

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

PRINTED: 12/06/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G070	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/29/2018
NAME OF PROVIDER OR SUPPLIER BURKE ICF ID			STREET ADDRESS, CITY, STATE, ZIP CODE 9332 BURKE ROAD BURKE, VA 22015		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments	E 000	Roles Under a Waiver Declared by Secretary CFR(s): 483.475(b)(8) All of the individuals and staff were effected by the deficiency and citation.	11/11/19	
E 026	<p>An unannounced Emergency Preparedness survey was conducted 11/127/18 through 11/29/18. Corrections are required for compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.</p> <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: 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>To correct and insure no individuals and staff are effected in the future the Burke ICF ID the Emergency Preparedness Plan will be reviewed and modified for compliance to facility role under a waiver declared by the Secretary, in accordance with 1135 of the Act with care and treatment of Burke Road individuals at an alternate site. A training will occur at the January Burke ICF ID team meeting to review the content of the additional procedures related to care and treatment at an alternative site.</p> <p>The Community Residences Risk Management Committee will review the Emergency Plan specific to Burke ICF ID Drive Group Home on annual basis.</p> <p>The Clinical Director will ensure and monitor all new and existing program staff are trained on the emergency preparedness plan by reviewing the staff training sign in sheets.</p>		

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

TITLE

(X6) DATE

Terrell Jones

ACD

12/14/18

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 The 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. The findings include: On 11/28/18 at approximately 1:00 p.m., a review of the facility's emergency preparedness plan and interview was conducted with ASM (administrative staff member) # 1, program manager. 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. On 11/28/17 at approximately 6:00 p.m. ASM (administrative staff member) # 1, program manager was made aware of the findings.	E 026			
W 000	No further information was obtained prior to exit. INITIAL COMMENTS An unannounced annual Medicaid survey for Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) was conducted 11/26/18 through 11/29/18. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for the Mentally Retarded. The Life Safety Code survey report will follow. The census in this six bed facility was six at the time of the survey. The survey sample consisted of four current individual reviews (Individuals # 1,	W 000			

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W 000 W 111	<p>Continued From page 2 # 2, # 3, and # 4).</p> <p>CLIENT RECORDS CFR(s): 483.410(c)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and clinical record review it was determined that the facility staff failed to ensure the clinical record was complete and accurate for one of four individuals in the survey sample, Individual # 2.</p> <p>1a. The clinical record for Individual # 2 at the (Name of Group Home) failed to evidence a current reviewed copy of the "Psychological Evaluation."</p> <p>1b. The clinical record for Individual # 2 at the (Name of Group Home) revealed the "(Name of Group Home Company) Authorization For Release Of Protected Health Information" was incomplete.</p> <p>The findings include:</p> <p>1a. The clinical record for Individual # 2 at the (Name of Group Home) failed to evidence a current reviewed copy of the "Psychological Evaluation."</p> <p>Individual # 2 was a 56-year-old female, who was admitted to (Name of Group Home) on 11/24/14. Diagnoses in the clinical record included but were</p>	W 000 W 111	<p>The Residential QIDP will complete a record review on Individual #2 to ensure the record is maintained and documents the individual's health care, active treatment, social information and protection of client's rights. The Residential QIDP will ensure the Clinical Record includes a current Psychological evaluation for Individual #2 by immediately placing the current Psychological Evaluation in the file. The QIDP will ensure the Clinical Record contains a completed copy of the authorization for release of protected health information for Individual #2 by meeting with the guardian and completing the form in its entirety based on the guardian's preference. The Residential Program Manager will also complete a thorough record review of all other individuals to ensure that all individuals have a current Psychological evaluation in the records and also ensure that all individuals have thoroughly completed authorization for release of protected health information in their files.</p> <p>The Program Manager will review the process to ensure compliance and prevent further deficiencies. Mission Effectiveness and or the Clinical Director will also conduct quarterly record reviews to prevent deficiencies.</p>	12/30/18	

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W 111	<p>Continued From page 3</p> <p>not limited to: moderate intellectual disability (1), epilepsy (2) dysphagia (3) and hypertension (4).</p> <p>Review of Individual # 2's clinical record at (Name of Group Home) revealed Individual # 2's "Psychological Evaluation" dated "June 2017." Further review of Individual # 2's clinical record failed to evidence a current psychological evaluation for Individual # 2.</p> <p>On 11/28/18 at 11:25 a.m., an interview was conducted with ASM (administrative staff member) # 1, program manager regarding Individual # 2's most current psychological evaluation. After review of Individual # 2's EHR (electronic health record) and clinical record ASM # 1 stated, "It wasn't filed, I only found the psychological evaluation dated June 2017." When asked to describe the process they follow for ensuring the EHR (electronic health record) and clinical record contain the most recent psychological evaluations, ASM # 1 stated, "The psychologist will either mail, fax, or email the evaluation to the group home and it is filed in the EHR or the clinical record." When asked if the process was followed for Individual # 2's current psychological evaluation, ASM # 1 stated, "It wasn't done. I called the psychologist about fifteen minutes ago and asked her to fax the current evaluation."</p> <p>On 11/28/18 at 6:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) was made aware of the above finding.</p> <p>No further information was provided prior to exit.</p> <p>References:</p>	W 111			

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W 111	<p>Continued From page 4</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</p> <p>(2) A brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain send out the wrong signals. People may have strange sensations and emotions or behave strangely. They may have violent muscle spasms or lose consciousness. This information was obtained from the website: https://medlineplus.gov/epilepsy.html.</p> <p>(3) A swallowing disorder. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html.</p> <p>(4) High blood pressure. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/highbloodpressure.html.</p> <p>1b. The clinical record for Individual # 2 at the (Name of Group Home) revealed the "(Name of Group Home Company) Authorization For Release Of Protected Health Information" was incomplete.</p>	W 111			

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W 111	<p>Continued From page 5</p> <p>Review of Individual # 2's clinical record was reviewed at (Name of Group Home) revealed; "(Name of Group Home Company) Authorization For Release Of Protected Health Information" for Individual #2 was incomplete. Under the statement "Initial all record items to be released" the form documented, "Vocational info (information), Treatment Plan, Psychiatric Evaluation, Oral Communication with Service Provider, Social History, Progress Notes, Discharge, Medical Reports/Consultations, Discharge Summary, Diagnosis, Psychological Evaluation, Medication Record and Other (specify)." Further review of this section reveal none of these items or records had been initialed or check off.</p> <p>On 11/28/18 at 11:40 a.m., an interview was conducted with ASM (administrative staff member) # 1, program manager regarding Individual # 2's "(Name of Group Home Company) Authorization For Release Of Protected Health Information" form. When asked to describe the process for completing the form, ASM #1 stated, "The guardian checks off the items to be released with the guidance from the nurse (at the group home) and/ or the group home staff." When asked if the form for Individual #2 was incomplete, ASM # 1 stated, "I would have liked to see more information completed."</p> <p>On 11/28/18 at 6:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) was made aware of the above finding.</p> <p>No further information was provided prior to exit.</p>	W 111			

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W 130 W 130	<p>Continued From page 6</p> <p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations and staff interviews it was determined that the facility staff failed to provide privacy for the use of a catheter collection bag for one of four individuals in the survey sample, Individual # 2.</p> <p>The facility staff failed to provide a privacy bag or cover for Resident # 2's catheter collection bag.</p> <p>The findings include:</p> <p>Individual # 2 was a 56-year-old female, who was admitted to (Name of Group Home) on 11/24/14. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), epilepsy (2) dysphagia (3) and hypertension (4).</p> <p>On 11/27/18 at 1:10 p.m., an observation was conducted of Resident # 2 at (Name of Day Program). From approximately 1:10 p.m. to 1:30 p.m., Resident # 2 was engaged in a music activity group. The group consisted of approximately eighteen other individuals and approximately five staff members. Observation of Individual # 2 revealed she was sitting in her wheelchair in the midst of the group. Individual # 2 appeared dressed, neat and clean. Observation of Individual # 2's wheelchair revealed a catheter collection bag hooked onto the left outside of the wheelchair, in front of the</p>	W 130 W 130	<p>The Residential Program Manager will ensure privacy for the use of a catheter collection bag for Individual #2 by ensuring all staff utilize a privacy bag or cover for the catheter collection bag of Individual #2.</p> <p>Residential staff will be trained on ensuring Individual #2 utilizes a privacy bag to cover the urine collection bag and also ensure privacy is maintained for all individuals during the December 2018 staff meeting.</p> <p>The Residential Program Manager will monitor the process by conducting weekly residential observations to verify privacy is maintained for all individuals.</p> <p>The Residential Program Manager will also conduct monthly day support observations to ensure privacy is being maintained for all individuals.</p> <p>Mission Effectiveness and/or the Clinical Director will also conduct quarterly observations of all individuals to ensure privacy is being maintained.</p>	12/30/18	

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W 130	<p>Continued From page 7</p> <p>rear wheel. Observation of the catheter collection bag failed to evidence the bag covered or inside a privacy bag. Further observation of the catheter collection bag revealed that it contained urine and was clearly visible. At approximately 1:30 p.m., Individual # 2 was moved to a smaller group for a manicure activity. Observation of Individual # 2's wheelchair revealed a catheter collection bag hooked onto the left outside of the wheelchair, in front of the rear wheel. Observation of the catheter collection bag failed to evidence the bag covered or inside a privacy bag. Further observation of the catheter collection bag revealed that it contained urine and was clearly visible.</p> <p>On 11/27/18 at 1:50 p.m., an interview was conducted with OSM (other staff member) # 1, (Name of Day Program's) Community Integrated Specialist, who was overseeing Individual # 2's group. When asked to describe the procedure for ensuring Individual # 2's privacy regarding the catheter collection bag, OSM # 1 stated, "I would cover it up."</p> <p>On 11/27/18 at 1:55 p.m., an interview was conducted with LPN (licensed practical nurse) # 2 at (Name of Day Program). When asked to describe the procedure for ensuring Individual # 2's privacy regarding the catheter collection bag, LPN # 2 stated, "The bag should be covered." When asked to measure the amount of urine that was visible in the collection bag, LPN # 2 went to Individual # 2's wheelchair, leaned down, read the scale printed on the outside of the collection bag and stated, "Approximately 300 milliliters."</p> <p>On 11/28/18 at approximately 12:45 p.m., an interview was conducted with RN (registered</p>	W 130			

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W 130	<p>Continued From page 8</p> <p>nurse) # 1 for (Name of Group Home) and LPN # 1, at (Name of Group Home). When asked about Individual # 2's catheter collection bag, RN #1 and LPN # 1 stated that Individual # 2 came back from the hospital on November ninth with the catheter. We didn't get a privacy bag then." RN # 1 stated, "I went out yesterday and got one." When asked why Individual # 2 didn't have a privacy bag when she first acquired the catheter, RN # 1 and LPN # 1 stated, "This is the first time we've had someone with a catheter." When asked if it was a privacy concern for Individual # 2's catheter collection bag not to be covered, RN #1 and LPN # 1 stated, "Yes.</p> <p>On 11/28/18 at 6:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) was made aware of the above finding.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</p> <p>(2) A brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain</p>	W 130			

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W 159	<p>Continued From page 10</p> <p>outcome/goal was documented in measurable terms.</p> <p>2a. The QIDP failed to ensure a current reviewed copy of Individual # 2's "Psychological Evaluation" was in the clinical record at the (Name of Group Home).</p> <p>2b. The QIDP failed to ensure clinical record for Individual # 2's "(Name of Group Home Company) Authorization For Release Of Protected Health Information" was completed.</p> <p>The findings include:</p> <p>1a. The QIDP failed to ensure the outcome/goal "3A. Exercise/Healthy Life Style" on the ISP (Individual Service Plan) for Individual # 1 was developed in measurable terms.</p> <p>Individual # 1 was a 69-year-old female, who was admitted to (Name of Group Home) on 10/19/15. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), autistic disorder (2) obsessive-compulsive disorder (3) and anemia (4).</p> <p>Individual # 1's current ISP dated 01/01/2018 through 12/31/2018 documented, "Desired Outcomes: (Name of Individual # 1) would like to have a healthy life style. Support Activities & Instructions: 3A. (Individual # 1) will exercise her arms by using her therapy pulley each day at 70% (percent) accuracy for 12 consecutive months. Support Instructions: 1. (Individual # 1) will be informed that it is time to exercise. 2. (Individual # 1) will be assisted with getting her exercise pulley from the closet. 3. (Individual # 1) will hold one end of the exercise pulley and staff will hold</p>	W 159	<p>Continued from page 10</p> <p>The Residential Program Manager will also complete a thorough record review of all other individuals to ensure that all individuals have a current Psychological evaluation in the records and also ensure that all individuals have thoroughly completed authorization for release of protected health information forms.</p> <p>The Program Manager will review the process to ensure compliance and prevent further deficiencies.</p> <p>Mission Effectiveness and or the Clinical Director will also conduct quarterly record reviews to prevent deficiencies.</p>	12/30/18	

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W 159	<p>Continued From page 11</p> <p>the opposite end. 4. (Individual # 1) will exercise her arms with staff by extending her arms out as far as it can go so that the device will move towards the staff assisting her. 5. She will continue exercising for 10-15 minutes as tolerated. 6. (Individual # 1) will be praised for her efforts. 7. Staff will document her progress in her daily progress notes. 8. Data will be reviewed Monthly by the QIDP (Qualified Intellectual Disabilities Professional). 9. When (Individual # 1) completes exercising her arms for 10-15 minutes each day for 12 consecutive months, she will have achieved this goal."</p> <p>During an interview on 11/28/19 at approximately 4:40 p.m., with ASM (administrative staff member) # 1, the program manager for (Name of Group Home), the ISP for Individual # 1 was reviewed. ASM # 1 was asked how "outcomes/goals" were written; ASM # 1 stated that an outcome/goal is written in measurable terms to determine progress. After reviewing the desired outcome for Individual # 1, "(Individual # 1) will exercise her arms by using her therapy pulley each day at 70% (percent) accuracy for 12 consecutive months." ASM # 1 was asked if the outcome was written in measurable term and if she could identify what was being measured to determine progress. ASM # 1 stated, "No. We meant to measure how well she is able to complete the duration of the exercise." When asked to describe the role and responsibilities of the QIDP, ASM # 1 stated, "They provide direct support services, work with the individuals, be the contact between the legal guardians and the interdisciplinary team. ASM #1 stated, "They develop ISPs, provide activity support to the individuals, ensure active treatment programs are being done at the group home and the day</p>	W 159			

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NAME OF PROVIDER OR SUPPLIER BURKE ICF ID			STREET ADDRESS, CITY, STATE, ZIP CODE 9332 BURKE ROAD BURKE, VA 22015		
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W 159	<p>Continued From page 12</p> <p>programs, train the DSPs (direct support professionals) under the supervision of the program manager, oversee the running of the shifts, checking equipment for safety and that it is in good working order. They ensure the clinical records at the group home and day program are accurate and ensuring the ISP goals and data collection are measurable and accurate." When asked if it was the responsibility of the QIDP to ensure the exercise outcome was developed measurable terms to determine progress, ASM #1 stated, "Yes." When asked to speak with the QIDP who responsible. ASM # 1 stated that she was no longer with (Name of Group Home) and the new QIDP had started on 11/25/18 and was in training.</p> <p>On 11/28/18 at 6:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) was made aware of the above finding.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</p> <p>(2) A neurological and developmental disorder</p>	W 159			

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NAME OF PROVIDER OR SUPPLIER BURKE ICF ID			STREET ADDRESS, CITY, STATE, ZIP CODE 9332 BURKE ROAD BURKE, VA 22015		
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W 159	<p>Continued From page 13</p> <p>that begins early in childhood and lasts throughout a person's life. It affects how a person acts and interacts with others, communicates, and learns. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/autismspectrumdisorder.html.</p> <p>(3) A common, chronic and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (obsessions) and behaviors (compulsions) that he or she feels the urge to repeat over and over. This information was obtained from the website: http://www.nimh.nih.gov/health/topics/obsessive-compulsive-disorder-ocd/index.shtml.</p> <p>(4) Low iron. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/anemia.html.</p> <p>1b. The QIDP failed to ensure the data collection of Individual # 1's ISP (Individual Support Plan) outcome/goal was documented in measurable terms.</p> <p>Review of (Name of Group Home) "Progress Notes" for Individual # 1 dated 10/01/2018 through 10/31/2018 failed to evidence data collection of the outcome exercise/healthy life style in measurable terms.</p> <p>During an interview on 11/28/19 at approximately 4:40 p.m., with ASM (administrative staff member) # 1, the program manager for (Name of Group Home), the ISP for Individual # 1 was reviewed. ASM # 1 was asked to review Individual # 1's data collection dated 10/01/2018 through 10/31/2018 for the outcome for</p>	W 159			

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W 159	<p>Continued From page 14</p> <p>exercise/healthy life style. ASM # 1 was asked if she could identify what was being measured to determine progress. ASM # 1 stated, "No. We meant to measure how well she is able to complete the duration of the exercise." When asked if it was the responsibility of the QIDP to ensure the data collection for Individual # 1's exercise outcome was developed and monitored in measurable terms, ASM #1 stated, "Yes." When asked if this surveyor could speak with the QIDP who responsible, ASM # 1 stated that she was no longer with (Name of Group Home) and the new QIDP had started on 11/25/18 and was in training.</p> <p>On 11/28/18 at 6:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) was made aware of the above finding.</p> <p>No further information was provided prior to exit.</p> <p>2a. The QIDP failed to ensure a current reviewed copy of Individual # 2's "Psychological Evaluation" was in the clinical record at the (Name of Group Home).</p> <p>Individual # 2 was a 56 year old female, who was admitted to (Name of Group Home) on 11/24/14. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), epilepsy (2) dysphagia (3) and hypertension (4).</p> <p>Review of Individual # 2's clinical record was reviewed at (Name of Group Home). The clinical record revealed Individual # 2's "Psychological Evaluation" dated "June 2017." Further review of Individual # 2's clinical record failed to evidence a</p>	W 159			

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W 159	<p>Continued From page 15</p> <p>current psychological evaluation for Individual # 2.</p> <p>On 11/28/18 at 11:25 a.m., an interview was conducted with ASM (administrative staff member) # 1, program manager regarding Individual # 2's most current psychological evaluation. After review of Individual # 2's EHR (electronic health record) and clinical record ASM # 1 stated, "It wasn't filed, I only found the psychological evaluation dated June 2017." When asked to describe the process they follow for ensuring the EHR (electronic health record) and clinical record contain the most recent psychological evaluations, ASM # 1 stated, "The psychologist will either mail, fax, or email the evaluation to the group home and it is filed in the EHR or the clinical record." When asked if the process was followed for Individual # 2's current psychological evaluation, ASM # 1 stated, "It wasn't done. I called the psychologist about fifteen minutes ago and asked her to fax the current evaluation." When asked if it was the responsibility of the QIDP to ensure the "Psychological Evaluation" dated "June 2017 for Individual # 2 was in the clinical record, ASM #1 stated, "Yes." When asked if this surveyor could speak with the QIDP who responsible, ASM # 1 stated that she was no longer with (Name of Group Home) and the new QIDP had started on 11/25/18 and was in training.</p> <p>On 11/28/18 at 6:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) was made aware of the above finding.</p> <p>No further information was provided prior to exit.</p>	W 159			

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W 159	<p>Continued From page 16</p> <p>References:</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</p> <p>(2) A brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain send out the wrong signals. People may have strange sensations and emotions or behave strangely. They may have violent muscle spasms or lose consciousness. This information was obtained from the website: https://medlineplus.gov/epilepsy.html.</p> <p>(3) A swallowing disorder. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html.</p> <p>(4) High blood pressure. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/highbloodpressure.html.</p> <p>2b. The QIDP failed to ensure clinical record for Individual # 2's "(Name of Group Home Company) Authorization For Release Of Protected Health Information" was completed.</p>	W 159			

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W 159	<p>Continued From page 17</p> <p>Review of Individual # 2's clinical record was reviewed at (Name of Group Home). Individual # 2's clinical record revealed "(Name of Group Home Company) Authorization For Release Of Protected Health Information" to be incomplete. Under the statement "Initial all record items to be released" the form documented, " Vocational Info (information), Treatment Plan, Psychiatric Evaluation, Oral Communication with Service Provider, Social History, Progress Notes, Discharge, Medical Reports/Consultations, Discharge Summary, Diagnosis, Psychological Evaluation, Medication Record and Other (specify)." Further review of this section reveal none of these items or records were initialed or check off.</p> <p>On 11/28/18 at 11:40 a.m., an interview was conducted with ASM (administrative staff member) # 1, program manager regarding Individual # 2's "(Name of Group Home Company) Authorization For Release Of Protected Health Information" form. When asked to describe the process for completing the form ASM #1 stated, "The guardian checks off the items to be released with the guidance from the nurse (at the group home) and/ or the group home staff." When asked if the form was incomplete, ASM # 1 stated, "I would have liked to see more information completed." When asked if it was the responsibility of the QIDP to ensure the "(Name of Group Home Company) Authorization For Release Of Protected Health Information" form was completed, ASM #1 stated, "Yes." When asked if this surveyor could speak with the QIDP who responsible, ASM # 1 stated that she was no longer with (Name of Group Home) and the new QIDP had started on 11/25/18 and was in training.</p>	W 159			

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W 159	Continued From page 18	W 159	<p>The QIDP will ensure the outcome/goal 3A Exercise/Healthy Life Style on the ISP for Individual #1 is written in measurable terms by updating the objective to be written in measurable terms and ensuring the data collection is collected in measurable terms. The Program Manager will train the QIDPs on writing measurable goals during the December 2018 staff meeting.</p> <p>The Residential Program Manager will also complete a thorough record review of all other individuals to ensure that all individuals have measurable goals and measurable data collection forms in the records.</p> <p>The Program Manager will review the process to ensure compliance and prevent further deficiencies. Mission Effectiveness and or the Clinical Director will also conduct quarterly record reviews to prevent deficiencies.</p>	12/30/18	
W 231	<p>On 11/28/18 at 6:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) was made aware of the above finding.</p> <p>No further information was provided prior to exit.</p> <p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)(iii)</p> <p>The objectives of the individual program plan must be expressed in behavioral terms that provide measurable indices of performance.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview, clinical record review and facility document review it was determined that the facility staff failed to develop objectives in measurable terms for three of three individuals in the survey sample, Individual # 1.</p> <p>The facility staff failed to define the ISP (person-centered plan) outcome/goal "3A. Exercise/Healthy Life Style" in measureable terms for Individual # 1.</p> <p>The findings include:</p> <p>Individual # 1 was a 69-year-old female, who was admitted to (Name of Group Home) on 10/19/15. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), autistic disorder (2) obsessive-compulsive disorder (3) and anemia (4).</p> <p>Individual # 1's current ISP dated 01/01/2018 through 12/31/2018 documented, "Desired</p>	W 231			

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W 130	Continued From page 9 send out the wrong signals. People may have strange sensations and emotions or behave strangely. They may have violent muscle spasms or lose consciousness. This information was obtained from the website: https://medlineplus.gov/apilepsy.html . (3) A swallowing disorder. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html . (4) High blood pressure. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/highbloodpressure.html .	W 130	The Residential QIDP will coordinate and monitor the active treatment programs for Individual #1 and Individual #2. The QIDP will ensure the outcome/goal 3A Exercise/Healthy Life Style on the ISP for Individual #1 is written in measurable terms by updating the objective to read in measurable terms. The QIDP will review and monitor the data collection of Individual #1 on a monthly basis to ensure it is documented in measurable terms. The Program Manager will train the QIDP on writing measurable goals and collecting measurable data during the December 2018 staff meeting.	12/30/18	
W 159	QIDP CFR(s): 483.430(a) Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. This STANDARD is not met as evidenced by: Based on residential program record reviews, day program record review and staff interview, it was determined that the QIDP (Qualified Intellectual Disabilities Professional) failed to coordinate and monitor the active treatment programs for two of four individuals in the survey sample, Individuals # 1 and # 2. 1a. The QIDP failed to ensure the outcome/goal "3A. Exercise/Healthy Life Style" on the ISP (Individual Service Plan) for Individual # 1 was developed in measurable terms. 1b. The QIDP failed to ensure the data collection of Individual # 1's ISP (Individual Support Plan)	W 159	The QIDP will complete a record review for both Individuals #1 and Individual #2 to ensure goals and data collection are written in measurable terms. The Residential QIDP will ensure the Clinical Record includes a current Psychological evaluation for Individual #2 by placing the Psychological Evaluation in the record. The QIDP will ensure the Clinical Record contains a completed copy of the authorization for release of protected health information by meeting with the guardian and completing the form in its entirety for individual #2. The QIDP will ensure goals are written in measurable terms per the record review.		

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W 231	<p>Continued From page 19</p> <p>Outcomes: (Name of Individual # 1) would like to have a healthy life style. Support Activities & Instructions: 3A. (Individual # 1) will exercise her arms by using her therapy pulley each day at 70% (percent) accuracy for 12 consecutive months. Support Instructions: 1. (Individual # 1) will be informed that it is time to exercise. 2. (Individual # 1) will be assisted with getting her exercise pulley from the closet. 3. (Individual # 1) will hold one end of the exercise pulley and staff will hold the opposite end. 4. (Individual # 1) will exercise her arms with staff by extending her arms out as far as it can go so that the device will move towards the staff assisting her. 5. She will continue exercising for 10-15 minutes as tolerated. 6. (Individual # 1) will be praised for her efforts. 7. Staff will document her progress in her daily progress notes. 8. Data will be reviewed Monthly by the QIDP (Qualified Intellectual Disabilities Professional). 9. When (Individual # 1) completes exercising her arms for 10-15 minutes each day for 12 consecutive months, she will have achieved this goal."</p> <p>During an interview on 11/28/19 at approximately 4:40 p.m., with ASM (administrative staff member) # 1, the program manager for (Name of Group Home), the ISP for Individual # 1 was reviewed. ASM # 1 was asked how "outcomes/goals" were written; ASM # 1 stated that an outcome/goal is written in measurable terms to determine progress. After reviewing the desired outcome for Individual # 1, "(Individual # 1) will exercise her arms by using her therapy pulley each day at 70% (percent) accuracy for 12 consecutive months." ASM # 1 was asked if the outcome was written in measurable term and if she could identify what was being measured to determine progress. ASM # 1 stated, "No. We</p>	W 231			

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W 231	<p>Continued From page 20</p> <p>meant to measure how well she is able to complete the duration of the exercise."</p> <p>The facility's policy "4.1 Individual Service Plan (ISP)" documented, "4.1.3 Procedures: C. (Name of Corporation) ensures that an ISP will contain at a minimum: 4. Goals/outcomes and measurable objectives/desired outcomes for addressing each identified need. 4.1.4 Individual Service Plan (ISP) Development. E. Goals/Outcomes and Objectives/Desired Outcomes: The objectives / desired outcomes will be expressed in terms that are behavioral and provide measurable indexes of progress."</p> <p>On 11/28/18 at 6:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) was made aware of the above finding.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</p> <p>(2) A neurological and developmental disorder that begins early in childhood and lasts throughout a person's life. It affects how a person</p>	W 231			

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NAME OF PROVIDER OR SUPPLIER BURKE ICF ID			STREET ADDRESS, CITY, STATE, ZIP CODE 9332 BURKE ROAD BURKE, VA 22016		
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W 231	Continued From page 21 acts and interacts with others, communicates, and learns. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/autismspectrumdisorder.html . (3) A common, chronic and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (obsessions) and behaviors (compulsions) that he or she feels the urge to repeat over and over. This information was obtained from the website: http://www.nlm.nih.gov/health/topics/obsessive-compulsive-disorder-ocd/index.shtml . (4) Low iron. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/anemia.html .	W 231	The QIDP will ensure the outcome/goal 3A Exercise/Healthy Life Style on the ISP for Individual #1 is written in measurable terms by updating the objective to be written measurable terms. The Program Manager will train the QIDPs on writing measurable goals during the December 2018 staff meeting. The Residential Program Manager will also complete a thorough record review of all other individuals to ensure that all individuals have measurable goals and measurable data collection in the records.	12/30/18	
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on staff interview, clinical record review and facility document review it was determined that the facility staff failed to develop objectives in measurable terms for three of three individuals in the survey sample, Individual # 1. The facility staff failed to document the data collection of Individual # 1's PCP	W 252	The Program Manager will review the process to ensure compliance and prevent further deficiencies. Mission Effectiveness and or the Clinical Director will also conduct quarterly record reviews to prevent deficiencies.		

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NAME OF PROVIDER OR SUPPLIER BURKE ICF ID			STREET ADDRESS, CITY, STATE, ZIP CODE 9332 BURKE ROAD BURKE, VA 22015		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 252	<p>Continued From page 22</p> <p>(person-centered plan) outcome/goal "3A. Exercise/Healthy Life Style" in measurable terms.</p> <p>The findings include:</p> <p>Individual # 1 was a 69-year-old female, who was admitted to (Name of Group Home) on 10/19/15. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), autistic disorder (2) obsessive-compulsive disorder (3) and anemia (4).</p> <p>Individual # 1's current ISP dated 01/01/2018 through 12/31/2018 documented,</p> <p>"Desired Outcomes: (Name of Individual # 1) would like to have a healthy life style. Support Activities & Instructions: 3A. (Individual # 1) will exercise her arms by using her therapy pulley each day at 70% (percent) accuracy for 12 consecutive months. Support Instructions: 1. (Individual # 1) will be informed that it is time to exercise. 2. (Individual # 1) will be assisted with getting her exercise pulley from the closet. 3. (Individual # 1) will hold one end of the exercise pulley and staff will hold the opposite end. 4. (Individual # 1) will exercise her arms with staff by extending her arms out as far as it can go so that the device will move towards the staff assisting her. 5. She will continue exercising for 10-15 minutes as tolerated. 6. (Individual # 1) will be praised for her efforts. 7. Staff will document her progress in her daily progress notes. 8. Data will be reviewed Monthly by the QIDP (Qualified Intellectual Disabilities Professional). 9. When (Individual # 1) completes exercising her arms for 10-15 minutes each day for 12 consecutive months, she will have achieved this goal."</p> <p>Review of (Name of Group Home) "Progress</p>	W 252			

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W 252	<p>Continued From page 23</p> <p>Notes" for Individual # 1 dated 10/01/2018 through 10/31/2018 failed to evidence data collection of the outcome exercise/healthy life style in measurable terms.</p> <p>During an interview on 11/28/19 at approximately 4:40 p.m., with ASM (administrative staff member) # 1, the program manager for (Name of Group Home), the ISP for Individual # 1 was reviewed. ASM # 1 was asked to review Individual # 1's data collection dated 10/01/2018 through 10/31/2018 for the outcome for exercise/healthy life style. ASM # 1 was asked if she could identify what was being measured to determine progress. ASM # 1 stated, "No. We meant to measure how well she is able to complete the duration of the exercise."</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 11/28/18 at 6:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) was made aware of the above finding.</p> <p>No further information was provided prior to exit.</p>	W 252			

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W 252	Continued From page 24 References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100 (2) A neurological and developmental disorder that begins early in childhood and lasts throughout a person's life. It affects how a person acts and interacts with others, communicates, and learns. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/autismspectrumdisorder.html (3) A common, chronic and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (obsessions) and behaviors (compulsions) that he or she feels the urge to repeat over and over. This information was obtained from the website: http://www.nimh.nih.gov/health/topics/obsessive-compulsive-disorder-ocd/index.shtml (4) Low iron. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/anemia.html	W 252			
W 368	DRUG ADMINISTRATION	W 368			

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W 368	<p>Continued From page 25 CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by: Based on observation, clinical record review and staff interview it was determined that the facility staff failed to administer medication according to the physician's orders for one of two individuals during the medication administration observation.</p> <p>The facility staff failed to follow the physician's orders for the administration of the eye drops [ophthalmic prednisolone] (1), into Individual # 3's left eye.</p> <p>The findings include:</p> <p>Individual # 3 was a 72 year-old female, who was admitted to (Name of Group Home) on 12/2/14. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (2), quadriplegia (3) dysphagia (4), osteoporosis (5), hypertension (6), keratitis (7), glaucoma (8) and epilepsy (9).</p> <p>On 11/28/18 at 7:00 a.m., the medication administration observation was conducted with LPN (licensed practical nurse) # 1. At 7:30 a.m., Individual # 3 was brought into the medication room of the (Name of Group Home). Individual # 3 was sitting in a wheelchair positioned upright. LPN # 1 put on a pair of latex gloves to administer eye drops. LPN # 1 remove a sandwich Ziploc plastic bag from a small bin containing Individual # 3's medications. LPN # 1</p>	W 368	<p>The staff responsible for failing to follow the physician's orders during medication administration will be retrained by the nursing coordinator to follow the Physician's orders during medication administration.</p> <p>A medication observation will be conducted by the nursing Coordinator to ensure the staff responsible for failing to follow the doctor's orders are following the doctor's orders and following the medication administration policy and procedures during medication administration.</p> <p>During the December 2018 staff meeting, all program staff will be retrained on the medication administration policy to include following the physician's orders. Random medication observations will occur by the Program Nurse and/or Program Manager to ensure staff are following the medication administration policy to include following the physician's orders.</p> <p>Mission Effectiveness and/or the Clinical Director will randomly conduct medication observations on a quarterly basis to ensure staff are following the medication administration policy to include following the physician's orders.</p>	12/30/18	

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W 368	<p>Continued From page 26</p> <p>then reached into the plastic bag, removed a small box containing a bottle labeled "Prednisone Suspension 1% (percent)." LPN # 1 compared the bottle to the MAR (medication administration record), administered the eye drop into Individual # 3's right eye, and placed the bottle back into the box.</p> <p>The POS (physician's order sheet) dated 11/01/18 through 11/30/18 for Individual # 3 documented, "Date: 11/7/18. PRED (prednisone) 1% suspension. Take 1 (one) drop(s) in left eye three times a day."</p> <p>The MAR (medication administration record) dated 11/01/18 through 11/30/18 for Individual # 3 documented, "Date: 11/7/18. PRED (prednisone) 1% suspension. Take 1 (one) drop(s) in left eye three times a day."</p> <p>On 11/28/16 at 8:00 a.m., an interview was conducted with LPN (licensed practical nurse) # 1, nurse for (Name of Group Home). When asked about following the physician's order for the administration of the prednisone eye drops into Individual # 3's right eye, LPN # 1 stated, "I got the wrong eye. I should have put it in her left eye."</p> <p>On 11/29/18 at 9:55 a.m., an interview was conducted with RN (registered nurse) # 1. When asked how they ensure the physician's orders are followed for the administration of medications, RN # 1 stated, "The nurse should follow the five rights. It's the basic nursing standard of practice." When asked if she knew that there were more than five rights, RN # 1 stated yes. When asked if they followed a particular nursing standard of</p>	W 368			

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W 368	<p>Continued From page 27 practice, RN # 1 did not know.</p> <p>"The following information is provided in Basic Nursing, Essentials for Practice, 6th edition (Potter and Perry, 2007, pages 349-360) was used as a reference for medication administration. To ensure safe medication administration, be aware of the six rights of medication administration; 1. The right medication, 2. The right dose, 3. The right patient, 4. The right route, 5. The right time, 6. The right documentation."</p> <p>On 11/28/18 at 6:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) was made aware of the above finding.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Reduces the irritation, redness, burning, and swelling of eye inflammation caused by chemicals, heat, radiation, infection, allergy, or foreign bodies in the eye. It sometimes is used after eye surgery. Prednisolone is in a class of medications called steroids. It prevents swelling and redness by changing the way the immune system works. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a682794.h tml.</p> <p>(2) 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 368			

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W 368	<p>Continued From page 28</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: https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</p> <p>(3) Paralysis is the loss of muscle function in part of your body. It happens when something goes wrong with the way messages pass between your brain and muscles. Paralysis can be complete or partial. It can occur on one or both sides of your body. It can also occur in just one area, or it can be widespread. Paralysis of the lower half of your body, including both legs, is called paraplegia. Paralysis of the arms and legs is quadriplegia. This information was obtained from the website: https://medlineplus.gov/paralysis.html.</p> <p>(4) A swallowing disorder. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html.</p> <p>(5) Makes your bones weak and more likely to break. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/osteoporosis.html.</p> <p>(6) Low blood pressure. This information was taken from the website: https://medlineplus.gov/lowbloodpressure.html.</p> <p>(7) An inflammation of the tissue of the cornea, the clear window on the front of the eye. The condition can lead to vision loss. This information was obtained from the website: https://medlineplus.gov/ency/article/001609.htm.</p>	W 368			

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W 369	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>This STANDARD is not met as evidenced by: Based on observation, clinical record review and staff interview it was determined that the facility staff failed to administer medication according to the physician's orders for one of two individuals during the medication administration observation.</p> <p>The facility staff failed to follow the physician's orders for the administration of the eye drops [ophthalmic prednisolone] (1), into Individual # 3's left eye.</p> <p>The findings include:</p> <p>Individual # 3 was a 72 year-old female, who was admitted to (Name of Group Home) on 12/2/14. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (2), quadriplegia (3) dysphagia (4), osteoporosis (5), hypertension (6), keratitis (7), glaucoma (8) and epilepsy (9).</p> <p>On 11/28/18 at 7:00 a.m., the medication administration observation was conducted with LPN (licensed practical nurse) # 1. At 7:30 a.m., Individual # 3 was brought into the medication room of the (Name of Group Home). Individual # 3 was sitting in a wheelchair positioned upright. LPN # 1 put on a pair of latex gloves to administer eye drops. LPN # 1 remove a sandwich Ziploc plastic bag from a small bin containing Individual # 3's medications. LPN # 1</p>	W 369	<p>The staff responsible for failing to follow the physician's orders during medication administration will be retrained by the nursing coordinator to follow the Physician's orders during medication administration.</p> <p>A medication observation will be conducted by the nursing Coordinator to ensure the staff responsible for failing to follow the doctor's orders are following the doctor's orders and following the medication administration policy and procedures during medication administration.</p> <p>During the December 2018 staff meeting, all program staff will be retrained on the medication administration policy to include following the physician's orders. Random medication observations will occur by the Program Nurse and/or Program Manager to ensure staff are following the medication administration policy to include following the physician's orders.</p> <p>Mission Effectiveness and/or the Clinical Director will randomly conduct medication observations on a quarterly basis to ensure staff are following the medication administration policy to include following the physician's orders.</p>	12/30/18	

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W 369	<p>Continued From page 30</p> <p>then reached into the plastic bag, removed a small box containing a bottle labeled "Prednisone Suspension 1% (percent)." LPN # 1 compared the bottle to the MAR (medication administration record), administered the eye drop into Individual # 3's right eye, and placed the bottle back into the box.</p> <p>The POS (physician's order sheet) dated 11/01/18 through 11/30/18 for Individual # 3 documented, "Date: 11/7/18. PRED (prednisone) 1% suspension. Take 1 (one) drop(s) in left eye three times a day."</p> <p>The MAR (medication administration record) dated 11/01/18 through 11/30/18 for Individual # 3 documented, "Date: 11/7/18. PRED (prednisone) 1% suspension. Take 1 (one) drop(s) in left eye three times a day."</p> <p>On 11/28/18 at 8:00 a.m., an interview was conducted with LPN (licensed practical nurse) # 1, nurse for (Name of Group Home). When asked about following the physician's order for the administration of the prednisone eye drops into Individual # 3's right eye, LPN # 1 stated, "I got the wrong eye. I should have put it in her left eye."</p> <p>On 11/29/18 at 9:55 a.m., an interview was conducted with RN (registered nurse) # 1. When asked how they ensure the physician's orders are followed for the administration of medications, RN # 1 stated, "The nurse should follow the five rights. It's the basic nursing standard of practice." When asked if she knew that there were more than five rights, RN # 1 stated yes. When asked if they followed a particular nursing standard of</p>	W 369			

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W 369	<p>Continued From page 31 practice, RN # 1 did not know.</p> <p>"The following information is provided in Basic Nursing, Essentials for Practice, 6th edition (Potter and Perry, 2007, pages 349-360) was used as a reference for medication administration. To ensure safe medication administration, be aware of the six rights of medication administration; 1. The right medication, 2. The right dose, 3. The right patient, 4. The right route, 5. The right time, 6. The right documentation."</p> <p>On 11/28/18 at 6:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) was made aware of the above finding.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Reduces the irritation, redness, burning, and swelling of eye inflammation caused by chemicals, heat, radiation, infection, allergy, or foreign bodies in the eye. It sometimes is used after eye surgery. Prednisolone is in a class of medications called steroids. It prevents swelling and redness by changing the way the immune system works. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a682794.html.</p> <p>(2) 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 369			

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W 369	<p>Continued From page 32</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: https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</p> <p>(3) Paralysis is the loss of muscle function in part of your body. It happens when something goes wrong with the way messages pass between your brain and muscles. Paralysis can be complete or partial. It can occur on one or both sides of your body. It can also occur in just one area, or it can be widespread. Paralysis of the lower half of your body, including both legs, is called paraplegia. Paralysis of the arms and legs is quadriplegia. This information was obtained from the website: https://medlineplus.gov/paralysis.html.</p> <p>(4) A swallowing disorder. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html.</p> <p>(5) Makes your bones weak and more likely to break. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/osteoporosis.html.</p> <p>(6) Low blood pressure. This information was taken from the website: https://medlineplus.gov/lowbloodpressure.html.</p> <p>(7) An inflammation of the tissue of the cornea, the clear window on the front of the eye. The condition can lead to vision loss. This information was obtained from the website: https://medlineplus.gov/ency/article/001609.htm.</p>	W 369			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G070	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/29/2018
NAME OF PROVIDER OR SUPPLIER BURKE ICF ID			STREET ADDRESS, CITY, STATE, ZIP CODE 9332 BURKE ROAD BURKE, VA 22016		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 436	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>This STANDARD is not met as evidenced by: Based on observations, clinical record review and staff interview, it was determined that the facility staff failed to maintain an individual's wheelchair equipment in good repair for one of four individuals in the survey sample, Individual # 4.</p> <p>The facility staff failed to maintain Individual # 4's soft and hard wheelchair lap tray in good repair.</p> <p>The findings include:</p> <p>Individual # 4 was a 46 year-old male, who was admitted to (Name of Group Home) on 07/15/15. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), epilepsy (2) cerebral palsy (3) and dysphagia (4).</p> <p>On 11/28/18 at 6:35 a.m., an observation of Individual # 4 revealed he was dressed, neat and clean sitting in his wheelchair in the living room at (name of Group Home). Observation Individual # 4's wheelchair revealed there was a soft lap tray mounted on the front of the wheelchair. Observation of the soft lap tray revealed cuts in the vinyl on the front and right side exposing the inner stuffing.</p>	W 436	<p>The Program Manager ordered brand new soft and hard wheelchair lap trays for individual #4.</p> <p>The QIDP will monitor the condition of individual #4's soft and hard lap trays and other adaptive equipment on a daily basis to ensure all adaptive equipment is in good repair and replaced as needed.</p> <p>The Program Manager will oversee the process and monitor the condition of all individual's adaptive equipment on a daily basis to ensure all adaptive equipment is in good repair.</p> <p>Mission Effectiveness and/or the Clinical Director will ensure adaptive equipment of all individuals are in good repair by conducting quarterly site visits.</p>	12/30/18	

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NAME OF PROVIDER OR SUPPLIER BURKE ICF ID			STREET ADDRESS, CITY, STATE, ZIP CODE 9332 BURKE ROAD BURKE, VA 22015		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 436	<p>Continued From page 34</p> <p>On 11/28/18 at 3:20 p.m., an observation of Individual # 4 reveled he was dressed, neat and clean sitting in his wheelchair in the living room at (name of Group Home). Observation Individual # 4's wheelchair revealed there was a hard lap tray mounted on the front of the wheelchair. Observation of the hard lap tray revealed cuts in the vinyl on the front and right and left sides exposing the inner stuffing.</p> <p>The "Informed Consent For Medication" form for Individual # 4 documented, "Customized wheelchair and seating system with lap tray" and "Flexible lap tray used during transportation on vehicle." Further observation of the form revealed it was signed by Individual # 4's "Legally Authorized Representative" on 6/27/18.</p> <p>The POS (physician's order sheet) dated 11/01/18 through 11/30/18 documented, "Adaptive Equipment. Customized wheelchair and seating system with lap tray" and "Flexible lap tray used during transportation on vehicle."</p> <p>On 11/28/18 at 3:50 p.m., an observation of Individual # 4's soft and hard lap trays was conducted with ASM (administrative staff member) # 1, program manager at (Name of Group Home). After observing Individual # 4's soft and hard lap trays ASM # 1 agreed that the lap trays were in poor repair. ASM # 1 then showed this surveyor a new hard lay tray from Individual # 4's bedroom. When asked why it was not on Individual # 4's wheelchair ASM # 1 stated, "We haven't used it yet." When asked if the current hard lap tray on Individual # 4's wheelchair should be replaced with the new lap tray, ASM # 1 stated yes.</p>	W 436			

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NAME OF PROVIDER OR SUPPLIER BURKE ICF ID			STREET ADDRESS, CITY, STATE, ZIP CODE 8332 BURKE ROAD BURKE, VA 22015		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 436	<p>Continued From page 35</p> <p>On 11/29/18 at 10:00 a.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) was made aware of the above finding.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</p> <p>(2) A brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain send out the wrong signals. People may have strange sensations and emotions or behave strangely. They may have violent muscle spasms or lose consciousness. This information was obtained from the website: https://medlineplus.gov/epilepsy.html.</p> <p>(3) A group of disorders that affect a person's ability to move and to maintain balance and posture. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/cerebralpalsy.html.</p>	W 436			

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NAME OF PROVIDER OR SUPPLIER BURKE ICF ID			STREET ADDRESS, CITY, STATE, ZIP CODE 9332 BURKE ROAD BURKE, VA 22015		
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W 436	Continued From page 36 (4) A swallowing disorder. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html .	W 436	The staff responsible for failing to ensure individual #2 ate breakfast at the table in the dining room at the group home has been trained on Active Treatment and	12/30/18	
W 483	DINING AREAS AND SERVICE CFR(s): 483.480(d)(2) The facility must provide table service for all clients who can and will eat at a table, including clients in wheelchairs. This STANDARD is not met as evidenced by: Based on observation, staff interview and clinical record review it was determined that the facility staff failed to provide an opportunity for an individual to eat at a table for one of four individuals in the survey sample, Individuals # 2. The facility staff failed to provide an opportunity for Individual # 2 to eat breakfast at a table in the dining room at (Name of Group Home). The findings include: Individual # 2 was a 56 year-old female, who was admitted to (Name of Group Home) on 11/24/14. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), epilepsy (2) dysphagia (3) and hypertension (4). On 11/28/18 at approximately 7:45 a.m., Individual # 2 was observed dressed, neat and clean, in her wheelchair in an area between the dining room table and the living room. A staff member of (name of Group Home) was observed standing in front of Individual # 2 holding a plate of food. Further observation revealed the staff	W 483	ensuring a homelike inclusive environment is provided for individual #2 and all other individuals. All program staff will be trained during the December 2018 staff meeting on Active Treatment and providing a homelike inclusive environment for all individuals. The Program Manager will observe and monitor meals on a weekly basis to ensure all individuals eat at the table and a homelike all-inclusive environment is provided for all of the individuals. Mission Effectiveness and/or the Clinical Director will monitor the process by conducting quarterly observations to ensure all individuals are eating at the table and mealtimes are all-inclusive in a homelike environment.		

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W 483	<p>Continued From page 37</p> <p>member was feeding Individual # 2 her breakfast while standing in front of Individual # 2 without Individual # 2 being seated at the table.</p> <p>On 11/28/18 at 1:00 p.m., an interview was conducted with DSP (direct support professional) # 1. When asked if she had fed Individual # 2 her breakfast earlier that morning, DSP # 1 stated, "Yes." When asked if she was aware of where Individual # 2 was positioned in the dining room during breakfast, DSP # 1 stated, "Between the dining room table and the living room." When asked if that was the proper way for Individual # 2 to eat her meal, DSP # 1 stated, "No. I was supposed to sit down next to her (Individual # 2) and she (Individual # 2) should have been at the dining room table. I could have done a lot better than I did. I wasn't thinking." When asked why it was important to ensure Individual # 2 was seated at the table for her meal, DSP # 1 stated, "This is her home and it is the proper way for her to eat her meal and to make her comfortable."</p> <p>On 11/28/18 at 6:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) was made aware of the above finding.</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</p>	W 483			

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W 483	<p>Continued From page 38</p> <p>responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</p> <p>(2) A brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain send out the wrong signals. People may have strange sensations and emotions or behave strangely. They may have violent muscle spasms or lose consciousness. This information was obtained from the website: https://medlineplus.gov/epilepsy.html.</p> <p>(3) A swallowing disorder. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html.</p> <p>(4) High blood pressure. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/highbloodpressure.html.</p>	W 483			