PRINTED: 09/16/2020 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED		
		49G035	B. WING			09/	09/2020
NAME OF PE	ROVIDER OR SUPPLIER ROAD			STREET ADDRESS, CITY, STATE, ZIP 4500 PARK ROAD ALEXANDRIA, VA 22312	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BI THE APPROPRIA		(X5) COMPLETION DATE
E 000	Initial Comments		E	000			
W 000	survey was conducted facility was in compliad 483.73, 483.475, Conductor Intermediate Care Fauntellectual Disabilities INITIAL COMMENTS	ergency Preparedness d on 09/09/2020. The nce with 42 CFR Part dition of Participation for cilities for Individuals with s.	W	000			
	was conducted on 09, not in compliance with Requirements for Inte	ectual Disabilities (ICF/IID) /09/20020. The facility was on 42 CFR Part 483 rmediate Care Facilities for ectual Disabilities . The Life	, and the state of				
W 111	the time of the survey	rent Individual reviews nd # 3).	W	111			
		that documents the client's atment, social information,					
The state of the s	Based on staff intervi and facility document that the facility staff fa	ot met as evidenced by: ew, clinical record review review it was determined iled to maintain an accurate e of three individuals in the flual # 1, # 2 and # 3.					
ABORATORY D	DIRECTOR'S OR PROVIDER/S	UPPLIER BEPRESENTATIVE'S SIGNATURI	<u> </u>	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.

Bernice Meanchop

Clinical Director

9/24/2020

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		49G035	B. WING	Application Add to the Control of th	09/	09/09/2020	
NAME OF P	ROVIDER OR SUPPLIER		4	TREET ADDRESS, CITY, STATE, ZIP CODE			
	I			LEXANDRIA, VA 22312			
(X4) ID PREFIX TAG			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	8E	(X5) COMPLETION DATE		
W 111	Continued From page	e 1	W 111	CLIENT RECORDS: CFR(s): 483.410(c)(1)	10/23/20	
W 111	1. The facility staff fai implementation Indivicentered plan] for me the data sheets. 2. The facility staff fai implementation Indivicentered plan] for too sheets. 3. The facility staff fai implementation Indivicentered plan] for me choosing an outfit on The findings include: 1. The facility staff fai implementation Indivicentered plan] for me choosing an outfit on The findings include: 1. The facility staff fai implementation Indivicentered plan] for me the data sheets. Individual # 1 was a 6 admitted to [Name of diagnoses that include severe intellectual dis ankle fracture [03/07/. [01/2016]. Individual #1's PCP diagnoses that include severe intellectual dis ankle fracture [03/07/. [01/2016]. Individual #1] is supp and safety by participal administration and fol protocols at 80% accumonths until 04/30/20 Instructions: 1. [Individuals]	led to document idual #1's PCP [person idication management on dication management on the data #2's PCP [person idual #2's PCP [person idual #2's PCP [person idual #2's PCP [person idual management and idual #1's PCP [person idual management on idual management on idual management on idual management on idual management idual m	W 111	The QIDP will immediately revise Indi 1's Medication Management, Individu Tooth Brushing, Medication Manager Choosing an outfit outcomes to ensur the data sheets are completed as requaddress the supports as identified in t individuals' Person Center Plans. The QIDP will review all other individu to ensure that the outcomes are writt reflect the individuals' needs as requit that the data sheets address the supp identified in the Person Center Plans. The Program Manager will complete t audits to ensure that the service need accurately reflected through the documentation of the completion of t progress notes. The Program Manager will complete t process for all individuals to prevent f deficiencies. The Program Manager will continue to to ensure that all service needs of all individuals are accurately reflected thi the use of weekly operation meeting. The Clinical Director will review within supervision with the Program Manage documentation to support the coordin services for each needs.	ral #2's nent and re that uired to he uals' PCPs ren to red and orts veekly s are he his urther rough		
POLITAGE	months until 04/30/20 Instructions: 1. [Individing informed when it is tin	21. Support Activities &		pervices for each fields.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTII IDENTIFICATION NUMBER: A. BUILDIN		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		49G035	B. WING_			09/09/2020	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI 4500 PARK ROAD ALEXANDRIA, VA 22312			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN K (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE	
W 111	[Individual #1] will be with her prepared me will be encouraged to 5. [Individual #1] parti in her progress notes. Review of Individual # for July 1, 2020 throug documented, "Desired supported to maintain participating in her me following her medical for twelve consecutive Frequency: Daily." R sheets on 07/04/2020 07/30/2020, 07/31/2020 08/13/2020, and 08/20 were blank and on 08 blank. On 9/09/2020 at approinterview was conduct staff member] #1, progreviewing Individual # for 07/04/2020, 07/10/07/30/2020, 07/31/2020 (or medication manage the program was imple document it on the dar On 09/09/2020 at approadministrative staff m manager, ASM # 2, cli	r the medication room. 3. supported to hold her cup dication. 4. [Individual #1] drink her medication slowly. cipation will be documented. Frequency: Daily." Et's data collection sheets gh August 31, 2020 d Outcome: [Individual #1] is her health and safety by edication administration and protocols at 80% accuracy emonths until 04/30/2021. eview of the data collection, 07/10/2020, 07/22/2020, 20, 08/06/2020, 08/09/2020. 0/2020 on the evening shifts //09/2020 morning shift was eximately 11:05 a.m., an ed with ASM [administrative gram manager. After 1's data collection sheets //2020, 07/22/2020, 20, 08/06/2020, 08/09/2020. 0/2020 for the PCP outcome ement ASM # 1 stated that emented but staff forgot to ita sheets.	W	111			
	the findings.	was provided prior to exit.					

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTII IDENTIFICATION NUMBER: A. BUILDING		IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		49G035	B. WING _			09/09/2020	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 4500 PARK ROAD ALEXANDRIA, VA 22312				
(X4) ID PREFIX TAG			ID PREFIX TAG	((EACH CORRECTIVE CROSS-REFERENCED	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
W 111	by a limited mental of adaptive behaviors of schedules and routing Intellectual disability 18 and may result for autism or cerebral purcauses, such as lack responsiveness. The	o of disorders characterized capacity and difficulty with such as managing money, nes, or social interactions. originates before the age of om physical causes, such as alsy, or from nonphysical cof stimulation and adult is information was obtained ith.gov/NIHfactsheets/ViewFa	W 1	111			
	centered plan] for to sheets. Individual # 2 was a admitted to [Name or diagnoses that include severe intellectual diagnoses that include [2] and autism [3]. Individual #2's PCP 01/31/2021 document [1] learns living skills by observer personal care 50% of consecutive months Activities & Instruction supported to apply to and to brush his teet support. 2. [Individual]	vidual #2's PCP [person oth brushing on the data 46 year old male, who was f Group Home] with ded but were not limited to: sability [1], seizure disorder dated 02/01/2020 through onted, "Desired Outcome: to promote independent ving self-grooming and					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		49G035	B. WING			09/09/2020	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 4500 PARK ROAD ALEXANDRIA, VA 22312				
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
W 111	it is time to take a she supported to rembathtub. 5. [Individual apply soap and was [Individual #2] will be and wipe his skin wiparticipation in Prograily." Review of Individual for September 1, 20 2020 documented, "#2] learns to promot observing self-groor of the time for twelve 01/31/2021." Review sheets on 09/01/2020 blank. On 9/09/2020 at appinterview was condustaff member] #1, proviewing Individual 09/01/2020 for the Forushing ASM # 1 st implemented but standata sheets. On 09/09/2020 at appinterviewing Individual 09/01/2020 for the Forushing ASM # 1 st implemented but standata sheets. On 09/09/2020 at appinterviewing Individual 09/01/2020 for the Forushing ASM # 1 st implemented but standata sheets. On 09/09/2020 at appinterviewing Individual of the folionistrative staff manager, ASM # 2, [licensed practical not the findings.] No further information References:	ge 4 al #2] will be prompted when hower. 4. [Individual #2] will hove his clothes, to get into hal #2] will be supported to h skin thoroughly. 6. he encouraged to hold towel th staff support. 7. Document ress Notes. Frequency: #2's data collection sheets 20 through September 7, 'Desired Outcome: [Individual he independent living skills by hing and personal care 50% he consecutive months until he of the data collection to the evening shift was proximately 11:05 a.m., an heted with ASM [administrative hogram manager. After # 2's data collection sheet for he consecutive months hated that the program was here if forgot to document it on the hoppoximately 11:45 a.m. ASM here if forgot to document it on the hoppoximately 11:45 a.m. ASM here if forgot to document it on the hoppoximately 11:45 a.m. ASM here if forgot to document it on the hoppoximately 11:45 a.m. ASM here if forgot to document it on the hoppoximately 11:45 a.m. ASM here if forgot to document it on the hoppoximately 11:45 a.m. ASM here if forgot to exit. here of disorders characterized	W 1	11			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		49G035	B. WING_	Ange of the state		9/09/2020	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 4500 PARK ROAD ALEXANDRIA, VA 22312	ODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACT) CROSS-REFERENCED TO T	PLAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIATE EFICIENCY)		
W 111	adaptive behaviors so schedules and routing Intellectual disability of 18 and may result fro autism or cerebral par causes, such as lack responsiveness. This from the website: https://www.report.nih.ctSheet.aspx?csid=10 [2] Symptom's of a brobecause of sudden, at the brain. This inform website: https://www.nlm.nih.gml. [3] A neurological and that begins early in chart throughout a person's acts and interacts with and learns. This infort the website:	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 information was obtained in gov/NIHfactsheets/ViewFa DO. ain problem. They happen abnormal electrical activity in ation was obtained from the ov/medlineplus/seizures.ht	W 1				
	centered plan] for me choosing an outfit on	dual #2's PCP [person dication management and the data sheets.					
	admitted to [Name of diagnoses that include	8 year old female, who was Group Home] with ed but were not limited to: ability [1], anxiety disorder	and the state of t				

STATEMENT OF DEFICIENCIES (2) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIF A. BUILDING		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		49G035	B. WING			09/09/2020	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 4500 PARK ROAD ALEXANDRIA, VA 22312			
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
W 111	01/31/2021 documen Medication Education [Individual #3] to take 100% of the time 2 [to 01/31/2021. Support [Individual #3] is promote take her medication to the medication rood #3] will be assisted with to pop her medication [Individual #3] will be her medication cup at medication into her mencouraged to swallo document participation Frequency: Daily." "Desired Outcome #4 [Individual #3] choose when she is dressing 01/31/2021. Support [Individual #3] will be complete sets of outfit a choice on what she indicate her choice by to indicate outfit of he clothes to her and supper to wear her clothes Progress Notes. Free Review of Individual #3 for August 1, 2020 the documented,: "Desired Outcome #3 medication administrations."	ated 02/01/2020 through ted, "Desired Outcome # 3: : It is important for her medication with water wo] times a day until Activities & Instructions: inpted when it is times for her in; [Individual #3] is brought in or private are; [Individual with hand over hand support in into the medication cup; handed her medication in ind encouraged to pour the outh; [Individual #3] will be with water in her mouth; in in Progress Notes. 4: Independent Living Skills. In the morning till Activities & Instructions: presented with two tes; She is prompted to make will wear; [Individual # 3] will be either gesturing or pointing in choice; Staff hand over the poorts her [sic] where need as; document participation in quency: Daily."	W 11				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1''	(X3) DATE SURVEY COMPLETED		
		49G035	B. WING		. .	09/09/2020		
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 4500 PARK ROAD ALEXANDRIA, VA 22312				
(X4) ID PREFIX TAG			(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
***************************************	01/31/2021." Review sheets on 08/15/2020 09/05/2020 on the mo on 08/14/2020, 08/15/2020 the evening shift were "Desired Outcome # 4 [Individual #3] choose when she is dressing 01/31/2021." Review sheets on 08/09/2020 08/23/2020, 08/24/2020 09/05/2020 and on 09 shifts were blank. On 9/09/2020 at approinterview was conduct staff member] #1, progreviewing Individual # for 08/15/2020 09/04/2 the morning shift and and on 08/28/2020 on PCP outcome for med the data sheets for 08/08/22/2020, 08/23/2020 09/04/2020, 09/05/202 the morning shifts or the choosing an outfit, AS program should have been proposed to the data sheets for 08/09/09/2020 at approgram should have been proposed to the data sheets for 08/09/2020 at approgram should have been proposed to the data sheets for 08/09/2020 at approgram should have been proposed to the data sheets for 08/09/2020 at approgram should have been proposed to the data sheets for 08/09/2020 at approgram should have been proposed to the findings.	nsecutive months until of the data collection 09/04/2020 and on orning shift was blank and 2020 and on 08/28/2020 on blank. Independent Living Skills. Independent III of the data collection independent II of the data collection on 08/15/2020, 100/6/2020 on 100/6/2020 on 100/6/2020 on 100/6/2020, 100/6/2020, 100/6/2020, 100/6/2020, 100/6/2020, 100/6/2020 on 100/	W 1					
		The provided prior to Call.	- Average and a second a second and a second and a second and a second and a second a second and					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G035	B. WING _			09/09/2020	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 4500 PARK ROAD ALEXANDRIA, VA 22312	CODE		
(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 ((EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIAT		
W 111	by a limited mental ca adaptive behaviors su schedules and routine Intellectual disability of 18 and may result from autism or cerebral paicauses, such as lack responsiveness. This from the website: https://www.report.nih.ctSheet.aspx?csid=10 [2] Fear. This informate website: https://www.nlm.nih.g #summary. QIDP CFR(s): 483.430(a) Each client's active traintegrated, coordinated qualified intellectual d This STANDARD is in Based on record reviews determined that t Intellectual Disabilities coordinated and monitereatment programs for in the survey sample,	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. Action was obtained from the ov/medlineplus/anxiety.html Beatment program must be ed and monitored by a isability professional. Not met as evidenced by: Bews, and staff interview, it he QIDP [Qualified is Professional] failed tored the individuals' active or three of three individuals and intellectual disabilities ensure Individual #1's edication management was	W 1				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G035	B, WING		09.	/09/2020	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF 4500 PARK ROAD			
OINT AIN				ALEXANDRIA, VA 22312			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE			
W 159	1b. The QIDP failed to PCP for a healthy life 2a. The QIDP [qualified professional] failed to active treatment for to implemented according centered plan]. 2b. The QIDP failed to PCP for a healthy life 3. The QIDP [qualified professional] failed to active treatment for mimplemented according centered plan]. The findings include:	ed intellectual disabilities ensure Individual #2's both brushing was ng to the PCP [person of develop Individual #2's style in measurable terms. Individual #3's ensure Individual #3's ensure Individual #3's ensure Individual #3's endication management was ng to the PCP [person	W 15	The QIDP will revise Ind Medication Management Tooth Brushing and Ind Medication Management ensure that the outcome the needs of Individual Individual #3 and is impappropriately The Program Manager / individuals' outcomes to accurately reflect their rare implemented as des PCPs. The Program Manager versioning to all the staff to individuals' PCPs during meeting. The program Manager was supervision to all staff a PCPs accurately reflect to and are implemented as	ividual #1's int, Individual #2's lividual #3's int outcomes to e accurately reflect #1, Individual #2 and lemented 'QIDP will review all o ensure that they needs and that they signed within the vill provide the o review all the next staff Manager will provide ind ensure that the the individuals needs opropriately.	10/23/20	
	professional] failed to active treatment for mimplemented according centered plan]. Individual # 1 was a 6 admitted to [Name of diagnoses that include severe intellectual disankle fracture [03/07/2 [01/2016].	1 year old female, who was Group Home] with ed but were not limited to: ability [1], history of right 2011], right arm fracture		The QIDP will conduct meto ensure that all service and are accurately implementally QIDP notes. The Clinical Director will supervision with the Prodocumentation to support of services for each individual conduction.	es and needs are met emented on the review within ogram Manager the ort the coordination		
		ated 05/01/2020 through ed, "Desired Outcome:					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G035	B. WING	1 toward	09/	09/2020
CRI PARK	CRI PARK ROAD (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			TREET ADDRESS, CITY, STATE, ZIP CODE 500 PARK ROAD LEXANDRIA, VA 22312 PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
W 159	and safety by particip administration and fol protocols at 80% accommonths until 04/30/20 Instructions: 1. [Indiviniformed when it is tin 2. [Individual #1] will be preferably her room of [Individual #1] will be with her prepared me will be encouraged to 5. [Individual #1] participating in her progress notes Review of Individual #1 participating in her medical for July 1, 2020 throu documented, "Desired supported to maintain participating in her medical for twelve consecutive Frequency: Daily." Truther documented the and 08/15/2020 on the review of the data col "Key O- other (not off On 9/09/2020 at apprinterview was conducted from the progress of the QIDP was ASM # 1 stated that the After reviewing Individual #1 was asked if it was to maintain consistent was to maintain consistent was the progress of the progress of the was asked if it was to maintain consistent was asked if it was to maintain was asked if it was to maintain was asked if it was to maintai	corted to maintain her health ating in her medication lowing her medical uracy for twelve consecutive 21. Support Activities & dual #1] will be prompted me to take her medication. e brought to a private area or the medication room. 3. supported to hold her cup dication. 4. [Individual #1] drink her medication slowly. cipation will be documented. Frequency: Daily." #1's data collection sheets gh August 31, 2020 d Outcome: [Individual #1] is a her health and safety by edication administration and protocols at 80% accuracy emonths until 04/30/2021. The data collection sheet me letter "O" on 07/02/2020 emorning shifts. Further lection sheets documented	W 159	The QIDP will revise Individual # 1 and Individual #2's Healthy Life Style outco into measurable terms The Program Manager will update the individuals' PCPs to incorporate these changes. The Program Manager will complete the process for all the other individuals to further deficiencies The Program Manager will continue to monitor and ensure that all service neet the individuals are accurately reflected through the use of weekly operations meetings The Clinical Director will review within supervision with the Program Manager documentation to support the coordinate services for each individual's needs.	is prevent eds of	10/23/20

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		49G035	B. WING _		,	09/09/2020	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL 4500 PARK ROAD ALEXANDRIA, VA 22312			
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
W 159	Continued From pag	ge 11	W 1	59		***************************************	
	stated yes. When a responsibility of the implementation of In ASM # 1 stated yes. The [Name of Group QIDP" documented responsible for trainistaff to ensure qualificare." On 09/09/2020 at ap [administrative staff manager, ASM # 2, [licensed practical nuthe findings. No further information References: [1] Refers to a group by a limited mental cadaptive behaviors a schedules and routing Intellectual disability 18 and may result from autism or cerebral procauses, such as lack responsiveness. The	sked if it was the QIDP to monitor the dividual #1's active treatment					
and the second s	ctSheet.aspx?csid=1 1b. The QIDP failed	th.gov/NIHfactsheets/ViewFa 100. to develop Individual #1's e style in measurable terms.					
	·	dated 05/01/2020 through					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	1 ' '	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		49G035	B. WING	**************************************		09/09/2020	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 4500 PARK ROAD ALEXANDRIA, VA 22312	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O ((EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIAT		
W 159	[Individual #1] is supp twice daily to improve time until 04/30/2021. Instructions: 1. [Individual informed when it is time hygiene. 2. [Individual hand over hand suppression tooth brush. 3. [Individual hand over hand suppression with the participation will be donotes. Type: Skill Buildon 9/09/2020 at appression will be donotes. Type: Skill Buildon 9/09/2020 at appression will be donotes. Type: Skill Buildon 9/09/2020 at appression will be donotes. Type: Skill Buildon 9/09/2020 at appression will be donotes. Type: Skill Buildon 9/09/2020 at appression will be donotes. Type: Skill Buildon 9/09/2020 through 0-4SM # 1 stated that the After reviewing Individual of the participation in the oral could not provide furus being measured participation in the oral could not provide furus being measured participation in the oral could not provide furus being measured participation in the oral could not provide furus being measured participation in the oral could not provide furus being measured participation in the oral could not provide furus being measured participation in the oral could not provide furus being measured participation in the oral could not provide furus being measured participation in the oral could not provide furus being measured participation in the oral could not provide furus being measured participation in the oral could not provide furus being measured participation in the oral could not provide furus being measured participation." We was being measured participation in the oral could not provide furus being measured participation in the oral could not provide furus being measured participation." We was being measured participation in the oral could not provide furus being measured participation." We was being measured participation in the oral could not provide furus being measured participation. The could not provide furus being measured participation in the oral could not provide furus being measured participation.	ted, "Desired Outcome: forted in brushing her teeth wher oral hygiene 60% of the Support Activities & dual #1] will be prompted the to complete her oral al #1] will be supported with fort to apply toothpaste to her idual #1] will be supported to ways, upwards and idual #1] will be supported to water. 5. [Individual #1] becumented in her progress alding. Frequency: Daily." Toximately 11:05 a.m., an ted with ASM [administrative gram manager. When is available for an interview they were not in the facility. Idual #1's PCP dated 4/30/2021 for oral hygiene what the target behavior was assured. ASM #1 stated, when asked to identify what the target behavior was assured. ASM #1 stated, when asked to identify what they in measurable terms when asked if it was the IDP to monitor/develop the ividual #1 in measurable avior ASM #1 stated yes.	W 1	59			

	OF DEFICIENCIES FCORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION		E SURVEY MPLETED
		49G035	B. WING		0!	9/09/2020
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 4500 PARK ROAD ALEXANDRIA, VA 22312		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 159	Continued From page	e 13 a was provided prior to exit.	W 15	9		
	professional] failed to active treatment for to implemented according centered plan]. Individual # 2 was a 4 admitted to [Name of diagnoses that include	ng to the PCP [person 6 year old male, who was				
	01/31/2021 document [Individual #2] learns to living skills by observing personal care 50% of consecutive months upported to apply to and to brush his teeth support. 2. [Individual his mouth after brushing support. 3. [Individual it is time to take a should be supported to remove bathtub. 5. [Individual apply soap and wash [Individual #2] will be expected.	the time for twelve ntil 01/31/2021. Support is: 1. [Individual #2] will be othpaste to his toothbrush with hand over hand #2] will use water to rinse ing his teeth with staff #2] will be prompted when wer. 4. [Individual #2] will we his clothes, to get into #2] will be supported to skin thoroughly. 6. encouraged to hold towel staff support. 7. Document				
	Review of Individual #	2's data collection sheets				

				SURVEY PLETED			
		49G035	B. WING		_{рд} интому	09	/09/2020
NAME OF PI	ROVIDER OR SUPPLIER			45	TREET ADDRESS, CITY, STATE, ZIP CODE 500 PARK ROAD LEXANDRIA, VA 22312		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 159	learns to promote ind observing self-groom of the time for twelve 01/31/2021." The dat documented the letter 07/06/2020, 07/23/20 morning shifts. Furth collection sheets doct offered)." On 9/09/2020 at apprinterview was conducted staff member] #1, promasked if the QIDP was ASM # 1 stated that the After reviewing Individual After reviewing Individual After seviewing Individual # 2. ASM # if it was the responsibility to maintimplementation of the Individual # 2. ASM # if it was the responsibility to maintimplementation of the Individual # 2. ASM # if it was the responsibility to maintimplementation of treatment ASM # 1 stated that the implementation of treatment ASM # 1 stated that it was the responsibility to maintimplementation of treatment ASM # 1 stated that it was the responsibility to maintimplementation of the Individual # 2. ASM # if it was the responsibility to maintimplementation of treatment ASM # 1 stated that it was the responsibility to maintimplementation of treatment ASM # 1 stated that it was the responsibility to maintimplementation of treatment ASM # 1 stated that it was the responsibility to maintimplementation of treatment ASM # 1 stated that it was the responsibility to maintimplementation of the Individual # 2. ASM # if it was the responsibility to maintimplementation of the Individual # 2. ASM # if it was the responsibility to maintimplementation of the Individual # 2. ASM # if it was the responsibility to maintimplementation of the Individual # 2. ASM # if it was the responsibility to maintimplementation of the Individual # 2. ASM # if it was the responsibility to maintimplementation of the Individual # 2. ASM # 2 if it was the responsibility to maintimplementation of the Individual # 2. ASM # if it was the responsibility to maintimplementation of the Individual # 2. ASM # if it was the responsibility to maintimplementation of the Individual # 2. ASM # if it was the responsibility to maintimplementation of the Individual # it was the responsibility to maintimplementation of the Individua	gh July 31, 2020 d Outcome: [[Individual #2]] ependent living skills by ing and personal care 50% consecutive months until ta collection sheet further r "O" on 07/05/2020, 20 and 07/26/2020 on the er review of the data umented "Key O- other (not oximately 11:05 a.m., an ted with ASM [administrative gram manager. When s available for an interview hey were not in the facility. dual # 2's data collection 0, 07/06/2020, 07/23/2020 e PCP outcome for tooth s asked if it was the QIDP's tain consistent active treatment for £ 1 stated yes. When asked dility of the QIDP to monitor Individual #2's active ated yes. proximately 11:45 a.m. ASM member] # 1, program inical director, and LPN ree] # 1 were made aware of	W -	159			
		of disorders characterized pacity and difficulty with	4111111				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION		TE SURVEY MPLETED
		49G035	B. WING_		0	9/09/2020
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI 4500 PARK ROAD ALEXANDRIA, VA 22312		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE
W 159	schedules and routine Intellectual disability of 18 and may result from autism or cerebral paracauses, such as lack responsiveness. This from the website: https://www.report.nih.ctSheet.aspx?csid=16 [2] Symptom's of a bir because of sudden, at the brain. This inform website: https://www.nlm.nih.gml. [3] A neurological and that begins early in character with and learns. This inform the website: https://www.nlm.nih.gml. 2b. The QIDP failed to 2b. The QIDP failed to 2 and 3 and	cech as managing money, es, or social interactions. originates before the age of m physical causes, such as lay, or from nonphysical of stimulation and adult information was obtained in gov/NIHfactsheets/ViewFa DO. ain problem. They happen abnormal electrical activity in action was obtained from the ov/medlineplus/seizures.ht I developmental disorder in the lasts if it affects how a person in others, communicates, remation was obtained from ov/medlineplus/autismspect of develop Individual #2's	W	159		
	Individual #2's PCP d 01/31/2021 document [Individual #2] learns living skills by observi personal care 50% of consecutive months u					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		49G035	B. WING _			9/09/2020	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 4500 PARK ROAD ALEXANDRIA, VA 22312	•	***************************************	
(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 API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W 159	and to brush his teeth support. 2. [Individual his mouth after brush support. 3. [Individual it is time to take a should be supported to remo bathtub. 5. [Individual apply soap and wash [Individual #2] will be and wipe his skin with participation in Progred Daily." On 09/09/2020 at appointerview was conducted from the QIDP was ASM # 1 stated that the After reviewing Indivictionally 11/2021 for was asked what the take was being measured. Participation." When a being measured regain participation in the too # 1 could not provide asked if the outcome wasked if the outcome of the OPCP programs for Individual terms for a target behavior.	othpaste to his toothbrush with hand over hand at #2] will use water to rinse fing his teeth with staff at #2] will be prompted when ower. 4. [Individual #2] will be supported to skin thoroughly. 6. encouraged to hold towel a staff support. 7. Document as Notes. Frequency: **Toximately 11:05 a.m., an atted with ASM [administrative begram manager. When a savailable for an interview finey were not in the facility. It was a full at #2's PCP 02/01/2020 for tooth brushing ASM # 1 arget behavior was or what a ASM # 1 stated, "Her asked to identify what was reding Individual # 2's with brushing program ASM further information. When was in measurable terms when asked if it was the IDP to monitor/develop the ividual # 2 in measurable avior ASM # 1 stated yes.	W 18	59			
T. T	made aware of the fin	2, clinical director, were					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IPLE CONSTRUCTION		DATE SURVEY COMPLETED
		49G035	B. WING_	4011111144444		09/09/2020
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI 4500 PARK ROAD ALEXANDRIA, VA 22312	P CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE
W 159	Continued From page	e 17	W 1	159		
	professional] failed to active treatment for mimplemented according centered plan]. Individual # 3 was a 6 admitted to [Name of diagnoses that includisevere intellectual dis [2] and high blood present to the medication Education [Individual #3] to take 100% of the time 2 [tw 01/31/2021. Support [Individual #3] is promited to the medication roor to take her medication to the medication roor #3] will be assisted with the pop her medication cup armedication into her microuraged to swallow document participation. Frequency: Daily." Review of Individual # for August 1, 2020 the September 1, 2020 the documented, "Desired	ed but were not limited to: ability [1], anxiety disorder essure. ated 02/01/2020 through ted, "Desired Outcome # 3: : It is important for her medication with water vo] times a day until Activities & Instructions: apted when it is times for her n; [Individual #3] is brought m or private are; [Individual iith hand over hand support into the medication cup; handed her medication in nd encouraged to pour the outh; [Individual #3] will be w the water in her mouth;				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	riple construction NG		DATE SURVEY COMPLETED
		49G035	B. WING			09/09/2020
NAME OF P	ROVIDER OR SUPPLIER		,	STREET ADDRESS, CITY, STATE, ZIP C 4500 PARK ROAD ALEXANDRIA, VA 22312	ODE	
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 159	medication with water each month for 12 cc 01/31/2021." The did documented the letter 08/23/2020, 08/24/2 morning shifts and of shift. Further review documented "Key O on 9/09/2020 at apprinterview was condustaff member] #1, prasked if the QIDP with ASM # 1 stated that After reviewing Individual sheets for 08/22/2020 08/31/2020 and 09/0 for medication manathe program should When asked if it was QIDP to monitor the #3's active treatment On 09/09/2020 at apprinterview as active treatment on 09/09/2020 at apprinterview for the manager, ASM # 2, [licensed practical nutre findings.] No further information References: [1] Refers to a group by a limited mental of adaptive behaviors is schedules and routing the state of the shadow of the sh	er daily with 75% accuracy consecutive months until ata collection sheets further er "O" on 08/22/2020, 02, 08/31/2020 on the n 09/05/202 on the evening of the data collection sheets other (not offered)." Froximately 11:05 a.m., an octed with ASM [administrative orgam manager. When as available for an interview of they were not in the facility. Idual # 3's data collection 10, 08/23/2020, 08/24/202, 105/202 for the PCP outcomes gement ASM # 1 stated that have been implemented. If the responsibility of the implementation of Individual to ASM # 1 stated yes. In proximately 11:45 a.m. ASM member] # 1, program clinical director, and LPN ourse] # 1 were made aware of the was provided prior to exit. In of disorders characterized apacity and difficulty with such as managing money, wes, or social interactions.	W	159		
	18 and may result fro	originates before the age of om physical causes, such as alsy, or from nonphysical				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G035	B. WING	- Vinetta	09/09/2020	
NAME OF P	ROVIDER OR SUPPLIER		4:	TREET ADDRESS, CITY, STATE, ZIP CODE 500 PARK ROAD LEXANDRIA, VA 22312		
(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 BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
W 159	responsiveness. This from the website: https://www.report.nihctSheet.aspx?csid=10 [2] Fear. This informativebsite:	of stimulation and adult information was obtained in.gov/NIHfactsheets/ViewFa 00. ation was obtained from the ov/medlineplus/anxiety.html	W 159	INDIVIDUAL PROGRAM PLAN: CFR(s): 483.440(c)(4)(iii)	10/23/20	
	must be expressed in provide measurable in the same on staff interviand facility document that the facility staff fameasurable terms for the survey sample, Int. 1. The facility staff faint's PCP (person-central healthy lifestyle in more in the survey sample. The facility staff faint's PCP (person-central healthy lifestyle in more in the survey sample. The facility staff faint's PCP (person-central healthy lifestyle in more in the survey sample.	elled to develop Individual # ered plan) outcome/goal for neasurable terms. led to develop Individual # ered plan) outcome/goal for neasurable terms. led to develop Individual # ered plan) outcome/goal for		The QIDP will revise Individual # 1 and Individual #2's Healthy Life Style outco into measurable terms The Program Manager will update the individuals' PCPs to incorporate these changes. The Program Manager will complete the process for all the other individuals to prevent further deficiencies The Program Manager will continue to monitor and ensure that all service neather individuals are accurately reflected through the use of weekly operations meetings The Clinical Director will review within supervision with the Program Manage documentation to support the coordinate of services for each individual's needs.	his eds of d	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		E CONSTRUCTION	, ,	E SURVEY PLETED
		49G035	B. WING_			09	/09/2020
NAME OF P	ROVIDER OR SUPPLIER			4	TREET ADDRESS, CITY, STATE, ZIP CODE 500 PARK ROAD ALEXANDRIA, VA 22312		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	κ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 231	Continued From page	e 20	W	231			
	admitted to [Name of diagnoses that includ severe intellectual dis ankle fracture [03/07/[01/2016]. Individual #1's PCP d 04/30/2021 documen [Individual #1] is supptwice daily to improve time until 04/30/2021 Instructions: 1. [Indivi informed when it is tir hygiene. 2. [Individual hand over hand supptooth brush. 3. [Individual hand over hand supptooth brush. 3. [Individual hand over hand supptooth brush. 4. [Individual hand over hand supptooth brush. 3. [Individual hand over hand supptooth brush. 4. [Individual hand over hand supptooth brush. 5. [Individual hand over hand supptooth will be donotes. Type: Skill Buildon 09/09/2020 at appinterview was conductive.]	ed but were not limited to: sability [1], history of right 2011], right arm fracture ated 05/01/2020 through ted, "Desired Outcome: corted in brushing her teeth her oral hygiene 60% of the . Support Activities & dual #1] will be prompted me to complete her oral al #1] will be supported with ort to apply toothpaste to her idual #1] will be supported to vays, upwards and idual #1] will be supported to vays, Individual #1] becumented in her progress ilding. Frequency: Daily."					
	reviewing Individual # through 04/30/2021 for asked what the target being measured. ASI participation." When being measured regard	asked to identify what was rding Individual # 1's al hygiene program ASM #					
	(ISP)" documented, "4	.1 Individual Service Plan 4.1.3 Procedures: C.) ensures that an ISP will					

	F CORRECTION	(X1) PROVIDENSOPPLIENCLIA IDENTIFICATION NUMBER:	1 ' '		STRUCTION		ATE SURVEY OMPLETED
		49G035	B. WING	7110000	MARININ (A. A. A		09/09/2020
NAME OF P	ROVIDER OR SUPPLIER			4500 P	T ADDRESS, CITY, STATE, ZIP CODE PARK ROAD ANDRIA, VA 22312	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
W 231	measurable objective addressing each ide Service Plan (ISP) I Outcomes and Objectives / desexpressed in terms provide measurable On 09/09/2020 at al [administrative staff manager, and ASM made aware of the fill No further information References: [1] Refers to a group by a limited mental of adaptive behaviors a schedules and routing Intellectual disability 18 and may result from the website: https://www.report.nctSheet.aspx?csid=12. The facility staff for the website of the website of the facility staff for the website of the facility staff for the website of the web	m: 4. Goals / outcomes and ves / desired outcomes for entified need. 4.1.4 Individual Development. E. Goals / ectives/Desired Outcomes: sired outcomes will be that are behavioral and indexes of progress." opproximately 12:45 p.m., ASM member] # 1, program I # 2, clinical director, were findings. on was provided prior to exit. of of disorders characterized capacity and difficulty with such as managing money, nes, or social interactions. For originates before the age of om physical causes, such as alsy, or from nonphysical k of stimulation and adult his information was obtained ith.gov/NIHfactsheets/ViewFa	W	231			
111111111111111111111111111111111111111	a healthy lifestyle in Individual # 2 was a admitted to [Name o	measurable terms. 46 year old male, who was	And Andrews are a second as a				

PRINTED: 09/16/2020 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	NG	COMPLETED
		49G035	B. WING		09/09/2020
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 4500 PARK ROAD ALEXANDRIA, VA 22312	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF CORF X (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLETION
W 231	[2] and autism [3]. Individual #2's PCP 01/31/2021 docume [Individual #2] learn: living skills by obser personal care 50% of consecutive months Activities & Instruction supported to apply the and to brush his tee support. 2. [Individual his mouth after brush support. 3. [Individual it is time to take a slibe supported to rembathtub. 5. [Individual #2] will be and wipe his skin wiparticipation in Programmer of the participation in Programmer of the participation." On 09/09/2020 at a interview was condustriff member] #1, previewing Individual through 01/31/2021 was asked what the was being measured participation." Whe being measured regranticipation in the the participation in the the pa	dated 02/01/2020 through nted, "Desired Outcome: sto promote independent ving self-grooming and of the time for twelve until 01/31/2021. Support ons: 1. [Individual #2] will be oothpaste to his toothbrush th with hand over hand all #2] will use water to rinse hing his teeth with staff uall #2] will be prompted when nower. 4. [Individual #2] will nove his clothes, to get into ual #2] will be supported to the skin thoroughly. 6. the encouraged to hold towel the staff support. 7. Document tress Notes. Frequency: Deproximately 11:05 a.m., an uncted with ASM [administrative program manager. After #2's PCP 02/01/2020 for tooth brushing ASM # 1 target behavior was or what d. ASM # 1 stated, "Her in asked to identify what was parding Individual # 2's booth brushing program ASM the further information. Deproximately 12:45 p.m., ASM member] # 1, program # 2, clinical director, were	W	231	

AND PLAN OF CORR	ICIENCIES ECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		49G035	B. WING _		09	/09/2020	
NAME OF PROVIDE				STREET ADDRESS, CITY, STATE, ZIP CODE 4500 PARK ROAD ALEXANDRIA, VA 22312			
(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 CORRECTIVE ACTION SH (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
No f Refa [1] F by a adapt sche Intel 18 a autis caus resp from https ctSh [2] S beca the I web https ml. [3] A that throd acts and the v https rum W 249 PRO CFF	erences: Refers to a group Ilimited mental captive behaviors sizedules and routin Illectual disability and may result from or cerebral passes, such as lack consiveness. This interest will be a seed of sudden, a suse of sudden, a suse of sudden, a brain. This informatie: In the website: In the	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 the gov/NIHfactsheets/ViewFa 00. Tain problem. They happen abnormal electrical activity in mation was obtained from the gov/medlineplus/seizures.ht Id developmental disorder hildhood and lasts if ife. It affects how a person the others, communicates, rmation was obtained from gov/medlineplus/autismspect	W 2				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		49G035	B. WING		09/	/09/2020
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 4500 PARK ROAD ALEXANDRIA, VA 22312		
(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 CORREC (EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 249	each client must recet treatment program or interventions and ser and frequency to sup objectives identified in plan. This STANDARD is a Based on staff intervention and facility do determined that staff Individual was receive the PCP [Person Cerindividuals in the survey and # 3. 1. The facility staff fair #1's PCP [person cermanagement. 2. The facility staff fair #2's PCP [person cermanagement. 3. The facility staff fair #3's PCP [person cermanagement. The findings include: 1. The facility staff fair #1's PCP [person cermanagement. Individual # 1 was a 6 admitted to [Name of	wive a continuous active on sisting of needed vices in sufficient number port the achievement of the in the individual program. The not met as evidenced by: iew and clinical record cument review, it was failed to ensure an ing services consistent with intered Plan] for three of three vey sample, Individuals # 1, Ited to implement Individual intered plan] for medication Ited to implement Individual intered plan] for medication	W 24	PROGRAM IMPLEMENTATION: CFR 483.440(d)(1) The QIDP will revise Individual #1's Management, Individual #2's Tooth and Individual #3's Medication Management accurately reflect the needs of Indi Individual #2 and Individual #3 and implemented appropriately The Program Manager / QIDP will rindividuals' outcomes to ensure the accurately reflect their needs and timplemented as designed within the The Program Manager will provide to all the staff to review all individual during the next staff meeting. The IMAnager will provide supervision to and ensure that the PCPs accurately individuals needs and are implementatividuals needs and are implementatividuals needs and needs are accurately implemented on the QIDP notes. The Clinical Director will review with supervision with the Program Manadocumentation to support the coorservices for each individual.	Medication a Brushing nagement ome vidual #1, is eview all at they hat they are se PCPs. the training sals' PCPs program o all staff y reflect the inted essments to are met and monthly hin ager the	10/23/20

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE COMP	SURVEY LETED
		49G035	B, WING_		<u></u>	09/	09/2020
NAME OF P	ROVIDER OR SUPPLIER			45	REET ADDRESS, CITY, STATE, ZIP CODE 600 PARK ROAD LEXANDRIA, VA 22312		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	\	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 249	9 Continued From page 25		W 2	249			
	1	sability [1], history of right /2011], right arm fracture		***************************************			
	O4/30/2021 documer [Individual #1] is sup and safety by participal administration and for protocols at 80% accommonths until 04/30/2 Instructions: 1. [Indivinformed when it is to the same of the sam	curacy for twelve consecutive 021. Support Activities & vidual #1] will be prompted ime to take her medication. be brought to a private area or the medication room. 3. a supported to hold her cup edication. 4. [Individual #1] to drink her medication slowly. ticipation will be documented s. Frequency: Daily." #1's data collection sheets ugh August 31, 2020 and Outcome: [Individual #1] is in her health and safety by nedication administration and all protocols at 80% accuracy we months until 04/30/2021. The data collection sheet the letter "O" on 07/02/2020 he morning shifts. Further ollection sheets documented ffered)."					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		49G035	B. WING		09/09/2020	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 4500 PARK ROAD ALEXANDRIA, VA 22312		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE COMPLET	
W 249	support, learning envengagement necessary objectives/desired out ISPAll staff working fully engaged in active consumer." On 9/09/2020 at apprinterview was conducted that the programmer of the control of the cont	ith consumer receiving the vironment and active ary to reach his or her utcomes as defined in the g with consumers must be	W 2	49		
	manager, ASM # 2, or [licensed practical nuthe findings.] No further information References: [1] Refers to a group by a limited mental or adaptive behaviors a schedules and routing Intellectual disability 18 and may result from autism or cerebral paragraphs. The from the website:	clinical director, and LPN urse] # 1 were made aware of an was provided prior to exit. of disorders characterized capacity and difficulty with such as managing money, nes, or social interactions. originates before the age of om physical causes, such as alsy, or from nonphysical c of stimulation and adult is information was obtained ih.gov/NIHfactsheets/ViewFa				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		49G035	B. WING_			9/09/2020
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP O 4500 PARK ROAD ALEXANDRIA, VA 22312	;ODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 249	Continued From page	e 27	W 2	249		
	2. The facility staff fai #2's PCP [person cei brushing.	iled to implement Individual ntered plan] for tooth				
	Individual # 2 was a 46 year old male, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: severe intellectual disability [1], seizure disorder [2] and autism [3].					
	01/31/2021 documer [Individual #2] learns living skills by observ personal care 50% o consecutive months Activities & Instructio supported to apply to and to brush his teetl support. 2. [Individual his mouth after brush support. 3. [Individual it is time to take a shabe supported to remobathtub. 5. [Individual apply soap and wash [Individual #2] will be and wipe his skin with	until 01/31/2021. Support ins: 1. [Individual #2] will be bothpaste to his toothbrush h with hand over hand al #2] will use water to rinse hing his teeth with staff al #2] will be prompted when ower. 4. [Individual #2] will bove his clothes, to get into al #2] will be supported to				
	for July 1, 2020 throu documented, "Desire learns to promote ind observing self-groom	#2's data collection sheets ugh July 31, 2020 ad Outcome: [Individual #2] dependent living skills by hing and personal care 50% a consecutive months until				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION			SURVEY PLETED
		49G035	B. WING_	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		09/	/09/2020
	A9G035 NAME OF PROVIDER OR SUPPLIER CRI PARK ROAD (X4) ID PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 249 Continued From page 28 01/31/2021." The data collection sheet further documented the letter "O" on 07/05/2020, 07/06/2020, 07/23/2020and 07/26/2020 on the morning shifts. Further review of the data collection sheets documented "Key O- other (not offered)." On 9/09/2020 at approximately 11:05 a.m., an interview was conducted with ASM [administrative staff member] #1, program manager. After reviewing Individual # 2's data collection sheets			STREET ADDRESS, CITY, STAT 4500 PARK ROAD ALEXANDRIA, VA 22312	E, ZIP CODE		
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROP		IVE ACTION SHOULD BI CED TO THE APPROPRIA		(X5) COMPLETION DATE
W 249	01/31/2021." The dat documented the letter 07/06/2020, 07/23/20 morning shifts. Furth collection sheets doct offered)." On 9/09/2020 at apprinterview was conducted staff member] #1, profereiwing Individual # for 07/05/2020, 07/06 07/26/2020 for the PCD brushing ASM # 1 states have been implement On 09/09/2020 at apprinterview staff manager, ASM # 2, cl [licensed practical number findings. No further information References: [1] Refers to a group of by a limited mental cate adaptive behaviors suschedules and routine Intellectual disability of 18 and may result from autism or cerebral palecauses, such as lack of responsiveness. This from the website: https://www.report.nih ctSheet.aspx?csid=10	ta collection sheet further r "O" on 07/05/2020, 20and 07/26/2020 on the er review of the data umented "Key O- other (not oximately 11:05 a.m., an ted with ASM [administrative gram manager. After r 2's data collection sheets r/2020, 07/23/2020and r outcome for tooth ted that the program should ed. roximately 11:45 a.m. ASM member] # 1, program inical director, and LPN rse] # 1 were made aware of was provided prior to exit. of disorders characterized pacity and difficulty with ch as managing money, rs, or social interactions. riginates before the age of m physical causes, such as sy, or from nonphysical of stimulation and adult information was obtained	W2	49			

PRINTED: 09/16/2020 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY MPLETED	
		49G035	B. WING			0	9/09/2020
NAME OF PE	ROVIDER OR SUPPLIER			4500 P	T ADDRESS, CITY, STATE, ZIP CODE ARK ROAD ANDRIA, VA 22312		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	1	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 249	the brain. This inform website: https://www.nlm.nih.gml. [3] A neurological and that begins early in control throughout a person's acts and interacts will and learns. This inforthe website:	abnormal electrical activity in lation was obtained from the gov/medlineplus/seizures.ht	W	249			
	#3's PCP [person cemanagement. Individual # 3 was a admitted to [Name of diagnoses that include severe intellectual diagnoses that include [2] and high blood proposes of the limited proposes intellectual #3's PCP of 01/31/2021 document Medication Education [Individual #3] to take 100% of the time 2 [to 01/31/2021. Support [Individual #3] is proposes to take her medication root with the medication root with proposes in the medication root with t	ded but were not limited to: sability [1], anxiety disorder essure. dated 02/01/2020 through nted, "Desired Outcome # 3: n: It is important for e her medication with water					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		NSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G035	B. WING_			08	9/09/2020
NAME OF P	ROVIDER OR SUPPLIER			4500	ET ADDRESS, CITY, STATE, ZIP CODE PARK ROAD (ANDRIA, VA 22312		
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	B€	(X5) COMPLETION DATE
W 249	Continued From page	: 30 nd encouraged to pour the	W 2	49			
	medication into her m	outh; [Individual #3] will be w the water in her mouth;					
	for August 1, 2020 thr September 1, 2020 th documented, "Desired my medication admin medication with water each month for 12 co 01/31/2021." The dat documented the letter 08/23/2020, 08/24/20 morning shifts and on	2, 08/31/2020 on the 09/05/202 on the evening of the data collection sheets					
	On 9/09/2020 at approinterview was conducted staff member] #1, progreviewing Individual # for 08/22/2020, 08/23, 08/31/2020 and 09/05 for medication manage	eximately 11:05 a.m., an ted with ASM [administrative gram manager. After 3's data collection sheets					
	[administrative staff m manager, ASM # 2, cl	roximately 11:45 a.m. ASM ember] # 1, program inical director, and LPN se] # 1 were made aware of	an investigation				
a de la deservación en la dela dela dela dela dela dela dela d	No further information	was provided prior to exit.					
2	References: [1] Refers to a group of	of disorders characterized					

\mathbf{P}_{i}		(X3) DATE SURVEY COMPLETED			
		49G035	B. WING		09/09/2020
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 4500 PARK ROAD ALEXANDRIA, VA 22312	
(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 BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	
W 249	adaptive behaviors suschedules and routine Intellectual disability of 18 and may result from autism or cerebral pal causes, such as lack responsiveness. This from the website: https://www.report.nifctSheet.aspx?csid=10 [2] Fear. This informative website: https://www.nlm.nih.gr/lesummary. PROGRAM DOCUME CFR(s): 483.440(e)(1 Data relative to accompacified in client individual facility document that the facility staff far measurable terms for the survey sample, Inc. 1. The facility staff fair collection of Individual	apacity and difficulty with such as managing money, as, or social interactions. Originates before the age of m physical causes, such as alsy, or from nonphysical of stimulation and adult information was obtained an accomplishment of the criteria widual program plan ocumented in measurable and the second review review it was determined alled to develop objectives in two of three individuals in dividual # 1 and # 2. Iled to document the data If # 1's PCP and outcome/goal for healthy	W 24	PROGRAM DOCUMENTATION: CFR(s): 483.440(e)(1) The QIDP will revise Individual # 1 and Individual #2's Healthy Life Style outcominto measurable terms to collect appropidata The Program Manager will update the individuals' PCPs to incorporate these changes. The Program Manager will complete this process for all the other individuals to process for all the other individuals are accurately reflected through the use of weekly operations meetings	revent Sor
	collection of Individual [Person-Centered -Pla	I # 1's PCP an] outcome/goal for healthy			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ı	IPLE CONSTRUCTION		OATE SURVEY OMPLETED
		49G035	B. WING _			09/09/2020
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 4500 PARK ROAD ALEXANDRIA, VA 22312		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
	collection of Individual [Person-Centered -Fifestyle in measurabhat The findings include 1. The facility staff facollection of Individual [Person-Centered -Fifestyle in measurabhat Individual # 1 was a admitted to [Name or diagnoses that include severe intellectual diankle fracture [03/07 [01/2016]. Individual #1's PCP of 04/30/2021 document [Individual #1] is supprised adily to improve time until 04/30/2021 Instructions: 1. [Individual #1] informed when it is the interview when it is the downwards. 4. [Individual #1] in the participation will be donotes. Type: Skill But On 09/09/2020 at apprinterview was conducted the side of the participation will be donoted. Type: Skill But On 09/09/2020 at apprinterview was conducted the side of the participation will be donoted. Type: Skill But On 09/09/2020 at apprinterview was conducted the participation was conducted the participation was conducted the participation of the p	ailed to document the data al # 2's PCP I'an] outcome/goal for healthy alle terms. ailed to document the data al # 1's PCP I'an] outcome/goal for healthy alle terms. 61 year old female, who was a f Group Home] with alled but were not limited to: sability [1], history of right arm fracture I dated 05/01/2020 through a ted, "Desired Outcome: ported in brushing her teeth a her oral hygiene 60% of the and the ported in brushing her teeth a her oral hygiene 60% of the and all #1] will be prompted with port to apply toothpaste to her idual #1] will be supported to	W 2	252		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	A. BUILDI	TIPLE CONSTRUCTION	1, ,	(X3) DATE SURVEY COMPLETED		
		49G035	B. WING			09/09/2020
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 4500 PARK ROAD ALEXANDRIA, VA 22312	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL : LSC IDENTIFYING INFORMATION)	ULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION DATE	
W 252	through 04/30/2021 asked what the targe being measured. As participation." When being measured regiparticipation in the of 1 could not provide for knowing what was beasked if the data waterms. ASM # 1 staff on 09/09/2020 at application in the office of the following what was beasked if the data waterms. ASM # 1 staff on 09/09/2020 at application in the following what was beasked if the data waterms. ASM # 1 staff on the following what was beasted if the data waterms. ASM # 1 staff on the following was staff on the following was staff on the following was staff or the following was	for oral hygiene ASM # 1 was et behavior was or what was SM # 1 stated, "Her nasked to identify what was arding Individual # 1's ral hygiene program ASM # further information. Without eing measured ASM # 1 was scollected in measurable ted no. **Poproximately 12:45 p.m., ASM member] # 1, program # 2, clinical director, were indings. **On was provided prior to exit.** **On of disorders characterized capacity and difficulty with such as managing money, nes, or social interactions. For originates before the age of om physical causes, such as alsy, or from nonphysical k of stimulation and adult its information was obtained ith.gov/NIHfactsheets/ViewFa		252		
	collection of Individu	Plan] outcome/goal for healthy				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI. A. BUILDIN	PLE CONSTRUCTION G		TE SURVEY MPLETED
		49G035	B. WING] ,	9/09/2020
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 4500 PARK ROAD ALEXANDRIA, VA 22312	DDE	
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 252	Individual # 2 was a 4 admitted to [Name of diagnoses that include severe intellectual disterior [2] and autism [3]. Individual #2's PCP do 1/31/2021 documenter [Individual #2] learns living skills by observing personal care 50% of consecutive months under the consecutive mon	Group Home] with ed but were not limited to: ability [1], seizure disorder ated 02/01/2020 through ted, "Desired Outcome: to promote independent ng self-grooming and the time for twelve intil 01/31/2021. Support is: 1. [Individual #2] will be othpaste to his toothbrush with hand over hand I #2] will use water to rinse ing his teeth with staff I #2] will be prompted when lower. 4. [Individual #2] will we his clothes, to get into I #2] will be supported to skin thoroughly. 6. encouraged to hold towel a staff support. 7. Document less Notes. Frequency: roximately 11:05 a.m., an ted with ASM [administrative logram manager. After 2's PCP dated 07/01/2020 and 09/01/2020 through brushing ASM # 1 was behavior was or what was M # 1 stated, "Her lasked to identify what was	W 2	52		

STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		NSTRUCTION	(X3) DATE COMP	SURVEY LETED
		49G035	B. WING			09/	09/2020
NAME OF F	ROVIDER OR SUPPLIER			4500	EET ADDRESS, CITY, STATE, ZIP CODE PARK ROAD XANDRIA, VA 22312		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 252	knowing what was be asked if the data was terms. ASM # 1 state on 09/09/2020 at ap [administrative staff manager, and ASM made aware of the fill of th	eing measured ASM # 1 was so collected in measurable sed no. approximately 12:45 p.m., ASM member] # 1, program # 2, clinical director, were indings. an was provided prior to exit. an of disorders characterized capacity and difficulty with such as managing money, nes, 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 in gov/NIHfactsheets/ViewFa 100. brain problem. They happen abnormal electrical activity in mation was obtained from the gov/medlineplus/seizures.ht	W	252			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G035	B. WING		09/09/2020	
NAME OF PROVIDER OR SUPPLIER CRI PARK ROAD		4	TREET ADDRESS, CITY, STATE, ZIP CODE 500 PARK ROAD LEXANDRIA, VA 22312			
(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 B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
W 252	Continued From page		W 252			
W 455	This STANDARD is Based on observation was determined that follow infection control individuals in the medobservation, Individuals observed # 2. 1. The facility staff puther inside of the medoadministering medicals. 2. The facility staff faction and when assisting breakfast. The findings include: 1. The facility staff puther inside of the medoadministering medicals. The findings include: 1. The facility staff puther inside of the medoadministering medicals. Individual # 1 was a sadmitted to [Name of diagnoses that included	disorder.html. ECTION CONTROL R(s): 483.470(l)(1) re must be an active program for the vention, control, and investigation of infection communicable diseases. S STANDARD is not met as evidenced by: sed on observations and staff interviews it is determined that the facility staff failed to ow infection control practices for one of one viduals in the medication administration ervation, individual # 1 and for one of three viduals observed during breakfast, Individual The facility staff placed her ungloved finger on inside of the medication to Individual #1. The facility staff failed to wash or sanitize their diswhen assisting Individual # 2 during akfast. If findings include: The facility staff placed her ungloved finger on inside of the medication cup while ninistering medications to Individual #1. The facility staff placed her ungloved finger on inside of the medication cup while ninistering medications to Individual #1. The facility staff placed her ungloved finger on inside of the medication cup while ninistering medications to Individual #1. The facility staff placed her ungloved finger on inside of the medication cup while ninistering medications to Individual #1. The facility staff placed her ungloved finger on inside of the medication cup while ninistering medications to Individual #1. The facility staff placed her ungloved finger on inside of the medication cup while ninistering medications to Individual #1. The facility staff placed her ungloved finger on inside of the medication cup while ninistering medications to Individual #1.		ion ection I #1 and idual mented program infection edication ned in s to all adom istration are ol		
		sability [1], history of right /2011], right arm fracture				

4, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	49G035 B. WING		09/09/2020				
NAME OF PROVIDER OR SUPPLIER CRI PARK ROAD				STREET ADDRESS, CITY, STATE, ZIP CODE 4500 PARK ROAD ALEXANDRIA, VA 22312	' '		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	BE COMPLETION	
W 455	Continued From page 37 On 09/09/2020 at approximately 7:00 a.m., the medication administration observation was conducted with DSP [direct support professional] # 1. At 7:08 a.m., while not wearing gloves, DSP # 1 unlocked and opened the medication cart and removed a bottle of PROMOD [2] for individual # 1, removed a small 30ml [milliliter] plastic medication cup. Observation of DSP # 1 obtaining the medication cup revealed they used their index finger and thumb, placing the index finger on the inside of the cup to grasp it. Further observation revealed that DSP # 1 repeated the exact same movement to obtain a second medication cup. DSP # 1 reviewed the MAR [medication administration record] for Individual # 1, opened the bottle of PROMOD, poured 30mls into the first cup and 15mls into the second cup, closed and locked the medication cart, carried the two cups of medication to the table where Individual # 1 was seated, poured the medication from the medication cup into Individual # 1's nosey cup, mixed it with milk and Individual # 1 consumed it. At approximately 7:40 a.m., DSP # 1 dispensed and administered Individual # 1's		W4	,			
	to dispense B-Comple + D3 [5], Lactulose [6] softener, Vitamin D3 I or tablet into seven se cups. As DSP # 1 rer medication blister pace they obtained a 30ml in the medication cart obtaining the medicat their index finger and finger on the inside of DSP # 1 dispensed the	s. DSP # 1 was observed ex [3]with B-12 [4], Calcium], Risperidone [7], stool 8], Vitamin C, [9], each pill eparate 30ml medication moved the above listed eks from the medication cart, medication from the supply . Observation of DSP # 1 ion cup revealed they used thumb, placing the index the cup to grasp it. After e medication into each cup o pick up each cup using the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	49G035 B. WING		09/09/2020				
NAME OF PROVIDER OR SUPPLIER CRI PARK ROAD				STREET ADDRESS, CITY, STATE, ZIP CODE 4500 PARK ROAD ALEXANDRIA, VA 22312		0,00,20,00	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG			PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 455	same techniques, ad administered each m and they were observed medication. On 09/09/20 at approinterview was conducted from the condition of	ded applesauce and edication to Individual # 1	W 45	55			

· · · · · · · · · · · · · · · · · · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		1	(X3) DATE SURVEY COMPLETED	
		49G035 B. WING		0:	09/09/2020		
NAME OF PROVIDER OR SUPPLIER CRI PARK ROAD				STREET ADDRESS, CITY, STATE, ZIP CODE 4500 PARK ROAD ALEXANDRIA, VA 22312			
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
W 455	continued From page 39 ctSheet.aspx?csid=100. [2] Liquid, provides protein. This information was obtained from the website: https://abbottnutrition.com/promod-liquid-protein [3] Gets or make energy from the food you eat. This information was obtained from the website: https://medlineplus.gov/bvitamins.html [4] For protein metabolism. This information was obtained from the website: https://medlineplus.gov/ency/article/002403.htm [5] Maintain bone strength and lessen your risk of developing osteoporosis. This information was obtained from the website: https://medlineplus.gov/ency/patientinstructions/0 00490.htm. [6] Used to treat constipation. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a682338.h tml. [7] Used to treat the symptoms of schizophrenia. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a694015.h tml. [8] helps your body absorb calcium. This information was obtained from the website: https://medlineplus.gov/vitamind.html. [9] It promotes healing and helps the body absorb iron. This information was obtained from the website: https://medlineplus.gov/vitaminc.html.		W 45	5			
		ailed to wash or sanitize their g Individual # 2 during					
	admitted to [Name of	46 year old male, who was f Group Home] with ded but were not limited to:					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G035	B. WING			09/09/2020	
NAME OF PROVIDER OR SUPPLIER CRI PARK ROAD				STREET ADDRESS, CITY, STATE, ZIP C 4500 PARK ROAD ALEXANDRIA, VA 22312			
(X4) ID PREFIX TAG				TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE		
W 455	[2] and autism [3] On 09/09/2020 at observation was of dining area at [Na#2 was seated in the table DSP [dir provided and placed the remain protector around placed the remain protector on top of 2. DSP # 2 then cereal on top of the placed on the table verbally cued and hand-over-hand a observations duri revealed DSP # 2 end of the table a Individual with the Individual # 2 and and physical proncereal bowl in from hand-over-hand at the meal DSP # 2 wash their hands Individual. On 09/09/2020 at interview was corwas asked about hands after assist assisting the other sanitizing or wash the other Individual. DSP # 2 states	I disability [1], seizure disorder	W 45	5			

NAME OF PROVIDER OR SUPPLIER CRI PARK ROAD SUMMARY STATEMENT OF DEPICIENCIES (EACH DEFICIENCIES TAG) (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 455 Continued From page 41 or wash their hands between assisting Individual # 2 and the other Individual at the opposite end of the table. On 09/09/2020 at 11:05 a.m., an interview was conducted with ASM [administrative staff member] # 1, program manager. After informed of the above observation of DSP # 2 assisting and feeding two Individuals at the same time during breakfast ASM # 1 stated that should be washing their hands between assisting Individuals On 09/09/2020 at approximately 12:45 p.m., ASM [administrative staff member] # 1, program manager, and ASM # 2, clinical director, were made aware of the 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 autism or cerebral palsy, or from nonphysical causes, such as autism or cerebral palsy, or from nonphysical causes, such as autism or cerebral palsy, or from nonphysical causes, such as autism or cerebral palsy, or from nonphysical causes, such as autism or cerebral palsy, or from nonphysical causes, such as autism or cerebral palsy, or from nonphysical causes, such as autism or cerebral palsy, or from nonphysical causes, such as autism or cerebral palsy, or from nonphysical causes, such as autism or cerebral palsy, or from nonphysical causes, such as autism or cerebral palsy, or from nonphysical causes, such as autism or cerebral palsy, or from nonphysical causes, such as autism or cerebral palsy.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	NG	(X3) DATE SURVEY COMPLETED	
STREET ADDRESS, CITY, STATE, ZIP CODE 4500 PARK ROAD 4200 PARK ROAD			49G035	B. WING_		09/09/2020
PREFIX TAG (EACH DEFICIENCY MUST BE PRÉCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 455 Continued From page 41 or wash their hands between assisting Individual # 2 and the other Individual at the opposite end of the table. On 09/09/2020 at 11:05 a.m., an interview was conducted with ASM [administrative staff member] # 1, program manager. After informed of the above observation of DSP # 2 assisting and feeding two Individuals at the same time during breakfast ASM # 1 stated that should be washing their hands between assisting Individuals On 09/09/2020 at approximately 12:45 p.m., ASM [administrative staff member] # 1, program manager, and ASM # 2, clinical director, were made aware of the 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				-	4500 PARK ROAD	
or wash their hands between assisting Individual # 2 and the other Individual at the opposite end of the table. On 09/09/2020 at 11:05 a.m., an interview was conducted with ASM [administrative staff member] # 1, program manager. After informed of the above observation of DSP # 2 assisting and feeding two Individuals at the same time during breakfast ASM # 1 stated that should be washing their hands between assisting Individuals On 09/09/2020 at approximately 12:45 p.m., ASM [administrative staff member] # 1, program manager, and ASM # 2, clinical director, were made aware of the 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	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFI	X (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI	HOULD BE COMPLETION
responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100. [2] Symptom's 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 455	or wash their hands # 2 and the other In the table. On 09/09/2020 at 1 conducted with ASM member] # 1, progra of the above observand feeding two Indiduring breakfast AS washing their hands On 09/09/2020 at a [administrative staff manager, and ASM made aware of the No further informati References: [1] Refers to a group by a limited mental adaptive behaviors schedules and routintellectual disability 18 and may result from the website: https://www.report.rctSheet.aspx?csid= [2] Symptom's of a because of sudden the brain. This inforwebsite: https://www.nlm.nih.	between assisting Individual dividual at the opposite end of 1:05 a.m., an interview was a fadministrative staff am manager. After informed ration of DSP #2 assisting ividuals at the same time M #1 stated that should be a between assisting Individuals approximately 12:45 p.m., ASM member] #1, program 1 #2, clinical director, were findings. On was provided prior to exit. P of disorders characterized capacity and difficulty with such as managing money, nes, or social interactions. A originates before the age of from physical causes, such as palsy, or from nonphysical ek of stimulation and adult his information was obtained with gov/NIHfactsheets/ViewFa et 100. The brain problem. They happen a bonormal electrical activity in mation was obtained from the	W	465	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ı	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G035 B. WING			09/	/09/2020	
NAME OF PROVIDER OR SUPPLIER CRI PARK ROAD				45	TREET ADDRESS, CITY, STATE, ZIP CODE 500 PARK ROAD LEXANDRIA, VA 22312		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPRIED DEFICIENCY)			(X5) COMPLETION DATE
W 455	[3] A neurological and that begins early in clubrated throughout a person's acts and interacts with and learns. This inforthe website:	d developmental disorder	W	455			