PRINTED: 10/05/2020 FORM APPROVED OMB NO. 0938-0391

-	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G034	B. WNG _		ANT -	09/23/2020	
	ROVIDER OR SUPPLIER			851	REET ADDRESS, CITY, STATE, ZIP CODE 8 QUEEN ELIZABETH BLVD NANDALE, VA 22003		
(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 BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 000	Initial Comments		E	000			
W 000	survey was conducted 09/23/20. The facility compliance with 42 C Condition of Participal Facilities for Individual Disabilities. INITIAL COMMENTS An unannounced and	was in substantial FR Part 483.73, 483.475, ition for Intermediate Care als with Intellectual	W	900			
	Intellectual Disabilities on 09/22/20020 throus was not in compliance Requirements for Intellectual Individuals with Intellectual Safety Code survey of The census in this six time of the survey. To of three current Indivi	s (ICF/IID) was conducted igh 09/23/2020. The facility e with 42 CFR Part 483 ermediate Care Facilities for ectual Disabilities. The Life					
W 159	1, # 2 and # 3). QIDP CFR(s): 483.430(a)	·	W	159			
	integrated, coordinated qualified intellectual of This STANDARD is represented that the Based on record reviews determined that Intellectual Disabilities coordinated and mon treatment programs from the survey sample, 1a. The QIDP [qualification]	not met as evidenced by: iews, and staff interview, it the QIDP [Qualified s Professional] failed itored the individuals' active or three of three individuals Individuals # 1, # 2 and # 3.		The state of the s			
		SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE Clinical Director		(X6) DATE
Derna	ce Meanchop				Chinical Director	1	0/12/2020

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SI COMPLE						
		49G034	B. WNG		09/2	23/2020
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
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(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
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				QIDP: CFR(s): 483.430(a)		11/3/2020
W 159	Continued From page	e 1	W 159			
		ensure Individual #1's		The QIDP will revise Individual #1's act		
		noney management and	1	treatment for Money Management ar	3	1 1
	medication administra	ation was implemented		Medication administration outcomes		
	according to the PCP	[person centered plan].	}	that the outcomes accurately reflect t		
				of Individual #1, is implemented appro	priately	
	1	o ensure the data collection		The Branch Manager / OIDD will savi	a =11	
	for Individual # 1's ou	tcomes of money dication administration was		The Program Manager / QIDP will revi individuals' outcomes to ensure that t		
	documented in meas			accurately reflect their needs and that		
	documented in meas	urable termo.		implemented as designed within the F		
	2a. The QIDP failed t	o develop Individual #2's		implemented as designed within the i	C1 3.	
		munication in measurable		The Program Manager will provide the	training	
	terms.			to all the staff to review all individuals		
				during the next staff meeting. The pro		
		o ensure the data collection		Manager will provide supervision to a		
	I	tcome of communication		and ensure that the PCPs accurately re		
	was documented in n	neasurable terms.		individuals needs and are implemente		
	3a. The OIDP failed t	o develop Individual #3's		appropriately.		
		rsonal care and adaptive				
	equipment in measur			The QIDP will conduct monthly assess		
				ensure that all services and needs are	1	
	,	o ensure the data collection		are accurately implemented on the m	onthly	
		tcomes of personal care and		QIDP notes.		
	adaptive equipment v measurable terms.	vere documented in		The City in City in the control of the city in the cit		
	ineasurable terms.			The Clinical Director will review within		
	The findings include:			supervision with the Program Manage documentation to support the coordinate coordinate coordinates and the coordinates are considered as a support that coordinates are considered as a support to the coordinates are considered as a support that coordinates are considered as a support that coordinates are considered as a support to the coord		
				services for each individual.	Iauon oi	
		d intellectual disabilities		351 VICES TO COULTINIANUAGE		
		ensure Individual #1's		A Company of the Comp		
		noney management and		Mary April 1	Ì	
		ation was implemented				
	according to the PCF	P(person centered plan).			ł	
	Individual #1's PCP o	lated 06/01/2020 through				
		ited, "Desired Outcome:		Breeze		
	Money Management	[Individual # 1's Initials]				
	sorts and counts her	money twice monthly to				L

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	COMP	LETED
		49G034	B. WING _			09/:	23/2020
	ROVIDER OR SUPPLIER			85	TREET ADDRESS, CITY, STATE, ZIP CODE 518 QUEEN ELIZABETH BLVD NNANDALE, VA 22003	<u>. </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 159	maintain her knowled handling. Support A [Individual #1] takes and sorts the money staff support if needecounts and announce notes with staff assis [Individual #1] puts notes them. 4. [Individual #1] identified ocuments activity. "Desired Outcome: Individual #1] identified it is time to take prepares them from administration record instructions; 1. [Individual #1] states for taking evening material prompt to identify on medication. 4. If [Individual #1] states for taking evening material provide teaching to informedication (Antibuside effect of the mealication after staff a medication after staff a medication cup. 6 praise and encourage participating in medicated 08/10/20, 08/1 Individual #1's outce failed to evidence do	dge and skills in money ctivities & Instructions: 1. money from her cash box into notes and coins with ed. 2. [Individual #1]will es the total of coins and stance as needed. 3. money back in her safe and idual #1] receives praise g her money. 5. Staff Frequency: Monthly." Medication Administration. fies the color of one of her administers them after staff ther MAR [medication d]. Support Activities & idual #1] is informed by staff e medication. 2. [Individual e prepared by staff. 3. Ithe name, color and reason edication after staff verbally e 8pm [8:00 p.m.] dividual #1] needs help, staff dentify the name and reason diotic Pill for UTI) and one dication (vomiting). 5. dministers her evening f hands her the medication in . [Individual #1] receives the medication routine, and staff	W	159	The QIDP will revise Individual # 1's Mc Management and Medication Administ Individual #2's Communication and Ind #3's Personal Care and Adaptive Equip 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 need 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 coordin services for each individual's needs.	tration, lividual ment nis prevent eds of	11/3/2020

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING _	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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			A	NNANDALE, VA 22003		
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W 159	Review of the progres dated 08/01/20 through	ss notes and data collection gh 08/08/20 for the outcome stration failed to evidence ne program was	W 159	The QIDP will revise Individual # 2's Communication and Individual # 3's Pe Care and Adaptive Equipment outcome measurable terms to collect appropriation. The Program Manager will update the incorporate these changes for those individuals	rsonal es into te data.	11/3/2020
	was conducted with A member) # 1, prograr clinical director. Whe available for an intervwere not in the facility # 1's data collection s above for the PCP ou management and me # 1 was asked if it was to maintain consisten active treatment for Ir stated yes. When as responsibility of the C implementation of Inc.	dication administration ASM is the QIDP's responsibility t implementation of the individual # 1. ASM # 1 ked if it was the		The Program Manager will complete the process for all the individuals to prevent further deficiencies The Program Manager will continue to monitor to ensure that all service need individuals are accurately reflected that 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 needs.	nt Is of ough	
	On 09/23/2020 at 10: manager, ASM # 2, c [licensed practical nu of the above findings. No further information References: [1] Refers to a group by a limited mental ca adaptive behaviors st schedules and routine Intellectual disability of 18 and may result fro	25 a.m., ASM # 1, program linical director, and LPN rse] # 1, were made aware n was provided prior to exit. of disorders characterized apacity and difficulty with uch as managing money, es, or social interactions. originates before the age of im physical causes, such as ilsy, or from nonphysical				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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W 159	Continued From page	e 4	W 159) }			
	responsiveness. This from the website: https://www.report.nilctSheet.aspx?csid=1 1b. The QIDP failed to for Individual # 1's our management and me	o ensure the data collection tcomes of money dication administration was					
	documented in meas	urable terms.					
	05/31/2021 documer Money Management sorts and counts her maintain her knowled handling. Support Ad [Individual #1] takes and sorts the money staff support if neede counts and announce notes with staff assis [Individual #1] puts m locks them. 4. [Indivifrom staff for handling documents activity.	noney back in her safe and idual #1] receives praise g her money. 5. Staff Frequency: Monthly."					
	[Individual # 1] identi medications and self prepares them from I administration record Instructions: 1. [Indiv when it is time to tak #1's] medications are [Individual #1] states for taking evening me prompt to identify one	Medication Administration. fies the color of one of her administers them after staff them a					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED				
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W 159	for medication (Antibiside effect of the medication after staff a medication after staff a medication cup. 6. praise and encourage participating in medic documents. Frequer On 09/23/2020 at 9:3 was conducted with member) # 1, progractinical director. When available for an intervere not in the facility data was collected in 1 stated no. When a responsibility of the Collected for Individual management and meto be documented in stated yes. ASM # 2. On 09/23/2020 at 10 manager, ASM # 2, of [licensed practical nuof the above findings] No further information References: [1] Refers to a group by a limited mental coadaptive behaviors a schedules and routing Intellectual disability 18 and may result from the signal of the second country and may result from the signal of the second country and may result from the signal of the second country and may result from the signal of the second country and may result from the signal of the second country and may result from the signal of the second country and t	dentify the name and reason iotic Pill for UTI) and one dication (vomiting). 5. Idministers her evening is hands her the medication in [Individual #1] receives ement from staff for cation routine, and staff for cation sked if the QIDP was view ASM # 1 was asked if the measurable terms. ASM # sked if it was the QIDP to ensure data was all #1's outcomes of money edication administration were measurable terms ASM # 1 stated that they agreed.	W	59		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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W 159	responsiveness. The from the website: https://www.report.nctSheet.aspx?csid=	k of stimulation and adult is information was obtained ih.gov/NIHfactsheets/ViewFa 100	W 159			
	PCP outcome of conterms. Individual # 2 was a admitted to [Name of diagnoses that inclusted profound intellectual difficulties and Down Individual #2's PCP 08/31/2021 docume Communication. [In his needs with gestutouching through Au Activities & Instruction pointing, limited gestures with close attent from his gestures/sigestures to inform [In desired activity. 4. [In simple sign languag support to improve In the simple sign languag support to improve Individual #2 was a support was a support to improve Individual #2 was a support to improve Individual #2 was a support	to develop Individual #2's mmunication in measurable 52 year old male, who was of Group Home] with ded but were not limited to: I disability [1], swallowing in Syndrome [2]. dated 09/01/2020 through inted, "Desired Outcome: dividual #2] communicates ural/sign language and igust 31, 2021. Support inters/sign language to seeds. 2. Observe [Individual ion to understand his needs igns. 3. Use simple signs and individual #2] to engage in Individual #1] learns new e techniques with staff inis communication. 5. staff cation skills utilized by				
	was conducted with member) # 1, progra clinical director. Whavailable for an inte	quency: Daily." 30 a.m. a telephone interview ASM (administrative staff am manager and ASM # 2, nen asked if the QIDP was rview ASM # 1 stated that they ity. After reviewing Individual				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	,		STREET ADDRESS, CITY, STATE, ZIP CODE 8518 QUEEN ELIZABETH BLVD ANNANDALE, VA 22003		
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W 159	for communication Altarget behavior was of ASM # 1 stated, "I'm being measured. The confusing." When as responsibility of the 0 #2's outcome of commeasurable terms A stated that they agree On 09/23/2020 at 10 manager, ASM # 2, of [licensed practical nuture of the above findings] 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 autism or cerebral paracauses, such as lack responsiveness. This from the website: https://www.report.nictSheet.aspx?csid=1 [2] A genetic condition chromosome causes body and brain deveroif the most common This information was	or 1/2020 through 08/31/2021 SM # 1 was asked what the or what was being measured. unable to identify what is e way it is written is sked if it was the QIDP to ensure Individual munication was developed in SM # 1 stated yes. ASM # 2 ed. 125 a.m., ASM # 1, program clinical director, and LPN arse] # 1, were made aware of the was provided prior to exit. 10 of disorders characterized apacity and difficulty with such as managing money, es, or social interactions. Originates before the age of the om physical causes, such as alsy, or from nonphysical of stimulation and adult is information was obtained the gov/NIHfactsheets/ViewFa	W	59		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
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W 159	2b. The QIDP failed for Individual #2's ou was documented in management of the Individual #2's PCP of 08/31/2021 document Communication. [Individual #2's PCP of 08/31/2021 document Communication. [Individual #1] with gesture touching through Aug Activities & Instruction pointing, limited gesture communicate his need #2] with close attention from his gestures/sign gestures to inform [Indesired activity. 4. [Insimple sign language support to improve his document communication [Individual #2]. Frequent Con 09/23/2020 at 9:3 was conducted with Amember) #1, program clinical director. Whe available for an intervere not in the facility #2's data collection for the support of the Individual #2.	to ensure the data collection tcome of communication neasurable terms. lated 09/01/2020 through ted, "Desired Outcome: ividual #2] communicates al/sign language and just 31, 2021. Support ins: 1. [Individual #2] uses ures/sign language to individual #2] to engage in individual #2] to engage in individual #1] learns new it techniques with staff is communication. 5. Staff ation skills utilized by	W			
	was being measured unable to identify who way it is written is column was the responsibility Individual #2's data owas documented in natated yes. ASM # 2	ASM # 1 stated, "I'm at is being measured. The infusing." When asked if it of the QIDP to ensure collection for communication measurable terms. ASM # 1 stated that they agreed.				

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W 159	[licensed practical nu of the above findings No further information 3a. The QIDP failed to PCP outcomes of perequipment in measure Individual # 3 was an admitted to [Name of diagnoses that include profound intellectual difficulties and cerebe Individual #3's PCP of 01/31/2021 documenter Personal Care. [Individual #3's PCP of 01/31/2021 documenter Personal Care. [Individual # 1/2021 documenter per his ability by Activities & Instruction independently using from wheelchair to to shower-chair after stated. 2. [Individual # 1/2021 his teeth by opening prompt him to do so [Individual # 1/2021] particities bathe by removing his support after verbal prompts of staff. 5. [verbal guidelines and self-care routine (chair after the prompts of staff. 5. [verbal guidelines and self-care routine (chair after the prompts of staff. 5. [verbal guidelines and self-care routine (chair after the prompts of staff. 5. [verbal guidelines and self-care routine (chair after the prompts of staff. 5. [verbal guidelines and self-care routine (chair after the prompts of staff. 5. [verbal guidelines and self-care routine (chair after the prompts of staff. 5. [verbal guidelines and self-care routine (chair after the prompts of staff. 5. [verbal guidelines and self-care routine (chair after the prompts of staff. 5. [verbal guidelines and self-care routine (chair after the prompts of staff. 5. [verbal guidelines and self-care routine (chair after the prompts of staff. 5. [verbal guidelines and self-care routine (chair after the prompts of staff. 5. [verbal guidelines and self-care routine (chair after the prompts of staff. 5. [verbal guidelines and self-care routine (chair after the prompts of staff. 5. [verbal guidelines and self-care routine (chair after the prompts of staff. 5. [verbal guidelines and self-care routine (chair after the prompts of staff. 5. [verbal guidelines and self-care routine (chair after the prompts of staff. 5. [verbal guidelines and self-care routine (chair after the prompts of staff. 5. [verbal guidelines and self-car	clinical director, and LPN lirse] # 1, were made aware In was provided prior to exit. It develop Individual #3's resonal care and adaptive rable terms. In 54 year old male, who was If Group Home] with Ited but were not limited to: Idisability [1], swallowing Iral palsy [2]. Idated 02/01/2020 through Inted, "Desired Outcome: Individual #3] responds to staff Individual #3] stands Ited or wheelchair to Item or whee	W 15			
		. [Individual #3] holds grab t for his brief to be changed				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDII			(X3) DATE SURVEY COMPLETED	
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W 159	day time. 7. [Individing his adult brief for clear during bedtime to mat Document observation Frequency: Daily." "Desired Outcome: A [Individual #3] utilizes safely complete his A and maintain his qual Stand Machine, Meat Gait Belt, Ultra Care Frequency: Daily." On 09/23/2020 at 9:3 was conducted with A member) # 1, program clinical director. Whe available for an intervere not in the facility #3's PCP for personal equipment ASM #1 when asked if it was QIDP to ensure Indiversonal care and addeveloped in measury yes. ASM #2 stated On 09/23/2020 at 10: manager, ASM #2, co [licensed practical nu of the above findings]	the hand support of staff at the lal #3] wears or changes aning while lying in his bed intain proper cleaning. 8. Instant and outcomes. Idaptive Equipment. Instant adaptive equipment to the library in the library in the library in the library in the responsibility of the idual #3's outcomes for laptive equipment were able terms ASM #1, program the library in the responsibility of the idual #3's outcomes for laptive equipment were able terms ASM #1, program the library in the responsibility of the idual #3's outcomes for laptive equipment were able terms ASM #1, program the library in the responsibility of the idual #3's outcomes for laptive equipment were able terms ASM #1, program the library in the	W	159			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1	(X3) DATE SURVEY COMPLETED	
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W 159	by a limited mental cadaptive behaviors sischedules and routin Intellectual disability of 18 and may result from autism or cerebral pacauses, such as lack responsiveness. This from the website: https://www.report.niictSheet.aspx?csid=1 [2] A group of disorder ability to move and to posture. This informative website: https://www.nlm.nih.gy.html. 3b. The QIDP failed of for Individual # 3's out adaptive equipment of measurable terms. Individual #3's PCP of 01/31/2021 document Personal Care. [Individual prompts and publication of the posture	of disorders characterized apacity and difficulty with such 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 in information was obtained the gov/NIHfactsheets/ViewFa 000 ers that affect a person's originate maintain balance and ation was obtained from the gov/medlineplus/cerebralpals to ensure the data collection atcomes of personal care and were documented in dated 02/01/2020 through onted, "Desired Outcome: vidual #3] responds to staff carticipates in his personal of 01/31/2021. Support ins: 1. [Individual #3] stands grab bars when transferring oilet or wheelchair to aff verbally prompt him to #3] participates in brushing his mouth when staff verbally	W	59			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		ATE SURVEY OMPLETED
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	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 8518 QUEEN ELIZABETH BLVD ANNANDALE, VA 22003			
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 159	support after verbal particles of the support after verbal particles staff bathes him with shower head with the prompts of staff. 5. [I verbal guidelines and self-care routine (chain weather appropriated support from staff. 6. It was and stand on feet and be cleaned with day time. 7. [Individual this adult brief for cleated during bedtime to ma Document observation of the safely complete his A and maintain his quanched Stand Machine, Meath Gait Belt, Ultra Care Frequency: Daily." On 09/23/2020 at 9:3 was conducted with A member) # 1, progradicincal director. After data collection for perequipment ASM # 1 sis confusing at best." responsibility of the Character of the safety equipment of the safety equipment of the Character of the safety equipment o	s shirt with hand-over-hand brompt from staff. 4. The top half of his body after soap by holding onto the hand support and verbal individual #3] follows staff I completes the rest of his inging, drying and dressing the clothing) with the hand if I clothing with the hand support of staff at the hand support of staff in the hand support of staff in manager and ASM # 2, or reviewing Individual # 3's resonal care and adaptive stated, "The documentation when asked if it was the hand or personal care and were documented in SM # 1 stated yes. ASM # 2	W 1	59		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED			
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W 159	59 Continued From page 13		W 159			
	manager, ASM # 2, c	25 a.m., ASM # 1, program linical director, and LPN rse] # 1, were made aware				
W 231	No further information INDIVIDUAL PROGR CFR(s): 483.440(c)(4		W 231	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)	11/3/2	2020
	must be expressed in	individual program plan behavioral terms that indices of performance.		The QIDP will revise Individual #2's Communication and Individual #3's Pe Care and Adaptive Equipment into me terms.	1	
	Based on staff intervand facility document that the facility staff fameasurable terms for the survey sample, In 1. The facility staff fa 2's PCP (person-cent communication in med 2. The facility staff fa 3's PCP (person-cent a personal care and a measurable terms. The findings include: 1. The facility staff fa	not met as evidenced by: iew, clinical record review review it was determined ailed to develop objectives in two of three individuals in dividuals # 2 and # 3. illed to develop Individual # tered plan) outcome/goal for assurable terms. illed to develop Individual # tered plan) outcome/goal for adaptive equipment in		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 nethe 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 coordinatery services for each individual's needs.	eds of I	
	Individual # 2 was a sadmitted to [Name of	52 year old male, who was				The state of the s

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G		TE SURVEY MPLETED
		49G034	B. WNG_	Markey, Advanced to the Control of t		9/23/2020
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 8518 QUEEN ELIZABETH BLVD ANNANDALE, VA 22003		
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 231	Continued From page	e 14	W 2	31		
	diagnoses that include profound intellectual difficulties and Down Individual #2's PCP of 08/31/2021 documer Communication. [Include his needs with gesture touching through Aug Activities & Instruction pointing, limited gest communicate his need #2] with close attentification his gestures/sig gestures to inform [Include his need activity. 4. [Insimple sign language support to improve his profound in the profound his gestures to inform [Include his need activity. 4. [Insimple sign language support to improve his profound	led but were not limited to: disability [1], swallowing Syndrome [2]. dated 09/01/2020 through inted, "Desired Outcome: dividual #2] communicates ral/sign language and gust 31, 2021. Support ins: 1. [Individual #2] uses ures/sign language to eds. 2. Observe [Individual ion to understand his needs ins. 3. Use simple signs and individual #2] to engage in individual #1] learns new a techniques with staff is communication. 5. staff ation skills utilized by				
	was conducted with a member) # 1, prograciinical director. After PCP dated 09/01/20/communication ASM target behavior was a ASM # 1 stated, "I'm being measured. The facility's policy "a (ISP)" documented, '(Name of Corporatio contain at a minimum measurable objective addressing each identification."	ASM (administrative staff m manager and ASM # 2, r reviewing individual # 2's 20 through 08/31/2021 for # 1 was asked what the or what was being measured. unable to identify what is e way it is written is 4.1 Individual Service Plan '4.1.3 Procedures: C. n) ensures that an ISP will n: 4. Goals / outcomes and es / desired outcomes for ntified need. 4.1.4 Individual evelopment. E. Goals /				

AND DUAN OF CORDECTION		1	(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING			
		49G034	B. WNG _			09/23/2020
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 8518 QUEEN ELIZABETH BLVD ANNANDALE, VA 22003	Æ	
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE EAPPROPRIATE	(X5) COMPLETION DATE
W 231	Continued From page	e 15	Wa	231		
	Outcomes and Object The objectives / desire expressed in terms the provide measurable in the provide measurable in the object of the above findings. No further information of the above findings. It is a group by a limited mental coadaptive behaviors and subject of the service of the most condition of the most common of the first of the most common. This information was	red outcomes will be nat are behavioral and ndexes of progress." 25 a.m., ASM # 1, program dinical director, and LPN arse] # 1, were made aware was provided prior to exit. of disorders characterized apacity and difficulty with such as managing money, es, or social interactions. Originates before the age of an physical causes, such as alsy, or from nonphysical of stimulation and adult is information was obtained the gov/NIHfactsheets/ViewFa				
	3's PCP (person-cen	ailed to develop Individual # tered plan) outcome/goal for adaptive equipment in				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CO	NSTRUCTION	(X3) DATE SURVEY COMPLETED	
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W 231	admitted to [Name diagnoses that inclusion profound intellecture difficulties and cere and care per his ability of Activities & Instruct independently using from wheelchair to shower-chair after stand. 2. [Individual his teeth by opening prompt him to do so [Individual #3] participathe by removing support after verbal [Individual #3] rinse staff bathes him with shower head with the prompts of staff. 5. verbal guidelines all self-care routine (clin weather appropriation staff. bar and stand on fe and be cleaned with day time. 7. [Individual this adult brief for clin during bedtime to response to the cleaned with	an 54 year old male, who was of Group Home] with uded but were not limited to: al disability [1], swallowing bral palsy [2]. dated 02/01/2020 through ented, "Desired Outcome: ividual #3] responds to staff participates in his personal by 01/31/2021. Support ions: 1. [Individual #3] stands g grab bars when transferring toilet or wheelchair to staff verbally prompt him to al #3] participates in brushing g his mouth when staff verbally to to clean his teeth. 3. cipates with undressing to his shirt with hand-over-hand prompt from staff. 4. Is the top half of his body after the soap by holding onto the he hand support and verbal [Individual #3] follows staff and completes the rest of his hanging, drying and dressing atte clothing) with the hand 6. [Individual #3] holds grab the for his brief to be changed in the hand support of staff at idual #3] wears or changes eaning while lying in his bed maintain proper cleaning. 8. tions and outcomes.	W 231			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 8518 QUEEN ELIZABETH BLVD ANNANDALE, VA 22003			
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W 231	"Desired Outcome: [Individual #3] utiliz safely complete his and maintain his question of the above finding No further information of the above finding lautism or cerebral causes, such as lair responsiveness. Term the website:	Adaptive Equipment. des his adaptive equipment to ADLs [activities of daily living] daily life (Wheelchair, Easy eal Equipment, Shower Chair, de Bed by 01/31/2021. 2:30 a.m. a telephone interview of ASM (administrative staff fram manager and ASM # 2, deter reviewing Individual # 3's 2020 through 01/31/2021 for adaptive equipment ASM # 1 de target behavior was or what ed. ASM # 1 stated, "I'm what is being measured. The confusing." 10:25 a.m., ASM # 1, program of the confusing of the confusion of the confusio	W 231			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		COMPLETED	
		49G034	B. WING		09/23/2020	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 8518 QUEEN ELIZABETH BLVD ANNANDALE, VA 22003		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
W 231	Continued From pag [2] A group of disord		W 23	31		
W 249	[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. 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 and facility document review, it was determined that staff failed to ensure an Individual was receiving services consistent with		W 24	PROGRAM IMPLEMENTATION CFR(s): 483.440(d) The QIDP will revise Individual #1's Mor Management and Medication Administ and Individual #2's Aspiration Precautio outcomes to ensure that the outcomes accurately reflect the needs of Individual and Individual #2, are implemented appropriately The Program Manager / QIDP will revier individuals' outcomes to ensure that the accurately reflect their needs and that the are implemented as designed within the The Program Manager will provide the to all the staff to review all individuals' during the next staff meeting. The prog Manager will provide supervision to all and ensure that the PCPs accurately refindividuals needs and are implemented appropriately.	ration ons al #1 w all ey they e PCPs. training PCPs ram staff flect the	
	and # 2. 1. The facility staff fa #1's PCP [person ce management and m 2. The facility staff fa	ailed to implement Individual entered plan] for money edication administration. ailed to implement Individual entered plan] for aspiration		The QIDP will conduct monthly assessmensure that all services and needs are nare accurately implemented on the mon QIDP notes. The Clinical Director will review within supervision with the Program Manager documentation to support the coordinate services for each individual.	net and nthly the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
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	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 8518 QUEEN ELIZABETH BLVD ANNANDALE, VA 22003				
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W 249	#1's PCP [person of management and individual # 1 was was admitted to [N diagnoses that inclimited intellectual dispressure. Individual #1's PCF 05/31/2021 docum Money Manageme sorts and counts himaintain her knowly handling. Support [Individual #1] take and sorts the mone staff support if nee counts and annour notes with staff ass [Individual #1] puts locks them. 4. [Individual #1] puts locks them. 4. [Individual #1] iden medications and so prepares them from administration reconstructions: 1. [Individual #1] state for taking evening		W 249				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			1, ,	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 8518 QUEEN ELIZABETH BLVD ANNANDALE, VA 22003		
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 249	provide teaching to ic for medication (Antibiside effect of the medication (Antibiside effect of the medication after staff a medication after staff a medication cup. 6. praise and encourage participating in medic documents. Frequer Review of the progred dated 08/10/20, 08/11 Individual # 1's outco failed to evidence do program was implem Review of the progred dated 08/01/20 throu of medication administration that the implemented on the anon 09/23/2020 at 9:3 was conducted with a member) # 1, program clinical director. After notes and data collection program of money madministration ASM # documentation is corsay they were implemented that they agreed that they agreed that they agreed that they agreed the time of its developlan are fully implemented plan are fully implemented plan are fully implemented that they implemented are fully implemented that they implemented are fully implemented that they implemented that they implemented that they implemented the full implemented that they implemented	ividual #1] needs help, staff lentify the name and reason otic Pill for UTI) and one lication (vomiting). 5. Iministers her evening hands her the medication in [Individual #1] receives ement from staff for lation routine, and staff loy: Daily." In ses notes and data collection and the sented on the above dates. In the lented on the above dates are notes and data collection and 08/08/20 for the outcome stration failed to evidence the program was above dates. In a telephone interview and (administrative staff lenter) menagement and medication and the strated, "The lation of the documentation has a two done." ASM # 2	W2	49		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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W 249	Continued From page	⊋21	W 2	49			
		ecessary to reach his or her atcomes as defined in the					
	manager, ASM # 2, c	25 a.m., ASM # 1, program dinical director, and LPN rse] # 1, were made aware	The Address of the Control of the Co				
	No further information	n was provided prior to exit.					
	by a limited mental cadaptive behaviors so schedules and routing Intellectual disability 18 and may result froutism or cerebral pacauses, such as lack responsiveness. This from the website:	of disorders characterized apacity and difficulty with such as managing money, es, or social interactions. originates before the age of em physical causes, such as alsy, or from nonphysical of stimulation and adult is information was obtained the gov/NIHfactsheets/ViewFa					
		iled to implement Individual ntered plan] for aspiration					
	admitted to [Name of diagnoses that includ profound intellectual difficulties and Down	led but were not limited to: disability [1], swallowing					
		up home's dining area					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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W 249	independently to eat I provided with a dycer pureed food, built-up cup with liquid. Individenting/feeding themse Further observations meal failed to evidence # 1's amount of food and taking small sips Review of Individual # a document entitled " 03/07/2020. The profunded in the mean of the second floor DSP assisting [Name of aron the second floor], asked if had ever assisting had any precautions.	d floor. Observations 2 walked to the dining table breakfast. Individual was in mat, divided plate with handle spoon and regular dual #2 was observed elves independently. during the course of the be staff monitoring Individual they took, the rate of eating of liquid. # 1's clinical record revealed Protocol-Aspiration" dated tocol documented in part, and Prevention: Encourage e small bites of food and eat hall amount of food on his time for swallowing between hall amounts of beverage at dividual #1] to drink slowly hroughout meal/at every e fluids; Monitor for PICA [3] king hazard; Monitor for [swallowing difficulty] 9 a.m., a telephone thed with DSP [direct support hen asked if they assisted 12/2020 during breakfast on 18 a stated, "No, I was nother Individual who resided he's one-to-one." When histed Individual #2 and if ions for eating DSP #3 s and small bits. I sit next to	W2	249		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G034	B. WNG	— La rear	09/23/2020	
	ROVIDER OR SUPPLIER		85	REET ADDRESS, CITY, STATE, ZIP CODE 18 QUEEN ELIZABETH BLVD NNANDALE, VA 22003		
(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 SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION	
W 249	asked if Individual # 2 eating DSP # 4 state taking small bites." V implemented Individu precautions during br did not fully cover hin who cooked and serv his food." On 09/23/2020 at 10: manager, ASM # 2, o [licensed practical nu of the above findings No further information References: [1] Refers to a group by a limited mental cadaptive behaviors sischedules and routin Intellectual disability 18 and may result fro autism or cerebral parautism or cerebral	22 a.m., a telephone cted with DSP # 4. When 2 had any precautions for d, "Yes, drinking water and When asked if they val # 2's aspiration reakfast DSP # 4 stated, "I n. I expected the person ved the food to tell me he got 25 a.m., ASM # 1, program clinical director, and LPN rese] # 1, were made aware n was provided prior to exit. of disorders characterized apacity and difficulty with uch as managing money, es, or social interactions. originates before the age of om physical causes, such as alsy, or from nonphysical of stimulation and adult s information was obtained h.gov/NIHfactsheets/ViewFa	W 249			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE S UND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING					
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W 249	Continued From page	e 24	W 249			
W 252	as dirt or paper. This from the website:	non-food materials, such information was obtained ov/ency/article/001538.htm.	W 252	PROGRAM DOCUMENTATION		11/3/2020
***	CFR(s): 483.440(e)(1 Data relative to accorspecified in client indi) mplishment of the criteria		The QIDP will revise Individual # 1's Mo Management and Medication Administ Individual # 2's Communication and Ind 3's Personal Care and Adaptive Equipment outcomes into measurable terms to col appropriate data.	ration, ividual# ent	11/3/2020
	Based on staff interv and facility document that the facility staff fa collection in measura	not met as evidenced by: iew, clinical record review review it was determined ailed to document the data ble terms for three of three yey sample, Individual #1, #2		The Program Manager will update the Fincorporate these changes for those incorporate these changes for those incorporate the Program Manager will complete the process for all the individuals to preven deficiencies	lividuals is	
	collection of Individua [Person-Centered -Pl	illed to document the data al # 1's PCP an] outcome/goal for money dication administration in		The Program Manager will continue to to ensure that all service needs of indivare accurately reflected through the use weekly operations meetings	iduals	
		illed to document the data f 2's PCP [Person-Centered for communication in		The Clinical Director will review within supervision with the Program Manager documentation to support the coordinatervices for each individual needs.		
1	The facility staff facollection of Individual [Person-Centered -Personal care and additional care additional	an] outcome/goal for				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER		85	REET ADDRESS, CITY, STATE, ZIP CODE 118 QUEEN ELIZABETH BLVD NNANDALE, VA 22003			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE	
W 252	Continued From pag- measurable terms.	e 25	W 252		***************************************		
	collection of Individua [Person-Centered -P	ailed to document the data					
	Individual # 1 was ar was admitted to [Nar diagnoses that includ	n 80 year old female, who ne of Group Home] with ded but were not limited to: bility [1] and high blood					
	05/31/2021 documer Money Management sorts and counts her maintain her knowled handling. Support A [Individual #1] takes and sorts the money staff support if neede counts and announce notes with staff assis [Individual #1] puts notes them. 4. [Individum staff for handling money money staff for handling from staff for handling money management of the sound staff for handling money	dated 06/01/2020 through nted, "Desired Outcome: . [Individual # 1's Initials] money twice monthly to dge and skills in money ctivities & Instructions: 1. money from her cash box into notes and coins with ed. 2. [Individual #1]will es the total of coins and stance as needed. 3. money back in her safe and idual #1] receives praise g her money. 5. Staff Frequency: Monthly."					
	[Individual # 1] identi medications and self prepares them from administration record	Medication Administration. fies the color of one of her fadministers them after staff her MAR [medication f]. Support Activities & fidual #1] is informed by staff					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION IG	1, ,	COMPLETED	
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	PROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 8518 QUEEN ELIZABETH BLVD ANNANDALE, VA 22003			
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W 252	when it is time to tak #1's] medications and [Individual #1] states for taking evening m prompt to identify on medication. 4. If [Individual #1] self-al medication (Antity side effect of the medication after staff a medication after staff a medication cup. 6 praise and encourage participating in medication after staff a medication cup. 6 praise and encourage participating in medication after staff a medication cup. 6 praise and encourage participating in medication after staff a medication cup. 6 praise and encourage participating in medication after staff a medication cup. 6 praise and encourage participating in medication after staff a medication cup. 6 praise and encourage participating in medication after staff a medication cup. 6 praise and encourage participating in medication after staff a medication cup. 6 praise and encourage participating in medication after staff a medication cup. 6 praise and encourage participating in medication after staff a medication cup. 6 praise and encourage participating in medication after staff a medication cup. 6 praise and encourage participating in medication cup. 6 praise and encourage participation after staff a medication (Antity participation (Antity provide teaching to identify on medication cup. 6 praise and encourage participation (Antity provide teaching to identify on medication cup. 6 praise and encourage participation (Antity provide teaching to identify on medication cup. 6 praise and encourage participation (Antity provide teaching to identify on medication cup. 6 praise and encourage participation (Antity provide teaching to identify on medication cup. 6 praise and encourage participation (Antity provide teaching	e medication. 2. [Individual e prepared by staff. 3. the name, color and reason edication after staff verbally e 8pm [8:00 p.m.] dividual #1] needs help, staff dentify the name and reason protection for UTI) and one dication (vomiting). 5. diministers her evening if hands her the medication in a final for cation routine, and staff for cation routine, and staff incy: Daily." 30 a.m. a telephone interview ASM (administrative staff in manager and ASM #2, ar reviewing the progress ction for Individual #1's PCP management and medication #1 stated, "The infusing at best." When lection was collected in SM #1 stated no. ASM #2 and with the findings. 225 a.m., ASM #1, program clinical director, and LPN urse] #1, were made aware	Wa	252			

		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTI IDENTIFICATION NUMBER: A BUILDIN		RIPLE CONSTRUCTION	1	(X3) DATE SURVEY COMPLETED		
		49G034	B. WING			09/23/2020		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STAT 8518 QUEEN ELIZABETH BL' ANNANDALE, VA 22003				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECT CROSS-REFERENC	PLAN OF CORRECTION IVE ACTION SHOULD BE SED TO THE APPROPRIATE SFICIENCY)	(X5) COMPLETION DATE		
W 252	Intellectual disability 18 and may result fro autism or cerebral paracauses, such as lack responsiveness. This from the website: https://www.report.nil ctSheet.aspx?csid=1 2. The facility staff facollection Individual # -Plan] outcome/goal measurable terms. Individual # 2 was an admitted to [Name of diagnoses that include profound intellectual difficulties and Down Individual #2's PCP of 08/31/2021 document Communication. [Included the communication of the communication of the communication of the communicate his need #2] with close attention from his gestures/sig gestures to inform [Includesired activity. 4. [Insimple sign language support to improve his	es, or social interactions. originates before the age of om physical causes, such as alsy, or from nonphysical of stimulation and adult in sinformation was obtained the gov/NIHfactsheets/ViewFa 00 alled to document the data 2's PCP [Person-Centered for communication in 52 year old male, who was 6 Group Home] with ded but were not limited to: disability [1], swallowing	W	252				
	[Individual #2]. Frequ							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	G	1, ,	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			STREET.ADDRESS, CITY, STATE, ZIP CODE 8518 QUEEN ELIZABETH BLVD ANNANDALE, VA 22003	-		
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W 252	On 09/23/2020 at 9:3 was conducted with member) # 1, progracionical director. After notes and data coller program of community documentation is considered if the data coller measurable terms Asstated that they agree on 09/23/2020 at 10 manager, ASM # 2, a [licensed practical not of the above findings] 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.nictSheet.aspx?csid=1	ASM (administrative staff am manager and ASM # 2, or reviewing the progress ction for Individual # 2's PCP ication ASM # 1 stated, "The infusing at best." When lection was collected in SM # 1 stated no. ASM # 2 and with the findings. 225 a.m., ASM # 1, program clinical director, and LPN arse] # 1, were made aware is. In was provided prior to exit. In of disorders characterized capacity and difficulty with such as managing money, nes, or social interactions. Originates before the age of comphysical causes, such as alsy, or from nonphysical considered in gov/NIHfactsheets/ViewFa	W 2				
	chromosomes instead chromosome causes body and brain develof the most common	ad of the usual 46. The extra s problems with the way the clop. Down syndrome is one causes of birth defects. s obtained from the website:					

	TATEMENT OF DEFICIENCIES AD PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING		CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		49G034	B. WING			09	/23/2020
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W 252	Continued From page https://medlineplus.ge	e 29 ov/ency/article/000997.htm.	W:	252			
	The facility staff facollection of Individual [Person-Centered -Pleasonal care and admeasurable terms.	an] outcome/goal for					
	admitted to [Name of diagnoses that include	ed but were not limited to: disability [1], swallowing					
	01/31/2021 documen Personal Care. [Indiv verbal prompts and p care per his ability by Activities & Instruction independently using a from wheelchair to to shower-chair after sta	aff verbally prompt him to	A COLOR DE CONTRACTOR DE CONTR	imatria and other party of the state of the			
	his teeth by opening prompt him to do so to [Individual #3] participathe by removing his support after verbal posterior [Individual #3] rinses staff bathes him with shower head with the prompts of staff. 5. [Inverbal guidelines and self-care routine (chain weather appropriate	pates with undressing to s shirt with hand-over-hand		MITTER TO THE PARTY OF THE PART			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) M IDENTIFICATION NUMBER: A. BUI		IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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(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 ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
W 252	and be cleaned with a day time. 7. [Individual his adult brief for clear during bedtime to man Document observation Frequency: Daily." "Desired Outcome: A [Individual #3] utilizes safely complete his A and maintain his quan Stand Machine, Meal Gait Belt, Ultra Care Frequency: Daily." On 09/23/2020 at 9:3 was conducted with A member) # 1, program clinical director. Afte PCP dated 02/01/202 personal care and adstated, "The document When asked if the dameasurable terms AS stated that they agreed On 09/23/2020 at 10: manager, ASM # 2, co [licensed practical nur of the above findings]	for his brief to be changed the hand support of staff at the hand support of changes and manager chair, and the hand support of th	W2		1,		
	by a limited mental ca adaptive behaviors s	of disorders characterized apacity and difficulty with uch as managing money, es, or social interactions.					

			(X3) DATE SURVEY COMPLETED		
		49G034	B. WING		09/23/2020
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 8518 QUEEN ELIZABETH BLVD ANNANDALE, VA 22003	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION
W 252 W 381	18 and may result fro autism or cerebral pa causes, such as lack responsiveness. Thi from the website: https://www.report.ni ctSheet.aspx?csid=1 [2] A group of disorder ability to move and to posture. This inform website: https://www.nlm.nih.gy.html.	originates before the age of om physical causes, such as alsy, or from nonphysical of stimulation and adult is information was obtained the gov/NIH facts heets/ViewFa 00 ers that affect a person's or maintain balance and ation was obtained from the gov/medlineplus/cerebralpals	W 252	DRUG STORAGE AND RECORDKEER CFR(s): 483.460(l) Individual #1 and the other four individual medication cabinets were immediately and no individuals were affected by medications not being securely locked The Program Nurse will check and ensudaily basis that all individuals' medications cabinets are locked when medications	duals' / locked . ure on a
	This STANDARD is Based on observation and staff interview it facility staff failed to five individual's bedrindividual during the observation, Individual 1a. The facility staff cabinet in Individual the room unattended	not met as evidenced by: on facility document review was determined that the secure medications in four of coms and for one of one medication administration ral #1. failed to lock the medication # 1's bedroom when they left failed to lock the medication dent bedrooms.		The Nursing Coordinator/Program Nurreview and provide training on the age policy and expectations on medication during the next staff meeting. The Nursing Coordinator will conduct unannounced checks at the program to that all medications cabinets are propellocked The Program Manager/Clinical Directo periodically perform checks of all medicabinets to ensure that are kept locked that all applicable Medication Storage guidelines are being adhered to by the program.	ency's i storage o ensure erly r will ication d and

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER CRI QUEEN ELIZABETH ICF				STREET ADDRESS, CITY, STATE, ZIP CODE 8518 QUEEN ELIZABETH BLVD ANNANDALE, VA 22003		
(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 CORF ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 381	Continued From page 1a. The facility staff for cabinet in Individual # the room unattended. Individual # 1 was an was admitted to [Nandiagnoses that include mild intellectual disable pressure. On 09/22/2020 at appredication administration administration conducted with DSP # 1. At approximately assisted Individual # 1 in sittin and left the room. Of bedroom revealed a under the bedroom were vealed a padlock at lower drawers. Obsettop drawer revealed to approximately 7:23 at the room page 1.25 and 1.2	ailed to lock the medication # 1's bedroom when they left 80 year old female, who ne of Group Home] with led but were not limited to: lility [1] and high blood proximately 7:20 a.m., the ation observation was [direct support professional] y 7:21 a.m., DSP # 1 1 to their bedroom, assisted g on the edge of their bed pservation of Individual #1's small two drawer cabinet rindow. Further observation and clasp on the top and ervation of the padlock on the that it was not locked. At .m., DSP # 1 re-entered	W3	DEFICIENCY)		
	without using a key to drawer and removed Individual # 1's morni On 09/22/20 at approinterview was conducted [licensed practical nuthe above observation describe the procedumedications. DSP # should be locked. With describe the procedumedications they state of the proce	m, removed the padlock of unlock it, opened the ten bubble packs containing ing medications. Eximately 8:34 a.m., an opened with DSP # 1 and LPN right righ				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		COMPLETED				
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 8518 QUEEN ELIZABETH BLVD ANNANDALE, VA 22003		
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W 381	should be locked un medications. The facility's policy "documented in part, Medication" The Nur Aide/Technician is remedication storage punlocked medication on 09/23/2020 at appendication and ASM made aware of the amager, and ASM made aware of the amager and amag	3.4 Medication Management" "3.4.7 Inventory of rse or Medication esponsible for the following procedures: F. Never leave a unattended." pproximately 11:00 a.m., ASM member] # 1, program # 2, the clinical director were	W 3	81		
	from the website: https://www.report.n ctSheet.aspx?csid=* 1b. The facility staff cabinets in four resid On 09/22/2020 at apobservation of the m	ih.gov/NIHfactsheets/ViewFa 100 failed to lock the medication				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:			NSTRUCTION		(X3) DATE SURVEY COMPLETED	
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(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 CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 381	inside of the bedroom Individual # 1's bedro cabinet. Observation revealed a padlock at lower drawers. Obset top drawer revealed tapproximately 7:40 a. medication cabinets in bedrooms on the sec were conducted. Obsthree of the bedrooms cabinets in each room medication cabinet re on the top and lower padlock on all the top were not locked. On 09/22/20 at approinterview was conducted. On 09/22/20 at approinterview was conducted. On 09/22/20 at approinterview was conducted. On 09/22/20 at approinterview was conducted in considerations. DSP # should be locked. With describe the procedured medications they state should be placed insistent of the procedured in part, "Medication" The Nursalide/Technician is resimedication storage punlocked medication.	inducted. Observation of the into the right, while facing om, revealed a medication of the medication cabinet and clasp on the top and struction of the padlock on the hat it was not locked. At i.m., observations of the interest of the interest of the group home servation of the group home servation of the inside of all is revealed medication in. Observations of each evealed a padlock and clasp drawers. Observation of the ordawer revealed that they eximately 8:34 a.m., an extend with DSP # 1 and LPN rise] # 1. When informed of in DSP # 1 was asked to refor securing Individual's 1 stated that the cabinet then LPN # 1 was asked to refor securing Individual's ed that all medications de the cabinet the cabinet I the staff administers the individual of the staff administers the staff adm		381				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		49G034	B. WING		09/2	23/2020	
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 8518 QUEEN ELIZABETH BLVD ANNANDALE, VA 22003				
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W 381	manager, and ASM made aware of the	member] # 1, program # 2, the clinical director were	W 381				