PRINTED: 11/20/2019 FORM APPROVED OMB NO. 0938-0391

			OMPLETED			
		49G014	B. WING		11/	14/2019
	ROVIDER OR SUPPLIER FISHER HALL GROUP I	НОМЕ	8:	TREET ADDRESS, CITY, STATE, ZIP CODE 207 WOLFTRAP RD TENNA, VA 22180	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETI DATE
E 000	survey was conducte The facility was in su	nergency Preparedness d 11/12/19 through 11/14/19. bstantial compliance with 42 quirement for Long-Term	E 000	1. The day support staff will be retra the day support manager on ensuring promoting the rights of individual #1 individual #3 during meal time to inc ensuring the clothing protectors are u appropriately by staff, ensuring staff with the individuals during meals ins standing over the individuals, and en-	and , and lude sed are sitting tead of suring	12/23/19
W 000	Care Certification sur through 11/14/19. The compliance with 42 Confor Intermediate Care Retarded. The Life Stollow.	nual Medicaid ICF/ID Health evey was conducted 11/12/19 ne facility was not in EFR Part 483 Requirements Facilities for the Mentally Safety Code survey report will	W 000	staff are using the appropriate adaptive equipment per the doctor's orders dur 2. The day support Manager will retrasport staff on ensuring and promot rights of all individuals during meal tinclude ensuring the clothing protects used appropriately by staff, ensuring sitting with the individuals during means that does not standing over the individual ensuring staff are using the appropriate doctories adoptive equipment and the doctories.	ing meals. rain day ing the ime to ors are staff are eals als, and te	
W 125	the time of the survey consisted of four curr (Individuals #1, #2, # PROTECTION OF C CFR(s): 483.420(a)(3) The facility must ensurable to the facility, and as including the right to to due process. This STANDARD is a Based on observation document review, it we facility staff failed to a their rights for dignity	ent Individual reviews 3 and # 4). LIENTS RIGHTS	W 125	adaptive equipment per the doctor's of during meals. 3. The day support Manager will commonthly mealtime observations as nemodel appropriate behaviors to ensur support staff are promoting the rights individuals during mealtime. 4. The residential QIDP will complet unannounced day support observation ensure day support staff are promotin rights of the individuals during mealt. 5. The residential Program Manager monitor/review the completion of the support observations on a monthly bath of the CRi Mission Effectiveness will a conduct periodic record reviews/ staff observations to prevent deficiencies.	educt eded and e day of all te ns to g the ime. will e day ssis.	DEC 0 9 2019

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 81LI11

Facility ID: VAICFMR14

If continuation sheet Page 1 of 48

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	700000000000000000000000000000000000000	IPLE CONSTRUCTION	(X3) DATE COMP	SURVEY
		49G014	B. WING_		11/	14/2019
	ROVIDER OR SUPPLIER FISHER HALL GROUP H	OME		STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 125	Continued From page 1a. The facility staff fa 1's clothing protector lunch. OSM (other sta [community integrate Individual # 1's clothin placed the remaining protector on top of the Individuals #1's plate the clothing protector Individual # 1 was ad Home] on 05/27/03, or record included but w intellectual disability [cerebral palsy [3] and On 11/13/19 at appro observation was cond dining area at [Name # 1 was seated in a re a table. OSM [other s [community integrated Program], provided a protector on Individual clothing protector aro OSM # 5 placed the r	ailed to ensure Individual # was used properly during aff member) # 5 CIS d specialist] placed ng protector on and then length of the clothing	W	DEFICIENCY)		
XIIONANIO	Individual # 1. OSM and protector that was pla # 1 was then verbally 1 was observed to ea while the plate was of On 11/13/19 at approximaterview was conductasked why Individual	# 5 then placed Individual # drink on top of the clothing ced on the table. Individual cued to eat and Individual # t her meal independently the clothing protector. ximately 12:38 p.m., an ted with OSM # 5. When # 1's clothing protector was en the lunch plate placed on				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OIV	IB NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3	O DATE SURVEY COMPLETED
		49G014	B. WING_			11/14/2019
	ROVIDER OR SUPPLIER FISHER HALL GROUP H	HOME		STREET ADDRESS, CITY, STATE, ZIP C 8207 WOLFTRAP RD VIENNA, VA 22180	ODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
W 125	top of the clothing prokeep food from spilling shoes clean and to poon the control of the contro	otector OSM # 5 stated, "To ag on the floor, keep her revent her from falling." oximately 12:38 p.m., an oted with OSM # 4, QIM amanager] for [Name of Day ormed of the observation and the use of the clothing tated, "It's not dignified and rotector] should be used oximately 4:10 p.m., an oted with OSM # 1, QIDP ID is abilities Professional] tive staff member) # 2, Name of Group Home]. Of the observation stated use of Individual # 1's [Name of Day Program], not dignified. We have to go be don't do it here [Name of Day Program] are don't do it here [Name of Day Program] and the image of Day Program] are don't do it here [Name of Day Program] and of Day Program] are don't do it here [Name of Day Program] and Day Program] and Day Program ["Day Program ["Day Program] and Day Program ["Day Program ["D	W 1	25		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 81LI11

Facility ID: VAICFMR14

If continuation sheet Page 3 of 48



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PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE: COMP TAG CROSS-REFERENCED TO THE APPROPRIATE	011111	TO TOTAL MEDIONINE	WILDICAID SERVICES			OMBING	J. 0938-0391
NAME OF PROVIDER OR SUPPLIER MINERVA FISHER HALL GROUP HOME STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMP TAG CROSS-REFERENCED TO THE APPROPRIATE DATE: OUT OF THE CONTROL OF THE CONTRO				The same of the sa			
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VIENNA, VA 22180 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPETED OF COMPETED OF COMPETED OF COMPETED OF CROSS-REFERENCED TO THE APPROPRIATE DATE: VIENNA, VA 22180	MINERVA	FISHER HALL GROUP	HOME		8207 WOLFTRAP RD		
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE		THOREW HALL ONGO	TIOME		VIENNA, VA 22180		
DEFICIENCY)	PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S	HOULD BE	(X5) COMPLETION DATE
W 125 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. This information was obtained from the website: https://www.report.nih.gov/INIHfactsheets/ViewFactSheet.aspx?csid=100 (2) Impulse control disorders are characterized by an inability to resist the impulse to perform an action that is harmful to one's self or others. This information was obtained from the website: http://medical-dictionary.thefreedictionary.com/Impulse+Control+Disorders. (3) A group of disorders that affect a person's ability to move and to maintain balance and posture. This information was obtained from the website: https://www.rilm.nih.gov/medlineplus/cerebralpals y.html. (4) Self-harm refers to a person's harming their own body on purpose. This information was obtained from the website: https://www.rilm.nih.gov/selfharm.html. 1b. The facility staff failed stood over Individual # 1 during the entire time she ate her lunch. On 11/13/19 at approximately 11:00 a.m., an observation was conducted of Individual # 1 in the dining area at IName of Day Program]. Individual # 1 was seated in a regular straight back chair at a table. OSM (other staff member) # 5 provided assistance to Individual # 1 pignaling a	W 125	References: (1) Refers to a group by a limited mental of adaptive behaviors as schedules and routing This information was https://www.report.nctSheet.aspx?csid= (2) Impulse control of an inability to resist action that is harmful information was obtaintp://medical-diction pulse+Control+Disordability to move and the posture. This information website: https://www.nlm.nih.y.html. (4) Self-harm refers own body on purpose obtained from the weather. If the facility staff of the disordability staff of the disordability and the entire time. On 11/13/19 at appropagate and the posture of the entire time. If was seated in a seatable. OSM [other	of disorders characterized capacity and difficulty with such as managing money, nes, or social interactions. It is obtained from the website: ih.gov/NIHfactsheets/ViewFa 100 disorders are characterized by the impulse to perform an and to one's self or others. This pained from the website: hary.thefreedictionary.com/Impreders. ders that affect a person's comaintain balance and thation was obtained from the gov/medlineplus/cerebralpals to a person's harming their e. This information was ebsite: hov/selfharm.html. failed stood over Individual # me she ate her lunch. poximately 11:00 a.m., and ducted of Individual # 1 in the er of Day Program]. Individual regular straight back chair at staff member] # 5 provided	W 125			



from a container sent from [Name of Group







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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G014	B. WING	4		11/14/2019
	ROVIDER OR SUPPLIER FISHER HALL GROUP	НОМЕ		STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 125	observation revealed Individual# 1's side Individual# 1's side Individual# 1 was a conditional was a c	al # 1's plate. Further ad OSM # 5 stood at during the entire time eating her lunch. Toximately 12:38 p.m., an acted with OSM # 5. When fied to stand over Individual # lunch, OSM # 5 stated, "I roximately 1:20 p.m., an acted with OSM # 4, QIM at manager] for [Name of Day formed of the observation OSM # 4 stated, "It's not ere is a reason to stand and ing a meal, they should be a line [Name of Individual # 1] each to stand and assist her; een seated next to her." Toximately 4:10 p.m., an acted with OSM # 1, QIDP al Disabilities Professional] active staff member) # 2, [Name of Group Home]. If of the observation stated atted, "It's not dignified. They eated by her side." Toximately 5:07 p.m., ASM member] # 1, clinical director, manager, and OSM [other the QIDP (Qualified es Professional) were made	W 125			

No further information was provided prior to exit.

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(4)	TIPLE CONSTRUCTION NG	(X3) DATE S COMPL	
		49G014	B. WING_		11/1	4/2019
	ROVIDER OR SUPPLIER FISHER HALL GROUP	номе		STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180	1	712013
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORE X (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 125	Continued From pag	e 5	W 1	125		7 51
	3's clothing protector lunch. OSM [other st	ailed to ensure Individual # was used properly during aff member] # 3, APM nanager] of [Name of Day				
	Program] placed a pl Individual # 1. After	astic clothing protector on attaching the clothing vidual # 1's neck OSM # 3				
	protector over the top Individual # 3 and the plate of food, and dri	length of the clothing of the lap tray in front of en placed Individual # 3's nk on top of the clothing				
	protector that was pie	aced over the lap tray.			7.17	
	Home) on 06/13/1999 record included but w	mitted to (Name of Group 9, diagnoses in the clinical vere not limited to: profound [1], cerebral palsy [2], and				
	observation was condining area at [Name # 3 was seated in her attached. OSM [othe [assistant program m	eximately 12:05 p.m., an ducted of Individual # 3 in the of Day Program]. Individual r wheelchair with the lap tray er staff member] # 3, APM anager] of [Name of Day and placed a plastic clothing				
	protector on Individual clothing protector are OSM # 3 placed their clothing protector over front of Individual # 3. Individual # 3's plate the clothing protector tray. Individual # 3 w and Individual # 3 wa	al # 1. After attaching the und Individual # 1's neck remaining length of the er the top of the lap tray in . OSM # 3 then placed of food, and drink on top of that was placed over the lap as then verbally cued to eat s observed to eat her meal the plate was on the clothing				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (CONSTRUCTION	(X3) DATE SU COMPLE		
	111	49G014	B. WING		11/14	/2019	
	ROVIDER OR SUPPLIER FISHER HALL GROUP	НОМЕ	820	STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W 125	interview was condusted why Individual placed on top of her placed on top of the stated, "To catch the [Individual # 3] clear. On 11/13/19 at appointerview was condusted in the condustry of the stated and the condustry of the	roximately 1:10 p.m., an ucted with OSM # 3. When al # 3's clothing protector was reap tray then the lunch plate eclothing protector, OSM # 3 ecfood and keep her n." roximately 1:20 p.m., an ucted with OSM # 4, QIM for ram]. When informed of the above regarding the use of the DSM # 4 stated, "It helps air and the seat." roximately 4:10 p.m., an ucted with OSM # 1, QIDP al Disabilities Professional] rative staff member) # 2, [Name of Group Home]. d of the observation regarding the use of hing protector at [Name of Day stated, "It's not dignified. We with them, we don't do it here me]." roximately 5:07 p.m., ASM member] # 1, clinical director, manager, and OSM [other the QIDP (Qualified lies Professional) were made	W 125				
	Peferences:						

FORM CMS-2567(02-99) Previous Versions Obsolete

(1) Refers to a group of disorders characterized

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Facility ID: VAICFMR14

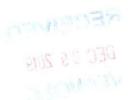
If continuation sheet Page 7 of 48



	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1850 853	CONSTRUCTION		SURVEY
		49G014	B. WING		11.	14/2019
	ROVIDER OR SUPPLIER FISHER HALL GROUP	НОМЕ	8	STREET ADDRESS, CITY, STATE, ZIP CODE 207 WOLFTRAP RD /IENNA, VA 22180		
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W 125	by a limited mental adaptive behaviors schedules and routing This information was https://www.report.rctSheet.aspx?csid= (2) A group of disornability to move and posture. This information website: https://www.nlm.nih.y.html. (3) Symptoms of a libecause of suddenthe brain. This information website: https://www.nlm.nih.ml. QIDP CFR(s): 483.430(a) Each client's active integrated, coordinate qualified intellectual This STANDARD is Based on record rewas determined that Intellectual Disability coordinate and more treatment programs	capacity and difficulty with such as managing money, ines, or social interactions. It is obtained from the website: hit.gov/NIHfactsheets/ViewFactor maintain balance and mation was obtained from the a.gov/medlineplus/cerebralpals obtain problem. They happen abnormal electrical activity in mation was obtained from the a.gov/medlineplus/seizures.ht		1. The Program Manager will review individuals #1, #2, #3, and #4's active programs to ensure they accurately reprograms to ensure they accurately release of individuals #1, #2, #3, and update if needed. 2. The Program Manager will review individuals' active treatment program they accurately reflect the needs of the individuals and update if needed. 3. The Program Manager will proview to the QIDP and other direct support ensure staff understands how to imple goals/objections and understand how accurately document the individuals on the data collection forms. 4. The QIDP will complete monthly assessments and will ensure that all and needs are met and are accurately on the Monthly QIDP note. The Promanager will review/monitor this prensure compliance and prevent future deficiencies. 5. Mission Effectiveness and/or the Director will also conduct quarterly reviews to prevent deficiencies.	re treatment reflect the #4 and w all ms to ensure he de training staff to lement the v to reflected ogram occess to re Clinical	
	The findings include	e: lified Intellectual Disabilities				







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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION		TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER	номе		STREET ADDRESS, CITY, STATE, ZIP CO 8207 WOLFTRAP RD VIENNA, VA 22180		11112010
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W 159	Professional) failed to meal prep, clothing or program. Individual # 1 was ad Home] on 05/27/03, record included but wintellectual disability cerebral palsy [3] and The PCP [Person Ce 1 with a start date of "Desired Outcome: # [Individual # 1] will as [five] minutes with 10 consecutive months. End Date 04/01/2020 "Desired Outcome: # [Individual # 1] will chweather appropriate mornings with no mo prompts with 80% acmonths. Start Date: 04/01/2020." "Desired Outcome: # [Individual # 1] will morning with no more staff support at 80% acmonths by 3/31/20. See Date 04/01/2020." The data collection st documented, "Suppose appropriate time [Individual # 1] will morning with no more staff support at 80% acmonths by 3/31/20. See Date 04/01/2020."	dmitted to [Name of Group diagnoses in the clinical were not limited to: profound [1], impulse disorder [2], mild d self-injurious behavior [4]. Entered Plan] for Individual # 04/01/2019 documented, 2. At the appropriate time sists with meal prep for 5 20% accuracy for 12 Start Date: 03/31/2019. Start Date: 03/31/2019. 3. At the appropriate time moose her outfit from two options during the weekday are than three gestural couracy for 12 consecutive 03/31/2019. End Date 5. At the appropriate time ake her own bed daily every than three prompts with accuracy for 12 consecutive Start Date: 03/31/2019. End theet dated "October 2019 and Activity # 2: At the ividual # 1] will follow a 4 aking her meal each day for 5	W 1.	59		

consecutive months by 3/31/20." Under "Key" it

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD	
8207 WOLFTRAP RD	11/14/2019
MINERVA FISHER HALL GROUP HOME VIENNA, VA 22180	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOWN THAT IS CROSS-REFERENCED TO THE APPLICATION OF CORRECT PROVIDER'S PLAN OF CORRE	OULD BE COMPLETI
W 159 Continued From page 9 documented, "'+' = participated, '-' = chose not to participate, 'C' = cancelled (write reason), 'A' = Absent, '0 [zero]' - not offered." Further review of the data sheet revealed "0s" documented every day on 10/11/19 through 10/31/19 indicating the program was not implemented 21 of 31 days. "Support Activity # 3." documented same as "Desired Outcome: # 3" as documented above. Further review of the data sheet revealed zeros documented on 10/11/19, 10/14/19, 10/15/19 and 10/31/19 indicating the program was not implemented four of 31 days. "Support Activity # 5." documented same as "Desired Outcome: # 5" as documented above. Further review of the data sheet revealed zeros documented on 10/08/19, 10/12/19, 10/13/19 and 10/31/19 indicating the program was not implemented four of 31 days. On 11/13/19 at 3:03 p.m., an interview was conducted with OSM [other staff member] # 1, the QIDP [Qualified Intellectual Disabilities Professional]. When asked to describe her responsibilities as the QIDP, OSM # 1 stated, "I review outcomes on a monthly and quarterly basis. If the individual shows improvement, I modify or revise the outcome to challenge the individual." When asked about data collection, OSM # 1 stated, "Ensure the data is being collected correctly and how to collect the data." OSM # 1 further stated, "Training staff during monthly staff meetings, coordinate the PCP/ISP [Person Centered Plan] / [Individual Service Plan]. After reviewing, the PCP and data collection shoets dated October 2019, OSM # 1	



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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G014	B. WING			11/	14/2019
	ROVIDER OR SUPPLIER FISHER HALL GROUP H	ОМЕ	r	82	TREET ADDRESS, CITY, STATE, ZIP CODE 207 WOLFTRAP RD IENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 159	outcomes # 2, # 3 and according to the PCP On 11/13/19 at appro [administrative staff m ASM # 2, program mastaff member)] # 1, the Intellectual Disabilities aware of the findings. No further information References: (1) Refers to a group by a limited mental candaptive behaviors suschedules and routine. This information was https://www.report.nih.ctSheet.aspx?csid=10 (2) Impulse control dian inability to resist thaction that is harmful information was obtain http://medical-dictionapulse+Control+Disord (3) A group of disorder ability to move and to posture. This information website: https://www.nlm.nih.gy.html.	d # 5 were not implemented ximately 5:07 p.m., ASM nember] # 1, clinical director, anager, and OSM [other le QIDP [Qualified lis Professional] were made a was provided prior to exit. of disorders characterized apacity and difficulty with luch as managing money, les, or social interactions. obtained from the website: a.gov/NIHfactsheets/ViewFa 00 sorders are characterized by the impulse to perform an to one's self or others. This ned from the website: ary.thefreedictionary.com/lm	W	159			

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https://medlineplus.gov/selfharm.html.

Event ID: 81LI11

Facility ID: VAICFMR14

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CLIVILIN	S FOR WEDICARE &	MEDICAID SEKVICES			OND INC	7. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		SURVEY
		49G014	B. WING		11/	14/2019
NAME OF P	ROVIDER OR SUPPLIER	•	Si	REET ADDRESS, CITY, STATE, ZIP CODE	-	
MINICOVA	FIGURE HALL CROUP!	IONE	82	207 WOLFTRAP RD		
MINERVA	FISHER HALL GROUP I	IOME	V	IENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 159	, and the second project of the second proje		W 159			
		o specify the frequency of Individual # 1's medication e.				
	1 with a start date of "Outcome # 1. At the # 1] will come to the r	ntered Plan] for Individual # 04/01/2019 documented, a appropriate time, [Individual medication area sit in the tions are ready at 100% ecutive months.				
	documented "Suppor "Outcome # 1." Reviseet revealed data way. Further review of	neet dated "October 2019 t Activity # 1" the same as ew of the data collection vas collected one time per of the data collect failed to ta was collected in the a.m.				
	conducted with OSM the QIDP regarding the collection of Individual management outcome and data collection should be collected in the appropriate time. It stated, "Every time when asked how ofte "In the morning, when program and at night, three times a day. We collection specifies the measured if Individual collections in the collection of the collectio	e. After reviewing the PCP neets dated October 2019, to explain the statement "At about outcome # 1. OSM # she gets her medications." In that was, OSM # 1 stated, in she gets home from day "OSM # 1 confirmed it was then asked if the data e data should be taken or I # 1 is receiving medication M # 1 stated, "We should				

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On 11/13/19 at approximately 5:07 p.m., ASM

Event ID: 81LI11

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		49G014	B. WING				11/	14/2019
	ROVIDER OR SUPPLIER FISHER HALL GROUP F	IOME		8207 WO	ADDRESS, CITY, STATE, ZIP CODE LFTRAP RD , VA 22180			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE		(X5) COMPLETION DATE
W 159	[administrative staff in ASM # 2, program mastaff member)] # 1, the Intellectual Disabilitie aware of the findings. No further information 2a. The QIDP (Qualif Professional) failed to activity participation pure Individual # 2 was added Home] on 02/16/2008 record included but with intellectual disability [palsy [3]. The PCP for Individual 03/01/2019 document [Individual # 2] will pather choice in the comat 100% accuracy for 2/28/20. The data collection structure documented the same as documented the same as documented above sheet revealed zeros day from 10/01/19 the program was not impure On 11/13/19 at 3:35 pure conducted with OSM implementation of Inc. After reviewing, the Psheets dated October	nember] # 1, clinical director, anager, and OSM [other te QIDP [Qualified is Professional] were made in was provided prior to exit.	W	159				

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Facility ID: VAICFMR14

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	The supplemental sections	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		49G014	B. WING		1	1/14/2019	
NAME OF PROVIDER OR SUPPLIER MINERVA FISHER HALL GROUP HOME		номе	8	TREET ADDRESS, CITY, STATE, ZIP COD 207 WOLFTRAP RD /IENNA, VA 22180		118	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTIO PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPI DEFICIENCY)		SHOULD BE	(X5) COMPLETION DATE	
W 159	On 11/13/19 at appr [administrative staff ASM # 2, program n staff member)] # 1, t Intellectual Disabiliti aware of the findings. No further information References: [1] Refers to a group by a limited mental of adaptive behaviors a schedules and routin This information was https://www.report.nctSheet.aspx?csid=	oximately 5:07 p.m., ASM member] # 1, clinical director, nanager, and OSM [other the QIDP (Qualified es Professional) were made s. on was provided prior to exit. of of disorders characterized capacity and difficulty with such as managing money, nes, or social interactions. In sobtained from the website: ih.gov/NIHfactsheets/ViewFa 100.	W 159				
	recurring seizures. I clusters of nerve cel send out the wrong strange sensations a strangely. They may or lose consciousne obtained from the whittps://medlineplus.g						
	2b. The QIDP failed	to specify the frequency of					











the data collection for Individual # 2's tooth

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		-	(X3) DATE SURVEY COMPLETED	
		49G014	B. WING _			11/14/2019	
	ROVIDER OR SUPPLIER	IOME		STREET ADDRESS, CITY, S 8207 WOLFTRAP RD VIENNA, VA 22180	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE	'S PLAN OF CORRECTION ECTIVE ACTION SHOULD B ENCED TO THE APPROPRIA DEFICIENCY)		
W 159	brushing outcome. The PCP for Individual 03/01/2019 document At the appropriate time her teeth with hand of staff for 2 minutes ead 12 consecutive month. The data collection side documented the same as documented the same as documented above collection sheet reveatime per day. Further failed to evidence we the a.m. or p.m. On 11/13/19 at 3:35 proconducted with OSM frequency of the data tooth brushing outcomented above and data collection should be taken 2 is brushing her teet stated, "We should have been staff or both." On 11/13/19 at approaching the program mass aff member)] # 1, the staff member)]	al # 2 with a start date of ted, "Desired Outcome: # 1. ne, [Individual # 2] will brush ver hand assistance from ch day at 100% accuracy for ms by 2/28/20. The et dated "October 2019 e as "Desired Outcome: # 7" e. Review of the data alled data was collected one review of the data collect ather data was collected in To.m., an interview was # 1, the QIDP regarding the collection of Individual # 2's me. After reviewing the PCP neets dated October 2019, to explain the statement "At in regard to outcome # 1, ery time she brushes her immed it was two times a day. It a collection specifies the or measured if Individual # h two times a day OSM # 1 ave specified morning or eximately 5:07 p.m., ASM nember] # 1, clinical director, anager, and OSM [other ne QIDP [Qualified is Professional] were made	W	59			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	(X3) DATE SURVEY COMPLETED	
		49G014	B. WING		11/14/2019
	ROVIDER OR SUPPLIER	номе	8207	EET ADDRESS, CITY, STATE, ZIP CODE WOLFTRAP RD NNA, VA 22180	1,114,2013
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION
W 159	No further information 3. The QIDP (Quality Professional) failed activity participation on 06/13/19 record included but intellectual disability seizure disorder [3]. The PCP for Individual 7/01/2019 docume [Individual # 3] will some stope assisted 100% accuracy for 6/30/20." "Desired Outcome: a purchase the item of once per month at 1 consecutive months. The data collection is documented the same as documented the same as documented the same as documented the same as documented the 47" as documented the 47" as documented data sheet revealed every day from 10/0 indicating the program of 30 days.	fied Intellectual Disabilities to implement Individual # 2's program. dmitted to (Name of Group 99, diagnoses in the clinical were not limited to: profound [1], cerebral palsy [2], and ual # 3 with a start date of nted, "Desired Outcome: # 2. ign bathroom when she d with toileting each day at 12 consecutive months by # 7. [Individual # 3] will f her choice within budget 00% accuracy for 12	W 159		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G014	B. WING_		1	11/14/2019	
	ROVIDER OR SUPPLIER FISHER HALL GROUP I	номе		STREET ADDRESS, CITY, STATE, ZIP 0 8207 WOLFTRAP RD VIENNA, VA 22180	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE)	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
W 159	implementation of Ind After reviewing the P sheets dated Octobe outcomes # 2 and # according to the PCF References: (1) Refers to a group by a limited mental c adaptive behaviors s schedules and routin This information was https://www.report.ni ctSheet.aspx?csid=1 (2) A group of disord ability to move and to posture. This inform website: https://www.nlm.nih.g y.html. (3) Symptoms of a bi because of sudden, a the brain. This inform website: https://www.nlm.nih.g ml. 4. The QIDP (Qualification)	dividual # 3's PCP outcomes. PCP and data collection or 2019, OSM # 1 stated that 7 were not implemented of disorders characterized dispacity and difficulty with such as managing money, les, or social interactions. In obtained from the website: In the contract of the co	W 1		(YY)		
	Home) on 05/19/201	dmitted to (Name of Group 6, diagnoses in the clinical were not limited to: profound [2], Lennox Gastaut					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	100000000000000000000000000000000000000	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		49G014	B. WING_		11.	14/2019	
	ROVIDER OR SUPPLIER FISHER HALL GROUP	НОМЕ		STREET ADDRESS, CITY, STATE, ZIP CO 8207 WOLFTRAP RD VIENNA, VA 22180			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPROFILE OF THE APPROPROPROFILE OF THE APPROPROFILE OF THE APPROPROFILE OF THE APPROPROFILE OF THE APPROPROFILE OF T		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
W 159	The PCP for Individ 07/01/2019 docume [Individual # 4] will r	ual # 4 with a start date of ented, "Desired Outcome: # 5. make 1 [one] purchase every unity with 100% accuracy for	w	159			
	documented the sal as documented abo sheet revealed zero	sheet dated "October 2019 me as "Desired Outcome: # 5" ove. Further review of the data as documented from 10/01/19 dicating the program was not 31 days.					
	conducted with OSI implementation of In After reviewing the sheets dated Octob	p.m., an interview was M # 1, the QIDP regarding the ndividual # 4's PCP outcome. PCP and data collection er 2019, OSM # 1 stated that t implemented according to					
	[administrative staff ASM # 2, program r staff member)] # 1,	roximately 5:07 p.m., ASM [member] # 1, clinical director, manager, and OSM [other the QIDP (Qualified lies Professional) were made as.					
	No further informati	on was provided prior to exit.					
	material used to sta information was obt https://www.alimed. ml. [2] Refers to a grou by a limited mental	n-slip, rubber-like plastic bilize surfaces. This ained from the website: com/dycem-nonslip-matting.ht p of disorders characterized capacity and difficulty with such as managing money,					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	of property-communication	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G014	B. WING		11/14/2019
	ROVIDER OR SUPPLIER	номе	8	TREET ADDRESS, CITY, STATE, ZIP CODE 207 WOLFTRAP RD /IENNA, VA 22180	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
W 159	schedules and routing This information was https://report.nih.gov t.aspx?csid=100 [3] This syndrome us ages of 3 and 5, but adolescence. Childre types of seizure with include tonic (where become stiff), atonic suddenly relax), mycatypical absences. A longer than normal at a child may be responsively a curroundings. INDIVIDUAL PROGRESCER(s): 483.440(c)(stitute) and the object program plan must sefrequency of data conton assess progress to the sample, it was determined to specify the frequency. Individuals the findings include:	les, or social interactions. I obtained from the website: I/nihfactsheets/ViewFactShee sually begins between the can start as late as en may have several different this syndrome. These the muscles suddenly (where the muscles iclonic, tonic clonic and typical absences often last bsences and are different as insive and aware of their RAM PLAN (5)(iv) program designed to tives in the individual pecify the type of data and illection necessary to be able boward the desired objectives. Inot met as evidenced by: Iview and clinical record inned that the residential staff frequency of the data four individuals in the survey # 1 and # 2. Inailed to specify the frequency for Individual # 1's	W 237	collection records. The Program Mangupdate individuals #1 and #2 ISP and discollection records to include the frequent the data collection. 2. The Program Manager will review a individuals ISP and data collection records the data is spec. The Program Manager will update the I data collection records if needed. 3. The Program Manager will provide to the QIDP on Writing Measurable goal a focus on ensuring the frequency of dall specified. The Program Manager will remonitor this process on a monthly basis.	ata ney of II ords to ified. SP and training als with ta is eview/ to cies.

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CENTER	S FUR MEDICARE &	MEDICAID SERVICES			OMB N	O. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION		E SURVEY MPLETED
		49G014	B. WING		1	1/14/2019
NAME OF P	ROVIDER OR SUPPLIER		1 1	STREET ADDRESS, CITY, STATE, ZIP CO		
MINERVA	FISHER HALL GROUP H	HOME		8207 WOLFTRAP RD VIENNA, VA 22180		1
(X4) ID	SUMMARYST	ATEMENT OF DEFICIENCIES		T	OPPECTION	ave.
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL				ON SHOULD BE HE APPROPRIATE	COMPLETION DATE
W 237	Continued From page	e 19	W 237	7		
	Home] on 05/27/03, or record included but wintellectual disability [cerebral palsy [3] and The PCP [Person Ce 1 with a start date of "Outcome # 1. At the # 1] will come to the richair until her medica accuracy for 12 consorthe data collection slidocumented "Suppor "Outcome # 1." Reviseet revealed data viday. Further review of	mitted to [Name of Group diagnoses in the clinical vere not limited to: profound [1], impulse disorder [2], mild diself-injurious behavior [4]. Intered Plan] for Individual # 04/01/2019 documented, appropriate time, [Individual medication area sit in the attions are ready at 100% ecutive months. Intered Plan for Individual medication area sit in the attions are ready at 100% ecutive months. Intered Plan for Individual medication area sit in the attions are ready at 100% ecutive months.				
	On 11/13/19 at 3:03 p conducted with ASM # 2, program manage member)] # 1, the QII Disabilities Profession of the data collection medication managem reviewing the PCP ar dated October 2019, were asked to explain appropriate time" in re # 1 stated, "Every tim When asked how ofte "In the morning, wher program and at night."					

if the data collection specifies the data should be

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
		49G014	B. WING		11/14/2019	
	ROVIDER OR SUPPLIER FISHER HALL GROUP	номе	8207	ET ADDRESS, CITY, STATE, ZIP CODE WOLFTRAP RD INA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
W 237	medication three tim # 1 could not provide stated, "We should it both." On 11/13/19 at appr [administrative staff ASM # 2, program in staff member)] # 1, 1 Intellectual Disabiliti aware of the finding. No further information References: (1) Refers to a group by a limited mental of adaptive behaviors is schedules and routin This information was https://www.report.in ctSheet.aspx?csid= (2) Impulse control of an inability to resist action that is harmful information was obta http://medical-diction pulse+Control+Diso (3) A group of disord ability to move and to posture. This inform website: https://www.nlm.nih. y.html.	f Individual # 1 is receiving ties a day, ASM # 2 and OSM e an answer. OSM # 1 have specified a.m., p.m. or foximately 5:07 p.m., ASM member] # 1, clinical director, nanager, and OSM [other the QIDP [Qualified es Professional] were made s. on was provided prior to exit. of of disorders characterized capacity and difficulty with such as managing money, nes, or social interactions. s obtained from the website: iih.gov/NIHfactsheets/ViewFa 100 disorders are characterized by the impulse to perform an ul to one's self or others. This ained from the website: hary.thefreedictionary.com/lm	W 237			





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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	in the second continues	(X2) MULTIPLE CONSTRUCTION A. BUILDING		
		49G014	B. WING		11/14/2019	
	PROVIDER OR SUPPLIER	РНОМЕ	8207	EET ADDRESS, CITY, STATE, ZIP CO 7 WOLFTRAP RD NNA, VA 22180		
(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 ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLETION BE APPROPRIATE DATE	
W 237	own body on purpobtained from the https://medlineplus 2. The facility staff of the data collectioutcomes for tooth Individual # 2 was Home] on 02/16/2 record included buintellectual disabilipalsy [3]. The PCP for Indivi 03/01/2019 docum At the appropriate her teeth with handstaff for 2 minutes 12 consecutive modumented the sas stated above. If the data collection documented the sas stated above weather or p.m. On 11/13/19 at 3:3 conducted with AS OSM # 1, the QIDI the data collection brushing outcomedata collection she # 2 and OSM # 1 statement "At the aoutcome # 1. OSM	ose. This information was website: s.gov/selfharm.html. If failed to specify the frequency on for Individual # 2's brushing. admitted to [Name of Group 005, diagnoses in the clinical st were not limited to: profound ty [1], epilepsy [2] and cerebral dual # 2 with a start date of sented, "Desired Outcome: # 1. time, [Individual # 2] will brush dover hand assistance from each day at 100% accuracy for	W 237			











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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G014	B. WING			11/14/2019	
	ROVIDER OR SUPPLIER	P HOME		STREET ADDRESS, CITY, STATE, ZIP 8207 WOLFTRAP RD VIENNA, VA 22180	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		THE APPROPRIATE	(X5) COMPLETION DATE	
W 237	was ASM # 2 state night." ASM # 2 art two times a day. V collection specifies measured if Individe two times a day, All provide an answer have specified more of the finding staff member)] # 1, Intellectual Disability aware of the finding ware of the finding aware of the finding the finding schedules and rout This information was the finding schedules and rout This information was the finding schedules and rout the schedules and rout the schedules and rout the schedules of nerve consend out the wrong strange sensations strangely. They may or lose consciousned obtained from the whttps://medlineplus.	d, "In the morning and at and OSM # 1 confirmed it was When asked if the data the data should be taken or dual # 2 is brushing her teeth SM # 2 and OSM # 1 could not to OSM # 1 stated, "We should ming or night or both." Foroximately 5:07 p.m., ASM of member] # 1, clinical director, manager, and OSM [other the QIDP [Qualified ties Professional] were made ags. Foroximately 5:07 p.m., as were made ags. Foroximately 5:07 p.m., as were made ags. Foroximately 5:07 p.m., as M of member] # 1, clinical director, manager, and OSM [other the QIDP [Qualified ties Professional] were made ags. Foroximately 5:07 p.m., as M of member] # 1, clinical director, manager, and OSM [other the QIDP [Qualified ties Professional] were made ags. Foroximately 5:07 p.m., as M of member] # 1, clinical director, manager, and OSM [other the QIDP [Qualified ties Professional] were made as second to exist the professional profess	W	237			





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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		49G014	B. WING		11/14/2019	
	ROVIDER OR SUPPLIER		8	TREET ADDRESS, CITY, STATE, ZIP CODE 207 WOLFTRAP RD /IENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
W 237	website:	ation was obtained from the ov/medlineplus/cerebralpals		1. The Program Manager will review individuals #1, #2, #3, and #4's active t programs to ensure they accurately refl needs of individuals #1, #2, #3, and #4 update if needed. 2. The Program Manager will review a individuals active treatment programs they accurately reflect the needs of the	ect the and all to ensure	
	As soon as the interd formulated a client's i each client must rece treatment program co interventions and ser and frequency to sup	isciplinary team has ndividual program plan, ive a continuous active		individuals and update if needed. 3. The Program Manager will provide to the QIDP and other direct support st ensure staff understands how to implen goals/objections and understand how to accurately document the individuals' pron the data collection forms. 4. The QIDP will complete monthly assessments and will ensure that all ser and needs are met and are accurately reon the Monthly QIDP note. The Program	aff to nent the corogress vices effected am	
	Based on staff interv review, it was determ failed to ensure an In services consistent w Centered Plan] for for	not met as evidenced by: iew and clinical record ined that the residential staff dividual was receiving ith the PCP [Person ur of four individuals in the iduals # 1, # 2, # 3 and # 4.		Manager will review/monitor this procensure compliance and prevent future deficiencies. 5. Mission Effectiveness and/or the Cl Director will also conduct quarterly receives to prevent deficiencies.	inical	
	The findings include:			, to 10 hors		
		iled to implement Individual al preparation, choosing ner bed.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Home] on 05/27/03, or record included but w intellectual disability [mitted to [Name of Group diagnoses in the clinical were not limited to: profound 1], impulse disorder [2], mild diself-injurious behavior [4].				



FORM CMS-2567(02-99) Previous Versions Obsolete

PRINTED: 11/20/2019 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Sec. Market New Yorks	PLE CONSTRUCTION G		DATE SURVEY COMPLETED
		49G014	B. WING _			11/14/2019
	ROVIDER OR SUPPLIER FISHER HALL GROUP I	номе		STREET ADDRESS, CITY, STATE, ZI 8207 WOLFTRAP RD VIENNA, VA 22180	P CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE
W 249	1 with a start date of "Desired Outcome: # [Individual # 1] will as [five] minutes with 10 consecutive months. End Date 04/01/2020 "Desired Outcome: # [Individual # 1] will che weather appropriate mornings with no mo prompts with 80% acmonths. Start Date: 04/01/2020." "Desired Outcome: # [Individual # 1] will minute morning with no more staff support at 80% amonths by 3/31/20. Start Date: 04/01/2020." The data collection start documented, "Support appropriate time [Indial [four] step task of mal [five] minutes with 10 consecutive months by documented, "'+' = participate, 'C' = candocumented, "'+' = participate, 'C' = candocumented, "O [zero]' - no the data sheet revealed ay on 10/11/19 throuprogram was not implessived Outcome: # "Support Activity # 3:" "Desired Outcome: #	entered Plan] for Individual # 04/01/2019 documented, 2. At the appropriate time sists with meal prep for 5 10% accuracy for 12 Start Date: 03/31/2019. 3. At the appropriate time stoose her outfit from two options during the weekday are than three gestural curacy for 12 consecutive 03/31/2019. End Date 5. At the appropriate time ake her own bed daily every than three prompts with accuracy for 12 consecutive Start Date: 03/31/2019. End meet dated "October 2019 art Activity # 2: At the vidual # 1] will follow a 4 king her meal each day for 5	W 2-	49		





Facility ID: VAICFMR14

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PRINTED: 11/20/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	52 85	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		49G014	B. WING _		11/14/2019
	ROVIDER OR SUPPLIER	номе	STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TON SHOULD BE COMPLETION THE APPROPRIATE DATE
W 249	documented on 10/10/31/19 indicating implemented four or "Support Activity # 5 "Desired Outcome: Further review of th documented on 10/10/31/19 indicating implemented four or On 11/13/19 at 3:03 conducted with ASM member] # 2, prograstaff member] # 1, t Disabilities Professi implementation of Ir After reviewing, the sheets dated Octob is coded as a zero t implemented." ASM outcomes # 2, # 3 a according to the PC On 11/13/19 at appir [administrative staff ASM # 2, program r staff member)] # 1, Intellectual Disabilitia aware of the finding No further information References: (1) Refers to a group by a limited mental adaptive behaviors:	11/19, 10/14/19, 10/15/19 and the program was not f 31 days. 5:" documented same as # 5" as documented above. e data sheet revealed zeros 08/19, 10/12/19, 10/13/19 and the program was not f 31 days. 1 p.m., an interview was M [administrative staff am manager, and OSM [other he QIDP [Qualified Intellectual onal] regarding the ndividual # 1's PCP outcomes. PCP and data collection er 2019, OSM # 1 stated, "If it hat means it was not M # 2 and OSM # 1 stated that and # 5 were not implemented P. Poximately 5:07 p.m., ASM member] # 1, clinical director, nanager, and OSM [other the QIDP [Qualified es Professional] were made	W 2-	49	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 81LI11

Facility ID: VAICFMR14

If continuation sheet Page 26 of 48



	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A Great Annual Company	IPLE CONSTRUCTION NG	(X	(3) DATE SURVEY COMPLETED
		49G014	B. WING_			11/14/2019
	ROVIDER OR SUPPLIER	номе		STREET ADDRESS, CITY, STATE, ZIP C 8207 WOLFTRAP RD VIENNA, VA 22180	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 249	https://www.report.nii ctSheet.aspx?csid=1 (2) Impulse control di an inability to resist th action that is harmful information was obta http://medical-diction pulse+Control+Disord (3) A group of disord ability to move and to posture. This information website: https://www.nlm.nih.g y.html. (4) Self-harm refers to own body on purpose obtained from the we https://medlineplus.g 2. The facility staff fat # 2's outcome for act Individual # 2 was ad Home] on 02/16/2005 record included but we intellectual disability [palsy [3]. The PCP for Individual 03/01/2019 document [Individual # 2] will pather choice in the com at 100% accuracy for 2/28/20.	isorders are characterized by the impulse to perform an I to one's self or others. This sined from the website: tary.thefreedictionary.com/lm orders. ers that affect a person's to maintain balance and ation was obtained from the gov/medlineplus/cerebralpals to a person's harming their e. This information was ebsite: tov/selfharm.html.	W2	.49		

PRINTED: 11/20/2019 FORM APPROVED OMB NO. 0938-0391

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		49G014	B. WING		11/14/2019
	ROVIDER OR SUPPLIER	РНОМЕ		STREET ADDRESS, CITY, STATE, ZIP COD 8207 WOLFTRAP RD VIENNA, VA 22180	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETION
W 249	as documented ab sheet revealed zer day from 10/01/19 program was not in On 11/13/19 at 3:3 conducted with AS OSM # 1, the QIDF of Individual # 2's Fithe PCP and data of October 2019, ASM	age 27 ame as "Desired Outcome: # 7" ove. Further review of the data os were documented on every through 10/31/19 indicating the inplemented 31 of 31 days. 5 p.m., an interview was M # 2, program manager, and or regarding the implementation PCP outcome. After reviewing collection sheets dated M # 2 and OSM # 1 stated that ot implemented according to	W 24	49	
	[administrative staf ASM # 2, program staff member)] # 1, Intellectual Disabili aware of the finding No further informat References: [1] Refers to a group by a limited mental adaptive behaviors	ion was provided prior to exit. up of disorders characterized capacity and difficulty with such as managing money,			
	This information was https://www.report.ctSheet.aspx?csid=[2] A brain disorder recurring seizures. clusters of nerve casend out the wrong	ines, or social interactions. as obtained from the website: nih.gov/NIHfactsheets/ViewFa =100. that causes people to have The seizures happen when ells, or neurons, in the brain signals. People may have and emotions or behave			

strangely. They may have violent muscle spasms

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	N = 81	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		49G014	B. WING_			11/14/2019	
	ROVIDER OR SUPPLIER FISHER HALL GROUP	НОМЕ		STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN O X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
W 249	or lose consciousne obtained from the whttps://medlineplus. [3] A group of disordability to move and posture. This informwebsite: https://www.nlm.nih.y.html. 3. The facility staff # 3's outcome for to Individual # 3 was a Home) on 06/13/19 record included but intellectual disability seizure disorder [3].	ess. This information was rebsite: gov/epilepsy.html. ders that affect a person's to maintain balance and nation was obtained from the gov/medlineplus/cerebralpals failed to implement Individual illeting and purchasing. Idmitted to (Name of Group 99, diagnoses in the clinical were not limited to: profound of [1], cerebral palsy [2], and	W2	249			
	07/01/2019 docume [Individual # 3] will s needs to be assisted 100% accuracy for 6/30/20." "Desired Outcome: purchase the item of once per month at 1 consecutive months. The data collection documented the sar as documented the sar as documented about sheet revealed zero and 10/03/19 indical implemented two of	ented, "Desired Outcome: # 2. sign bathroom when she d with toileting each day at 12 consecutive months by # 7. [Individual # 3] will f her choice within budget 00% accuracy for 12					

OLITICIT	OT OIL WEDIONINE	G WILDIOAID OLIVIOLO			ONID 11	J. 0330-0331
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		A CONTRACTOR OF THE PROPERTY O	SURVEY
		49G014	B. WING		11	/14/2019
NAME OF P	ROVIDER OR SUPPLIER			ET ADDRESS, CITY, STATE, ZIP CO		
MINERVA	FISHER HALL GROUI	РНОМЕ		WOLFTRAP RD NA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
W 249	data sheet revealed every day from 10/2 indicating the program of 30 days. On 11/13/19 at 3:5 conducted with AS OSM # 1, the QIDF of Individual # 3's F	age 29 d above. Further review of the d zeros were documented on 01/19 through 10/31/19 ram was not implemented in 30 5 p.m., an interview was M # 2, program manager, and P regarding the implementation PCP outcomes. After reviewing collection sheets dated	W 249			
	October 2019, ASM	# 2 and OSM # 1 stated that # 7 were not implemented				
	by a limited mental adaptive behaviors schedules and rout This information wa	up of disorders characterized capacity and difficulty with such as managing money, ines, or social interactions. as obtained from the website: nih.gov/NIHfactsheets/ViewFa = 100				
	ability to move and posture. This inforwebsite:	rders that affect a person's to maintain balance and mation was obtained from the n.gov/medlineplus/cerebralpals				
	because of sudder the brain. This info website:	brain problem. They happen , abnormal electrical activity in rmation was obtained from the n.gov/medlineplus/seizures.ht				

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	NSTRUCTION		SURVEY PLETED
		49G014	B. WING		11	/14/2019
	ROVIDER OR SUPPLIER FISHER HALL GROUP	номе	8207	ET ADDRESS, CITY, STATE, ZIP C WOLFTRAP RD INA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE 'HE APPROPRIATE	(X5) COMPLETION DATE
W 249	4 The facility staff fa 4's outcome for pure Individual # 4 was a Home) on 05/19/20 record included but intellectual disability syndrome [3] and sw The PCP for Individual # 4] will month in the community consecutive mon The data collection is documented the same as documented above sheet revealed zeros through 10/31/19 inclimplemented 31 of 3 on 11/13/19 at 4:40 conducted with ASM OSM # 1, the QIDP of Individual # 4's PC the PCP and data conducted with ASM OSM # 1, the QIDP of Individual # 4's PC the PCP and data conducted with ASM outcome # 5was not the PCP. On 11/13/19 at appreciadministrative staff ASM # 2, program mostaff member) # 1, the conducted in the program of t	dmitted to (Name of Group 16, diagnoses in the clinical were not limited to: profound 12], Lennox Gastaut wallowing difficulties. ual # 4 with a start date of nted, "Desired Outcome: # 5. nake 1 [0ne] purchase every unity with 100% accuracy for ths by 6/30/20." sheet dated "October 2019 ne as "Desired Outcome: # 5" ve. Further review of the data is documented from 10/01/19 dicating the program was not 31 days. p.m., an interview was 1 # 2, program manager, and regarding the implementation CP outcome. After reviewing collection sheets dated # 2 and OSM # 1 stated that implemented according to oximately 5:07 p.m., ASM member] # 1, clinical director, nanager, and OSM [other the QIDP (Qualified tes Professional) were made	W 249			

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Event ID: 81LI11

Facility ID: VAICFMR14

If continuation sheet Page 31 of 48



	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING _	CONSTRUCTION	(X3) DATE COMPI	
		49G014	B. WING		11/1	14/2019
	ROVIDER OR SUPPLIER	PHOME	8	TREET ADDRESS, CITY, STATE, ZIP CODE 207 WOLFTRAP RD /IENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 249	material used to stinformation was obhttps://www.alimediml. [2] Refers to a group by a limited mental adaptive behaviors schedules and routh in information with the straight of the straight	on-slip, rubber-like plastic abilize surfaces. This stained from the website: I.com/dycem-nonslip-matting.ht up of disorders characterized capacity and difficulty with such as managing money, tines, or social interactions. as obtained from the website: ov/nihfactsheets/ViewFactShee usually begins between the ut can start as late as dren may have several different th this syndrome. These he the muscles suddenly ic (where the muscles yoclonic, tonic clonic and Atypical absences often last I absences and are different as ponsive and aware of their	W 249	1. The Nursing Coordinator will retrait LPN involved in the deficient practice medication administration policy with emphasis on ensuring all drugs and bio are kept locked except when being preadministration for individual #3 and all individuals in the home. 2. The Program Manager will retrain postaff on the Medication Administration with an emphasis on ensuring all drugs biologicals are kept locked except whe prepared for administration for all individuals. The Program Manager and Program will monitor the process by conducting medication administration observation ensure program staff are ensuring all dibiologicals are kept locked except whe prepared for administration. 4. Annual Recertification Medication is required by all staff. The Clinical Divill review that all staff members com training in a timely manner.	on the an ologicals pared for l other orogram a Policy s and en being viduals. In Nurse g random s to orugs and en being training oirector	12/23/19







	OF DEFICIENCIES F CORRECTION				DATE SURVEY COMPLETED		
		49G014	B. WING				11/14/2019
	PROVIDER OR SUPPLIER	номе		8207 W	CADDRESS, CITY, STATE, ZIP CODE OLFTRAP RD A, VA 22180		11/17/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 382	the medication admin Individual # 3 by leav of the medication car medication cart after unattended while Ind room alone. The findings include: Individual # 3 admitte on 06/13/1999, diagr included but were no	nistration observation for ving her medications on top or and failing to lock the reaving the medication room dividual # 3 was left in the	W	382			
	medication administration conducted with LPN in the group home's rate 3 was observed to medication room, by motorized wheelchain after Individual # 3 eropened the medication packs/cards containing and placed then on to LPN # 2 was dispensionable card into the rate medication room doo Individual, who reside attempting to enter the member from the hor Individual. The Individual to assist the Individual redirected. LPN # 2 was dispensionable card into the rate member from the hor Individual. The Individual redirected. LPN # 2 was dispensionable to assist the Individual redirected. LPN # 2 was dispensionable to assist the Individual redirected. LPN # 2 was dispensionable to assist the Individual redirected. LPN # 2 was dispensionable to the redirected to the redirected to the redirected redirected redirected to the redirected re	or opened and another					

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 11/20/2019 FORM APPROVED

CENTER	S FOR MEDICARE	& MEDICAID SERVICES			OIVID INC. 0936-0391	
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G014	B. WING		11/14/2019	
NAME OF P	ROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, ZIP CODE		
MINERVA	FISHER HALL GROUP	HOME		207 WOLFTRAP RD IENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION	
W 382	LPN # 2 stated, "I reflect the medication roomes to the medication roomes to the medication room, to the medication room, to the medication we cart. The medication Individual # 3 was supervision. An object of the medication of t	another part of the home. need to wash my hands", left m and walked into a bathroom tion room. Further led that when LPN # 2 left the the door closed and Individual # the left on top of the medication on cart was unlocked and tin the room without the servation of the medications cation cart revealed the for intestinal disorders], le spasms], Cranberry tablet rinary tract infection], nal supplement], Phyntoin [for d [probiotic], Vitamin C [treat	W 382			
	interview was condasked to describe medications when prepared, LPN # 2 away, lock the medications was important to stated, "You cannounattended because When informed of 2 stated, "I was over stayed there [in the sanitizer." LPN # 3 could not have remedication cart or	proximately 8:30 a.m., an ducted with LPN # 2. When the process for securing medications are not being stated, "Put the medications dication cart, and take the key swith me." When asked why it ecure medications, LPN # 2 of leave the medications are someone could grab them." the above observation, LPN # erwhelmed. I should have the room and used the hand of further stated that Individual # eached the top of the opened the drawers but that Id have come into the room the shathroom.				



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PRINTED: 11/20/2019 FORM APPROVED OMB NO. 0938-0391

OLIVILIY	O I OI WILDIO MIL	A MILDICAID SERVICES			ONID NO. 0330-0331
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED
		49G014	B. WING		11/14/2019
	ROVIDER OR SUPPLIER FISHER HALL GROUP	HOME	8207	EET ADDRESS, CITY, STATE, ZIP CODE WOLFTRAP RD NNA, VA 22180	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
W 382	documented in part Procedures: I. Do n unattended at any t must remain [sic] w On 11/13/19 at app [administrative staff ASM # 2, program n staff member)] # 1, Intellectual Disabilit aware of the finding	"3.4 Medication Management" , "Medication Administration tot leave medications time. All poured medications tith eyesight." roximately 5:07 p.m., ASM f member] # 1, clinical director, manager, and OSM [other the QIDP (Qualified ties Professional) were made	W 382		
	by a limited mental adaptive behaviors schedules and routi This information wa https://www.report.rctSheet.aspx?csid= (2) A group of disordability to move and posture. This inform website: https://www.nlm.nih.y.html. (3) Symptoms of a because of sudden,	p of disorders characterized capacity and difficulty with such as managing money, ines, or social interactions. It is obtained from the website: hih.gov/NIHfactsheets/ViewFact100 ders that affect a person's to maintain balance and mation was obtained from the agov/medlineplus/cerebralpals prain problem. They happen abnormal electrical activity in mation was obtained from the			
W 436		.gov/medlineplus/seizures.ht	W 436		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 81LI11

Facility ID: VAICFMR14

If continuation sheet Page 35 of 48



CLIVILIN	O I OK WEDICAKE &	WEDICAID SERVICES			OIVID NO. US	930-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE SUR COMPLETE	
4		49G014	B. WING		11/14/2	2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
				207 WOLFTRAP RD		
MINERVA	FISHER HALL GROUP	HOME	,	/IENNA, VA 22180		
				The state of the s	-	
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B		(X5) OMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	DATE
				The Program Manager will review	12/	/23/19
W 436	Continued From page	e 35	W 436	individual #4's mealtime adaptive equip		
	CFR(s): 483.470(g)(2			for accuracy as well as all other individ		
	0 (0) (9)(2	-,		adaptive equipment.		
	The facility must furn	ish, maintain in good repair,				
		use and to make informed		2. The Program Manager will retrain p	rogram	
		e of dentures, eyeglasses,		staff on the correct mealtime adaptive	rogram	
		mmunications aids, braces,		equipment to be used for individual #4.		
	and other devices ide			equipment to be used for marvidual "1".		
		as needed by the client.		3. The Program Manager will retrain p	rogram	
		,		staff on the correct mealtime adaptive	logialii	
				equipment to be used for all individuals	in the	
					, in the	
	This STANDARD is i	not met as evidenced by:		home.		
		ons, staff interview and		4 T B 14 B	and the sales	
		, it was determined that the		4. The Program Manager and/or Progra	am	
		to provide a specialized		Nurse will conduct monthly mealtime		
	place mat during dinr	ner for one of four Individuals		observations to ensure staff are using th	8	
	in the survey sample	, Individual # 2. Facility staff		correct adaptive equipment. The Progra		
	failed to provide Indiv	vidual # 4 with a Dycem		Manager and/or Program Nurse will me		
	place mat [1] during of	dinner.		appropriate behaviors for staff to follow	v during	
	TI - 5 - 1: : - I - I - I			mealtime.		
	The findings include:			5. Mission Effectiveness and/or the Cli	inical	
	Individual # 4 admitte	ed to (Name of Group Home)		Director will also conduct quarterly	incai	
		noses in the clinical record		observations and record reviews to prev	vant	
	included but were no			deficiencies.	CIII	
	intellectual disability [deficiencies.		
	syndrome [3] and sw	5(4.17)				
	Op 11/12/10 at appea	ovimately 5:55 n m on			1	
		oximately 5:55 p.m., an ducted of Individual # 4				
		dual # 4 was in a chair, at a				
	table in the dining room with another staff member next to him. Observation of the place					
	setting revealed Indiv				Bullion and an artist and an artist and artist artist and artist artist and artist artist and artist artist artist and artist artist artist and artist ar	
		a flat plastic spoon and a			unununununun	
	scoop dish with a pla					
		eal failed to evidence the use			Management	
	of a Dycem mat for the			an and E		
				The state of the s	-	









STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ASSESSMENT AND ASSESSMENT ASSESSMENT AND ASSESSMENT	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G014	B. WING_			11/14/	/2019	
	ROVIDER OR SUPPLIER	РНОМЕ		STREET ADDRESS, CITY, STAT 8207 WOLFTRAP RD VIENNA, VA 22180	E, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT CROSS-REFERENC	LAN OF CORRECTION IVE ACTION SHOULD BE ED TO THE APPROPRIA FICIENCY)		(X5) COMPLETION DATE	
W 436	through 11/30/19 a 11/06/19 document plastic maroon spo guard, Dycem mat. The "Nutritional Ast documented, "Adap POS - Flat plastic riplate guard, dycem On 11/13/19 at appinterview was condistaff member] # 2, asked what a Dyce stated, "To keep the table." When aske adaptive equipment is poste went into the kitche opened up a kitche inside of the cabine the initials of Individentials of I	n's order sheet] dated 11/01/19 nd signed by the physician on ted, "Adaptive Equipment. Flat on, Scoop dish with plate "" sessment' dated 04/12/2019 ptive Equipment: Per 02/2018 maroon spoon, Scoop dish with mat." proximately 9:30 a.m., an lucted with ASM [administrative program manager. When mat is used for, ASM # 2 to plater from sliding on the dhow staff know what it should be used for Individual to the should be used for Individual to the with this surveyor and the cabinet. Observation of the tet door revealed a paper with dual to 4 on the top of the page. In of the sheet of paper potive Equipment: Flat Plastic top Dish, Plateguard and the the name of each piece of the was a photograph of the quipment. When informed of tion, ASM # 2 stated that the have been used during al. Proximately 5:07 p.m., ASM formember] # 1, clinical director,	W 4	136				
	ASM # 2, program	manager, and OSM [other the QIDP (Qualified						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	3 5	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		49G014	B. WING_			11/14/2019	
	ROVIDER OR SUPPLIER FISHER HALL GROUP I	НОМЕ	STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180			11114/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O ((EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
W 436	Intellectual Disabilitie aware of the findings	s Professional) were made	W	36			
	material used to stab information was obta	slip, rubber-like plastic ilize surfaces. This ined from the website: om/dycem-nonslip-matting.ht					
	by a limited mental candaptive behaviors so schedules and routin This information was	of disorders characterized apacity and difficulty with uch as managing money, es, or social interactions. obtained from the website: inihfactsheets/ViewFactShee					
	ages of 3 and 5, but a adolescence. Childre types of seizure with include tonic (where the become stiff), atonic suddenly relax), myo atypical absences. At longer than normal at a child may be responsurroundings.	n may have several different this syndrome. These the muscles suddenly (where the muscles clonic, tonic clonic and typical absences often last osences and are different as insive and aware of their					
W 455	INFECTION CONTROCER(s): 483.470(l)(1) There must be an act prevention, control, a and communicable di	ive program for the nd investigation	W 4	55			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G014	B. WING		11/14/2019	
NAME OF P	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE	•	
MINERVA	FISHER HALL GROUP I	HOME	8	207 WOLFTRAP RD		
MINTERVA	HOHER HALL GROOF	TOME	V	/IENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		Z
W 455	Continued From pag	e 38	W 455	policies with the staff involved in supe	rvision	
	Based on observation was determined that follow infection contrumedication administre preparation of a mean incontinence care of survey sample, Individual The findings include: 1a. The facility staff of professional] # 4 was the inside of the medicand administering means of the medication was concurred to the medication was concurred to the drawer to remove the drawer and removed three bubble three bubb	ailed DSP [direct support observed with his fingers on ication cup when preparing edications. A preparing medications for entering [Name of Group on room, DSP # 4 picked up to top of the medication cart, and the pack cards. DSP #4 closed wed two small plastic of a stack of cups on top of AS DSP #4 removed the the was observed placing his up as he turned the cups 4 then dispensed		with an emphasis on ensuring staff doe place their fingers inside of the medical while administering medications to ind #3 as well as all individuals in the hom 2. The Program Nurse will train all prostaff on the medication administration well as the infection control policy with emphasis on what constitutes contaming the medications. 3. The Program Manager and/or Program Nurse will conduct random unannounce medication administration observations ensure infection control practices are be rendered appropriately for individual # other individuals during medication administration. The Clinical Director of monitor the process. 4. Annual Recertification Medication Administration Training is required by The Clinical Director will review that a members complete the training in a time manner.	ion cup ividual e. ogram policy as a an ation of am ed to eing 3 and all vill all staff. Il staff	
	crushed them. DSP # tablets back into each crushed medications	44 then poured the crushed n of the cups, mixed the with applesauce in each of tered the medications to an				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	IDENTIFICATION NUMBER: A. BUILDIN		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
	49G014	B. WING		11/14/2019
NAME OF PROVIDER OR SUPPLIER MINERVA FISHER HALL GROUP HO	ME		STREET ADDRESS, CITY, STATE, ZIP COI 8207 WOLFTRAP RD VIENNA, VA 22180	
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COMPLETION E APPROPRIATE DATE
stated, "I knew I had pucups, I should have helikept my fingers on the off of the findings of the findings." On 11/13/19 at approximation approximation of the findings. No further information of the findings. No further information of the findings. No further information of the findings. On 11/12/19 at approximation of the findings. On 11/12/19 at approximation of the findingers with their finger of the findingers. In the facility staff fails food from contamination burgers with their finger of the findingers. On 11/12/19 at approximation of the findingers of the findingers of the findingers of the finding of the finding of the findingers. In the facility staff fails food from contamination burgers with their fingers. On 11/12/19 at approximation of the findingers of the findingers. On 11/12/19 at approximation of the findingers of the findingers. On 11/12/19 at approximation of the findingers of the findingers of the findingers.	mately 4:30 p.m., an d with DSP # 4. When ove observation DSP # 4 at my fingers inside the d them by the bottom and outside of the cups." mately 5:07 p.m., ASM mber] # 1, clinical director, ager, and OSM [other QIDP [Qualified Professional] were made vas provided prior to exit. ed to protect Individual's in by holding cooked turkey is while cutting them. mately 5:50 p.m., an her staff member] # 1, tual Disabilities meals in the kitchen of . OSM # 1 was observed er on an Individual's plate. It chen shears, OSM # 1 and it in place on the plate After cutting up the lup another burger with ing the kitchen shears, cut in the Individual's plate. Vidual's plates with the chopped up turkey were given their plates	W 4	55	

AND THE RESERVE TO THE PARTY OF		WEDIO/ ND CERVICES				CUDATA	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	DNSTRUCTION	(X3) DATE SURVEY COMPLETED		
		49G014	B. WING		11.	14/2019	
	ROVIDER OR SUPPLIER FISHER HALL GROUP	HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W 455	interview was cond the preparation of the stated, "We have a used in the kitchen food." When asked an Individual's food stated, "I don't think On 11/13/19 at appinterview was cond staff member] # 1, informed of the obstated, "She should the burgers while of about the policy of preparing an Individual" She [OSM # 1] mis practice of not using shouldn't have touch hands." On 11/13/19 at app [administrative staff ASM # 2, program is staff member)] # 1, Intellectual Disabilit aware of the finding No further information. The facility staff wash hands after production of the finding and the production of the finding wash hands after production of the finding and the production of the finding wash hands after p	ucted with OSM #1 regarding he turkey burgers. OSM # 1 policy that no gloves are to be when preparing an individual's if it was appropriate to touch with bare hands, OSM # 1 cso." roximately 5:05 p.m., an ucted with ASM [administrative clinical director. When ervation above, ASM # 1 have used a utensil to hold utting them." When asked not using gloves when dual's food, ASM # 1 stated, sunderstood. We have a g gloves to cook food; she shed the food with her bare roximately 5:07 p.m., ASM if member] # 1, clinical director, manager, and OSM [other the QIDP (Qualified lies Professional) were made	W 455		VDHO VDHO	RECEIVE	
		[1], cerebral palsy [2], and			2		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G014	B. WING_	1 41	11/14/2019
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	
				8207 WOLFTRAP RD	
MINERVA	FISHER HALL GROU	PHOME		VIENNA, VA 22180	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE	
W 455	professional] # 1 w Individual # 3's bed disposable gloves	age 41 0 p.m., DSP [direct support as observed coming out an droom wearing blue plastic on each hand and carrying a me items inside. DSP # 1 was	W	455	
	door while still wear pushed on the exit the door, walked on the bag into the durable plastic gloves, three DSP #1 then re-enfront door, went to eight-ounce carton to the kitchen, place proceeded to the liand Individuals.	hrough the home to the front ring the gloves. He then bar of the front door, opened utside to the dumpster, threw mpster, removed the blue w them into the dumpster. tered the home through the a supply closet, removed an of a liquid supplement, took it sed it on the counter and ving room to join the other staff SP # 1 was not observed at any time during the			
	was observed retri	:25 p.m., another staff member eving the liquid supplement individual and she began to			
	conducted with DS was wearing blue he came out of an DSP # 1 stated, "I Individual # 3]." Whe took out side, E soiled diaper and the above observative taken the glotheroom," When DSP # 1 stated, "I germs." When as	O p.m., an interview was SP # 1. When asked why he plastic disposable gloves when individual's bedroom earlier, was changing [Name of //hen asked what was in the bag OSP # 1 stated, "It was the wipes." After being informed of tion, DSP # 1 stated, "I should ves off before coming out of asked why that was important, to prevent the spread of ked to describe the process er removing disposable gloves,			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		((X3) DATE SURVEY COMPLETED	
		49G014	B. WING			11/	14/2019
	ROVIDER OR SUPPLIER FISHER HALL GROUP I	НОМЕ		STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	E	(X5) COMPLETION DATE
W 455	DSP # 1 stated, "Was further stated, "I shou after taking off the glo protein drink for [Nam On 11/13/19 at appro [administrative staff n ASM # 2, program ms staff member)] # 1, th Intellectual Disabilitie aware of the findings. No further information References:	sh your hands." DSP # 1 uld have washed my hands eves and before I got the ne of Individual]." eximately 5:07 p.m., ASM nember] # 1, clinical director, anager, and OSM [other ne QIDP [Qualified s Professional] were made on was provided prior to exit.	W 4	155			
	by a limited mental ca adaptive behaviors su schedules and routine This information was https://www.report.nih ctSheet.aspx?csid=10	of disorders characterized apacity and difficulty with such as managing money, es, or social interactions. obtained from the website: n.gov/NIHfactsheets/ViewFa 00 ers that affect a person's maintain balance and					-
W 475	posture. This informativebsite: https://www.nlm.nih.g y.html. (3) Symptoms of a brabecause of sudden, at the brain. This informativebsite:	ation was obtained from the ov/medlineplus/cerebralpals ain problem. They happen bnormal electrical activity in ation was obtained from the ov/medlineplus/seizures.ht	W 4	75			
VV 475	CFR(s): 483.480(b)(2)(iv)	VV 4	15			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G014	B. WING		11/14/2019
	ROVIDER OR SUPPLIER	IP HOME	8	STREET ADDRESS, CITY, STATE, ZIP CODE 1207 WOLFTRAP RD /IENNA, VA 22180	
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTI PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)		BE COMPLETION
W 475	This STANDARD Based on observed clinical record reverse facility staff failed spoon for eating version four individuals in 2. The facility staff with a regular size. The findings included included but were intellectual disability palsy [3]. On 11/12/19 at apposervation was of during the dinner, the dining room to resided at [Name was provide with with plate guard to eat her meal w	is not met as evidenced by: ations and staff interviews and iew, it was determined that the to provide the proper size while eating dinner for one of the survey sample, Individual # f failed to provide Individual # 2 e spoon to eat her dinner. de: intted to [Name of Group Home] agnoses in the clinical record not limited to: profound ity [1], epilepsy [2] and cerebral proximately 5:55 p.m., an conducted of Individual # 2 Individual # 2 was seated at able, with other individuals who of group Home]. Individual # 2 a regular cup, a dinner plate and a table spoon as her utensil ith. Further observations during id Individual # eating her entire	W 475	1. The Program Manager will review individual #2's mealtime adaptive equidocumentation for accuracy as well as individuals adaptive equipment docum. 2. The Program Manager will retrain staff on the correct mealtime adaptive equipment to be used for individual #3. The Program Manager will retrain staff on the correct mealtime adaptive equipment to be used for all individual home. 4. The Program Manager and/or ProgNurse will conduct monthly mealtime observations to ensure staff are using correct adaptive equipment. The ProgManager and/or Program Nurse will rappropriate behaviors for staff to followealtime. 5. Mission Effectiveness and/or the ODirector will also conduct quarterly observation and record reviews to predeficiencies.	ipment sall other nentation. program 2. program sls in the gram the gram nodel the ow during Clinical
	dated 04/04/2019 Equipment: per 0 sheet]: Plate guar Further review of	ssessment" for Individual # 2 documented in part, "Adaptive 03/219 POS [physician's order rd if attempting to feed herself." the "Nutritional Assessment" the use of a tablespoon for			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE COMF	SURVEY
		49G014	B. WING		11/	14/2019
	ROVIDER OR SUPPLIER FISHER HALL GROUP H	IOME		STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
W 475	Continued From page	e 44	W 47	The day support staff will be retrain the day support manager on ensuring to service is provided for individual #3 ar	ble	12/23/19
	11/30/2019 document Orders: plate with guareview of the POS fait tablespoon to eat me On 11/13/19 at 9:30 a conducted with ASM member] # 2, program of the above observa [Individual # 2] should regular teaspoon and On 11/13/19 at appro [administrative staff in ASM # 2, program mastaff member)] # 1, the Intellectual Disabilities aware of the findings. No further information References: [1] Refers to a group by a limited mental can adaptive behaviors suschedules and routine This information was https://www.report.nih.ctSheet.aspx?csid=10.	a.m., an interview was [administrative staff in manager. After informed tion ASM # 2 stated, she if have been provided with a not a table spoon." Eximately 5:07 p.m., ASM member] # 1, clinical director, anager, and OSM [other e QIDP (Qualified is Professional) were made In was provided prior to exit. In of disorders characterized apacity and difficulty with such as managing money, as, or social interactions. In obtained from the website: In gov/NIHfactsheets/ViewFa		service is provided for individual #3 ar other individuals supported who can areat at a table including individuals in wheelchairs. 2. The day support Manager will cond monthly mealtime observations as need model appropriate behaviors to ensure support staff are ensuring all individual sitting at the table during meals. 3. The residential QIDP will complete unannounced day support observations ensure day support staff are promoting rights of the individuals during mealtimall individuals including individual #3 sitting at the table during meal times at support. In the event any individual(s) not to sit at the table, their preference(shonored for them to sit where they wis individual(s) ISP will include the individual(s) ISP will include the individual(review the completion of the disupport observations on a monthly basic 6. CRi Mission Effectiveness and/or the Clinical Director will also conduct perisupport record reviews/ staff observation prevent deficiencies.	to the he and day prefers will be he and the idual(s) ill ay s. he odic day	
	strangely. They may I	nd emotions or behave nave violent muscle spasms s. This information was				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER: A. B		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G014	B. WING		11/14/2019
	ROVIDER OR SUPPLIER	номе		STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180	1 - 1
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
W 475	ability to move and posture. This inform website:	vebsite:	W 47	75	
W 483	CFR(s): 483.480(d) The facility must pro-	(2) ovide table service for all d will eat at a table, including	W 48	33	
	Based on observarecord review it was staff failed to provide individual to eat at individuals in the sum of the facility staff failed for Individual # 3 to	is not met as evidenced by: tion, staff interview and clinical is determined that the facility le an opportunity for an a table for one of four arvey sample, Individual # 3. led to provide an opportunity eat lunch at a table in the ne of Day Program).			
	included but were intellectual disabilit seizure disorder [3 On 11/13/19 at approbservation was co	gnoses in the clinical record not limited to: profound y [1], cerebral palsy [2], and l. proximately 12:05 p.m., an onducted of Individual # 3 in the ne of Day Program]. Individual			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G014	B. WING			1/14/2019	
	ROVIDER OR SUPPLIER	P HOME		STREET ADDRESS, CITY, STATE, ZIP C 8207 WOLFTRAP RD VIENNA, VA 22180		e	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
W 483	attached. OSM [o [assistant program] provided protector on Individual # 3's wh from the table and were seated at the the position of Indirevealed it was neroom. Observation staff were able to wheelchair and the to assist those indi Observations of the seats. On 11/13/19 at appinterview was condiformed of the able to eat with 4 stated, "Staff shop proximity to others. On 11/13/19 at appinterview was conditioned of the able to eat with 4 stated, "Staff shop proximity to others." On 11/13/19 at appinterview was conditioned in the staff of the st	ther wheelchair with the lap tray ther staff member] # 3, APM manager] of [Name of Day and placed a plastic clothing dual # 1. Observation of eelchair revealed it was back behind other individuals who table. Further observation of vidual # 3's wheelchair at to the support pillar of the ms during the meal revealed walk between Individual # 2's at table to get around the table viduals seated at the table. The table revealed three empty aroximately 1:10 p.m., and ducted with OSM # 3. When one observation of Individual # 2's at table to eat with the other at 3 stated, "She should have on the table." The proximately 1:20 p.m., and the table of Individual # 3 not being at the other individuals, OSM # 2 ould be more observant of her	W 48	3			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
	49G014	B. WING		11/14/2019
	РНОМЕ	STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180		
(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL	ID PREFIX TAG		
other individuals at # 2 stated, "She sh the table it also professions of the table at a profession of the finding of the finding of the table at a profession of the table at a profession of the table at a profession of table at a professi	it [Name of Day Program], ASM could have been brought up to bomotes her socialization." proximately 5:07 p.m., ASM of member] # 1, clinical director, manager, and OSM [other the QIDP (Qualified ties Professional) were made gs. ion was provided prior to exit. up of disorders characterized capacity and difficulty with such as managing money, ines, or social interactions. as obtained from the website:	W 483		
(2) A group of disor ability to move and posture. This inforwebsite: https://www.nlm.nihy.html. (3) Symptoms of a because of sudden the brain. This inforwebsite:	rders that affect a person's to maintain balance and mation was obtained from the a.gov/medlineplus/cerebralpals brain problem. They happen, abnormal electrical activity in mation was obtained from the			
	ROVIDER OR SUPPLIER FISHER HALL GROU SUMMARY (EACH DEFICIE REGULATORY) Continued From paracter of the table it also provided in table it also provided it also provided in table it also provided in table it also provid	FORRECTION IDENTIFICATION NUMBER: 49G014 ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 47 other individuals at [Name of Day Program], ASM # 2 stated, "She should have been brought up to the table it also promotes her socialization." On 11/13/19 at approximately 5:07 p.m., ASM [administrative staff member] # 1, clinical director, ASM # 2, program manager, and OSM [other staff member)] # 1, the QIDP (Qualified Intellectual Disabilities Professional) were made aware of the 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. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100 (2) A group of disorders that affect a person's ability to move and to maintain balance and posture. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/cerebralpals y.html. (3) 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.ht	ROVIDER OR SUPPLIER FISHER HALL GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 47 other individuals at [Name of Day Program], ASM # 2 stated, "She should have been brought up to the table it also promotes her socialization." On 11/13/19 at approximately 5:07 p.m., ASM [administrative staff member] # 1, clinical director, ASM # 2, program manager, and OSM [other staff member]) # 1, the QIDP (Qualified Intellectual Disabilities Professional) were made aware of the 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. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100 (2) A group of disorders that affect a person's ability to move and to maintain balance and posture. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/cerebralpals y.html. (3) 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.ht	ROVIDER OR SUPPLIER FISHER HALL GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 47 Other individuals at [Name of Day Program], ASM # 2 stated, "She should have been brought up to the table it also promotes her socialization." On 11/13/19 at approximately 5:07 p.m., ASM [administrative staff member] # 1, clinical director, ASM # 2, program manager, and OSM [other staff member] # 1, the OIDP (Qualified Intellectual Disabilities Professional) were made aware of the 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. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFa ctSheet.aspx?csid=100 (2) A group of disorders that affect a person's ability to move and to maintain balance and posture. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/cerebralpals y.html. (3) 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.ht