

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

PRINTED: 08/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G064	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/06/2020
NAME OF PROVIDER OR SUPPLIER LUCAS STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 5701 LUCAS STREET FREDERICKSBURG, VA 22407	
(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 000	INITIAL COMMENTS An unannounced annual Medicaid survey for Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) was conducted onsite on 08/06/2020. 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. 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).	W 000		
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, facility document review and staff interview, it was determined that the QIDP [Qualified Intellectual Disabilities Professional] failed to coordinate and monitor the individuals' active treatment programs for one of two individuals in the survey sample, Individual #1. The QIDP failed to ensure Individual # 1's PCP [person-centered plan] outcomes # 6, needlepoint and # 8, counting money were implemented. The findings include: Individual # 1 was a 56 year-old female, who was admitted to [Name of Group Home] with	W 159	W159 <u>How corrective action will be accomplished for Individual #1:</u> The QIDP will monitor to ensure implementation of the PCP [person-centered plan] outcome/goal for needlepoint and counting money for Individual #1. <u>Assurance that other residents are protected from the possibility of the deficiency:</u> The QIDP will monitor to ensure implementation of all outcomes/goals in the active treatment plan/ PCP [person-centered plan] for each resident. <u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u> The QIDP will review data to ensure outcome /goal implementation is being recorded accurately by staff. <u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u> The program manager and assistant manager will review all data collection at a minimum of monthly to ensure that implementation is being recorded accurately. <u>Date of Completion:</u> 8/10/2020	8/10/2020

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

TITLE

(X6) DATE

 DD Residential Coordinator 8/12/2020

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.

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W 159	<p>Continued From page 1</p> <p>diagnoses that included but were not limited to: mild intellectual disability (1), seizure disorder (2), and swallowing disorders.</p> <p>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."</p> <p>"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."</p>	W 159			

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W 159	<p>Continued From page 2</p> <p>The facility's "PCP Outcome Measurable Data Collection" dated "1/1/2020" documented in part, "Outcome #6. 2x MONTHLY. Important To: [Individual #1] learns to needlepoint. With moderate hand over hand support and supervision. [Individual #1] does needlepoint for at least 10 minutes, 2x a month." Further review of the data collection sheet revealed that the outcome was implemented one of 31 opportunities. "Outcome #8. 2x MONTHLY. Important To: [Individual #1] learns to count money. With verbal prompting [Individual #1] works on her money counting different amounts of money." Further review of the data collection sheet revealed that the outcome was implemented one of 31 opportunities.</p> <p>The facility's "PCP Outcome Measurable Data Collection" dated "2/1/2020" documented in part, "Outcome #8. 2x MONTHLY. Important To: [Individual #1] learns to count money. With verbal prompting [Individual #1] works on her money counting different amounts of money." Further review of the data collection sheet revealed that the outcome was implemented one of 31 opportunities.</p> <p>On 08/06/2020 at 11:06 a.m., an interview was conducted with OSM [other staff member] # 1, QIDP Qualified Intellectual Disabilities Professional]. When asked to describe their responsibility regarding data collection, OSM # 1 stated, "I make sure staff know when dealing with paperwork staff know the plan and if they have questions to ask me. I stress to them that daily we offer the daily outcomes as often as necessary and more if we can, work on the skill building. I check the data collection daily and</p>	W 159			

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W 159	<p>Continued From page 3</p> <p>scan all documents into Avatar [electronic record]. I am looking for blank holes weekly and identify staff responsible to let them know blanks are not acceptable, I take corrective action if there are blank holes [empty areas on the data collection sheets]. After reviewing Individual # 1's data collection sheets dated above, OSM # 1 stated, "It should not be blank, I can't say program being run for that day if it's blank. They should have been twice in January and February"</p> <p>The facility's policy "4-2. Qualified Intellectual Disabilities Professional" documented in part, "f. Monitor and observe the individuals, their activities, the supports and services, progress notes and data."</p> <p>On 08/06/20 at approximately 11:20 a.m. ASM (administrative staff member) # 1, ICF (intermediate care facility) supervisor, ASM # 2 assistant manager, RN [registered nurse] # 1 and OSM [other staff member] # 1, QIDP [Qualified Intellectual Disabilities Professional], were made aware of the findings.</p> <p>No further information was provided.</p> <p>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/ViewFa</p>	W 159			

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W 159	Continued From page 4 ctSheet.aspx?csid=100 (2) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/seizures.html.	W 159			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to implement active treatment according to the PCP [Person Centered Plan] for one of two individuals in the survey sample, Individual #1. The facility staff failed to implement Individual #1's PCP outcomes # 6, needlepoint and # 8, counting money. The findings include: Individual # 1 was a 56 year-old female, who was admitted to [Name of Group Home] with	W 249	W249 <u>How corrective action will be accomplished for Individual #1:</u> Facility staff will implement the PCP [person-centered plan] outcome/goal for needlepoint and counting money for Individual #1. <u>Assurance that other residents are protected from the possibility of the deficiency:</u> Facility staff will implement the active treatment/PCP [person-centered plan] outcomes/goals involving needlepoint and counting money for all impacted residents. <u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u> The QIDP will review data to ensure outcome/goal implementation is being recorded accurately by staff. <u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u> The program manager and assistant manager will review all data collection at a minimum of monthly to ensure that implementation is being recorded accurately. <u>Date of Completion:</u> 8/10/2020	8/10/2020	

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W 249	<p>Continued From page 5</p> <p>diagnoses that included but were not limited to: mild intellectual disability (1), seizure disorder (2), and swallowing disorders.</p> <p>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."</p> <p>"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."</p>	W 249		

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W 249	Continued From page 6 The facility's "PCP Outcome Measurable Data Collection" dated "1/1/2020" documented in part, "Outcome #6. 2x MONTHLY. Important To: [Individual #1] learns to needlepoint. With moderate hand over hand support and supervision. [Individual #1] does needlepoint for at least 10 minutes, 2x a month." Further review of the data collection sheet revealed that the outcome was implemented one of 31 opportunities. The facility's "PCP Outcome Measurable Data Collection" dated "1/1/2020" documented in part, "Outcome #8. 2x MONTHLY. Important To: [Individual #1] learns to count money. With verbal prompting [Individual #1] works on her money counting different amounts of money." Further review of the data collection sheet revealed that the outcome was implemented one of 31 opportunities. The facility's "PCP Outcome Measurable Data Collection" dated "2/1/2020" documented in part, "Outcome #8. 2x MONTHLY. Important To: [Individual #1] learns to count money. With verbal prompting [Individual #1] works on her money counting different amounts of money." Further review of the data collection sheet revealed that the outcome was implemented one of 31 opportunities. On 08/06/2020 at 11:05 a.m., an interview was conducted with ASM [administrative staff member] # 1, ICF [intermediate care facility] supervisor. After reviewing the data collection for Individual # 1's goals for needlepoint and counting money ASM # 1 stated that the program	W 249			

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W 249	<p>Continued From page 7 should be implemented twice a month.</p> <p>The facility's policy "Active Treatment Section 5-3" documented, "8. Implementation of services will be purposeful (mirroring normal living experiences such as leisure and social activities), ongoing, consistent and targeted at training, treatment, and health services. Staff will encourage the individual to acquire, develop, and express functional skills and adaptive behaviors necessary to function with as much self-determination and independence as possible, as well as preventing the loss of such functional skills and independence."</p> <p>On 08/06/20 at approximately 11:20 a.m. ASM # 1, ICF supervisor, ASM # 2 assistant manager, RN [registered nurse] # 1 and OSM [other staff member] # 1, QIDP [Qualified Intellectual Disabilities Professional], were made aware of the findings.</p> <p>No further information was provided.</p> <p>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</p> <p>(2) Symptoms of a brain problem. They happen</p>	W 249			

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W 249	Continued From page 8 because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/seizures.html .	W 249			
W 440	EVACUATION DRILLS 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 facility document review and staff interview, it was determined that the facility failed to conduct evacuation/fire drills for each shift quarterly. The finding include: Review of the facility's "Emergency Drill Form" dated 03/03/2020 documented in part, "Type of Emergency: Fire Drill 3rd shift. Date and Time of drill: 03/03/20 8:12 AM [a.m.]." Further review of the "Emergency Drill Form" failed to evidence the fire drill was conducted on the 3rd shift [11:00 p.m. to 7:00 a.m.]. On 08/06/2020 at approximately 10:30 a.m. ASM [administrative staff member] # 1, ICF supervisor was asked about the fire drill conducted at 8:12 a.m. in 03/03/2020. ASM # 1 stated, "The staff did not do what they were suppose to do and we didn't pick up on it." On 08/06/20 at approximately 11:20 a.m. ASM # 1, ICF supervisor, ASM # 2 assistant manager, RN [registered nurse] # 1 and OSM [other staff	W 440	W440 <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 in 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> 8/10/2020	8/10/2020	

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W 440	Continued From page 9 member] # 1, QIDP [Qualified Intellectual Disabilities Professional], were made aware of the findings. No further information was provided.	W 440			