

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

PRINTED: 01/27/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2020
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22765 SWEET ANDREA DRIVE ASHBURN, VA 20148	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 1/14/20 through 1/15/20. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000		
W 000	INITIAL COMMENTS An unannounced annual Medicaid survey for Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) was conducted 1/14/20 through 1/15/20. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for the Intellectually Disabled. The Life Safety Code survey report will follow. The census in this six bed facility was six 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, facility document review and clinical record 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 accurately document the amount of time for Individual #1 to brush his teeth on the	W 111		

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

TITLE

(X6) DATE

Bernice Manchop *Clinical Director* *2/4/202*

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	<p>Continued From page 1</p> <p>individual's PCP (person centered plan).</p> <p>The findings include:</p> <p>Individual #1 was admitted to the group home on 5/5/14. Individual #1's diagnoses included but were not limited to moderate mental retardation and epilepsy (seizure disorder). Individual #1's PCP dated 7/17/11 and reviewed on 1/1/20, documented, "Desired Outcome: Independence. (Individual #1) engages in activities of daily living to increase his independence...Support Activities: 1. (Individual #1) brushes his teeth twice daily for two minutes for six consecutive months by June 30, 2020. Support Instructions...c. (Individual #1) holds his toothbrush and brushes his teeth for one minutes (sic) reaching all areas of his mouth..."</p> <p>On 1/15/20 at 4:35 p.m., an interview was conducted with ASM (administrative staff member) #2 (the QIDP [qualified intellectual disabilities professional]), in the presence of ASM #1 (the program manager) and ASM #3 (the clinical coordinator). ASM #2 confirmed she was responsible for developing Individual #1's PCP. ASM #2 was made aware that Individual #1's PCP documented for the individual to brush his teeth for two minutes in one sentence and to brush his teeth for one minute in another sentence. ASM #2 stated this was an oversight on her part and both sentences in the PCP should document for Individual #1 to brush his teeth for one minute. ASM #1, ASM #2 and ASM #3 was made aware of this concern.</p> <p>The home policy titled, "4.1 Individual Service Plan (ISP)" (also known as PCP) documented, "The objectives/desired outcomes will be</p>		W 111	<p>The QIDP will revise Individual # 1's Independence Outcome to accurately reflect the time needed to complete this goal in order for it to capture measurable data from the Person Center Plan (PCP)</p> <p>The Program Manager/QIDP will review all other individuals PCP outcomes to ensure that the outcomes are accurately timed to reflect and capture measurable data.</p> <p>The Program Manager will complete weekly audits of Progress Notes to ensure that the completed outcomes are accurately reflecting the supports in the PCP.</p> <p>The Program Manager will complete this process for all individuals to prevent further deficiencies.</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>	2/20/2020

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W 111	Continued From page 2 expressed in terms that are behavioral and provide measurable indexes of progress...The objectives/desired outcomes will be written in a way that demonstrates the steps necessary towards achievement of the overall goal/outcome..."	W 111			
W 159	No further information was presented prior to exit. QIDP CFR(s): 483.430(a) Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. This STANDARD is not met as evidenced by: Based on staff interview, facility document review and clinical record review, it was determined that the QIDP (qualified intellectual disabilities professional) failed to monitor and coordinate active treatment for two of three individuals in the survey sample, Individuals #1 and #2. The QIDP (qualified intellectual disabilities professional) failed to accurately document the amount of time for Individual #1 to brush his teeth on the individual's PCP (person centered plan). The QIDP (qualified intellectual disabilities professional) failed to ensure a copy of Individual #2's behavior support plan was provided to the day program staff. The findings include: 1. Individual #1 was admitted to the group home on 5/5/14. Individual #1's diagnoses included but were not limited to moderate mental retardation and epilepsy (seizure disorder). Individual #1's PCP dated 7/17/11 and reviewed on 1/1/20, documented, "Desired Outcome: Independence.	W 159	The QIDP will revise Individual #1's Independence outcome and update this outcome to ensure that it accurately reflects the needs of Individual #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. The Program Manager will provide training and supervision to all the staff on all individuals' PCPs during the next staff meeting and also ensure that the PCPs accurately reflect the individuals' needs and are implemented appropriately. The Program Manager will conduct monthly assessments to ensure that all services and needs are met and are accurately reflect on monthly QIDP notes. The Clinical Director will review within supervision with the Program Manager the documentation to support the coordination of services for each individual		2/20/2020

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W 159	<p>Continued From page 3</p> <p>(Individual #1) engages in activities of daily living to increase his independence... Support Activities: 1. (Individual #1) brushes his teeth twice daily for two minutes for six consecutive months by June 30, 2020. Support Instructions...c. (Individual #1) holds his toothbrush and brushes his teeth for one minutes (sic) reaching all areas of his mouth..."</p> <p>On 1/15/20 at 4:35 p.m., an interview was conducted with ASM (administrative staff member) #2 (the QIDP [qualified intellectual disabilities professional]), in the presence of ASM #1 (the program manager) and ASM #3 (the clinical coordinator). ASM #2 confirmed she was responsible for developing Individual #1's PCP. ASM #2 was made aware that Individual #1's PCP documented for the individual to brush his teeth for two minutes in one sentence and to brush his teeth for one minute in another sentence. ASM #2 stated this was an oversight on her part and both sentences in the PCP should document for Individual #1 to brush his teeth for one minute. ASM #1, ASM #2 and ASM #3 was made aware of this concern.</p> <p>The home policy titled, "8.1 Qualified Mental Retardation Professional" (also known as QIDP) documented, "8.1.2 Qualified Mental Retardation Professional Monitoring of Services. Adhere to the following: A. Review consumer records to include clinical, financial and medical to ensure prescribed treatment and services are being implemented correctly, documented appropriately..."</p> <p>No further information was presented prior to exit.</p> <p>2. Individual #2 was admitted to the group home</p>	W 159	<p>The QIDP will immediately provide a copy of Individual #2's Behavior Support Plan to the day program</p> <p>The Program Manager will ensure that all other Individuals' day programs have complete copies of their Person Centered plan, which includes the Behavior Support plan.</p> <p>The Program Manager/QIDP will conduct monthly day program visits to review all individuals' records to ensure that all needed documentations are available.</p> <p>The Day Program Monitor/ Clinical Director will also conduct quarterly observations and record reviews for compliance.</p>	2/20/2020

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	<p>W 159 Continued From page 4</p> <p>on 6/2/11. Individual #2's diagnoses included but were not limited to moderate mental retardation and vitamin D deficiency. Individual #2's PCP with a start date of 7/17/11 and reviewed on 1/1/20, documented, "Desired Outcome: Behavior Management. (Individual #2) increases his appropriate social interactions and self awareness skills...See Attached Behavioral Plan..." Review of Individual #2's clinical record revealed a behavior support plan revised on 11/7/19 that documented behaviors including but not limited to sexually inappropriate behaviors such as kissing/hugging staff, disrobing in public areas of the home and physical aggression towards others over the television. The plan further documented goals and procedures regarding the behaviors.</p> <p>On 1/15/20 at 9:40 a.m., an observation of Individual #2 was conducted at the individual's day program. Review of Individual #2's record at the day program failed to reveal a copy of the individual's behavior support plan. On 1/15/20 at 10:35 a.m., an interview was conducted with OSM (other staff member) #1 (a program coordinator at the day program). OSM #1 was asked to provide a copy of Individual #2's behavior support plan. OSM #1 stated the day program staff attended a meeting with Individual #2's mother and staff from the group home about a month ago. OSM #1 was aware of Individual #2's behavior support plan but confirmed the group home staff had not provided a copy of the plan.</p> <p>On 1/15/20 at 4:25 p.m., an interview was conducted with ASM (administrative staff member) #1 (the group home program coordinator) and ASM #3 (the group home clinical</p>	<p>W 159 </p>	
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W 159	Continued From page 5 coordinator). ASM #3 confirmed the behavior support plan is a part of the PCP and a copy should be provided to the day program staff. ASM #1 and ASM #3 were made aware of the above concern. On 1/15/20 at 4:35 p.m., ASM #2 (the QIDP) entered the room. ASM #2 confirmed she is responsible for ensuring the day program has individuals' behavior support plans. ASM #2 stated she hand delivers plans or if possible, faxes plans to the day programs and calls the programs to confirm they received the plans. ASM #1 reviewed document delivery receipts and had ASM #2 review documents in her mailbox. The home policy titled, "8.1 Qualified Mental Retardation Professional" (also known as QIDP) documented, "8.1.1 Responsibilities of (name of company) QMRPs (QIDPs)...H. Meet with outside services to ensure strategies and interventions are complimentary. I. Be a contact person for outside services when areas of discrepancies in service provision occur..." On 1/15/20 at 5:19 p.m., ASM #1 stated she had no further information to present.	W 159			
W 248	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(7) A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on staff interview and clinical record	W 248			

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W 248	Continued From page 6 review, it was determined that the facility staff failed to ensure a complete copy of the PCP (person centered plan) was provided to the day program staff for one of three individuals in the survey sample, Individual #2. The facility staff failed to provide a copy of Individual #2's behavior support plan to the day program staff. The findings include: Individual #2 was admitted to the group home on 6/2/11. Individual #2's diagnoses included but were not limited to moderate mental retardation and vitamin D deficiency. Individual #2's PCP with a start date of 7/17/11 and reviewed on 1/1/20, documented, "Desired Outcome: Behavior Management. (Individual #2) increases his appropriate social interactions and self awareness skills...See Attached Behavioral Plan..." Review of Individual #2's clinical record revealed a behavior support plan revised on 11/7/19 that documented behaviors including but not limited to sexually inappropriate behaviors such as kissing/hugging staff, disrobing in public areas of the home and physical aggression towards others over the television. The plan further documented goals and procedures regarding the behaviors. On 1/15/20 at 9:40 a.m., an observation of Individual #2 was conducted at the individual's day program. Review of Individual #2's record at the day program failed to reveal a copy of the individual's behavior support plan. On 1/15/20 at 10:35 a.m., an interview was conducted with OSM (other staff member) #1 (a program coordinator at the day program). OSM #1 was asked to provide a copy of Individual #2's behavior support plan. OSM #1 stated the day	W 248	The QIDP will immediately provide a copy of Individual #2's Behavior Support Plan to the day program The Program Manager will ensure that all other Individuals' day programs have complete copies of their Person Centered plan, which including the Behavior Support plan. The Program Manager/QIDP will conduct monthly day program visits to review all individuals' records to ensure that all needed documentations are available. The Day Program Monitor/ Clinical Director will also conduct quarterly observations of day programs and record reviews for compliance.		2/20/2020

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W 248	<p>Continued From page 7</p> <p>program staff attended a meeting with Individual #2's mother and staff from the group home about a month ago. OSM #1 was aware of Individual #2's behavior support plan but confirmed the group home staff had not provided a copy of the plan.</p> <p>On 1/15/20 at 4:25 p.m., an interview was conducted with ASM (administrative staff member) #1 (the group home program coordinator) and ASM #3 (the group home clinical coordinator). ASM #3 confirmed the behavior support plan is a part of the PCP and a copy should be provided to the day program staff. ASM #1 and ASM #3 were made aware of the above concern. ASM #1 reviewed document delivery receipts and had the QIDP (qualified intellectual disabilities professional) review documents in her mailbox.</p> <p>On 1/15/20 at 4:58 p.m., ASM #3 stated the home did not have a policy regarding documents provided to the day programs.</p> <p>On 1/15/20 at 5:19 p.m., ASM #1 stated she had no further information to present.</p>	W 248			