PRINTED: 07/28/2020 **FORM APPROVED** OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	(X3) DATE	(X3) DATE SURVEY COMPLETED	
		49G073	B, WING	-	07/	/23/2020
NAME OF PROV	VIDER OR SUPPLIER		818	REET ADDRESS, CITY, STATE, ZIP CODE 5 WOLFE STREET REDERICKSBURG, VA 22401		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
E 000 Ir	nitial Comments		E 000			
W 000 IN A H 00 w Ir	urvey was conducted acility was in compliant as a second compliant as a second compliant as a second compliant as a second complete as	nual Medicaid ICF/IDD tion survey was conducted lity was not in compliance	W 000			
th cx (I W 159 C E ir q T E d tr tr tv 1	ne time of the survey consisted of two curre and will and #1 and #2 and #2 and #2 and #3 and #4 and	eatment program must be ed and monitored by a disability professional. In the met as evidenced by: program record reviews, seview, facility document view, it was determined that intellectual Disabilities of coordinate and monitor the atment programs for two of survey sample, Individuals #	W 159			
P	PCP [person-centere	o ensure Individual # 1's d plan] outcome/goal for SUPPLIER REPRESENTATIVE'S SIGNATUR		TITLE		(X6) DATE

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: OQ0J11

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G073	B. WING		07/23/2020
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
WOLFE S	TREET ICF ID			815 WOLFE STREET FREDERICKSBURG, VA 22401	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
W 159	Continued From page religious activities was 2. The QIDP failed to PCP [person-centere showering and medic implemented. The findings include: 1. Individual # 1 was was admitted to [Nandiagnoses that include severe intellectual distribution of the PCP [person-cented "Start: 2/12/20 documented, "[Individual # "Individual participates in religion attend church or part for a minimum of 15 month with the support as outlines for heading "Describe he based on individual # religious themed acti Some alternatives has services on television livestream on the core a religious book from The [Name of Group sheets dated "3/1/20"]	e 1 s implemented. De ensure Individual # 2's d plan] outcome/goal for cation management were The a 64 year old female, who me of Group Home] with led but were not limited to: cability (1) and arthritis. Intered plan] for individual # 1 20. End: 2/11/2021" dual # 1] attends church or us activities. "[Individual #1] icipates in religious activities minutes 4X [four time] a ort as outlined. Success is completes this tasks with the cort [one] year." Under the cow this will be provided oreferences" it documented, ividual #1] chooses not to go or church services, Staff all by offering a variety of vities while in the home. In watching them on a mputer or working on making and direct support from staff" Home's data collection 20, 4/1/2020 and 6/1/2020" cumented, "[Individual # 1]	W 158	W159	entered ities for rotected s in the centered demic ne nat a curately. 7/29/2020 plished for centered nd ual #2. protected it in the last

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G073	B. WING			07/	23/2020
	ROVIDER OR SUPPLIER TREET ICF ID			81	TREET ADDRESS, CITY, STATE, ZIP CODE IS WOLFE STREET REDERICKSBURG, VA 22401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 159	15 minutes 4X [four to support as outlined. She completes this to outlined she completes this to outlines for 1 [one] ye collection sheet date active treatment progression of the data of 4/1/2020 revealed the was implemented on collection sheet date active treatment progression of the data collection sheet date active treatment progression of the data collection of the data collection of the data collection, OSM staff know when dea know the plan and if me. I stress to them outcomes as often active metallic collection daily and should be active action of the data corrective action if the areas on the data corrective action if the action of the areas on the data corrective action if the areas on the data corrective action if the action of the actio	us activities for a minimum of ime] a month with the Success is measured when isks with the support as ear." Review of the data d 3/1/2020 revealed the gram was implemented twice. ollection sheet dated e active treatment program ce. Review of the data d 6/1/2020 revealed the gram was not implemented in gram was not implemented in gram was not implemented in all documents into second in a gram was not implemented in gram was not implemented in all documents into cord]. I am looking for blank entify staff responsible to let gram are blank holes [empty llection sheets]. After # 1's data collection sheets, should not be blank, I can't un for that day if it's blank."	W	159	Measures to be put into place or syst changes to be made to ensure that the deficient practice will not recur: The QIDP will review data to ensure outcome/goal implementation is bein 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 accurate of Completion: 7/29/2020	g ons are	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE COMF	SURVEY PLETED
		49G073	B. WING _		07	/23/2020
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 815 WOLFE STREET FREDERICKSBURG, VA 22401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 159	(administrative staff n director, ASM # 2, su staff member] # 1, QI Disabilities Profession the above findings. No further information References: (1) Refers to a group by a limited mental candaptive behaviors as schedules and routing Intellectual disability of 18 and may result from autism or cerebral pacauses, such as lack responsiveness. This from the website: https://www.report.nilctSheet.aspx?csid=1 2. Individual # 2 was was admitted to [Nandiagnoses that include profound intellectual palsy (2). The PCP [person-ceredated "Start: 10/01/20 documented, "[Individual medications as prescone verbal prompt, [Imouth to take his medications as medications as medications as medications as medications as prescone verbal prompt, [Imouth to take his medications]	proximately 12:00 p.m., ASM nember) # 1, clinical pervisor and ASM [other DP [Qualified Intellectual nal)], were made aware of a was provided prior to exit. of disorders characterized apacity and difficulty with uch as managing money, es, or social interactions. Originates before the age of m physical causes, such as lsy, or from nonphysical of stimulation and adult is information was obtained an.gov/NIHfactsheets/ViewFa 100. a 56 year old male, who ne of Group Home] with led but were not limited to: disability (1) and cerebral antered plan] for individual # 2 1020. End: 9/30/2020"	W 1	59		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G073	B. WING			07/	23/2020
	ROVIDER OR SUPPLIER		+	8	TREET ADDRESS, CITY, STATE, ZIP CODE 15 WOLFE STREET REDERICKSBURG, VA 22401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 159	task 90% of the time of consecutive months." often or by when" it ditimes] daily at home." The [Name of Group sheet dated "3/1/2020 documented, "With no prompt [Individual #2] medications. Success [Individual #2] completime each month for Review of the data completion of the PCP [person-cerdated "Start: 10/01/20 documented, "[Individual #2] documented, "[Individual #2] documented assistance torso with a towel for Review of the data completion of the data collection revealed the active trimplemented 29 of 30 On 07/23/2020 at 11: OSM [other staff mer Intellectual Disabilitie asked to describe the	Under the heading "How ocumented in part, "2X [two ocument	W	159			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRIN TED: 07/28/2020 FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICARE &	VIEDICAID SERVICES				CIVID NO	. 0000-0001
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		CONSTRUCTION	(X3) DATE COMP	
		49G073	B. WING			07/	23/2020
	ROVIDER OR SUPPLIER			81	reet address, city, state, zip code is wolfe street redericksburg, va 22401		
(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 159	plan and if they have stress to them that da outcomes as often as can, work on the skill collection daily and so Avatar [electronic received holes weekly and identer them know blanks are corrective action if the areas on the data col reviewing Individual #OSM # 1 stated, "It sis say program being run." On 07/2/2020 at appreciation of the above findings. No further information References: (1) Refers to a group by a limited mental candaptive behaviors a schedules and routin Intellectual disability 18 and may result from autism or cerebral pacauses, such as lack responsiveness. This from the website:	with paperwork staff know the questions to ask me I ally we offer the daily an ecessary and more if we building. I check the data can all documents into cord] I am looking for blank ntify staff responsible to let a not acceptable, I take ere are blank holes [empty lection sheets]. After £ 2's data collection sheets hould not be blank, I can't in for that day if it's blank." **roximately 12:00 p.m., ASM member) # 1, clinical apervisor and ASM [other IDP [Qualified Intellectual nal)], were made aware of the was provided prior to exit. **of disorders characterized apacity and difficulty with uch as managing money, es, or social interactions. Originates before the age of om physical causes, such as alsy, or from nonphysical of stimulation and adult is information was obtained th.gov/NIHfactsheets/ViewFa	W	159			

Facility ID: VAICFID82

PRIN TED: 07/28/2020 FORM APPROVED OMB NO. 0938-0391

CEI	ALEIZ	S FOR WEDICARE &	VIEDICAID SERVICES				CIVID NO	. 0000-0001
		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			49G073	B. WING			07/23/2020	
NAME	E OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
					81	5 WOLFE STREET		
WOL	LFE S	TREET ICF ID			FF	REDERICKSBURG, VA 22401		
PRI	I) ID EFIX AG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
	/ 159 / 249	(2) A group of disorder ability to move and to posture. This informative website: https://www.nlm.nih.gy.html.No further inforto exit. PROGRAM IMPLEM CFR(s): 483.440(d)(1) As soon as the interdeformulated a client's interesting to the second sec	ers that affect a person's maintain balance and ation was obtained from the gov/medlineplus/cerebralpals rmation was provided prior ENTATION Ilisciplinary team has individual program plan,		159	W159 1. How corrective action will be accomplished for Individual #1: Facility staff will implement the PCP [person-centered plan] outcome/goal	for	7/29/2020
		treatment program or interventions and ser and frequency to sup objectives identified i plan. This STANDARD is Based on staff interventies it was determined to implement the intervence of the state o	eive a continuous active consisting of needed vices in sufficient number uport the achievement of the nather individual program and the individual program and clinical record ined that the facility staffine active treatment program uals in the survey sample,			religious activities 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 plar outcomes/goals involving religious activities for all impacted residents. Measures to be put into place or syst changes to be made to ensure that the deficient practice will not recur. The QIDP will review data to ensure outcome/goal implementation is bein recorded accurately by staff.	emic ne	
		Individuals # 1. 1. The facility staff fa # 1's PCP [person-ce of religious activities. 2. The facility staff fa # 2's PCP [person-ce	ailed to implement Individual entered plan] outcome/goal ailed to implement Individual entered plan] outcomes/goals edication management.			How the facility plans to monitor its performance to make sure that soluti are sustained: The program manager and assistant manager will review all data collectio minimum of monthly to ensure that implementation is being recorded accurately. Date of Completion: 7/29/2020		

Event ID: OQ0J11

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	S FUR WEDICARE &	VIEDICAID SERVICES			DIVID 140	. 0830-0381
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	E CONSTRUCTION	(X3) DATE COMP	
		49G073	B. WING		07/	23/2020
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MOLEE 6.	TREET ICF ID			815 WOLFE STREET		
WOLFES	TREET IOI ID			FREDERICKSBURG, VA 22401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 249	was admitted to [Nan diagnoses that includ severe intellectual dis The PCP [person-cer dated "Start: 2/12/20 documented, "[Individual participates in religion attend church or part for a minimum of 15 month with the support as outlines for heading "Describe he based on individual prin part" When [Individual prin part of group sheets dated "3/1/20 for Individual # 1 docated the properties of the principates in religion 15 minutes 4X [four support as outlined she completes this to outlines for 1 [one] ye collection sheet date active treatment progressions.	a 64 year old female, who me of Group Home] with led but were not limited to: sability (1) and arthritis. Intered plan] for individual # 1 20. End: 2/11/2021" Idual # 1] attends church or us activities. "[Individual #1] icipates in religious activities minutes 4X [four time] a port as outlined. Success is completes this tasks with the port of the provided oreferences" it documented, evidual #1] chooses not to go or church services, Staff [1] by offering a variety of vities while in the home. The provided watching church in, watching them on a mputer or working on making a direct support from staff" Home's data collection 20, 4/1/2020 and 6/1/2020" cumented, "[Individual # 1]	W 24:	How corrective action will be accomplished for Individual #2: Facility staff will implement the PCP [person-centered plan] outcome/goa for showering and medication management for Individual #2. Assurance that other residents are protected from the possibility of the deficiency: Facility staff will implement the active treatment/PCP [person-centered place outcomes/goals involving showering and medication management for earesident as it applies to them. Measures to be put into place or systemic changes to be made to ensure that the deficient practice with 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 assistar manager will review all data collective at a minimum of monthly to ensure implementation is being recorded accurately. Date of Completion: 7/29/2020	e an] ; ; ch	7/29/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	S FUR WEDICARE &	MEDICAID SEKVICES				CIVID 140	. 0930-0391	
STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	X2) MULTIPLE CONSTRUCTION A, BUILDING			(X3) DATE SURVEY COMPLETED	
		49G073	B. WING			07/:	23/2020	
	ROVIDER OR SUPPLIER			81	TREET ADDRESS, CITY, STATE, ZIP CODE 15 WOLFE STREET REDERICKSBURG, VA 22401			
(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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE	
W 249	collection sheet dated active treatment prog during the entire mon on the collection of the collection sheet dated active treatment program in teadministrative staff in 11:10 a.m. regarding treatment for religious "When COVID happed out. Had to back track had not considered of documented a lot bed symbol to document put a "V" if affected by the PCP, ASM # 2 agactivities that could be Individual #1's religion further stated, "I complaying religious must the program is being specifically for her." Collection sheets dated that they could not saprogram was being in the facility's policy "A 5-3" documented, "8, will be purposeful (mexperiences such as	ce. Review of the data d 6/1/2020 revealed the ram was not implemented th. erview with ASM member] # 2, supervisor at Individual #1's active is services. ASM # 2 stated, where the services. We had not cause we did not have affected by COVID now we of COVID." After reviewing greed that there were other the implemented to meet us activities. ASM # 2 is in everyday and they are in in here. It does not mean implemented though, not after reviewing the data and above ASM # 2 stated by the active treatment implemented. Active Treatment Section Implementation of services irroring normal living leisure and social activities),	W	249	DEFICIENCY)			
	treatment, and health encourage the individe express functional sk necessary to function self-determination and	dual to acquire, develop, and ills and adaptive behaviors with as much id independence as possible, if the loss of such functional						

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A, BUILDING		(X3) DATE SURVEY COMPLETED	
		49G073	B. WING			07/	23/2020
	ROVIDER OR SUPPLIER		•	8	TREET ADDRESS, CITY, STATE, ZIP CODE 15 WOLFE STREET REDERICKSBURG, VA 22401		
(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 APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 249	(administrative staff in director, ASM # 2, su staff member] # 1, QI Disabilities Profession the above findings. No further information References: (1) Refers to a group by a limited mental can adaptive behaviors suschedules and routine Intellectual disability of 18 and may result from autism or cerebral pacauses, such as lack responsiveness. This from the website: https://www.report.nih.ctSheet.aspx?csid=10. 2. The facility staff famula # 2's PCP [person-cefor showering and memorial memori	oximately 12:00 p.m., ASM neember) # 1, clinical pervisor and ASM [other DP [Qualified Intellectual nal)], were made aware of a was provided prior to exit. of disorders characterized apacity and difficulty with uch as managing money, es, or social interactions. Originates before the age of m physical causes, such as alsy, or from nonphysical of stimulation and adult is information was obtained in gov/NIHfactsheets/ViewFa 200. illed to implement Individual intered plan] outcomes/goals edication management. 66 year old male, who was Group Home] with ed but were not limited to: disability (1) and cerebral intered plan] for individual # 2 2020. End: 9/30/2020"	W	249			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		DNSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G073	B. WING			07/	23/2020
	ROVIDER OR SUPPLIER		•	815	EET ADDRESS, CITY, STATE, ZIP CODE WOLFE STREET EDERICKSBURG, VA 22401		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	Κ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 249	one verbal prompt, [Ir mouth to take his measured when [Individuals 90% of the time of consecutive months." often or by when" it ditimes] daily at home." The [Name of Group sheet dated "3/1/2020 documented, "With no prompt [Individual #2] medications. Succes [Individual #2] completime each month for 6 Review of the data co 3/1/2020 revealed the was implemented 61 The PCP [person-cerdated "Start: 10/01/20 documented, "[Individual #2] documented, "[Individual #2] documented assistance torso with a towel for Review of the data co 3/1/2020 revealed the was implemented 24 of the data collection revealed the active trainplemented 29 of 30 On 07/23/2020 an interest of the data collection revealed the active trainplemented 29 of 30 On 07/23/2020 an interest of the data collection revealed the active trainplemented 29 of 30 On 07/23/2020 an interest of the data collection revealed the active trainplemented 29 of 30 On 07/23/2020 an interest of the data collection revealed the active trainplemented 29 of 30 On 07/23/2020 an interest of the data collection revealed the active trainplemented 29 of 30 On 07/23/2020 an interest of the data collection revealed the active trainplemented 29 of 30 On 07/23/2020 an interest of the data collection revealed the active trainplemented 29 of 30 On 07/23/2020 an interest of the data collection revealed the active trainplemented 29 of 30 On 07/23/2020 an interest of the data collection revealed the active trainplemented 29 of 30 On 07/23/2020 an interest of the data collection revealed the active trainplemented 29 of 30 On 07/23/2020 an interest of the data collection revealed the active trainplemented 29 of 30 On 07/23/2020 an interest of the data collection revealed the active trainplemented 29 of 30 On 07/23/2020 an interest of the data collection revealed the active trainplemented 29 of 30 On 07/23/2020 an interest of the data collection revealed the active trainplemented 29 of 30 On 07/23/2020 an interest of the data collection revealed the active trainplemented 29 of 30 On 07/23	individual #2] opens his dications. Success is vidual #2] completes this each month for 6 [six] Under the heading "How ocumented in part, "2X [two ocumented in part, "2X	W	249			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	II	IPLE CONSTRUC		(X3) DATE COMP	SURVEY
		49G073	B. WING			07/	23/2020
	ROVIDER OR SUPPLIER TREET ICF ID			815 WOLFE	DRESS, CITY, STATE, ZIP CODE STREET CKSBURG, VA 22401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B ROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 249	sheet above ASM # 2 were not implemented collection. On 07/2/2020 at appre (administrative staff in director, ASM # 2, su staff member] # 1, QI Disabilities Profession the above findings. No further information References: (1) Refers to a group by a limited mental can adaptive behaviors suschedules and routing Intellectual disability of 18 and may result from autism or cerebral pacauses, such as lack responsiveness. This from the website: https://www.report.nil.ctSheet.aspx?csid=10. (2) A group of disorder ability to move and to posture. This information website:	Individual #2's active ing and medication reviewing the data collection 2 stated that the programs d based off the data roximately 12:00 p.m., ASM member) # 1, clinical pervisor and ASM [other IDP [Qualified Intellectual nal)], were made aware of mass provided prior to exit. of disorders characterized apacity and difficulty with such as managing money, es, or social interactions. Originates before the age of permitted in the province of stimulation and adult in the province of stimulation was obtained in the province of stimulation was obtained in the province of stimulation was obtained in the province of the provinc	W	249			