

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

PRINTED: 12/19/2018  
FORM APPROVED  
OMB NO. 0938-0391

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|---|--|---|--|--|---|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION       |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>49G052 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   |  | (X3) DATE SURVEY<br>COMPLETED<br><br>12/13/2018 |
| NAME OF PROVIDER OR SUPPLIER<br><br>BRAMBLETON GROUP HOME |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>22755 SWEET ANDREA DRIVE<br>ASHBURN, VA 20148   |  |   |
| (X4) ID<br>PREFIX<br>TAG                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)   |  | (X5)<br>COMPLETION<br>DATE                      |
| E 000   | Initial Comments<br><br>An unannounced Emergency Preparedness survey was conducted 12/11/18 through 12/12/18. Corrections are required for compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.  | E 000   |  |  |   |
| E 026   | <p>Roles Under a Waiver Declared by Secretary CFR(s): 483.475(b)(8)</p> <p>[(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:]</p> <p>(8) [(6), (6)(C)(iv), (7), or (9)] The role of the [facility] under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.</p> <p>*[For RNHCIs at §403.748(b):] Policies and procedures. (8) The role of the RNHCI under a waiver declared by the Secretary, in accordance with section 1135 of Act, in the provision of care at an alternative care site identified by emergency management officials.</p> <p>This STANDARD is not met as evidenced by:<br/>Based on staff interview and facility document review it was determined that the facility staff failed to have a complete emergency preparedness plan.</p> | E 026   | <p>E026: Roles under a waiver declared by Secretary.</p> <ol style="list-style-type: none"> <li>1. An Interdisciplinary team meeting will be held with program staff to review the 1135 Waiver expectations and to determine support needs at alternate care locations for individuals in the home.</li> <li>2. Guidelines will be drafted to direct provision of care in alternate locations during emergencies.</li> <li>3. The corporate emergency manager will review the alternate plan to ensure that it fits in with the overall corporate plan.</li> <li>4. QIDP/Program manager will train staff on the newly adopted measures and family members will be notified of any roles they may play during such moments.</li> </ol> <p>- The 1135 Waiver/other components of the entire plan will be reviewed annually.</p> |  |   |

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

TITLE

(X6) DATE

*[Signature]* Clinical Director 12/24/18

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

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| E 026  | Continued From page 1<br><br>Facility staff failed to develop policies and procedures in the emergency plan that describe the facility's role in providing care and treatment at altered care sites under an 1135 waiver.<br><br>The findings include:<br><br>On 12/12/18 at approximately 6:00 p.m. a review of the facility's emergency preparedness plan and interview was conducted with ASM (administrative staff member) # 1, clinical director. Review of the facility's emergency preparedness plan failed to evidence policies and procedures in the emergency plan that describe the facility's role in providing care and treatment at altered care sites under an 1135 waiver. ASM # 1 stated that the facility did not have it.<br><br>On 12/12/18 at approximately 6:30 p.m. ASM (administrative staff member) # 1, clinical director was made aware of the findings. | E 026  |  |  |  |
| E 032  | No further information was obtained prior to exit.<br>Primary/Alternate Means for Communication<br>CFR(s): 483.475(c)(3)<br><br>[(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.] The communication plan must include all of the following:<br><br>(3) Primary and alternate means for communicating with the following:<br>(i) [Facility] staff.<br>(ii) Federal, State, tribal, regional, and local  | E 032  |  |  |  |

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| E 032  | <p>Continued From page 2</p> <p>emergency management agencies.</p> <p>*[For ICF/IIDs at §483.475(c):] (3) Primary and alternate means for communicating with the ICF/IID's staff, Federal, State, tribal, regional, and local emergency management agencies. This STANDARD is not met as evidenced by: Based on staff interview and facility document review it was determined that the facility staff failed to have a complete emergency preparedness plan.</p> <p>Facility staff failed to provide evidence of documentation that the communication plan includes primary and alternate means for communicating with facility staff, Federal, State, tribal, and local emergency management agencies by reviewing the communication plan.</p> <p>The findings include:</p> <p>On 12/12/18 at approximately 6:00 p.m. a review of the facility's emergency preparedness plan and interview was conducted with ASM (administrative staff member) # 1, clinical director. Review of the facility's emergency preparedness plan failed to evidence of documentation that the communication plan includes primary and alternate means for communicating with facility staff, Federal, State, tribal, and local emergency management agencies by reviewing the communication plan. ASM # 1 stated that the facility did not have it.</p> <p>On 12/12/18 at approximately 6:30 p.m. ASM (administrative staff member) # 1, clinical director was made aware of the findings.</p> <p>No further information was obtained prior to exit.</p> | E 032  | <p>E032: Primary/alternate means of Communication.</p> <ol style="list-style-type: none"> <li>1. An Interdisciplinary team meeting will be held with program staff to determine the most appropriate communication mediums to use to liaise onsite staff with corporate/local/state/federal agencies during an emergency.</li> <li>2. Communication guidelines will be drafted to guide staff on when/who to call and what medium is appropriate during an emergency.</li> <li>3. The corporate emergency manager will review the alternate plan to ensure that it fits in with the overall corporate plan.</li> <li>4. QIDP/Program manager will train staff on the newly adopted communication measures and family members will be notified of any roles they may play during such moments.</li> </ol> <p>-The intra/inter-agency communication plan/other components of the entire plan will be reviewed annually and updated as needed.</p> |  |  |

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| W 000  | INITIAL COMMENTS<br><br>An unannounced annual Medicaid survey for Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) was conducted 12/11/18 through 12/13/18. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for the Intellectually Disabled. The Life Safety Code survey report will follow.<br><br>The census in this six bed facility was six at the time of the survey. The survey sample consisted of five current Individual reviews (Individuals # 1, # 2, # 3, # 4 and # 5.  | W 000  |  |  |  |
| W 111  | CLIENT RECORDS<br>CFR(s): 483.410(c)(1)<br><br>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.<br><br>This STANDARD is not met as evidenced by:<br>Based on staff interview and clinical record review it was determined that the facility staff failed to ensure the clinical record was complete and accurate for one of five individuals in the survey sample, Individuals # 1.<br><br>1a. The PCP (Person Centered Plan) for Individual # 1 at the (Name of Group Home) and at (Name of Day Program) identified the protocols for seizures, aspiration, falls, invisalign (clear mouth brace to align teeth), foot orthotics, and GERD (gastroesophageal reflux disease) under the outcomes/goals." | W 111  |  |  |  |

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| W 111  | <p>Continued From page 4</p> <p>1b. The facility staff failed to identify correctly on the PCP (Person Centered Plan) at the (Name of Group Home) who would implement Individual # 1's behavior plan.</p> <p>The findings include:</p> <p>1a. The PCP (Person Centered Plan) for Individual # 1 at the (Name of Group Home) and at (Name of Day Program) identified the protocols for seizures, aspiration, falls, invisalign (clear mouth brace to straighten teeth, foot orthotics, and GERD (gastroesophageal reflux disease) and outcomes/goals."</p> <p>Individual # 1 was a 29-year old female, who was admitted to (Name of Group Home) on 09/22/11. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), gastroesophageal reflux disease (2), seizure disorder (3) and anxiety (4).</p> <p>The PCP (Person Centered Plan) at (Name of Group Home) dated "PCP Start Date: 10/01/2018. PCP End Date: 09/30/2019" was reviewed. Under "Outcomes &amp; (and) Activities" it documented, "Desired Outcome: # 5. Health and Safety. (Individual # 1) maintains her health and safety by following her medical protocols all the time by September 30, 2019. I No longer need this activity when ...I am no longer at risk for aspiration. Support Activities &amp; instructions: See attached aspiration Protocol. Frequency: Daily. I No longer need this activity when ...I am no longer at risk for Falls. Support Activities &amp; instructions: See attached Fall Protocol. Frequency: Daily. I No longer need this activity when ...I am no longer at risk for Seizure episodes Support Activities &amp; instructions: See</p> | W 111  | <p>W111-Client records; indiv # 1-1a:</p> <p>1. An IDT will be held between the Residential/Day services staff to review and discuss how to implement the medical protocols (PCP outcome #5 ;5.1-5.7) for individual #1.</p> <p>2. The medical protocols for all other individuals in the home will be reviewed to ensure that they meet PCP documentation standards.</p> <p>- Clinical Director and/or program manager will retrain the QIDP on how to distinguish routine from skill building outcomes and how to input the information in the PCP appropriately.</p> <p>3. PCP medical outcome # 5 for individual #1 (and if needed for other individuals in the home) will be updated to indicate that they are routine safety outcomes and not skill building outcomes.</p> <p>4. QIDP/Program manager will be maintain documentation on all PCP outcomes for all individuals.</p> <p>-Clinical Director and/ or Quality Improvement coordinator will periodically sample individuals PCPs in the program for review.</p> |  |  |

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| W 111  | <p>Continued From page 5</p> <p>attached Seizure Protocol. Frequency: Daily. I No longer need this activity when ...I am informed by my doctor that I do not need to wear foot orthotics. Support Activities &amp; instructions: See attached Foot Orthotics Protocol. Frequency: Daily. I No longer need this activity when ...I am no longer at risk for GERD Support Activities &amp; instructions: See attached GERD Protocol. Frequency: Daily.</p> <p>The PCP (Person Centered Plan) at (Name of Day Program) dated "Start: 10/01/2018. End: 09/30/2019" was reviewed. Under "Desired Outcome" it documented, "5.1 I maintain health and safety by following my medical protocol 100% (percent) of the time by September 30, 2019. Skill Building: Yes. Staff will provide support throughout the day while onsite or in the community by following her outlined FALLS PROTOCOL. 5.2 I receive support for my foot orthotics. Skill Building: Yes. 5.3 I receive supports to maintain my seizures. Skill Building: Yes. 5.4 I receive supports to ensure I do not aspirate. Skill Building: Yes. 5.6 I receive support from staff for my diagnosis of GERD. Skill Building: Yes. 5.7 I receive assistance to follow my invisalign protocol. Skill Building: Yes."</p> <p>On 12/12/18 at 3:10 p.m., an interview was conducted with LPN (licensed practical nurse) # 1 regarding the protocols for Individual # 1. LPN # 1 stated, "I develop the protocols." When asked why and what the protocols were for LPN # 1 stated, "It's a guide for us (staff) to follow in helping them (Individuals) safely." After reviewing the PCP (Person Centered Plans) for Individual # 1 from the (Name of Group Home) and from (Name of Day Program), LPN # 1 stated, "The statement about the protocols should not be part</p> | W 111  |  |                            |  |

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| W 111  | <p>Continued From page 6</p> <p>of the outcome/goal. There is nothing to measure. I didn't develop the outcomes. You should talk to the QIDP (Qualified Intellectual Disabilities Professional)."</p> <p>On 12/12/18 at approximately 3:30 p.m., an interview was conducted with OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and ASM (administrative staff member) # 1, clinical director. When asked to describe the purpose of the PCP, OSM # 1 stated, "To increase the individual's living skills." When asked to describe the purpose of the outcomes/goals, OSM # 1 stated, "To teach a skill to be independent." When asked to describe the purpose of a protocol, OSM # 1 stated, "It's a guide to help prevent something from happening and to tell you what to do when something does happen." After reviewing the PCP (Person Centered Plans) for Individual # 1 from the (Name of Group Home) and from (Name of Day Program), OSM # 1 stated the protocols should not be goals. ASM # 1 stated that the protocols are guidelines and not goals. ASM # 1 further stated it was a documentation error.</p> <p>On 12/12/18 at approximately 6:30 p.m. ASM (administrative staff member) # 1, clinical director was made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as</p> | W 111  |  |                            |  |

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| W 111  | <p>Continued From page 7</p> <p>autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website:<br/><a href="https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100">https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</a>.</p> <p>(2) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website:<br/><a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a>.</p> <p>(3) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website:<br/><a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a>.</p> <p>(4) Fear. This information was obtained from the website:<br/><a href="https://www.nlm.nih.gov/medlineplus/anxiety.html#summary">https://www.nlm.nih.gov/medlineplus/anxiety.html#summary</a>.</p> <p>1b. The facility staff failed to identify correctly on the PCP (Person Centered Plan) at the (Name of Group Home) who would implement Individual # 1's behavior plan.</p> <p>The PCP (Person Centered Plan) at (Name of Group Home) dated "PCP Start Date: 10/01/2018. PCP End Date: 09/30/2019" was reviewed. Under "Outcomes &amp; (and) Activities" it documented, "Desired Outcome: # 4. Maladaptive. (Individual # 1) utilizes her behavior plan to address the presence of targeted behavior to better address her wants and needs on a daily basis until September 30, 2019."</p> | W 111  | <p>W111-Client record.Indiv.#1; 1b.</p> <p>1. The PCP outcome #4 for individual # 1 will be reviewed in an IDT meeting for appropriateness.</p> <p>2. Program manager and/or Clinical Director will retrain QIDPs on how to document the behavior outcomes for individual #1 and other individuals in the home on the PCP to reflect the need for staff to provide needed interventions in behavior supports rather than from the individual.</p> <p>3. PCP outcome #4 for individual #1 and any other outcome for other individuals found to be deficient will be updated on the PCP by the QIDP.</p> <p>4. Program manager and/or Clinical Director will conduct periodic audits on PCP outcomes to ensure that they are property written and that data thereof is properly tracked and reported.</p> |  |  |



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| W 111  | Continued From page 8<br><br>On 12/12/18 at approximately 3:30 p.m., an interview was conducted with OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and ASM (administrative staff member) # 1, clinical director. ASM # 2, program manager of (Name of Day Program), was not available for interviews. After reviewing, the PCP for Individual # 4 dated 10/01/2018 through 09/30/2019; OSM # 1 was asked how Individual # 4 would be able to utilize her behavior plan. OSM # 1 stated, "It was documented in error. Instead of (Individual # 1) it should have said staff."  | W 111  |  |                            |  |
| W 130  | On 12/12/18 at approximately 6:30 p.m. ASM (administrative staff member) # 1, clinical director was made aware of the findings.<br><br>No further information was provided prior to exit.<br><b>PROTECTION OF CLIENTS RIGHTS</b><br>CFR(s): 483.420(a)(7)<br><br>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.<br><br>This STANDARD is not met as evidenced by:<br>Based on observations and staff interviews it was determined that the facility staff failed to provide privacy during personal hygiene care for one of five individuals in the survey sample, Individual # 5.<br><br>The facility staff failed to close the bathroom door while assisting Individual # 5 with his shaving.<br><br>The findings include: | W 130  |  |                            |  |

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| W 130  | <p>Continued From page 9</p> <p>Individual # 5 was a 36 year-old male, who was admitted to (Name of Group Home) on 7/19/11. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), gastroesophageal reflux disease (2), dysphagia (3), history of seizure disorder (4), impulse control disorder (5) and anxiety (6).</p> <p>On 12/11/18 at 4:00 p.m., an observation of the second floor bathroom, next to the medication room, revealed the bathroom door wide open. Upon looking into the bathroom from the hallway Individual # 5 and a staff member [DSP (direct support professional) # 1] could clearly be seen. Observation of Individual # 5 and DSP # 1 revealed them standing at the bathroom sink. DSP # 1 was further observed to be assisting Individual # 5 with shaving his face.</p> <p>On 12/12/18 at 2:05 p.m., an interview was conducted with DSP # 1. When asked to describe what tasks are considered personal hygiene, DSP # 1 stated, "Showering, tooth brushing, putting deodorant, hair care, toileting and shaving." When asked about performing or assisting with personal hygiene, DSP # 1 stated, "It's done in the bathroom and for privacy the door should be closed." When asked about the assistance she provided to Individual # 5 with his shaving the day before, DSP # 1 stated, "We had the door open. I should have shut the door." The facility's policy "Human Rights Plan" it documented, "F. In services provided in residential settings, each person has the right to:</p> <p>3. Live in a humane, safe, sanitary environment that gives each individual, at a minimum: a. Reasonable privacy and private storage."</p> | W 130  | <p>W130. Client Rights/Protections; individual #5.</p> <p>1. During the next staff meeting, client rights and protections will be reviewed with a focus on the shaving privacy violation for individual #5.</p> <p>2. Staff will receive a refresher on Human Rights and protections for individual #5 and other individuals during the next staff meeting and troubleshoot to see if other areas of rights violations exist in the current clinical routines.</p> <p>3. The QIDP /designee will be responsible for monitoring client rights and protections during hygiene and other comparable routines during all shifts.</p> <p>4. Program Manager, Clinical Director or Quality improvement coordinator will periodically observe clinical routines to determine if client rights/ protections are being met and provide counseling onsite/on time counseling to staff on areas that may be deemed deficient.</p> |  |  |

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| W 130  | <p>Continued From page 10</p> <p>On 12/12/18 at approximately 6:30 p.m. ASM (administrative staff member) # 1, clinical director was made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website:<br/><a href="https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100">https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</a>.</p> <p>(2) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website:<br/><a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a>.</p> <p>(3) A swallowing disorder. This information was obtained from the website:<br/><a href="https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html">https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html</a>.</p> <p>(4) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website:<br/><a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a>.</p> <p>(5) Impulse control disorders are characterized by an inability to resist the impulse to perform an</p> | W 130  |  |  |  |

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| W 130  | Continued From page 11<br><br>action that is harmful to one's self or others. This is a relatively new class of personality disorders, and the most common of these are intermittent explosive disorder, kleptomania, pyromania, compulsive gambling disorder, and trichotillomania. This information was obtained from the website:<br><a href="http://medical-dictionary.thefreedictionary.com/Impulse+Control+Disorders">http://medical-dictionary.thefreedictionary.com/Impulse+Control+Disorders</a> .  | W 130  |  |  |  |
| W 159  | (6) Fear. This information was obtained from the website:<br><a href="https://www.nlm.nih.gov/medlineplus/anxiety.html#summary">https://www.nlm.nih.gov/medlineplus/anxiety.html#summary</a> .<br><br>QIDP<br>CFR(s): 483.430(a)<br><br>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. This STANDARD is not met as evidenced by:<br>Based on residential program record reviews, day program record review and staff interview, it was determined that the QIDP (Qualified Intellectual Disabilities Professional) failed to coordinate and monitor the individuals' active treatment programs for one of five individuals in the survey sample, Individuals # 1.<br><br>1a. The QIDP failed to ensure Individual # 1's ISP (Individual Service Plan) outcomes/goals for sign language was implemented.<br><br>1b. The QIDP failed to ensure the data collection of the ISP (Individual Service Plan) outcomes/goals for Individual # 1 were in measurable terms. | W 159  |  |  |  |

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| W 159  | <p>Continued From page 12</p> <p>1c. The QIDP failed to ensure the clinical record for Individual # 1 was complete and accurate.</p> <p>The findings include:</p> <p>1a. The QIDP failed to ensure Individual # 1's ISP (Individual Service Plan) outcomes/goals for sign language was implemented.</p> <p>Individual # 1 was a 29-year old female, who was admitted to (Name of Group Home) on 09/22/11. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), gastroesophageal reflux disease (2), seizure disorder (3) and anxiety (4).</p> <p>Individual # 1's current ISP from (Name of Day Program) dated 10/01/2018 through 09/30/2019 documented, "Desired Outcome: # 1. I learn 2-3 (two to three) words using sign language per month out of 12 months by September 30, 2019. Skill Building: Yes. Support Instructions [Describe the steps, what's needed for this person to be successful and how they participate with each support activity]. (Individual # 1) enjoys being social with her peers and staff. (Individual # 1) loves to meet new people and talk about clothing and jewelry. Staff should continue to provide support on expanding her communication. (Individual # 1) is greeted each morning by staff and reminded to use eye contact when communicating as she tends to look down when she walks around or speaks to others. (Individual # 1) is prompted to use words, signs, gestures, and leading to clearly communicate her wants and needs. When (Individual # 1) becomes excited, she may communicate her wants and needs very fast. (Individual # 1) is asked to repeat her words. (Individual # 1's)</p> | W 159  | <p><b>W159-QIDP-Individual#1; 1a</b></p> <p>1. An IDT will be held between the residential and vocational teams to discuss the communication (use of sign language) outcome for individual #1.</p> <p>2. Implementation of the communication outcomes for all other individuals that attend the same day program will be reviewed during the IDT meeting.</p> <p>3. Residential team will conduct monthly audits of day program compliance with PCP outcomes to include communication outcome for individual #1 and others.</p> <p>4. Unannounced visits will also be conducted by residential staff to review areas thought to be deficient for all individuals.</p> <p>- Department of Mission Effectiveness will conduct audits of residential and vocational services as needed or upon written request from the Clinical Director. Results of the audits will be shared with both teams and compliance completed within 30days.</p> |  |  |

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| W 159  | <p>Continued From page 13</p> <p>Communication Protocol is followed as written<br/>Frequency: 1 (one) x (time) day."</p> <p>Review of (Individual # 1's) "Communication<br/>Protocol" from (Name of Day Program) failed to<br/>evidence what signs (Individual # 1) was learning.<br/>It failed to evidence what level of assistance was<br/>provided and how the signs were being taught.</p> <p>The (Name of Day Program) data collection for<br/>(Individual # 1's) sign language outcome/goal<br/>documented, "12/03/2018 What did the person do<br/>to participate in the activity or practice the skill?<br/>(Individual # 1) was prompted to use her to [sic]<br/>communicate her wants and needs. List what<br/>you saw that shows the person is learning and<br/>what you did to help: Staff follows (Individual #<br/>1's) communication protocol."</p> <p>"12/04/2018 What did the person do to participate<br/>in the activity or practice the skill? (Individual # 1)<br/>uses her limited words communicate her wants<br/>and needs. List what you saw that shows the<br/>person is learning and what you did to help: Staff<br/>encouraged (Individual # 1) to use her words to<br/>answer questions."</p> <p>"12/05/2018 What did the person do to participate<br/>in the activity or practice the skill? (Individual # 1)<br/>uses her limited words communicate her wants<br/>and needs. List what you saw that shows the<br/>person is learning and what you did to help: Staff<br/>encouraged (Individual # 1) to use her words to<br/>answer questions."</p> <p>"12/11/2018 What did the person do to participate<br/>in the activity or practice the skill? (Individual # 1)<br/>was able to communicate her wants and needs.<br/>List what you saw that shows the person is</p> | W 159  | <p>W159-QIDP-Individual#1; 1b</p> <p>1. An IDT will be held between the<br/>residential and vocational teams to<br/>discuss data collection on the<br/>communication (use of sign language)<br/>outcome for individual #1.</p> <p>2. Data collection on the communication<br/>outcome for all other individuals that<br/>attend the same day program will be<br/>reviewed during the IDT meeting.</p> <p>3. Residential team will conduct monthly<br/>audits of day program compliance with<br/>PCP outcomes to include communication<br/>outcome for individual #1 and others.</p> <p>4. Unannounced visits will also be<br/>conducted by residential staff to review<br/>areas thought to be deficient for all<br/>individuals.</p> <p>.- Department of Mission Effectiveness<br/>will conduct audits of residential and<br/>vocational services as needed or upon<br/>written request from the Clinical Director.<br/>Results of the audits will be shared with<br/>both teams and compliance completed<br/>within 30days.</p> |  |  |

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| W 159  | <p>Continued From page 14</p> <p>learning and what you did to help: Staff encouraged (Individual # 1) to speak slowly and clearly."</p> <p>On 12/11/18 at 12:35 p.m., an interview was conducted with OSM (other staff member) # 2, senior program manager at (Name of Day Program). After reviewing, the progress notes dated 12/03/2018, 12/04/2018, 12/05/2018 and 12/11/2018, OSM # 2 was asked if the communication outcome was implemented if there was no documentation evidencing the implementation of sign language. OSM # 2 stated, "No."</p> <p>Individual # 1's current ISP from (Name of Group Home) dated 10/01/2018 through 09/30/2019 documented, "Desired Outcome: # 1 Communication Ability. (Individual # 1) learns 3 (three) sign language words a month for a period of 12 months by September 30, 2019. I no longer need this outcome when ...I can clearly communicate my wants and needs my wants and needs using sign language. Support Activities &amp; Instructions: (Individual # 1) effectively communicates with others using sign language to increase her communication skills until September 30, 2019. Support Instructions: 1. (Individual # 1) is present with a choice of words existing in her natural environment and she chooses 1-2 (one to two) new words each month to learn how to sign them. 2. (Individual # 1) is presented with a question using her 1-2 new words in sign language. 3. (Individual # 1) answers this question by using sign language. 4. (Individual # 1) is praised for answering this question using her sign language. Type: Skill Building. Frequency: Daily."</p> | W 159  |  |                            |  |

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| W 159  | <p>Continued From page 15</p> <p>The progress note for (Individual # 1) dated 12/11/2018 documented, "Outcome 1. Communication Ability. 1.1 Was the support activity completed? Please describe barriers and participation level: Yes (Individual # 1) was not very cooperative this morning, she delayed following instructions or to communicate.</p> <p>On 12/12/18 at approximately 3:00 p.m., an interview was conducted with OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional). OSM #1 was asked to describe the role of the QIDP. OSM #1 stated, "Ensuring daily notes are done, assist residents with their activities of daily living, do monthly notes and quarterly reviews, make sure data collection is done. Conduct the ISP meetings, review goals and make changes if necessary, visit the day programs once a month to ensure active treatment is being done, update the program with anything for the individual, review the ISP at the day program, ensure the records are complete." When asked to describe the purpose of the PCP/ISP (person centered plan/individual service plan), OSM # 1 stated, "To increase the individual's living skills." When asked to describe the purpose of the outcomes/goals, OSM # 1 stated, "To teach a skill to be independent." After reviewing the progress note dated 12/11/2018, from (Name of Group Home) and the progress notes from (Name of Day Program) dated 12/03/2018, 12/04/2018, 12/05/2018 and 12/11/2018, OSM # 1 was asked if the communication outcome was implemented if there was no documentation evidencing the implementation of sign language. OSM # 1 stated, "No."</p> | W 159  |  |  |



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| W 159  | <p>Continued From page 16</p> <p>On 12/12/18 at approximately 6:30 p.m. ASM (administrative staff member) # 1, clinical director was made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website:<br/><a href="https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100">https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</a>.</p> <p>(2) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website:<br/><a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a>.</p> <p>(3) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website:<br/><a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a>.</p> <p>(4) Fear. This information was obtained from the website:<br/><a href="https://www.nlm.nih.gov/medlineplus/anxiety.html#summary">https://www.nlm.nih.gov/medlineplus/anxiety.html#summary</a>.</p> <p>1b. The QIDP failed to ensure the data collection of the ISP (Individual Service Plan)</p> | W 159  |  |  |  |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION              |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>49G052</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>12/13/2018</b> |
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| W 159  | <p>Continued From page 17</p> <p>outcomes/goals for Individual # 1 were in measurable terms.</p> <p>Individual # 1's current ISP from (Name of Day Program) dated 10/01/2018 through 09/30/2019 documented, "Desired Outcome: # 1. I learn 2-3 (two to three) words using sign language per month out of 12 months by September 30, 2019. Skill Building: Yes. Support Instructions [Describe the steps, what's needed for this person to be successful and how they participate with each support activity]. (Individual # 1) enjoys being social with her peers and staff. (Individual # 1) loves to meet new people and talk about clothing and jewelry. Staff should continue to provide support on expanding her communication. (Individual # 1) is greeted each morning by staff and reminded to use eye contact when communicating as she tends to look down when she walks around or speaks to others. (Individual # 1) is prompted to use words, signs, gestures, and leading, to clearly communicate her wants and needs. When (Individual # 1) becomes excited, she may communicate her wants and needs very fast. (Individual # 1) is asked to repeat her words. (Individual # 1's) Communication Protocol is followed as written. Frequency: 1 (one) x (time) day."</p> <p>Review of (Individual # 1's) "Communication Protocol" from (Name of Day Program) failed to evidence what signs (Individual # 1) was learning. It failed to evidence what level of assistance was provided and how the signs were being taught.</p> <p>The (Name of Day Program) data collection for (Individual # 1's) sign language outcome/goal documented, "12/03/2018, What did the person do to participate in the activity or practice the</p> | W 159  |  |  |  |

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| W 159  | <p>Continued From page 18</p> <p>skill? (Individual # 1) was prompted to use her to [sic] communicate her wants and needs. List what you saw that shows the person is learning and what you did to help: Staff follows (Individual # 1's) communication protocol."</p> <p>"12/04/2018 What did the person do to participate in the activity or practice the skill? (Individual # 1) uses her limited words communicate her wants and needs. List what you saw that shows the person is learning and what you did to help: Staff encouraged (Individual # 1) to use her words to answer questions."</p> <p>"12/05/2018 What did the person do to participate in the activity or practice the skill? (Individual # 1) uses her limited words communicate her wants and needs. List what you saw that shows the person is learning and what you did to help: Staff encouraged (Individual # 1) to use her words to answer questions."</p> <p>"12/11/2018 What did the person do to participate in the activity or practice the skill? (Individual # 1) was able to communicate her wants and needs. List what you saw that shows the person is learning and what you did to help: Staff encouraged (Individual # 1) to speak slowly and clearly."</p> <p>On 12/11/18 at 12:35 p.m., an interview was conducted with OSM (other staff member) # 2, senior program manager at (Name of Day Program). After reviewing, the progress notes dated 12/03/2018, 12/04/2018, 12/05/2018 and 12/11/2018, OSM # 2 was asked if the data for the sign language outcome was documented in measurable terms OSM # 2 stated, "No."</p> | W 159  |  |  |  |

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| W 159  | <p>Continued From page 19</p> <p>Individual # 1's current ISP from (Name of Group Home) dated 10/01/2018 through 09/30/2019 documented, "Desired Outcome: # 1 Communication Ability. (Individual # 1) learns 3 (three) sign language words a month for a period of 12 months by September 30, 2019. I no longer need this outcome when ...I can clearly communicate my wants and needs my wants and needs using sign language. Support Activities &amp; Instructions: (Individual # 1) effectively communicates with others using sign language to increase her communication skills until September 30, 2019. Support Instructions: 1. (Individual # 1) is present with a choice of words existing in her natural environment and she chooses 1-2 (one to two) new words each month to learn how to sign them. 2. (Individual # 1) is presented with a question using her 1-2 new words in sign language. 3. (Individual # 1) answers this question by using sign language. 4. (Individual # 1) is praised for answering this question using her sign language. Type: Skill Building. Frequency: Daily."</p> <p>The progress note for (Individual # 1) dated 12/11/2018 documented, "Outcome 1. Communication Ability. 1.1 Was the support activity completed? Please describe barriers and participation level: Yes (Individual # 1) was not very cooperative this morning, she delayed following instructions or to communicate.</p> <p>On 12/12/18 at approximately 3:00 p.m., an interview was conducted with OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional). When asked to describe the purpose of the PCP/ISP (person centered plan/individual service plan), OSM # 1 stated, "To increase the individual's living skills."</p> | W 159  |  |                            |  |

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| W 159  | <p>Continued From page 20</p> <p>When asked to describe the purpose of the outcomes/goals, OSM # 1 stated, "To teach a skill to be independent." After reviewing the data collection dated 12/11/2018 from (Name of Group Home) and the progress notes from (Name of Day Program) dated 12/03/2018, 12/04/2018, 12/05/2018 and 12/11/2018, OSM # 1 was asked if the data collection for the communication outcome was collected in measureable terms, OSM # 1 stated, "No."</p> <p>On 12/12/18 at approximately 6:30 p.m. ASM (administrative staff member) # 1, clinical director was made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>1c. The QIDP failed to ensure the clinical record for Individual # 1 was complete and accurate. The PCP (Person Centered Plan) at (Name of Group Home) dated "PCP Start Date: 10/01/2018. PCP End Date: 09/30/2019" was reviewed. Under "Outcomes &amp; (and) Activities" it documented, "Desired Outcome: # 5. Health and Safety. (Individual # 1) maintains her health and safety by following her medical protocols all the time by September 30, 2019. I No longer need this activity when ...I am no longer at risk for aspiration. Support Activities &amp; instructions: See attached aspiration Protocol. Frequency: Daily. I No longer need this activity when ...I am no longer at risk for Falls. Support Activities &amp; instructions: See attached Fall Protocol. Frequency: Daily. I No longer need this activity when ...I am no longer at risk for Seizure episodes Support Activities &amp; instructions: See attached Seizure Protocol. Frequency: Daily. I No longer need this activity when ...I am informed by my doctor that I do not need to wear foot</p> | W 159  | <p>W159-QIDP-Individual#1; 1c</p> <ol style="list-style-type: none"> <li>1. An IDT will be held between the Residential/Day services staff to review and discuss how to implement the medical protocols (PCP outcome #5 ;5.1-5.7) for individual #1.</li> <li>2. The medical protocols for all other individuals in the home will be reviewed to ensure that they meet PCP documentation standards.</li> <li>3. Clinical Director and/or program manager will retrain the QIDP on how to distinguish routine from skill building outcomes and how to input the information in the PCP appropriately.</li> <li>4. PCP medical outcome # 5 for individual #1 (and if needed for other individuals in the home) will be updated to indicate that they are routine safety outcomes and not skill building outcomes.</li> </ol> <p>- QIDP/Program manager will be maintain documentation on all PCP outcomes for all individuals. Clinical Director and/ or Quality Improvement coordinator will periodically sample individuals PCPs in the program for review.</p> |  |  |

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| W 159  | <p>Continued From page 21</p> <p>orthotics. Support Activities &amp; instructions: See attached Foot Orthotics Protocol. Frequency: Daily. I No longer need this activity when ...I am no longer at risk for GERD Support Activities &amp; instructions: See attached GERD Protocol. Frequency: Daily.</p> <p>The PCP (Person Centered Plan) at (Name of Day Program) dated "Start: 10/01/2018. End: 09/30/2019" was reviewed. Under "Desired Outcome" it documented, "5.1 I maintain health and safety by following my medical protocol 100% (percent) of the time by September 30, 2019. Skill Building: Yes. Staff will provide support throughout the day while onsite or in the community by following her outlined FALLS PROTOCOL. 5.2 I receive support for my foot orthotics. Skill Building: Yes. 5.3 I receive supports to maintain my seizures. Skill Building: Yes. 5.4 I receive supports to ensure I do not aspirate. Skill Building: Yes. 5.6 I receive support from staff for my diagnosis of GERD. Skill Building: Yes. 5.7 I receive assistance to follow my invisalign protocol. Skill Building: Yes."</p> <p>On 12/12/18 at 3:10 p.m., an interview was conducted with LPN (licensed practical nurse) # 1 regarding the protocols for Individual # 1. LPN # 1 stated, "I develop the protocols." When asked why and what the protocols were for, LPN # 1 stated, "It's a guide for us (staff) to follow in helping them (Individuals) safely." After reviewing the PCP (Person Centered Plans) for Individual # 1 from the (Name of Group Home) and from (Name of Day Program). LPN # 1 stated, "The statement about the protocols should not be part of the outcome/goal. There is nothing to measure. I didn't develop the outcomes. You should talk to the QIDP (Qualified Intellectual</p> | W 159  |  |                            |  |

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| W 159   | Continued From page 22<br>Disabilities Professional)."<br><br>The PCP (Person Centered Plan) at (Name of<br>Group Home) dated "PCP Start Date:<br>10/01/2018. PCP End Date: 09/30/2019" was<br>reviewed. Under "Outcomes & (and) Activities" it<br>documented, "Desired Outcome: # 4.<br>Maladaptive. (Individual # 1) utilizes her behavior<br>plan to address the presence of targeted behavior<br>to better address her wants and needs on a daily<br>basis until September 30, 2019."<br><br>On 12/12/18 at approximately 3:30 p.m., an<br>interview was conducted with OSM (other staff<br>member) # 1, the QIDP (Qualified Intellectual<br>Disabilities Professional). After reviewing, the<br>PCP for Individual # 4 dated 10/01/2018 through<br>09/30/2019; OSM # 1 was asked how Individual #<br>4 would be able to utilize her behavior plan. OSM<br># 1 stated, "It was documented in error. Instead<br>of (Individual # 1) it should have said staff." After<br>reviewing, the PCP (Person Centered Plans) for<br>Individual # 1 from the (Name of Group Home)<br>and from (Name of Day Program), OSM # 1<br>stated the protocols should not be goals it's a<br>documentation error.<br><br>On 12/12/18 at approximately 6:30 p.m. ASM<br>(administrative staff member) # 1, clinical director<br>was made aware of the findings. | W 159   |  |  |   |
| W 249   | No further information was provided prior to exit.<br>PROGRAM IMPLEMENTATION<br>CFR(s): 483.440(d)(1)<br><br>As soon as the interdisciplinary team has<br>formulated a client's individual program plan,<br>each client must receive a continuous active  | W 249   |  |  |   |

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| W 249  | <p>Continued From page 23</p> <p>treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by:<br/>Based on staff interview, clinical record review and facility document review it was determined that the facility staff failed to implement the active treatment program for one of five individuals in the survey sample, Individual # 1, .</p> <p>The facility staff failed to implement the ISP (individual service plan) for Individual # 1's sign language outcomes/goal from (Name of Day Program) and from (Name of Group Home).</p> <p>The findings include:</p> <p>Individual # 1 was a 29-year old female, who was admitted to (Name of Group Home) on 09/22/11. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), gastroesophageal reflux disease (2), seizure disorder (3) and anxiety (4).</p> <p>Individual # 1's current ISP from (Name of Day Program) dated 10/01/2018 through 09/30/2019 documented, "Desired Outcome: # 1. I learn 2-3 (two to three) words using sign language per month out of 12 months by September 30, 2019. Skill Building: Yes. Support Instructions [Describe the steps, what's needed for this person to be successful and how they participate with each support activity]. (Individual # 1) enjoys being social with her peers and staff. (Individual # 1)</p> | W 249  | <p><b>W249: Program Implementation; Individual #1.</b></p> <p>1. An IDT will be held between the residential and vocational teams to discuss data collection on the communication (use of sign language) outcome for individual #1.</p> <p>2. Data collection on the communication outcome for all other individuals that attend the same day program will be reviewed during the IDT meeting.</p> <p>3. Residential team will conduct monthly audits of day program compliance with PCP outcomes to include communication outcome for individual #1 and others.</p> <p>4. Unannounced visits will also be conducted by residential staff to review areas thought to be deficient for all individuals.</p> <p>- Department of Mission Effectiveness will conduct audits of residential and vocational services as needed or upon written request from the Clinical Director. Results of the audits will be shared with both teams and compliance completed within 30days.</p> |  |  |



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| W 249   | <p>Continued From page 24</p> <p>loves to meet new people and talk about clothing and jewelry. Staff should continue to provide support on expanding her communication. (Individual # 1) is greeted each morning by staff and reminded to use eye contact when communicating as she tends to look down when she walks around or speaks to others. (Individual # 1) is prompted to use words, signs, gestures, and leading to clearly communicate her wants and needs. When (Individual # 1) becomes excited, she may communicate her wants and needs very fast. (Individual # 1) is asked to repeat her words. (Individual # 1's) Communication Protocol is followed as written Frequency: 1 (one) x (time) day."</p> <p>Review of (Individual # 1's) "Communication Protocol" from (Name of Day Program) failed to evidence what signs (Individual # 1) was learning. It failed to evidence what level of assistance was provided and how the signs were being taught.</p> <p>The (Name of Day Program) data collection for (Individual # 1's) sign language outcome/goal documented, "12/03/2018 What did the person do to participate in the activity or practice the skill? (Individual # 1) was prompted to use her to [sic] communicate her wants and needs. List what you saw that shows the person is learning and what you did to help: Staff follows (Individual # 1's) communication protocol."</p> <p>"12/04/2018 What did the person do to participate in the activity or practice the skill? (Individual # 1) uses her limited words communicate her wants and needs. List what you saw that shows the person is learning and what you did to help: Staff encouraged (Individual # 1) to use her words to answer questions."</p> | W 249   |  |                            |   |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRAMBLETON GROUP HOME</b> |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>22755 SWEET ANDREA DRIVE<br/>ASHBURN, VA 20148</b>                           |  |  |
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| W 249  | <p>Continued From page 25</p> <p>"12/05/2018 What did the person do to participate in the activity or practice the skill? (Individual # 1) uses her limited words communicate her wants and needs. List what you saw that shows the person is learning and what you did to help: Staff encouraged (Individual # 1) to use her words to answer questions."</p> <p>"12/11/2018 What did the person do to participate in the activity or practice the skill? (Individual # 1) was able to communicate her wants and needs. List what you saw that shows the person is learning and what you did to help: Staff encouraged (Individual # 1) to speak slowly and clearly."</p> <p>On 12/11/18 at 12:35 p.m., an interview was conducted with OSM (other staff member) # 2, senior program manager at (Name of Day Program). After reviewing, the progress notes dated 12/03/2018, 12/04/2018, 12/05/2018 and 12/11/2018, OSM # 2 was asked if the communication outcome was implemented if there was no documentation evidencing the implementation of sign language. OSM # 2 stated, "No."</p> <p>Individual # 1's current ISP from (Name of Group Home) dated 10/01/2018 through 09/30/2019 documented, "Desired Outcome: # 1 Communication Ability. (Individual # 1) learns 3 (three) sign language words a month for a period of 12 months by September 30, 2019. I no longer need this outcome when ...I can clearly communicate my wants and needs my wants and needs using sign language. Support Activities &amp; Instructions: (Individual # 1) effectively communicates with others using sign language to</p> | W 249  |  |  |  |

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| W 249  | <p>Continued From page 26</p> <p>increase her communication skills until September 30, 2019. Support Instructions: 1. (Individual # 1) is present with a choice of words existing in her natural environment and she chooses 1-2 (one to two) new words each month to learn how to sign them. 2. (Individual # 1) is presented with a question using her 1-2 new words in sign language. 3. (Individual # 1) answers this question by using sign language. 4. (Individual # 1) is praised for answering this question using her sign language. Type: Skill Building. Frequency: Daily."</p> <p>The progress note for (Individual # 1) dated 12/11/2018 documented, "Outcome 1. Communication Ability. 1.1 Was the support activity completed? Please describe barriers and participation level: Yes (Individual # 1) was not very cooperative this morning, she delayed following instructions or to communicate.</p> <p>On 12/12/18 at approximately 3:00 p.m., an interview was conducted with OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional). OSM #1 was asked to describe the role of the QIDP. OSM #1 stated, "Ensuring daily notes are done, assist residents with their activities of daily living, do monthly notes and quarterly reviews, make sure data collection is done. Conduct the ISP meetings, review goals and make changes if necessary, visit the day programs once a month to ensure active treatment is being done, update the program with anything for the individual, review the ISP at the day program, ensure the records are complete." When asked to describe the purpose of the PCP/ISP (person centered plan/individual service plan), OSM # 1 stated, "To increase the individual's living skills." When</p> | W 249  |  |  |  |

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| W 249  | <p>Continued From page 27</p> <p>asked to describe the purpose of the outcomes/goals, OSM # 1 stated, "To teach a skill to be independent." After reviewing the progress note dated 12/11/2018, from (Name of Group Home) and the progress notes from (Name of Day Program) dated 12/03/2018, 12/04/2018, 12/05/2018 and 12/11/2018, OSM # 1 was asked if the communication outcome was implemented if there was no documentation evidencing the implementation of sign language. OSM # 1 stated, "No."</p> <p>The facility's policy "4.1 Individual Service Plan" documented, "ISP Implementation and Consumer Engagement: Implementation of the ISP begins at the time of its development. Components of the plan are fully implemented, with the consumer receiving support, learning environment and active engagement necessary to reach his or her objective / desired outcomes as defined in the ISP."</p> <p>On 12/12/18 at approximately 6:30 p.m. ASM (administrative staff member) # 1, clinical director was made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References:<br/>(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:</p> | W 249  |  |                            |  |

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| W 249  | Continued From page 28<br><a href="https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100">https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</a> .<br><br>(2) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website:<br><a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a> .<br><br>(3) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website:<br><a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a> .<br><br>(4) Fear. This information was obtained from the website:<br><a href="https://www.nlm.nih.gov/medlineplus/anxiety.html#summary">https://www.nlm.nih.gov/medlineplus/anxiety.html#summary</a> . | W 249  |  |  |  |
| W 252  | PROGRAM DOCUMENTATION<br>CFR(s): 483.440(e)(1)<br><br>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.<br><br>This STANDARD is not met as evidenced by:<br>Based on staff interview, clinical record review and facility document review it was determined that the facility staff failed to collect data in measurable terms for one of five individuals in the survey sample, Individual # 1.<br><br>The facility staff failed to document the data collection of Individual # 1's ISP (Individual   | W 252  |  |  |  |

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| W 252  | <p>Continued From page 29</p> <p>Support Plan) outcome/goal in measurable terms.</p> <p>The findings include:</p> <p>Individual # 1 was a 29-year old female, who was admitted to (Name of Group Home) on 09/22/11. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), gastroesophageal reflux disease (2), seizure disorder (3) and anxiety (4).</p> <p>Individual # 1's current ISP from (Name of Day Program) dated 10/01/2018 through 09/30/2019 documented, "Desired Outcome: # 1. I learn 2-3 (two to three) words using sign language per month out of 12 months by September 30, 2019. Skill Building: Yes. Support Instructions [Describe the steps, what's needed for this person to be successful and how they participate with each support activity]. (Individual # 1) enjoys being social with her peers and staff. (Individual # 1) loves to meet new people and talk about clothing and jewelry. Staff should continue to provide support on expanding her communication. (Individual # 1) is greeted each morning by staff and reminded to use eye contact when communicating as she tends to look down when she walks around or speaks to others. (Individual # 1) is prompted to use words, signs, gestures, and leading, to clearly communicate her wants and needs. When (Individual # 1) becomes excited, she may communicate her wants and needs very fast. (Individual # 1) is asked to repeat her words. (Individual # 1's) Communication Protocol is followed as written. Frequency: 1 (one) x (time) day."</p> <p>Review of (Individual # 1's) "Communication Protocol" from (Name of Day Program) failed to</p> | W 252  | <p>W252: Program implementation; individual #1</p> <ol style="list-style-type: none"> <li>1. An IDT will be held between the residential and vocational teams to discuss data collection on the communication (use of sign language) outcome for individual #1.</li> <li>2. Data collection on the communication outcome for all other individuals that attend the same day program will be reviewed during the IDT meeting.</li> </ol> <p>-PCP outcomes in question will be updated to meet the requirement of being measurable and quantifiable.</p> <ol style="list-style-type: none"> <li>3. Residential team will conduct monthly audits of day program compliance with PCP outcomes to include communication outcome for individual #1 and others.</li> <li>4. Unannounced visits will also be conducted by residential staff to review areas thought to be deficient for all individuals.</li> </ol> <p>- Department of Mission Effectiveness will conduct audits of residential and vocational services as needed or upon written request from the Clinical Director. Results of the audits will be shared with both teams and compliance completed within 30days.</p> |  |  |

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| W 252  | <p>Continued From page 30</p> <p>evidence what signs (Individual # 1) was learning. It failed to evidence what level of assistance was provided and how the signs were being taught.</p> <p>The (Name of Day Program) data collection for (Individual # 1's) sign language outcome/goal documented, "12/03/2018, What did the person do to participate in the activity or practice the skill? (Individual # 1) was prompted to use her to [sic] communicate her wants and needs. List what you saw that shows the person is learning and what you did to help: Staff follows (Individual # 1's) communication protocol."</p> <p>"12/04/2018 What did the person do to participate in the activity or practice the skill? (Individual # 1) uses her limited words communicate her wants and needs. List what you saw that shows the person is learning and what you did to help: Staff encouraged (Individual # 1) to use her words to answer questions."</p> <p>"12/05/2018 What did the person do to participate in the activity or practice the skill? (Individual # 1) uses her limited words communicate her wants and needs. List what you saw that shows the person is learning and what you did to help: Staff encouraged (Individual # 1) to use her words to answer questions."</p> <p>"12/11/2018 What did the person do to participate in the activity or practice the skill? (Individual # 1) was able to communicate her wants and needs. List what you saw that shows the person is learning and what you did to help: Staff encouraged (Individual # 1) to speak slowly and clearly."</p> <p>On 12/11/18 at 12:35 p.m., an interview was</p> | W 252  |  |                            |  |

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| W 252  | <p>Continued From page 31</p> <p>conducted with OSM (other staff member) # 2, senior program manager at (Name of Day Program). After reviewing, the progress notes dated 12/03/2018, 12/04/2018, 12/05/2018 and 12/11/2018, OSM # 2 was asked if the data for the sign language outcome was documented in measurable terms OSM # 2 stated, "No."</p> <p>Individual # 1's current ISP from (Name of Group Home) dated 10/01/2018 through 09/30/2019 documented, "Desired Outcome: # 1 Communication Ability. (Individual # 1) learns 3 (three) sign language words a month for a period of 12 months by September 30, 2019. I no longer need this outcome when ...I can clearly communicate my wants and needs my wants and needs using sign language. Support Activities &amp; Instructions: (Individual # 1) effectively communicates with others using sign language to increase her communication skills until September 30, 2019. Support Instructions: 1. (Individual # 1) is present with a choice of words existing in her natural environment and she chooses 1-2 (one to two) new words each month to learn how to sign them. 2. (Individual # 1) is presented with a question using her 1-2 new words in sign language. 3. (Individual # 1) answers this question by using sign language. 4. (Individual # 1) is praised for answering this question using her sign language. Type: Skill Building. Frequency: Daily."</p> <p>The progress note for (Individual # 1) dated 12/11/2018 documented, "Outcome 1. Communication Ability. 1.1 Was the support activity completed? Please describe barriers and participation level: Yes (Individual # 1) was not very cooperative this morning, she delayed following instructions or to communicate.</p> | W 252  |  |                            |  |



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| W 252  | <p>Continued From page 32</p> <p>On 12/12/18 at approximately 3:00 p.m., an interview was conducted with OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional). When asked to describe the purpose of the PCP/ISP (person centered plan/individual service plan), OSM # 1 stated, "To increase the individual's living skills." When asked to describe the purpose of the outcomes/goals, OSM # 1 stated, "To teach a skill to be independent." After reviewing the data collection dated 12/11/2018 from (Name of Group Home) and the progress notes from (Name of Day Program) dated 12/03/2018, 12/04/2018, 12/05/2018 and 12/11/2018, OSM # 1 was asked if the data collection for the communication outcome was collected in measureable terms, OSM # 1 stated, "No."</p> <p>The facility's policy "4.1 Individual Service Plan (ISP)" documented, "4.1.4 Individual Service Plan (ISP) Development. H. Data Collection: Data collection is recorded on all objectives/desired outcomes in a format that accurately represents the consumer's progress. Data is tracked, documented in measureable terms and analyzed to ensure that appropriate objectives/desired outcomes and interventions/support strategies are in place for the consumer. On-going documentation is kept in the progress notes regarding the progress, changes or significant events relating to the functioning of the consumer."</p> <p>On 12/12/18 at approximately 6:30 p.m. ASM (administrative staff member) # 1, clinical director was made aware of the findings.</p> <p>No further information was provided prior to exit.</p> | W 252  |  |                            |  |

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| W 252  | Continued From page 33<br><br>References:<br>(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:<br><a href="https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100">https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</a> .<br><br>(2) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website:<br><a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a> .<br><br>(3) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website:<br><a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a> .<br><br>(4) Fear. This information was obtained from the website:<br><a href="https://www.nlm.nih.gov/medlineplus/anxiety.html#summary">https://www.nlm.nih.gov/medlineplus/anxiety.html#summary</a> . | W 252  |  |  |  |
| W 420  | CLIENT BEDROOMS<br>CFR(s): 483.470(b)(4)(iv)<br><br>The facility must provide each client with functional furniture, appropriate to the clients needs.   | W 420  |  |  |  |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRAMBLETON GROUP HOME</b> |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>22755 SWEET ANDREA DRIVE<br/>ASHBURN, VA 20148</b>  |  |  |
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| W 420  | <p>Continued From page 34</p> <p>This STANDARD is not met as evidenced by:<br/>Based on observations and staff interview, it was determined that the facility staff failed to maintain the environment in good repair.</p> <p>The toilet paper holder in the first floor bathroom, across from the staircase leading to the second floor, was broken revealing only half toilet paper holder attached to the wall and the toilet paper holder in second floor bathroom, next to the medication room, was broken revealing a hole in the wall.</p> <p>The findings include:</p> <p>Observations of the of the first floor and second floor bathrooms on 12/11/18 at approximately 9:15 a.m. and at 3:30 p.m., 12/12/18 at 7:30 a.m. and at 3:00 p.m. revealed the toilet paper holder in the first floor bathroom, across from the staircase leading to the second floor, was broken revealing only half toilet paper holder attached to the wall and the toilet paper holder in second floor bathroom, next to the medication room, was broken revealing a hole in the wall.</p> <p>On 12/12/18 at approximately 6:00 p.m. a tour was conducted with ASM (administrative staff member) # 1, clinical director. When asked about the poor condition of the toilet paper holder in the first and second floor bathrooms ASM # 1 agreed with the above findings. ASM # 1 stated, they were unaware of the condition of the toilet paper holders and they would be taken care of.</p> <p>On 12/12/18 at approximately 6:30 p.m. ASM (administrative staff member) # 1, clinical director was made aware of the findings.</p> | W 420  | <p>W420: Client bedrooms</p> <p>1. A work order will be submitted to the maintenance department to replace the broken toilet paper holder or provide alternative means of storing toilet paper in a manner that is accessible to toilet users.</p> <p>2. A thorough environmental walk-through of the building will be completed by the maintenance department to see if there are other un-reported fixes that need to be completed and fix them while on site or within 30 days of notice.</p> <p>3. The program manager/designee will complete monthly environmental checks to include bathrooms, all other interior usable spaces and exterior environments. Deficient areas will be reported to the maintenance department for timely fixing.</p> <p>4. The clinical director or quality improvement coordinator will conduct environmental walk-throughs periodically when they visit the facility for clinical audits.</p> |  |  |

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| W 420  | Continued From page 35  | W 420  |  |  |
| W 440  | <p>No further information was provided prior to exit.</p> <p><b>EVACUATION DRILLS</b><br/>CFR(s): 483.470(i)(1)</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>This STANDARD is not met as evidenced by:<br/>Based on facility document review and staff interview, it was determined that the facility failed to conduct fire drills for each shift quarterly.</p> <p>The finding include:</p> <p>Review of the facility's "Fire Drill Forms" dated 12/2017 through 11/2018 failed to evidence that a fire drill was conducted on the 7:00 a.m. to 3:00 p.m. shift between April 2018 and June 2018 and on the 11:00 p.m. to 7:00 a.m. shift between July 2018 and September 2018.</p> <p>On 12/12/18 at approximately 2:15 p.m. ASM (administrative staff member) # 1, (Name of Group Home) clinical director was asked to provide evidence of the fire drills conducted on the 7:00 a.m. to 3:00 p.m. shift between April 2018 and June 2018 and on the 11:00 p.m. to 7:00 a.m. shift between July 2018 and September 2018.</p> <p>On 12/12/18 at approximately 6:30 p.m. ASM (administrative staff member) # 1, clinical director was made aware of the findings.</p> <p>On 12/12/18 at 6:30 p.m. ASM # 1 stated, "We don't have it."</p> | W 440  | <p><b>W440: Evacuation drills</b></p> <ol style="list-style-type: none"> <li>1. During the next staff meeting, the fire drill expectation will be discussed with staff with emphasis on rotating the drills for each shift every quarter.</li> <li>2. A schedule of evacuation drills will be posted with drills rotating per shift each quarter (morning/afternoon/overnight).</li> <li>3. Drills will be scheduled between the first and the 15th of the month such that if clinical emergencies perturb them from happening during the scheduled time, there will still be enough remaining days in the month to conduct the drills at the scheduled time.</li> <li>4. Program manager will review drills during month documentation review of environmental checks that will be conducted mid-month.</li> </ol> <p>- Clinical Director and/or quality improvement coordinator will include environmental reviews on their periodic audits of program operations.</p> |  |

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| W 440  | Continued From page 36   | W 440  |   |  |  |
| W 475  | <p>No further information was provided.</p> <p><b>MEAL SERVICES</b><br/>CFR(s): 483.480(b)(2)(iv)</p> <p>Food must be served with appropriate utensils.</p> <p>This STANDARD is not met as evidenced by:<br/>Based on observations and staff interviews it was determined that the facility staff failed to provide the proper eating utensil for eating for one of five individuals in the survey sample, Individual # 4.</p> <p>The facility staff failed to provide Individual # 4 with a knife and fork to cut up his French toast during breakfast.</p> <p>The findings include:</p> <p>Individual # 4 was a 34 year-old male, who was admitted to (Name of Group Home) on 06/02/11. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), intermittent explosive disorder (2), Down's syndrome (3), alopecia (4), recurrent onychomycosis (5) and vitamin D deficiency (6).</p> <p>On 12/12/18 at 7:20 a.m., an observation was conducted of Individual # 4 during breakfast at (Name of Group Home). Individual # 4 was observed entering the kitchen area by walking independently, went over to the kitchen island, picked up his breakfast plate and cup of milk, took them to the dining table and sat down at the table. Observation of Individual # 4's breakfast plate revealed a serving of pineapple chunks and</p> | W 475  | <p><b>W475: Meal Services; individual #4.</b></p> <ol style="list-style-type: none"> <li>1. During the next staff meeting, dining equipment necessary for individual #4 will be reviewed.</li> <li>2. Dining utensils needed by all other individuals in the home will be reviewed including those with need for modified utensils.</li> <li>3. Utensils needed by each individual will be included in their "meal time guidelines" so that staff can provide the equipment while setting the table for meals.</li> <li>4. The QIDP/designated shift leader will be responsible for ensuring that all meal equipment and dining supports are provided to all individuals during meals.</li> </ol> <p>- The Program manager/Clinical director will periodically perform meal time observations to ensure that all applicable meal guidelines are adhered to for all individuals in the home.</p> |  |  |

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| W 475  | <p>Continued From page 37</p> <p>a whole piece of French toast with syrup on it and a regular spoon. Individual # 4 was observed picking up his spoon and attempting to cut up the French toast. After several failed attempts, Individual # 4 picked his breakfast plate up to his mouth, pushed the French toast over the edge of the plate and took a bite of the French toast then placed the plate back down on the table. Individual # 4 was observed repeating this process until he finished eating his French toast. While Individual # 4 was 'eating' his breakfast, further observations revealed a staff member, [DSP (direct support professional) # 2] standing between the kitchen and the dining table watching Individual # 4 eat his breakfast. When Individual # 4 was approximately half way finished eating, DSP # 2 was observed coming to the dining table and sitting next to Individual # 4 while he ate his French toast off the plate.</p> <p>The "Nutritional Assessment" dated 07/03/2018 for Individual # 4 documented, "Food Texture and Eating: (Individual # 4) tolerates whole texture food and thin liquid; no chewing or swallowing difficulties were observed by writer during dinner meal observation nor have staff mentioned that there is a problem. Continue to encourage (Individual # 4) to follow general mealtime guidelines, include using a utensil, sitting up straight and keeping head up while eating at a moderate pace, and taking small bites of food."</p> <p>On 12/12/18 at 8:15 a.m., an interview was conducted with DSP # 2. After being informed of the observation of Individual # 4 raising his plate to his mouth to eat his breakfast, DSP # 2 stated, "I could have cut up the French toast and encouraged him to use his spoon to eat it."</p> | W 475  |  |                            |  |

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| W 475  | <p>Continued From page 38</p> <p>On 12/12/18 at approximately 6:30 p.m. ASM (administrative staff member) # 1, clinical director was made aware of the findings.</p> <p>No further information was obtained prior to exit.</p> <p>References:</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website:<br/><a href="https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100">https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</a>.</p> <p>(2) A little-known mental disorder marked by episodes of unwarranted anger is more common than previously thought, a study funded by the National Institutes of Health's (NIH) National Institute of Mental Health (NIMH) has found. Depending upon how broadly it's defined, intermittent explosive disorder (IED) affects as many as 7.3 percent of adults - 11.5-16 million Americans - in their lifetimes. The study is based on data from the National Comorbidity Survey Replication, a nationally representative, face-to-face household survey of 9,282 U.S. adults, conducted in 2001-2003. People with IED may attack others and their possessions, causing bodily injury and property damage. Typically, beginning in the early teens, the disorder often precedes - and may predispose for - later depression, anxiety and substance abuse disorders. Nearly 82 percent of those with IED</p> | W 475  |  |  |  |

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| W 475  | <p>Continued From page 39</p> <p>also had one of these other disorders, yet only 28.8 percent ever received treatment for their anger, report Ronald Kessler, Ph.D., Harvard Medical School, and colleagues. In the June, 2006 Archives of General Psychiatry, they suggest that treating anger early might prevent some of these co-occurring disorders from developing. This information was obtained from the website:<br/><a href="https://www.nih.gov/news-events/news-releases/intermittent-explosive-disorder-affects-16-million-americans">https://www.nih.gov/news-events/news-releases/intermittent-explosive-disorder-affects-16-million-americans</a>.</p> <p>(3) A genetic condition in which a person has 47 chromosomes instead of the usual 46. The extra chromosome causes problems with the way the body and brain develop. Down syndrome is one of the most common causes of birth defects. This information was obtained from the website:<br/><a href="https://medlineplus.gov/ency/article/000997.htm">https://medlineplus.gov/ency/article/000997.htm</a>.</p> <p>(4) A condition that causes round patches of hair loss. It can lead to total hair loss. This information was obtained from the website:<br/><a href="https://medlineplus.gov/ency/article/001450.htm">https://medlineplus.gov/ency/article/001450.htm</a>.</p> <p>(5) Fungal nail infection is a fungus growing in and around your fingernail or toenail. This information was obtained from the website:<br/><a href="https://medlineplus.gov/ency/article/001330.htm">https://medlineplus.gov/ency/article/001330.htm</a>.</p> <p>(6) Vitamin D helps your body absorb calcium. This information was obtained from the website:<br/><a href="https://medlineplus.gov/vitamind.html">https://medlineplus.gov/vitamind.html</a>.</p> | W 475  |  |  |  |