

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments	E 000		
E 004	<p>An unannounced Emergency Preparedness survey was conducted 06/01/2021 through 06/03/2021. Corrections are required for compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.</p> <p>Develop EP Plan, Review and Update Annually CFR(s): 483.475(a)</p> <p>§403.748(a), §416.54(a), §418.113(a), §441.184(a), §460.84(a), §482.15(a), §483.73(a), §483.475(a), §484.102(a), §485.68(a), §485.625(a), §485.727(a), §485.920(a), §486.360(a), §491.12(a), §494.62(a).</p> <p>The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:</p> <p>(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least every 2 years. The plan must do all of the following:</p> <p>* [For hospitals at §482.15 and CAHs at §485.625(a):] Emergency Plan. The [hospital or CAH] must comply with all applicable Federal, State, and local emergency preparedness requirements. The [hospital or CAH] must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an</p>	E 004		

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

TITLE

(X6) DATE

06/16/2021

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

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E 004	<p>Continued From page 1 all-hazards approach.</p> <p>* [For LTC Facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually.</p> <p>* [For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least every 2 years.</p> <p>. This STANDARD is not met as evidenced by: Based on staff interview and facility document review it was determined that the facility staff failed to have a complete emergency preparedness plan. The Facility staff failed to provide documented evidence of the annual review of the emergency preparedness plan.</p> <p>The findings include:</p> <p>On 06/03/2021 at 10:20 a.m. a review and interview of the facility's emergency preparedness plan was conducted with ASM (administrative staff member) # 1, clinical director. Review of the facility's emergency preparedness plan failed to evidence documented evidence of the annual review of the emergency preparedness plan. ASM # 1 stated, "I don't have the evidence of the reviews and if I don't have it I can't say it was done."</p> <p>On 06/03/2021 at approximately 10:30 a.m., ASM (administrative staff member) # 1, clinical director, was made aware of the above finding.</p>	E 004			

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E 004	Continued From page 2	E 004			
E 006	<p>No further information was provided prior to exit.</p> <p>Plan Based on All Hazards Risk Assessment CFR(s): 483.475(a)(1)-(2)</p> <p>§403.748(a)(1)-(2), §416.54(a)(1)-(2), §418.113(a)(1)-(2), §441.184(a)(1)-(2), §460.84(a)(1)-(2), §482.15(a)(1)-(2), §483.73(a)(1)-(2), §483.475(a)(1)-(2), §484.102(a)(1)-(2), §485.68(a)(1)-(2), §485.625(a)(1)-(2), §485.727(a)(1)-(2), §485.920(a)(1)-(2), §486.360(a)(1)-(2), §491.12(a)(1)-(2), §494.62(a)(1)-(2)</p> <p>[(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following:]</p> <p>(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.*</p> <p>(2) Include strategies for addressing emergency events identified by the risk assessment.</p> <p>* [For Hospices at §418.113(a):] Emergency Plan. The Hospice must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following:</p> <p>(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.</p> <p>(2) Include strategies for addressing emergency events identified by the risk assessment, including the management of the consequences of power failures, natural disasters, and other emergencies that would affect the hospice's ability to provide</p>	E 006			

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E 006	<p>Continued From page 3 care.</p> <p>*[For LTC facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following: (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents. (2) Include strategies for addressing emergency events identified by the risk assessment.</p> <p>*[For ICF/IIDs at §483.475(a):] Emergency Plan. The ICF/IID must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following: (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing clients. (2) Include strategies for addressing emergency events identified by the risk assessment.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and facility document review it was determined that the facility staff failed to have a complete emergency preparedness plan. The facility staff failed to provide evidence of documentation that the facility's risk assessment included emerging infectious diseases.</p> <p>The findings include:</p> <p>On 06/03/2021 at 10:20 a.m. a review and</p>	E 006			

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E 006	Continued From page 4 interview of the facility's emergency preparedness plan was conducted with ASM (administrative staff member) # 1, clinical director. Review of the facility's emergency preparedness plan failed to reveal evidence of documentation that the facility's risk assessment included emerging infectious diseases. ASM # 1 stated, "We don't have it." On 06/03/2021 at approximately 10:30 a.m., ASM (administrative staff member) # 1, clinical director, was made aware of the above finding.	E 006		
E 013	No further information was provided prior to exit. Development of EP Policies and Procedures CFR(s): 483.475(b) §403.748(b), §416.54(b), §418.113(b), §441.184(b), §460.84(b), §482.15(b), §483.73(b), §483.475(b), §484.102(b), §485.68(b), §485.625(b), §485.727(b), §485.920(b), §486.360(b), §491.12(b), §494.62(b). (b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years. *[For LTC facilities at §483.73(b):] Policies and procedures. The LTC facility must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this	E 013		

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E 013	<p>Continued From page 5</p> <p>section. The policies and procedures must be reviewed and updated at least annually.</p> <p>*Additional Requirements for PACE and ESRD Facilities:</p> <p>*[For PACE at §460.84(b):] Policies and procedures. The PACE organization must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must address management of medical and nonmedical emergencies, including, but not limited to: Fire; equipment, power, or water failure; care-related emergencies; and natural disasters likely to threaten the health or safety of the participants, staff, or the public. The policies and procedures must be reviewed and updated at least every 2 years.</p> <p>*[For ESRD Facilities at §494.62(b):] Policies and procedures. The dialysis facility must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years. These emergencies include, but are not limited to, fire, equipment or power failures, care-related emergencies, water supply interruption, and natural disasters likely to occur in the facility's geographic area.</p>	E 013			

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E 013	Continued From page 6 This STANDARD is not met as evidenced by: Based on staff interview and facility document review it was determined that the facility staff failed to have a complete emergency preparedness plan. The facility staff failed to provide documentation that the policies and procedures were reviewed annually. The findings include: On 06/03/2021 at 10:20 a.m. a review of the facility's emergency preparedness plan and interview was conducted with ASM (administrative staff member) # 1, clinical director. Review of the facility's emergency preparedness plan failed to evidence of documentation that the facility's policies and procedures were reviewed annually. ASM # 1 stated, "I don't have the evidence of the reviews and if I don't have it I can't say it was done." On 06/03/2021 at approximately 10:30 a.m., ASM (administrative staff member) # 1, clinical director, was made aware of the above finding. No further information was provided prior to exit.	E 013			
E 029	Development of Communication Plan CFR(s): 483.475(c) §403.748(c), §416.54(c), §418.113(c), §441.184(c), §460.84(c), §482.15(c), §483.73(c), §483.475(c), §484.102(c), §485.68(c), §485.625(c), §485.727(c), §485.920(c), §486.360(c), §491.12(c), §494.62(c). (c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and	E 029			

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E 029	Continued From page 7 must be reviewed and updated at least every 2 years [annually for LTC facilities]. This STANDARD is not met as evidenced by: Based on staff interview and facility document review it was determined that the facility staff failed to have a complete emergency preparedness plan. The facility staff failed to provide documentation that the communication plan was reviewed annually. The findings include: On 06/03/2021 at 10:20 a.m. a review of the facility's emergency preparedness plan and interview was conducted with ASM (administrative staff member) # 1, clinical director. Review of the facility's emergency preparedness plan failed to evidence of documentation that the facility's communication plan was reviewed annually. ASM # 1 stated, "I don't have the evidence of the reviews and if I don't have it I can't say it was done." On 06/03/2021 at approximately 10:30 a.m., ASM (administrative staff member) # 1, clinical director, was made aware of the above finding. No further information was provided prior to exit.	E 029			
E 030	Names and Contact Information CFR(s): 483.475(c)(1) §403.748(c)(1), §416.54(c)(1), §418.113(c)(1), §441.184(c)(1), §460.84(c)(1), §482.15(c)(1), §483.73(c)(1), §483.475(c)(1), §484.102(c)(1), §485.68(c)(1), §485.625(c)(1), §485.727(c)(1), §485.920(c)(1), §486.360(c)(1), §491.12(c)(1), §494.62(c)(1).	E 030			

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E 030	<p>Continued From page 8</p> <p>[(c) The [facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years [annually for LTC facilities]. The communication plan must include all of the following:]</p> <p>(1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians (iv) Other [facilities]. (v) Volunteers.</p> <p>*[For Hospitals at §482.15(c) and CAHs at §485.625(c)] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians (iv) Other [hospitals and CAHs]. (v) Volunteers.</p> <p>*[For RNHCIs at §403.748(c):] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Next of kin, guardian, or custodian. (iv) Other RNHCIs. (v) Volunteers.</p>	E 030			

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E 030	<p>Continued From page 9</p> <p>*[For ASCs at §416.45(c):] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians. (iv) Volunteers.</p> <p>*[For Hospices at §418.113(c):] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Hospice employees. (ii) Entities providing services under arrangement. (iii) Patients' physicians. (iv) Other hospices.</p> <p>*[For HHAs at §484.102(c):] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians. (iv) Volunteers.</p> <p>*[For OPOs at §486.360(c):] The communication plan must include all of the following: (2) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Volunteers. (iv) Other OPOs. (v) Transplant and donor hospitals in the OPO's</p>	E 030			

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E 030	Continued From page 10 Donation Service Area (DSA). This STANDARD is not met as evidenced by: Based on staff interview and facility document review it was determined that the facility staff failed to have a complete emergency preparedness plan. The facility staff failed to provide documentation that the facility contacts in the communication plan and was reviewed and updated annually. The findings include: On 06/03/2021 at 10:20 a.m. a review of the facility's emergency preparedness plan and interview was conducted with ASM (administrative staff member) # 1, clinical director. Review of the facility's emergency preparedness plan failed to evidence documentation that the facility contacts in the communication plan and was reviewed and updated annually. ASM # 1 stated, "I don't have the evidence of the reviews and if I don't have it I can't say it was done." On 06/03/2021 at approximately 10:30 a.m., ASM (administrative staff member) # 1, clinical director, was made aware of the above finding. No further information was provided prior to exit.	E 030			
E 031	Emergency Officials Contact Information CFR(s): 483.475(c)(2) §403.748(c)(2), §416.54(c)(2), §418.113(c)(2), §441.184(c)(2), §460.84(c)(2), §482.15(c)(2), §483.73(c)(2), §483.475(c)(2), §484.102(c)(2), §485.68(c)(2), §485.625(c)(2), §485.727(c)(2), §485.920(c)(2), §486.360(c)(2), §491.12(c)(2), §494.62(c)(2).	E 031			

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E 031	<p>Continued From page 11</p> <p>[(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years [annually for LTC facilities]. The communication plan must include all of the following:</p> <p>(2) Contact information for the following: (i) Federal, State, tribal, regional, and local emergency preparedness staff. (ii) Other sources of assistance.</p> <p>*[For LTC Facilities at §483.73(c):] (2) Contact information for the following: (i) Federal, State, tribal, regional, and local emergency preparedness staff. (ii) The State Licensing and Certification Agency. (iii) The Office of the State Long-Term Care Ombudsman. (iv) Other sources of assistance.</p> <p>*[For ICF/IIDs at §483.475(c):] (2) Contact information for the following: (i) Federal, State, tribal, regional, and local emergency preparedness staff. (ii) Other sources of assistance. (iii) The State Licensing and Certification Agency. (iv) The State Protection and Advocacy Agency. This STANDARD is not met as evidenced by: Based on staff interview and facility document review it was determined that the facility staff failed to have a complete emergency preparedness plan. The facility staff failed to provide documentation that the emergency official's contacts were reviewed and updated annually.</p>	E 031			

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E 031	Continued From page 12 The findings include: On 06/03/2021 at 10:20 a.m. a review of the facility's emergency preparedness plan and interview was conducted with ASM (administrative staff member) # 1, clinical director. Review of the facility's emergency preparedness plan failed to evidence documentation that the emergency official's contacts were reviewed and updated annually. ASM # 1 stated, "I don't have the evidence of the reviews and if I don't have it I can't say it was done." On 06/03/2021 at approximately 10:30 a.m., ASM (administrative staff member) # 1, clinical director, was made aware of the above finding. No further information was provided prior to exit.	E 031			
E 032	Primary/Alternate Means for Communication CFR(s): 483.475(c)(3) §403.748(c)(3), §416.54(c)(3), §418.113(c)(3), §441.184(c)(3), §460.84(c)(3), §482.15(c)(3), §483.73(c)(3), §483.475(c)(3), §484.102(c)(3), §485.68(c)(3), §485.625(c)(3), §485.727(c)(3), §485.920(c)(3), §486.360(c)(3), §491.12(c)(3), §494.62(c)(3). [(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years [annually for LTC facilities]. The communication plan must include all of the following: (3) Primary and alternate means for	E 032			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 032	<p>Continued From page 13</p> <p>communicating with the following:</p> <p>(i) [Facility] staff.</p> <p>(ii) Federal, State, tribal, regional, and local emergency management agencies.</p> <p>*[For ICF/IIDs at §483.475(c):] (3) Primary and alternate means for communicating with the ICF/IID's staff, Federal, State, tribal, regional, and local emergency management agencies.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and facility document review it was determined that the facility staff failed to have a complete emergency preparedness plan. The facility staff failed to provide documentation that the primary and alternate means for communicating with facility staff, Federal, State, tribal, and local emergency management agencies were reviewed and updated annually.</p> <p>The findings include:</p> <p>On 06/03/2021 at 10:20 a.m. a review of the facility's emergency preparedness plan and interview was conducted with ASM (administrative staff member) # 1, clinical director. Review of the facility's emergency preparedness plan failed to evidence documentation that the primary and alternate means for communicating with facility staff, Federal, State, tribal, and local emergency management agencies were reviewed annually. ASM # 1 stated, "I don't have the evidence of the reviews and if I don't have it I can't say it was done."</p> <p>On 06/03/2021 at approximately 10:30 a.m., ASM (administrative staff member) # 1, clinical director, was made aware of the above finding.</p>	E 032			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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E 032	Continued From page 14	E 032			
W 000	No further information was provided prior to exit. INITIAL COMMENTS	W 000			
W 125	An unannounced annual Medicaid survey for Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) was conducted 06/01/2021 through 06/03/2021. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for the Intellectually Disabled. The Life Safety Code survey report will follow. The census in this six bed facility was six at the time of the survey. The survey sample consisted of three current Individual reviews (Individuals # 1, # 2, and # 3). PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3) The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on observation, staff interview and facility document review, it was determined that the facility staff failed to allow individuals to exercise their rights for dignity during a meal for one of three individuals in the survey sample, Individual # 1. The findings include: While Individual # 1 was eating their breakfast,	W 125			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 125	<p>Continued From page 15</p> <p>DSP [direct support professional] # 1, stood next to Individual # 1 while providing verbal and physical cues.</p> <p>Individual # 1 was admitted to [Name of Group Home] with diagnoses that included but were not limited to: moderate mental retardation [1], epilepsy [2] and cerebral palsy [3].</p> <p>On 06/01/2021 at approximately 12:15 p.m., an observation was conducted of Individual # 1 in the dining area at [Name of Day Program]. Individual # 1 was seated in their wheelchair at the dining room table. DSP [direct support professional] # 1 provided and placed a clothing protector on Individual # 1. DSP #1 then provided Individual # 1 with their lunch in a plastic bowl and provided an adaptive spoon to eat with. Observations during Individual # 1's meal revealed DSP # 1 standing next to Individual # 1 while they ate providing them with verbal and physical cues during the meal.</p> <p>On 06/02/2021 at approximately 12:45 p.m., an interview was conducted with DSP # 2. When asked if it was dignified to be standing next to Individual # 1 while they were eating their breakfast DSP # 2 stated, "No, you should be sitting next to the person."</p> <p>On 06/02/2021 at approximately 2:20 p.m., an interview was conducted with DSP # 1. When asked if they assisted Individual # 1 during lunch earlier in the day, DSP # 1 stated yes. When asked if it was dignified to be standing next to Individual # 1 while they were eating their meal, DSP # 1 stated, "No, it's more appropriate to sit."</p>	W 125			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
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W 125	<p>Continued From page 16</p> <p>On 06/02/2021 at approximately 2:30 p.m., an interview was conducted with ASM [administrative staff member] # 1, clinical director. When informed of the above observation ASM # 1 stated, "Staff should be sitting next to the resident. When asked why it was not appropriate to stand next to an individual while they were eating ASM # 1 stated that it was a dignity issue.</p> <p>The facility's policy "2.1 Human Rights Plan" documented in part, "2.1.4 Dignity. Individuals shall be treated with dignity as a human being and free from abuse."</p> <p>On 06/02/2021 at 2:50 p.m., ASM # 1 was made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References: [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</p> <p>[2] A brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain send out the wrong signals. People may have</p>	W 125		

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NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 125	Continued From page 17 strange sensations and emotions or behave strangely. They may have violent muscle spasms or lose consciousness. This information was obtained from the website: https://medlineplus.gov/epilepsy.html	W 125			
W 159	[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.nlm.nih.gov/medlineplus/cerebralpalsy.html QIDP CFR(s): 483.430(a) Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. This STANDARD is not met as evidenced by: Based on residential program record reviews, day and staff interview, it was determined that the QIDP [Qualified Intellectual Disabilities Professional] failed to coordinate and monitor the active treatment programs for three of five individuals in the survey sample, (Individuals # 1, #2 and #3). 1a. The QIDP failed to ensure Individual # 1's PCP [Person Centered Plan] outcome/goal for behavior was implemented. 1b. The QIDP failed to ensure the data collection of the PCP [Person Centered Plan] outcome/goal of communication for Individual # 1 were in measurable terms. 1c. The QIDP failed to ensure Individual # 1's	W 159			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 159	<p>Continued From page 18 behavior support plan was implemented.</p> <p>2a. The QIDP failed to ensure Individual # 2's PCP [Person Centered Plan] outcomes/goals for behavior was implemented.</p> <p>2b. The QIDP failed to ensure the data collection of the PCP [Person Centered Plan] outcomes/goals of for Individual # 2 were in measurable terms.</p> <p>2c. The QIDP failed to maintain the implementation of Individual # 2's behavior support plan.</p> <p>3. The QIDP failed to ensure Individual # 3's PCP [Person Centered Plan] outcomes/goals for socialization, recreation to reduce physical and self-injurious behavior, health & safety were implemented.</p> <p>The findings include:</p> <p>1a. The QIDP failed to ensure Individual # 1's PCP [Person Centered Plan] outcome/goal for behavior was implemented.</p> <p>Individual # 1 was admitted to [Name of Group Home] with diagnoses that included but were not limited to: moderate mental retardation [1], epilepsy [2] and cerebral palsy [3].</p> <p>Individual # 1's current PCP [Person Center Plan] from [Name of Group Home] dated 07/01/2020 through 06/30/2021 documented, "Desired Outcome: Health and Safety. [Individual # 1] maintains health and safety by participating in</p>	W 159			

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NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 159	<p>Continued From page 19</p> <p>medication administration, implementing his behavior plan and by following his medical protocols daily 100% of the time until June 2021.</p> <p>4. Behavior Management ...See attached plan."</p> <p>The "Behavior Support Plan" for Individual # 1 dated 07/01/2020 - 06/30/2021 documented in part, "Target Behaviors. Behavior 1: Refusal to cooperate: Any occurrence of [Individual # 1] refusing to cooperate with a non-negotiable task or activity after 10 minutes will be recorded as one episode. This includes hygiene routine or when asked to participate in physical therapy exercises. This does not include refusing breakfast. Behavior 2: Agitation/Emotional Outburst (protest) behavior. Any occurrence of [Individual # 1] crying, yelling, screaming or cursing when asked to complete a task will be recorded as one episode." Under "Data Collection" it documented, "8. Data Collection: All occurrences and non-occurrences of targeted behaviors will be recorded on ABC [antecedent, behavior, consequence] data collection forms."</p> <p>The "ABC Data Collection" forms dated "March 2021" documented, "Behaviors. 1. Non-Compliance - Not following non-negotiable staff directions after 3 [three] prompts (i.e. Hygiene, dressing, etc.). 2. Agitation: Crying yelling or tantrumming at staff and / peers when unable to. 3. Aggression to others (Using wheelchair as weapon): Attempting and/or successfully using wheelchair to hit staff or peers by running into the back of their legs or heels. 4. Absence of Behavior: These behaviors did not occur." Under the heading "Behavior" it</p>	W 159			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 159	<p>Continued From page 20</p> <p>documented numbers "1, 2, 3, 4 [one, two, three, four]. Under the heading "Consequences" it documented, "What did you do to de-escalate behavior? 1. Verbal Redirection. 2. Problem Solve." On "3/22 [March 22nd]" it documented, "Yelling at staff when asked to drink his water saying we are punishing him." Under "Behavior", numbers one, two, three or four [1, 2, 3, 4] where not circled, under and under "Consequence" neither numbers 1 or 2 [one or two] were circled.</p> <p>The "ABC Data Collection" forms for Individual # 1 dated "April 2021" documented, "Behaviors. 1. Non-Compliance - Not following non-negotiable staff directions after 3 [three] prompts (I.e. Hygiene, dressing, etc.). 2. Agitation: Crying yelling or tantrumming at staff and / peers when unable to. 3. Aggression to others (Using wheelchair as weapon): Attempting and/or successfully using wheelchair to hit staff or peers by running into the back of their legs or heels. 4. Absence of Behavior: These behaviors did not occur." Under the heading "Behavior" it documented numbers "1, 2, 3, 4 [one, two, three, four]. Under the heading "Consequences" it documented, "What did you do to de-escalate behavior? 1. Verbal Redirection. 2. Problem Solve." On 4/28 at 8:40 a.m., it documented, "Yelled at staff because we asked him to drink his water and milk and do work." Under "Behavior", numbers one, two, three or four [1, 2, 3, 4] where not circled and under "Consequence" neither numbers 1 or 2 [one or two] were circled.</p> <p>The "ABC Data Collection" forms for Individual # 1 dated "May 2021" documented, "Behaviors. 1. Non-Compliance - Not following non-negotiable</p>	W 159			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 159	Continued From page 21 staff directions after 3 [three] prompts (I.e. Hygiene, dressing, etc.). 2. Agitation: Crying yelling or tantrumming at staff and / peers when unable to. 3. Aggression to others (Using wheelchair as weapon): Attempting and/or successfully using wheelchair to hit staff or peers by running into the back of their legs or heels. 4. Absence of Behavior: These behaviors did not occur." Under the heading "Behavior" it documented numbers "1, 2, 3, 4 [one, two, three, four]. Under the heading "Consequences" it documented, "What did you do to de-escalate behavior? 1. Verbal Redirection. 2. Problem Solve." On "5/6" it documented, "Yelling at staff saying he was going to beat them up and throw the bible at them and run them over with the wheelchair." Under "Behavior", number three [3] was circled coding Individual # 1 as having an absence of behavior, and under "Consequence" neither numbers 1 or 2 [one or two] were circled. On "5/12" it documented, "Yelling at staff." Under "Behavior", numbers one, two, three or four [1, 2, 3, 4] where not circled and under "Consequence" neither numbers 1 or 2 [one or two] were circled. On "5/25" at 8:30 a.m., it documented, "Yelling at staff because they wanted him to drink water." Under "Behavior", numbers one, two, three or four [1, 2, 3, 4] where not circled and under "Consequence" neither numbers 1 or 2 [one or two] were circled. On "5/25" at 9:30 a.m. it documented, "Going off yelling at staff said he was going to run them over." Under "Behavior", numbers one, two, three or four [1, 2, 3, 4] where not circled and under "Consequence" neither numbers 1 or 2 [one or two] were circled. On "5/30" at 11:00 p.m., it documented, "[Individual # 1] did #2 [number two, agitation] on self and then	W 159			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 159	<p>Continued From page 22</p> <p>staff was supporting him he was cursing and telling staff if he wants to fight he will give him a fight." Under "Behavior", number three [3] was circled coding Individual # 1 as having an absence of behavior, and under "Consequence" neither numbers 1 or 2 [one or two] were circled.</p> <p>On 06/02/2021 at approximately 12:55 p.m., a telephone interview was conducted with OSM [other staff member] # 1, behavioral specialist. When asked to describe the purpose of a behavior support plan OSM # 1 stated, "It's created to teach a skill deficit such as appropriate social interaction and elicit appropriate behaviors to be integrated into relationships and society." When asked if all areas on the behavior support data collection form should be completed, OSM # 1 stated, "It's quite vital. It provides measurements of behavior and helps me understand any trends or frequency of behavior." When asked about missing or incomplete data collection for a behavior support plan, OSM # 1 stated that they would not be able to accurately monitor an individual's behavior. When asked if the behavior support plan was part of an individual's person centered plan, OSM # 1 stated yes. OSM #1 was then informed of the above finding for Individual # 1's behavioral support data collection. OSM # 1 stated that the data is incomplete if the consequences are coded and stated that the PCP was not implemented.</p> <p>The facility's policy "8.1 Qualified Intellectual Disabilities Professional" documented, "The QMRP is responsible for the integration, coordination, monitoring and development of the Individual Service Plan, and to ensure quality</p>	W 159			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 159	<p>Continued From page 23</p> <p>active treatment in the program." Under "8.1.2 Qualified Intellectual Disabilities Professional Monitoring Of Services" it documented, "A. Review consumer records to include clinical, financial and medical to ensure prescribed treatment and services are being implemented correctly, documented appropriately and that any outside services have been incorporated into program services."</p> <p>On 06/02/2012 at approximately 2:30 p.m., an interview was conducted with ASM [administrative staff member] # 1, clinical director. When asked to interview the QIDP, ASM # 1 stated that the position was vacant. When asked who was monitoring the active treatment for the individuals, ASM # 1 stated that the program manager was and that the program manager was also a QIDP. When asked to speak with the program manager, ASM # 1 stated that they were on leave. After reviewing Individual # 1's behavioral support data collection and current PCP dated 07/01/2020 - 06/30/2021, ASM # 1 stated that the PCP for behavior was not implemented and should have been identified by the program manager.</p> <p>On 06/02/2021 at 2:50 p.m., ASM # 1 was made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References: [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of</p>	W 159			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 159	<p>Continued From page 24</p> <p>18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</p> <p>[2] A brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain send out the wrong signals. People may have strange sensations and emotions or behave strangely. They may have violent muscle spasms or lose consciousness. This information was obtained from the website: https://medlineplus.gov/epilepsy.html.</p> <p>[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.nlm.nih.gov/medlineplus/cerebralpalsy.html.</p> <p>1b. The QIDP failed to ensure the data collection of the PCP [Person Centered Plan] outcome/goal of communication for Individual # 1 were in measurable terms.</p> <p>Individual # 1's current PCP [Person Center Plan] from [Name of Group Home] dated 07/01/2020 through 06/30/2021 documented, "Desired Outcome: Communication. [Individual # 1] increases his communication skills 60% of the time at least 20 times a week until 06/30/2021. Support Activities & Instructions: Communicating</p>	W 159			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 159	<p>Continued From page 25</p> <p>with staff what I want to wear. Communicating with staff what I would like to eat at snack time. Informing staff 60% of my clothing selection and snack preferences. Support Instructions: 1. [Individual # 1] is given two options by staff to choose from. 2. [Individual # 1] is prompted by staff to pick his choice from the option given to him by verbally responding. 4. [Individual # 1] is encouraged to indicate his preferences."</p> <p>The data collection sheet dated March 2021 for Individual # 1 documented the desired outcome and support activities & instructions as stated above for communication. Under the heading "Legend" it documented, "S=Social Interaction. D=Declined. N=Not offered." Further review of the data collection sheet revealed "S" documented in each box for 03/01/2021 through 03/31/2021.</p> <p>The data collection sheet dated April 2021 for Individual # 1 documented the desired outcome and support activities & instructions as stated above for communication. Under the heading "Legend" it documented, "S=Social Interaction. D=Declined. N=Not offered." Further review of the data collection sheet revealed "S" documented in each box for 04/01/2021 through 04/30/2021.</p> <p>The data collection sheet dated May 2021 for Individual # 1 documented the desired outcome and support activities & instructions as stated above for communication. Under the heading "Legend" it documented, "S=Social Interaction. D=Declined. N=Not offered." Further review of the data collection sheet revealed "S" documented in each box for 05/01/2021 through 05/31/2021.</p>	W 159			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
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W 159	<p>Continued From page 26</p> <p>On 06/02/2021 at approximately 2:30 an interview was conducted with ASM [administrative staff member] # 1, clinical director regarding the data collection for Individual # 1's communication outcome. When asked to describe the purpose of the PCP for an individual, ASM # 1 stated, "To provide a step-by-step guidance to help the individual." After reviewing the data collection for the dates listed above ASM # 1 was asked if the data for the communication outcome was documented in measurable terms. ASM # 1 stated, "No" and should have been identified by the program manager. When who was monitoring the active treatment for the individuals. ASM # 1 stated that the program manager was and that the program manager was also a QIDP. When asked to speak with the program manager, ASM # 1 stated that they were on leave.</p> <p>On 06/02/2021 at 2:50 p.m., ASM # 1 was made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>1c. The QIDP failed to ensure Individual # 1's behavior support plan was implemented.</p> <p>Individual # 1's current PCP [Person Center Plan] from [Name of Group Home] dated 07/01/2020 through 06/30/2021 documented, "Desired Outcome: Health and Safety. [Individual # 1] maintains health and safety by participating in medication administration, implementing his behavior plan and by following his medical protocols daily 100% of the time until June 2021. 4. Behavior Management ...See attached plan."</p>	W 159			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
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W 159	<p>Continued From page 27</p> <p>The "Behavior Support Plan" for Individual # 1 dated 07/01/2020 - 06/30/2021 documented in part, "Target Behaviors. Behavior 1: Refusal to cooperate: Any occurrence of [Individual # 1] refusing to cooperate with a non-negotiable task or activity after 10 minutes will be recorded as one episode. This includes hygiene routine or when asked to participate in physical therapy exercises. This does not include refusing breakfast. Behavior 2: Agitation/Emotional Outburst (protest) behavior. Any occurrence of [Individual # 1] crying, yelling, screaming or cursing when asked to complete a task will be recorded as one episode." Under "Data Collection" it documented, "8. Data Collection: All occurrences and non-occurrences of targeted behaviors will be recorded on ABC [antecedent, behavior, consequence] data collection forms."</p> <p>The "ABC Data Collection" forms dated "March 2021" documented, "Behaviors. 1. Non-Compliance - Not following non-negotiable staff directions after 3 [three] prompts (i.e. Hygiene, dressing, etc.). 2. Agitation: Crying yelling or tantrumming at staff and / peers when unable to. 3. Aggression to others (Using wheelchair as weapon): Attempting and/or successfully using wheelchair to hit staff or peers by running into the back of their legs or heels. 4. Absence of Behavior: These behaviors did not occur." Under the heading "Behavior" it documented numbers "1, 2, 3, 4 [one, two, three, four]. Under the heading "Consequences" it documented, "What did you do to de-escalate behavior? 1. Verbal Redirection. 2. Problem Solve." On "3/22 [March 22nd]" it documented, "Yelling at staff when asked to drink his water</p>	W 159			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2021
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W 159	<p>Continued From page 28</p> <p>saying we are punishing him." Under "Behavior", numbers one, two, three or four [1, 2, 3, 4] where not circled and under "Consequence" neither numbers 1 or 2 [one or two] were circled.</p> <p>The "ABC Data Collection" forms for Individual # 1 dated "April 2021" documented, "Behaviors. 1. Non-Compliance - Not following non-negotiable staff directions after 3 [three] prompts (i.e. Hygiene, dressing, etc.). 2. Agitation: Crying yelling or tantrumming at staff and / peers when unable to. 3. Aggression to others (Using wheelchair as weapon): Attempting and/or successfully using wheelchair to hit staff or peers by running into the back of their legs or heels. 4. Absence of Behavior: These behaviors did not occur." Under the heading "Behavior" it documented numbers "1, 2, 3, 4 [one, two, three, four]. Under the heading "Consequences" it documented, "What did you do to de-escalate behavior? 1. Verbal Redirection. 2. Problem Solve." On 4/28 at 8:40 a.m., it documented, "Yelled at staff because we asked him to drink his water and milk and do work." Under "Behavior", numbers one, two, three or four [1, 2, 3, 4] where not circled and under "Consequence" neither numbers 1 or 2 [one or two] were circled.</p> <p>The "ABC Data Collection" forms for Individual # 1 dated "May 2021" documented, "Behaviors. 1. Non-Compliance - Not following non-negotiable staff directions after 3 [three] prompts (i.e. Hygiene, dressing, etc.). 2. Agitation: Crying yelling or tantrumming at staff and / peers when unable to. 3. Aggression to others (Using wheelchair as weapon): Attempting and/or successfully using wheelchair to hit staff or peers</p>	W 159		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
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W 159	Continued From page 29 by running into the back of their legs or heels. 4. Absence of Behavior: These behaviors did not occur." Under the heading "Behavior" it documented numbers "1, 2, 3, 4 [one, two, three, four]. Under the heading "Consequences" it documented, "What did you do to de-escalate behavior? 1. Verbal Redirection. 2. Problem Solve." On "5/6" it documented, "Yelling at staff saying he was going to beat them up and throw the bible at them and run them over with the wheelchair." Under "Behavior", number three [3] was circled coding Individual # 1 as having an absence of behavior, and under "Consequence" neither numbers 1 or 2 [one or two] were circled. On "5/12" it documented, "Yelling at staff." Under "Behavior", numbers one, two, three or four [1, 2, 3, 4] where not circled and under "Consequence" neither numbers 1 or 2 [one or two] were circled. On "5/25" at 8:30 a.m., it documented, "Yelling at staff because they wanted him to drink water." Under "Behavior", numbers one, two, three or four [1, 2, 3, 4] where not circled and under "Consequence" neither numbers 1 or 2 [one or two] were circled. On "5/25" at 9:30 a.m. it documented, "Going off yelling at staff said he was going to run them over." Under "Behavior", numbers one, two, three or four [1, 2, 3, 4] where not circled and under "Consequence" neither numbers 1 or 2 [one or two] were circled. On "5/30" at 11:00 p.m., it documented, "[Individual # 1] did #2 [number two, agitation] on self and then staff was supporting him he was cursing and telling staff if he wants to fight he will give him a fight." Under "Behavior", number three [3] was circled coding Individual # 1 as having an absence of behavior, and under "Consequence" neither numbers 1 or 2 [one or two] were circled.	W 159			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 159	<p>Continued From page 30</p> <p>On 06/02/2021 at approximately 12:55 p.m., a telephone interview was conducted with OSM [other staff member] # 1, behavioral specialist. When asked to describe the purpose of a behavior support plan, OSM # 1 stated, "It's created to teach a skill deficit such as appropriate social interaction and elicit appropriate behaviors to be integrated into relationships and society." When asked if all area on the behavior support data collection form should be completed, OSM # 1 stated, "It's quite vital. It provides measurements of behavior and helps me understand any trends or frequency of behavior." When asked about missing or incomplete data collection for a behavior support plan, OSM # 1 stated that they would not be able to accurately monitor an individual's behavior. When informed of the above finding for Individual # 1's behavioral support data collection, OSM # 1 stated that the data is incomplete if the consequences are coded and started that the PCP was not implemented. When informed of Individual # 1's behaviors of calling staff names, (i.e. wimpy, helpless) and threatening to use duct tape and handcuffs, OSM # 1 stated that these were new behaviors they had not known about and that the staff at the home should have informed him of those behaviors.</p> <p>On 06/02/2012 at approximately 2:30 p.m., an interview was conducted with ASM [administrative staff member] # 1, clinical director. When asked to interview the QIDP, ASM # 1 stated that the position was vacant. When asked who was monitoring the active treatment for the individuals, ASM # 1 stated that the program manager was and that the program manager was also a QIDP.</p>	W 159			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
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W 159	<p>Continued From page 31</p> <p>When asked to speak with the program manager, ASM # 1 stated that they were on leave. After reviewing Individual # 1's behavioral support data collection for the dates listed above ASM # 1 agreed that data was missing and the behavior support plan was not implemented and should have been identified by the program manager.</p> <p>On 06/02/2021 at 2:50 p.m., ASM # 1 was made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>2a. The QIDP failed to ensure Individual # 2's PCP [Person Centered Plan] outcomes/goals for behavior was implemented.</p> <p>Individual # 2 was admitted to [Name of Group Home] with diagnoses that included but were not limited to: severe mental retardation [1], anxiety [2] and epilepsy [3].</p> <p>The PCP [Person centered plan] for Individual # 2 dated 07/01/2020 - 09/30/2021 documented in part, "Behavior Management. [Individual # 2] utilizes her behavior plan as needed to address any presence of targeted behavior, concerning her wants and needs on a daily basis by September 30, 2021. Support Activities and Instructions: 1. Refer to the attached Behavior Plan. 2. Document each occurrence or episode of either the targeted maladaptive behaviors on the required ABC Data Forms."</p> <p>The "Behavior Support Plan" for Individual # 2 dated 10/01/2020 - 09/30/2021 documented in</p>	W 159			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 159	<p>Continued From page 32</p> <p>part, Description of Behaviors: 1. Inappropriate Social Behaviors. This behavior has been defined as [Individual #2] invading one's personal space as evidenced by touching others without their permission, shaking her fist, laughing at peers and others within the community and attempting/successfully taking food that does not belong to her (from another individual, etc.) without receiving permission (verbal or direct) 2. Declining to transition. This behavior has been identified as [Individual # 2] refusing to board or exit transportation, transitioning within the home to complete daily hygiene tasks, etc. within three verbal prompts. 3. Other Problematic Behavior. This behavior has been identified as [Individual # 2] refusing to follow staff instructions as it relates to health and safety. Other problematic behaviors include [Individual # 2] pretending to fall and hurting herself when she [sic] engaging in behaviors of refusing to follow staff directions and pretending to fall when not actually falling or hurting herself." Under "Data Collection" it documented, "This plan will be implemented and modified for effectiveness by program staff. After baseline data has been gathered and reviewed, Modifications will be made as necessary based on staff reports and interviews, data collected and observations."</p> <p>The data collection sheet dated January 2021 for Individual #2 documented, "Behaviors. 1. Inappropriate social behaviors: Any occurrence of touching others, grabbing at others, pointing and laughing at others, shaking fist at them, attempting to touch others [sic] property or food, or pretending to fall to attract attention, will be recorded as one episode. Actual falls due to being</p>	W 159			

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W 159	<p>Continued From page 33</p> <p>startled will be documented according to her fall protocol. 2. Declining to transition: any occurrence of refusal to get out of the van, up from a chair, or out of bed, that lasts more than 5 [five] minutes shall be recorded as one episode. 3. Inappropriate Greeting (Baseline Data) - Any form of unsolicited touching of peers/staff, attempting to hug/kiss peer/staff, etc. which will be recorded as one episode. Absence of Behavior: These behaviors did not occur." Under "Consequences" it documented, "1. Verbal redirection. 2 Physical redirection. 3 Other." On "1/21 [January 21st]" it documented, "Touching blind [window blind, Pushing other peer, kissing peers." Under "Consequences" numbers one, two or three [1, 2, 3] were not circled. On 1/23" it documented, "Pushing and throwing items, making noise." Under "Consequences" numbers one, two or three [1, 2, 3] were not circled.</p> <p>The data collection sheet dated March 2021 for Individual #2 documented, "Behaviors. 1. Inappropriate social behaviors: Any occurrence of touching others, grabbing at others, pointing and laughing at others, shaking fist at them, attempting to touch others [sic] property or food, or pretending to fall to attract attention, will be recorded as one episode. Actual falls due to being startled will be documented according to her fall protocol. 2. Declining to transition: any occurrence of refusal to get out of the van, up from a chair, or out of bed, that lasts more than 5 [five] minutes shall be recorded as one episode. 3. Inappropriate Greeting (Baseline Data) - Any form of unsolicited touching of peers/staff, attempting to hug/kiss peer/staff, etc. which will be recorded as one episode. Absence of Behavior: These</p>	W 159			

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NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 159	<p>Continued From page 34</p> <p>behaviors did not occur." Under "Consequences" it documented, "Please describe how staff, peers, and [Individual # 2] responded following the behavior." On "3/22" it documented, "Threw items at another peer." Under "Consequences" it was blank.</p> <p>The data collection sheet dated April 2021 for Individual #2 documented, "Behaviors. 1. Inappropriate social behaviors: Any occurrence of touching others, grabbing at others, pointing and laughing at others, shaking fist at them, attempting to touch others [sic] property or food, or pretending to fall to attract attention, will be recorded as one episode. Actual falls due to being startled will be documented according to her fall protocol. 2. Declining to transition: any occurrence of refusal to get out of the van, up from a chair, or out of bed, that lasts more than 5 [five] minutes shall be recorded as one episode. 3. Inappropriate Greeting (Baseline Data) - Any form of unsolicited touching of peers/staff, attempting to hug/kiss peer/staff, etc. which will be recorded as one episode. Absence of Behavior: These behaviors did not occur." On "4/13" at 3:00 p.m., it documented, "Refusing to get up." Under "Consequences" it was blank. On "4/22" at 1:20 p.m., it documented, "Refused to get up to use the bathroom." Under "Consequences" it was blank. On "4/28" at 10:00 a.m., it documented, "[Individual # 2] Refused to use the bathroom." Under "Consequences" it was blank. On "4/28" at 1:15 p.m., it documented, "[Individual # 2] threw a ball across the floor directed at another staff." Under "Consequences" it was blank. On "4/28" at 12:37 p.m., it documented, "Refused to go to bathroom." Under "Consequences" it was blank.</p>	W 159			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
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W 159	<p>Continued From page 35</p> <p>On "4/29" at 1:37 a.m., it documented, "Refused to go upstairs due to she had an accident and just stayed by stairway." Under "Consequences" it was blank.</p> <p>On 06/02/2021 at approximately 12:55 p.m., a telephone interview was conducted with OSM [other staff member] # 1, behavioral specialist. When asked to describe the purpose of a behavior support plan, OSM # 1 stated, "It's created to teach a skill deficit such as appropriate social interaction and elicit appropriate behaviors to be integrated into relationships and society." When asked if all area on the behavior support data collection form should be completed, OSM # 1 stated, "It's quite vital. It provides measurements of behavior and helps me understand any trends or frequency of behavior." When asked about missing or incomplete data collection for a behavior support plan, OSM # 1 stated that they would not be able to accurately monitor an individual's behavior. When asked if the behavior support plan was part of an individual's person centered plan, OSM # 1 stated yes. When informed of the above finding for Individual # 1's behavioral support data collection, OSM # 1 stated that the data is incomplete if the consequences are coded and agreed that the PCP was not implemented.</p> <p>On 06/02/2012 at approximately 2:30 p.m., an interview was conducted with ASM [administrative staff member] # 1, clinical director. When asked to interview the QIDP, ASM # 1 stated that the position was vacant. When asked who was monitoring the active treatment for the individuals, ASM # 1 stated that the program manager was</p>	W 159			

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W 159	<p>Continued From page 36</p> <p>and that the program manager was also a QIDP. When asked to speak with the program manager, ASM # 1 stated that they were on leave. After reviewing Individual # 2's behavioral support data collection and current PCP dated 07/01/2020 - 06/30/2021 ASM # 1 stated that the PCP for behavior was not implemented and should have been identified by the program manager.</p> <p>On 06/02/2021 at 2:50 p.m., ASM # 1 was made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>[1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</p> <p>[2] Fear. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/anxiety.html#summary.</p> <p>[3] A brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain send out the wrong signals. People may have</p>	W 159		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 159	<p>Continued From page 37</p> <p>strange sensations and emotions or behave strangely. They may have violent muscle spasms or lose consciousness. This information was obtained from the website: https://medlineplus.gov/epilepsy.html.</p> <p>2b. The QIDP failed to ensure the data collection of the PCP [Person Centered Plan] outcomes/goals of communication, socialization and activities of daily living for Individual # 2 were in measurable terms.</p> <p>Individual # 2's current ISP from [Name of Group Home] dated 10/01/2020 through 09/30/2021 documented;</p> <p>"Desired Outcome: Communication: [Individual # 2] is to learn at least two 3 sign language words per month for 12 consecutive months by September 30, 2021. Support Activities & Instructions: [Individual # 2] effectively communicates with others using sign language to increase her communication skills until September 30, 2021. Support Instructions Are As Follows: 1. [Individual # 2] is present with a choice of words existing in her natural environment and she chooses one or two new words per month to learn how to sign them. 2. [Individual # 2] is presented with a question using her 1-2 new works [sic] in sign language. 3. [Individual # 2] answers this question with the usage of sign language. 4. [Individual # 2] is praised for answering this question using her sign language."</p> <p>"Desired Outcome: Socialization: [Individual # 2] is [sic] learn how to appropriately socialize with others by September 30, 2021. Support Activities & Instructions: Support Instructions: 1. [Individual</p>	W 159			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
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W 159	<p>Continued From page 38</p> <p># 2] is given the opportunity to select an activity she would like to participate in with her peers. 2. [Individual # 2] is supported in inviting her peers to participate with her in the activity she has chosen. 3. [Individual # 2] appropriately interacts with her peers during the activity. 4. [Individual # 2] refrains from: hitting of others, grabbing at others [sic] belongings."</p> <p>"Desired Outcome: Activities of Daily Living: [Individual # 2] completes her oral hygiene twice daily for 12 consecutive months, at a rate of 100% of the time, until September 30, 2021. Support Activities & Instructions: Support Activity: [Individual # 2] uses tooth paste, tooth brush, floss stick and mouth wash to cleanse her mouth. Support Instructions: 1. [Individual # 2] is to submerge her toothbrush in water and rinse it clean. 2. [Individual # 2] is to apply toothpaste onto her tooth brush. 3. [Individual # 2] uses the toothbrush to brush all her teeth. 4. [Individual # 2] rinses her mouth with water after brushing. 5. [Individual # 2] uses her floss stick to floss her teeth. 6. [Individual # 2] rinses he mouth. 7. [Individual # 2] is provided support in thoroughly cleansing [sic] her mouth and may need additional flossing and rinsing as needed."</p> <p>The data collection sheet dated March 2021 for Individual # 2 documented the desired outcome and support activities & instructions as stated above for communication. Under the heading "Legend" it documented, "S=Social Interaction. D=Declined." Further review of the data collection sheet revealed "S" documented in each box on 03/01/2021 through 03/25/2021 and on 03/27/2021, 03/28/2021 and on 03/30/2021. On</p>	W 159			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
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W 159	<p>Continued From page 39</p> <p>03/26/2021 and 03/29/2021 it documented an "N" and there was no evidence of documentation on 03/31/2021.</p> <p>The data collection sheet dated April 2021 for Individual # 2 documented the desired outcome and support activities & instructions as stated above for communication. Under the heading "Legend" it documented, "S=Social Interaction. D=Declined." Further review of the data collection sheet revealed "S" documented in each box on 04/01/2021 through 04/30/2021.</p> <p>The data collection sheet dated May 2021 for Individual # 2 documented the desired outcome and support activities & instructions as stated above for communication. Under the heading "Legend" it documented, "S=Social Interaction." Further review of the data collection sheet revealed "S" documented in each box on 05/01/2021 through 05/31/2021.</p> <p>The data collection sheet dated March 2021 for Individual # 2 documented the desired outcome and support activities & instructions as stated above for socialization. Under the heading "Legend" it documented, "A=Appropriate. I=Inappropriate." Further review of the data collection sheet revealed "A" documented in each box on 03/01/2021 through 03/31/2021.</p> <p>The data collection sheet dated April 2021 for Individual # 2 documented the desired outcome and support activities & instructions as stated above for socialization. Under the heading "Legend" it documented, "A=Appropriate. I=Inappropriate." Further review of the data</p>	W 159			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
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W 159	<p>Continued From page 40</p> <p>collection sheet revealed "A" documented in each box on 04/01/2021 through 04/30/2021.</p> <p>The data collection sheet dated April 2021 for Individual # 2 documented the desired outcome and support activities & instructions as stated above for socialization. Under the heading "Legend" it documented, "A=Appropriate. I=Inappropriate." Further review of the data collection sheet revealed "A" documented in each box on 05/01/2021 through 05/31/2021.</p> <p>The data collection sheet dated March 2021 for Individual # 2 documented the desired outcome and support activities & instructions as stated above for activities of daily living. Under the heading "Legend" it documented, "C=Complete. D=Declined." Further review of the data collection sheet revealed "C" documented in each box on 03/01/2021 through 03/31/2021.</p> <p>The data collection sheet dated April 2021 for Individual # 2 documented the desired outcome and support activities & instructions as stated above for activities of daily living. Under the heading "Legend" it documented, "C=Complete. D=Declined." Further review of the data collection sheet revealed "C" documented in each box on 04/01/2021 through 04/30/2021.</p> <p>The data collection sheet dated May 2021 for Individual # 2 documented the desired outcome and support activities & instructions as stated above for activities of daily living. Under the heading "Legend" it documented, "C=Complete. D=Declined." Further review of the data collection sheet revealed "C" documented in each box on</p>	W 159			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 159	<p>Continued From page 41 05/01/2021 through 05/31/2021.</p> <p>On 06/02/2021 at approximately 2:30 an interview was conducted with ASM [administrative staff member] # 1, clinical director regarding the data collection for Individual # 2's communication outcome. When asked to describe the purpose of the PCP for an individual, ASM # 1 stated, "To provide a step-by-step guidance to help the individual." After reviewing the data collection for the dates listed above ASM # 1 was asked if the data for the communication, socialization and activities of daily living outcomes were documented in measurable terms. ASM # 1 stated, "No" and should have been identified by the program manager. When asked who was monitoring the active treatment for the individuals ASM # 1 stated that the program manager was and that the program manager was also a QIDP. When asked to speak with the program manager ASM # 1 stated that they were on leave.</p> <p>On 06/02/2021 at 2:50 p.m., ASM # 1 was made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>2c. The QIDP failed to maintain the implementation of Individual # 2's behavior support plan.</p> <p>The PCP [Person centered plan] for Individual # 2 dated 07/01/2020 - 09/30/2021 documented in part, "Behavior Management. [Individual # 2] utilizes her behavior plan as needed to address any presence of targeted behavior, concerning her</p>	W 159			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 159	<p>Continued From page 42</p> <p>wants and needs on a daily basis by September 30, 2021. Support Activities and Instructions: 1. Refer to the attached Behavior Plan. 2. Document each occurrence or episode of either the targeted maladaptive behaviors on the required ABC Data Forms."</p> <p>The "Behavior Support Plan" for Individual # 2 dated 10/01/2020 - 09/30/2021 documented in part, Description of Behaviors: 1. Inappropriate Social Behaviors. This behavior has been defined as [Individual #2] invading one's personal space as evidenced by touching others without their permission, shaking her fist, laughing at peers and others within the community and attempting/successfully taking food that does not belong to her (from another individual, etc.) without receiving permission (verbal or direct) 2. Declining to transition. This behavior has been identified as [Individual # 2] refusing to board or exit transportation, transitioning within the home to complete daily hygiene tasks, etc. within three verbal prompts. 3. Other Problematic Behavior. This behavior has been identified as [Individual # 2] refusing to follow staff instructions as it relates to health and safety. Other problematic behaviors include [Individual # 2] pretending to fall and hurting herself when she [sic] engaging in behaviors of refusing to follow staff directions and pretending to fall when not actually falling or hurting herself." Under "Data Collection" it documented, "This plan will be implemented and modified for effectiveness by program staff. After baseline data has been gathered and reviewed, Modifications will be made as necessary based on staff reports and interviews, data collected and observations."</p>	W 159			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 159	Continued From page 43 The data collection sheet dated January 2021 for Individual #2 documented, "Behaviors. 1. Inappropriate social behaviors: Any occurrence of touching others, grabbing at others, pointing and laughing at others, shaking fist at them, attempting to touch others [sic] property or food, or pretending to fall to attract attention, will be recorded as one episode. Actual falls due to being startled will be documented according to her fall protocol. 2. Declining to transition: any occurrence of refusal to get out of the van, up from a chair, or out of bed, that lasts more than 5 [five] minutes shall be recorded as one episode. 3. Inappropriate Greeting (Baseline Data) - Any form of unsolicited touching of peers/staff, attempting to hug/kiss peer/staff, etc. which will be recorded as one episode. Absence of Behavior: These behaviors did not occur." Under "Consequences" it documented, "1. Verbal redirection. 2 Physical redirection. 3 Other." On "1/21 [January 21st]" it documented, "Touching blind [window blind, Pushing other peer, kissing peers." Under "Consequences" numbers one, two or three [1, 2, 3] were not circled. On 1/23" it documented, "Pushing and throwing items, making noise." Under "Consequences" numbers one, two or three [1, 2, 3] were not circled. The data collection sheet dated March 2021 for Individual #2 documented, "Behaviors. 1. Inappropriate social behaviors: Any occurrence of touching others, grabbing at others, pointing and laughing at others, shaking fist at them, attempting to touch others [sic] property or food, or pretending to fall to attract attention, will be recorded as one episode. Actual falls due to being	W 159			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 159	<p>Continued From page 44</p> <p>startled will be documented according to her fall protocol. 2. Declining to transition: any occurrence of refusal to get out of the van, up from a chair, or out of bed, that lasts more than 5 [five] minutes shall be recorded as one episode. 3. Inappropriate Greeting (Baseline Data) - Any form of unsolicited touching of peers/staff, attempting to hug/kiss peer/staff, etc. which will be recorded as one episode. Absence of Behavior: These behaviors did not occur." Under "Consequences" it documented, "Please describe how staff, peers, and [Individual # 2] responded following the behavior." On "3/22" it documented, "Threw items at another peer." Under "Consequences" it was blank.</p> <p>The data collection sheet dated April 2021 for Individual #2 documented, "Behaviors. 1. Inappropriate social behaviors: Any occurrence of touching others, grabbing at others, pointing and laughing at others, shaking fist at them, attempting to touch others [sic] property or food, or pretending to fall to attract attention, will be recorded as one episode. Actual falls due to being startled will be documented according to her fall protocol. 2. Declining to transition: any occurrence of refusal to get out of the van, up from a chair, or out of bed, that lasts more than 5 [five] minutes shall be recorded as one episode. 3. Inappropriate Greeting (Baseline Data) - Any form of unsolicited touching of peers/staff, attempting to hug/kiss peer/staff, etc. which will be recorded as one episode. Absence of Behavior: These behaviors did not occur." On "4/13" at 3:00 p.m., it documented, "Refusing to get up." Under "Consequences" it was blank. On "4/22" at 1:20 p.m., it documented, "Refused to get up to use the</p>	W 159			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 159	<p>Continued From page 45</p> <p>bathroom." Under "Consequences" it was blank. On "4/28" at 10:00 a.m., it documented, "[Individual # 2] Refused to use the bathroom." Under "Consequences" it was blank. On "4/28" at 1:15 p.m., it documented, "[Individual # 2] threw a ball across the floor directed at another staff." Under "Consequences" it was blank. On "4/28" at 12:37 p.m., it documented, "Refused to go to bathroom." Under "Consequences" it was blank. On "4/29" at 1:37 a.m., it documented, "Refused to go upstairs due to she had an accident and just stayed by stairway." Under "Consequences" it was blank.</p> <p>On 06/02/2021 at approximately 12:55 p.m., a telephone interview was conducted with OSM [other staff member] # 1, behavioral specialist. When asked to describe the purpose of a behavior support plan, OSM # 1 stated, "It's created to teach a skill deficit such as appropriate social interaction and elicit appropriate behaviors to be integrated into relationships and society." When asked if all area on the behavior support data collection form should be completed, OSM # 1 stated, "It's quite vital. It provides measurements of behavior and helps me understand any trends or frequency of behavior." When asked about missing or incomplete data collection for a behavior support plan, OSM # 1 stated that they would not be able to accurately monitor an individual's behavior. When informed of the above finding for Individual # 1's behavioral support data collection, OSM # 1 stated that the data is incomplete if the consequences are coded and stated that the PCP was not implemented.</p> <p>On 06/02/2012 at approximately 2:30 p.m., an</p>	W 159			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 159	<p>Continued From page 46</p> <p>interview was conducted with ASM [administrative staff member] # 1, clinical director. When asked to interview the QIDP, ASM # 1 stated that the position was vacant. When asked who was monitoring the active treatment for the individuals, ASM # 1 stated that the program manager was and that the program manager was also a QIDP. When asked to speak with the program manager, ASM # 1 stated that they were on leave. After reviewing Individual # 2's behavioral support data collection for the dates listed above, ASM # 1 stated that data was missing and the behavior support plan was not implemented and should have been identified by the program manager.</p> <p>On 06/02/2021 at 2:50 p.m., ASM # 1 was made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>3. The QIDP failed to ensure Individual # 3's PCP [Person Centered Plan] outcomes/goals for socialization, recreation to reduce physical and self-injurious behavior, health & safety were implemented.</p> <p>Individual # 3 was admitted to [Name of Group Home] with diagnoses that included but were not limited to: profound mental retardation [1], autistic disorder [2] and epilepsy [3].</p> <p>Review of Individual # 3's PCP [person centered plan] dated 07/01/2020 - 06/30/2021 revealed five outcomes. The PCP documented, Desired Outcome # 1: Socialization, Desired Outcome # 2: Recreation to reduce physical and self-injurious behavior, Desired Outcome # 3: Health & Safety,</p>	W 159			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 159	<p>Continued From page 47</p> <p>Desired Outcome # 4: Independent Living Skills and Desired Outcome # 5: Recreation to increase effective learning.</p> <p>Review of Individual # 3's data collection sheets for April and May 2021 failed to evidence Current PCP outcomes as described above.</p> <p>On 06/02/2021 at approximately 2:30 p.m., an interview was conducted with ASM [administrative staff member] # 1, clinical director. When asked to interview the QIDP, ASM # 1 stated that the position was vacant. When asked who was monitoring the active treatment for the individuals, ASM # 1 stated that the program manager was and that the program manager was also a QIDP. When asked to speak with the program manager, ASM # 1 stated that they were on leave. After reviewing the PCP for Individual # 3 dated 07/01/2020 - 06/30/2021 and the data collection sheets dated April and May 2021, ASM # 1 stated that the staff had not documented on the correct data sheets for Individual # 3 and failed to implemented the current PCP outcomes for Individual # 3 during April and May 2021 and should have been identified by the program manager.</p> <p>On 06/02/2021 at 2:50 p.m., ASM # 1 was made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References: [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money,</p>	W 159			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 159	Continued From page 48 schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100 [2] A neurological and developmental disorder that begins early in childhood and lasts throughout a person's life. It affects how a person acts and interacts with others, communicates, and learns. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/autismspectr umdisorder.html [3] A brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain send out the wrong signals. People may have strange sensations and emotions or behave strangely. They may have violent muscle spasms or lose consciousness. This information was obtained from the website: https://medlineplus.gov/epilepsy.html	W 159			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.	W 249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 249	Continued From page 49 This STANDARD is not met as evidenced by: Based on staff interview, clinical record review and facility document review it was determined that the facility staff failed to implement the active treatment programs for three of three individuals in the survey sample, Individuals # 1, # 2 and # 3. 1. The facility staff failed to implement Individual # 1's PCP [person centered plan] for the behavioral support plan by completing the ABC [antecedent, behavior, consequence] data collection sheets. 2. The facility staff failed to implement Individual # 2's PCP [person centered plan] for the behavioral support plan by completing the ABC [antecedent, behavior, consequence] data collection sheets. 3. The facility staff failed to implement Individual # 3's current PCP [person centered plan] of socialization, recreation to reduce physical and self-injurious behavior, health & safety, independent living skills and recreation to increase effective learning. The findings include: 1. The facility staff failed to implement Individual # 1's behavior support plan by completing the ABC [antecedent, behavior, consequence] data collection sheets. Individual # 1 was admitted to [Name of Group Home] with diagnoses that included but were not limited to: moderate mental retardation [1],	W 249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 249	<p>Continued From page 50 epilepsy [2] and cerebral palsy [3].</p> <p>Individual # 1's current PCP [Person Center Plan] from [Name of Group Home] dated 07/01/2020 through 06/30/2021 documented, "Desired Outcome: Health and Safety. [Individual # 1] maintains health and safety by participating in medication administration, implementing his behavior plan and by following his medical protocols daily 100% of the time until June 2021. 4. Behavior Management ...See attached plan."</p> <p>The "Behavior Support Plan" for Individual # 1 dated 07/01/2020 - 06/30/2021 documented in part, "Target Behaviors. Behavior 1: Refusal to cooperate: Any occurrence of [Individual # 1] refusing to cooperate with a non-negotiable task or activity after 10 minutes will be recorded as one episode. This includes hygiene routine or when asked to participate in physical therapy exercises. This does not include refusing breakfast. Behavior 2: Agitation/Emotional Outburst (protest) behavior. Any occurrence of [Individual # 1] crying, yelling, screaming or cursing when asked to complete a task will be recorded as one episode." Under "Data Collection" it documented, "8. Data Collection: All occurrences and non-occurrences of targeted behaviors will be recorded on ABC [antecedent, behavior, consequence] data collection forms."</p> <p>The "ABC Data Collection" forms dated "March 2021" documented, "Behaviors. 1. Non-Compliance - Not following non-negotiable staff directions after 3 [three] prompts (i.e. Hygiene, dressing, etc.). 2. Agitation: Crying</p>	W 249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 249	<p>Continued From page 51</p> <p>yelling or tantrumming at staff and / peers when unable to. 3. Aggression to others (Using wheelchair as weapon): Attempting and/or successfully using wheelchair to hit staff or peers by running into the back of their legs or heels. 4. Absence of Behavior: These behaviors did not occur." Under the heading "Behavior" it documented numbers "1, 2, 3, 4 [one, two, three, four]. Under the heading "Consequences" it documented, "What did you do to de-escalate behavior? 1. Verbal Redirection. 2. Problem Solve." On "3/22 [March 22nd]" it documented, "Yelling at staff when asked to drink his water saying we are punishing him." Under "Behavior", numbers one, two, three or four [1, 2, 3, 4] where not circled. Under "Behavior", numbers one, two, three or four [1, 2, 3, 4] where not circled and under "Consequence" neither numbers 1 or 2 [one or two] were circled.</p> <p>The "ABC Data Collection" forms for Individual # 1 dated "April 2021" documented, "Behaviors. 1. Non-Compliance - Not following non-negotiable staff directions after 3 [three] prompts (I.e. Hygiene, dressing, etc.). 2. Agitation: Crying yelling or tantrumming at staff and / peers when unable to. 3. Aggression to others (Using wheelchair as weapon): Attempting and/or successfully using wheelchair to hit staff or peers by running into the back of their legs or heels. 4. Absence of Behavior: These behaviors did not occur." Under the heading "Behavior" it documented numbers "1, 2, 3, 4 [one, two, three, four]. Under the heading "Consequences" it documented, "What did you do to de-escalate behavior? 1. Verbal Redirection. 2. Problem Solve." On 4/28 at 8:40 a.m., it documented,</p>	W 249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 249	<p>Continued From page 52</p> <p>"Yelled at staff because we asked him to drink his water and milk and do work." Under "Behavior", numbers one, two, three or four [1, 2, 3, 4] where not circled and under "Consequence" neither numbers 1 or 2 [one or two] were circled.</p> <p>The "ABC Data Collection" forms for Individual # 1 dated "May 2021" documented, "Behaviors. 1. Non-Compliance - Not following non-negotiable staff directions after 3 [three] prompts (I.e. Hygiene, dressing, etc.). 2. Agitation: Crying yelling or tantrumming at staff and / peers when unable to. 3. Aggression to others (Using wheelchair as weapon): Attempting and/or successfully using wheelchair to hit staff or peers by running into the back of their legs or heels. 4. Absence of Behavior: These behaviors did not occur." Under the heading "Behavior" it documented numbers "1, 2, 3, 4 [one, two, three, four]. Under the heading "Consequences" it documented, "What did you do to de-escalate behavior? 1. Verbal Redirection. 2. Problem Solve." On "5/6" it documented, "Yelling at staff saying he was going to beat them up and throw the bible at them and run them over with the wheelchair." Under "Behavior", number three [3] was circled coding Individual # 1 as having an absence of behavior, and under "Consequence" neither numbers 1 or 2 [one or two] were circled. On "5/12" it documented, "Yelling at staff." Under "Behavior", numbers one, two, three or four [1, 2, 3, 4] where not circled and under "Consequence" neither numbers 1 or 2 [one or two] were circled. On "5/25" at 8:30 a.m., it documented, "Yelling at staff because they wanted him to drink water." Under "Behavior", numbers one, two, three or four [1, 2, 3, 4] where not circled and under</p>	W 249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 249	<p>Continued From page 53</p> <p>"Consequence" neither numbers 1 or 2 [one or two] were circled. On "5/25" at 9:30 a.m. it documented, "Going off yelling at staff said he was going to run them over." Under "Behavior", numbers one, two, three or four [1, 2, 3, 4] where not circled and under "Consequence" neither numbers 1 or 2 [one or two] were circled. On "5/30" at 11:00 p.m., it documented, "[Individual # 1] did #2 [number two, agitation] on self and then staff was supporting him he was cursing and telling staff if he wants to fight he will give him a fight." Under "Behavior", number three [3] was circled coding Individual # 1 as having an absence of behavior, and under "Consequence" neither numbers 1 or 2 [one or two] were circled.</p> <p>On 06/02/2021 at approximately 12:55 p.m., a telephone interview was conducted with OSM [other staff member] # 1, behavioral specialist. When asked to describe the purpose of a behavior support plan, OSM # 1 stated, "It's created to teach a skill deficit such as appropriate social interaction and elicit appropriate behaviors to be integrated into relationships and society." When asked if all area on the behavior support data collection form should be completed, OSM # 1 stated, "It's quite vital. It provides measurements of behavior and helps me understand any trends or frequency of behavior." When asked about missing or incomplete data collection for a behavior support plan, OSM # 1 stated that they would not be able to accurately monitor an individual's behavior. When asked if the behavior support plan was part of an individual's person centered plan, OSM # 1 stated yes. When informed of the above finding for Individual # 1's behavioral support data collection, OSM # 1 stated</p>	W 249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 249	<p>Continued From page 54</p> <p>that the data is incomplete if the consequences are coded and stated that the PCP was not implemented.</p> <p>On 06/02/2012 at approximately 2:30 p.m., an interview was conducted with ASM [administrative staff member] # 1, clinical director. After reviewing Individual # 1's behavioral support data collection and current PCP dated 07/01/2020 - 06/30/2021, ASM # 1 stated that the PCP for behavior was not implemented.</p> <p>On 06/02/2021 at 2:50 p.m., ASM # 1 was made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>[1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</p> <p>[2] A brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain send out the wrong signals. People may have strange sensations and emotions or behave strangely. They may have violent muscle spasms</p>	W 249		

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NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 249	<p>Continued From page 55</p> <p>or lose consciousness. This information was obtained from the website: https://medlineplus.gov/epilepsy.html.</p> <p>[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.nlm.nih.gov/medlineplus/cerebralpalsy.html.</p> <p>2. The facility staff failed to implement Individual # 2's behavior support plan by completing the ABC [antecedent, behavior, consequence] data collection sheets.</p> <p>Individual # 2 was admitted to [Name of Group Home] with diagnoses that included but were not limited to: severe mental retardation [1], anxiety [2] and epilepsy [3].</p> <p>The PCP [Person centered plan] for Individual # 2 dated 07/01/2020 - 09/30/2021 documented in part, "Behavior Management. [Individual # 2] utilizes her behavior plan as needed to address any presence of targeted behavior, concerning her wants and needs on a daily basis by September 30, 2021. Support Activities and Instructions: 1. Refer to the attached Behavior Plan. 2. Document each occurrence or episode of either the targeted maladaptive behaviors on the required ABC Data Forms."</p> <p>The "Behavior Support Plan" for Individual # 2 dated 10/01/2020 - 09/30/2021 documented in part, Description of Behaviors: 1. Inappropriate Social Behaviors. This behavior has been defined</p>	W 249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 249	<p>Continued From page 56</p> <p>as [Individual #2] invading one's personal space as evidenced by touching others without their permission, shaking her fist, laughing at peers and others within the community and attempting/successfully taking food that does not belong to her (from another individual, etc.) without receiving permission (verbal or direct) 2. Declining to transition. This behavior has been identified as [Individual # 2] refusing to board or exit transportation, transitioning within the home to complete daily hygiene tasks, etc. within three verbal prompts. 3. Other Problematic Behavior. This behavior has been identified as [Individual # 2] refusing to follow staff instructions as it relates to health and safety. Other problematic behaviors include [Individual # 2] pretending to fall and hurting herself when she [sic] engaging in behaviors of refusing to follow staff directions and pretending to fall when not actually falling or hurting herself." Under "Data Collection" it documented, "This plan will be implemented and modified for effectiveness by program staff. After baseline data has been gathered and reviewed, Modifications will be made as necessary based on staff reports and interviews, data collected and observations."</p> <p>The data collection sheet dated January 2021 for Individual #2 documented, "Behaviors. 1. Inappropriate social behaviors: Any occurrence of touching others, grabbing at others, pointing and laughing at others, shaking fist at them, attempting to touch others [sic] property or food, or pretending to fall to attract attention, will be recorded as one episode. Actual falls due to being startled will be documented according to her fall protocol. 2. Declining to transition: any</p>	W 249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148	
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W 249	<p>Continued From page 57</p> <p>occurrence of refusal to get out of the van, up from a chair, or out of bed, that lasts more than 5 [five] minutes shall be recorded as one episode. 3. Inappropriate Greeting (Baseline Data) - Any form of unsolicited touching of peers/staff, attempting to hug/kiss peer/staff, etc. which will be recorded as one episode. Absence of Behavior: These behaviors did not occur." Under "Consequences" it documented, "1. Verbal redirection. 2 Physical redirection. 3 Other." On "1/21 [January 21st]" it documented, "Touching blind [window blind, Pushing other peer, kissing peers." Under "Consequences" numbers one, two or three [1, 2, 3] were not circled. On 1/23" it documented, "Pushing and throwing items, making noise." Under "Consequences" numbers one, two or three [1, 2, 3] were not circled.</p> <p>The data collection sheet dated March 2021 for Individual #2 documented, "Behaviors. 1. Inappropriate social behaviors: Any occurrence of touching others, grabbing at others, pointing and laughing at others, shaking fist at them, attempting to touch others [sic] property or food, or pretending to fall to attract attention, will be recorded as one episode. Actual falls due to being startled will be documented according to her fall protocol. 2. Declining to transition: any occurrence of refusal to get out of the van, up from a chair, or out of bed, that lasts more than 5 [five] minutes shall be recorded as one episode. 3. Inappropriate Greeting (Baseline Data) - Any form of unsolicited touching of peers/staff, attempting to hug/kiss peer/staff, etc. which will be recorded as one episode. Absence of Behavior: These behaviors did not occur." Under "Consequences" it documented, "Please describe how staff, peers,</p>	W 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148	
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W 249	<p>Continued From page 58</p> <p>and [Individual # 2] responded following the behavior." On "3/22" it documented, "Threw items at another peer." Under "Consequences" it was blank.</p> <p>The data collection sheet dated April 2021 for Individual #2 documented, "Behaviors. 1. Inappropriate social behaviors: Any occurrence of touching others, grabbing at others, pointing and laughing at others, shaking fist at them, attempting to touch others [sic] property or food, or pretending to fall to attract attention, will be recorded as one episode. Actual falls due to being startled will be documented according to her fall protocol. 2. Declining to transition: any occurrence of refusal to get out of the van, up from a chair, or out of bed, that lasts more than 5 [five] minutes shall be recorded as one episode. 3. Inappropriate Greeting (Baseline Data) - Any form of unsolicited touching of peers/staff, attempting to hug/kiss peer/staff, etc. which will be recorded as one episode. Absence of Behavior: These behaviors did not occur." On "4/13" at 3:00 p.m., it documented, "Refusing to get up." Under "Consequences" it was blank. On "4/22" at 1:20 p.m., it documented, "Refused to get up to use the bathroom." Under "Consequences" it was blank. On "4/28" at 10:00 a.m., it documented, "[Individual # 2] Refused to use the bathroom." Under "Consequences" it was blank. On "4/28" at 1:15 p.m., it documented, "[Individual # 2] threw a ball across the floor directed at another staff." Under "Consequences" it was blank. On "4/28" at 12:37 p.m., it documented, "Refused to go to bathroom." Under "Consequences" it was blank. On "4/29" at 1:37 a.m., it documented, "Refused to go upstairs due to she had an accident and just</p>	W 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 249	<p>Continued From page 59</p> <p>stayed by stairway." Under "Consequences" it was blank.</p> <p>On 06/02/2021 at approximately 12:55 p.m., a telephone interview was conducted with OSM [other staff member] # 1, behavioral specialist. When asked to describe the purpose of a behavior support plan, OSM # 1 stated, "It's created to teach a skill deficit such as appropriate social interaction and elicit appropriate behaviors to be integrated into relationships and society." When asked if all area on the behavior support data collection form should be completed, OSM # 1 stated, "It's quite vital. It provides measurements of behavior and helps me understand any trends or frequency of behavior." When asked about missing or incomplete data collection for a behavior support plan, OSM # 1 stated that they would not be able to accurately monitor an individual's behavior. When asked if the behavior support plan was part of an individual's person centered plan, OSM # 1 stated yes. When informed of the above finding for Individual # 1's behavioral support data collection OSM # 1 stated that the data is incomplete if the consequences are coded and stated that the PCP was not implemented.</p> <p>On 06/02/2012 at approximately 2:30 p.m., an interview was conducted with ASM [administrative staff member] # 1, clinical director. After reviewing Individual # 1's behavioral support data collection and current PCP dated 07/01/2020 - 06/30/2021 ASM # 1 stated that the PCP for behavior was not implemented.</p> <p>On 06/02/2021 at 2:50 p.m., ASM # 1 was made</p>	W 249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 249	<p>Continued From page 60 aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References: [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</p> <p>[2] Fear. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/anxiety.html#summary.</p> <p>[3] A brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain send out the wrong signals. People may have strange sensations and emotions or behave strangely. They may have violent muscle spasms or lose consciousness. This information was obtained from the website: https://medlineplus.gov/epilepsy.html.</p> <p>3. The facility staff failed to implement Individual # 3's current PCP [person centered plan] of</p>	W 249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 249	<p>Continued From page 61</p> <p>socialization, recreation to reduce physical and self-injurious behavior, health & safety, independent living skills and recreation to increase effective learning.</p> <p>Individual # 3 was admitted to [Name of Group Home] with diagnoses that included but were not limited to: profound mental retardation [1], autistic disorder [2] and epilepsy [3].</p> <p>Review of Individual # 3's PCP [person centered plan] dated 07/01/2020 - 06/30/2021 revealed five outcomes. The PCP documented, Desired Outcome # 1: Socialization, Desired Outcome # 2: Recreation to reduce physical and self-injurious behavior, Desired Outcome # 3: Health & Safety, Desired Outcome # 4: Independent Living Skills and Desired Outcome # 5: Recreation to increase effective learning.</p> <p>Review of Individual # 3's data collection sheets for April and May 2021 failed to evidence Current PCP outcomes as described above.</p> <p>On 06/02/2021 at approximately 2:30 p.m., an interview was conducted with ASM [administrative staff member] # 1, clinical director. After reviewing the PCP for Individual # 3 dated 07/01/2020 - 06/30/2021 and the data collection sheets dated April and May 2021, ASM # 1 stated that the staff had not documented on the correct data sheets for Individual # 3 and failed to implemented the current PCP outcomes for Individual # 3 during April and May 2021.</p> <p>On 06/02/2021 at 2:50 p.m., ASM # 1 was made aware of the above findings.</p>	W 249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 249	Continued From page 62 No further information was provided prior to exit. References: [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100 [2] A neurological and developmental disorder that begins early in childhood and lasts throughout a person's life. It affects how a person acts and interacts with others, communicates, and learns. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/autismspectrumdisorder.html [3] A brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain send out the wrong signals. People may have strange sensations and emotions or behave strangely. They may have violent muscle spasms or lose consciousness. This information was obtained from the website: https://medlineplus.gov/epilepsy.html	W 249			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)	W 252			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 252	<p>Continued From page 63</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview, clinical record review and facility document review it was determined that the facility staff failed to collect data in measurable terms for three of five individuals in the survey sample, Individual # 1, # 2 and #3.</p> <p>1. Facility staff failed to document the data collection of Individual # 1's PCP [Person Centered Plan) outcomes of communication in measurable terms.</p> <p>2. Facility staff failed to document the data collection of Individual # 2's PCP [Person Centered Plan) outcomes of communication, socialization and activities of daily living in measurable terms.</p> <p>3. Facility staff failed to document the data collection of Individual # 3's ISP [Person Centered Plan) outcomes of socialization, independent living skills and recreation in measurable terms.</p> <p>The findings include:</p> <p>1. Facility staff failed to document the data collection of Individual # 1's PCP [Person Centered Plan) outcomes of communication in measurable terms.</p> <p>Individual # 1 was admitted to [Name of Group</p>	W 252		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
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W 252	<p>Continued From page 64</p> <p>Home] with diagnoses that included but were not limited to: moderate mental retardation [1], epilepsy [2] and cerebral palsy [3].</p> <p>Individual # 1's current PCP [Person Center Plan] from [Name of Group Home] dated 07/01/2020 through 06/30/2021 documented, "Desired Outcome: Communication. [Individual # 1] increases his communication skills 60% of the time at least 20 times a week until 06/30/2021. Support Activities & Instructions: Communicating with staff what I want to wear. Communicating with staff what I would like to eat at snack time. Informing staff 60% of my clothing selection and snack preferences. Support Instructions: 1. [Individual # 1] is given two options by staff to choose from. 2. [Individual # 1] is prompted by staff to pick his choice from the option given to him by verbally responding. 4. [Individual # 1] is encouraged to indicate his preferences."</p> <p>The data collection sheet dated March 2021 for Individual # 1 documented the desired outcome and support activities & instructions as stated above for communication. Under the heading "Legend" it documented, "S=Social Interaction. D=Declined. N=Not offered." Further review of the data collection sheet revealed "S" documented in each box for 03/01/2021 through 03/31/2021. The data collection sheet dated April 2021 for Individual # 1 documented the desired outcome and support activities & instructions as stated above for communication. Under the heading "Legend" it documented, "S=Social Interaction. D=Declined. N=Not offered." Further review of the data collection sheet revealed "S" documented in each box for 04/01/2021 through 04/30/2021.</p>	W 252			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
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W 252	<p>Continued From page 65</p> <p>The data collection sheet dated May 2021 for Individual # 1 documented the desired outcome and support activities & instructions as stated above for communication. Under the heading "Legend" it documented, "S=Social Interaction. D=Declined. N=Not offered." Further review of the data collection sheet revealed "S" documented in each box for 05/01/2021 through 05/31/2021.</p> <p>On 06/02/2021 at approximately 2:30 an interview was conducted with ASM [administrative staff member] # 1, clinical director regarding the data collection for Individual # 1's communication outcome. When asked to describe the purpose of the PCP for an individual, ASM # 1 stated, "To provide a step-by-step guidance to help the individual." After reviewing the data collection for the dates listed above ASM # 1 was asked if the data for the communication outcome was documented in measurable terms. ASM # 1 stated, "No."</p> <p>The facility's policy "4.1 Individual Service Plan (ISP)" documented, "4.1.4 Individual Service Plan (ISP) Development. H. Data Collection: Data collection is recorded on all objectives/desired outcomes in a format that accurately represents the consumer's progress. Data is tracked, documented in measureable terms and analyzed to ensure that appropriate objectives/desired outcomes and interventions/support strategies are in place for the consumer. On-going documentation is kept in the progress notes regarding the progress, changes or significant events relating to the functioning of the consumer."</p>	W 252			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
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W 252	<p>Continued From page 66</p> <p>On 06/02/2021 at 2:50 p.m., ASM # 1 was made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>[1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</p> <p>[2] A brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain send out the wrong signals. People may have strange sensations and emotions or behave strangely. They may have violent muscle spasms or lose consciousness. This information was obtained from the website: https://medlineplus.gov/epilepsy.html.</p> <p>[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.nlm.nih.gov/medlineplus/cerebralpalsy.html.</p> <p>2. Facility staff failed to document the data</p>	W 252			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 252	<p>Continued From page 67</p> <p>collection of Individual # 2's PCP ([Person Centered Plan) outcomes of communication, socialization and activities of daily living in measurable terms.</p> <p>Individual # 2 was admitted to [Name of Group Home] with diagnoses that included but were not limited to: severe mental retardation [1], anxiety [2] and epilepsy [3].</p> <p>Individual # 2's current ISP from [Name of Group Home] dated 10/01/2020 through 09/30/2021 documented; "Desired Outcome: Communication: [Individual # 2] is to learn at least two 3 sign language words per month for 12 consecutive months by September 30, 2021. Support Activities & Instructions: [Individual # 2] effectively communicates with others using sign language to increase her communication skills until September 30, 2021. Support Instructions Are As Follows: 1. [Individual # 2] is present with a choice of words existing in her natural environment and she chooses one or two new words per month to learn how to sign them. 2. [Individual # 2] is presented with a question using her 1-2 new works [sic] in sign language. 3. [Individual # 2] answers this question with the usage of sign language. 4. [Individual # 2] is praised for answering this question using her sign language."</p> <p>"Desired Outcome: Socialization: [Individual # 2] is [sic] learn how to appropriately socialize with others by September 30, 2021. Support Activities & Instructions: Support Instructions: 1. [Individual # 2] is given the opportunity to select an activity she would like to participate in with her peers. 2. [Individual # 2] is supported in inviting her peers to</p>	W 252			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
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W 252	<p>Continued From page 68</p> <p>participate with her in the activity she has chosen. 3. [Individual # 2] appropriately interacts with her peers during the activity. 4. [Individual # 2] refrains from: hitting of others, grabbing at others [sic] belongings."</p> <p>"Desired Outcome: Activities of Daily Living: [Individual # 2] completes her oral hygiene twice daily for 12 consecutive months, at a rate of 100% of the time, until September 30, 2021. Support Activities & Instructions: Support Activity: [Individual # 2] uses tooth paste, tooth brush, floss stick and mouth wash to cleanse her mouth. Support Instructions: 1. [Individual # 2] is to submerge her toothbrush in water and rinse it clean. 2. [Individual # 2] is to apply toothpaste onto her tooth brush. 3. [Individual # 2] uses the toothbrush to brush all her teeth. 4. [Individual # 2] rinses her mouth with water after brushing. 5. [Individual # 2] uses her floss stick to floss her teeth. 6. [Individual # 2] rinses he mouth. 7. [Individual # 2] is provided support in thoroughly cleansing [sic] her mouth and may need additional flossing and rinsing as needed."</p> <p>The data collection sheet dated March 2021 for Individual # 2 documented the desired outcome and support activities & instructions as stated above for communication. Under the heading "Legend" it documented, "S=Social Interaction. D=Declined." Further review of the data collection sheet revealed "S" documented in each box on 03/01/2021 through 03/25/2021 and on 03/27/2021, 03/28/2021 and on 03/30/2021. On 03/26/2021 and 03/29/2021 it documented an "N" and no evidence of documentation on 03/31/2021.</p>	W 252			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 252	<p>Continued From page 69</p> <p>The data collection sheet dated April 2021 for Individual # 2 documented the desired outcome and support activities & instructions as stated above for communication. Under the heading "Legend" it documented, "S=Social Interaction. D=Declined." Further review of the data collection sheet revealed "S" documented in each box on 04/01/2021 through 04/30/2021.</p> <p>The data collection sheet dated May 2021 for Individual # 2 documented the desired outcome and support activities & instructions as stated above for communication. Under the heading "Legend" it documented, "S=Social Interaction." Further review of the data collection sheet revealed "S" documented in each box on 05/01/2021 through 05/31/2021.</p> <p>The data collection sheet dated March 2021 for Individual # 2 documented the desired outcome and support activities & instructions as stated above for socialization. Under the heading "Legend" it documented, "A=Appropriate. I=Inappropriate." Further review of the data collection sheet revealed "A" documented in each box on 03/01/2021 through 03/31/2021.</p> <p>The data collection sheet dated April 2021 for Individual # 2 documented the desired outcome and support activities & instructions as stated above for socialization. Under the heading "Legend" it documented, "A=Appropriate. I=Inappropriate." Further review of the data collection sheet revealed "A" documented in each box on 04/01/2021 through 04/30/2021.</p> <p>The data collection sheet dated April 2021 for</p>	W 252			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 252	<p>Continued From page 70</p> <p>Individual # 2 documented the desired outcome and support activities & instructions as stated above for socialization. Under the heading "Legend" it documented, "A=Appropriate. I=Inappropriate." Further review of the data collection sheet revealed "A" documented in each box on 05/01/2021 through 05/31/2021.</p> <p>The data collection sheet dated March 2021 for Individual # 2 documented the desired outcome and support activities & instructions as stated above for activities of daily living. Under the heading "Legend" it documented, "C=Complete. D=Declined." Further review of the data collection sheet revealed "C" documented in each box on 03/01/2021 through 03/31/2021.</p> <p>The data collection sheet dated April 2021 for Individual # 2 documented the desired outcome and support activities & instructions as stated above for activities of daily living. Under the heading "Legend" it documented, "C=Complete. D=Declined." Further review of the data collection sheet revealed "C" documented in each box on 04/01/2021 through 04/30/2021.</p> <p>The data collection sheet dated May 2021 for Individual # 2 documented the desired outcome and support activities & instructions as stated above for activities of daily living. Under the heading "Legend" it documented, "C=Complete. D=Declined." Further review of the data collection sheet revealed "C" documented in each box on 05/01/2021 through 05/31/2021.</p> <p>On 06/02/2021 at approximately 2:30 an interview was conducted with ASM [administrative staff</p>	W 252			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 252	<p>Continued From page 71</p> <p>member] # 1, clinical director regarding the data collection for Individual # 2's communication outcome. When asked to describe the purpose of the PCP for an individual, ASM # 1 stated, "To provide a step-by-step guidance to help the individual." After reviewing the data collection for the dates listed above ASM # 1 was asked if the data for the communication, socialization and activities of daily living outcomes were documented in measurable terms. ASM # 1 stated, "No."</p> <p>On 06/02/2021 at 2:50 p.m., ASM # 1 was made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>[1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</p> <p>[2] Fear. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/anxiety.html#summary.</p> <p>[3] A brain disorder that causes people to have</p>	W 252			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 252	<p>Continued From page 72</p> <p>recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain send out the wrong signals. People may have strange sensations and emotions or behave strangely. They may have violent muscle spasms or lose consciousness. This information was obtained from the website: https://medlineplus.gov/epilepsy.html.</p> <p>3. Facility staff failed to document the data collection of Individual # 3's ISP [Person Centered Plan) outcomes of socialization, independent living skills and recreation in measurable terms.</p> <p>Individual # 3 was admitted to [Name of Group Home] with diagnoses that included but were not limited to: profound mental retardation [1], autistic disorder [2] and epilepsy [3].</p> <p>Individual # 3's current PCP [Person Center Plan] from [Name of Group Home] dated 07/01/2020 through 06/30/2021 documented; "Desired Outcome: Socialization: [Individual # 3] increase her social interactions [sic] skills 50% of the time by participating in a variety of activities with her peers at least 3 [three] times a week until June 30, 2021. Support Activities & Instructions: Support Activity: [Individual # 3] finds ways to connect with her peers 50% of the time by participating in different of [sic] activities with her peers at least 3 times a week for 15 minutes until June 30, 2021. Support Instructions: 1. [Individual # 3] is supported to connect with her peers in activities such as dancing in group, playing games, using manipulatives, reading materials, sensory items, etc. ...2. [Individual # 3] is supported to initiate interactions with her peers such as rolling body</p>	W 252			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 252	<p>Continued From page 73</p> <p>ball and soccer ball. 3. [Individual # 3] is encouraged and supported to take turns during activities. 4. [Individual # 3] communicates with her peers through facial expression, body language, vocalizations, and gestures when she is interacting with her peers."</p> <p>"Desired Outcome: Independent Living Skills: [Individual # 3] participates daily in activities that enhance her independent living skills 50% of the time, until June 30, 2021. Support Activities & Instructions: Support Activity: [Individual # 3] participates in her oral hygiene twice daily for 15 minutes until June 30, 2021 to maintain good oral health. [Individual # 3] participates in her personal hygiene twice daily until June 30, 2021. Support Instructions: 1. [Individual # 3] held the toothbrush and placed the toothpaste on the brush with hand over hand support. 2. [Individual # 3] brushed her teeth with hand over hand support from staff [sic] 15 minutes. 3. [Individual # 3] is supported to rinse her mouth with water."</p> <p>The data collection sheet dated March 2021 for Individual # 3 documented the desired outcome and support activities & instructions as stated above for socialization. Under the heading "Legend" it documented, "A=Appropriate. I=Inappropriate." Further review of the data collection sheet revealed "A" documented in each box on 03/01/2021 through 03/31/2021.</p> <p>"Desired Outcome: Recreation Outcome: To increase effective learning through stimulating 2 [two] or more of her senses simultaneously. Start Date: 07/01/2020. End Date: 06/30/2021. Support Activities & Instructions: 1. [Individual # 3] will be offered an activity that stimulates 2 or more of her</p>	W 252			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
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W 252	<p>Continued From page 74</p> <p>senses simultaneously (Visual, Proprioceptive, auditory, olfactory, tactile, gustatory). 2. When [Individual # 3] is given enough opportunities to be successful in this goal - 8 [eight] times per month. 3. When two (2) or of more of [Individual # 3's] senses are stimulated simultaneously during the activity for at least 5 [five] minutes. 4. [Individual # 3] is offered items lights, bright colors and/or glow for visual stimulation. 5. [Individual # 3] is offered items that make noise, music, sound for auditory stimulation. 6. [Individual # 3] is offered items with a variety of textures (soft, fuzzy, bumpy, rough, etc.) for tactile stimulation. 7. [Individual # 3] is supported with experiencing a variety of aroma (oil diffuser, cooking scents, etc.) for olfactory stimulation. 8. [Individual # 3] is supported with sampling a variety of different tastes for gustatory stimulation. 9. [Individual # 3] is supported with exploring items with her mouth, specific sensory items designed for oral-motor stimulation. 10. [Individual # 3] is supported with increasing her body awareness with a bean chair, personal massager, etc. for proprioception stimulation. 11. [Individual # 3] Magazines and manipulatives should not be present when the introduction is made, but given after introduction/exposure or any time actively engaged in new multi-sensory activity."</p> <p>The data collection sheet dated March 2021 for Individual # 3 documented the desired outcome and support activities & instructions as stated above for independent living skills. Under the heading "Legend" it documented, "C=Completed. D=Declined." Further review of the data collection sheet revealed "C" documented in each box on 03/01/2021 through 03/31/2021.</p>	W 252			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER BRAMBLETON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 252	<p>Continued From page 75</p> <p>The data collection sheet dated March 2021 for Individual # 3 documented the desired outcome and support activities & instructions as stated above for recreation. Under the heading "Legend" it documented, "C=Completed. D=Declined." Further review of the data collection sheet revealed "C" documented in each box on 03/01/2021 through 03/31/2021.</p> <p>On 06/02/2021 at approximately 2:30 an interview was conducted with ASM [administrative staff member] # 1, clinical director regarding the data collection for Individual # 3's communication outcome. When asked to describe the purpose of the PCP for an individual, ASM # 1 stated, "To provide a step-by-step guidance to help the individual." After reviewing the data collection for the dates listed above ASM # 1 was asked if the data for the socialization, independent living skills and recreation outcomes were documented in measurable terms. ASM # 1 stated, "No."</p> <p>On 06/02/2021 at 2:50 p.m., ASM # 1 was made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References: [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult</p>	W 252			

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W 252	Continued From page 76 responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100 [2] A neurological and developmental disorder that begins early in childhood and lasts throughout a person's life. It affects how a person acts and interacts with others, communicates, and learns. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/autismspectr umdisorder.html [3] A brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain send out the wrong signals. People may have strange sensations and emotions or behave strangely. They may have violent muscle spasms or lose consciousness. This information was obtained from the website: https://medlineplus.gov/epilepsy.html .	W 252		
W 445	EVACUATION DRILLS CFR(s): 483.470(i)(2)(i) The facility must actually evacuate clients during at least one drill each year on each shift. This STANDARD is not met as evidenced by: Based on facility document review and staff interview, it was determined that the facility failed to conduct fire drills for each shift quarterly. The finding include: Review of the facility's "Fire Drill Form [s]" dated	W 445		

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W 445	<p>Continued From page 77</p> <p>02/2020 through 05/2021 failed to evidence that a fire drills were conducted on the 11:00 a.m. to 9:00 a.m. shift in March 2021.</p> <p>The facility's "2021 Fire Drill Schedule" documented, "Month: March. Day: Tuesday. Date: 16th. Time: 2:00 am [a.m.]. Shift Responsibility: 11:00 a.m. to 9:00 a.m."</p> <p>On 06/01/2021 at approximately 1:05 p.m., an interview was conducted with ASM [administrative staff member] # 1, clinical director. When informed of the missing fire drills on the shifts and dates listed above ASM # 1 reviewed the fire drill forms and the facility's fire drill schedule and stated that the fire drill for March 2021 was not conducted when scheduled, which resulted in fire drills not being conducted quarterly for each shift.</p> <p>On 06/02/2021 at approximately 2:30 p.m. ASM [administrative staff member] # 1, clinical director, was made aware of the findings.</p> <p>No further information was provided prior to exit.</p>	W 445			