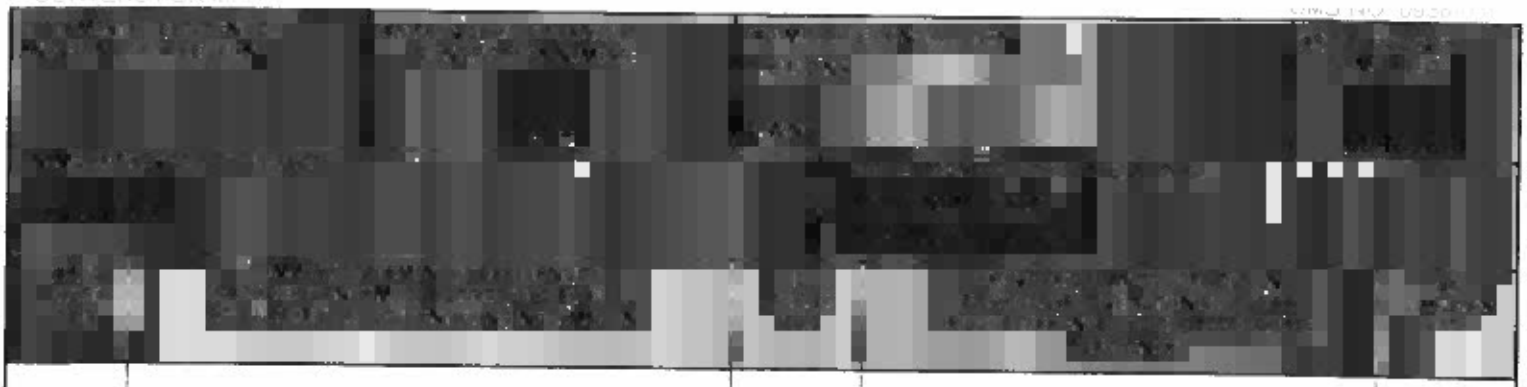


E 024

s

Event I

ST
A

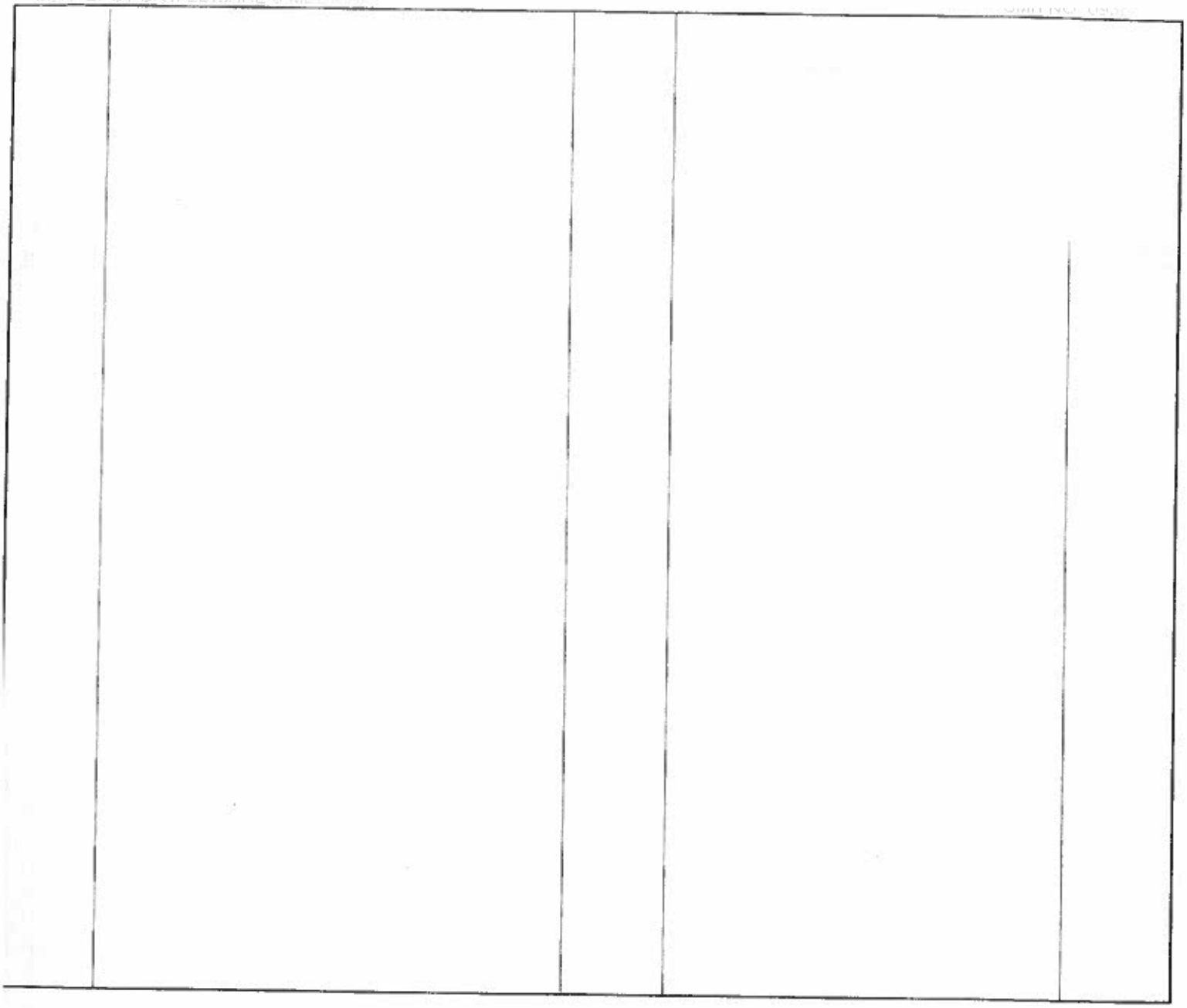
R SUPPLI

F
C

E 0 6

C

icial



p

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G022	A. BUILDING _____ B. WING _____	08/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONRAD ICF	4123 CONRAD STREET 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 159	Continued From page 7 1b. The QIDP failed to ensure the data collection for Individual # 1's outcomes/goals for for household tasks, use of the bathroom, oral hygiene, personal hygiene and grooming and assistive technology were documented in measurable terms. The PCP [person-centered plan] for Individual # 1 dated "Start: 9/12/2019. End: 8/31/2020" documented, "Goal # 4b. Completes Household Tasks. List the actions/supports needed: [Individual # 1] will improve his household management skills by learning to fold/hang and put away his clean clothes. Objective 4b: [Individual # 1] will successfully hang/fold and put away clothes by completing 100% of steps with four or fewer verbal prompts for ten consecutive trials (targeted completion date 8/31/20). How often or by when? Mondays and Thursdays." "Goal # 5. Learn to Use the Bathroom Appropriately. List the actions/supports needed: [Individual # 1] needs to protect his privacy and practice good hygiene each time he uses the bathroom. Objective 5: [Individual # 1] will use the bathroom appropriately by completing 100% of the steps with no more than one verbal prompt for three consecutive months(targeted completion date 8/31/20). How often or by when? Twice daily on the AM and PM shifts." "Goal # 6. Oral Hygiene. List the actions/supports needed: [Individual # 1] needs coaching to learn how to brush his teeth effectively. Objective 6: [Individual # 1] will brush his teeth effectively by completing 100% of steps with no more than two verbal prompts for 60 consecutive trials (targeted completion date 8/31/20). How often or by when? Twice daily."	W 159		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G022	A. BUILDING _____ B. WING _____	08/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONRAD ICF	4123 CONRAD STREET 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 159	Continued From page 8 "Goal # 7. Personal hygiene and grooming. List the actions/supports needed: [Individual # 1] will learn to shave himself independently. Objective 7: [Individual # 1] will learn to shave independently by completing 60% of the steps with three or fewer verbal/gestural prompts for 15 consecutive trials (targeted completion date 8/31/20). How often or by when? Daily." "Goal # 8. Assistive Technology. List the actions/supports needed: [Individual # 1] will learn to use his tablet or another means of communication. Objective 8: [Individual # 1] will progress through his schedule using the Pictogram Agenda with 6 [six] or fewer verbal/gestural prompts for 12 consecutive trials (targeted completion date 8/31/20). How often or by when? Twice daily." The facility's data collection sheets entitled "Clinical Report" for March 1, 2020 through March 31, 2020 documented in part, "Goal/Service: 4b [Individual # 1] will improve his household management skills by learning to fold/hang and put away his clean clothes." Review of the "Clinical Report" failed to evidence data collected in measurable term in seven of nine opportunities. "Goal/Service: 5 [Individual # 1] needs to protect his privacy and practice good hygiene each time he uses the bathroom. Review of the "Clinical Report" failed to evidence data collected in measurable term in 62 of 62 opportunities. "Goal/Service: 6 [Individual # 1] needs coaching to learn how to brush his teeth effectively. Review of the "Clinical Report" failed to evidence data collected in measurable term in 62 of 62 opportunities. "Goal/Service: 7 [Individual # 1] will learn to shave himself	W 159		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G022	A. BUILDING _____ B. WING _____	08/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONRAD ICF	4123 CONRAD STREET 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 159	Continued From page 9 independently. Review of the "Clinical Report" failed to evidence data collected in measurable term in 31 of 31 opportunities. "Goal/Service: 8 [Individual # 1] will learn to use his tablet or another means of communication. Review of the "Clinical Report" failed to evidence data collected in measurable term in 62 of 62 opportunities. The facility's data collection sheets entitled "Clinical Report" for July 1, 2020 through July 31, 2020 documented in part, "Goal/Service: 4b [Individual # 1] will improve his household management skills by learning to fold/hang and put away his clean clothes." Review of the "Clinical Report" failed to evidence data collected in measurable term in seven of nine opportunities. "Goal/Service: 5 [Individual # 1] needs to protect his privacy and practice good hygiene each time he uses the bathroom. Review of the "Clinical Report" failed to evidence data collected in measurable term in 62 of 62 opportunities. "Goal/Service: 6 [Individual # 1] needs coaching to learn how to brush his teeth effectively. Review of the "Clinical Report" failed to evidence data collected in measurable term in 62 of 62 opportunities. "Goal/Service: 7 [Individual # 1] will learn to shave himself independently. Review of the "Clinical Report" failed to evidence data collected in measurable term in 31 of 31 opportunities. "Goal/Service: 8 [Individual # 1] will learn to use his tablet or another means of communication. Review of the "Clinical Report" failed to evidence data collected in measurable term in 62 of 62 opportunities. On 08/18/2020 at approximately 1:50 p.m., an interview was conducted with OSM [other staff member] # 1, QIDP. After reviewing the data collection sheets as described above for goals	W 159		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G022	A. BUILDING _____ B. WING _____	08/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONRAD ICF	4123 CONRAD STREET 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 159	Continued From page 10 #4b, #5, #6, #7and #8, OSM # 1 was asked if the data was collected in measurable terms. OSM # 1 stated no. When asked if it was part of their responsibility to review the data collection and ensure it was documented in measurable terms, OSM # 1 stated yes. On 08/18/2020 at approximately 3:30 p.m., ASM [administrative staff member] # 1, project director, ASM # 2, home manager and OSM # 1, QIDP [Qualified Intellectual Disabilities Professional] #1, were made aware of the above findings No further information was provided prior to exit. 2a. The QIDP failed to ensure Individual # 2's PCP [person-centered plan] outcome/goal for household management was implemented. Individual # 2 was a 63 year old male who was admitted to [Name of Group Home] with diagnoses that included but not limited to moderate intellectual disability [1], autism [2], gout [3], and high cholesterol. The PCP [person-centered plan] for Individual # 2 dated "Start: 9/12/2019. End: 8/31/2020" documented, "Goal # 5b. Completes household tasks as assigned. List the actions/supports needed: [Individual # 2] will increase his independent living skills by cleaning the dining room after dinner. Objective 5b: [Individual # 2] will learn [sic] clean up the dining room after dinner by independently [sic] by completing 80% of steps with three or fewer verbal or gestural prompts for 20 consecutive trials (targeted completion date 5/31/20). How often or by when? Mondays through Fridays."	W 159		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G022	A. BUILDING _____ B. WING _____	08/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONRAD ICF	4123 CONRAD STREET 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 159	Continued From page 11 The facility's data collection sheets entitled "Clinical Report" for March 1, 2020 through March 31, 2020 documented in part, Goal/Service: 5b [Individual # 2] increase his independent living skills by cleaning the dining room after dinner." Review of the "Clinical Report" documented: "03/11/20 Scoring Comments: N/A 03/13/20 Scoring Comments: Not scheduled at this time." On 08/18/2020 at approximately 1:50 p.m., an interview was conducted with OSM [other staff member] # 1, QIDP. After reviewing the data collection described above for goal 5b, OSM # 1 was asked if the goal was implemented according to the PCP on the dates documented above. OSM # 1 stated no. When asked if it was part of their responsibility to review the data collection and ensure the goals for Individual # 1 were implemented according to the PCP, OSM # 1 stated yes. On 08/18/2020 at approximately 3:30 p.m., ASM [administrative staff member] # 1, project director, ASM # 2, home manager and OSM # 1, QIDP [Qualified Intellectual Disabilities Professional] #1, were made aware of the above findings No further information was provided prior to exit. References: [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult	W 159		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G022	A. BUILDING _____ B. WING _____	08/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONRAD ICF	4123 CONRAD STREET 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 159	Continued From page 12 responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100 [2] A neurological and developmental disorder that begins early in childhood and lasts throughout a person's life. It affects how a person acts and interacts with others, communicates, and learns. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/autismspectrumdisorder.html. [3] A type of arthritis. It occurs when uric acid builds up in blood and causes inflammation in the joints. This information was obtained from the website: https://medlineplus.gov/ency/article/000422.htm. 2b. The QIDP failed to ensure the data collection for Individual # 1's outcomes/goals for household tasks, oral hygiene, personal hygiene and grooming and medication management were documented in measurable terms. The PCP [person-centered plan] for Individual # 2 dated "Start: 9/12/2019. End: 8/31/2020" documented, "Goal # 5b. Completes household tasks as assigned. List the actions/supports needed: [Individual # 2] will increase his independent living skills by cleaning the dining room after dinner. Objective 5b: [Individual # 2] will learn [sic] clean up the dining room after dinner by independently [sic] by completing 80% of steps with three or fewer verbal or gestural prompts for 20 consecutive trials (targeted completion date 5/31/20). How often or by when? Mondays	W 159		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G022	A. BUILDING _____ B. WING _____	08/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONRAD ICF	4123 CONRAD STREET 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 159	Continued From page 13 through Fridays." "Goal # 7. Oral hygiene. List the actions/supports needed: It is important for [Individual #2] to maintain good oral hygiene to prevent cavities. Objective 7: [Individual # 2] will brush his teeth effectively by prompting 100% of the steps with no more than two verbal prompt for 60 consecutive trials (targeted completion date 8/31/20). How often or by when? Twice daily." "Goal # 8. Personal hygiene and grooming. List the actions/supports needed: [Individual # 2] will learn to shave himself independently. Objective 8: [Individual # 2] will learn to shave independently by completing 100% of the steps with three or fewer verbal/gestural prompts for 20 consecutive trials (targeted completion date 8/31/20). How often or by when? Twice daily in the AM and PM." "Goal # 9. Medication Management. List the actions/supports needed: [Individual # 2] will works towards learning to self-administer his medications by learning to name his medications. How often or by when? Twice daily in the AM and PM." The facility's data collection sheets entitled "Clinical Report" for March 1, 2020 through March 31, 2020 documented in part, "Goal/Service: 5b [Individual # 2] will improve his household management skills." Review of the "Clinical Report" failed to evidence data collected in measurable term in nine of nine opportunities. "Goal/Service: 7 [[Individual # 2] will brush his teeth effectively. Review of the "Clinical Report" failed to evidence data collected in measurable term in 62 of 62 opportunities. "Goal/Service: 8	W 159		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G022	A. BUILDING _____ B. WING _____	08/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONRAD ICF	4123 CONRAD STREET 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 159	Continued From page 14 [Individual # 2] will learn to shave independently. Review of the "Clinical Report" failed to evidence data collected in measurable term in 31 of 31 opportunities. "Goal/Service: 9 [Individual # 2] will works towards learning to self-administer his medications. Review of the "Clinical Report" failed to evidence data collected in measurable term in 62 of 62 opportunities. The facility's data collection sheets entitled "Clinical Report" for July 1, 2020 through July 31, 2020 documented in part, "Goal/Service: 5b [Individual # 2] will improve his household management skills." Review of the "Clinical Report" failed to evidence data collected in measurable term in nine of nine opportunities. "Goal/Service: 7 [[Individual # 2] will brush his teeth effectively. Review of the "Clinical Report" failed to evidence data collected in measurable term in 62 of 62 opportunities. "Goal/Service: 8 [Individual # 2] will learn to shave independently. Review of the "Clinical Report" failed to evidence data collected in measurable term in 31 of 31 opportunities. "Goal/Service: 9 [Individual # 2] will works towards learning to self-administer his medications. Review of the "Clinical Report" failed to evidence data collected in measurable term in 62 of 62 opportunities. On 08/18/2020 at approximately 1:50 p.m., an interview was conducted with OSM [other staff member] # 1, QIDP. After reviewing the data collection sheets as described above for goals #5b, #7, #8 and #9, OSM # 1 was asked if the data was collected in measurable terms. OSM # 1 stated no. When asked if it was part of their responsibility to review the data collection and ensure it was documented in measurable terms, OSM # 1 stated yes.	W 159		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G022	A. BUILDING _____ B. WING _____	08/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONRAD ICF	4123 CONRAD STREET 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 159	Continued From page 15 On 08/18/2020 at approximately 3:30 p.m., ASM [administrative staff member] # 1, project director, ASM # 2, home manager and OSM # 1, QIDP [Qualified Intellectual Disabilities Professional] #1, were made aware of the above findings No further information was provided prior to exit.	W 159		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on staff interview and clinical record review it was determined that the facility staff failed to implement the active treatment program for two of two individuals in the survey sample, Individuals # 1. 1. The facility staff failed to implement Individual # 1's PCP [person-centered plan] outcome/goal for household tasks. 2. The facility staff failed to implement Individual # 2's PCP [person-centered plan] outcome/goal for household tasks. The findings include:	W 249	W 249 1. Action: A meeting identifying the individual's choices for resident 1 and resident 2 with the legal guardian conducted before the plans are written so person-centered plans can be written with the individual's preferences. This document of personal choices will be kept in the record for reference with the newly written plan. This will be done for both resident # I and resident # 2. Also a RAT assessment will be conducted to see that all medical needs are addressed in the new plan. 2. Monitoring: The plans will be simplified to have personal preference. Also individual will only be measured on one	By 9/15/20

step with 100 % accuracy before they move on to another step to help make the task easier to retain and master. The QIDP along

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G022	A. BUILDING _____ B. WING _____	08/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONRAD ICF	4123 CONRAD STREET 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 249	Continued From page 16 1. The facility staff failed to implement Individual # 1's PCP [person-centered plan] outcome/goal for household tasks. Individual # 1 was a 42 year old male who was admitted to [Name of Group Home] with diagnoses that included but not limited to severe intellectual disability [1], seizure disability [2], testicular cyst [3] and seasonal allergies. The PCP [person-centered plan] for Individual # 1 dated "Start: 9/12/2019. End: 8/31/2020" documented, "Goal # 4b. Completes Household Tasks. List the actions/supports needed: [Individual # 1] will improve his household management skills by learning to fold/hang and put away his clean clothes. Objective 4b: [Individual # 1] Will successfully hang/fold and put away clothes by completing 100% of steps with four or fewer verbal prompts for ten consecutive trials (targeted completion date 8/31/20). How often or by when? Mondays and Thursdays.'" The facility's data collection sheets entitled "Clinical Report" for March 1, 2020 through March 31, 2020 documented in part, Goal/Service: 4b [Individual # 1] will improve his household management skills by learning to fold/hang and put away his clean clothes." Review of the "Clinical Report" documented: "03/02/20 Scoring Comments: N/A. 03/23/20 Scoring Comments: Not scheduled for today." The facility's data collection sheets entitled "Clinical Report" for July 1, 2020 through July 31, 2020 documented in part, Goal/Service: 4b [Individual # 1] will improve his household	W 249	with the house manager will review weekly. 3. Maintenances Measures:: The data will be one step measured so staff can focus on the task and it will be easier for the individual to not have so many steps that confuse them and staff. The goal will be 100 0/0. The QIDP will review them weekly. Along with the House Manager whom will be Monitoring also review data & progress notes frequently at a minimum of weekly. Correction should be noted. 4. Ensuring no reoccurrence: The QIDP will check notes & data for accuracy. Any follow up with staff for follow up will be reported to the house manager. In addition monthly data check will be conducted by the Training and Compliance Manager in conjunction with the Project Director and Home Manager to ensure that this infraction does not re-occur.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G022	A. BUILDING _____ B. WING _____	08/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONRAD ICF	4123 CONRAD STREET 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 249	Continued From page 17 management skills by learning to fold/hang and put away his clean clothes." Review of the "Clinical Report" documented: "07/02/20 Scoring Comments: Not scheduled for today. 07/09/20 Scoring Comments: Not scheduled for today." On 08/18/2020 at approximately 1:50 p.m., an interview was conducted with ASM [administrative staff member] # 2, house manager. After reviewing the data collection as described above for goal 4b, ASM # 2 was asked if the goal was implemented according to the PCP on the dates stated above. ASM # 2 stated no. The facility's policy "Documentation and Records Management" documented in part, "IV. POLICY: It is the policy of CLA [Community Living Alternatives] that clinical records be maintained in compliance with all regulatory standards. V. PROCEDURE: The Home Manager will review all daily documentation, to ensure completeness and accuracy, at least once each week, including the daily log sheets, medication administration records, billing records, data forms, bed checks and behavioral support data." On 08/18/2020 at approximately 3:30 p.m., ASM [administrative staff member] # 1, project director, ASM # 2, home manager and OSM # 1, QIDP [Qualified Intellectual Disabilities Professional] #1, were made aware of the above findings No further information was provided prior to exit. References: [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with	W 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G022	A. BUILDING _____ B. WING _____	08/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONRAD ICF	4123 CONRAD STREET 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 249	Continued From page 18	W 249		

adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100

[2] Symptoms 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.

[3] Swelling or a growth (mass) in one or both testicles. This information was obtained from the website: https://medlineplus.gov/ency/article/003162.htm.

2. The facility staff failed to implement Individual # 2's PCP [person-centered plan] outcome/goal for household tasks.

Individual # 2 was a 63 year old male who was admitted to [Name of Group Home] with diagnoses that included but not limited to moderate intellectual disability [1], autism [2], gout [3], and high cholesterol.

The PCP [person-centered plan] for Individual # 2 dated "Start: 9/12/2019. End: 8/31/2020" documented, "Goal # 5b. Completes household tasks as assigned. List the actions/supports needed: [Individual # 2] will increase his independent living skills by cleaning the dining

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G022	A. BUILDING _____ B. WING _____	08/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONRAD ICF	4123 CONRAD STREET 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 249	Continued From page 19 room after dinner. Objective 5b: [Individual # 2] will learn [sic] clean up the dining room after dinner by independently [sic] by completing 80% of steps with three or fewer verbal or gestural prompts for 20 consecutive trials (targeted completion date 5/31/20). How often or by when? Mondays through Fridays." The facility's data collection sheets entitled "Clinical Report" for March 1, 2020 through March 31, 2020 documented in part, Goal/Service: 5b [Individual # 2] increase his independent living skills by cleaning the dining room after dinner." Review of the "Clinical Report" documented: "03/11/20 Scoring Comments: N/A 03/13/20 Scoring Comments: Not scheduled at this time." On 08/18/2020 at approximately 1:50 p.m., an interview was conducted with ASM [administrative staff member] # 2, house manager. After reviewing the data collection as described above for goal 5b, ASM # 2 was asked if the goal was implemented according to the PCP on the dates stated above. ASM # 2 stated no. On 08/18/2020 at approximately 3:30 p.m., ASM [administrative staff member] # 1, project director, ASM # 2, home manager and OSM # 1, QIDP [Qualified Intellectual Disabilities Professional] #1, were made aware of the above findings No further information was provided prior to exit. References: [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions.	W 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G022	A. BUILDING _____ B. WING _____	08/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONRAD ICF	4123 CONRAD STREET 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 249	Continued From page 20 Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100 [2] A neurological and developmental disorder that begins early in childhood and lasts throughout a person's life. It affects how a person acts and interacts with others, communicates, and learns. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/autismspectrumdisorder.html. [3] A type of arthritis. It occurs when uric acid builds up in blood and causes inflammation in the joints. This information was obtained from the website: https://medlineplus.gov/ency/article/000422.htm.	W 249		
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. 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 collect data of objectives in measurable terms for two of two	W 252	W 252 1 . Action: Data collection will be simplified for resident #1 and resident # 2.Data will be taken only one step of each outcome, ensuring outcomes are measurable and data is accurate for both resident 1 and resident 2. An explanation will be given whenever an outcome is not run. (E.g. This outcome is offered on Thursday &	By 9/15/20

			today is Wednesday OR Individual chose to complete this outcome yesterday.) Staff will be retrained in running & documenting outcomes. All plan will be rewritten and approved by a full team meeting with Consultants with consents before implementing. This rewrite will include all Individuals in the home.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G022	A. BUILDING _____ B. WING _____	08/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONRAD ICF	4123 CONRAD STREET 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 252	Continued From page 21 individuals in the survey sample, Individual # 1 and # 2. 1. Facility staff failed to document the data collection of Individual # 1's PCP [person-centered plan] outcomes/goals for household tasks, use of the bathroom, oral hygiene, personal hygiene and grooming and assistive technology. 2. Facility staff failed to document the data collection of Individual # 2's PCP [person-centered plan] outcomes/goals for household tasks, oral hygiene, personal hygiene and grooming and medication management. The findings include: 1. Facility staff failed to document the data collection of Individual # 1's PCP [person-centered plan] outcomes/goals for household tasks, use of the bathroom, oral hygiene, personal hygiene and grooming and assistive technology. Individual # 1 was a 42 year old male who was admitted to [Name of Group Home] with diagnoses that included but not limited to severe intellectual disability [1], seizure disability [2], testicular cyst [3] and seasonal allergies. The PCP [person-centered plan] for Individual # 1 dated "Start: 9/12/2019. End: 8/31/2020" documented, "Goal # 4b. Completes Household Tasks. List the actions/supports needed: [Individual # 1] will improve his household management skills by learning to fold/hang and put away his clean clothes. Objective 4b: [Individual # 1] will	W 252	Monitoring Plans will be reviewed weekly and the QIDP will make sure that the data is collected and accurate. Discrepancies between data recorded and progress notes will be discussed with the responsible staff. The manager will then make the corrections in a "Late Entry "note. The manager will then retrain the staff. Notes on the retraining will be kept by the manager. 3 The compliance Manager will do an audit every six months on all plan records. 4Monitoring Measures: The house manager will review data & progress notes frequently. At a minimum of weekly. Correction should be noted. The QIDP will check notes & data for accuracy. Any follow up with staff for follow up will be reported to the house manager. In addition monthly data check will be conducted by the Training and Compliance Manager in conjunction with the Project Director and Home Manager for the next three months to ensure that this infraction does not reoccur. 4 Ensuring no reoccurrence: The steps listed above will be followed for every new or modified outcome for each individual in the ICF. In addition	By 9/15/20

all the individuals' information and data will be reviewed by the QIDP & Manager before quarterlies are written for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G022	A. BUILDING _____ B. WING _____	08/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONRAD ICF	4123 CONRAD STREET 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 252	Continued From page 22 successfully hang/fold and put away clothes by completing 100% of steps with four or fewer verbal prompts for ten consecutive trials (targeted completion date 8/31/20). How often or by when? Mondays and Thursdays." "Goal # 5. Learn to Use the Bathroom Appropriately. List the actions/supports needed: [Individual # 1] needs to protect his privacy and practice good hygiene each time he uses the bathroom. Objective 5: [Individual # 1] will use the bathroom appropriately by completing 100% of the steps with no more than one verbal prompt for three consecutive months(targeted completion date 8/31/20). How often or by when? Twice daily on the AM and PM shifts." "Goal # 6. Oral Hygiene. List the actions/supports needed: [Individual # 1] needs coaching to learn how to brush his teeth effectively. Objective 6: [Individual # 1] will brush his teeth effectively by completing 100% of steps with no more than two verbal prompts for 60 consecutive trials (targeted completion date 8/31/20). How often or by when? Twice daily." "Goal # 7. Personal hygiene and grooming. List the actions/supports needed: [Individual # 1] will learn to shave himself independently. Objective 7: [Individual # 1] will learn to shave independently by completing 60% of the steps with three or fewer verbal/gestural prompts for 15 consecutive trials (targeted completion date 8/31/20). How often or by when? Daily." "Goal # 8. Assistive Technology. List the actions/supports needed: [Individual # 1] will learn to use his tablet or another means of communication. Objective 8: [Individual # 1] will	W 252		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G022	A. BUILDING _____ B. WING _____	08/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONRAD ICF	4123 CONRAD STREET 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 252	Continued From page 23 progress through his schedule using the Pictogram Agenda with 6 [six] or fewer verbal/gestural prompts for 12 consecutive trials (targeted completion date 8/31/20). How often or by when? Twice daily." The facility's data collection sheets entitled "Clinical Report" for March 1, 2020 through March 31, 2020 documented in part, "Goal/Service: 4b [Individual # 1] will improve his household management skills by learning to fold/hang and put away his clean clothes." Review of the "Clinical Report" failed to evidence data collected in measurable term in seven of nine opportunities. "Goal/Service: 5 [Individual # 1] needs to protect his privacy and practice good hygiene each time he uses the bathroom. Review of the "Clinical Report" failed to evidence data collected in measurable term in 62 of 62 opportunities. "Goal/Service: 6 [Individual # 1] needs coaching to learn how to brush his teeth effectively. Review of the "Clinical Report" failed to evidence data collected in measurable term in 62 of 62 opportunities. "Goal/Service: 7 [Individual # 1] will learn to shave himself independently. Review of the "Clinical Report" failed to evidence data collected in measurable term in 31 of 31 opportunities. "Goal/Service: 8 [Individual # 1] will learn to use his tablet or another means of communication. Review of the "Clinical Report" failed to evidence data collected in measurable term in 62 of 62 opportunities. The facility's data collection sheets entitled "Clinical Report" for July 1, 2020 through July 31, 2020 documented in part, "Goal/Service: 4b [Individual # 1] will improve his household management skills by learning to fold/hang and put away his clean clothes." Review of the	W 252		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G022	A. BUILDING _____ B. WING _____	08/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONRAD ICF	4123 CONRAD STREET 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 252	Continued From page 24 "Clinical Report" failed to evidence data collected in measurable term in seven of nine opportunities. "Goal/Service: 5 [Individual # 1] needs to protect his privacy and practice good hygiene each time he uses the bathroom. Review of the "Clinical Report" failed to evidence data collected in measurable term in 62 of 62 opportunities. "Goal/Service: 6 [Individual # 1] needs coaching to learn how to brush his teeth effectively. Review of the "Clinical Report" failed to evidence data collected in measurable term in 62 of 62 opportunities. "Goal/Service: 7 [Individual # 1] will learn to shave himself independently. Review of the "Clinical Report" failed to evidence data collected in measurable term in 31 of 31 opportunities. "Goal/Service: 8 [Individual # 1] will learn to use his tablet or another means of communication. Review of the "Clinical Report" failed to evidence data collected in measurable term in 62 of 62 opportunities. On 08/18/2020 at approximately 1:50 p.m., an interview was conducted withASM [administrative staff member] # 2, house manager. After reviewing Individual # 1's data collection as described above for goals #4b, #5, #6, #7, and #8, ASM # 2 was asked if the data was collected in measurable terms. ASM # 2 stated no. The facility's policy "Documentation and Records Management" documented in part, "IV. POLICY: It is the policy of CLA [Community Living Alternatives] that clinical records be maintained in compliance with all regulatory standards. V. PROCEDURE: The Home Manager will review all daily documentation, to ensure completeness and accuracy, at least once each week, including the daily log sheets, medication administration records, billing records, data forms, bed checks	W 252		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G022	A. BUILDING _____ B. WING _____	08/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONRAD ICF	4123 CONRAD STREET 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 252	Continued From page 25 and behavioral support data." On 08/18/2020 at approximately 3:30 p.m., ASM [administrative staff member] # 1, project director, ASM # 2, home manager and OSM # 1, QIDP [Qualified Intellectual Disabilities Professional] #1, were made aware of the above findings No further information was provided prior to exit. References: [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100 [2] Symptoms 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. [3] Swelling or a growth (mass) in one or both testicles. This information was obtained from the website: https://medlineplus.gov/ency/article/003162.htm. 2. Facility staff failed to document the data collection of Individual # 2's PCP	W 252		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G022	A. BUILDING _____ B. WING _____	08/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONRAD ICF	4123 CONRAD STREET 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 252	Continued From page 26 [person-centered plan] outcomes/goals for household tasks, oral hygiene, personal hygiene and grooming and medication management. Individual # 2 was a 63 year old male who was admitted to [Name of Group Home] with diagnoses that included but not limited to moderate intellectual disability [1], autism [2], gout [3], and high cholesterol. The PCP [person-centered plan] for Individual # 2 dated "Start: 9/12/2019. End: 8/31/2020" documented, "Goal # 5b. Completes household tasks as assigned. List the actions/supports needed: [Individual # 2] will increase his independent living skills by cleaning the dining room after dinner. Objective 5b: [Individual # 2] will learn [sic] clean up the dining room after dinner by independently [sic] by completing 80% of steps with three or fewer verbal or gestural prompts for 20 consecutive trials (targeted completion date 5/31/20). How often or by when? Mondays through Fridays." "Goal # 7. Oral hygiene. List the actions/supports needed: It is important for [Individual #2] to maintain good oral hygiene to prevent cavities. Objective 7: [Individual # 2] will brush his teeth effectively by prompting 100% of the steps with no more than two verbal prompt for 60 consecutive trials (targeted completion date 8/31/20). How often or by when? Twice daily." "Goal # 8. Personal hygiene and grooming. List the actions/supports needed: [Individual # 2] will learn to shave himself independently. Objective 8: [Individual # 2] will learn to shave independently by completing 100% of the steps	W 252		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G022	A. BUILDING _____ B. WING _____	08/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONRAD ICF	4123 CONRAD STREET 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 252	Continued From page 27 with three or fewer verbal/gestural prompts for 20 consecutive trials (targeted completion date 8/31/20). How often or by when? Twice daily in the AM and PM." "Goal # 9. Medication Management. List the actions/supports needed: [Individual # 2] will works towards learning to self-administer his medications by learning to name his medications. How often or by when? Twice daily in the AM and PM." The facility's data collection sheets entitled "Clinical Report" for March 1, 2020 through March 31, 2020 documented in part, "Goal/Service: 5b [Individual # 2] will improve his household management skills." Review of the "Clinical Report" failed to evidence data collected in measurable term in nine of nine opportunities. "Goal/Service: 7 [[Individual # 2] will brush his teeth effectively. Review of the "Clinical Report" failed to evidence data collected in measurable term in 62 of 62 opportunities. "Goal/Service: 8 [Individual # 2] will learn to shave independently. Review of the "Clinical Report" failed to evidence data collected in measurable term in 31 of 31 opportunities. "Goal/Service: 9 [Individual # 2] will works towards learning to self-administer his medications. Review of the "Clinical Report" failed to evidence data collected in measurable term in 62 of 62 opportunities. The facility's data collection sheets entitled "Clinical Report" for July 1, 2020 through July 31, 2020 documented in part, "Goal/Service: 5b [Individual # 2] will improve his household management skills." Review of the "Clinical Report" failed to evidence data collected in measurable term in nine of nine opportunities.	W 252		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G022	A. BUILDING _____ B. WING _____	08/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONRAD ICF	4123 CONRAD STREET 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 252	Continued From page 28 "Goal/Service: 7 [[Individual # 2] will brush his teeth effectively. Review of the "Clinical Report" failed to evidence data collected in measurable term in 62 of 62 opportunities. "Goal/Service: 8 [Individual # 2] will learn to shave independently. Review of the "Clinical Report" failed to evidence data collected in measurable term in 31 of 31 opportunities. "Goal/Service: 9 [Individual # 2] will works towards learning to self-administer his medications. Review of the "Clinical Report" failed to evidence data collected in measurable term in 62 of 62 opportunities. On 08/18/2020 at approximately 1:50 p.m., an interview was conducted with ASM [administrative staff member] # 2, house manager. After reviewing Individual # 2's data collection as described above for goals #5b, #7, #8, and #9, ASM # 2 was asked if the data was collected in measurable terms. ASM # 2 stated no. On 08/18/2020 at approximately 3:30 p.m., ASM [administrative staff member] # 1, project director, ASM # 2, home manager and OSM # 1, QIDP [Qualified Intellectual Disabilities Professional]#1, were made aware of the above findings No further information was provided prior to exit. References: [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained	W 252		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G022	A. BUILDING _____ B. WING _____	08/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONRAD ICF	4123 CONRAD STREET 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 252	Continued From page 29 from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100 [2] A neurological and developmental disorder that begins early in childhood and lasts throughout a person's life. It affects how a person acts and interacts with others, communicates, and learns. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/autismspectrumdisorder.html. [3] A type of arthritis. It occurs when uric acid builds up in blood and causes inflammation in the joints. This information was obtained from the website: https://medlineplus.gov/ency/article/000422.htm.	W 252		
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on facility document review and staff interview, it was determined that the facility failed to conduct fire drills for each shift quarterly. The finding include: Review of the facility's "Monthly Fire and Evacuation Drill and Fire Inspection Report" forms dated 09/2018 through 07/2020 failed to evidence that a fire drills were conducted on the 11:00 p.m. to 7:00 a.m. shift between October 2019 and December 2019 and between April 220	W 440	W 440 1. Action: Fire drill will be put on the Google calendar and sent to the QIDD, House Manager, Project Director as well as the Training and compliance manager. So that they are scheduled on alternating schedules to include all shifts. 2. 2 Monitoring: This procedure will give us a check and balance by having extra eyes on the fire drill and giving the team a visual reminder.	By 9/11/20

			3. Maintenance Measures: If a fire drill is conducted on the wrong shift it allows us the opportunity to do another drill that month giving	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G022	A. BUILDING _____ B. WING _____	08/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONRAD ICF	4123 CONRAD STREET 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 440	Continued From page 30 and June 2020. Further review of the forms revealed that fire drills dated between October 2019 and December 2019 were all conducted on the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shifts. The fire drills dated between April 220 and June 2020 were all conducted on the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shifts On 08/18/2020 at approximately 3:10 p.m., an interview was conducted with ASM [administrative staff member] # 1, project manager. When informed of the missing fire drills on the dates above ASM # 1 reviewed the fire drill forms and acknowledged that the fire drills were not conducted quarterly for each shift. The facility's policy "Fire and Evacuation" it documented, "2d. Each fire drill should be conducted on a different shift so that, by the end of each quarter, each shift will have completed a fire drill." On 08/18/2020 at approximately 3:30 p.m., ASM [administrative staff member] # 1, project director, ASM # 2, home manager and OSM # 1, QIDP [Qualified Intellectual Disabilities Professional] #1, were made aware of the above findings No further information was provided prior to exit.		everyone more practice and correcting the time so individuals complete more than the minimum drills. This will closely monitored for the next three months. 4. Ensuring no reoccurrence: The QIDP & House manager will review these document and send a copy to the Project Director as well as the Training &Compliance Manager for check and balances. For the next three months. So there is no mistakes of a reoccurrence	