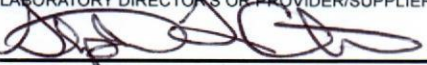


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/31/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>49G064</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/23/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>LUCAS STREET</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5701 LUCAS STREET FREDERICKSBURG, VA 22407</b>	
(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		
W 000	INITIAL COMMENTS	W 000		
W 159	<p>An unannounced Emergency Preparedness survey was conducted 5/21/19 through 5/23/19. The facility was in compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.</p> <p>An unannounced annual Medicaid survey for Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) was conducted 5/21/19 through 5/23/19. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for the Intellectually Disabled. The Life Safety Code survey report will follow.</p> <p>The census in this four bed facility was four at the time of the survey. The survey sample consisted of two current Individual reviews, (Individuals #1 and #2).</p> <p>QIDP CFR(s): 483.430(a)</p> <p>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 staff interview, residential record review and facility document review, it was determined that the QIDP (Qualified Intellectual Disabilities Professional) failed to coordinate an individual's active treatment programs for one of two individuals in the survey sample, Individual #1.</p> <p>The QIDP failed to develop measurable PCP (person-centered plan) outcomes to support</p>	W 159		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE DD Residential Coordinator (X6) DATE 6/7/19

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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W 159	<p>Continued From page 1</p> <p>Individual # 1's progress toward independence.</p> <p>The findings include:</p> <p>Individual #1 was admitted to the group home on 3/13/15. Individual #1's diagnoses included but were not limited to Cornelia deLange Syndrome (1) and Profound Intellectual Disability.</p> <p>Individual #1's PCP with a start date of 4/13/18 and an end date of 4/12/19 documented, "Goal 1. Important For (name of Individual #1) is assisted with dressing. (Name of Individual #1) dresses himself with assistance from staff. (Name of Individual #1) is able to participate in dressing himself for the day with verbal direction and verbal cues. (Name of Individual #1) chooses his clothing for the day and is supported with fastening any snaps, buttoning/unbuttoning articles of clothing and zipping articles of clothing up/down...</p> <p>Goal 2b. Important To I am supported with bathing. (Name of Individual #1) participates in bathing himself as much as possible. (Name of Individual #1) allows staff to dry him off after a shower. (Name of Individual #1) is supervised. (Name of Individual #1) showers at least one time per day. Prior to taking a shower, (name of Individual #1) is provided with full support to gather his belongings necessary for the shower to include shampoo, soap, towels, washcloth, etc. (Name of Individual #1's) shower items should be set out in advance out of his reach. (Name of Individual #1) seeks sensory input from water; he likes to spend time in the water letting it run over his body. (Name of Individual #1) turns the water on and off and also turns the water back and forth from hot to cold in the shower independently. (Name of Individual #1) receives full physical</p>	W 159	<p>W 159</p> <p><u>How corrective action will be accomplished for individual #1:</u></p> <p>The QIDP has revised the PCP (Person Centered Plan) to ensure that outcomes support individual #1's move toward independence.</p> <p><u>Assurance that other residents are protected from the possibility of the deficiency:</u></p> <p>The QIDP has reviewed and revised all PCP's (Person Centered Plans) as needed to ensure that outcomes support each individual's move toward independence.</p> <p><u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u></p> <p>The QIDP will continue to extract outcomes from the Comprehensive Functional and Clinical Assessments to establish outcomes to support each individual's move towards independence.</p> <p><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u></p> <p>The annual PCP for each client will be reviewed by the program manager prior to submission deadlines to ensure that outcomes support each individual's move toward independence.</p> <p><u>Date of Completion:</u> 6/3/19</p>	6/3/19

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W 159	<p>Continued From page 2</p> <p>supports for showering while being encouraged to participate as much as possible to develop bathing skills by accepting the washcloth with soap on it from staff and washing body parts within reach with hand over hand supports. (Name of Individual #1) is provided with supervision while he is showering to ensure his safety...</p> <p>Goal 4c. Important to I participate in recreation activities in my home. (Name of Individual #1) goes for rides in his wagon, plays games, watches TV, takes short walks and participates in activities of his choosing. Weekly, (name of Individual #1) is supported as needed to successfully participate in activities of his choosing while in his home. (Name of Individual #1) traditionally has sought out activities where water is involved. He is provided support as needed to listen to music as he enjoys listening to hip hop music or watching tv where he has a favored chair in the living room. (Name of Individual #1) is dependent on staff to go for rides in his wagon which is a favored activity of his when the weather is nice as he enjoys spending time outside..."</p> <p>None of the above outcomes were documented as measurable, skill building activity outcomes to promote independence.</p> <p>On 5/22/19 at 2:31 p.m., an interview was conducted with ASM (administrative staff member) #2 (the QIDP) in the presence of ASM #1 (the ICF [intermediate care facility] supervisor. ASM #2 was asked the purpose of the PCP. ASM #2 stated, "Its person centered to meet the individual where they are at while promoting them toward independence in different areas." ASM #2 was asked if skill building, activity outcomes</p>	W 159			



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W 159	<p>Continued From page 3</p> <p>should be measurable. ASM #2 stated, "Yes and that's one thing we are moving towards." When asked why, ASM #2 stated, "Because it gives us tangible data to build off of. We can accurately gauge progress or regression and adjust the plans as needed." ASM #2 was shown the above documentation. ASM #2 confirmed there were no measurable, skill building activity outcomes. ASM #2 also confirmed he is responsible for the development of the PCP. ASM #2 stated he conducts a lot of collaboration with the group home managers/staff day support staff and Individuals' guardians while developing PCPs. ASM #1 and ASM #2 were made aware of this concern.</p> <p>The home policy titled, "Person Centered Plan" documented, "1. The QIDP will facilitate the Person Centered Panning (sic) development process. This includes gathering the assessments (or reviews and updates), data, writing the narratives, supporting goals, objectives, and methods...2. The Personal Support Team (PST) must prepare a PCP within 30 days after a recipient is admitted to an ICF/ID facility which includes opportunities for individual choice, co-management, and identifies: a. The discrete, measurable criteria based objectives the individual is to achieve..."</p> <p>No further information was presented prior to exit.</p> <p>(1) "Cornelia de Lange syndrome is characterized by slow growth before and after birth leading to short stature; intellectual disability that is usually moderate to severe; and abnormalities of bones in the arms, hands, and fingers." This information was obtained from the website: <a href="https://ghr.nlm.nih.gov/condition/cornelia-de-lang">https://ghr.nlm.nih.gov/condition/cornelia-de-lang</a></p>	W 159			

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W 159	Continued From page 4 e-syndrome	W 159		
W 240	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)  The individual program plan must describe relevant interventions to support the individual toward independence.  This STANDARD is not met as evidenced by: Based on staff interview, residential record review and facility document review, it was determined that the facility staff failed to develop a PCP (Person Center Plan) to support an individual's move toward independence for one of two individuals in the survey sample, Individual #1.  The facility staff failed to develop measurable PCP outcomes to support Individual # 1's progress toward independence.  The findings include:  Individual #1 was admitted to the group home on 3/13/15. Individual #1's diagnoses included but were not limited to Cornelia deLange Syndrome (1) and Profound Intellectual Disability.  Individual #1's PCP with a start date of 4/13/18 and an end date of 4/12/19 documented, "Goal 1. Important For (name of Individual #1) is assisted with dressing. (Name of Individual #1) dresses himself with assistance from staff. (Name of Individual #1) is able to participate in dressing himself for the day with verbal direction and verbal cues. (Name of Individual #1) chooses his clothing for the day and is supported	W 240	W 240 <u>How corrective action will be accomplished for individual #1:</u> Facility staff has revised the PCP (Person Centered Plan) to ensure that outcomes support individual #1's move toward independence. <u>Assurance that other residents are protected from the possibility of the deficiency:</u> Facility staff has reviewed and revised all PCP's (Person Centered Plans) as needed to ensure that outcomes support each individual's move toward independence. <u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u> Facility staff will continue to extract outcomes from the Comprehensive Functional and Clinical Assessments to establish outcomes to support each individual's move towards independence. <u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u> The annual PCP for each client will be reviewed by the program manager prior to submission deadlines to ensure that outcomes support each individual's move toward independence. <u>Date of Completion:</u> 6/3/19	6/3/19

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W 240	Continued From page 5 with fastening any snaps, buttoning/unbuttoning articles of clothing and zipping articles of clothing up/down... Goal 2b. Important To I am supported with bathing. (Name of Individual #1) participates in bathing himself as much as possible. (Name of Individual #1) allows staff to dry him off after a shower. (Name of Individual #1) is supervised. (Name of Individual #1) showers at least one time per day. Prior to taking a shower, (name of Individual #1) is provided with full support to gather his belongings necessary for the shower to include shampoo, soap, towels, washcloth, etc. (Name of Individual #1's) shower items should be set out in advance out of his reach. (Name of Individual #1) seeks sensory input from water; he likes to spend time in the water letting it run over his body. (Name of Individual #1) turns the water on and off and also turns the water back and forth from hot to cold in the shower independently. (Name of Individual #1) receives full physical supports for showering while being encouraged to participate as much as possible to develop bathing skills by accepting the washcloth with soap on it from staff and washing body parts within reach with hand over hand supports. (Name of Individual #1) is provided with supervision while he is showering to ensure his safety... Goal 4c. Important to I participate in recreation activities in my home. (Name of Individual #1) goes for rides in his wagon, plays games, watches TV, takes short walks and participates in activities of his choosing. Weekly, (name of Individual #1) is supported as needed to successfully participate in activities of his choosing while in his home. (Name of Individual #1) traditionally has sought out activities where water is involved. He is provided support as	W 240			

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W 240	<p>Continued From page 6</p> <p>needed to listen to music as he enjoys listening to hip hop music or watching tv where he has a favored chair in the living room. (Name of Individual #1) is dependent on staff to go for rides in his wagon which is a favored activity of his when the weather is nice as he enjoys spending time outside..."</p> <p>None of the above outcomes were documented as measurable, skill building activity outcomes to promote independence.</p> <p>On 5/22/19 at 2:31 p.m., an interview was conducted with ASM (administrative staff member) #2 (the QIDP) in the presence of ASM #1 (the ICF (intermediate care facility) supervisor. ASM #2 was asked the purpose of the PCP. ASM #2 stated, "Its person centered to meet the individual where they are at while promoting them toward independence in different areas." ASM #2 was asked if skill building, activity outcomes should be measurable. ASM #2 stated, "Yes and that's one thing we are moving towards." When asked why, ASM #2 stated, "Because it gives us tangible data to build off of. We can accurately gauge progress or regression and adjust the plans as needed." ASM #2 was shown the above documentation. ASM #2 confirmed there were no measurable, skill building activity outcomes. ASM #1 and ASM #2 were made aware of this concern.</p> <p>The home policy titled, "Person Centered Plan" documented, "2. The Personal Support Team (PST) must prepare a PCP within 30 days after a recipient is admitted to an ICF/ID facility which includes opportunities for individual choice, co-management, and identifies: a. The discrete, measurable criteria based objectives the</p>	W 240		

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W 240	Continued From page 7 individual is to achieve..."  No further information was presented prior to exit.  (1) "Cornelia de Lange syndrome is characterized by slow growth before and after birth leading to short stature; intellectual disability that is usually moderate to severe; and abnormalities of bones in the arms, hands, and fingers." This information was obtained from the website: <a href="https://ghr.nlm.nih.gov/condition/cornelia-de-lang-e-syndrome">https://ghr.nlm.nih.gov/condition/cornelia-de-lang-e-syndrome</a>	W 240		
W 440	<b>EVACUATION DRILLS</b> CFR(s): 483.470(i)(1)  The facility must hold evacuation drills at least quarterly for each shift of personnel.  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 conduct quarterly evacuation drills on each shift.  The facility staff failed to conduct a third shift evacuation drill for the January 2019 through March 2019 quarter.  The findings include:  Review of the home emergency drill log revealed an evacuation drill was completed on the first shift on 1/12/19 and the second shift on 2/4/19. Further review of the log failed to reveal an evacuation drill was completed during the January 2019 through March 2019 quarter.	W 440	<b>W440</b> <u>How corrective action will be accomplished:</u> Facility staff will conduct evacuation drills at least quarterly for each shift of personnel. <u>Assurance that other residents are protected from the possibility of the deficiency:</u> All ICF facilities will conduct evacuation drills at least quarterly for each shift of personnel. <u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u> The program supervisor will monitor to ensure that facility staff conduct evacuation drills at least quarterly for each shift of personnel. <u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u> The Director of Compliance and Human Rights, or designee, will review to ensure that evacuation drills are conducted at least quarterly for each shift of personnel. <u>Date of Completion:</u> 6/3/19	6/3/19

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W 440	<p>Continued From page 8</p> <p>On 5/22/19 at 8:04 a.m., ASM (administrative staff member) #1 (the ICF [intermediate care facility] supervisor) stated she did not have evidence of the March 2019 evacuation drills.</p> <p>On 5/22/19 at 2:37 p.m., an interview was conducted with ASM #1 regarding the facility process for evacuation drills. ASM #1 stated the home staff completes evacuation drills based on a calendar provided by the property manager and the quality assurance employee. ASM #1 stated the facility staff completes a fire drill along with other drills each month but the shift that the drills are completed on rotates. ASM #1 was made aware of the above concern.</p> <p>Review of the drill calendar revealed a fire drill should have been completed on the third shift in March 2019.</p> <p>The home policy titled, "Facility Inspections and Drills" documented, "g. Staff responsibility for conducting drills must be rotated each month..."</p> <p>No further information was presented prior to exit.</p>	W 440		

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