PRINTED: 01/14/2020 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G070	B. WNG		01/08/2020	
BURKE IC	ROVIDER OR SUPPLIER		,	STREET ADDRESS, CITY, STATE, ZIP CODE 3332 BURKE ROAD BURKE, VA 22015		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE COMPLETION	
E 000	survey was conducted	mergency Preparedness ed 1/7/20 through 1/8/20. ubstantial compliance with 42	E 000	The Program Nurse will review th		
W 000		equirement for Long-Term	W 000	Administration Policy with program as the procedures of two staff reviewing and ensuring they are accurately docu implemented for individual #2.	all new doctor's orders	
	Intermediate Care F Intellectual Disabilitie 1/7/20 through 1/8/2 compliance with 42 of for Intermediate Care Retarded. The Life of follow. The census in this si	anual Fundamental survey for acilities for Persons with es (ICF/ID) was conducted 0. The facility was not in CFR Part 483 Requirements a Facilities for the Mentally Safety Code survey report will be bed facility was six at the The survey sample consisted		2. The Nursing Coordinator will worthe Program Nurse to review all indivorders to ensure they are accurately dimplemented. 3. The Nurse, QIDP, and Program Nueskly basis during operation meeting regarding all new orders received dur. 4. The Nursing Coordinator and/or Cl.	ridual's physician's ocumented and fanager will meet on a gs to communicate ing the week.	
W 111	of three current indiv #2 and #3). CLIENT RECORDS CFR(s): 483.410(c)(The facility must dev recordkeeping system	ridual reviews (Individuals #1, 1) relop and maintain a m that documents the client's eatment, social information,	W 111	complete random quarterly record rev doctor's orders are accurately docume for all individuals.	iews to ensure the	
ARORATORY	Based on staff inten- review, it was determ failed to maintain an one of three individual Individual #2. The fainstructions for one of all times, per a physical	not met as evidenced by: view and clinical record nined that the facility staff accurate clinical record for als in the survey sample, icility staff failed to document on one staffing supervision at cian's order dated 6/28/19,		TILE		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING		
		49G070	B. WING			1/08/2020
BURKE IC	ROVIDER OR SUPPLIER		9332	ET ADDRESS, CITY, STATE, ZIP CO BURKE ROAD KE, VA 22015		
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W 111	on Individual #2's supervision, data of the findings included Individual #2 was 12/11/14. Individual were not limited to disabilities and confide Individual #2's behaviors. Review of Individual presents behaviors. Review of Individual physician's order documented, "(Individual physician's order documented, "(Individual a physician's order documented, "(Individual #2 documented) and Individual #2 documented in the wounds and the individual #2's Jurisupervision data of "Directions: Special (Individual #2) with form of 1:1 (one of (Individual #2) is a special individual #2) is a special individual #2 is a supervision and individual #2) is a special individual #2 is a supervision and individual #2 is a superv	June 2019 and July 2019 collection forms. de: admitted to the group home on al #2's diagnoses included but a profound intellectual instipation. avior support plan dated (30/19 documented the ed with hand mouthing all #2's clinical record revealed or dated 6/28/19 that lividual #2) needs one on one is to prevent her injuring er was changed on 7/19/19. A N (licensed practical nurse) on ed, "(Individual #2) consulted sician) at (name of wound follow up for wound care to her is. The Dr. (doctor) indicated re better and she does not the facility again unless there is indicated that (Individual #2) is e supervision to prevent ontinue to wear hand gloves to	W 111			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		現場 (1975年 A)		(X2) MULTIPLE CONSTRUCTION A. BUILDING		
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(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
W 111	to provide close signification failed to document times, per the 6/28 on 1/8/20 at 3:25 conducted with DS worked the night support staff are in regarding supervision from 5/28/19 through the supervision from 6/28/19 through the was aware Indiprovided one on operiod, DSP #2 straupposed to be provided to lndivided one on operiod, DSP #2 straupposed to be provided to lndivided one on operiod, DSP #2 straupposed to be provided to lndivided to	upervision." The instructions to one on one staffing at all 8/19 physician's order. p.m., an interview was SP (direct support staff) #2 (who shift). DSP #2 stated the direct made aware of physician orders sion via verbal communication orgam manager or nurse and in, data collection forms. DSP at type of supervision was dual #2 during the night shift ugh 7/19/19. DSP #2 stated were provided. When asked if ividual #2 was supposed to be one supervision during that time ated Individual #2 was only ovided one on one supervision aske and 30 minute checks while time period. p.m., an interview was SM (administrative staff program manager), ASM #2 dectual disabilities professional) of practical nurse) #1. ASM #1 as responsible for ensuring the recollection forms accurately ician's orders. ASM #1 stated ponsible. ASM #1, ASM #2 and the aware of the above concern.	W 111			

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W 159	CFR(s): 483.430(a) Each client's active integrated, coordin qualified intellectural This STANDARD Based on observarecord review and determined that the disabilities profess implementation of centered plan) for survey sample, indensure implementation techniques. On 1/observed providing directly from a cup documented to use The findings included Individual #1 was a 6/17/19. Individual were not limited to and cerebral palsy Individual #1's cho included in the PCI (licensed practical documented, "TECHNIQUES FOO Offer liquids period Give all liquids via Only spoon for liquid Wait for swallow."	e treatment program must be lated and monitored by a lated and monitored by: stion, staff interview, clinical facility document review, it was a lated and intellectual ional) failed to ensure an individual's PCP (personone of three individuals in the lividual #1. The QIDP failed to late and 1/8/20, staff was a poverages to Individual #1 although the protocol e a spoon. Ite: Individual #1 although the group home on the lividual #1 although the protocol e a spoon. Ite: Individual #1 although the group home on the lividual #1 although the protocol e a spoon. Ite: Individual #1 although the group home on the lividual #1 although the protocol e a spoon.	W 159	1. The Program Nurse will prostaff on Individual #1"s Aspira #1's Mealtime Adaptive Equip staff meeting. 2. The Program Nurse will prostaff on all other individual's a Mealtime Adaptive Equipmen 3. The Program Manager, Prowill complete random mealtim basis to ensure program staff a and all other individual's aspirand using the appropriate Meathe doctor's orders. 4. The Clinical Director and/ocomplete random Quarterly au and ensure staff are following using the mealtime adaptive exthe doctor's orders.	ovide training to aspiration protocol and approved training to aspiration protocol training the staff or Mission Effect adits to monitor the aspiration protocol training the staff or Mission Effect and the aspiration protocol training the aspiration protocol training the aspiration protocol and the aspiration protocol and the aspiration protocol and training tr	d individual ng the next program ols and meeting. Nutritionist n a quarterly ividual #1 uring meals quipment per iveness will he process otocols and

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	intellectual disabilities assisting Individual #7 ASM #2 was observe Individual #1's mouth observed sipping the the cup. Later during was observed providing Individual #1 with a sponsor of the cup. Later during (direct support staff) #1 Individual #1 with drind DSP #1 was observed Individual #1's mouth observed sipping the the cup. Later during (licensed practical nur handing DSP #1 a sponsor observed providing the with the spoon. On 1/8/20 at 3:29 p.m. conducted with DSP #3 she was familiar with I choking/aspiration prowas familiar to an exteanything special should be was supposed to give Individual #1, too #1 confirmed she was at all times. On 1/8/20 at 3:36 p.m.	a professional) was observed with a thickened beverage. It with a thickened beverage. It was beverage from the rim of the observation, ASM #2 mg the beverage to boon. Inately 7:40 a.m., DSP in was observed assisting king a thickened beverage. It was observed assisting king a thickened beverage. It was observed as it was beverage from the rim of the observation, LPN rese; #1 was observed boon and DSP #1 was ebeverage to Individual #1. In an interview was it in the color of the observation, LPN rese, #1 was asked if individual #1's research to the color of the color of the observation, LPN research to the color of the color o	W	159			
		 LPN #1 was asked why 					

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(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUNDS OF THE APPRIOR OF THE	JLD BE COMPLETION	
beverages via a sp #1 is at a high risk beverages via a sp ndividual does not iquid. On 1/8/20 at 4:24 p	oon. LPN #1 stated Individual for aspiration and providing oon is safer because the receive a high amount of o.m., an interview was	W 159			
choking/aspiration #1's PCP. ASM #2 Individual #1's aspi beverages. ASM # bottain the protocol. Protocol and stated provided beverages a spoon. ASM #2 Individual #2 Individual #1's aspi Bottain the protocol. Individual #2 Indi	protocol was part of Individual was asked to describe ration protocol related to the stated she would like to ASM #2 obtained the I Individual #1 should be is in 1/2 teaspoon amounts on was informed of this surveyor's umented above. ASM #2 tion was conducted the first as in the home and there was ent things." ASM #2 stated a a spoon during the #2 was asked if the QIDP was suring an individual's protocol is implemented. ASM shared responsibility but she				
conducted with ASI ASM #2 and LPN # #1 were made awa #1 stated that Indiv ndividual to the ho to remember the in the nurse "kicks in" when needed.	M #1 (the program manager), #1. ASM #1, ASM #2 and LPN re of the above concern. ASM idual #1 was a newer me, so the staff was still trying dividual's protocols and that and corrects/supports staff				
	SUMMARY (EACH DEFICIE REGULATORY OF Continued From particles as a post of the protocol and stated this observation as doctated this observation as doctated this observation. ASM #2 observation as doctated this observation. ASM #2 observation as doctated this observation as doctated this observation. ASM #2 stated this is a schoking/aspiration. #2 stated this is a schoking/aspiration. ASM #2 and LPN #4 were made away and the protocol and stated this is a schoking/aspiration. ASM #2 and LPN #4 were made away and the protocol and stated this is a schoking/aspiration. ASM #2 and LPN #4 were made away and the protocol and stated this is a schoking/aspiration. ASM #2 and LPN #4 were made away and the protocol and stated with ASI were made away and the protocol and stated this is a schoking/aspiration. ASM #2 observation. ASM #2 stated this is a schoking/aspiration with the protocol and stated with ASI were made away and the protocol and stated this observation. ASM #2 stated this is a schoking/aspiration with the protocol and stated this observation. ASM we see the protocol and stated this observation as doctated this observation. ASM we see the protocol and stated this observation as doctated this observation. ASM we see the protocol and stated this observation as doctated this observation. ASM we see the protocol and stated this observation as doctated this observation. ASM we see the protocol and stated this observation as doctated this observation. ASM we see the protocol and stated this observation as doctated this observation. ASM we see the protocol and stated this observation as doctated this observation as doctated this observation. ASM we see the protocol and stated this observation as doctated this observation. ASM we see the protocol and stated this observation as doctated this observation as doctated this observation as doctated this observation as doctated this obse	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 Deverages via a spoon. LPN #1 stated Individual #1 is at a high risk for aspiration and providing preverages via a spoon is safer because the individual does not receive a high amount of iquid. On 1/8/20 at 4:24 p.m., an interview was conducted with ASM #2. ASM #2 confirmed the choking/aspiration protocol was part of Individual #1's PCP. ASM #2 was asked to describe individual #1's aspiration protocol related to be obtain the protocol. ASM #2 obtained the protocol and stated Individual #1 should be provided beverages in 1/2 teaspoon amounts on a spoon. ASM #2 was informed of this surveyor's observation as documented above. ASM #2 stated this observation was conducted the first day the surveyor was in the home and there was a "balance of different things." ASM #2 stated she did begin using a spoon during the observation. ASM #2 was asked if the QIDP was esponsible for ensuring an individual's choking/aspiration protocol is implemented. ASM #2 stated this is a shared responsibility but she does play a role in the responsibility but she does play a role in the responsibility. On 1/8/20 at 4:44 p.m., an interview was conducted with ASM #1 (the program manager), ASM #2 and LPN #1. ASM #1, ASM #2 and LPN #1 were made aware of the above concern. ASM #1 stated that Individual #1 was a newer individual to the home, so the staff was still trying or remember the individual's protocols and that he nurse "kicks in" and corrects/supports staff when needed. The facility policy titled, "Qualified Mental	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 Deverages via a spoon. LPN #1 stated Individual #1 is at a high risk for aspiration and providing beverages via a spoon is safer because the individual does not receive a high amount of iquid. On 1/8/20 at 4:24 p.m., an interview was conducted with ASM #2. ASM #2 confirmed the choking/aspiration protocol was part of Individual #1's aspiration protocol related to obtain the protocol. ASM #2 obtained the protocol and stated Individual #1 should be provided beverages in 1/2 teaspoon amounts on a spoon. ASM #2 was informed of this surveyor's observation as documented above. ASM #2 stated this observation was conducted the first day the surveyor was in the home and there was a "balance of different things." ASM #2 stated she did begin using a spoon during the observation. ASM #2 was asked if the QIDP was esponsible for ensuring an individual's choking/aspiration protocol is implemented. ASM #2 stated this is a shared responsibility but she does play a role in the responsibility. On 1/8/20 at 4:44 p.m., an interview was conducted with ASM #1 (the program manager), ASM #2 and LPN #1. ASM #1, ASM #2 and LPN #1 stated that Individual #1 was a newer andividual to the home, so the staff was still trying or remember the individual #1 was a newer andividual to the home, so the staff was still trying or remember the individual #1 was a newer andividual to the home, so the staff was still trying or remember the individual #1 was a newer andividual to the home, so the staff was still trying or remember the individual #1 was a newer andividual to the home, so the staff was still trying or remember the individual #1 was a newer andividual to the home, so the staff was still trying or remember the individual #1 was a newer andividual to the home, so the staff was still trying or remember the individual #1 was a newer and the protocols and that the nurse "kicks in" and corrects/supports st	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 Deverages via a spoon. LPN #1 stated Individual H1 is at a high risk for a spiration and providing deverages via a spoon is safer because the individual does not receive a high amount of iquid. On 1/8/20 at 4:24 p.m., an interview was conducted with ASM #2. ASM #2 confirmed the choking/aspiration protocol was part of Individual #1's appiration protocol related to beverages. ASM #2 stated she would like to obtain the protocol. ASM #2 obtained the protocol and stated Individual #1 should be provided beverages in 1/2 teaspoon amounts on a spoon. ASM #2 was informed of this surveyor's observation as documented above. ASM #2 stated this observation was conducted the first lay the surveyor was in the home and there was a "balance of different things." ASM #2 stated the did begin using a spoon during the observation. ASM #2 was asked if the QIDP was esponsibile for ensuring an individual's choking/aspiration protocol is implemented. ASM #2 stated this is a shared responsibility. On 1/8/20 at 4:44 p.m., an interview was conducted with ASM #1 (the program manager), ASM #2 and LPN #1. ASM #1, ASM #2 and LPN #1 were made aware of the above concern. ASM #1 stated that Individual #1 thus a newer individual to the home, so the staff was still trying or remember the individual's protocols and that he nurse "kicks in" and corrects/supports staff when needed. The facility policy titled, "Qualified Mental"	

AND PLAN OF CORRECTION IDENTIFICATION AN IMPER		A. BUILDING	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	as QIDP) documente responsible for the in monitoring and devel Service Plan (also kn quality active treatmed No further information PROGRAM IMPLEMI CFR(s): 483.440(d)(1) As soon as the interd formulated a client's it each client must receive treatment program conterventions and sent and frequency to supplicatives identified in plan. This STANDARD is maked and the implementation of plan) for one of three sample, Individual #1. implement Indi	d, "The QMRP is tegration, coordination, opment of the Individual own as PCP), and to ensure and in the program" In was presented prior to exit. ENTATION) isciplinary team has individual program plan, five a continuous active ensisting of needed vices in sufficient number port the achievement of the interview, clinical illity document review, it was incility staff failed to ensure a PCP (person centered individuals in the survey. The facility staff failed to entitle to the individuals of the individuals in the survey. The facility staff failed to entitle to the individuals. On 1/7/20 and enved providing beverages to from a cup although the	W 15		Protocol and indicated and ind	program staff d Mealtime Nutritionist in a quarterly ividual #1 and g meals and ment per the iveness will he process and ols and using
	The findings include: Individual #1 was adm 6/17/19. Individual #1	nitted to the group home on 's diagnoses included but				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.		(2) MULTIPLE CONSTRUCTION . BUILDING		(X3) DATE SURVEY COMPLETED	
		49G070	B. WING			01/08/2020	
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W 249	Individual #1's che included in the PC (licensed practical documented, "TECHNIQUES FOffer liquids periodive all liquids via Only spoon for liquids for swallow." On 1/7/20 at appre (administrative staintellectual disabil assisting Individual ASM #2 was observed sipping the cup. Later du was observed sipping the cup. Later du was observed pro Individual #1 with DSP #1 was observed sipping the cup. Later du (direct support stall Individual #1's mo observed sipping the cup. Later du (licensed practical handing DSP #1 a observed providin with the spoon.	commoderate mental retardation by the bound of the commoderate mental retardation by the commoderate mental retardation of the commoderate mental	W 249				
	conducted with D	p.m., an interview was SP #1. DSP #1 was asked if with Individual #1's					

THE RESERVE OF THE PARTY OF THE	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO	(X3) DATE SURVEY COMPLETED	
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W 249	choking/aspiration promass familiar to an extanything special should be beverages. DSP #1 why this surveyor wa #1 stated during this cup, but she corrected she was supposed to give Individual #1, to #1 confirmed she was at all times. On 1/8/20 at 3:36 p.m. conducted with LPN staff is supposed to provide the provided with LPN staff is supposed to provide the provided with LPN staff is supposed to provide the provided with LPN staff is supposed to provide the provided with LPN staff is supposed to provide the provided with LPN staff is supposed to provide the provided with LPN staff is supposed to provide the provided with LPN staff is supposed to provide the provided with LPN staff is at a high risk for the provided with LPN staff is a	otocol. DSP #1 stated she tent. DSP #1 was asked if all be done regarding stated she thought she knew is asking this question. DSP morning she had used a sid herself. DSP #1 stated to use a spoon so she did not to much liquid at once. DSP is supposed to use a spoon.	W 249		
	choking/aspiration pro #1's PCP. ASM #2 was Individual #1's aspiral beverages. ASM #2 obtain the protocol. A protocol and stated in provided beverages in a spoon. ASM #2 was observation as documentated this observation day the surveyor was	#2. ASM #2 confirmed the otocol was part of Individual was asked to describe tion protocol related to stated she would like to ASM #2 obtained the individual #1 should be in 1/2 teaspoon amounts on as informed of this surveyor's mented above. ASM #2 on was conducted the first in the home and there was it things." ASM #2 stated a spoon during the			

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W 249	conducted with AS ASM #2 and LPN #1 were made aw #1 stated Individu the home so staff individual's protoc and corrects/supp The facility policy (ISP)" (also know Implementation a Implementation o its development. fully implemented the support, learn engagement nece objectives/desired ISP."	lage 9 SM #1 (the program manager), #1. ASM #1, ASM #2 and LPN are of the above concern. ASM al #1 was a newer individual to was still trying to remember the cols and that the nurse "kicks in" norts staff when needed. Ititled, "Individual Service Plan in as PCP) documented, "G. ISP and Individual Engagement: If the ISP begins at the time of Components of the plan are Is, with the individual receiving ling environment and active essary to reach his or her d outcomes as defined in the attion was presented prior to exit.	W 249			