

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


PRINTED: 07/27/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  49G027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  07/23/2020
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NAME OF PROVIDER OR SUPPLIER  LAKE JACKSON DRIVE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 10144 LAKE JACKSON DRIVE MANASSAS, VA 20111
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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E 000	Initial Comments  An unannounced Emergency Preparedness survey was conducted on 07/22/2020. The facility was in compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000		
W 000	INITIAL COMMENTS  An unannounced annual Medicaid ICF/MH Health Care Certification survey was conducted on 07/22/2020. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for the Mentally Retarded. The Life Safety Code survey report will follow.  The census in this five bed facility was five at the time of the survey. The survey sample consisted of three current Individual reviews (Individuals #1, #2 and # 3).	W 000		
W 111	CLIENT RECORDS CFR(s): 483.410(c)(1)  The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.  This STANDARD is not met as evidenced by: Based on staff interview, clinical record review and facility document review it was determined that the facility staff failed to maintain an accurate clinical record for one of three individuals in the survey sample, Individual # 1. The facility staff failed to include the use of a flat iron in Individual # 1's PCP (person-centered plan) of ADLs [activities of daily living].	W 111		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
Bernice Meanchop  TITLE  
Clinical Director (X6) DATE  
8/5/2020

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



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W 111 | Continued From page 1

The findings include:

Individual # 1 was a 28 year-old female, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: mild intellectual disability (1) and Down syndrome (2).

Individual # 1's current PCP from [Name of Group Home] dated 01/01/2020 through 12/31/2020 documented, "Desired Outcome: # 3: Activities of Daily Living. Goal # 3: [Individual #1] improves her daily living skills by independently cleaning her room every other day. 12/31/2020. Support Instructions: a) [Individual # 1] is reminded every other day to clean up her bedroom. b) [Individual # 1] is encouraged and given directions when necessary. c) [Individual # 1] is praised for completing task." "Goal #2: [Individual #1] flat irons her own hair every morning. Support Instructions: a) [Individual #1] is prompted to flat iron her hair every morning. b) [Individual #1] is assisted if need arises. c) [Individual #1] is praised if she does a good job.

Review of [Name of Group Home] "Progress Note" for Individual # 1 dated 06/01/2020 at "Time In: 8:00 am. [p.m.]. Time Out 4:00 pm [a.m.] documented, "Support Instructions: a) [Individual # 1] is reminded every other day to clean up her bedroom. b) [Individual # 1] is encouraged and given directions when necessary. c) [Individual # 1] is praised for completing task." 2.1 Was the support activity completed? Please describe barriers and participation level: Yes. [Initials for individual #1] was able to clean up her room with

W 111

W 111: Client Records 483.410(c)(1)

9/4/2020

The QIDP will immediately revise Individual # 1's Outcome #3 to include the use of a flat iron during Activities of Daily Living, to ensure that Individual 1's progress notes are completed as required to address the supports as identified in the Person Center Plan.

The QIDP will review all other individuals' PCPs to ensure that the outcomes are written to reflect the individuals' needs as required to address the supports identified in the Person Center Plan.

The Program Manager will complete weekly audits to ensure that the service needs are accurately reflected through the documentation of the completion of the progress notes.

The Program Manager will complete this process for all individuals to prevent further deficiencies.

The Program Manager will continue to monitor to ensure that all service needs of all individuals are accurately reflected through the use of weekly operation meeting.

The Clinical Director will review within supervision with the Program Manager for documentation to support the coordination of services for each needs.

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W 111	<p>Continued From page 2</p> <p>no issues. She mopped her room as well. She was praised for her efforts. "Support Instructions: a) [Individual #1] is prompted to flat iron her hair every morning. b) [Individual #1] is assisted if need arises. c) [Individual #1] is praised if she does a good job. 2.2 Was the support activity completed? Please describe barriers and participation level: Yes. [Initials for individual #1] was able to brush her hair with no issues."</p> <p>On 07/22/20 at 2:45 p.m., a telephone interview was conducted with ASM [administrative staff member] # 1, clinical director and ASM # 2, program manager. After reviewing Individual # 1's progress notes described above ASM # 1 and #2 were asked if the outcome/goal for ADLs addressed using a flat iron in Individual #1's PCP. ASM # 1 and # 2 stated no. ASM # 1 further stated, "It's not accurately written and should include using a flat iron."</p> <p>The facility's policy, "1.3.2 Written Record Management" documented, "A. Documentation occurs on a regular basis in accordance with the program requirements [i.e. progress notes, assessment, individual service planning, IDT [interdisciplinary team] notes, quarterly reports, monthly QIDP [Qualified Intellectual Disabilities Professional] notes, and monthly nursing notes]. The entries into an individual's written or electronic record must be legible, current, dated, authenticated by the staff member by signing / notating with full name and title."</p> <p>On 07/23/20 at approximately 2:32 p.m., ASM # 1, clinical director was made aware of the above findings by telephone.</p>	W 111			



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W 111 Continued From page 3  
No further information was provided prior to exit.

W 111

Reference:  
(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website:  
<https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>.

(2) A genetic condition in which a person has 47 chromosomes instead of the usual 46. The extra chromosome causes problems with the way the body and brain develop. This information was obtained from the website:  
<https://medlineplus.gov/ency/article/000997.htm>.

W 159 QIDP  
CFR(s): 483.430(a)

W 159

Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. This STANDARD is not met as evidenced by:  
Based on residential program record reviews, day program record review and staff interview, it was determined that the QIDP (Qualified Intellectual Disabilities Professional) failed to coordinate and monitor the individuals' active treatment programs for one of three individuals in the survey sample, Individual # 1.

1a. The QIDP failed to ensure Individual # 1's

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W 159	<p>Continued From page 4</p> <p>PCP (person-centered plan) outcome/goal for of medication management and ADLs [activities of daily living] were implemented.</p> <p>b. The QIDP failed to include the use of a flat iron in Individual # 1's PCP (person-centered plan) of ADLs [activities of daily living].</p> <p>The findings include:</p> <p>1a. Individual # 1 was a 28 year-old female, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: mild intellectual disability (1) and Down Syndrome (2).</p> <p>Individual # 1's current PCP from [Name of Group Home] dated 01/01/2020 through 12/31/2020 documented, "Desired Outcome: # 3: Activities of Daily Living. Goal # 3: [Individual #1] improves her daily living skills by independently cleaning her room every other day. 12/31/2020. Support Instructions: a) [Individual # 1] is reminded every other day to clean up her bedroom. b) [Individual # 1] is encouraged and given directions when necessary. c) [Individual # 1] is praised for completing task." "Desired Outcome: Need # 6: Medication Management. Goal # 6: It is important for [Individual # 1] to know and remind staff when her medication time is at least once a day until 12/31/2020. Support Instructions: 1) [Individual # 1] is informed about her medication 15 minutes to her medication time. 2. [Individual # 1] is reminded 2 minutes after, if she forgets to inform staff about her medication time. 3. [Individual # 1] is prompted to get a cup of water. 4. [Individual # 1] is praised."</p> <p>Review of [Name of Group Home] "Progress</p>	W 159	<p>W159: QIDP CFR(s): 483.430(a)</p> <p>9/4/2020</p> <p>The QIDP will review Individual #1's PCP outcomes that addresses "Medication Administration and Activities of Daily Living" to ensure that they accurately reflect the needs of Individual 1.</p> <p>The Program Manager / QIDP will review all individuals' outcomes to ensure that they accurately reflect their needs and that they are incorporated within the PCPs.</p> <p>The Program Manager will provide training to all the staff to review all individuals' PCPs during the next staff meeting. The program Manager will also provide supervision to all staff and ensure that the PCPs accurately reflect the individuals needs and are implemented appropriately.</p> <p>The QIDP will conduct monthly assessments to ensure that all services and needs are met and are accurately reflect on monthly QIDP notes.</p> <p>The Clinical Director will review within supervision with the Program Manager the documentation to support the coordination of services for each individual.</p>



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W 159	<p>Continued From page 5</p> <p>Note" for Individual # 1 dated 06/06/2020 at "Time In: 11:00 pm. [p.m.]. Time Out 9:00 am [a.m.] documented, "2.1 Was the support activity completed? Please describe barriers and participation level: Yes. [sic] She supported in making breaking breakfast by toasting bread."</p> <p>Review of [Name of Group Home] "Progress Note" for Individual # 1 dated 06/05/2020 at "Time In: 11:00 pm. [p.m.]. Time Out 9:00 am [a.m.] documented, "5.1 Was the support activity completed? Please describe barriers and participation level: Yes she was given her medication as prescribed by her doctor."</p> <p>On 07/22/20 at 2:45 p.m., a telephone interview was conducted with OSM [other staff member] # 1, the QIDP. When asked to describe their responsibilities in regard to an Individual's PCP, progress notes and implementation of active treatment, OSM # 1 stated that they were responsible for the accuracy of the Individual's clinical record, the PCP and the progress notes. OSM # 1 stated that they conduct a review of the progress notes on a daily basis and staff go through a monthly training for documentation. After reviewing Individual # 1's progress notes described above, OSM # 1 was asked if outcomes/goals of medication management and ADLs were implemented according to Individual #1's PCP. OSM # 1 stated that the programs were not run.</p> <p>On 07/23/20 at approximately 2:32 p.m., ASM # 1, clinical director was made aware of the above findings by telephone.</p> <p>No further information was provided prior to exit.</p>	W 159	<p>The QIDP will immediately revise Individual # 1's Outcome #3 to include the use of a flat Iron during Activities of Daily Living, to ensure that Individual 1's progress notes are completed as required to address the supports as identified in the Person Center Plan.</p> <p>The QIDP will review all other individuals' PCPs to ensure that the outcomes are written to reflect the individuals' needs as required to address the supports identified in the Person Center Plan.</p> <p>The Program Manager will complete weekly audits to ensure that the service needs are accurately reflected through the documentation of the completion of the progress notes.</p> <p>The Program Manager will complete this process for all individuals to prevent further deficiencies.</p> <p>The Program Manager will continue to monitor to ensure that all service needs of all individuals are accurately reflected through the use of weekly operation meeting.</p> <p>The Clinical Director will review within supervision with the Program Manager for documentation to support the coordination of services for each needs.</p>	9/4/2020	

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W 159	<p>Continued From page 6</p> <p>Reference:</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100">https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</a>.</p> <p>(2) A genetic condition in which a person has 47 chromosomes instead of the usual 46. The extra chromosome causes problems with the way the body and brain develop. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000997.htm">https://medlineplus.gov/ency/article/000997.htm</a>.</p> <p>1b. The QIDP failed to include the use of a flat iron in Individual # 1's PCP (person-centered plan) of ADLs [activities of daily living].</p> <p>Individual # 1's current PCP from [Name of Group Home] dated 01/01/2020 through 12/31/2020 documented, "Desired Outcome: # 3: Activities of Daily Living. Goal # 3: [Individual #1] improves her daily living skills by independently cleaning her room every other day. 12/31/2020. Support Instructions: a) [Individual # 1] is reminded every other day to clean up her bedroom. b) [Individual # 1] is encouraged and given directions when necessary. c) [Individual # 1] is praised for completing task." "Goal #2: [Individual #1] flat irons her own hair every morning. Support Instructions: a) [Individual #1] is prompted to flat</p>	W 159		



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W 159 Continued From page 7  
iron her hair every morning. b) [Individual #1] is assisted if need arises. c) [Individual #1] is praised if she does a good job.

Review of [Name of Group Home] "Progress Note" for Individual # 1 dated 06/01/2020 at "Time In: 8:00 am. [p.m.]. Time Out 4:00 pm [a.m.] documented, "Support Instructions: a) [Individual # 1] is reminded every other day to clean up her bedroom. b) [Individual # 1] is encouraged and given directions when necessary. c) [Individual # 1] is praised for completing task." 2.1 Was the support activity completed? Please describe barriers and participation level: Yes. [Initials for individual #1] was able to clean up her room with no issues. She mopped her room as well. She was praised for her efforts. "Support Instructions: a) [Individual #1] is prompted to flat iron her hair every morning. b) [Individual #1] is assisted if need arises. c) [Individual #1] is praised if she does a good job. 2.2 Was the support activity completed? Please describe barriers and participation level: Yes. [Initials for individual #1] was able to brush her hair with no issues."

On 07/22/20 at 2:45 p.m., a telephone interview was conducted with OSM [other staff member] # 1, QIDP. When asked to describe their responsibilities in regard to an Individual's PCP, progress notes and implementation of active treatment, OSM # 1 stated that they were responsible for the accuracy of the Individual's clinical record, the PCP and the progress notes. OSM # 1 stated that they conduct a review of the progress notes on a daily basis and staff go through a monthly training for documentation. After reviewing Individual # 1's progress notes described above, OSM # 1 was asked if outcomes/goals asked if outcome/goal for ADLs

W 159



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W 159 Continued From page 8 addressed using a flat iron in Individual #1's PCP. OSM # 1 stated no, it's not accurately written.

W 159

On 07/23/20 at approximately 2:32 p.m., ASM # 1, clinical director was made aware of the above findings by telephone.

W 249 PROGRAM IMPLEMENTATION CFR(s) 483.440 (d)(1)

9/4/2020

W 249 No further information was provided prior to exit. PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)

W 249

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.

The QIDP will revise individual #1's PCP outcomes that addresses "Medication Management and Activities of Daily Living" and update these outcomes to ensure that they accurately reflect the needs of Individuals #1.

The Program Manager / QIDP will review all individuals' outcomes to ensure that they accurately reflect their needs and that they are incorporated within the PCPs.

This STANDARD is not met as evidenced by:  
Based on staff interview, clinical record review and facility document review it was determined that the facility staff failed to implement the active treatment program for one of three individuals in the survey sample, Individual # 1.

The Program Manager will provide the training to all the staff to review all individuals' PCPs during the next staff meeting. The Program Manager will also provide supervision to all staff and ensure that the PCPs accurately reflect the individuals needs and are implemented appropriately.

The facility staff failed to implement Individual # 1's PCP (person-centered plan) outcomes/goals of medication management and ADLs [activities of daily living].

The QIDP will conduct monthly assessments to ensure that all services and needs are met and are accurately reflect on monthly QIDP notes.

The findings include:

The facility staff failed to implement Individual # 1's PCP (person-centered plan) outcomes/goals

The Clinical Director will review within supervision with the Program Manager the documentation to support the coordination of services for each individual.

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W 249 Continued From page 9  
of medication management and ADLs [activities of daily living].

Individual # 1 was a 28 year-old female, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: mild intellectual disability (1) and Down syndrome (2).

Individual # 1's current PCP from [Name of Group Home] dated 01/01/2020 through 12/31/2020 documented, "Desired Outcome: # 3: Activities of Daily Living. Goal # 3: [Individual #1] improves her daily living skills by independently cleaning her room every other day. 12/31/2020. Support Instructions: a) [Individual # 1] is reminded every other day to clean up her bedroom. b) [Individual # 1] is encouraged and given directions when necessary. c) [Individual # 1] is praised for completing task." "Desired Outcome: Need # 6: Medication Management. Goal # 6: It is important for [Individual # 1] to know and remind staff when her medication time is at least once a day until 12/31/2020. Support Instructions: 1) [Individual # 1] is informed about her medication 15 minutes to her medication time. 2. [Individual # 1] is reminded 2 minutes after, if she forgets to inform staff about her medication time. 3. [Individual # 1] is prompted to get a cup of water. 4. [Individual # 1] is praised."

Review of [Name of Group Home] "Progress Note" for Individual # 1 dated 06/06/2020 at "Time In: 11:00 pm. [p.m.]. Time Out 9:00 am [a.m.] documented, "2.1 Was the support activity completed? Please describe barriers and participation level: Yes. [sic] She supported in making breaking breakfast by toasting bread."

W 249



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

PRINTED: 07/27/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  49G027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  07/23/2020
NAME OF PROVIDER OR SUPPLIER  LAKE JACKSON DRIVE GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 10144 LAKE JACKSON DRIVE MANASSAS, VA 20111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 249	<p>Continued From page 10</p> <p>Review of [Name of Group Home] "Progress Note" for Individual # 1 dated 06/05/2020 at "Time In: 11:00 pm. [p.m.]. Time Out 9:00 am [a.m.] documented, "5.1 Was the support activity completed? Please describe barriers and participation level: Yes she was given her medication as prescribed by her doctor."</p> <p>On 07/22/20 at 2:45 p.m., a telephone interview was conducted with ASM [administrative staff member] # 1, clinical director and ASM # 2, program manager. After reviewing Individual # 1's progress notes described above ASM # 1 and #2 were asked if outcomes/goals of medication management and ADLs were implemented according to Individual #1's PCP. ASM # 1 stated, "The statement does not reflect the goal so you can't say the program was run." ASM # 2 stated that they agreed with ASM # 1.</p> <p>The facility's policy "4.1 Individual Service Plan" documented, "ISP Implementation and Consumer Engagement: Implementation of the ISP begins at the time of its development. Components of the plan are fully implemented, with the consumer receiving support, learning environment and active engagement necessary to reach his or her objective / desired outcomes as defined in the ISP."</p> <p>On 07/23/20 at approximately 2:32 p.m., ASM # 1, clinical director was made aware of the above findings by telephone.</p> <p>No further information was provided prior to exit.</p> <p>Reference: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with</p>	W 249		

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NAME OF PROVIDER OR SUPPLIER  <b>LAKE JACKSON DRIVE GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>10144 LAKE JACKSON DRIVE MANASSAS, VA 20111</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 249	<p>Continued From page 11</p> <p>adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100">https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100</a>.</p> <p>(2) A genetic condition in which a person has 47 chromosomes instead of the usual 46. The extra chromosome causes problems with the way the body and brain develop. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000997.htm">https://medlineplus.gov/ency/article/000997.htm</a>.</p>	W 249		