # 3.  The ISP (Individual # 3.)  The ISP (Individual # 3.  The ISP (Individual #	brain problem. They happen, abnormal electrical activity in mation was obtained from the agov/medlineplus/seizures.ht mation was obtained from the agov/medlineplus/anxiety.html failed to develop the PCP Plan) outcomes of exercise, mmunity and socialization at tram) in measurable terms for Service Plan) for Individual #3 through 07/31/2019 red Outcome: 1. Health and #3) will exercise daily. 2. pursuits: (Individual #3) ctively, 3. Communication and vidual #3) socializes with her view of Individual #3's ISP hrough 07/31/2019 failed to tation of how the ISP ing measured to determine gress toward independence of croximately, 1:30 p.m., an ucted with OSM (other staff P (Qualified Intellectual ional). When asked what the individual #3 of exercise, mmunity and socialization Program) was measuring,	W2	231			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G044	B. WING			01/	17/2019
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET MANASSAS, VA 20111				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG				(XS) COMPLETION DATE
W 231	asked if the ISP out exercise, communisocialization were to OSM # 1 stated, "I An interview on 01, p.m. was conducte staff member) # 2, (Name of Group Houtcomes of exercicommunity and sof Program) for Indivimeasurable terms, On 01/17/19 at app (administrative staticlinical director and manager, were mathe above findings.	see what you mean." When toome for Individual # 3 of ication, community and written in measurable terms, see what you mean."  (16/19 at approximately 3:30 d with ASM (administrative the program manager for ome). When asked if the ISP ise, communication, cialization from (Name of Day dual # 3 were written in OSM # 1 stated, "No."  proximately 9:55 a.m. If member) #1, the acting 1 ASM # 2, the program ide aware of made aware of ition was provided prior to exit.	W				
W 248	made available to of other agencies the client, parents guardian.  This STANDARD Based on observate record review and determined that the			248			

STATEMENT	CENTERS FOR MEDICARE & MEDICAID SERVICES  FATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA  IDENTIFICATION NUMBER:		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY COMPLETED	
		49G044	B. WING			17/2019	
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET MANASSAS, VA 20111				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 248	the PCPs (Person three individuals in # 1, # 2 and # 3.  1. The facility staff treatment program independent living PCP (Person Center).  2. The facility staff treatment program Individual # 2 from Plan).  3. The facility staff treatment program Individual # 3 from Plan).  The findings included the findings included the findings included the findings included the findividual # 1 was a admitted to (Name Diagnoses in the contained the findividual # 1 was a admitted to: (1) m (2) pervasive development of the findividual # 1 was a findividual # 1 was a admitted to: (1) m (2) pervasive development of the findividual # 1 was a findividu	Centered Plans) for three of the survey sample, Individuals failed to implement the active s of sensory stimulation and skills for Individual # 1 from the ered Plan).  failed to implement the active s of Communication for the PCP (Person Centered  failed to implement the active s of Communication for the PCP (Person Centered  e: failed to implement the active s of Communication for the PCP (Person Centered  e: failed to implement the active s of sensory stimulation and skills for Individual # 1 from the ered Plan).  24-year-old male, who was of Group Home) on 10/12/11. linical record included but were noderate intellectual disability, lopmental disorder, (3) mood	W 248	W 248: Individual Program F CFR 483.440(c)(7)  The QIDP will revise Individual outcomes that addresses "S Stimulation and Independent Individual #2's outcome "Communication" and updat outcomes to ensure that the reflect the needs of individual #3.  The Program Manager / QID all individuals outcomes to eaccurately reflect their needs are incorporated within the F The Program Manager will pure training to all the staff to revindividuals PCPs during the meeting. The program Manaprovide supervision to all states that the PCPs accurately reflectindividuals needs and are in appropriately.  The QIDP will conduct mont assessments to ensure that and needs are met and are reflect on monthly QIDP not The Clinical Director will revisupervision with the Program recommentation to support the of services for each individual.	cal #1's PCP Sensory t Living Skills". mmunication" e these y accurately als #1, #2 and  OP will review ensure that they PCPs.  provide the iew all e next staff ager will aff and ensure flect the inplemented  chly all services accurately es.  iew within m Manager the iecoordination		

ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING	(X2) MULTIPLE CONSTRUCTION A. BUILDING			
		49G044	B. WING	N.	01	/17/2019
	PROVIDER OR SUPPLIER	A21020000 II	781	EET ADDRESS, CITY, STATE, Z 1 OAK STREET NASSAS, VA 20111	IP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TON SHOULD BE THE APPROPRIATE	(X5) COMPLET OF DATE
W 248	4 (four) out of 5 (fin 11/30/19. Support (Individual # 1) use to stimulate himsel time in the sensory offered choices for to choose from at a prompted to rearra done. 4. (Individual good job. Frequer minutes."  Desired Outcome: Living Skills. (Individual # 1) is possible time until 11. Instructions: (Individual # 1) is possible to tak 4. (Individual # 1) is possible	Activities & Instructions: es objects in the sensory room of: 1. (Individual # 1) spends room. 2. (Individual # 1) is cusing on only one or two items a time. 3. (Individual # 1) is unge his objects when he is all # 1) is praised for doing a noy: Daily. Amount: 45  Outcome # 6: Independent vidual # 1) likes to help around dual # 1) likes to help around dual # 1) participates in doing of 4 (four) times a week (50%) (30/19. Support Activities & idual # 1) likes to help around aning and trash disposal. 1. prompted when it is time to idual # 1) is offered a hand noc. 3. (Individual # 1) is e the initiative and do laundry. Is praised for doing a good job. The initiative and data collection ough 01/15/19 of Individual # ation program revealed it was in 15 opportunities.  The press notes and data collection ough 01/05/19 of Individual # ation program revealed it was in 15 opportunities.  The press notes and data collection ough 01/05/19 of Individual # ation program revealed it was in 15 opportunities.				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		49G044	B. WING	NI.	01	/17/2019	
MARKANIAN TAP R	PROVIDER OR SUPPLIER		781	REET ADDRESS, CITY, STATE, ZI 1 OAK STREET INASSAS, VA 20111	P CODE	G D	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	(X5) COMPLETION DATE			
W 248	staff member) # 2, (Name of Group H missing document Individual # 1's PC "If the progress no outcome, it wasn't The facility's policy (ISP)" documented of Corporation) en a minimum: 4. Gos objectives / desire each identified nee Plan (ISP) Develop and Objectives/De objectives / desire in terms that are b measurable indexe On 01/17/19 at ap (administrative sta clinical director an manager, were ma the above findings No further informa References: (1) Refers to a gro by a limited menta adaptive behaviors schedules and rou Intellectual disabili 18 and may result autism or cerebral causes, such as la responsiveness. T from the website:	the program manager for lome). When asked about the ation of the implementation is P programs, ASM # 2 stated, ite does not reflect the implemented."  7.4.1 Individual Service Pland, "4.1.3 Procedures: C. (Name sures that an ISP will contain at als / outcomes and measurable doutcomes for addressing ed. 4.1.4 Individual Service oment. E. Goals / Outcomes is red Outcomes: The doutcomes will be expressed ehavioral and provide es of progress."  proximately 9:55 a.m. If member) #1, the acting dASM # 2, the program ade aware of made aware of					

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ALANS OF		49G044	8 WING	TREET ADDRESS, CITY, STATE, ZIP CODE	01/	17/2019
	PROVIDER OR SUPPLIER  STREET ICF/MR		7	1811 OAK STREET MANASSAS, VA 20111		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUILL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT IN (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(XS) COMPLETION DATE
W 248	t.aspx?csid=100.  (2) Autism spectrumeurological and dibegins early in chill person's life. It affeinteracts with other it includes what us syndrome and pendisorders. This infithe website: https://medlineplustml.  (3) A mood disorder (a Mood disorder (a Mood disorders caheart disease, dial Treatments include a combination of beople with mood lives. This informatives. This informatives://vsearch.nlmmeta?v%3Aprojectmedlineplus-bundi 2.250975558.1992 9.1515023902.	age 34  am disorder (ASD) is a evelopmental disorder that dhood and lasts throughout a ects how a person acts and res, communicates, and learns, ed to be known as Asperger vasive developmental ormation was obtained from a gov/autismspectrumdisorder. In a feets a person's everyday nese include depression and iso called manic depression), an increase a person's risk for petes, and other diseases, a medication, psychotherapy, or oth. With treatment, most disorders can lead productive ation was obtained from the manif.gov/vivisimo/cgi-bin/query-t=medlineplus&v%3Asources=e&query=mood+disorder&_ga=e980465.1515165534-5711861				
	treatment program exercise for Individ Centered Plan).	ns of communication and dual # 2 from the PCP (Person				
	admitted to (Name	a 58-year-old female, who was e of Group Home) on 1/24/96. clinical record included but were	<b>4</b> 5		39	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		E SURVEY
		49G044	B. WING	ь.	01/	17/2019
(Text See Page 1	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET MANASSAS, VA 20111		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	LD BE	(X5) COMPLETION DATE
W 248	not limited to: sever PICA (2) and grand Individual # 2's curr through 10/31/2019 Outcome: Communicate her wand others by using like facial expressic twice out of the two consecutive month: 10/31/2019. Suppor (Individual # 2) use express her wants to staff and or her pet to what she would I her head for yes or (Individual # 2) is use facial to express he Amount: Continuall "Desired Outcome: engage in exercise offered a week for the time to maintain consecutive month: Activities & Instruct four times a week for the time to maintain consecutive month: Activities & Instruct four times a week for the type of exercise gesturing, pointing presented to her. In correct footwear to (Individual # 2) reviperform exercise. In weight once monthing the process of the type of exercise.	re intellectual disability (1), maul seizure (3).  rent PCP dated 11/01/2018 I documented, "Desired nication. (Individual # 2) will vants and needs to staff, peers the respective of the times of the time and vocalizations times offered daily for the 12 s 100% of the time until ort Activities & Instructions: is her preferred language to and needs three times a day beers. 1. (Individual # 2) points like. 2. (Individual # 2) shakes no when asked a question. 3. se [sic] vocalization and or er thoughts. Frequency: Daily.	W 24	48		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING	(X2) MULTIPLE CONSTRUCTION A. BUILDING				
		49G044	B. WING		01	/17/2019		
	NAME OF PROVIDER OR SUPPLIER  CRI OAK STREET ICF/MR			STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET MANASSAS, VA 20111				
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	POULD BE	(XS) COMPLETION DATE		
W 248	Continued From pa	age 36	W 248					
	dated 01/01/19 through a communication implemented in 15 Individual # 2's exempted in 15 Individual # 2's PC and exercise, ASM note does not reflet implemented."  On 01/17/19 at app (administrative staticinical director and manager, were mathe above findings.  No further informal References: (1) Refers to a group y a limited mental adaptive behaviors schedules and rou Intellectual disabilities and may result autism or cerebral causes, such as la responsiveness. Throm the website:	/16/19 at approximately, 3:30 and with ASM (administrative the program manager for some). When asked about the ation of the implementation P programs of communication If # 2 stated, "If the progress at the outcome it wasn't proximately 9:55 a.m. If member) #1, the acting It ASM # 2, the program and aware of made aware of						

CENTE	HS FUH MEDICAHE	& MEDICAID SERVICES				OWRING	. 0938-039	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		49G044	B. WING			01	/17/2019	
	PROVIDER OR SUPPLIER		2	781	EET ADDRESS, CITY, STATE, ZIP CODE 1 OAK STREET NASSAS, VA 20111			
(X4) ID PREFIX TAG	(EACH DEFICIENC	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE	
W 248	Continued From pa	age 37	, w	248				
	as dirt or paper. To from the website: https://medlineplus  (3) Epilepsy is a brown has repeated seizu episodes of uncontorain cells that may behavior. General seizure (involves the rigid muscles, and information was obhttps://medlineplus  (4) A good way to conto for your height is to index (BMI). You all can use your BMI to you have. This inforted	ing non-food materials, such his information was obtained .gov/ency/article/001538.htm. ain disorder in which a person res over time. Seizures are rolled and abnormal firing of y cause changes in attention or ized tonic-clonic (grand mal) he entire body, including aura, loss of alertness). This tained from the website: .gov/ency/article/000694.htm. decide if your weight is healthy figure out your body mass and your health care provider to estimate how much body fat ormation was obtained from .gov/ency/article/007196.htm.						
	treatment program	failed to implement the active s of Communication for the PCP (Person Centered						
	admitted to (Name Diagnoses in the c not limited to: profe	a 65-year old female, who was of Group Home) on 11/23/10. linical record included but were bund intellectual disability (1), isorder (3) and anxiety (4).		ļ				
	conducted from 4:0	oservation of Individual #3 was 35 p.m. to 5:30 p.m. ividual # 3 from 4:35 p.m. to						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		49G044	B. WING		01/	/17/2019
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 7811 OAK STREET MANASSAS, VA 20111		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(XS) COMPLETION DATE
W 248	Group Home), was staff presenting thre Individual # 3 to pice engage Individual # puzzles, using the Individual # preparing for dinne staff support, being down at the dining observation of Individual # 3 to get Further observation arrive Program), staff met Individual # 3 to get Further observation period failed to evidence the Individual # 3 to get Further observation period failed to evidence the Individual # 3 to get Further observation period failed to evidence # 3's picture communicate her with a desired location to get period failed to evidence # 3's picture communicate her with a desired location to get period failed to evidence # 3's picture communicate her with a desired location the program of the program o	she arrived home to (Name of offered an choice of snack by see types of foods and asking k one. Staff attempting to 3 in an activity, games or pathroom with staff assistance, by washing her hands with called for dinner and sitting table and eating. Further vidual # 3 during this period he staff using Individual # 3's tion chart as described in the red-plan).  servation of Individual #3 was to a.m. to 8:30 a.m. to she was silting on the sofa in Name of Group Home). Staff members were ing Individual # 3 and asking is; "Are you ready for work, g today?" When Individual #'s ed to take her to (Name of Day of the coat, bag and lunch." In of Individual # 3 during this lence the staff using Individual unloation chart as described in	W 24	48		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED		
		49G044	B. W VG		01/	/17/2019
5085-10 AVG 20V0	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET MANASSAS, VA 20111		2000
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 248	leading to specific bed or to eat, from of 5 (five) 100% of Support Activities & uses non-verbal cuand needs. For inseffectively to other nonverbal cues PE chart, etc. at all tim (Individual # 3) is personativity by effective 4. (Individual # 3) is instructions. Frequency 6. (Individual # 3) is instructions. Frequency 7. When asked interacted with Individual # 3. When asked to review the only thing it's unasked to review the o	age 39 areas/need, etc. [sic] e.g. to Monday to Friday 5 (five) out the times, until 7/31/2019. Instructions: (Individual # 3) es to communicate her wants stance; to go to bed or to eat, from Mondays to Friday using C (picture exchange system) es of the day (100%)." 1. rompted to pick up her art/device. 2. (Individual # 3) wants on the chart/device. 3. npletes one of the above ly communicating her wants. s praised for following sency: Daily. Amount:  5 p.m., an interview was P (direct support professional) if she was present and ividual # 3 on 01/15/19 to 5:30 p.m. and on 01/16 19 to 8:30 a.m. DSP # 2 stated d to describe Individual # 3's be will take staff by the hand to be wants to go. She has a ok with pictures to be used for gout in the community. That's sed for." DSP # 2 was then be PCP communication program When asked if she was aware ere to be used all the time CP communication program, es." When asked why the ok was not used on 01/15/19 to 5:30 p.m. and on 01/16 19 to 5:30 p.m. and on 01/16 19 to 5:30 p.m. and on 01/16 19	W 24	48		

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	2 2		(X3) DATE SURVEY COMPLETED
	49G044	R WING	10 mm	01/17/2019
		7	811 OAK STREET	
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	IÓ PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETION
On 01/17/19 at app (administrative staff clinical director and manager, were mark the above findings.  No further information of the above findings.  References: (1) Refers to a group of the allowing the and mental adaptive behaviors schedules and rout intellectual disabilities and may result for autism or cerebral places, such as lace responsiveness. The from the website: https://www.report.ctSheet.aspx?csid=  (2) A pattern of eating as dirt or paper. The from the website: https://medlineplus.  (3) Symptoms of a because of sudden the brain. This inforwebsite: https://www.nlm.nifml.  (4) Fear. This information of the approximation o	proximately 9:55 a.m.  If member) #1, the acting  ASM # 2, the program  de aware of made aware of  ion was provided prior to exit.  It pof disorders characterized capacity and difficulty with such as managing money, lines, 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  inih.gov/NIHfactsheets/ViewFa  =100  ing non-food materials, such his information was obtained  .gov/ency/article/001538.htm  brain problem. They happen a abnormal electrical activity in rmation was obtained from the  n.gov/medlineplus/seizures.ht	W 248		
https://www.nlm.nih	n.gov/medlineplus/anxiety.html			
	Continued From particles of the provide an answord of provide an anager, were marked above findings.  No further informat the above findings.  In the fers to a group by a limited mental adaptive behaviors schedules and rout intellectual disabilities and may result for autism or cerebral causes, such as lar responsiveness. The from the website: https://www.report.ctSheet.aspx?csides.  (2) A pattern of eating as dirt or paper. The from the website: https://www.nlm.nitml.  (3) Symptoms of a because of sudden the brain. This inforwebsite: https://www.nlm.nitml.	SUMMARY STATEMENT OF DEFICIENCIES [EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 40 not provide an answer.  On 01/17/19 at approximately 9:55 a.m. (administrative staff member) #1, the acting clinical director and ASM # 2, the program manager, were made aware of made aware of the above findings.  No further information was provided prior to exit.  References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100  (2) A pattern of eating non-food materials, such as dirt or paper. This information was obtained from the website: https://medlineplus.gov/ency/article/001538.htm.  (3) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/seizures.ht ml.	### STREET ICF/MR  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 40 not provide an answer.  On 01/17/19 at approximately 9:55 a.m. (administrative staff member) #1, the acting clinical director and ASM # 2, the program manager, were made aware of made aware of the above findings.  No further information was provided prior to exit.  References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFa ctSheet.aspx?csid=100  (2) A pattern of eating non-food materials, such as dirt or paper. This information was obtained from the website: https://medlineplus.gov/ency/article/001538.htm.  (3) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/seizures.ht ml.  (4) Fear. This information was obtained from the website:	A BUILDING  A BOUNDER OR SUPPLIER  STREET ICF/MR  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES) (EACH DEFICIENCY)  REQUILATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 40 not provide an answer.  On 01/17/19 at approximately 9:55 a.m. (administrative staff member) #1, the acting clinical director and ASM # 2, the program manager, were made aware of the above 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 actism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100  (2) A pattern of eating non-food materials, such as dirt or paper. This information was obtained from the website: https://www.report.nih.gov/nedlineplus/seizures.ht mil.  (3) Symptoms of a brain problem. They happen because of sudder, abnormal electrical activity in the brain. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/seizures.ht mil.

		A MEDICAID SERVICES			21410 140.	0938-039	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A BUILDING	LE CONSTRUCTION		SURVEY PLETED	
		49G044	6 MIN3	31 <del></del>	01/	17/2019	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET MANASSAS, VA 20111		1772013	
(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 APPRODEFICIENCY)	D BE	(XS) COMPLETION DATE	
W 248	Continued From pa	age 41	W 248				
W 252	PROGRAM DOCU CFR(s): 483.440(e)		W 252	W 252:PROGRAM DOCUMENTA CFR 483.440(e)(1)	TION	3/3/19	
	specified in client in	complishment of the criteria ndividual program plan documented in measurable		The QIDP will revise Individual #2 iIndividual #3's PCP outcomes into measurable terms to collect approducta	)		
	Based on staff inter and facility docume that the facility staff (Person Centered Iterms for two of the sample, Individual 1. Facility staff fails collection of Individual Centered Plan) out 2a. Facility staff fails collection of Individual Centered Plan) out 2b. Facility staff fail collection of Individual Service Plan) from outcomes in measure The findings including staff fail collection of Individual Centerion of Individual Centerion of Individual Centerion of Individual Collection of Individual Collection of Individual Collection of Individual Centerion Ce	ed to document the data flual # 2's PCP (Person comes in measurable terms.  led to document the data flual # 3's PCP (Person comes in measurable terms.  led to document the data flual # 3's ISP (Individual (Name of Day Program) orable terms.		The Program Manager will update PCPs to incorporate these change those individuals  The Program Manager will comple process for all the individuals to put their deficiencies  The Program Manager will continum monitor to ensure that all service individuals are accurately reflecte the use of weekly operations meet the use of weekly operations meet the Clinical Director will review we supervision with the Program Manager will review of services for each individual need.	es for ete this revent ue to needs of d through tings lithin nager for rdination		

	FOF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILOIN	IPLE CONSTRUCTION NG		E SURVEY IPLETED	
2029		49G044	B WING	2000 Section 12 to 10 to	01/	17/2019	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 7811 OAK STREET MANASSAS, VA 20111			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CI (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
W 252	Individual # 2 was admitted to (Name Diagnoses in the conot limited to: sever PICA (2) and grand Individual # 2's curthrough 10/31/201: Outcome: Outcome and Management Skills engaging/participal administration 3 tinday = 100% of the months until 10/31. Instructions: (Individual # 2) is referred to take medication. 2. the reason for taking (Individual # 2) get to take medication. The reason for taking to take medication. Review of the progent to evidence the data in measurable term. On 01/16/19 at apprinterview was condimember) # 1, QDII Disabilities Profess collection for Individual in Individual Profess collection for Individual Profess collec	a 58-year-old female, who was of Group Home) on 1/24/96. Ilinical record included but were the intellectual disability (1), dimaul seizure (3).  Tent PCP dated 11/01/2018 of documented, "Desired e # 8; Medication Education Education Education Education Education Education and eduly by ting in her medication mes of the 3 times offered a time for 12 consecutive //2019. Support Activities & idual # 2) participates/engage of medications three times a me. Support Instructions: 1. eminded when it is time to take (Individual # 2) is educated on the medication. 3. In a cup/bottle of water for (sic) and (Individual # 2) ingests all there. Frequency: Daily.  Teres notes dated 01/01/19 or Individual # 2's Medication magement Skills outcome failed the collection was documented	W 25	The Day Program Manager Individual # 3's PCP outcor measurable terms to collect data  The Program Manager and review and revise day prograll the other individuals to eare in measurable terms  The Program Manager/QID monthly observations and ron appropriate data collectioutcomes being measurable these in monthly QIDP note.  The Day Program Monitor/will also conduct quarterly cand record reviews for communications.	nes into t appropriate  If or QIDP will ram PCPs for ensure that they  IP will conduct record reviews ion and le and report on less.  Clinical Director observations	3/3/19	

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILO	ULTIPLE CONSTRUCTION DING		TE SURVEY MPLETED
		49G044	8. WING	3	01/	/17/2019
38 38	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET MANASSAS, VA 20111		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	FIX (EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETION DATE
W 252	you mean."  An interview on 01/p.m. was conducted staff member) # 2, 1 (Name of Group Hocollection for Individeducation and manmeasurable terms,  The facility's policy (ISP)" documented, (ISP) Development, collection is recorded.	age 43 OSM # 1 stated, "I see what  /16/19 at approximately 3:30 d with ASM (administrative the program manager for ome). When asked if the data dual # 2 of medication hagement was documented in ASM #2 stated, "No."  "4.1 Individual Service Plan I, "4.1.4 Individual Service Plan I. H. Data Collection: Data ed on all objectives/desired hat that accurately represents	Wa	252		
	the consumer's pro- documented in mea to ensure that appro- outcomes and inter- are in place for the On 01/17/19 at app (administrative staff	ogress. Data is tracked, asureable terms and analyzed opriate objectives/desired eventions/support strategies				
	manager, were mad the above findings.	de aware of made aware of				
	References: (1) Refers to a grouby a limited mental adaptive behaviors schedules and routintellectual disability and may result from the second secon	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				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION G		E SURVEY PLETED
	the contract of the contract o	49G044	B. WING	E ES	01/	17/2019
	PROVIDER OR SUPPLIER		S S	STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET MANASSAS, VA 20111	2509	
(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 SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 252	causes, such as lac responsiveness. The from the website: https://report.nih.go t.aspx?csid=100.  (2) A pattern of eating as dirt or paper. The from the website: https://medlineplus.  (3) Epilepsy is a brack has repeated seizure episodes of uncontrological brain cells that may behavior. Generalic seizure (involves the rigid muscles, and information was obthe https://medlineplus.  (4) A good way to defor your height is to index (BMI). You are can use your BMI to you have. This information was obthe website: https://medlineplus.	inge 44 ck of stimulation and adult his information was obtained ov/nihfactsheets/ViewFactShee ing non-food materials, such his information was obtained ogov/ency/article/001538.htm.  ain disorder in which a person res over time. Seizures are rolled and abnormal firing of vicause changes in attention or zed tonic-clonic (grand mal) he entire body, including aura, loss of alertness). This tained from the website:  .gov/ency/article/000694.htm.  Ilecide if your weight is healthy of igure out your body mass and your health care provider to estimate how much body fat formation was obtained from the detained from the deta	W 252			
	admitted to (Name of Diagnoses in the cli	a 65-year old female, who was of Group Home) on 11/23/10. inical record included but were und intellectual disability (1),	Allina supre d			

	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULTIPLE ( A. BUILDING	CONSTRUCTION		TE SURVEY MPLETED
		49G044	P WING	a (14)		/17/2019
	PROVIDER OR SUPPLIER STREET ICF/MR	_	781	EET ADDRESS, CITY, STATE, 2 1 OAK STREET NASSAS, VA 20111	ZIP CODE	ar 000
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 252	Individual # 3's curre through 07/31/2098 Outcome: Outcome (Individual # 3) use communicate her was to a desired location indicate specific neleading to specific abed or to eat, from of 5 (five) 100% of Support Activities & uses non-verbal cuand needs. For inseffectively to others nonverbal cues PE chart, etc. at all tim (Individual # 3) is prommunication chart individual # 3) con activity by effective 4. (Individual # 3) is instructions. Frequency for inclusion. (Individual # 3) instructions. Support for inclusion. (Individual # 3) cholored (75% 7/31/2019." Support (Individual # 3) cholored (15% 17/31/2019." Support (15%	rent PCP dated 08/01/2018 3 documented, "Desired at 2: Communication skills. Is non-verbal cues to wants and needs. She will walk in, purposefully vocalize to reds, holding staff's hand and areas/need, etc. [sic] e.g. to Monday to Friday 5 (five) out the times, until 7/31/2019.  Instructions: (Individual # 3) res to communicate her wants stance; to go to bed or to eat, is from Mondays to Friday using C (picture exchange system) es of the day (100%)."  I rompted to pick up her art/device. 2. (Individual # 3) wants on the chart/device. 3. Inpletes one of the above ly communicating her wants. Is praised for following tency: Daily. Amount:  Outcome # 3: Community and # 3) chooses to engage in activities such as shopping, mmunity parks etc. for about the hour, 3 (three) out of 4 (the first one month until out Activities & Instructions: roses to engage in community pice with staff supports. 1.				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		E CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		49G044	B. WING	j		01	/17/2019
	PROVIDER OR SUPPLIER			71	STREET ADDRESS, CITY, STATE, ZIP CODE 1811 OAK STREET MANASSAS, VA 20111		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	LO BE	(X5) COMPLETION DATE
W 252	book. 2. (Individual for the outing by puthe outing. 3. (Individual for the outing by puthe outing. 3. (Individual for the outing.)  Review of the program through 01/15/19 for communication skill the data collection with the data collection was docu.  On 01/16/19 at applianterview was conducted to the data collection for Individual education and managements. OSM # 1 star was conducted staff member) # 2, to (Name of Group Ho collection for Individual education and managements).	It is a prompted to get ready titing together her needs for vidual # 3) is encouraged to vidual # 3) is encouraged to vidual # 3's) strength and cumented so as to see how to next time. Frequency: Weekly. s."  The sees notes dated 01/01/19 or Individual # 2's is outcome failed to evidence was documented in the sees notes dated 12/01/18 or Individual # 2's community ailed to evidence the data amented in measurable terms.  The sees notes dated 12/01/18 or Individual # 2's community ailed to evidence the data amented in measurable terms.  The sees notes dated 12/01/18 or Individual # 2's community ailed to evidence the data amented in measurable terms.  The sees notes dated 12/01/18 or Individual # 2's community ailed to evidence the data amented in measurable ted, "I see what you mean."  The sees what you mean."	Wa	?52			

	FOF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING	CONSTRUCTION		TE SURVEY MPLETED
W W		49G044	N 1998 20	a a san e	01	/17/2019
	PROVIDER OR SUPPLIER  STREET ICF/MR		781	REET ADDRESS, CITY, STATE, ZIF 1 OAK STREET NASSAS, VA 20111	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC  DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCEO TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
W 252	(administrative staf clinical director and manager, were mathe above findings.) No further informat References: (1) Refers to a group by 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://www.report.ctSheet.aspx?cside(2) A pattern of eat as dirt or paper. The from the website: https://medlineplus. (3) Symptoms of a because of sudder the brain. This info website: https://www.nlm.nimi.	If member) #1, the acting ASM # 2, the program de aware of made aware of the aware				

		& MEDICAID SERVICES		<u>O_0938-0391</u>			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G044	4. 16.00		01	01/17/2019	
NAME OF PROVIDER OR SUPPLIER			·	STREET ADDRESS, CITY, STATE			
CRIOAK	STREET ICF/MR			7811 OAK STREET			
				MANASSAS, VA 20111			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETIC DATE	
	collection of Individual # 3's ISP (Individual Service Plan) from (Name of Day Program) outcomes in measurable terms.  The ISP (Individual Service Plan) for Individual # 3 dated 08/01/2018 through 07/31/2019 documented, "Desired Outcome: 1. Health and Safety: (Individual # 3) will exercise daily. 2. Learning and other pursuits: (Individual # 3) communicates effectively, 3. Communication and socialization: (Individual # 3) socializes with her peers." Further review of Individual # 3's ISP dated 08/01/2018 through 07/31/2019 failed to evidence documentation of how the ISP programs were being measured to determine Individual # 3's progress toward independence of the skills.  Review of the progress notes from (Name of Day Program) dated 01/01/19 through 01/15/19 for Individual # 2's exercise, communication,		W 25	52	- TO		
		cialization outcomes failed to collection was documented in					
	interview was cond member) # 1, QDIF Disabilities Professi data collection of the communication, con from (Name of Day	roximately, 1:30 p.m.an ucted with OSM (other staff (Qualified Intellectual ional). When asked if the le ISP outcomes of exercise, mmunity and socialization Program) for Individual # 3 n measurable terms, OSM # 1 you mean."					
	p.m. was conducted staff member) # 2, !	16/19 at approximately 3:30 d with ASM (administrative the program manager for ome). When asked if the data					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		49G044	B. WING			01/17/2019		
04004 C 1240 C C C C C C C C C C C C C C C C C C C	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 7811 OAK STREET MANASSAS, VA 20111					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			(EACH CORRECTIVE A CROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
W 252	collection of the ISF communication, colfrom (Name of Day were written in meastated, "No."  On 01/17/19 at app (administrative statical director and manager, were manager, were manager).	ge 49 P outcomes of exercise, mmunity and socialization Program) for Individual # 3 Issurable terms, ASM # 2  Iroximately 9:55 a.m. If member) #1, the acting ASM # 2, the program de aware of made aware of Ion was provided prior to exit.	W	252				