PRINTED: 11/09/2021 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		49G014	B. WING _			11/	04/2021
	ROVIDER OR SUPPLIER FISHER HALL GROUP H	IOME		82	TREET ADDRESS, CITY, STATE, ZIP CODE 207 WOLFTRAP RD IENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
E 000	survey was conducted 11/04/2021. Correction compliance with 42 Consequirement for Long Develop EP Plan, RecFR(s): 483.475(a) §403.748(a), §416.54 §441.184(a), §460.84 §483.475(a), §485.625(a), §485.72 §486.360(a), §491.12 The [facility] must confederal, State and loop preparedness required develop establish and emergency prepared requirements of this spreparedness program limited to, the following: (a) Emergency Plan. and maintain an emergency prepared for the following: * [For hospitals at §48 §485.625(a):] Emergency Plan. and maintain an emergency prepared following: * [For hospitals at §48 §485.625(a):] Emergency Plan. The plantage of the	ons are required for FR Part 483.73, g-Term Care Facilities. view and Update Annually (a), §418.113(a), (a), §482.15(a), §483.73(a), (2(a), §485.68(a), (7(a), §494.62(a). Inply with all applicable cal emergency ments. The [facility] must domaintain a comprehensive ness program that meets the section. The emergency must include, but not be gelements: The [facility] must develop regency preparedness plan d], and updated at least lan must do all of the 32.15 and CAHs at ency Plan. The [hospital or th all applicable Federal, gency preparedness ospital or CAH] must a comprehensive ness program that meets the ness program that meets the ness program that meets the	EG)000) 0 4	The risk assessment portion of the emergency preparedness plan will be updated to include emerging infectious diseases. The aforement update to the risk assessment portion of the emergency preparedness plan will be included program specific Emergency Preparedness F. Minerva Fisher and will be reviewed with state next regularly scheduled house meeting. Program Manager will ensure that the staff at trained on the updated portion of the plan. To Clinical Director will review that this was accomplished during routine supervision and program visits. The CRi Risk Management Committee will review the Emergency Plan to Minerva Fisher on an annual basis.	ed in the Plan for aff at The are	12/3/21
LABORATORY	•	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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.

Terell Jones, CD

CD

Facility ID: VAICFMR14

11/18/21

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` ′	PLE CONSTRUCTION G	' '	(X3) DATE SURVEY COMPLETED		
		49G014	B. WING		1	/04/2021	
	ROVIDER OR SUPPLIER FISHER HALL GROUP	номе		STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUNDERSON CROSS-REFERENCED TO THE APPROPRICE OF T	JLD BE	(X5) COMPLETION DATE	
E 004	Plan. The LTC facility an emergency prepareviewed, and updated * [For ESRD Facilities Plan. The ESRD facimaintain an emergency must be [evaluated], years. This STANDARD is Based on staff interview it was determined to have a compreparedness plan. The findings included Facility staff failed to preparedness plan with diseases being inclusives being inclusives being inclusives sement. On 11/03/18 at approand interview of the preparedness plan with facility's emergency to evidence docume diseases being inclusives being inclusives being inclusives sement. On 11/4:15 p.m. an interview [administrative staff manager. When asket in the prepared plan with the facility's emergency inclusives the prepared plan with the facility is emergency to evidence docume diseases being inclusives the prepared plan with the facility is emergency to evidence docume diseases being inclusives the prepared plan with the facility is emergency to evidence docume diseases being inclusives the prepared plan with the facility is emergency to evidence docume diseases being inclusives the prepared plan with the facility is emergency to evidence docume diseases being inclusives the prepared plan with the facility is emergency to evidence docume diseases being inclusives the prepared plan with the pre	at §483.73(a):] Emergency y must develop and maintain aredness plan that must be ed at least annually. Se at §494.62(a):] Emergency ility must develop and ncy preparedness plan that and updated at least every 2 not met as evidenced by: view and facility document ined that the facility staff plete emergency vith emerging infectious ded in the facility's risk Deximately 3:00 p.m. a review facility's emergency vas conducted. Review of ancy preparedness plan failed intation of emerging infectious ded in the facility's risk (04/2021 at approximately w was conducted with ASM member] # 1, program and about emerging being included in the facility's	EOC				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		49G014	B. WING			11/	04/2021
NAME OF PR	ROVIDER OR SUPPLIER		I		STREET ADDRESS, CITY, STATE, ZIP CODE	·	
					8207 WOLFTRAP RD		
MINERVA	FISHER HALL GROUP H	OME		١,	VIENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
E 004	Continued From page	CNA # 4	measurable	goa e/go	Manger will provide training to the QIDP on ls. The QIDP will update individual #1's resional for bathroom communication to ensure it is	dential	12/3/21
	were under the impre the risk assessment.	e under the impression that it was included in risk assessment.			n Manager will provide the day support managesidential measurable goals training so that day is with writing the ISP in measurable terms for	support r all	
On 11/04/2021 at approximately 4:00 p.m., ASM [administrative staff member] #1, program manager and OSM [other staff member] # 2, QIDP [qualified intellectual disabilities professional] were made aware of the above concern.			individuals who reside in an ICF. The Day support Director will work with the day support ISP writer to ensure individual #1's day program pcp for communication, sensory activity and day program/advocacy activities are written in measurable terms to include quantitative values to demonstrate progress. The Day support Director will also work with the day support ISP writer to ensure that individual #3's day support pcp outcome for exercise and				
W 000 No further information was presented prior to exit. INITIAL COMMENTS communication are written in maguantitative values to demonstrate and/or Program Manager will re-			are written in measurable terms to include ues to demonstrate progress. The residential Manager will review all individuals' day supp	ort ISP			
	An unannounced annual Medicaid ICF/ID Health Care Certification survey was conducted on 11/03/2021 through 11/04/2021. 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.		3. The Program Manager will provide training to residential staff to ensure they understand how to accurately implement individual #2's active treatment for sensory stimulation. The program Manager will				
W 159	The census in this six time of the survey. The of three current Indivies #2 and #3). QIDP CFR(s): 483.430(a)	accurately implementing the plan outcomes as written. 4.The Program Manager will update individual number 3's residential pcp outcome for making the bed to ensure the type of prompts is					
	Each client's active trintegrated, coordinate qualified intellectual of This STANDARD is rased on observatio staff interview, it was [Qualified Intellectual failed coordinated and	eatment program must be ed and monitored by a isability professional who- not met as evidenced by: ns, record reviews, and determined that the QIDP Disabilities Professional	if necessary measurable 6. The Pro Program Au implemente 7. The Clin the records in in measurab	in term ogradits d by ical to en	the event it is identified that the goals are not an sor prompts are not specified. In Manager and/or QIDP will complete Montage to ensure the ISP is written in measurable terms at statement of the second of the conduct Quarterly Audits Reviews are the residential and day support goals are earns, prompt levels are defined, and ensure state ISP goals as written.	written in hly Day ms and ews of ewritten	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		49G014	B. WING _			11/04/2021
	ROVIDER OR SUPPLIER FISHER HALL GROUP	номе		STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180		
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		SHOULD BE	(X5) COMPLETION DATE		
W 159	# 2, and # 3. 1a. The QIDP [qualif professional] failed to residential PCP (per outcome/goal for bat measurable terms. 1b. The QIDP failed Individual # 1's day program/advocacy and quantitative values to active treatment for simplemented. 3a. The QIDP (qualif professional) failed to Individual # 3's residential professional) failed to Individual # 3's residential professional	ried intellectual disabilities of define Individual # 1's son-centered plan) throom communication in to review and ensure program PCP an) outcomes/goals for sory activity and day activities, were developed with the demonstrate progress. Define the type of prompts	W 1	,		
	Individual # 3's day p (person-centered pla exercise and commu	to review and ensure program PCP an) outcomes/goals for unication were developed with the demonstrate progress.				
	professional] failed to residential PCP (per	ied intellectual disabilities o define Individual # 1's				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	\ \ \ \ \ \ \	ILTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		49G014	B. WING _			11/0	4/2021
	ROVIDER OR SUPPLIER FISHER HALL GROUP H	IOME	,	STREET ADDRESS, CITY, STATE, ZIP C 8207 WOLFTRAP RD VIENNA, VA 22180	ODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIAT		(X5) COMPLETION DATE
W 159	Continued From page		W 1	59			
	admitted to [Name of diagnoses that included profound intellectual of [2] with contractures. Individual #1's resided through 06/30/2022 for documented, "Desire Communication. [Individual #1] for head to so before assisting will document her lever responses to service the lath record]. 5. [Individual #1] for her does not sign bathrood os obefore assisting will document her lever responses to service the lath record]. 5. [Individual #1] achieved this outcombathroom each day a consecutive months. The group home's day and instructions as streview of the data streview of th	ed but were not limited to: disability [1], cerebral palsy [3] and seizure disorder [4]. Intial PCP dated 07/01/2021 or Individual # 1 d Outcome: Bathroom lividual #1] will sign needs to be assisted with 100% accuracy for 12 by 6/30/2022. Support ins: 1. [Individual #1] will needs to be assisted with athroom. 2. Staff will praise efforts. 3. If [Individual #1] om, staff will prompt her to g her with toileting. 4. Staff el of participation and is in credible [electronic dividual # 1] will have e when she has signed t 100% accuracy for 12 Frequency: Daily."					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION G	١ , ,	(X3) DATE SURVEY COMPLETED		
		49G014	B. WING		1	1/04/2021	
	ROVIDER OR SUPPLIER FISHER HALL GROUP H	IOME		STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180	·		
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		HOULD BE	(X5) COMPLETION DATE		
W 159	reviewed the PCP for collection sheets date October 2021. After of # 2 was asked which was being measured, independently or when 1 to sign for toileting, activities and instruct stated that they didn't measured. When ast responsibility in regar OSM # 2 stated that to outcomes were writted the number and type often the outcome was number of time the outinglemented such ast determine the level of the individual of the indivi	s professional]. OSM #2 Outcome # 2 and the data ad September 2021 and completing the review, OSM response by Individual # 1 when they signed toileting an staff prompted Individual # as stated in the support ions stated above. OSM # 2 know which one was being ked to describe their d to an individual's PCP, they were to make sure the n in measurable terms with of prompting, when and how as to be implemented, the utcome was to be two times per day, and cy [quantitative values] to f progress. proximately 4:00 p.m., ASM member] #1, program other staff member] # 2, actual disabilities ade aware of the above In was presented prior to exit. of disorders characterized apacity and difficulty with uch as managing money, es, or social interactions. obtained from the website: n.gov/NIHfactsheets/ViewFa	W 15	59			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '		(X3) DATE SURVEY COMPLETED		
	49G014	B. WING		11/04/2021		
	НОМЕ	82	207 WOLFTRAP RD			
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	O BE COMPLETION		
[2] A group of disord ability to move and a posture. This inform website: https://www.nlm.nih y.html. [3] A fixed tightening ligaments, or skin. If of the associated be obtained from the whittps://medlineplus.gm. [4] Symptoms of a because of sudden, the brain. This inform website: https://www.nlm.nih ml. 1b. The QIDP failed Individual # 1's day (person-centered ple communication, semprogram/advocacy at they were developed demonstrate progree. The day program Poo6/30/2021 for Individuals her we communication tools.	ders that affect a person's to maintain balance and nation was obtained from the .gov/medlineplus/cerebralpals g of muscle, tendons, terevents normal movement ody part. This information was rebsite: gov/ency/imagepages/9218.ht prain problem. They happen abnormal electrical activity in mation was obtained from the .gov/medlineplus/seizures.ht It to review and ensure program PCP an) outcomes/goals for asory activity and day activities, to determine that d with quantitative values to ss. CP dated 07/01/2021 through ridual # 1 documented in part, # 2. [Individual # 1] wants and needs using her so of choice. Target Date:	W 159				
	ROVIDER OR SUPPLIER FISHER HALL GROUP SUMMARY S (EACH DEFICIEN REGULATORY OF SUPPLIER OF SUMMARY S (EACH DEFICIEN REGULATORY OF SUPPLIER OF SUMMARY S (EACH DEFICIEN REGULATORY OF SUPPLIER OF SUMMARY S (EACH DEFICIEN REGULATORY OF SUMMARY S (IZ) A group of disord ability to move and posture. This inform website: https://www.nlm.nih ml. [4] Symptoms of a because of sudden, the brain. This inform website: https://www.nlm.nih ml. 1b. The QIDP failed Individual # 1's day (person-centered ple communication, ser program/advocacy at they were developed demonstrate progrem Po6/30/2021 for Individual Positive Outcome: communication tool 6/30/2022. Support	A9G014 ROVIDER OR SUPPLIER FISHER HALL GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 [2] A group of disorders that affect a person's ability to move and to maintain balance and posture. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/cerebralpals y.html. [3] A fixed tightening of muscle, tendons, ligaments, or skin. It prevents normal movement of the associated body part. This information was obtained from the website: https://medlineplus.gov/ency/imagepages/9218.ht m. [4] Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/seizures.ht	ROVIDER OR SUPPLIER FISHER HALL GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 [2] A group of disorders that affect a person's ability to move and to maintain balance and posture. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/cerebralpals y.html. [3] A fixed tightening of muscle, tendons, ligaments, or skin. It prevents normal movement of the associated body part. This information was obtained from the website: https://medlineplus.gov/ency/imagepages/9218.ht m. [4] Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/seizures.ht ml. 1b. The QIDP failed to review and ensure Individual # 1's day program PCP (person-centered plan) outcomes/goals for communication, sensory activity and day program/advocacy activities, to determine that they were developed with quantitative values to demonstrate progress. The day program PCP dated 07/01/2021 through 06/30/2021 for Individual # 1 documented in part, "Desired Outcome: # 2. [Individual # 1] communicates her wants and needs using her communication tools of choice. Target Date: 6/30/2022. Support Activities: 1 [Individual # 1] initiates communication when she needs to use	ROVIDER OR SUPPLIER FISHER HALL GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 [2] A group of disorders that affect a person's ability to move and to maintain balance and posture. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/cerebralpals y.html. [3] A fixed tightening of muscle, tendons, ligaments, or skin, it prevents normal movement of the associated body part. This information was obtained from the website: https://medlineplus.gov/ency/imagepages/9218.ht m. [4] Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/seizures.ht ml. 1b. The QIDP failed to review and ensure Individual # 1's day program PCP (person-centered plan) outcomes/goals for communication, sensory activity and day program/advocacy activities, to determine that they were developed with quantitative values to demonstrate progress. The day program PCP dated 07/01/2021 through 06/30/2021 for individual # 1 documented in part, "Desired Outcome: #2. [Individual # 1] communication tools of choice. Target Date: 6/30/2022. Support Activities: 1 [Individual # 1] initiates communication tools of choice. Target Date: 6/30/2022. Support Activities: 1 [Individual # 1] initiates communication then she needs to use		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		49G014	B. WING			11/	04/2021
	ROVIDER OR SUPPLIER FISHER HALL GROUP H	IOME		82	TREET ADDRESS, CITY, STATE, ZIP CODE 207 WOLFTRAP RD IENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 159	with no more than 2 v demonstrate progress: "Desired Outcome: # focus during daily ser 6/30/2022. Support A engages in sensory a remains focused on the minutes. Further reviquantitative value industriative value industriative value industriative value industriative value industriatives of her choice. Target Outcome: # participates daily, in cactivities of her choice. Target Date: 6/30/202 [Individual # 1] complicativities on her iPad giffurther review failed value indicating how completes a learning iPad given an initial value indicating how completes a learning iPad given an initial value indication tool of the communicates her was communicated to opossible 28 opportunity progress. Outcome # focus of the communication tool of the communication of the co	I # 1 will complete the task verbal prompts to s." 5. [Individual # 1] maintains a processory activities. Target Date: Activities: 1 [Individual # 1] activities of her choice and the activity for at least 20 few failed to evidence a ficating how many times that in focused on the activity is to demonstrate progress." 6. [Individual # 1] day program/advocacy e or in the community. 22. Support Activities: 1 etes a learning activity of her oven an initial verbal prompt. To evidence a quantitative many times Individual # 1 activity of her choice on her erbal prompt to demonstrate activity of	W	1159			
	Limited or no progres # 1] participates daily	28 opportunities offered. s. Outcome # 6: [Individual , in day program/advocacy e or in the community 5 [five]					

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G014	B. WING _			11/04/2021	
	ROVIDER OR SUPPLIER FISHER HALL GROUP I	НОМЕ		STREET ADDRESS, CITY, STATE, ZI 8207 WOLFTRAP RD VIENNA, VA 22180	IP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE	
W 159	track." On 11/04/2021 at 3:0 conducted with OSM QIDP [qualified inteller professional]. After in PCP and quarterly resoutcome, OSM # 2 s not written in measur could not be determined describe their responsindividual's PCP. Osto make sure the out measurable terms with prompting, when and to be implemented, the outcome was to be intimes per day, and de [quantitative values] progress. When ask [Name of Day Progress. When ask [Name of Day Progress] # 2 stated, "Use to determine the profession outcomes from [Name stated, "I could review [Name of Group Hone of Group Intellection o	28 opportunities offered. On 20 p.m. an interview was [other staff member] # 2, ectual disabilities eviewing the day program eview for Individual # 1's tated that the outcomes were rable terms and progress ned. OSM #2 was asked to nsibility in regard to an SM # 2 stated that they were comes were written in th the number and type of I how often the outcome was the number of time the mplemented such as two etermine the accuracy to determine the level of ed how often they visited am] to review the PCP, OSM to it monthly but with COVID s." When asked if there was ach to review the PCP the of Day Program], OSM # 2 w it when they send us ne] a copy of the PCP." proximately 4:00 p.m., ASM member] #1, program other staff member] # 2,	W 1	59			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		ONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		49G014	B. WING _				11/	04/2021
	ROVIDER OR SUPPLIER FISHER HALL GROUP I	НОМЕ		820	EET ADDRESS, CITY, STATE, ZIP CODE 7 WOLFTRAP RD NNA, VA 22180			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE		(X5) COMPLETION DATE
W 159	2. The QIDP failed to active treatment for simplemented. Individual # 2 was a admitted to [Name of diagnoses that include profound intellectual syndrome [2] and dy. On 11/03/2021 from observations were concented by the concentration of the grown contained five chair, two recliners, the couch, desk with concented time of the observation of the recent to illeting and the secont the inside of the grown five minutes. Individual #2's PCP of 06/30/2021 document Recreation Outcome learning through activeness simultaneous in MULTI-SENSORY	sensory stimulation was 57 year old male, who was f Group Home] with ded but were not limited to: disability [1], Lennox-Gastaut sphagia [3]. 1:30 p.m. through 5:00 p.m., ponducted of Individual # 2. a half hours, Individual # 2. bup homes dayroom. The chairs, one straight back wo easy chairs, a short inputer, wall mounted flat rounded by cabinets. During vation, Individual # 2 was born twice by staff, once for ond time for a walk around up home for approximately dated 07/01/2020 through inted, "Desired Outcome: 9 : to increase effective vating 2 [two] or more sly. [Individual #2] engages activities, especially tactile,	W	159				
	times per week (4-10 month) in his home a variety of multi-sense offered, pairing tactile smell, auditory, etc.). On 11/04/2021 at ap	minutes 1-2 [one to two]) [four to 10] times per and/or his community. A bry experiences should be a activity with another (vision, proximately 3:00 p.m., an otted with OSM [other staff						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		I ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		49G014	B. WING		11/04/2021	
	ROVIDER OR SUPPLIER FISHER HALL GROUP	• номе		STREET ADDRESS, CITY, STATE, ZIP CODE 3207 WOLFTRAP RD VIENNA, VA 22180	,	
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
W 159	Disabilities Profess and the lack of activity for three and a half Individual # 2's PCI Individual # 2's multiple have been implemed OSM # 1 stated yes their responsibility in PCP being implemed they were to ensure being run. On 11/04/2021 at at #1, program manage made aware of the No further information was alimited mental adaptive behaviors schedules and rout This information was hittps://www.report.ictSheet.aspx?csid=12] This syndrome to ages of 3 and 5, but adolescence. Child types of seizure with include tonic (where become stiff), atonis suddenly relax), an atypical absences. longer than normal a child may be responsible.	[Qualified Intellectual ional], regarding the purpose we treatment for Individual # 2 hours. After reviewing P, OSM # 2 was asked if ti-sensory outcome should ented or at least attempted, s. When asked to describe in regard to an individual's ented, OSM # 2 stated that e individual's programs were above concern. In was presented prior to exit. In of disorders characterized capacity and difficulty with such as managing money, ines, or social interactions. In obtained from the website: inih.gov/NIHfactsheets/ViewFa	W 159			

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		I DENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		49G014	B. WING _		1	1/04/2021		
	ROVIDER OR SUPPLIER FISHER HALL GROUP H	НОМЕ		STREET ADDRESS, CITY, STATE, ZIP CO 8207 WOLFTRAP RD VIENNA, VA 22180				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE		
W 159	This syndrome can b AEDs, and most child different drugs. Some as the ketogenic diet therapy (VNS) can all continue into adult life obtained from the we 3a. The QIDP (qualifi professional) failed to for Individual # 3's re (person-centered platheir bed. Individual # 3 was a admitted to [Name of diagnoses that include profound intellectual palsy, major depressionally, maj	s well as behavior problems. e very difficult to treat with dren need a combination of e non-drug treatments such and vagus nerve stimulation so be helpful. Seizures often e. This information was bsite: ded intellectual disabilities o define the type of prompts sidential PCP n) outcome/goal for making 47 year old female, who was f Group Home] with led but were not limited to: disability [1], mild cerebral ion and self-injurious dated 04/01/2021 through dual # 3 documented, ndividual #3] will make her morning with no more than aff support at 80% accuracy onths by 3/31/2022. Support ns: 1. [Individual #3] makes oport and prompting. 2. Staff orgress and level of orogress note. 3. Progress nthly by the QIDP. 4. ave achieved this outcome her own bed daily every e than 3 [three] prompts with accuracy for 12 consecutive	W 15	59				

	RRECTION	IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION		TE SURVEY MPLETED
		49G014	B. WING		1	1/04/2021
	DER OR SUPPLIER	номе		STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180	DE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
The line Ocean Reado 200 fur part ocean Reado	dividual # 3 dated ctober 2021 document dinstructions as seview of the data seview of the documented inticipated." In 11/04/2021 an in SM [other staff metellectual disabilities viewed the PCP for a seview of the data of the production sheets data of the production sheets data of the production	ata collection sheets for September 2021 and nented the support activities stated above from the PCP. Sheets revealed plus signs ry day from September 1, er 31, 2021. The data sheets in part, "Key "+ [plus sign] = Iterview was conducted with mber] # 2, QIDP [qualified es professional]. OSM #2 or Outcome # 2 and the data ted September 2021 and recompleting the review, OSM type of prompts were to be ual # 3 make their bed. OSM en't clarified. When asked uld be measure if the were not specified, OSM # 2 of determine progress and the be specified. When asked to insibility in regard to an SM # 2 stated that they were the templemented such as two letermine the accuracy to determine the level of opproximately 4:00 p.m., ASM member] #1, program fother staff member] # 2, other staff member]	W 15	9		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G014	B. WING		11/04/2021	
	ROVIDER OR SUPPLIER FISHER HALL GROUP	НОМЕ	STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROPRIES OF THE APPROPRIES OF	D BE COMPLETION	
W 159	References: [1] Refers to a group by a limited mental of adaptive behaviors is schedules and routing. This information was https://www.report.nctSheet.aspx?csid= [2] Self-harm refers own body on purpose obtained from the whole has been been been been been been been bee	on was presented prior to exit. of of disorders characterized capacity and difficulty with such as managing money, nes, or social interactions. It is obtained from the website: ih.gov/NIHfactsheets/ViewFa 100. It is a person's harming their se. This information was ebsite: gov/selfharm.html. It or review and ensure program PCP and outcomes/goals for unication to determine that did with quantitative values to ses. CP dated 04/01/2021 through idual # 3 documented in part, # 3. [Individual # 3] receives	W 15	·		
	incorporating an exe schedule of activities: Support Activities: 1 engages in a physic muscle strength give initiate active engag to evidence a quant many times Individu	s [sic] her physical health by ercise activity into her s. Target Date: 3/31/2022. [Individual # 3] chooses and al exercise to maintain en 4 [four] gestural prompts to ement." Further review failed stative value indicating how al # 3 engages in a physical ur] gestural prompts to ss."				

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G014	B. WING		11/04/2021	
	ROVIDER OR SUPPLIER FISHER HALL GROUI	P HOME	8	TREET ADDRESS, CITY, STATE, ZIP CODE 207 WOLFTRAP RD VIENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	DATE	
W 159	Continued From pa	nge 14	W 159			
	improve her commincrease her indepositions and indicates her choice retrieving items proportionally indicates her choice retrieving items proportionally indicates her choice and many times in task with no more to demonstrate program. The "[Name of Day Review Report" day 109/30/2021 docum Outcome: Outcome and engaged in a puscle strength given initiate active engage opportunities offere [Individual # 3] indiand/or retrieving items.	Program] Quarterly Progress ted 07/01/2021through ented in part under "Status of e # 3: [Individual # 3] chose physical exercise to maintain yen 4 gestural prompts to gement in 35 out of 45 ed. On track. Outcome # 5: cates her choices by touching ems presented to her given 4 or initiate a response 44 out of				
	conducted with OS QIDP [qualified into professional]. Afte PCP and quarterly outcome, OSM # 1 not written in meas was no way to dete progress. OSM #2 responsibility in reg OSM # 2 stated the outcomes were wri	I:00 p.m. an interview was M [other staff member] # 2, ellectual disabilities r reviewing the day program review for Individual # 3's stated that the outcomes were urable terms and that there ermine Individual # 1's was asked to describe their pard to an individual's PCP. at they were to make sure the tten in measurable terms with the of prompting, when and how				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE: COMPL				
		49G014	B. WING _			11/0	04/2021
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DDE		
MINERVA	FISHER HALL GROUP H	OME		8207 WOLFTRAP RD VIENNA, VA 22180			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIA		(X5) COMPLETION DATE
W 159	number of time the outimplemented such as determine the accura determine the level of how often they visited review the PCP, OSM monthly but with COW When asked if there was to review the PCP out Program] OSM # 2 st they send us [Name of the PCP." On 11/04/2021 at app [administrative staff of manager and OSM [could professional] were maconcern. No further information INDIVIDUAL PROGR CFR(s): 483.440(c)(4) The objectives of the must be expressed in provide measurable in the facility document that the facility staff far measurable terms for the survey sample, In 1a. The facility staff far	s to be implemented, the atcome was to be two times per day, and cy [quantitative values] to progress. When asked I [Name of Day Program] to 1 # 2 stated, "Use to do it I/ID they restricted visitors." was an alternative approach toomes from [Name of Day ated, "I could review it when of Group Home] a copy of the staff member] # 2, and a staff member] # 2, and a ware of the above as was presented prior to exit. AM PLAN ()(iii) individual program plan behavioral terms that andices of performance. The staff member in was determined and the develop outcomes in two of three individuals in dividuals # 1 and # 3.	writing mesidential ensure it: 2. The Privith a consupport strong for all incomplete include quantitatian and/or Prisp goals work with needed. 3. The Priensure the #2's active Manager implement Manager residential outcomes 4. The Priesidential prompts a plans will goals are specified. 6. The Priesidential of the Priesidential outcomes and the priesidential prompts a plans will goals are specified.	pogram Manger will provide training to the assurable goals. The QIDP will update all pcp outcome/goal for bathroom consists written in measurable terms. Togram Manager will provide the day py of the residential measurable goal taff are familiar with writing the ISP dividuals who reside in an ICF. The fact with the day support ISP writer to exam pcp for communication, sensory advocacy activities are written in measurable to demonstrate proper or will also work with the day support of writer in measurable are written in measurable and will be a sensor will review all individual #3's day support pcp our munication are written in measurable are values to demonstrate progress. Togram Manager will review all individuals to ensure they are all written in measurable and will provide training the treatment for sensory stimulation. Will provide training to program staff at all individuals residential ISP outcand QIDP will provide oversight team at staff during the implementation of so to ensure staff are accurately implered as a swritten. Togram Manager will update individual pcp outcome for making the bed to care specified. DIDP will review all individuals' ISPs to ensure they are all written in measure specified. DIDP will review all individuals in the second of the day sup are specified. Updates to the day sup are specified as written in measurable terms or program Manager and/or QIDP will consume the ISP is written in the event it is in the event in th	late individual mmunication of support many straining so in measurable pay support insure individual surable term assurable term for exterms to include the following the program of on how to omes. The Peching and traited individual menting the program of the individual menting the pal number 3's ensure the typort and residentified that compts are not many the moment of the program of the program of the program of the individual menting the pal number 3's ensure the typort and residentified that compts are not many the program of the program	al #1's nager that day le terms Director lual #1's day ns to Day vriter to ercise lude al QIDP upport s and ons as al staff to idual n Program unining als ISP olan s ype of ial s and the dential at the ot	12/3/21
	1's residential PCP (p		7. The C the record	ellinical Director will provide Quarterl ds to ensure the residential and day so n measurable teams, prompt levels are	apport goals	are	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G014	B. WING		11/04/2021	
	ROVIDER OR SUPPLIER FISHER HALL GROUP	PHOME	STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180		·	
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	O BE COMPLETION	
W 231	1b. The facility staff 1's day program PC outcome/goal for commend and day program/arquantitative value to 2a. The facility staff 3's residential PCP outcome/goal for mype of prompts to be 2b. The facility staff 3's day program PC outcomes/goals for with quantitative value to 1a. The facility staff 1's residential PCP outcome/goal for be define Individual # Individua	failed to develop Individual # CP (person-centered plan) communication, sensory activity dvocacy activities, with codemonstrate progress. If ailed to develop Individual # (person-centered plan) aking their bed to define the communication, lue to demonstrate progress. If ailed to develop Individual # CP (person-centered plan) exercise and communication, lue to demonstrate progress. If failed to develop Individual # (person-centered plan) exercise and communication, lue to demonstrate progress. If failed to develop Individual # (person-centered plan) athroom communication to 1's targeted response. If 48 year old female, who was of Group Home] with uded but were not limited to: al disability [1], cerebral palsy is [3] and seizure disorder [4]. If dated 07/01/2021 through widual # 1 documented, Bathroom Communication.	W 23			
	06/30/2022 for Indir "Desired Outcome: [Individual #1] will s to be assisted with accuracy for 12 cor 6/30/2022. Suppor	vidual # 1 documented,				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION		ATE SURVEY DMPLETED
		49G014	B. WING _			11/04/2021
MINERVA FISHER HALL GROUP HOME (X4) ID PREFIX TAG Continued From page 17 be assisted with toileting by signing bathroom. 2. Staff will praise [Individual #1] for her efforts. 3. If [Individual #1] does not sign bathroom, staff will prompt her to do so before assisting her with toileting. 4. Staff will document her level of participation and responses to services in credible [electronic health record]. 5. [Individual #1] will have achieved this outcome when she has signed bathroom each day at 100% accuracy for 12 consecutive months. Frequency: Daily." The group home's data collection sheets for		•	STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180	Ē		
PRÉFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFI) TAG	PROVIDER'S PLAN OF COF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 231	be assisted with tolk Staff will praise [Individual #1] does prompt her to do so toileting. 4. Staff will participation and rescredible [electronic I 1] will have achieved signed bathroom ea 12 consecutive monomorphisms of Individual # 1 dated October 2021 docur and instructions as a Review of the data as documented on eve 2021 through October unther documented participated." On 11/04/2021 an in OSM [other staff me intellectual disabilities reviewed the PCP for collection sheets da October 2021. After # 2 was asked which was being measured independently or what to sign for toileting activities and instructions and instructions and instructions are staff me intellectual disabilities and instructions as significant was being measured. The facility's policy (ISP)" documented, of Corporation) ensured.	eting by signing bathroom. 2. vidual #1] for her efforts. 3. If not sign bathroom, staff will before assisting her with I document her level of sponses to services in health record]. 5. [Individual # d this outcome when she has ch day at 100% accuracy for ths. Frequency: Daily."	W 2	231		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G014	B. WING		11/04/2021	
	ROVIDER OR SUPPLIER FISHER HALL GROUP	НОМЕ	STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180		,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
W 231	objectives / desired each identified need Plan (ISP) Develop and Objectives/Desobjectives / desired in terms that are be measurable indexes On 11/04/2021 at a [administrative staff manager and OSM QIDP [qualified interprofessional] were reconcern. No further information was adaptive behaviors schedules and roution This information was https://www.report.rctSheet.aspx?csid=[2] A group of disordability to move and posture. This information website: https://www.nlm.nih.y.html. [3] A fixed tightening ligaments, or skin. If of the associated be obtained from the website obtained from th	outcomes for addressing d. 4.1.4 Individual Service ment. E. Goals / Outcomes ired Outcomes: The outcomes will be expressed havioral and provide of progress." pproximately 4:00 p.m., ASM member] #1, program [other staff member] # 2, llectual disabilities made aware of the above on was presented prior to exit. p of disorders characterized capacity and difficulty with such as managing money, nes, or social interactions. s obtained from the website: nih.gov/NIHfactsheets/ViewFa 100. ders that affect a person's to maintain balance and mation was obtained from the .gov/medlineplus/cerebralpals g of muscle, tendons, t prevents normal movement ody part. This information was	W 23 ⁻			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		49G014	B. WING		11/04/2021	
	ROVIDER OR SUPPLIER FISHER HALL GROUP H	ЮМЕ		STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETIO	
W 231	Continued From page	e 19	W 23	31		
	because of sudden, a the brain. This inform website:	ain problem. They happen abnormal electrical activity in ation was obtained from the gov/medlineplus/seizures.ht				
	1's day program PCF	ailed to develop Individual # (person-centered plan) nmunication, sensory activity rocacy activities, in				
	06/30/2021 for Individual "Desired Outcome: # communicates her water communication tools 6/30/2022. Support initiates communicati the restroom with no prompts as needed."	ants and needs using her of choice. Target Date: Activities: 1 [Individual # 1] on when she needs to use more than 2 [two] verbal Further review failed to we value indicating how I # 1 will complete the task werbal prompts to				
	focus during daily set 6/30/2022. Support A engages in sensory a remains focused on t minutes. Further rev quantitative value ind Individual # 1 will rem for at least 20 minute	5. [Individual # 1] maintains a nsory activities. Target Date: Activities: 1 [Individual # 1] activities of her choice and the activity for at least 20 liew failed to evidence a licating how many times to demonstrate progress."				
	"Desired Outcome: #	6. [Individual # 1]				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G014	B. WING		11/04/2021	
	ROVIDER OR SUPPLIER FISHER HALL GROUP	НОМЕ	8	STREET ADDRESS, CITY, STATE, ZIP CODE 3207 WOLFTRAP RD VIENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODE DEFICIENCY)	JLD BE COMPLETION	
W 231	activities of her choic Target Date: 6/30/20 [Individual # 1] comprehence on her iPad of Further review failed value indicating how completes a learning iPad given an initial progress." The "[Name of Day Review Report" date 09/30/2021 docume Outcome: Outcome communicates her was communicated and possible 28 opportur progress. Outcome focus during daily settimes out of possible Limited or no progres # 1] participates dail activities of her choic times out of possible track." On 11/04/2021 at 12 conducted with OSN program quality important program quality im	day program/advocacy ce or in the community. 122. Support Activities: 1 Detes a learning activity of her given an initial verbal prompt. I to evidence a quantitative many times Individual # 1 g activity of her choice on her verbal prompt to demonstrate Program] Quarterly Progress ad 07/01/2021through Inted in part under "Status of	W 231			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	, ,	ATE SURVEY DMPLETED
		49G014	B. WING _			11/04/2021
	ROVIDER OR SUPPLIER FISHER HALL GROUP H	HOME		STREET ADDRESS, CITY, STATE, ZIP COI 8207 WOLFTRAP RD VIENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 231	informed that the sup outcomes did not apprompted that in the sup outcomes did not apprompted the data is collected at the it will be determined individual has made approgress could be devalue was in the outcome with the outcom	reterly review sheets. When port activities and the pear to be written in a terms due to the missing SM # 4 stated again "When at the end of each quarter and whether or not the progress." When asked how termined if the quantitative ome or support activities repeated the same 20 p.m. an interview was [other staff member] # 2, exctual disabilities eviewing the day program view for Individual # 1's tated that the outcomes were able terms and ASM member] #1, program there was no way to # 1's progress. 20 p.m., ASM member] # 1, program there was no way to # 1's progress. 21 proximately 4:00 p.m., ASM member] #1, program other staff member] # 2, exctual disabilities ade aware of the above 22 proximately 4:00 p.m., as M member] # 1, program other staff member] # 2, exctual disabilities ade aware of the above	W 2	31		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G014	B. WING		11/04/2021	
	ROVIDER OR SUPPLIER FISHER HALL GROUI	P HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
W 231	diagnoses that incl profound intellectual palsy, major depression behavior [2]. Individual #3's PCF 03/31/2022 for Indi "Desired Outcome: own bed daily eventhree prompts with for 12 consecutive Activities & Instruct her bed with staff swill document her participation via the will be monitored M [Individual # 1] will when she has mad morning with no mostaff support at 80% months. Frequence The group home's Individual # 3 dated October 2021 document at a document on events of the data document of the proposition of the pro	of Group Home] with uded but were not limited to: al disability [1], mild cerebral ssion and self-injurious P dated 04/01/2021 through vidual # 3 documented, [Individual #3] will make her ry morning with no more than staff support at 80% accuracy months by 3/31/2022. Support ions: 1. [Individual #3] makes upport and prompting. 2. Staff progress and level of a progress note. 3. Progress lonthly by the QIDP. 4. have achieved this outcome e her own bed daily every ore than 3 [three] prompts with % accuracy for 12 consecutive	W 231			
	OSM [other staff m intellectual disabilit reviewing the PCP collection sheets di	nterview was conducted with ember] # 2, QIDP [qualified ies professional]. After for Outcome # 2 and the data ated September 2021 and M # 2 was asked what type of				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G014	B. WING		11/04/2021	
	ROVIDER OR SUPPLIER FISHER HALL GROUP	НОМЕ	STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
W 231	make their bed. OS clarified. When ask measure if the prom specified OSM # 2 s determine progress be specified. On 11/04/2021 at as [administrative staff manager and OSM QIDP [qualified intel professional] were reconcern. No further information was adaptive behaviors schedules and roution This information was https://www.report.rectSheet.aspx?csid= [2] Self-harm refers own body on purpos obtained from the whitps://medlineplus.staff 3's day program PC outcomes/goals for in measurable terms The day program PC 03/31/2021 for Indiv	used to help Individual # 3 SM # 2 stated that it wasn't ed how the outcome could be apts to be used were not stated they could not and the prompts needed to pproximately 4:00 p.m., ASM member] #1, program [other staff member] # 2, Illectual disabilities made aware of the above on was presented prior to exit. p of disorders characterized capacity and difficulty with such as managing money, nes, or social interactions. s obtained from the website: nih.gov/NIHfactsheets/ViewFa 100. to a person's harming their se. This information was rebsite: gov/selfharm.html. failed to develop Individual # EP (person-centered plan) exercise and communication,	W 231			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G014	B. WING _			11/0	04/2021
NAME OF PROVIDER OR SUPPLIER MINERVA FISHER HALL GROUP HOME			,	STREET ADDRESS, CITY, STATE, ZIP 8207 WOLFTRAP RD VIENNA, VA 22180	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C ((EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIA		(X5) COMPLETION DATE
W 231	incorporating an exer schedule of activities Support Activities: 1 [engages in a physical muscle strength giver initiate active engage to evidence a quantity many times Individual exercise given 4 [four demonstrate progress." Desired Outcome: # improve her communincrease her indepen 3/31/2022. Support # indicates her choices retrieving items presse prompts to initiate a refailed to evidence a ghow many times Individuals with no more that demonstrate progress. The "[Name of Day P Review Report" dated 09/30/2021 document Outcome: Outcome # and engaged in a phymuscle strength giver initiate active engage opportunities offered. [Individual # 3] indical and/or retrieving items gestural prompts to in 45 opportunities. On	[sic] her physical health by cise activity into her Target Date: 3/31/2022. Individual # 3] chooses and I exercise to maintain a 4 [four] gestural prompts to ment." Further review failed ative value indicating how I # 3 engages in a physical gestural prompts to s." 5. [Individual # 3] wants to ication skills daily to dence. Target Date: Activities: 1 [Individual # 3] by touching and/or ented to her given 4 gestural esponse." Further review juantitative value indicating vidual # 3 will complete the in 4 gestural prompts to s." rogram] Quarterly Progress d 07/01/2021through ted in part under "Status of 8 3: [Individual # 3] chose visical exercise to maintain a 4 gestural prompts to ment in 35 out of 45 On track. Outcome # 5: tes her choices by touching s presented to her given 4 intitate a response 44 out of	W 2	231			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G014	B. WING _			11/04/2021	
	ROVIDER OR SUPPLIER FISHER HALL GROU	P HOME		STREET ADDRESS, CITY, STATE, ZIP CO 8207 WOLFTRAP RD VIENNA, VA 22180	DDE		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIAT	(X5) COMPLETION DATE	
W 231	reviewing the day review for Individual asked about the mould demonstrate the outcomes state. "When the data is quarter then it will the individual has referred to the stat Outcome" on the good informed that the soutcomes did not a complete measural quantitative value, the data is collected then it will be determined that has made progress could be value was in the outcomes could be value was in the outcome was in the outcome of the professional. After PCP and quarterly outcome OSM # 1 not written in measured that there we limited that there we will be successful that the successful that there we will be successful that the successful that th	provement manager. After program PCP and quarterly al # 3's outcome, OSM # 4 was issing quantitative value that a Individual # 1's progress of ed above. OSM # 4 stated, collected at the end of each be determined whether or not made progress." OSM # 4 then ements under "Status of quarterly review sheets. When support activities or the appear to be written in ble terms due to the missing OSM # 4 stated again "When d at the end of each quarter mined whether or not the e progress." When asked how determined if the quantitative atcome or support activities # 4 repeated the same 3:00 p.m. an interview was a management of the same and a management of the same are viewing the day program review for Individual # 3's stated that the outcomes were surable terms and ASM # 1 as no way to determine	W 2	231			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION IG	(X	(X3) DATE SURVEY COMPLETED	
		49G014	B. WING _			11/04/2021	
NAME OF PROVIDER OR SUPPLIER MINERVA FISHER HALL GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP (8207 WOLFTRAP RD VIENNA, VA 22180	CODE		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
W 231 W 249		was presented prior to exit. was presented prior to exit. ENTATION	W 2	meeting on ensuring staff u adaptive cup individual #1 s the PCP. The Program Ma provide training to staff on t individual #2's sensory stim	next scheduled nderstand what should be using nager will also the implementation goal.	staff t per tion of	
	each client must rece treatment program co interventions and serv and frequency to supp	ndividual program plan, ive a continuous active		 The Program Manger wi all individual's ISP goals to understand how to impleme outcomes and understand we equipment all individuals sh The Program Manager a random weekly audits to en are using the correct adapti individuals per the doctors' implementing all individuals written at the appropriate tir 	ensure staff ent all individual what adaptive nould be using. and QIDP will property issure programs ive equipment forders and are to ISP goals as	rovide staff for all	
	Based on observation record review, it was a residential staff failed receiving services cor [Person Centered Plaindividuals in the survand # 2. 1. The facility staff fail #1's PCP [person centered Plaindividuals in the survand # 2. 2. The facility staff fail #2's PCP to promote a facility staff fail #2's PCP to promote	to ensure Individuals were nsistent with the PCP n] for two of three ey sample, Individuals # 1 ed to implement Individual tered plan] for the use of an		4. The CD will provide qual oversight to ensure staff are ISP outcomes as written an recommended adaptive equipolation of the state of	e implementing ad using the	the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	' '	(X3) DATE SURVEY COMPLETED	
		49G014	B. WING _			1/04/2021	
NAME OF PROVIDER OR SUPPLIER MINERVA FISHER HALL GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CO 8207 WOLFTRAP RD VIENNA, VA 22180			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
W 249	Continued From pag		W 2	49			
	admitted to [Name of diagnoses that include profound intellectual [2] with contractures On 11/04/2021 at 7:0 made of Individual # ordered polyethylened the medication obserprofessional] # 1 open glycol, poured the polyethylened the polyethylened the polyethylened the medication obserprofessional] # 1 open glycol, poured the polyethylened the light ounces of until evenly mixed the Individual # 1. Individual # 1	ded but were not limited to: disability [1], cerebral palsy [3] and seizure disorder [4]. 3 a.m., an observation was 1 receiving their physician 2 glycol [stool softener] during 2 vation. DSP [direct support 3 the packet of polyethylene 3 water into a plastic cup, 6 for water to the cup, stirred it					
	Adhere to Medical Probe supported by staff	rotocols. [Individual #1] will f who will follow protocols: on, constipation, transfer and					
	2021 documented in	ocol" for Individual # 1 dated part, "Adaptive equipment: andled utensils, plate guard,					
	1 dated 11/01/2021 t documented in part,	s order sheet] for Individual # hrough 11/30/2021 "Treatment Orders. SCOOP TH GUARD & [and] CUP					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G014	B. WING _			11/	04/2021
NAME OF PROVIDER OR SUPPLIER MINERVA FISHER HALL GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CO 8207 WOLFTRAP RD VIENNA, VA 22180	ODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ION SHOULD BE HE APPROPRIA		(X5) COMPLETION DATE
W 249	dated "2/18/2021" do Equipment: Scoop discup w/ handle, may ure On 11/04/2021 at apprinterview was conduct asked if Individual #1 equipment DSP #1 sused a plate guard, becup with a handle on they recalled the type Individual #1 to take during the medication stated, "I used a plass she [Individual #1] has the [Name of Group Individual Service Plate ISP Implementation of the its development. Confully implemented, with support, learning envengagement necessary objectives/desired out ISPAll staff working fully engaged in active consumer." On 11/04/2021 at app [administrative staff manager and OSM [could professional] were maconcern.	ssment" for Individual # 1 cumented in part, "Adaptive sh or plate w/ [with] guard; se large handled utensils." broximately 9:05 a.m., an sted with DSP # 1. When used any type of adaptive stated that Individual # 1 uilt-up handle spoon and a the side of it. When asked if of cup they gave to their polyethylene glycol administration DSP # 1 stic cup without a handle, ave had the adaptive cup." Home's] policy "4.1 un (ISP)" documented, "G. and Consumer Engagement: a ISP begins at the time of inponents of the plan are the consumer receiving the ironment and active ary to reach his or her tcomes as defined in the groximately 4:00 p.m., ASM member] #1, program other staff member] # 2,	W 2	49			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		49G014	B. WING _			11/04/2021	
NAME OF PROVIDER OR SUPPLIER MINERVA FISHER HALL GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 249	by a limited mental of adaptive behaviors is schedules and routing. This information was https://www.report.nictSheet.aspx?csid=1 [2] A group of disord ability to move and to posture. This inform website: https://www.nlm.nihy.html. [3] A fixed tightening ligaments, or skin. It of the associated booth obtained from the website: https://medlineplus.gm. [4] Symptoms of a because of sudden, the brain. This inform website: https://www.nlm.nih.ml. 2. The facility staff fare admitted to [Name of diagnoses that included admitted to [Name of diagnoses]	of disorders characterized apacity and difficulty with such as managing money, les, or social interactions. It obtained from the website: h.gov/NIHfactsheets/ViewFa 100. Bers that affect a person's or maintain balance and ation was obtained from the gov/medlineplus/cerebralpals of muscle, tendons, prevents normal movement dy part. This information was ebsite: lov/ency/imagepages/9218.ht rain problem. They happen abnormal electrical activity in mation was obtained from the gov/medlineplus/seizures.ht illed to implement Individual electrical sensory stimulation. 57 year old male, who was foroup Home] with ded but were not limited to: disability [1], Lennox-Gastaut	W 2	49			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		TE SURVEY MPLETED
		49G014	B. WING _		1	1/04/2021
	ROVIDER OR SUPPLIER FISHER HALL GROUP	HOME	,	STREET ADDRESS, CITY, STATE, ZIP C 8207 WOLFTRAP RD VIENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 249	observations were During the three ar was seated in the groom contained five chair, two recliners couch, desk with conscreen television so the time of the observation assisted out of the toileting and the set the inside of the grafive minutes. Individual #2's PCF 06/30/2021 docume Recreation Outcome learning through access simultaneous in MULTI-SENSOR for 1-3 [one to three times per week (4-month) in his home variety of multi-sen offered, pairing tacks smell, auditory, etc. On 11/04/2021 at a interview was conditionally accessed in the purpose and the Individual #2 for the reviewing Individual OSM #1 were asked multi-sensory outcome.	in 1:30 p.m. through 5:00 p.m., conducted of Individual # 2. Id a half hours, Individual # 2 group homes dayroom. The exchairs, one straight back, two easy chairs, a short omputer, wall mounted flat currounded by cabinets. During ervation, Individual # 2 was room twice by staff, once for cond time for a walk around out home for approximately P dated 07/01/2020 through ented, "Desired Outcome: 9 let to increase effective entivating 2 [two] or more cusly. [Individual #2] engages let activities, especially tactile, end in the property of	W 2	49		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED		
		49G014	B. WING _			11/04/2021		
NAME OF PROVIDER OR SUPPLIER MINERVA FISHER HALL GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180		1170472021		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
W 249	Continued From pa	ge 31	W 2	49				
	OSM # 1 stated yes	S.						
		pproximately 4:00 p.m., ASM ger and OSM # 2, QIDP were above concern.						
	No further informati	on was presented prior to exit.						
	by a limited mental adaptive behaviors schedules and routi This information wa	p of disorders characterized capacity and difficulty with such as managing money, ines, or social interactions. is obtained from the website: hih.gov/NIHfactsheets/ViewFa						
	ages of 3 and 5, bu adolescence. Child types of seizure wit include tonic (where become stiff), atonic suddenly relax), my atypical absences. longer than normal a child may be resp surroundings. Man learning difficulties. This syndrome can AEDs, and most ch different drugs. Sor as the ketogenic die therapy (VNS) can continue into adult lobtained from the wind seizure with the s							
	epsy-syndromes?g	ysociety.org.uk/childhood-epil clid=EAlalQobChMlj4H9z6P0 fEAAYASAAΕαJ PD BwE						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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W 249	obtained from the we	der. This information was	W 2	249		