PRINTED: 08/10/2020 FORM APPROVED

OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DAT	(X3) DATE SURVEY COMPLETED	
		49G064	B. WING _			08	3/06/2020
NAME OF PROVIDER OR SUPPLIER  LUCAS STREET			5701	EET ADDRESS, CITY, STATE, ZIP CODE LUCAS STREET DERICKSBURG, VA 22407	1160		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	×	PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 000	Intermediate Care Fa Intellectual Disabilitie onsite on 08/06/2020 compliance with 42 C for Intermediate Care Intellectually Disabled survey report will follow The census in this for	nual Medicaid survey for cilities for Persons with s (ICF/ID) was conducted . The facility was not in FR Part 483 Requirements Facilities for the d. The Life Safety Code	W	000			
W 159	of two current Individuand #2). QIDP CFR(s): 483.430(a)  Each client's active trintegrated, coordinate qualified intellectual of This STANDARD is a Based on residential day program record review and staff intenthe QIDP [Qualified liprofessional] failed to individuals' active treatwo individuals in the #1.  The QIDP failed to er [person-centered planand #8, counting mothers include:	eatment program must be ed and monitored by a disability professional. In the motion of the motion o	W	159	W159 How corrective action will be accomplish for Individual #1: The QIDP will monitor to ensure implementation of the PCP [person-cerplan] outcome/goal for needlepoint and counting money for Individual #1. Assurance that other residents are profrom the possibility of the deficiency: The QIDP will monitor to ensure implementation of all outcomes/goals in active treatment plan/ PCP [person-cerplan] for each resident. Measures to be put into place or system changes to be made to ensure that the deficient practice will not recur: The QIDP will review data to ensure outcome /goal implementation is being recorded accurately by staff. How the facility plans to monitor its performance to make sure that solution sustained: The program manager and assistant manager will review all data collection minimum of monthly to ensure that implementation is being recorded accurated accurated in the program manager will review all data collection minimum of monthly to ensure that implementation is being recorded accurated accurate	ected  the the ntered  in the ntered  in the are are are at a	8/10/2020

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.

> Event ID: XI8M11 Facility ID: VAICFID77

DD Resolution Coordinator

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 08/10/2020 FORM APPROVED

OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING\_ 49G064 B. WING 08/06/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5701 LUCAS STREET LUCAS STREET** FREDERICKSBURG, VA 22407 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION DATE ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 159 Continued From page 1 W 159 diagnoses that included but were not limited to: mild intellectual disability (1), seizure disorder (2), and swallowing disorders. Individual # 1's PCP [Person Centered Plan] dated 10/08/2019 through 10/07/2020 documented, "Goal 6. Outcomes Important To/for: [Individual # 1] learns to needlepoint." Under the heading "Describe how this will be provided based on individual preferences and location where program strategy can be found" it documented in part, "In the past, [Individual #1] has been interested in learning how to knit. Now she has communicated that she wants to do needlepoint. When it is time for [Individual #1] to participate in needlepoint activities, staff will: Assist [Individual #1] in gathering all materials, Staff provide moderate hand over hand support as necessary, Patiently explain the process of needlepoint and give [Individual #1] time to process the information before starting. How often or been when?: 2x [two times] Monthly." "Goal 8. Outcomes Important To/for: [Individual # 1] learns to count money." Under the heading "Describe how this will be provided based on individual preferences and location where program strategy can be found" it documented in part, "[Individual #1] is supported in practicing to count money as a means of continuing her skill-building in this area. [Individual #1] is capable of counting small sums of money, but requires the patience of her support staff as it can sometimes take her longer to process information. [Individual #1] lets staff know when she is ready to count money and is supported with getting her money set together which includes bills and coins. How often or been

when?: 2x [two times] Monthly at home,"

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	S FOR WEDICARE &	MEDICAID SERVICES				CIVID 140	7. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN		NSTRUCTION		SURVEY PLETED	
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W 159	Continued From page The facility's "PCP O Collection" dated "1/1 "Outcome #6. 2x MO [Individual #1] learns moderate hand over supervision. [Individual at least 10 minutes, 2 of the data collection outcome was implem opportunities. "Outco Important To: [Individ money. With verbal p works on her money of money." Further re sheet revealed that the implemented one of 3  The facility's "PCP O Collection" dated "2/2 "Outcome #8. 2x MO [Individual #1] learns prompting [Individual counting different am review of the data co the outcome was impopportunities.  On 08/06/2020 at 11 conducted with OSM QIDP Qualified Intelle Professional]. When responsibility regardi stated, "I make sure paperwork staff know	utcome Measurable Data 1/2020" documented in part, DNTHLY. Important To: to needlepoint. With hand support and ual #1] does needlepoint for ex a month." Further review sheet revealed that the tented one of 31 me #8. 2x MONTHLY. ual #1] learns to count frompting [Individual #1] counting different amounts eview of the data collection ne outcome was 31 opportunities.  utcome Measurable Data 1/2020" documented in part, DNTHLY. Important To: to count money. With verbal #1] works on her money founts of money." Further flection sheet revealed that folemented one of 31  106 a.m., an interview was flother staff member] # 1, ectual Disabilities asked to describe their fing data collection, OSM # 1 staff know when dealing with withe plan and if they have	W	159			
	we offer the daily out necessary and more	I stress to them that daily comes as often as if we can, work on the skill data collection daily and					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			E SURVEY IPLETED
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W 159	scan all documents in I am looking for blank staff responsible to le acceptable, I take corblank holes [empty are sheets]. After review collection sheets date "It should not be bland run for that day if it's been twice in January. The facility's policy "2 Disabilities Profession Monitor and observe activities, the support notes and data."  On 08/06/20 at approximates and data."  On 08/06/20 at approximates and data."  On 08/06/20 at approximates and data."  On 08/06/10 at approxima	anto Avatar [electronic record]. It holes weekly and identify It them know blanks are not rective action if there are reas on the data collection ing Individual # 1's data ed above, OSM # 1 stated, k, I can't say program being blank. They should have y and February"  I-2. Qualified Intellectual nal" documented in part, "f. the individuals, their is and services, progress  eximately 11:20 a.m. ASM member) # 1, ICF cility) supervisor, ASM # 2 kN [registered nurse] # 1 and mber] # 1, QIDP [Qualified is Professional], were made	W	159		

	TOF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (A, BUILDING		(X3) DATE SURVEY COMPLETED				
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NAME OF PROVIDER OR SUPPLIER  LUCAS STREET				57	REET ADDRESS, CITY, STATE, ZIP CODE 01 LUCAS STREET REDERICKSBURG, VA 22407		
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W 159	ctSheet.aspx?csid=1  (2) Symptoms of a bribecause of sudden, at the brain. This inform website: https://www.nlm.nih.gml. PROGRAM IMPLEM CFR(s): 483.440(d)(1) As soon as the interest formulated a client's each client must receive treatment program or interventions and ser and frequency to sup objectives identified in plan.  This STANDARD is Based on staff interview, and clinical redetermined that the fimplement active treatment active treatment program or interventions and ser and frequency to sup objectives identified in plan.	ain problem. They happen abnormal electrical activity in ation was obtained from the pov/medlineplus/seizures.ht  ENTATION ) disciplinary team has individual program plan, sive a continuous active consisting of needed vices in sufficient number port the achievement of the in the individual program  not met as evidenced by: riew, facility document ecord review, it was acility staff failed to atment according to the PCP and for one of two individuals individual #1.  did to implement Individual #6, needlepoint and #8,		249	W249  How corrective action will be accomplished for Individual #1: Facility staff will implement the PCP [person-centered plan] outcome/goal for needlepoint and counting money for Individual #1.  Assurance that other residents are protected from the possibility of the deficiency: Facility staff will implement the active treatment/PCP [person-centered plan] outcomes/goals involving needlepoint and counting money for all impacted residents. Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur: The QIDP will review data to ensure outcome/goal implementation is being recorded accurately by staff. How the facility plans to monitor its performance to make sure that solutions are sustained: The program manager and assistant manager will review all data collection at a minimum of monthly to ensure that implementation is being recorded accurately. Date of Completion: 8/10/2020		8/10/2020

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	TEMENT OF DEFICIENCIES OPLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING  A. BUILDING			(X3) DATE SURV				
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W 249	diagnoses that include mild intellectual disable and swallowing disordated 10/08/2019 thresholder documented, "Goal 6 To/for: [Individual #1 Under the heading "Exprovided based on in location where progradocumented in part, has been interested is she has communicated needlepoint. When it participate in needlepoint. When it participate in needlepoint and give process the information often or been when?  "Goal 8. Outcomes If "Describe how this windividual preference program strategy car part, "[Individual #1] count money as a miskill-building in this a capable of counting strequires the patience sometimes take her information. [Individual she is ready to count with getting her money as a money and the patience sometimes take her information. [Individual she is ready to count with getting her money as a money and the patience sometimes take her information. [Individual she is ready to count with getting her money as a money and the patience sometimes take her information. [Individual she is ready to count with getting her money as a money as a missing the patience sometimes take her information. [Individual she is ready to count with getting her money as a missing the patience sometimes take her information. [Individual she is ready to count with getting her money as a missing the patience sometimes take her information. [Individual she is ready to count with getting her money as a missing the patience she are the pa	led but were not limited to: bility (1), seizure disorder (2), ders.  [Person Centered Plan] ough 10/07/2020 b. Outcomes Important composition of the process and arm strategy can be found" it composition of the past, [Individual #1] on learning how to knit. Now led that she wants to do to it is time for [Individual #1] to boot activities, staff will: in gathering all materials, the hand over hand support the process of [Individual #1] time to foon before starting. How be example to the process of [Individual #1] time to foon before starting. How can be found to the heading fill be provided based on the sand location where the befound it documented in the supported in practicing to the process of the support staff as it can longer to process unal #1] lets staff know when the money and is supported they set together which ins. How often or been	W	249				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		49G064	B. WING			08/06/2020	
NAME OF PR	ROVIDER OR SUPPLIER			5	TREET ADDRESS, CITY, STATE, ZIP CODE 701 LUCAS STREET REDERICKSBURG, VA 22407		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI. DEFICIENCY)		(X5) COMPLETION DATE
W 249	Collection" dated "1/2" "Outcome #6. 2x MC [Individual #1] learns moderate hand over supervision. [Individual at least 10 minutes, 2 of the data collection outcome was implem opportunities.  The facility's "PCP O Collection" dated "1/2" "Outcome #8. 2x MC [Individual #1] learns prompting [Individual counting different am review of the data couthe outcome was impoportunities.  The facility's "PCP O Collection" dated "2/2" "Outcome #8. 2x MC [Individual #1] learns prompting [Individual counting different am review of the data	utcome Measurable Data 1/2020" documented in part, DNTHLY. Important To: to needlepoint. With hand support and ual #1] does needlepoint for ex a month." Further review sheet revealed that the lented one of 31  utcome Measurable Data 1/2020" documented in part, DNTHLY. Important To: to count money. With verbal #1] works on her money lounts of money." Further lection sheet revealed that blemented one of 31  utcome Measurable Data 1/2020" documented in part, DNTHLY. Important To: to count money. With verbal #1] works on her money lounts of money. With verbal #1] works on her money lounts of money. With verbal #1] works on her money lounts of money." Further solution sheet revealed that blemented one of 31  :05 a.m., an interview was [administrative staff termediate care facility] riewing the data collection for	W	249			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		49G064	B. WING			08/0	06/2020
NAME OF PROVIDER OR SUPPLIER  LUCAS STREET				5	TREET ADDRESS, CITY, STATE, ZIP CODE 701 LUCAS STREET REDERICKSBURG, VA 22407		
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W 249	should be implemented. The facility's policy "A 5-3" documented, "8. will be purposeful (mi experiences such as ongoing, consistent a treatment, and health encourage the individexpress functional skinecessary to function self-determination and as well as preventing skills and independer On 08/06/20 at approduced to 1, ICF supervisor, ASRN [registered nurse member] # 1, QIDP [Disabilities Profession the findings.  No further information References:  (1) Refers to a group by a limited mental coadaptive behaviors since schedules and routing Intellectual disability 18 and may result from autism or cerebral pacauses, such as lack responsiveness. This from the website: https://www.report.nictSheet.aspx?csid=1	Active Treatment Section Implementation of services rroring normal living leisure and social activities), and targeted at training, a services. Staff will dual to acquire, develop, and ills and adaptive behaviors a with as much d independence as possible, the loss of such functional nice."  Eximately 11:20 a.m. ASM # SM # 2 assistant manager, J # 1 and OSM [other staff Qualified Intellectual nal], were made aware of  In was provided.  Of disorders characterized apacity and difficulty with uch as managing money, es, or social interactions. Originates before the age of om physical causes, such as alsy, or from nonphysical of stimulation and adult s information was obtained  h.gov/NIHfactsheets/ViewFa	W	249			

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION PLAN OF CORRECTION IDENTIFICATION NUMBER: A, BUILDING		(X3) DATE SURVEY COMPLETED			
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LUCAS S	TREET			FREDERICKSBURG, VA 22407		
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W 249	Continued From page because of sudden, athe brain. This inform website: https://www.nlm.nih.gml.  EVACUATION DRILL CFR(s): 483.470(i)(1)  The facility must hold quarterly for each shirt and the facility documents of the facility documents of the facility dated 03/03/2020 does mergency: Fire Drild drill: 03/03/20 8:12 at the "Emergency Drill fire drill was conducted p.m. to 7:00 a.m.].  On 08/06/2020 at ap [administrative staff rows asked about the a.m. in 03/03/2020. did not do what they	e 8 abnormal electrical activity in lation was obtained from the gov/medlineplus/seizures.ht  S ) I evacuation drills at least	W 2	DEFICIENCY)	ed: s at l. cted drills at l. deficient ensure s at el.	8/10/2020
	1, ICF supervisor, AS	oximately 11:20 a.m. ASM # SM # 2 assistant manager, ·] # 1 and OSM [other staff				

### DEPARTMENT C CENTERS FOR

PRINTED: 08/10/2020

OF HEALTH AND HUMAN SERVICES FORM AF									
MEDICARE & I	OMB NO. 0938-0391								
ENCIES CTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED						

				(X3) DATE SURVEY COMPLETED
	49G064	B. WING		08/06/2020
ROVIDER OR SUPPLIER		576	01 LUCAS STREET	
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member] # 1, QIDF Disabilities Profess the findings.	P [Qualified Intellectual sional], were made aware of	W 440		
	CORRECTION  ROVIDER OR SUPPLIER  SUMMARY (EACH DEFICIENT REGULATORY OF THE PROPERTY OF THE PRO	A9G064  ROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 9 member] # 1, QIDP [Qualified Intellectual Disabilities Professional], were made aware of	A. BUILDING  49G064  B. WING  ROVIDER OR SUPPLIER  ST  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 9  member] # 1, QIDP [Qualified Intellectual Disabilities Professional], were made aware of the findings.	A. BUILDING  A. BUILDING  A. BUILDING  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  5701 LUCAS STREET  FREDERICKSBURG, VA 22407  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 9  member] # 1, QIDP [Qualified Intellectual Disabilities Professional], were made aware of the findings.