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

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G052	B. WING	CC	12/13/2018	
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148			
(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 SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
E 000	Initial Comments		E 00			
	survey was conducte Corrections are requi	nergency Preparedness d 12/11/18 through 12/12/18. red for compliance with 42 quirement for Long-Term				
E 026		r Declared by Secretary	E 02	E026: Roles under a waiver declared by Secretary.		
	develop and implement policies and procedur plan set forth in paragand the communication this section. The policies address the following (8) [(6), (6)(C)(iv), (7) [facility] under a waive in accordance with seprovision of care and care site identified by officials. *[For RNHCIs at §40 procedures. (8) The waiver declared by the with section 1135 of at an alternative care management officials. This STANDARD is Based on staff interview it was determanted to have a compreparedness plan.	, or (9)] The role of the er declared by the Secretary, ection 1135 of the Act, in the treatment at an alternate emergency management 3.748(b):] Policies and role of the RNHCI under a ne Secretary, in accordance Act, in the provision of care estite identified by emergency is. not met as evidenced by: view and facility document ined that the facility staff		1. An Interdisciplinary team meeting will be held with progstaff to review the 1135 Waive expectations and to determine support needs at alternate callocations for individuals in the home. 2. Guidelines will be drafted to direct provision of care in alterlocations during emergencies 3. The corporate emergency manager will review the alternal plan to ensure that it fits in with overall corporate plan. 4. QIDP/Program manager with train staff on the newly adopted measures and family members be notified of any roles they replay during such moments. The 1135 Waiver/other components of the entire plan be reviewed annually.	er e re re o rnate th the ill ed rs will nay	

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.

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G052	B. WNG_			12/1	13/2018
	OVIDER OR SUPPLIER			22	REET ADDRESS, CITY, STATE, ZIP CODE 755 SWEET ANDREA DRIVE SHBURN, VA 20148		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B' CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 026	the facility's role in pr	develop policies and ergency plan that describe oviding care and treatment	E	026			
E 032	at altered care sites to The findings include: On 12/12/18 at approof the facility's emerginterviewwas conducts the facility's emergency pevidence policies and emergency plan that providing care and trunder an 1135 waive facility did not have it On 12/12/18 at appro(administrative staff rwas made aware of the No further information Primary/Alternate Me CFR(s): 483.475(c)(3) [(c) The [facility] must emergency prepared that complies with Fe and must be reviewed annually.] The commall of the following: (3) Primary and alter communicating with (i) [Facility] staff.	eximately 6:00 p.m. a review gency preparedness plan and ted with ASM (administrative inical director. Review of the preparedness plan failed to describe the facility's role in eatment at altered care sites ar. ASM # 1 stated that the facility is role in the describe the facility's role in eatment at altered care sites ar. ASM # 1 stated that the facility is role in the facility is role in the eatment at altered care sites ar. ASM # 1 stated that the facility is role in the facilit	E	032			
	communicating with (i) [Facility] staff.						

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G052	B. WING			12/	13/2018	
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE			
DOAMOLE	TON GROUP HOME			22	755 SWEET ANDREA DRIVE			
BRAMBLE	TON GROUP HOME			AS	SHBURN, VA 20148			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
E 032	emergency managen *[For ICF/IIDs at §48: alternate means for of ICF/IID's staff, Feder- local emergency mar This STANDARD is Based on staff interview it was determined to have a compreparedness plan. Facility staff failed to documentation that the includes primary and communicating with the tribal, and local emeragencies by reviewing The findings include: On 12/12/18 at approf the facility's emergency interview was condustaff member) #1, of facility's emergency evidence of documentation plantal ternate means for staff, Federal, State, management agencic communication plantacility did not have incommunication plantacility did not have incommunicative staff was made aware of	nent agencies. 3.475(c):] (3) Primary and communicating with the al, State, tribal, regional, and nagement agencies. Not met as evidenced by: view and facility document ined that the facility staff polete emergency provide evidence of the communication plan alternate means for facility staff, Federal, State, regency management ag the communication plan. Doximately 6:00 p.m. a review gency preparedness plan and cotted with ASM (administrative inical director. Review of the preparedness plan failed to includes primary and communicating with facility tribal, and local emergency es by reviewing the ASM # 1 stated that the t. Doximately 6:30 p.m. ASM member) # 1, clinical director	EO	32	E032: Primary/alternate mean Communication. 1. An Interdisciplinary team meeting will be held with prog staff to determine the most appropriate communication mediums to use to liaise onsit staff with corporate/local/state federal agencies during an emergency. 2. Communication guidelines be drafted to guide staff on who to call and what medium appropriate during an emerge 3. The corporate emergency manager will review the altern plan to ensure that it fits in with overall corporate plan. 4. QIDP/Program manager with train staff on the newly adopted communication measures and family members will be notified any roles they may play during such moments. -The intra/inter-agency communication plan/other components of the entire plan be reviewed annually and upon as needed.	ram e e e e e e e e e e e e e e e e e e e		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				CIVID IVO	. 0000-0001
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G052	B. WING			12/1	13/2018
	ROVIDER OR SUPPLIER			22	TREET ADDRESS, CITY, STATE, ZIP CODE 2755 SWEET ANDREA DRIVE SHBURN, VA 20148		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 000	INITIAL COMMENTS	3	w	000			
W 111	Intermediate Care Fa Intellectual Disabilitie 12/11/18 through 12/ compliance with 42 C for Intermediate Care Intellectually Disabled survey report will folk The census in this six time of the survey. T of five current Individ # 2, # 3, # 4 and # 5. CLIENT RECORDS CFR(s): 483.410(c)(1 The facility must dev- recordkeeping syster health care, active tre and protection of the This STANDARD is Based on staff interview it was determ	d. The Life Safety Code ow. It bed facility was six at the life survey sample consisted ual reviews (Individuals # 1, I) elop and maintain a m that documents the client's eatment, social information, client's rights. Interview and clinical record ined that the facility staff	W	111			
	and accurate for one survey sample, Indiv						
	Individual # 1 at the at (Name of Day Proprotocols for seizure (clear mouth brace to	s, aspiration, falls, invisalign o align teeth), foot orthotics, cophageal reflux disease)					
1	I						

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDII	NG_		COMPL	.ETED
		49G052	B. WING			12/1	13/2018
NAME OF PI	ROVIDER OR SUPPLIER		-	ST	REET ADDRESS, CITY, STATE, ZIP CODE		
			22755 SWEET ANDREA DRIVE				
BRAMBLE	TON GROUP HOME			Α	SHBURN, VA 20148		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 111	the PCP (Person Cer Group Home) who w 1's behavior plan. The findings include: 1a. The PCP (Person Individual # 1 at the (at (Name of Day Proprotocols for seizures (clear mouth brace to orthotics, and GERD disease) and outcom Individual # 1 was a admitted to (Name of Diagnoses in the clin not limited to: severe gastroesophageal redisorder (3) and anxional The PCP (Person Ceroup Home) dated 10/01/2018. PCP Erreviewed. Under "Of documented, "Desire Safety. (Individual # safety by following hime by September 3 this activity whenI aspiration. Support attached aspiration F No longer need this longer at risk for Fall instructions: See atta Frequency: Daily. I whenI am no long	ailed to identify correctly on intered Plan) at the (Name of ould implement Individual # on Centered Plan) for (Name of Group Home) and ogram) identified the set as a spiration, falls, invisalign to straighten teeth, foot (gastroesophageal reflux ites/goals." 29-year old female, who was if Group Home) on 09/22/11. Initial record included but were estintellectual disability (1), flux disease (2), seizure itety (4). Pentered Plan) at (Name of "PCP Start Date: and Date: 09/30/2019" was utcomes & (and) Activities" it ed Outcome: # 5. Health and and an included protocols all the so, 2019. I No longer need am no longer at risk for Activities & instructions: See Protocol. Frequency: Daily. I activity whenI am no see Support Activities & ached Fall Protocol. No longer need this activity	w	111	W111-Client records; indiv # 1. An IDT will be held betwee Residential/Day services staff review and discuss how to implement the medical protoc (PCP outcome #5;5.1-5.7) for individual #1. 2. The medical protocols for a other individuals in the home reviewed to ensure that they perform the Clinical Director and/or programmager will retrain the QIDF how to distinguish routine from building outcomes and how to the information in the PCP appropriately. 3. PCP medical outcome # 5 individual #1 (and if needed for other individuals in the home) be updated to indicate that the routine safety outcomes and skill building outcomes. 4. QIDP/Program manager with maintain documentation on a outcomes for all individuals. -Clinical Director and/ or Qual Improvement coordinator will periodically sample individual PCPs in the program for reviews.	n the to ols r all will be meet s. ram on skill o input for or will ey are not lill be lity	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY MPLETED
		49G052	B, WING	<u>_</u>		12/13/2018
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		E	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION DATE
W 111	No longer need this a by my doctor that I do orthotics. Support Adattached Foot Orthotically. I No longer neighbor of the property of instructions: See attached Frequency: Daily. The PCP (Person Certago Day Program) dated 09/30/2019" was revioutcome" it document and safety by followin (percent) of the time Skill Building: Yes. Stroughout the day work community by followin PROTOCOL. 5.2 I roorthotics. Skill Building: Yes. 5.4 I receive sure aspirate. Skill Building: Yes. 5.4 I receive sure aspirate. Skill Building: Yes. 5 follow my invisalign property from staff for Skill Building: Yes. 5 follow my invisalign property from the following the protocol stated, "It develop to why and what the prostated, "It's a guide following them (Individual the PCP (Person Certago I from the (Name of (Name of Day Program)."	tocol. Frequency: Daily. I activity whenI am informed to not need to wear foot ctivities & instructions: See ics Protocol. Frequency: ed this activity whenI am SERD Support Activities & Intered Plan) at (Name of "Start: 10/01/2018. End: iewed. Under "Desired inted, "5.1 I maintain healthing my medical protocol 100% by September 30, 2019.	W	111		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148	DDE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIA		(X5) COMPLETION DATE
W 111	should talk to the QID Disabilities Profession On 12/12/18 at approinterview was conducted member) # 1, the QID Disabilities Profession staff member) # 1, the QID Disabilities Profession staff member) # 1, cloto describe the purposstated, "To increase when asked to descoutcomes/goals, OSI to be independent." purpose of a protocologuide to help prevent and to tell you what the happen." After review Centered Plans) for (Name of Group Hor Program), OSM # 1 and to be goals. ASM # are guidelines and notated it was a document of the program of the staff was made aware of the program of the program of the program of the goals. As the profession of the program of the goals. As the profession of the program of the goals. As the profession of the program of the goals are guidelines and notated it was a document of the goals. The profession of the goals are guidelines and notated it was a document of the goals of	There is nothing to velop the outcomes. You DP (Qualified Intellectual nal)." eximately 3:30 p.m., an octed with OSM (other staff DP (Qualified Intellectual inal) and ASM (administrative inical director. When asked ose of the PCP, OSM # 1 other individual's living skills." ribe the purpose of the M # 1 stated, "To teach a skill When asked to describe the old, OSM # 1 stated, "It's a to something from happening to do when something does wing the PCP (Person Individual # 1 from the one) and from (Name of Day istated that the protocols of goals. ASM # 1 further mentation error. Oximately 6:30 p.m. ASM member) # 1, clinical director	W	111			

	ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G052	B. WING _			13/2018	
	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	STREET ADDRESS, CITY, STATE, ZIP COI 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148 PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	ORRECTION N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
W 111	causes, such as lack responsiveness. This from the website: https://report.nih.gov.t.aspx?csid=100. (2) Stomach contents the esophagus and it was obtained from the https://www.nlm.nih.gov.the brain. This inform website: https://www.nlm.nih.gov.the PCP (Person Ce Group Home) who was the PCP (Person Ce Group Home) who was behavior plan. The PCP (Person Ce Group Home) dated 10/01/2018. PCP Ereviewed. Under "Odocumented, "Desire Maladaptive. (Indiviplan to address the property of the position of the plan to address the property of the position of	alsy, or from nonphysical of stimulation and adult information was obtained (nihfactsheets/ViewFactShee sto leak back, or reflux, into critate it. This information e website: gov/medlineplus/gerd.html. Train problem. They happen abnormal electrical activity in nation was obtained from the gov/medlineplus/seizures.ht Trailed to identify correctly on the gov/medlineplus/anxiety.html Trailed to identify correctly on the gov/medlineplus/anxiety.html	W	W111-Client record.In 1. The PCP outcome a individual # 1 will be re IDT meeting for appro 2. Program manager a Director will retrain QII to document the behar outcomes for individual other individuals in the PCP to reflect the nee provide needed interva behavior supports rath the individual. 3. PCP outcome #4 fo #1 and any other outce individuals found to be be updated on the PC QIDP. 4. Program manager a Director will conduct p on PCP outcomes to e they are property writt data thereof is properl reported.	#4 for eviewed in an priateness. and/or Clinical DPs on how vior al #1 and e home on the d for staff to entions in her than from or individual ome for other e deficient will P by the and/or Clinical periodic audits ensure that en and that		

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STATEMENT C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G052	B. WING		12/	13/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 12755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION DATE
W 111	interview was conduct member) # 1, the QID Disabilities Profession staff member) # 1, clip program manager of was not available for the PCP for Individual through 09/30/2019; Individual # 4 would be plan. OSM # 1 stated error. Instead of (Individual staff." On 12/12/18 at approximation (administrative staff rights was made aware of the No further information PROTECTION OF CCFR(s): 483.420(a)(a). The facility must ensight the staff rights are considered in the staff rights of the staff rights of the staff rights are considered in the s	eximately 3:30 p.m., an exted with OSM (other staff DP (Qualified Intellectual nal) and ASM (administrative nical director. ASM # 2, (Name of Day Program), interviews. After reviewing, all # 4 dated 10/01/2018 OSM # 1 was asked how be able to utilize her behavior di, "It was documented in ividual # 1) it should have eximately 6:30 p.m. ASM member) # 1, clinical director he findings. In was provided prior to exit. LIENTS RIGHTS The personal needs. In the rights of all clients. In must ensure privacy during find personal needs. In the facility staff failed to give personal hygiene care for sin the survey sample, In the close the bathroom door dual # 5 with his shaving.	W 130			

Facility ID: VAICFMR60

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G052	B. WNG_			12 <i>l*</i>	13/2018	
	ROVIDER OR SUPPLIER			22	REET ADDRESS, CITY, STATE, ZIP CODE 1755 SWEET ANDREA DRIVE SHBURN, VA 20148			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	K	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 130	admitted to (Name of Diagnoses in the clin not limited to: modera gastroesophageal ref (3), history of seizure disorder (5) and anxious condition of the limited to: modera gastroesophageal ref (3), history of seizure disorder (5) and anxious condition of seizure disorder (5) and anxious condition of looking into the limited	Group Home) on 7/19/11. ical record included but were ate intellectual disability (1), flux disease (2), dysphagia disorder (4), impulse control ety (6). o.m., an observation of the m, next to the medication athroom door wide open. be bathroom from the hallway staff member [DSP (direct # 1] could clearly be seen. dual # 5 and DSP # 1 ing at the bathroom sink. observed to be assisting aving his face. p.m., an interview was # 1. When asked to are considered personal ated, "Showering, tooth odorant, hair care, toileting asked about performing or hal hygiene, DSP # 1 stated, room and for privacy the ded." When asked about the ded to Individual # 5 with his ore, DSP # 1 stated, "We had hall have shut the door." Human Rights Plan" it	W	130	W130. Client Rights/Protection individual #5. 1. During the next staff meeting client rights and protections were reviewed with a focus on the shaving privacy violation for individual #5. 2. Staff will receive a refreshed Human Rights and protection individual #5 and other individual #5 and protections exist in the current clinical routines. 3. The QIDP /designee will be responsible for monitoring clirights and protections during hygiene and other comparable routines during all shifts. 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 counseling to staff on areas to may be deemed deficient.	er on s for duals and reas e ent		

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W 130	(administrative staff r was made aware of the was made aware such as lack responsive ness. This from the website: https://report.nih.gov.t.aspx?csid=100. (2) Stomach content the esophagus and in was obtained from the wa	eximately 6:30 p.m. ASM member) # 1, clinical director the findings. In was provided prior to exit. In of disorders characterized apacity and difficulty with such as managing money, the second second interactions. The originates before the age of form physical causes, such as alsy, or from nonphysical consideration and adult is information was obtained of the second se	W	130			

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W 130	is a relatively new cla and the most commo explosive disorder, kl compulsive gambling trichotillomania. This from the website: http://medical-dictiona pulse+Control+Disord (6) Fear. This inform website: https://www.nlm.nih.g #summary. QIDP CFR(s): 483.430(a) Each client's active tr integrated, coordinate qualified intellectual of This STANDARD is Based on residential day program record if was determined that Intellectual Disabilitie coordinate and monit treatment programs if the survey sample, In 1a. The QIDP failed of (Individual Service P language was impler	to one's self or others. This iss of personality disorders, in of these are intermittent eptomania, pyromania, disorder, and information was obtained ary.thefreedictionary.com/Imders. ation was obtained from the gov/medlineplus/anxiety.html reatment program must be ed and monitored by a disability professional. Inot met as evidenced by: I program record reviews, review and staff interview, it the QIDP (Qualified es Professional) failed to tor the individuals' active for one of five individuals in individuals # 1. to ensure Individual # 1's ISP Ian) outcomes/goals for signmented.	W 1			

Facility ID: VAICFMR60

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		2755 SWEET ANDREA DRIVE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	100	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 159	for Individual # 1 was The findings include: 1a. The QIDP failed of (Individual Service Planguage was impler Individual # 1 was a admitted to (Name of Diagnoses in the clin not limited to: severe gastroesophageal redisorder (3) and anxi Individual # 1's curre Program) dated 10/0 documented, "Desire (two to three) words month out of 12 mon Skill Building: Yes. Sthe steps, what's nessuccessful and how support activity]. (Incocial with her peers loves to meet new pand jewelry. Staff sh support on expandin (Individual # 1) is greand reminded to use communicating as sl she walks around or # 1) is prompted to used to the communicating as sl she walks around or # 1) is prompted to used to clearly and leading to clearly and needs. When (I excited, she may continue to the communication of the communica	to ensure the clinical record a complete and accurate. To ensure Individual # 1's ISP dan) outcomes/goals for sign mented. 29-year old female, who was f Group Home) on 09/22/11. ical record included but were intellectual disability (1), flux disease (2), seizure ety (4). Int ISP from (Name of Day 1/2018 through 09/30/2019 ad Outcome: # 1. I learn 2-3 using sign language per ths by September 30, 2019. Support Instructions [Describe edd for this person to be they participate with each lividual # 1) enjoys being and staff. (Individual # 1) eople and talk about clothing hould continue to provide gher communication. The eye contact when the tends to look down when speaks to others. (Individual see words, signs, gestures, y communicate her wants and dividual # 1) is asked to	W	159	W159-QIDP-Individual#1; 1a 1. An IDT will be held between the residential and vocational teams to the communication (use of sign land outcome for individual #1. 2. Implementation of the communication of the same day program will reviewed during the IDT meeting. 3. Residential team will conduct mandits of day program compliance PCP outcomes to include communication outcome for individual #1 and other than the conducted by residential staff to reareas thought to be deficient for a lindividuals. 3. Department of Mission Effective conduct audits of residential and vocational services as needed or unwritten request from the Clinical DR Results of the audits will be shared both teams and compliance complimitation within 30days.	guage) ication hat oe conthly with cation ers. eview I ness will pon irector. I with		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G052	B, WING			12/	13/2018
	ROVIDER OR SUPPLIER			22	REET ADDRESS, CITY, STATE, ZIP CODE 1755 SWEET ANDREA DRIVE SHBURN, VA 20148		
(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 SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 159	Communication Protoc Frequency: 1 (one) x Review of (Individual Protocol" from (Name evidence what signs It failed to evidence who provided and how the The (Name of Day Protocol" from (Name evidence what signs It failed to evidence who provided and how the The (Name of Day Protocol" 12/03/2 to participate in the activity at the activity of participate in the activity or practice what you did to help: 1's) communication points and the activity or practice where the preson is learning and encouraged (Individual answer questions." "12/05/2018 What did in the activity or practices her limited word and needs. List what person is learning and encouraged (Individual answer questions." "12/11/2018 What did in the activity or practices her limited word and needs. List what person is learning and encouraged (Individual answer questions."	# 1's) "Communication of Day Program) failed to (Individual # 1) was learning. what level of assistance was esigns were being taught. Togram) data collection for language outcome/goal 2018 What did the person do ctivity or practice the skill? Irrompted to use her to [sic] Ints and needs. List what the person is learning and Staff follows (Individual #	W	159	W159-QIDP-Individual#1; 1b 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. 2. Data collection on the communicoutcome for all other individuals thattend the same day program will be reviewed during the IDT meeting. 3. Residential team will conduct mean audits of day program compliance of PCP outcomes to include communicoutcome for individual #1 and othe 4. Unannounced visits will also be conducted by residential staff to reareas thought to be deficient for all individuals. Department of Mission Effectiver will conduct audits of residential ar vocational services as needed or upwritten request from the Clinical Direction Results of the audits will be shared both teams and compliance complewithin 30days.	ge) ration at re onthly with cation rs. view ness ad oon rector. with	

CHILITI	OT ON WILDIOMNE G	WEDIO/ND OLIVIOLO					
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			SURVEY LETED
		49G052	B. WING			12/1	13/2018
-	ROVIDER OR SUPPLIER			22	REET ADDRESS, CITY, STATE, ZIP CODE 1755 SWEET ANDREA DRIVE SHBURN, VA 20148		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 159	clearly." On 12/11/18 at 12:35 conducted with OSM senior program mana Program). After reviet dated 12/03/2018, 12 12/11/2018, OSM # 2 communication outcothere was no docume implementation of sig stated, "No." Individual # 1's curre Home) dated 10/01/2 documented, "Desire Communication Abili (three) sign language of 12 months by Sep longer need this outcommunicate my waneeds using sign land Instructions: (Individual # 1) is preexisting in her natural chooses 1-2 (one to to learn how to sign presented with a que words in sign language answers this questic (Individual # 1) is preexisting uestic (I	u did to help: Staff al # 1) to speak slowly and p.m., an interview was (other staff member) # 2, ager at (Name of Day ewing, the progress notes 2/04/2018, 12/05/2018 and 2 was asked if the ome was implemented if entation evidencing the gn language. OSM # 2 Int ISP from (Name of Group 2018 through 09/30/2019 ad Outcome: # 1 ty. (Individual # 1) learns 3 a words a month for a period attember 30, 2019. I no come whenI can clearly ints and needs my wants and guage. Support Activities & ual # 1) effectively others using sign language to inication skills until . Support Instructions: 1. esent with a choice of words al environment and she two) new words each month them. 2. (Individual # 1) is estion using her 1-2 new ige. 3. (Individual # 1) in by using sign language. 4. aised for answering this ign language. Type: Skill	W	159			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				CIVID 110	0000 0001
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G052	B. WING			12/1	3/2018
	ROVIDER OR SUPPLIER			2	TREET ADDRESS, CITY, STATE, ZIP CODE 2755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 159	Continued From page The progress note for 12/11/2018 document Communication Ability activity completed? I participation level: Yvery cooperative this following instructions On 12/12/18 at approximate the role of the role o	r (Individual # 1) dated ted, "Outcome 1. ty. 1.1 Was the support Please describe barriers and tes (Individual # 1) was not morning, she delayed for to communicate. Doximately 3:00 p.m., an octed with OSM (other staff DP (Qualified Intellectual smal). OSM #1 was asked to the QIDP. OSM #1 stated, as are done, assist residents of daily living, do monthly reviews, make sure data conduct the ISP meetings, aske changes if necessary, as once a month to ensure eing done, update the regram, ensure the records on asked to describe the ISP (person centered te plan), OSM # 1 stated, "To real's living skills." When		159	DEFICIENCY)		
	stated, "No."						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION IG		TE SURVEY MPLETED
		49G052	B. WING			12/13/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(XS) COMPLETION DATE
W 159	(administrative staff r was made aware of t was made aware of t No further information References: (1) Refers to a group by a limited mental cadaptive behaviors s schedules and routin Intellectual disability 18 and may result froautism or cerebral pacauses, such as lack responsiveness. This from the website: https://report.nih.gov.t.aspx?csid=100. (2) Stomach contents the esophagus and it was obtained from the https://www.nlm.nih.gov.the brain. This inform website: https://www.nlm.nih.gov.the brain.	eximately 6:30 p.m. ASM nember) # 1, clinical director he findings. In was provided prior to exit. of disorders characterized apacity and difficulty with uch as managing money, es, or social interactions. originates before the age of om physical causes, such as alsy, or from nonphysical of stimulation and adult is information was obtained //nihfactsheets/ViewFactShee sto leak back, or reflux, into rritate it. This information he website: gov/medlineplus/gerd.html. rain problem. They happen abnormal electrical activity in nation was obtained from the gov/medlineplus/seizures.ht hation was obtained from the gov/medlineplus/anxiety.html to ensure the data collection	W 1	59		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	DENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO	. 0938-0391
STATEMENT (OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		49G052	B. WING			12/	13/2018
	ROVIDER OR SUPPLIER		•	:	STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 159	outcomes/goals for Inmeasurable terms. Individual # 1's curre Program) dated 10/0 documented, "Desire (two to three) words month out of 12 mon Skill Building: Yes. Sthe steps, what's nessuccessful and how support activity]. (Individual with her peers loves to meet new peand jewelry. Staff ship support on expandin (Individual # 1) is greand reminded to use communicating as she walks around or # 1) is prompted to use and leading, to clear and needs. When (I excited, she may conneeds very fast. (Increpeat her words. (I Communication Prot Frequency: 1 (one) of the content	nt ISP from (Name of Day 1/2018 through 09/30/2019 and Outcome: # 1. I learn 2-3 using sign language per this by September 30, 2019. Support Instructions [Describe aded for this person to be they participate with each lividual # 1) enjoys being and staff. (Individual # 1) enould continue to provide g her communication. Seeted each morning by staff a eye contact when the tends to look down when speaks to others. (Individual see words, signs, gestures, by communicate her wants and dividual # 1) is asked to individual # 1's) socol is followed as written.	W	159			
	Protocol" from (Namevidence what signs It failed to evidence	I # 1's) "Communication e of Day Program) failed to (Individual # 1) was learning what level of assistance was e signs were being taught.					
	(Individual # 1's) sign documented, "12/03	Program) data collection for name and a collection for name and a collection for name and a collection for a					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION	(X3	s) DATE SURVEY COMPLETED
		49G052	B. WNG_			12/13/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148	Ε	
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
W 159	[sic] communicate he what you saw that sh and what you did to h # 1's) communication "12/04/2018 What did in the activity or practuses her limited word and needs. List what person is learning an encouraged (Individuanswer questions." "12/05/2018 What did in the activity or practuses her limited word and needs. List what person is learning an encouraged (Individuanswer questions." "12/11/2018 What did in the activity or practuses her limited word and needs." "12/11/2018 What did in the activity or practuses able to communus was able to communus was able to communus what you saw the learning and what you encouraged (Individuals)." On 12/11/18 at 12:38 conducted with OSM senior program manuprogram). After revidated 12/03/2018, 1:12/11/2018, OSM # 1:12/11	was prompted to use her to a wants and needs. List ows the person is learning help: Staff follows (Individual a protocol." If the person do to participate tice the skill? (Individual # 1) is communicate her wants to you saw that shows the downard was to was was the downard was to was was the downard was to was was the wants to you saw that shows the downard was	W	159		

		WAY DECYMENISTING INTO INTO	(X2) MUI 3	TIDI E C	CONSTRUCTION	(X3) DATE SURVEY		
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	COMPI		
			55.251	-				
		49G052	B. WING			12/	13/2018	
NAME OF PI	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE			
BRAMBLE	TON GROUP HOME				755 SWEET ANDREA DRIVE			
				AS	SHBURN, VA 20148			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
W 159	Home) dated 10/01/2 documented, "Desire Communication Abilit (three) sign language of 12 months by Sep longer need this outcommunicate my waneeds using sign lan Instructions: (Individu communicates with dincrease her communicates with dincrease her communicates with dincrease her and the language of 12 months of 12	nt ISP from (Name of Group 2018 through 09/30/2019 and Outcome: # 1 ty. (Individual # 1) learns 3 are words a month for a period tember 30, 2019. I no come whenI can clearly nts and needs my wants and guage. Support Activities & ual # 1) effectively others using sign language to nication skills until . Support Instructions: 1. seent with a choice of words at environment and she two) new words each month them. 2. (Individual # 1) is estion using her 1-2 new ge. 3. (Individual # 1) in by using sign language. 4. aised for answering this ign language. Type: Skill : Daily." or (Individual # 1) dated nted, "Outcome 1. ity. 1.1 Was the support Please describe barriers and /es (Individual # 1) was not as morning, she delayed	w	159				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE S COMPL	
		49G052	B. MNG			12/1	3/2018
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		2755 SWEET ANDREA DRIVE	·	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 159	outcomes/goals, OSI to be independent." collection dated 12/1 Home) and the progr Day Program) dated 12/05/2018 and 12/1 if the data collection outcome was collected OSM # 1 stated, "No On 12/12/18 at approgram of the collection outcome was collected OSM # 1 stated, "No On 12/12/18 at approgram of the collection outcome was collected osm # 1 stated, "No On 12/12/18 at approgram of the collection outcome was collected osm # 1 stated, "No On 12/12/18 at approgram of the collection outcome was collected outcome outc	with the purpose of the M # 1 stated, "To teach a skill After reviewing the data 1/2018 from (Name of Group ess notes from (Name of 12/03/2018, 12/04/2018, 1/2018, OSM # 1 was asked for the communication ed in measureable terms, " "" "" "" "" "" "" "" "" ""	W	159	W159-QIDP-Individual#1; 1c 1. An IDT will be held between Residential/Day services staff review and discuss how to implement the medical protoco (PCP outcome #5;5.1-5.7) for individual #1. 2. The medical protocols for a individuals in the home will be reviewed to ensure that they rPCP documentation standard 3. Clinical Director and/or programanager will retrain the QIDP how to distinguish routine from building outcomes and how to the information in the PCP appropriately. 4. PCP medical outcome #5 individual #1 (and if needed for individual #1 (and if needed for individuals in the home) will be updated to indicate that they are routine safety outcomes and rebuilding outcomes. - QIDP/Program manager will maintain documentation on all outcomes for all individuals. Clinical Director and/ or Quali Improvement coordinator will periodically sample individual PCPs in the program for review.	to ols r II other emeet s. gram on n skill o input for er are not skill II be II PCP ty s	

		T SERVICES		TIDLE (CONCTRUCTION	(X3) DATE SURVEY		
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	COMPLETED		
	- '		A. BUILDI					
		49G052	B. WING			12/	13/2018	
NAME OF P	ROVIDER OR SUPPLIER	•		ST	REET ADDRESS, CITY, STATE, ZIP CODE			
DD 4 ***	TON ODOUBLIONS			22	755 SWEET ANDREA DRIVE			
RKAMBLE	ETON GROUP HOME			AS	SHBURN, VA 20148			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD ' CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 159	attached Foot Orthot Daily. I No longer ne no longer at risk for Cinstructions: See atta Frequency: Daily. The PCP (Person Ce Day Program) dated 09/30/2019" was rev Outcome" it documer and safety by following (percent) of the time Skill Building: Yes. Sthroughout the day we community by following PROTOCOL. 5.2 I reorthotics. Skill Building: Yes. 5.4 I receive suaspirate. Skill Building: Yes. 5.4 Il receive suaspirate. Skill Building: Yes. 5.6 Il will build support from staff for Skill Building: Yes. 5 follow my invisalign in Conducted with LPN regarding the protoc 1 stated, "It's a guide for helping them (Individual the PCP (Person Ce 1 from the (Name of (Name of Day Progratatement about the of the outcome/goal measure. I didn't dei more discourse of the controlled in the co	ctivities & instructions: See ics Protocol. Frequency: sed this activity whenI am GERD Support Activities & sched GERD Protocol. entered Plan) at (Name of "Start: 10/01/2018. End: iewed. Under "Desired iewed. Under "Desired iewed." 5.1 I maintain healthing my medical protocol 100% by September 30, 2019. Staff will provide support	W	159				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS	FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		49G052	B. WING			12/1	3/2018
NAME OF PR	OVIDER OR SUPPLIER		-	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
BRAMBLE	TON GROUP HOME				2755 SWEET ANDREA DRIVE SHBURN, VA 20148		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
W 159	Group Home) dated of 10/01/2018. PCP Enreviewed. Under "Outdocumented, "Desire Maladaptive. (Individual september of 12/12/18 at approximate of 12/12/18 at	intered Plan) at (Name of PCP Start Date: ad Date: 09/30/2019" was atcomes & (and) Activities" it doutcome: #4. It doutcome:	W	159			
W 249	PROGRAM IMPLEN CFR(s): 483.440(d)(As soon as the intere	IENTATION 1) disciplinary team has	W	/ 249	3		
	formulated a client's each client must rec	individual program plan, eive a continuous active					

	OT ON WILDIONINE OF	VILDIO/ IID OLITVIOLO				
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G052	B. WING	<u></u>	12/	13/2018
NAME OF PR	OVIDER OR SUPPLIER		S.	TREET ADDRESS, CITY, STATE, ZIP CODE		
DD V MOI E	TON CROUP HOME		2:	2755 SWEET ANDREA DRIVE		
BRAMBLE	TON GROUP HOME		A	SHBURN, VA 20148		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 249	and frequency to sup objectives identified in plan. This STANDARD is a Based on staff intervand facility document that the facility staff fatreatment program for the survey sample, Ir The facility staff failed (individual service pla language outcomes/g Program) and from (If The findings include: Individual # 1 was a and admitted to (Name of Diagnoses in the clin not limited to: severe gastroesophageal redisorder (3) and anxious Individual # 1's curred program) dated 10/0 documented, "Desired (two to three) words month out of 12 month out of 12 month out of 12 month support activity]. (Incorporation) in the steps, what's nessuccessful and how support activity]. (Incorporation)	onsisting of needed vices in sufficient number port the achievement of the in the individual program not met as evidenced by: view, clinical record review it review it was determined ailed to implement the active or one of five individuals in individual # 1, . If to implement the ISP an) for Individual # 1's sign goal from (Name of Day Name of Group Home). 29-year old female, who was if Group Home) on 09/22/11. vical record included but were intellectual disability (1), flux disease (2), seizure	W 249	W249: Program Implementation Individual #1. 1. An IDT will be held between the residential and vocational teams to discuss data collection on the communication (use of sign langual outcome for individual #1. 2. Data collection on the communication outcome for all other individuals the attend the same day program will be reviewed during the IDT meeting. 3. Residential team will conduct monthly audits of day program compliance with PCP outcomes to include communication outcome for individual #1 and others. 4. Unannounced visits will also be conducted by residential staff to reareas thought to be deficient for all individuals. - Department of Mission Effectives will conduct audits of residential ar vocational services as needed or upwritten request from the Clinical Director. Results of the audits will I shared with both teams and complicompleted within 30days.	ge) cation lat be view l ess ld boon be	

STATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING				(X3) DATE SURVEY COMPLETED	
		49G052	B. WING			12/	13/2018	
	ROVIDER OR SUPPLIER		•		ESS, CITY, STATE, ZIP CODE ANDREA DRIVE VA 20148			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES TY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO EACH CORRECTIVE ACTION SHOULD OSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 249	and jewelry. Staff sh support on expandin (Individual # 1) is greand reminded to use communicating as sh she walks around or # 1) is prompted to u and leading to clearly and needs. When (I excited, she may conneeds very fast. (Increpeat her words. (I Communication Prot Frequency: 1 (one) >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	eople and talk about clothing rould continue to provide g her communication. Seted each morning by staff eye contact when he tends to look down when speaks to others. (Individual se words, signs, gestures, y communicate her wants individual # 1) becomes municate her wants and dividual # 1) is asked to individual # 1's) socol is followed as written to (time) day." I # 1's) "Communication e of Day Program) failed to (Individual # 1) was learning, what level of assistance was e signs were being taught. Program) data collection for in language outcome/goal /2018 What did the person do activity or practice the skill? prompted to use her to [sic] ants and needs. List what the person is learning and: Staff follows (Individual #	W	249				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		49G052	B. WING_		1	12/13/2018		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148	E			
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
W 249	"12/05/2018 What di in the activity or pracuses her limited work and needs. List what person is learning arencouraged (Individuals answer questions." "12/11/2018 What did in the activity or pracwas able to communities what you saw the learning and what you encouraged (Individuals what you encouraged (Individuals what you saw the learning and what you encouraged (Individuals what you saw the learning and what you encouraged (Individuals what you saw the learning and what you encouraged (Individuals what you encouraged (Individuals what you encouraged (Individuals what 12:38 conducted with OSM senior program man Program). After revidated 12/03/2018, 13:12/11/2018, OSM # 3:12/11/2018, OSM # 3:12/11/	d the person do to participate tice the skill? (Individual # 1) ds communicate her wants at you saw that shows the ad what you did to help: Staff all # 1) to use her words to d the person do to participate tice the skill? (Individual # 1) icate her wants and needs. at shows the person is but did to help: Staff all # 1) to speak slowly and 5 p.m., an interview was 1 (other staff member) # 2, ager at (Name of Day ewing, the progress notes 2/04/2018, 12/05/2018 and 2 was asked if the ome was implemented if entation evidencing the gn language. OSM # 2 ent ISP from (Name of Group 2018 through 09/30/2019 ed Outcome: # 1 ity. (Individual # 1) learns 3 e words a month for a period otember 30, 2019. I no come whenI can clearly ants and needs my wants and aguage. Support Activities &	W 2	49				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		49G052	B, WNG_		1	12/13/2018	
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		E		
(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 CO X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
W 249	(Individual # 1) is pre existing in her natura chooses 1-2 (one to to learn how to sign the presented with a que words in sign language answers this question (Individual # 1) is praquestion using her singulation and the progress note for 12/11/2018 document Communication Ability activity completed? In participation level: Youry cooperative this following instructions On 12/12/18 at approximate your was condumented by # 1, the QII Disabilities Profession describe the role of the "Ensuring daily notes with their activities of notes and quarterly recollection is done. Or review goals and many visit the day program active treatment is be program with anything the ISP at the day prare complete." Whe purpose of the PCP/plan/individual service.	Support Instructions: 1. sent with a choice of words I environment and she two) new words each month hem. 2. (Individual # 1) is stion using her 1-2 new ge. 3. (Individual # 1) n by using sign language. 4. ised for answering this gn language. Type: Skill Daily." r (Individual # 1) dated ted, "Outcome 1. ty. 1.1 Was the support Please describe barriers and fes (Individual # 1) was not morning, she delayed	W	249			

STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING			(X3) DATE SURVEY COMPLETED	
		496052	B. WNG			424	12/2049
NAME OF PI	ROVIDER OR SUPPLIER	49G052	B. WING	s	TREET ADDRESS, CITY, STATE, ZIP CODE	12/1	13/2018
	ETON GROUP HOME			2	2755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 249	asked to describe the outcomes/goals, OSP to be independent." note dated 12/11/201 Home) and the progr Day Program) dated 12/05/2018 and 12/1 if the communication if there was no docur implementation of sig stated, "No." The facility's policy "4 documented, "ISP Im Engagement: Implemented time of its developlan are fully implemented in the time of its developlan are fully implemented in the time of its developlan are fully implemented in the time of its developlan are fully implemented in the time of its developlan are fully implemented in the time of its developlan are fully implemented in the time of its developlan are fully implemented in the time of its developlan are fully implemented in the time of its developlan are fully implemented in the time of its developlan are fully implemented in the time of its developlan are fully implemented in the time of its developlan are fully implemented in the time of its developlant in the time of its dev	e purpose of the W # 1 stated, "To teach a skill After reviewing the progress 8, from (Name of Group ess notes from (Name of 12/03/2018, 12/04/2018, 1/2018, OSM # 1 was asked outcome was implemented mentation evidencing the gn language. OSM # 1 4.1 Individual Service Plan" applementation and Consumer mentation of the ISP begins at pment. Components of the ented, with the consumer arning environment and necessary to reach his or her autcomes as defined in the	W	249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G052	B. WING		12/13/2018	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(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)	D BE COMPLETION	
W 249	Continued From page https://report.nih.gov/t.aspx?csid=100.	e 28 nihfactsheets/ViewFactShee	W 24	9		
W 252	(2) Stomach contents the esophagus and ir was obtained from the https://www.nlm.nih.g. (3) Symptoms of a breaduse of sudden, at the brain. This inform website: https://www.nlm.nih.gml. (4) Fear. This inform website: https://www.nlm.nih.g. #summary. PROGRAM DOCUM CFR(s): 483.440(e)(f) Data relative to accompecified in client indobjectives must be different to the facility staff in measurable terms for survey sample, Individed the facility staff in facility staff faile	ain problem. They happen abnormal electrical activity in ation was obtained from the gov/medlineplus/seizures.ht ation was obtained from the ation was obtained from the gov/medlineplus/anxiety.html ENTATION ENTATION I) Implishment of the criteria ividual program plan ocumented in measurable not met as evidenced by: view, clinical record review it review it was determined ailed to collect data in rone of five individuals in the	W 25	22		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G052	B, WING			12/1	3/2018	
		ATEMENT OF DEFICIENCIES	ID	22 A	TREET ADDRESS, CITY, STATE, ZIP CODE 2755 SWEET ANDREA DRIVE SHBURN, VA 20148 PROPERTY SPLAN OF CORRECTION		(X5) COMPLETION	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		DATE	
W 252	Support Plan) outcom The findings include: Individual # 1 was a 2 admitted to (Name of Diagnoses in the clini not limited to: severe gastroesophageal ref disorder (3) and anxious limited to: severe gastroesophageal ref disorder (3) and anxious limited to: severe gastroesophageal ref disorder (3) and anxious limited to: severe gastroesophageal ref disorder (3) and anxious limited to: severe gastroesophageal ref disorder (3) and anxious limited to: severe gastroesophageal ref disorder (3) and anxious limited to: Skill Building: Yes. Still Building: Yes. Still Building: Yes. Sthe steps, what's nees successful and how to support activity]. (Indisocial with her peers loves to meet new peand jewelry. Staff shis support on expanding (Individual # 1) is great reminded to use communicating as shis walks around or # 1) is prompted to use communicating, to clearly and needs. When (In excited, she may conneeds very fast. (Incommunication Protingeat her words. (In Communication Protingeat Protingeat (Individual Review of (Individua	29-year old female, who was Group Home) on 09/22/11. Ical record included but were intellectual disability (1), flux disease (2), seizure ety (4). Int ISP from (Name of Day 1/2018 through 09/30/2019 doutcome: # 1. I learn 2-3 using sign language per this by September 30, 2019. Support Instructions [Describe ded for this person to be hey participate with each ividual # 1) enjoys being and staff. (Individual # 1) enole and talk about clothing ould continue to provide gher communication. eted each morning by staff eye contact when see tends to look down when speaks to others. (Individual see words, signs, gestures, y communicate her wants and lividual # 1) is asked to individual # 1's) ocol is followed as written.	W	252	W252: Program implementation; #1 1. An IDT will be held between the residential and vocational teams that data collection on the communication of sign language) outcome for individuals that attend the same day program will reviewed during the IDT meetingPCP outcomes in question will be to meet the requirement of being measurable and quantifiable. 3. Residential team will conduct reaudits of day program compliance PCP outcomes to include communication outcome for individual #1 and other 4. Unannounced visits will also be conducted by residential staff to reareas thought to be deficient for a individuals Department of Mission Effective conduct audits of residential and vocational services as needed or unwritten request from the Clinical I Results of the audits will be share both teams and compliance compliance compliance compliance compliance.	o discussition (use ividual ication hat be updated monthly with nication iers. eview all upon Director, d with		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G052	B. WING			12/13/2018	
	ROVIDER OR SUPPLIER		1	2	TREET ADDRESS, CITY, STATE, ZIP CODE 2755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 252	evidence what signs It failed to evidence w provided and how the The (Name of Day Provided and how the The (Name of Day Provided and how the The (Name of Day Provided and how the Individual # 1) [sic] communicate he what you saw that should have the what you saw that should have the Individual # 1) [sic] communication # 1's) communication # 1's) communication # 1's) communication # 1's) communication # 1'2/04/2018 What did in the activity or practuses her limited work and needs. List what person is learning and encouraged (Individuanswer questions." # 12/05/2018 What did in the activity or practuses her limited work and needs. List what person is learning and encouraged (Individuanswer questions." # 12/11/2018 What did in the activity or practuses able to communicate what you saw the learning and what you encouraged (Individual clearly."	(Individual # 1) was learning. what level of assistance was a signs were being taught. regram) data collection for language outcome/goal 2018, What did the person e activity or practice the was prompted to use her to er wants and needs. List lows the person is learning help: Staff follows (Individual er protocol." If the person do to participate tice the skill? (Individual # 1) els communicate her wants et you saw that shows the ed what you did to help: Staff elal # 1) to use her words to If the person do to participate tice the skill? (Individual # 1) els communicate her wants et you saw that shows the eld what you did to help: Staff elal # 1) to use her words to If the person do to participate tice the skill? (Individual # 1) els communicate her wants et you saw that shows the eld what you did to help: Staff elal # 1) to use her words to If the person do to participate tice the skill? (Individual # 1) icate her wants and needs. et shows the person is	W	252			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G052	B. WING			12/	13/2018	
	ROVIDER OR SUPPLIER		·	22	TREET ADDRESS, CITY, STATE, ZIP CODE 2755 SWEET ANDREA DRIVE SHBURN, VA 20148			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 252	senior program mana Program). After revie dated 12/03/2018, 12 12/11/2018, OSM # 2 the sign language ou measurable terms OS Individual # 1's currer Home) dated 10/01/2 documented, "Desire Communication Abilit (three) sign language of 12 months by Sept longer need this outcommunicate my wan needs using sign languages in the communicates with communicates with communicates with communicates with communicates with communicates with concrease her communicates with a que words in sign langual answers this question (Individual # 1) is praquestion using her signiliding. Frequency The progress note for 12/11/2018 documer Communication Ability activity completed? participation level: Years of the significant of the communication level: Years of the significant of the concrease of the control of the concrease of the concrease of the control of the concrease of the concrease of the control of the concrease of the concrease of the control of the control of the concrease of the control of the	(other staff member) # 2, ager at (Name of Day swing, the progress notes 1/04/2018, 12/05/2018 and 2 was asked if the data for trome was documented in SM # 2 stated, "No." Int ISP from (Name of Group 1/018 through 09/30/2019 do Outcome: # 1 yy. (Individual # 1) learns 3 words a month for a period tember 30, 2019. I no ome whenI can clearly into and needs my wants and guage. Support Activities & 1/018 and needs my wants and guage. Support Activities & 1/018 and needs my wants and guage. Support Instructions: 1. Insent with a choice of words are words at lenvironment and she towo) new words each month them. 2. (Individual # 1) is settion using her 1-2 new 1/09. (Individual # 1) in by using sign language. 4. Insent with a choice of words are the setting of the setting this granguage. Type: Skill is Daily." In (Individual # 1) dated the inted, "Outcome 1. ty. 1.1 Was the support Please describe barriers and 1/018 feet interval was not 1/018 morning, she delayed	W	252				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		49G052	B. WING_			12/13/2018		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148	DE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE		
W 252	On 12/12/18 at approinterview was condumember) # 1, the QI Disabilities Profession describe the purpose centered plan/individistated, "To increase When asked to describe the purpose outcomes/goals, OS to be independent." collection dated 12/1 Home) and the program) dated 12/05/2018 and 12/1 if the data collection outcome was collect OSM # 1 stated, "Not The facility's policy " (ISP)" documented, (ISP) Development. collection is recorder outcomes in a formathe consumer's program to ensure that appropriate to ensure that appropriate in place for the consumer." On 12/12/18 at appropriate appropriate that appropriate in the consumer."	eximately 3:00 p.m., an octed with OSM (other staff DP (Qualified Intellectual anal). When asked to be of the PCP/ISP (person and service plan), OSM # 1 the individual's living skills." ribe the purpose of the M # 1 stated, "To teach a skill After reviewing the data 1/2018 from (Name of Group ress notes from (Name of 12/03/2018, 12/04/2018, 1/2018, OSM # 1 was asked for the communication ed in measureable terms," 4.1 Individual Service Plan H. Data Collection: Data do n all objectives/desired to an all objectives/desired entions/support strategies consumer. On-going pt in the progress notes iss, changes or significant a functioning of the oximately 6:30 p.m. ASM member) # 1, clinical director	Wa	252				

STATEMENT O AND PLAN OF	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l , ,		CONSTRUCTION	(X3) DATE S COMPL	
		49G052	B. WING			12/1	3/2018
	OVIDER OR SUPPLIER		•	22	REET ADDRESS, CITY, STATE, ZIP CODE 755 SWEET ANDREA DRIVE SHBURN, VA 20148		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 252	by a limited mental c adaptive behaviors s schedules and routin Intellectual disability 18 and may result from the utism or cerebral pacauses, such as lack responsiveness. This from the website: https://report.nih.govt.aspx?csid=100. (2) Stomach content the esophagus and i was obtained from the https://www.nlm.nih.govt.aspx?csid=100.	of disorders characterized apacity and difficulty with uch as managing money, es, or social interactions. originates before the age of omphysical causes, such as alsy, or from nonphysical of stimulation and adult information was obtained which acts heets/ViewFactShee is to leak back, or reflux, into rritate it. This information	W	252			
W 420	https://www.nlm.nih. #summary. CLIENT BEDROOM CFR(s): 483.470(b)(4)(iv)	W	420			
		vide each client with appropriate to the clients					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		49G052	B. WING_			12/	13/2018
	ROVIDER OR SUPPLIER			22	TREET ADDRESS, CITY, STATE, ZIP CODE 2755 SWEET ANDREA DRIVE SHBURN, VA 20148		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	-	(X5) COMPLETION DATE
W 420	Based on observation determined that the fit the environment in go. The toilet paper holds across from the stairs floor, was broken revholder attached to the holder in second floor medication room, was the wall. The findings include: Observations of the offloor bathrooms on 1: 9:15 a.m. and at 3:30 and at 3:00 p.m. revein the first floor bathrostaircase leading to the trevealing only half to the wall and the toilet bathroom, next to the broken revealing a hold on 12/12/18 at approximate about the poor condition the first and second agreed with the about they were unaware of paper holders and the On 12/12/18 at approximate of the poor conditions are second agreed with the about they were unaware of paper holders and the On 12/12/18 at approximate of the poor conditions are second agreed with the about they were unaware of paper holders and the on 12/12/18 at approximate the poor conditions are second agreed with the about they were unaware of paper holders and the or 12/12/18 at approximate the poor conditions are second agreed with the about they were unaware of paper holders and the or 12/12/18 at approximate the poor conditions are second agreed with the about they were unaware of paper holders and the or 12/12/18 at approximate the poor conditions are second agreed with the about they were unaware of paper holders and the or 12/12/18 at approximate the poor conditions are second agreed with the about they were unaware of paper holders and the or 12/12/18 at approximate the poor conditions are second agreed with the about they were unaware of paper holders and the or 12/12/18 at approximate the poor conditions are second agreed with the about the poor conditions are second agreed with the about the poor conditions are second agreed with the about the poor conditions are second agreed with the about the poor conditions are second agreed with the about the poor conditions are second agreed with the about the poor conditions are second agreed with the about the poor conditions are second agreed with the about	not met as evidenced by: ns and staff interview, it was acility staff failed to maintain nod repair. er in the first floor bathroom, case leading to the second ealing only half toilet paper e wall and the toilet paper r bathroom, next to the s broken revealing a hole in of the first floor and second 2/11/18 at approximately p.m., 12/12/18 at 7:30 a.m. haled the toilet paper holder om, across from the the second floor, was broken flet paper holder attached to to paper holder in second floor e medication room, was to be in the wall. eximately 6:00 p.m. a tour ASM (administrative staff director. When asked tion of the toilet paper holder d floor bathrooms ASM # 1 e findings. ASM # 1 stated, f the condition of the toilet ey would be taken care of.	W	420	W420: Client bedrooms 1. A work order will be submitted the maintenance department of replace the broken toilet paper holder or provide alternative most storing toilet paper in a marthat is accessible to toilet used. 2. A thorough environmental withrough of the building will be completed by the maintenance department to see if there are un-reported fixes that need to completed and fix them while site or within 30 days of notices. The program manager/designation will complete monthly environmental checks to inclusive bathrooms, all other interior usespaces and exterior environmental between the maintenance department of the mai	to r neans ner rs. valk- e other be on e. gnee de sable ents. ed to for ity	

	IDENTIFICATION NUMBER		l ' '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		49G052	B. WING		12/	13/2018	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148			
(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 SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 420	Continued From page	35	W 420				
W 440	EVACUATION DRILL CFR(s): 483.470(i)(1) The facility must hold quarterly for each shi This STANDARD is r Based on facility docinterview, it was dete to conduct fire drills for the finding include: Review of the facility' 12/2017 through 11/2 fire drill was conducte p.m. shift between Apon the 11:00 p.m. to 2018 and September On 12/12/18 at approduding the 7:00 a.m. to 3:00 2018 and June 2018 7:00 a.m. shift between 2018. On 12/12/18 at approduding the 7:00 a.m. shift between 2018. On 12/12/18 at approduding the 7:00 a.m. shift between 2018.	evacuation drills at least ft of personnel. not met as evidenced by: nument review and staff rmined that the facility failed or each shift quarterly. s "Fire Drill Forms" dated to evidence that a red on the 7:00 a.m. to 3:00 oril 2018 and June 2018 and 7:00 a.m. shift between July 2018. eximately 2:15 p.m. ASM nember) # 1, (Name of director was asked to the fire drills conducted on p.m. shift between April and on the 11:00 p.m. to en July 2018 and September eximately 6:30 p.m. ASM nember) # 1, clinical director	W 440	W440: Evacuation drills 1. During the next staff meetir the fire drill expectation will be discussed with staff with emplon rotating the drills for each severy quarter. 2. A schedule of evacuation dwill be posted with drills rotating per shift each quarter (morning afternoon/overnight). 3. Drills will be scheduled between the first and the 15th of the mosuch that if clinical emergencing during the scheduled time, the will still be enough remaining in the month to conduct the drills during month documentate view of environmental check that will be conducted midence. 4. Program manager will review drills during month documentate review of environmental check that will be conducted midence. 5. Clinical Director and/or qualimprovement coordinator will include environmental review their periodic audits of program operations.	hasis shift rills ng lig/ ween onth es days rills at ew ation ks onth. lity		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	49G052 B. WNG			12/13/2018		
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 440	Continued From page		W 44	0		
W 475	This STANDARD is a Based on observation was determined that provide the proper ear one of five individuals Individual # 4. The facility staff failed with a knife and fork a during breakfast. The findings include: Individual # 4 was a dadmitted to (Name of Diagnoses in the clin not limited to: modera intermittent explosive syndrome (3), aloped onychomycosis (5) a On 12/12/18 at 7:20 conducted of Individual (Name of Group Homobserved entering the independently, went picked up his breakfatook them to the dinitable. Observation of	with appropriate utensils. not met as evidenced by: ans and staff interviews it the facility staff failed to ating utensil for eating for s in the survey sample, d to provide Individual # 4 to cut up his French toast 34 year-old male, who was 6 Group Home) on 06/02/11. ical record included but were ate intellectual disability (1), e disorder (2), Down's	W475: Meal Services; individual #4. 1. During the next staff meeting, dining equipment necessary for individual #4 will be reviewed. 2. Dining utensils needed by all other individuals in the home will be reviewed including those with need for modified utensils. 3. Utensils needed by each individual will be included in their "meal time guidelines" so that stacan provide the equipment while setting the table for meals. 4. The QIDP/designated shift leader will be responsible for ensuring that all meal equipment and dining supports are provided all individuals during meals. - The Program manager/Clinical director will periodically perform meal time observations to ensur that all applicable meal guideline are adhered to for all individuals the home.		ng, for l. all will with their at staff chile t ical orm isure elines	

STATEMENT (AND PLAN OF	DEFICIENCIES ORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED				
		49G052	B. WING		12/13/2018		
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME				2:	TREET ADDRESS, CITY, STATE, ZIP CODE 2755 SWEET ANDREA DRIVE SHBURN, VA 20148		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE
W 475	a regular spoon. Indipicking up his spoon French toast. After sindividual # 4 picked mouth, pushed the Fithe plate and took a kindividual # 4 was ob process until he finish. While Individual # 4 vifurther observations. [DSP (direct support between the kitchen sindividual # 4 eat his # 4 was approximate DSP # 2 was observed and sitting next to Inc. French toast off the pickers in the individual # 4 doc. The "Nutritional Asset for Individual # 4 doc. Eating: (Individual # 4 food and thin liquid; rifticulties were observed and sitting include ustraight and keeping moderate pace, and On 12/12/18 at 8:15 conducted with DSP the observation of Inc. Tould have cut up to individual was mouth to eat his in could have cut up to individual was a problem. On 12/12/18 at 8:15 conducted with DSP the observation of Inc. Tould have cut up to individual was a problem to his mouth to eat his "I could have cut up to individual was a problem."	anch toast with syrup on it and vidual # 4 was observed and attempting to cut up the everal failed attempts, his breakfast plate up to his rench toast over the edge of once of the French toast then a down on the table. Served repeating this ned eating his French toast. It was 'eating' his breakfast, revealed a staff member, professional) # 2] standing and the dining table watching breakfast. When Individual ly half way finished eating, ed coming to the dining table dividual # 4 while he ate his olate. Issment" dated 07/03/2018 umented, "Food Texture and 4) tolerates whole texture no chewing or swallowing wrved by writer during dinner have staff mentioned that Continue to encourage ow general mealtime sing a utensil, sitting up head up while eating at a taking small bites of food." a.m., an interview was # 2. After being informed of dividual # 4 raising his plate is breakfast, DSP # 2 stated,	W	475			

MAME OF PROMDER OR SUPPLIER BRAMBLETON GROUP HOME (X4) 10 (X4)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING		(X3) DATE SURVEY COMPLETED	
BRAMBLETON GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (PROFIT AND THE PROFIT A	49G052		B. WING		12/13/2018		
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) W 475 Continued From page 38 On 12/12/18 at approximately 6:30 p.m. ASM (administrative staff member) # 1, clinical director was made aware of the findings. No further information was obtained 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 autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://report.nih.gov/nihfactsheets/ViewFactShee t.aspx?csid=100. (2) A little-known mental disorder marked by episodes of unwarranted anger is more common than previously thought, a study funded by the 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,					22755 SWEET ANDREA DRIVE		
On 12/12/18 at approximately 6:30 p.m. ASM (administrative staff member) # 1, clinical director was made aware of the findings. No further information was obtained prior to exit. References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://report.nih.gov/nihfactsheets/ViewFactShee t.aspx?csid=100. (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,	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA	_	OMPLETION
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	W 475	On 12/12/18 at appro (administrative staff n was made aware of the No further information References: (1) Refers to a group by a limited mental catadaptive behaviors suschedules and routine Intellectual disability of 18 and may result from autism or cerebral pacauses, such as lack responsiveness. This from the website: https://report.nih.gov/t.aspx?csid=100. (2) A little-known meepisodes of unwarrar than previously though National Institutes of Institute of Mental Hedder Depending upon how intermittent explosive many as 7.3 percent Americans - in their lift on data from the National Replication, a national face-to-face household adults, conducted in may attack others and bodily injury and propheginning in the early precedes - and may indepression, anxiety and propheginning in the early precedes - and may indepression, anxiety and propheginning in the early precedes - and may indepression, anxiety and propheginning in the early precedes - and may indepression, anxiety and propheginning in the early precedes - and may indepression, anxiety and propheginning in the early precedes - and may indepression, anxiety and propheginning in the early precedes - and may indepression, anxiety and propheginning in the early precedes - and may indepression, anxiety and propheginning in the early precedes - and may indepression, anxiety and propheginning in the early precedes - and may indepression, anxiety and propheginning in the early precedes - and may indepression, anxiety and propheginning in the early precedes - and may indepression, anxiety and propheginning in the early precedes - and may indepression, anxiety and propheginning in the early precedes - and may indepression, anxiety and propheginning in the early precedes - and may indepression, anxiety and propheginning in the early precedes - and may indepression, anxiety and propheginning in the early precedes - and may indepression, anxiety and propheginning in the early precedes - and may indepression.	ximately 6:30 p.m. ASM nember) # 1, clinical director ne findings. In was obtained prior to exit. In was obtained with uch as managing money, es, or social interactions. In priority of the age of method priority of the age of method priority of the age of method priority of the age of stimulation and adult information was obtained with the action of the age of the age of the age of stimulation and adult information was obtained with the action of the age of the	W 47	75		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
490		49G052	B. WING	-		12/13/2018	
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME				22	TREET ADDRESS, CITY, STATE, ZIP CODE 2755 SWEET ANDREA DRIVE SHBURN, VA 20148	•	
(X4) ID PREFIX TAG				ıx	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 475	28.8 percent ever red anger, report Ronald Medical School, and 2006 Archives of Gel suggest that treating some of these co-oct developing. This information was https://www.nih.gov/ntermittent-explosive mericans. (3) A genetic condition chromosome causes body and brain deve of the most common This information was https://medlineplus.g	e other disorders, yet only beived treatment for their Kessler, Ph.D., Harvard colleagues. In the June, meral Psychiatry, they anger early might prevent curring disorders from promation was obtained from mews-events/news-releases/ip-disorder-affects-16-million-a problems with the way the lop. Down syndrome is one causes of birth defects. It is obtained from the website: pov/ency/article/000997.htm. It is a fungus growing in gernail or toenail. This gained from the website: gov/ency/article/001330.htm. It is a fungus growing in gernail or toenail. This gained from the website: gov/ency/article/001330.htm. It is obtained from the website: gov/ency/article/001330.htm.	W	475			