STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G073	A. BUILDING ______ B. WING ______	07/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOLFE STREET ICF ID	**815 WOLFE STREET FREDERICKSBURG, VA 22401**

(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 An unannounced Emergency Preparedness survey was conducted on 07/23/2020. The facility was in compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000		
W 000	INITIAL COMMENTS An unannounced annual Medicaid ICF/IDD Health Care Certification survey was conducted 07/23/2020. 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 four bed facility was three 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 two of two individuals in the survey sample, Individuals # 1 and # 2. 1. The QIDP failed to ensure Individual # 1's PCP [person-centered plan] outcome/goal for	W 159		

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

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W 159	Continued From page 1 religious activities was implemented. 2. The QIDP failed to ensure Individual # 2's PCP [person-centered plan] outcome/goal for showering and medication management were implemented. The findings include: 1. Individual # 1 was a 64 year old female, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: severe intellectual disability (1) and arthritis. The PCP [person-centered plan] for individual # 1 dated "Start: 2/12/2020. End: 2/11/2021" documented, "[Individual # 1] attends church or participates in religious activities. "[Individual #1] attend church or participates in religious activities for a minimum of 15 minutes 4X [four time] a month with the support as outlined. Success is measured when she completes this tasks with the support as outlines for 1 [one] year." Under the heading "Describe how this will be provided based on individual preferences" it documented, in part " ...When [Individual #1] chooses not to go into the community for church services, Staff support [Individual #1] by offering a variety of religious themed activities while in the home. Some alternatives have included watching church services on television, watching them on a livestream on the computer or working on making a religious book from direct support from staff ..." The [Name of Group Home's data collection sheets dated "3/1/2020, 4/1/2020 and 6/1/2020" for Individual # 1 documented, "[Individual # 1] attends church or participates in religious activities. "[Individual #1] attends church or	W 159	W159 1. How corrective action will be accomplished for Individual #1: The QIDP will monitor to ensure implementation of the PCP [person-centered plan] outcome/goal for religious activities for Individual #1. Assurance that other residents are protected from the possibility of the deficiency: The QIDP will monitor to ensure implementation of all outcomes/goals in the active treatment plan/ PCP [person-centered plan] for each resident. 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: 7/29/2020 W159 2. How corrective action will be accomplished for Individual #2: The QIDP will monitor to ensure implementation of the PCP [person-centered plan] outcome/goal for showering and medication management for Individual #2. Assurance that other residents are protected from the possibility of the deficiency: The QIDP will monitor to ensure implementation of all outcomes/goals in the active treatment plan/ PCP [person-centered plan] for each resident.	7/29/2020 7/29/2020

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W 159	Continued From page 2 participates in religious activities for a minimum of 15 minutes 4X [four time] a month with the support as outlined. Success is measured when she completes this tasks with the support as outlines for 1 [one] year." Review of the data collection sheet dated 3/1/2020 revealed the active treatment program was implemented twice. Review of the data collection sheet dated 4/1/2020 revealed the active treatment program was implemented once. Review of the data collection sheet dated 6/1/2020 revealed the active treatment program was not implemented during the entire month. On 07/23/2020 at 11:27 a.m., an interview 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 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, OSM # 1 stated, "It should not be blank, I can't say program being run for that day if it's blank." 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	W 159	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: 7/29/2020	

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notes and data."

On 07/2/2020 at approximately 12:00 p.m., ASM (administrative staff member) # 1, clinical director, ASM # 2, supervisor and ASM [other staff member] # 1, QIDP [Qualified Intellectual Disabilities Professional)], were made aware of the above findings.

No further information was provided prior to exit.

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. Individual # 2 was a 56 year old male, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: profound intellectual disability (1) and cerebral palsy (2).

The PCP [person-centered plan] for individual # 2 dated "Start: 10/01/2020. End: 9/30/2020" documented, "[Individual # 2] takes his medications as prescribed. "With no more than one verbal prompt, [Individual #2] opens his mouth to take his medications. Success is measured when [Individual #2] completes this

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W 159	Continued From page 4 task 90% of the time each month for 6 [six] consecutive months." Under the heading "How often or by when" it documented in part, "2X [two times] daily at home." The [Name of Group Home's data collection sheet dated "3/1/2020" for Individual # 2 documented, "With no more than one verbal prompt [Individual #2] opens his mouth to take his medications. Success is measured when [Individual #2] completes this task 90% of the time each month for 6 [six] consecutive months." Review of the data collection sheet dated 3/1/2020 revealed the active treatment program was implemented 61 of 62 opportunities. The PCP [person-centered plan] for individual # 2 dated "Start: 10/01/2020. End: 9/30/2020" documented, "[Individual # 2] will help to dry his torso after showering." Under the heading "How often or by when" it documented, "Daily." The [Name of Group Home's data collection sheets dated "3/1/2020 and 4/1/2020" for Individual # 2 documented, "With maximum hand over hand assistance [Individual #2] dries his torso with a towel for at least 3 [three] seconds." Review of the data collection sheet dated 3/1/2020 revealed the active treatment program was implemented 24 of 30 opportunities. Review of the data collection sheet dated 3/1/2020 revealed the active treatment program was implemented 29 of 30 opportunities. On 07/23/2020 at 11:27 a.m., an interview 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	W 159		

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W 159	Continued From page 5	W 159		

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 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 # 2's data collection sheets OSM # 1 stated, "It should not be blank, I can't say program being run for that day if it's blank."

On 07/2/2020 at approximately 12:00 p.m., ASM (administrative staff member) # 1, clinical director, ASM # 2, supervisor and ASM [other staff member] # 1, QIDP [Qualified Intellectual Disabilities Professional)], were made aware of the above findings.

No further information was provided prior to exit.

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.

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W 159	Continued From page 6 (2) 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/cerebralpals y.html.No further information was provided prior to exit.	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 and clinical record review it was determined that the facility staff failed to implement the active treatment program for two of two individuals in the survey sample, Individuals # 1. 1. The facility staff failed to implement Individual # 1's PCP [person-centered plan] outcome/goal of religious activities. 2. The facility staff failed to implement Individual # 2's PCP [person-centered plan] outcomes/goals for showering and medication management. The findings include:	W 249	W159 1. How corrective action will be accomplished for Individual #1: Facility staff will implement the PCP [person-centered plan] outcome/goal for 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 plan] outcomes/goals involving religious activities 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: 7/29/2020	7/29/2020

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W 249	Continued From page 7 1. Individual # 1 was a 64 year old female, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: severe intellectual disability (1) and arthritis. The PCP [person-centered plan] for individual # 1 dated "Start: 2/12/2020. End: 2/11/2021" documented, "[Individual # 1] attends church or participates in religious activities. "[Individual #1] attend church or participates in religious activities for a minimum of 15 minutes 4X [four time] a month with the support as outlined. Success is measured when she completes this tasks with the support as outlines for 1 [one] year." Under the heading "Describe how this will be provided based on individual preferences" it documented, in part " ...When [Individual #1] chooses not to go into the community for church services, Staff support [Individual #1] by offering a variety of religious themed activities while in the home. Some alternatives have included watching church services on television, watching them on a livestream on the computer or working on making a religious book from direct support from staff ..." The [Name of Group Home's data collection sheets dated "3/1/2020, 4/1/2020 and 6/1/2020" for Individual # 1 documented, "[Individual # 1] attends church or participates in religious activities. "[Individual #1] attends church or participates in religious activities for a minimum of 15 minutes 4X [four time] a month with the support as outlined. Success is measured when she completes this tasks with the support as outlines for 1 [one] year." Review of the data collection sheet dated 3/1/2020 revealed the active treatment program was implemented twice. Review of the data collection sheet dated 4/1/2020 revealed the active treatment program	W 249	How corrective action will be accomplished for Individual #2: Facility staff will implement the PCP [person-centered plan] outcome/goal 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 plan] outcomes/goals involving showering and medication management for each resident as it applies to them. 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: 7/29/2020	7/29/2020

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W 249	Continued From page 8 was implemented once. Review of the data collection sheet dated 6/1/2020 revealed the active treatment program was not implemented during the entire month. On 07/23/2020 an interview with ASM [administrative staff member] # 2, supervisor at 11:10 a.m. regarding Individual #1's active treatment for religious services. ASM # 2 stated, "When COVID happened, we were told not to go out. Had to back track on things going on and had not considered online services. We had not documented a lot because we did not have symbol to document affected by COVID now we put a 'V' if affected by COVID." After reviewing the PCP, ASM # 2 agreed that there were other activities that could be implemented to meet Individual #1's religious activities. ASM # 2 further stated, "I come in everyday and they are playing religious music in here. It does not mean the program is being implemented though, not specifically for her." After reviewing the data collection sheets dated above ASM # 2 stated that they could not say the active treatment program was being implemented. 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."	W 249		

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On 07/2/2020 at approximately 12:00 p.m., ASM (administrative staff member) # 1, clinical director, ASM # 2, supervisor and ASM [other staff member] # 1, QIDP [Qualified Intellectual Disabilities Professional)], were made aware of the above findings.

No further information was provided prior to exit.

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. The facility staff failed to implement Individual # 2's PCP [person-centered plan] outcomes/goals for showering and medication management.

Individual # 2 was a 56 year old male, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: profound intellectual disability (1) and cerebral palsy (2).

The PCP [person-centered plan] for individual # 2 dated "Start: 10/01/2020. End: 9/30/2020" documented, "[Individual # 2] takes his medications as prescribed. "With no more than

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W 249	Continued From page 10 one verbal prompt, [Individual #2] opens his mouth to take his medications. Success is measured when [Individual #2] completes this task 90% of the time each month for 6 [six] consecutive months." Under the heading "How often or by when" it documented in part, "2X [two times] daily at home." The [Name of Group Home's data collection sheet dated "3/1/2020" for Individual # 2 documented, "With no more than one verbal prompt [Individual #2] opens his mouth to take his medications. Success is measured when [Individual #2] completes this task 90% of the time each month for 6 [six] consecutive months." Review of the data collection sheet dated 3/1/2020 revealed the active treatment program was implemented 61 of 62 opportunities. The PCP [person-centered plan] for individual # 2 dated "Start: 10/01/2020. End: 9/30/2020" documented, "[Individual # 2] will help to dry his torso after showering." Under the heading "How often or by when" it documented, "Daily." The [Name of Group Home's data collection sheets dated "3/1/2020 and 4/1/2020" for Individual # 2 documented, "With maximum hand over hand assistance [Individual #2] dries his torso with a towel for at least 3 [three] seconds." Review of the data collection sheet dated 3/1/2020 revealed the active treatment program was implemented 24 of 30 opportunities. Review of the data collection sheet dated 3/1/2020 revealed the active treatment program was implemented 29 of 30 opportunities. On 07/23/2020 an interview with ASM [administrative staff member] # 2, supervisor at	W 249		

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W 249	Continued From page 11 11:10 a.m. regarding Individual #2's active treatment for showering and medication management. After reviewing the data collection sheet above ASM # 2 stated that the programs were not implemented based off the data collection. On 07/2/2020 at approximately 12:00 p.m., ASM (administrative staff member) # 1, clinical director, ASM # 2, supervisor and ASM [other staff member] # 1, QIDP [Qualified Intellectual Disabilities Professional)], were made aware of the above findings. No further information was provided prior to exit. 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 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.	W 249		