PRINTED: 07/29/2022 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3) DATE COMP	SURVEY PLETED
		49G073	B. WING		07/	20/2022
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 815 WOLFE STREET FREDERICKSBURG, VA 22401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
E 000	Initial Comments		ΕO	00		
W 000	survey was conducte 07/20/2021. The faci compliance with 42 C Requirement for Long INITIAL COMMENTS An unannounced Fu re-certification survey through 7/20/2022. Tompliance with 42 C for Intermediate Care with Intellectual Disal Safety Code survey/r complaints were invertible to the time of the survey consisted of three cu (Individuals #1 through PROTECTION OF C CFR(s): 483.420(a)(3) The facility must ensitherefore, the facility individual clients to e of the facility, and as including the right to to due process. This STANDARD is Based on observation document review, it we facility staff failed to a their rights for dignity	ndamental Medicaid was conducted 7/18/2022 The facility was not in CFR Part 483 Requirements Facilities for Individuals collities (ICF/IID). The Life report will follow. No stigated during the survey. certified bed facility was 4 at w. The survey sample rrent Individual reviews gh #3). LIENTS RIGHTS	W 0	Facility staff will support individual #3 exercise his right to dignity during a n sitting beside him (rather than standir when feeding him. Assurance that other residents are protected from the possibility of th deficiency: Facility staff will support all individual exercise their right to dignity during a sitting beside them (rather than stand when feeding them. Measures to be put into place or sy changes to be made to ensure that deficient practice will not recur: The QIDP and ICF Management will	neal by ng) s to meal by ling) ystemic the monitor all gnity (rather sutions hen all staff uals to meal by ling) at will shecks to	8/26/2022

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

(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.

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OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** ○ OMPLETED A. BUILDING _ 49G073 B. WING 07/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 815 WOLFE STREET WOLFE STREET ICF ID FREDERICKSBURG, VA 22401 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) W 125 Continued From page 1 W 125 The findings include: ASM (administrative staff member) # 2, assistant ICF (intermediate care facility) manager, stood next to Individual # 3 while feeding them their dinner at the facility. Individual # 3 was admitted to the facility with diagnoses that included but were not limited to: profound mental retardation [1]. On 07/18/2022 at approximately 5:45 p.m., an observation was conducted of Individual #3 having dinner at the facility. Individual # 3 was observed sitting upright in their wheelchair. positioned at the dining room table. Further observation revealed ASM # 2 standing to Individual # 3's left side, alternating in holding a plate of Individual # 3's food and their thickened beverage, feeding Individual # 3 until Individual # 3 had finished their meal. On 07/18/2022 at approximately 5:45 p.m., an interview was conducted with ASM # 1, ICF manager. When asked to describe the procedure when feeding an Individual ASM # 1 stated that they should be sitting next to the Individual. When informed of the observation stated above ASM # 1 stated that they noticed it and could not believe that ASM # 2 was standing while feeding Individual # 3. When asked if it was dignified to stand and feed Individual #3, ASM #1 stated no. On 07/19/2022 at approximately 3:04 p.m. an interview was conducted with ASM # 2. When asked about assisting Individual #3 during the dinner meal the prior evening ASM # 2 stated that they were standing when they fed Individual # 3. When asked if it was appropriate to stand and

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: C OMPLETED A. BUILDING _ 49G073 B. WING 07/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **815 WOLFE STREET WOLFE STREET ICF ID** FREDERICKSBURG, VA 22401 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) W 125 | Continued From page 2 W 125 feed an individual ASM # 2 stated that no one had ever discussed it to them. When asked if it was dignified to stand and feed an individual ASM # 2 stated that no one had told them that it was not dignified to feed an individual that way. The facility's policy "Nutrition. Section 9-4: Dining" documented in part, "4. Support/assistance during meals: c. Staff will sit with the individual, assist them, and dine with them ..." On 07/18/2022 at approximately 5:45 p.m. ASM # 1 and ASM # 3, assistant residential coordinator were made aware of the findings. No further information was provided prior to exit. References: [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. 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/ViewFa ctSheet.aspx?csid=100. W 159 QIDP W 159 CFR(s): 483.430(a) Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who-This STANDARD is not met as evidenced by: Based on record reviews, staff interview and

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE C OMP	
		49G073	B. WING		07/	20/2022
	ROVIDER OR SUPPLIER TREET ICF ID		1	STREET ADDRESS, CITY, STATE, ZIP CODE 815 WOLFE STREET FREDERICKSBURG, VA 22401		
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W 159	the QIDP (Qualified In Professional) failed on the individuals' active of three individuals in Individuals # 1 and # 1a. The QIDP failed to (individualized service medication and committerms. 1b. The QIDP failed the of Individual # 1's ISP activity was in measured activity was in measured. The QIDP failed to outcomes for commutterms. 2b. The QIDP failed to outcomes for commuterms. 2b. The QIDP failed to Individual # 2's ISP or outing, arts and crafts measurable terms. The findings include: 1a. The QIDP failed to (individualized service medication and commiterms. Individual # 1 was ad diagnosis that include moderate intellectual Individual # 1's ISP (indated 01/11/2022 three individual # 1's ISP) (indated 01/11/2022 three indated 11/11	ew, it was determined that intellectual Disabilities coordinated and monitored treatment programs for two the survey sample, 2. In define Individual # 1's ISP explan) outcome for munity outing in measurable of ensure the data collection of outcome for community rable terms. In define Individual # 2's ISP enity outing in measurable ensure the data collection of outcomes for community and day trips were in the day trips were in the day trips were in the day trips with a end but was not limited to: disability (1). Individualized service plan)	W 159	How corrective action will be accomfor Individual #1: The QIDP will ensure Individual #1's IS outcomes for medication and communiare re-defined in measurable terms in through revising both outcomes. Assurance that other residents are protected from the possibility of the deficiency: The QIDP will ensure all individuals' IS outcomes are defined in measurable tereviewing each outcome in each individuals' ISP and revising any deficiencies. Measures to be put into place or syschanges to be made to ensure that the deficient practice will not recur: The QIDP will draft outcomes for each individual's annual ISP and review with support team prior to the plan start date ensure that each is defined in measuraterms. How the facility plans to monitor its performance to make sure that solutiare sustained: The program manager and assistant me will monitor ISP development to help eroutcomes are measurable for each ind Date of Completion: 8/26/22	P ty outing he ISP P trms by dual's temic he the e to help ble tions anager nsure	8/26/2022

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY C OMPLETED	
		49G073	B. WING		07/20/2022	
	ROVIDER OR SUPPLIER		8	TREET ADDRESS, CITY, STATE, ZIP CODE 15 WOLFE STREET REDERICKSBURG, VA 22401		
(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 B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
W 159	for his house. (Individual outcome if he is succementh for 9 (nine) of heading "Describe he based on individual pin part" (Individual asked to help with smour a food item, stir set his place at the dibuilding up to bigger should also participat tolerate and be praise chooses to make. W to participate in helpir way, a "+ (plus sign)" book. If (individual # a "- (minus sign)" will Review of the facility Individual #1 dated Juoutcome and support as stated above. Rev Outcome #10 coded Offered & (and) Succe O7/09/2022, and on On 07/19/2022 at aprinterview and review data collection sheets conducted with OSM QIDP (Qualified Intell Professional). After routcome # 10 as state asked to identify Individual participation that was could not identify a sp	um hand over hand # 1) will help prepare a meal dual # 1) will complete this essful 2x (two times) a 12 months." Under the w this will be provided references" it documented, # 1) should initially only be haller tasks to begin, such as a pot of food, or helping to ning room table before tasks. (Individual # 1) e for as long as he will ed for any attempts that he hen (Individual # 1) chooses has to prepare a meal in any is recorded in his data 1) chooses not to participate, be recorded" Is data collection sheets for fully 2022 documented the activities and instructions wiew of the data sheet for Individual #1 as "Outcome essful" on 07/04/2022, 17/11/2022. Proximately 10:20 a.m., an of Individual # 1's ISP and as listed above was (other staff member) # 1, ectual Disabilities reviewing Individual # 1's ed above OSM # 1 were	W 159	W 159 1b How corrective action will be accomplished for Individual #1: The QIDP will ensure data collection for Individual #1's ISP outcome for common outing is re-defined in measurable terms the ISP through revising the outcome a updating the data collection form. Assurance that other residents are protected from the possibility of the deficiency: The QIDP will ensure data collection for individuals' ISP outcomes are defined in measurable terms by reviewing each outcome in each individual's ISP, revision any deficiencies in outcomes, and then updating data collection forms needing amendment. Measures to be put into place or systemages to be made to ensure that the deficient practice will not recur: The QIDP will compile data collection for each individual's annual ISP and rewith the support team to help ensure the each is defined in measurable terms. How the facility plans to monitor its performance to make sure that solurare sustained: The program manager and assistant manager will monitor ISP development help ensure outcomes and their associdata collection forms are measurable feach individual. Date of Completion: 8/26/22	nity s in nd r all n ng temic he orms view at to ate	022

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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE B15 WOLFE STREET FREDERICKSBURG, VA 22401	tri ²	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
W 159	more specific. When for reviewing or monimeasurable terms OS On 07/19/2022 at apg 3, assistant residentia (registered nurse) # 1 aware of the findings No further information References: [1] Refers to a group by a limited mental cadaptive behaviors as schedules and routing Intellectual disability 18 and may result fro autism or cerebral pacauses, such as lack responsiveness. This from the website: https://www.report.nifctSheet.aspx?csid=1 1b. The QIDP failed tof Individual # 1's ISF activity was in measured Review of the facility' Individual #1 dated Joutcome and support as stated above. Revoutcome #10 coded Offered & (and) Succo 07/09/2022, and on 0000 On 07/19/2022 at app	asked who was responsible toring the outcomes for SM # 1 stated that they were. Proximately 3:30 p.m. ASM # al coordinator, RN I and OSM # 1, were made in was provided prior to exit. Of disorders characterized apacity and difficulty with such as managing money, es, or social interactions. Programmer of the age of imphysical causes, such as alsy, or from nonphysical of stimulation and adult is information was obtained in gov/NIHfactsheets/ViewFa 100. Of the data collection sheets for outcome for community trable terms. Is data collection sheets for outcome the data sheet for Individual #1 as "Outcome teessful" on 07/04/2022, in the data sheet for Individual #1 as "Outcome teessful" on 07/04/2022, in the data sheet for Individual #1 as "Outcome teessful" on 07/04/2022, in the data sheet for Individual #1 as "Outcome teessful" on 07/04/2022, in the data sheet for Individual #1 as "Outcome teessful" on 07/04/2022, in the data sheet for Individual #1 as "Outcome teessful" on 07/04/2022, in the data sheet for Individual #1 as "Outcome teessful" on 07/04/2022, in the data sheet for Individual #1 as "Outcome teessful" on 07/04/2022, in the data sheet for Individual #1 as "Outcome teessful" on 07/04/2022, in the data sheet for Individual #1 as "Outcome teessful" on 07/04/2022, in the data sheet for Individual #1 as "Outcome teessful" on 07/04/2022, in the data sheet for Individual #1 as "Outcome teessful" on 07/04/2022, in the data sheet for Individual #1 as "Outcome teessful" on 07/04/2022, in the data sheet for Individual #1 as "Outcome teessful" on 07/04/2022, in the data sheet for Individual #1 as "Outcome teessful" on 07/04/2022, in the data sheet for Individual #1 as "Outcome teessful" on 07/04/2022, in the data sheet for Individual #1 as "Outcome teessful" on 07/04/2022, in the data sheet for Individual #1 as "Outcome teessful" on 07/04/2022, in the data sheet for Individual #1 as "Outcome teessful" on 07/04/2022, in the data sheet for Individual #1 as "Outcome teessful" on 07/04/2022, in the data sheet for I	W 159	W 159 2a How corrective action will be accomplished for Individual #2: The QIDP will ensure Individual #2's outcome for community outing is recin measurable terms in the ISP throuse revising the outcome. Assurance that other residents are protected from the possibility of the deficiency: The QIDP will ensure all individuals' outcomes are defined in measurable by reviewing each outcome in each individual's ISP and revising any deficiencies. Measures to be put into place or systemic changes to be made to estate the deficient practice will not. The QIDP will draft outcomes for each individual's annual ISP and review we support team prior to the plan start of help ensure that each is defined in measurable terms. How the facility plans to monitor in performance to make sure that so are sustained: The program manager and assistant manager will monitor ISP developmental help ensure outcomes are measurable each individual. Date of Completion: 8/26/22	defined agh ehe ISP eterms ensure recur: ch with the late to ts lutions tent to	

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL' A. BUILDI		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		49G073	B, WING			07/20/2022	
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP (815 WOLFE STREET		TREET ADDRESS, CITY, STATE, ZIP CODE		
WOLFES	TREET ICF ID			FI	REDERICKSBURG, VA 22401		
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W 159	collection sheets liste OSM (other staff men Intellectual Disabilities reviewing the data co dated July 2022, OSM for the community act documented in measus stated, "No." When a for reviewing or monit measurable terms OSO On 07/19/2022 at app 3, assistant residentia (registered nurse) # 1 aware of the findings. No further information 2a. The QIDP failed to outcomes for communiterms. Individual # 2 was addiagnosis that include severe intellectual dis Individual # 2's ISP (indated 02/21/2022 through documented in part, "needed: With supervitime in the community participating in activiti 2x (two times) month (Individual # 2) will co successful for 9 of 12 heading "Describe he based on individual p	d above was conducted with ober) # 1, QIDP (Qualified is Professional). After llection for Individual # 1 // # 1 was asked if the data divity outcome was curable terms. OSM # 1 isked who was responsible foring the data collection for is is is is is is is is individual # 2 is indivi	W	159	W 159 2b How corrective action will be accomplished for Individual #2: The QIDP will ensure data collection Individual #2's ISP outcomes for comouting, arts and crafts, and day trips defined in measurable terms in the IS through revising the outcomes and up the data collection form. Assurance that other residents are protected from the possibility of the deficiency: The QIDP will ensure data collection individuals' ISP outcomes are defined measurable terms by reviewing each outcome in each individuals' ISP, reviany deficiencies in outcomes, and the updating data collection forms needing amendment. Measures to be put into place or systemic changes to be made to extend the deficient practice will not reach individual's annual ISP and rewith the support team to help ensure each is defined in measurable terms. How the facility plans to monitor it performance to make sure that sol are sustained: The program manager and assistant manager will monitor ISP developme help ensure outcomes and their asso data collection forms are measurable each individual. Date of Completion: 8/26/22	munity are re- sp odating for all d in ising en ng nsure recur: n forms review that ss utions nt to ociate	8/26/2022

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OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING_ 49G073 B. WING 07/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 815 WOLFE STREET WOLFE STREET ICF ID FREDERICKSBURG, VA 22401 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETION DATE (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 159 Continued From page 7 W 159 participate in activities in his community for at least 10 minutes. A "+ (plus sign)" is recorded for meeting outcome criteria per the indicated level of support. A "- (minus sign)" will be recorded for requiring a higher level of support, or if he declines to go at all." "Goal: 10. Actions/supports needed: With moderate hand over hand support, (Individual # 2) participates in an arts & crafts activity for at least 5 (five) minutes. (Individual # 2) will complete this outcome if he is successful for 9 of 12 months." Under the heading "Describe how this will be provided based on individual preferences" it documented, in part " ... When (Individual # 2) participates in a crafting activity for at least 5 minutes a "+ (plus sign)" is recorded in his data book. If (Individual # 2) does not meet that time frame, or if he chooses not to participate "- (minus sign)" will be recorded." "Goal: 12. Actions/supports needed: (Individual # 2) is supported to go on a solo day trip. (Individual # 2) will complete this outcome when he completes the task 2 (two) quarters in the plan year." Under the heading "Describe how this will be provided based on individual preferences" it documented, in part " ... Staff will work to explain to (Individual # 2) where he will be going and will present it in an exciting manner to increase the likelihood of (Individual # 2) participating. While on the outing, staff will remember all safety protocols while in the community and will continue to remain within an arm's reach of (Individual # 2) to prevent him from wandering. When (Individual #2) completes a solo day trip with staff without incident, a "+ (plus sign)" is recorded in his data book. If (Individual # 2) chooses not to go, "-

(minus sign)" will be recorded. Staff will record

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G073	B. WING			07/20/2022	
	ROVIDER OR SUPPLIER TREET ICF ID			81	REET ADDRESS, CITY, STATE, ZIP CODE 5 WOLFE STREET REDERICKSBURG, VA 22401		
(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
W 159	notation so that further	e 8 ons to his experience in daily er activities can be better (Individual # 2's) interest	W	159			
	Individual #2 dated Ju outcome and support as stated above. Rev Outcome #9 coded In Offered & Successful 07/02/2022, 07/08/20 Outcome # 10, Individual	22 and on 07/12/2022; for dual # 2 was coded as Successful" on 07/01/2022 2, Individual # 2 was coded & Successful" on				.5	
	interview and review data collection sheets conducted with OSM QIDP (Qualified Intell Professional). After routcomes # 9, # 10 a OSM # 1 was asked of participation that w of the outcomes. OS specific act that was that the outcomes sh When asked who was	(other staff member) # 1, ectual Disabilities reviewing Individual # 2's nd # 12 as stated above to identify Individual # 2's act was being measured for each M # 1 could not identify a being measured and stated ould be more specific.				9	
	OSM # 1 stated that the On 07/19/2022 at app 3, assistant residential	proximately 3:30 p.m. ASM # al coordinator, RN 1 and OSM # 1, were made					

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING_ 49G073 B. WING 07/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **815 WOLFE STREET** WOLFE STREET ICF ID FREDERICKSBURG, VA 22401 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) W 159 Continued From page 9 W 159 10.55 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/ViewFa ctSheet.aspx?csid=100. 2b. The QIDP failed ensure the data collection of Individual # 2's ISP outcomes for community outing, arts and crafts and day trips were in measurable terms. Review of the facility's data collection sheets for Individual #2 dated July 2022 documented the outcome and support activities and instructions as stated above. Review of the data sheet for Outcome #9 coded Individual #2 as "Outcome Offered & Successful" on 07/01/2022, 07/02/2022, 07/08/2022 and on 07/12/2022; for Outcome # 10, Individual # 2 was coded as "Outcome Offered & Successful" on 07/01/2022 and for Outcome # 12. Individual # 2 was coded as "Outcome Offered & Successful" on 07/01/2022 and on 07/08/2022. On 07/19/2022 at approximately 10:20 a.m., an interview and review of Individual # 1's data collection sheets listed above was conducted with

OSM (other staff member) # 1, QIDP (Qualified Intellectual Disabilities Professional). After

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	ROVIDER OR SUPPLIER			81	REET ADDRESS, CITY, STATE, ZIP CODE 5 WOLFE STREET REDERICKSBURG, VA 22401	017	ZOIZOZZ
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 159	dated July 2022, OSM for the community our trip outcomes was do terms. OSM # 1 state was responsible for redata collection for me stated that they were. On 07/19/2022 at app 3, assistant residentia (registered nurse) # 1 aware of the findings. No further information INDIVIDUAL PROGR CFR(s): 483.440(c)(4) The objectives of the must be expressed in provide measurable This STANDARD is a Based on staff intervand facility document that the facility staff fameasurable terms for the survey sample, In 1. The facility staff fai 1's residential ISP (in outcome for communindividual # 1's target 2. The facility staff fai 2's residential ISP outcome for communindividual # 1's target 2.	llection for Individual # 1 If # 1 was asked if the data ting, arts and crafts and day cumented in measurable ed, "No." When asked who eviewing or monitoring the transurable terms OSM # 1 Droximately 3:30 p.m. ASM # al coordinator, RN and OSM # 1, were made If was provided prior to exit. If AM PLAN Individual program plan In behavioral terms that Indices of performance. Individual program plan Individual p		231	W 231 (1) How corrective action will be accomplished for Individual #1: The QIDP will ensure Individual #1's IS outcome for community activity is revis define Individual #1's targeted act of participation. Assurance that other residents are protected from the possibility of the deficiency: The QIDP will ensure all individuals' IS outcomes are reviewed and revised as needed to ensure each individual's targeted act of participation is defined. Measures to be put into place or systematics and the pensure that the place of the plant that the pensure that each individual's targeted act of participation is defined for each outcome. How the facility plans to monitor its performance to make sure that solutions are sustained: The program manager and assistant manager will monitor ISP development help ensure outcomes define each individual's targeted act of participation Date of Completion: 8/26/22	P geted stemic the e to eted	8/26/2022

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A, BUILDING		(X3) DATE SURVEY COMPLETED	
		49G073	B. WING			07/	20/2022
	ROVIDER OR SUPPLIER TREET ICF ID			STREET ADDRESS, CITY, STATE, ZIP CODE 815 WOLFE STREET FREDERICKSBURG, VA 22401		-	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 231	The findings include: 1. The facility staff fai 1's residential ISP (in outcome for commun Individual # 1's target Individual # 1 was ad diagnosis that include moderate intellectual Individual # 1's ISP (idated 01/11/2022 throdocumented in part, "needed: With maximus supports, (Individual for his house. (Individual for his house. (Individual for his house. (Individual goutcome if he is succe month for 9 (nine) of heading "Describe housed on individual pin part"(Individual asked to help with smour a food item, stir set his place at the dibuilding up to bigger should also participat tolerate and be praise chooses to make. We to participate in helpin way, a "+ (plus sign)" book. If (individual # a "- (minus sign)" will Review of the facility' Individual #1 dated Jioutcome and support as stated above. Review of Review Rev	led to develop Individual # dividualized service plan) ity activity to define ed act of participation. mitted to the facility with a ed but was not limited to: disability (1). Individualized service plan) ough 01/10/2023 Goal: 10. Actions/supports Im hand over hand # 1) will help prepare a meal dual # 1) will complete this essful 2x (two times) a 12 months." Under the ow this will be provided references" it documented, # 1) should initially only be naller tasks to begin, such as a pot of food, or helping to ning room table before tasks. (Individual # 1) e for as long as he will ed for any attempts that he hen (Individual # 1) chooses ng to prepare a meal in any is recorded in his data 1) chooses not to participate,	W	231	W 231 (2) How corrective action will be accomplished for Individual #2: The QIDP will ensure Individual #2's I outcomes for community activity, arts crafts, and day trips are revised to defindividual #2's targeted act of participa. Assurance that other residents are protected from the possibility of the deficiency: The QIDP will ensure all individuals' Is outcomes are reviewed and revised a needed to ensure each individual's taract of participation is defined. Measures to be put into place or sy changes to be made to ensure that deficient practice will not recur: The QIDP will draft outcomes for each individual's annual ISP and review wit support team prior to the plan start da help ensure that each individual's target of participation is defined for each outcome. How the facility plans to monitor its performance to make sure that solicare sustained: The program manager and assistant manager will monitor ISP development help ensure outcomes define each individual's targeted act of participation Date of Completion: 8/26/22	and fine ation. SP s rgeted the the tet to geted to geted the the tet to geted the the tet to geted the the tet to geted the tet to geted the the tet to geted the tet to geted the tet to geted the tet to geted the tet to get the t	8/26/2022

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 49G073 B. WING 07/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 815 WOLFE STREET **WOLFE STREET ICF ID** FREDERICKSBURG, VA 22401 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETION **PREFIX PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 231 Continued From page 12 W 231 Offered & (and) Successfull on 07/04/2022. 07/09/2022, and on 07/11/2022. On 07/19/2022 at approximately 10:20 a.m., an interview and review of Individual # 1's ISP and data collection sheets listed above was conducted with OSM (other staff member) # 1, QIDP (Qualified Intellectual Disabilities Professional). After reviewing Individual # 1's outcome # 10 as stated above OSM # 1 was asked to identify Individual # 1's act of participation that was being measured. OSM # 1 could not identify a specific act that was being measured and stated that the outcome should be more specific. The facility's policy "Active Treatment" documented in part, "6.c.iv. objectives expressed in behavioral terms that provide measurable indices of performance (the objective can be measured accurately in quantifiable data each time the treatment, procedure, intervention or interaction occurs) ..." On 07/19/2022 at approximately 3:30 p.m. ASM # 3, assistant residential coordinator, RN (registered nurse) # 1 and OSM # 1, were made aware of the findings. No further information was provided prior to exit. References: [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with

adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical

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CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A, BUILDING_ COMPLETED 49G073 B. WING 07/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 815 WOLFE STREET WOLFE STREET ICF ID FREDERICKSBURG, VA 22401 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) W 231 Continued From page 13 W 231 causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFa ctSheet.aspx?csid=100. 2. The facility staff failed to develop Individual # 2's residential ISP outcome for community outing, arts and crafts and day trips to define Individual # 2's targeted act of participation. Individual # 2 was admitted to the facility with a diagnosis that included but was not limited to: severe intellectual disability (1). Individual # 2's ISP (individualized service plan) dated 02/21/2022 through 02/20/2023 documented in part, "Goal: 9. Actions/supports needed: With supervision, (Individual # 2) spends time in the community for at least 10 minutes participating in activities of his choosing at least 2x (two times) monthly at each location. (Individual # 2) will complete this outcome if he is successful for 9 of 12 months." Under the heading "Describe how this will be provided based on individual preferences" it documented, in part " ... (Individual # 2) is offered supervision to participate in activities in his community for at least 10 minutes. A "+ (plus sign)" is recorded for meeting outcome criteria per the indicated level of support. A "- (minus sign)" will be recorded for requiring a higher level of support, or if he declines to go at all." "Goal: 10. Actions/supports needed: With moderate hand over hand support, (Individual # 2) participates in an arts & crafts activity for at least 5 (five) minutes. (Individual # 2) will

complete this outcome if he is successful for 9 of

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G073	B. WING			07/	20/2022
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI, DEFICIENCY)		(X5) COMPLETION DATE
W 231	this will be provided by preferences" it docur (Individual # 2) partic for at least 5 minutes in his data book. If (I that time frame, or if "- (minus sign)" will be "Goal: 12. Actions/s' 2) is supported to go (Individual # 2) will contend to the completes the tast year." Under the heat be provided based of documented, in part to (Individual # 2) who present it in an excitilikelihood of (Individual months of (Individual months) at the to remain within an at to prevent him from which will be (Individual # 2) completes a solincident, a "+ (plus shook. If (Individual # 2) react notation so that furth customized to reflect and preferences." Review of the facility Individual # 2 dated 5 outcome and support as stated above. Recoutcome #9 coded I Offered & Successful	the heading "Describe how based on individual mented, in part " When bipates in a crafting activity as a "+ (plus sign)" is recorded Individual # 2) does not meet the chooses not to participate the recorded." The property needed: (Individual # on a solo day trip. complete this outcome when the case of the plan and the plan	W	231			

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NAME OF PROVIDER OR SUPPLIER WOLFE STREET ICF ID B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 815 WOLFE STREET FREDERICKSBURG, VA 22401	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 815 WOLFE STREET 815 WOLFE STREET			49G073	B. WING			07/	20/2022
					8	15 WOLFE STREET		
	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		(X5) COMPLETION DATE
W 231 Continued From page 15 Outcome # 10, Individual # 2 was coded as "Outcome Offered & Successful" on 07/01/2022 and for Outcome # 12, Individual # 2 was coded as "Outcome Offered & Successful" on 07/01/2022 and on 07/08/2022. On 07/19/2022 at approximately 10:20 a.m., an interview and review of Individual # 2's ISP and data collection sheets listed above was conducted with OSM (other staff member) # 1, QIDP (Qualified Intellectual Disabilities Professional). After reviewing Individual # 2's act of participation that was being measured for each of the outcomes. OSM # 1 could not identify a specific act that was being measured and stated that the outcomes NoSM # 1, were made aware of the findings. No further information was provided prior to exit. References: [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions, 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/ViewFa	W 231	Outcome # 10, Individe "Outcome Offered & S and for Outcome # 12 as "Outcome Offered O7/01/2022 and on 07 On 07/19/2022 at apprinterview and review of data collection sheets conducted with OSM QIDP (Qualified Inteller Professional). After moutcomes # 9, # 10 an OSM # 1 was asked to five participation that wo of the outcomes. OSI specific act that was that the outcomes should be shoul	dual # 2 was coded as Successful" on 07/01/2022 2, Individual # 2 was coded & Successful" on 7/08/2022. Proximately 10:20 a.m., an of Individual # 2's ISP and is listed above was (other staff member) # 1, ectual Disabilities eviewing Individual # 2's act as being measured for each M # 1 could not identify a being measured and stated build be more specific. Proximately 3:30 p.m. ASM # all coordinator, RN and OSM # 1, were made and osh # 1, were made and osh # 1, were made and osh # 2, were made and osh # 3, were made and osh # 4, were made and osh # 5, or social interactions. Originates before the age of m physical causes, such as lay, or from nonphysical of stimulation and adult is information was obtained	W	231			

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		49G073	B. WING			07/	20/2022
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(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	-	(X5)
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IAG			IAG		DEFICIENCY)	A12	
			-		W 252 (1)		8/26/2022
					How corrective action will be	4	0/20/2022
W 252	PROGRAM DOCUM		W	252	accomplished for Individual #1:	4.	
	CFR(s): 483.440(e)(1)	II.		The QIDP will ensure Individual #1's I	SP 1	
			1		outcome and Individual #1's data colle	ection	
	Data relative to accor	nplishment of the criteria			form for community activity is revised	into	
	specified in client indi	vidual program plan	W.		measurable terms. The QIDP will trai	n	
		ocumented in measurable			facility staff on the revised outcomes a	and	
	terms.				data collection forms, at which point s	taff will	
					document in a fashion that reflects	1	
					community activity data in measurable	е	
					terms.		
	This STANDARD is	not met as evidenced by:			Assurance that other residents are		
					protected from the possibility of th	e	
		iew, clinical record review			deficiency:		
	-	review it was determined			The QIDP will ensure all individuals' I	SP	
	that the facility staff fa				outcomes and data collection forms a	re	
		two of three individuals in			reviewed and revised as needed into		
	the survey sample, Ir	idividual # 1 and #2.			measurable terms. The QIDP will tra		
					facility staff on any revised outcomes		
		led to document the data			data collection forms, at which point s		
		al # 1's residential ISP			document in a fashion that reflects	lata in	
	(individualized servic	e plan) outcome for			measurable terms.		
	community activity in	measurable terms.			Measures to be put into place or sy		
					changes to be made to ensure that	the	
		iled to document the data			deficient practice will not recur:		
2	collection of Individua	al # 2's residential ISP			The QIDP will draft outcomes for each		
	outcomes for commu	nity outing, arts and crafts			individual's annual ISP and review wi		
	and day trips in meas	surable terms.			support team prior to the plan start da		
					help ensure that each individual's out		
	The findings include:				and data collection forms are develop		
	3		ľ		measurable terms. Facility staff will be		
	1 The facility staff fa	iled to develop Individual #	1		trained in documenting each in meas	urable	
		ndividualized service plan)			terms.	~	
	outcome for commun				How the facility plans to monitor it		
		ted act of participation.			performance to make sure that sol are sustained:	utions	
	maividual # 15 talge	ted act of participation,			The program manager and assistant		
	Individual # 1 was an	Imitted to the facility with a				nt to	
		Imitted to the facility with a			manager will monitor ISP developme		
	_	ed but was not limited to:			help ensure outcomes and data colle sheets are developed in measurable		
	moderate intellectual	disability (1).					
					and that facility staff are documenting		()
		individualized service plan)			fashion that captures progress or reg	1688.	
	dated 01/11/2022 thr	ough 01/10/2023			Date of Completion:		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE	
		49G073	B. WING			ac 07/:	20/2022
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 815 WOLFE STREET FREDERICKSBURG, VA 22401		5 WOLFE STREET	, VIII	0.1011
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W 252	needed: With maximus upports, (Individual afor his house. (Individual afor his house. (Individual afor his house. (Individual personal per	Goal: 10. Actions/supports am hand over hand #1) will help prepare a meal dual #1) will complete this essful 2x (two times) a 12 months." Under the words will be provided references" it documented, #1) should initially only be haller tasks to begin, such as a pot of food, or helping to ning room table before tasks. (Individual #1) he for as long as he will help for any attempts that he hen (Individual #1) chooses had to prepare a meal in any his recorded in his data high chooses not to participate, he recorded" Is data collection sheets for any 2022 documented the help activities and instructions where we find the data sheet for any individual #1 as "Outcome hessful" on 07/04/2022, 17/11/2022. The professional is the data was a sked if the data will have a sked if the data	W	252	How corrective action will be accomplished for Individual #2: The QIDP will ensure Individual #2's Its outcomes and Individual #2's data coll forms for community outing, arts and dand day trips are revised into measuraterms. The QIDP will train facility staff revised outcomes and data collection at which point staff will document in a that reflects data in measurable terms. Assurance that other residents are protected from the possibility of the deficiency: The QIDP will ensure all individuals' Is outcomes and data collection forms are reviewed and revised as needed into measurable terms. The QIDP will trais staff on any revised outcomes and da collection forms, at which point staff we document in a fashion that reflects domeasurable terms. Measures to be put into place or sychanges to be made to ensure that deficient practice will not recur: The QIDP will draft outcomes for each individual's annual ISP and review with support team prior to the plan start dathelp ensure that each individual's outle and data collection forms are developmeasurable terms. Facility staff will be trained in documenting each in measurems. How the facility plans to monitor its performance to make sure that solution are sustained: The program manager and assistant will monitor ISP development to help outcomes and data collection sheets developed in measurable terms and the facility staff are documenting in a fash captures progress or regress. Date of Completion: 8/26/22	dection crafts, able for the forms, fashion facility ta dill ata in the tet to comes ed in e curable forms manager ensure are hat	8/26/2022

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G073	B. WING			07/20/2022		
NAME OF PROVIDER OR SUPPLIER WOLFE STREET ICF ID				818	REET ADDRESS, CITY, STATE, ZIP CODE 5 WOLFE STREET REDERICKSBURG, VA 22401			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTIO PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPI DEFICIENCY)			(X5) COMPLETION DATE	
W 252	The facility's policy "Adocumented in part," Accurate, systematic, about the individual's meeting the criteria's centered plan) object necessary change and On 07/19/2022 at app 3, assistant residentia (registered nurse) # 1 aware of the findings No further information References: [1] Refers to a group by a limited mental candaptive behaviors as schedules and routin Intellectual disability 18 and may result from the website: https://www.report.niictSheet.aspx?csid=1 2. The facility staff facollection of Individual and day trips in measured includes and routin facility staff facollection of Individual and day trips in measured includes and routin facility staff facollection of Individual and day trips in measured includes and routin facility staff facollection of Individual and day trips in measured includes and routin facility staff facollection of Individual and day trips in measured facility staff facollection of Individual and day trips in measured facility staff facollection of Individual and day trips in measured facility staff facollection of Individual and day trips in measured facility staff facollection of Individual and day trips in measured facility staff facollection of Individual and day trips in measured facility staff facollection of Individual and day trips in measured facility staff facollection of Individual and day trips in measured facility staff facollection of Individual and day trips in measured facility staff facollection of Individual and day trips in measured facility staff facollection of Individual and day trips in measured facility staff facollection of Individual and day trips in measured facility staff facollection of Individual and day trips in measured facility staff facollection of Individual and day trips in measured facility staff facollection of Individual and day trips in measured facility staff facollection of Individual and day trips in measured facility staff facollection of Individual and day trips in measured facility staff facollection of Individual and day trips in	Active Treatment" 19. Program Documentation: In behaviorally stated data Inperformance toward Itated in the PCP (person Itated in the PCP) (person Itated in the program." Itated in the program." Itated in the program." Itated coordinator, RN Itated	W	252				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 49G073 B WING 07/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 815 WOLFE STREET WOLFE STREET ICF ID FREDERICKSBURG, VA 22401 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 252 | Continued From page 19 W 252 dated 02/21/2022 through 02/20/2023 documented in part, "Goal: 9. Actions/supports needed: With supervision, (Individual # 2) spends time in the community for at least 10 minutes participating in activities of his choosing at least 2x (two times) monthly at each location. (Individual # 2) will complete this outcome if he is successful for 9 of 12 months." Under the heading "Describe how this will be provided based on individual preferences" it documented, in part " ... (Individual # 2) is offered supervision to participate in activities in his community for at least 10 minutes. A "+ (plus sign)" is recorded for meeting outcome criteria per the indicated level of support. A "- (minus sign)" will be recorded for requiring a higher level of support, or if he declines to go at all." "Goal: 10. Actions/supports needed: With moderate hand over hand support, (Individual # 2) participates in an arts & crafts activity for at least 5 (five) minutes. (Individual # 2) will complete this outcome if he is successful for 9 of 12 months." Under the heading "Describe how this will be provided based on individual preferences" it documented, in part " ... When (Individual # 2) participates in a crafting activity for at least 5 minutes a "+ (plus sign)" is recorded in his data book. If (Individual # 2) does not meet that time frame, or if he chooses not to participate "- (minus sign)" will be recorded." "Goal: 12. Actions/supports needed: (Individual # 2) is supported to go on a solo day trip. (Individual # 2) will complete this outcome when he completes the task 2 (two) quarters in the plan year." Under the heading "Describe how this will be provided based on individual preferences" it documented, in part " ... Staff will work to explain

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G073	B. WING	B. WING		07/2	20/2022	
NAME OF PROVIDER OR SUPPLIER WOLFE STREET ICF ID				٤	STREET ADDRESS, CITY, STATE, ZIP CODE 315 WOLFE STREET FREDERICKSBURG, VA 22401			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 252	to (Individual # 2) who present it in an excitir likelihood of (Individu on the outing, staff wi protocols while in the to remain within an ait to prevent him from w # 2) completes a sold incident, a "+ (plus sig book. If (Individual # (minus sign)" will be reflect (Individual # 2) reactinotation so that further customized to reflect and preferences." Review of the facility Individual # 2 dated July 2022 at appinterview and review collection sheets listed OSM (other staff mere Intellectual Disabilities reviewing the data oc dated July 2022, OS for the community out the community o	ere he will be going and will and manner to increase the all # 2) participating. While ill remember all safety community and will continue rm's reach of (Individual # 2) wandering. When (Individual to day trip with staff without gn)" is recorded in his data 2) chooses not to go, "-recorded. Staff will record ons to his experience in daily er activities can be better (Individual # 2's) interest It's data collection sheets for activities and instructions view of the data sheet for activities and instructions view of the data sheet for activities and instructions view of the data sheet for activities and instructions view of the data sheet for activities and instructions view of the data sheet for activities and instructions view of the data sheet for activities and instructions view of the data sheet for activities and instructions view of the data sheet for activities and instructions view of the data sheet for activities and instructions view of the data sheet for activities and instructions view of the data sheet activities and activities and crafts and day becomented in measurable	W	252				

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OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 49G073 B. WING 07/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 815 WOLFE STREET WOLFE STREET ICF ID FREDERICKSBURG, VA 22401 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 252 | Continued From page 21 W 252 On 07/19/2022 at approximately 3:30 p.m. ASM # 3, assistant residential coordinator, RN (registered nurse) # 1 and OSM # 1, were made aware of the findings. No further information was provided prior to exit. [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with W 381 8/26/2022 adaptive behaviors such as managing money, How corrective action will be schedules and routines, or social interactions. accomplished: Intellectual disability originates before the age of Facility staff will secure the medication room 18 and may result from physical causes, such as in the facility at all times by ensuring the door autism or cerebral palsy, or from nonphysical is shut and locked when they leave the room. causes, such as lack of stimulation and adult Assurance that other residents are responsiveness. This information was obtained protected from the possibility of the from the website: deficiency: Facility staff will secure all individuals' https://www.report.nih.gov/NIHfactsheets/ViewFa medications in the facility's medication room ctSheet.aspx?csid=100. at all times by ensuring the door is shut and W 381 DRUG STORAGE AND RECORDKEEPING W 381 locked when they leave the room. CFR(s): 483.460(I)(1) Measures to be put into place or systemic changes to be made to ensure that the The facility must store drugs under proper deficient practice will not recur: conditions of security. A sign will be posted inside the medication This STANDARD is not met as evidenced by: room on the door reminding facility staff to Based on observation, facility document review secure the door by closing and locking it and staff interview, it was determined that the when exiting the room. facility staff failed to secure individual's How the facility plans to monitor its medications in one of one facility medication performance to make sure that solutions rooms are sustained: The program manager and assistant The findings include: manager will monitor through randomized checks to ensure facility staff are securing the medication room door by closing it and During the facility's medication administration locking it when they vacate the room. observation, facility staff left individual's Date of Completion: medications on the counter in the facility's 8/26/22

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A, BUILDI		LE CONSTRUCTION (X3) DATE SURVE COMPLETED			
		49G073	B. WING	B. WING		07/	20/2022	
NAME OF PROVIDER OR SUPPLIER WOLFE STREET ICF ID				STREET ADDRESS, CITY, STATE, ZIP CODE 815 WOLFE STREET FREDERICKSBURG, VA 22401				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		IE ATE	(X5) COMPLETION DATE		
W 381	they had left the room On 07/19/2022 at app was conducted of AS member) # 2, assista facility) manager duri administration observa 8:12 a.m., an observa left the medication ro and an individual's m counter and went into individual to the med approximately 8:15 a that ASM # 2 left the leaving the door to the medications laying or observation revealed medication room they the third floor of the fi On 07/19/2022 at app interview was conduct asked to describe the medication room who securing an individual stated that the medica and locked when it w medications should r After informed of the regarding the medica ASM # 2 stated that individual's medication	left the door open when in. proximately an observation M (administrative staff int ICF (intermediate careing the medication vation. At approximately ation revealed that ASM # 2 om, leaving the door open edications laying on the other day room to escort an ideation room. At in., an observation revealed medication room again, are medication room open and at on the counter. Further that when ASM # 2 left the counter of the with ASM # 2 left the counter of the with ASM # 2. When the procedure for securing the en no one is in the room and all's medications ASM # 2 reation room should be closed as not in use and that not be left out on the counter. The above observations ation room and medications they had not secured one or the medication room.	W	381				
ľ	interview was conductionurse) # 1. When as procedure for securir	proximately 11:25 a.m., an oted with RN (registered sked to describe the ng the medication room and ations RN # 1 stated that the				31		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: C OMPLETED A. BUILDING _ 49G073 B WING 07/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 815 WOLFE STREET WOLFE STREET ICF ID FREDERICKSBURG, VA 22401 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 381 | Continued From page 23 W 381 medication room should be closed and locked at all times when no one is in the room. RN # 1 further stated that medications could be left on the counter when they are being prepared and the staff member leaves the room to get an individual for their medications provided that the medication room door is closed and locked with W445 8/26/2022 the key removed from the door handle. After How corrective action will be informed of the above observations RN # 1 stated accomplished: that the staff member did not secure medications Facility staff will conduct fire drills for each shift or the medication room. at least quarterly. Assurance that other residents are The facility's policy "Medication Administration" protected from the possibility of the documented in part, "3. o. Lock the office deficiency: (medication room) or closet door (medication Facility staff will conduct and document closet) and go discreetly ask the individual if they evidence of fire drills at least quarterly for each are ready to take their medication and ask them shift of personnel. to come to the medication room." Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur: On 07/19/2022 at approximately 3:30 p.m. ASM # The program supervisor will monitor to ensure 3, assistant residential coordinator, RN that facility staff conduct and document fire (registered nurse) # 1 and OSM # 1, (Qualified drills at least quarterly for each shift of Intellectual Disabilities Professional) were made personnel. Copies of these drills will be aware of the findings. submitted to the Quality Assurance team, whereupon they will be uploaded into an No further information was provided prior to exit. electronic repository for access to supervisors W 445 **EVACUATION DRILLS** W 445 and auditors. CFR(s): 483.470(i)(2)(i) How the facility plans to monitor its performance to make sure that solutions The facility must actually evacuate clients during are sustained: at least one drill each year on each shift. The Director of Compliance and Human Rights, or designee, as well as members of the This STANDARD is not met as evidenced by: Developmental Disabilities Coordination team, Based on facility document review and staff will review to ensure that fire drills are interview, it was determined that the facility failed conducted and documented at least quarterly to conduct fire drills for each shift quarterly. for each shift of personnel and stored within the electronic repository The findings include: **Date of Completion:** 8/26/22

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
		49G073	B. WING_			07/20/2022	
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 815 WOLFE STREET FREDERICKSBURG, VA 22401				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE			(X5) COMPLETION DATE
W 445	Review of the facility' for fire drills dated 06 to evidence document during the months of 2021 and during the months of 2021 and during the month of 10 that due to changes it drill were not completed in the facility's policy "Subspections and Drills Fire drills will be done on 07/18/2022 at apply and ASM # 3, assis were made aware of No further information INFECTION CONTR CFR(s): 483.470(I)(1) There must be an accommunicable drills on observation document review, it is facility staff failed to in procedures to preven communicable diseau	s "Emergency Drill Forms" /2021 through 06/2022 failed station of facility fire drills July, August and October month of May 2022. Proximately 11:55 a.m., an sted with ASM (administrative F (intermediate care facility) ed about the missing fire and October 2021 and May 2022 ASM # 1 stated in staffing some of the fire sted. Section 8-6: Facility S' documented in part, "3a. e monthly." Proximately 5:45 p.m. ASM # stant residential coordinator the findings. In was provided prior to exit. OL) tive program for the and investigation of infection iseases. not met as evidenced by: on, staff interview and facility was determined that the mplement infection control in the spread of se in the facility, and failed to control procedures during	W	445	W455 (1) How corrective action will be accomplished: Facility staff will wear a mask while in the facility to prevent the spread of commundisease. Assurance that other residents are protected from the possibility of the deficiency: Facility staff will be monitored by super team to ensure compliance with mask of to assist in preventing the spread of communicable disease amongst all residences to be put into place or systemates to be put into place or systemates to be made to ensure that the deficient practice will not recur: The Infection Control Policy will be revirevised, and discussed at the next man staff meeting to ensure mask complian order to prevent the spread of commundisease. How the facility plans to monitor its performance to make sure that solution are sustained: ICF Management will intermittently obsfacility staff to ensure that they are being compliant with mask requirements. Date of Completion: 8/26/22	visor wearing idents. he ewed, ndatory ce in nicable tions	8/26/2022

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		49G073	B. WING		07/20/202				
NAME OF P	ROVIDER OR SUPPLIER			S1	FREET ADDRESS, CITY, STATE, ZIP CODE				
WOLFE S	TREET ICF ID			815 WOLFE STREET FREDERICKSBURG, VA 22401					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE		
W 455	1. The facility staff fathe facility to prevent disease. 2. The facility staff fathygiene and proper greparing and adminifacility individuals. The findings include: 1. The facility staff fathe facility to prevent disease. On 07/18/2022 at ap (administrative staff rmanager, was obserfacility, walking down Individual's room, no On 07/18/2022 at ap # 2 was observed in dining room table dowearing a mask. On 07/18 /2022 at ap (other staff member) on the third floor of the elevator, not wearing On 07/18/2022 at ap # 2 was observed on down the hallway no were present on the	ailed to wear a mask while in the spread of communicable hiled to implement hand glove procedures when istering medications to hailed to wear a mask while in the spread of communicable horoximately 12:10 p.m. ASM member) # 2, Assistant ICF wed on the third floor of the hall toward an towaring a mask. Proximately 1:30 p.m., ASM the dining room sitting at the ing some paperwork, not he facility cleaning the proximately 1:40 p.m., OSM # 2, contracted cleaner, was the facility cleaning the proximately 2:30 p.m., ASM the second floor walking towasked while Individuals second floor.	W	455	W455 (2) How corrective action will be accomplished: Facility staff will implement hand hygie and proper glove procedures when preand administering medications to facilit individuals. This will include implement hand hygiene and changing gloves bet each task they are performing per stan infection control precautions during medication preparation and administrate Assurance that other residents are protected from the possibility of the deficiency: Facility staff will implement hand hygie and change their gloves between each involved in medication preparation and administration for each individual in the facility per standard infection control precautions. Measures to be put into place or syschanges to be made to ensure that the deficient practice will not recur: The Infection Control Policy will be revand discussed at the next mandatory smeeting. All facility staff will read and statement of understanding of the polic the expectations therein. How the facility plans to monitor its performance to make sure that solu are sustained: ICF Management will intermittently obtacility staff to ensure that they are implementing hand hygiene a changing gloves per standard infection control precautions when preparing an administering medications for individual Date of Completion: 8/26/22	paring y ting, ween dard tion. ne task temic he iewed taff sign a cy and tions serve nd d	8/26/2022		
		proximately 3:10 p.m., as g off the facility elevator onto							

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 49G073 B. WING 07/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **815 WOLFE STREET** WOLFE STREET ICF ID FREDERICKSBURG, VA 22401 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 455 | Continued From page 26 W 455 the second floor, DSP (direct support professional) #3 was entering the elevator. Observations revealed that DSP # 3 was not wearing a mask. On 07/18 /2022 at approximately 3:04 p.m., an interview was conducted with OSM # 2. When asked if they were instructed to wear a mask while in the facility OSM # 2 stated that the ICF manager told them that they needed to be wearing a mask. When asked if they were informed as to why they needed to be wearing a mask OSM # 2 stated that the ICF manager told them that it was because the inspector was in the facility. When asked if they were wearing a mask when the surveyor observed them cleaning the elevator OSM # 2 stated no. On 07/18/2022 at approximately 5:45 p.m., an interview was conducted with ASM (administrative staff member) # 1, ICF (intermediate care facility) manager. When asked why staff should be wearing a mask while inside the facility ASM # 1 stated that it was to protect the staff and the individuals who resided at the facility. ASM # 1 further stated that wearing a mask was optional if the staff member was vaccinated. When asked where they obtained that information ASM # 1 stated that the information came from the CDC (Center for Disease Control and Prevention). The CDC document "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic" updated 02/02/2022 documented in part, "Implement Source Control Measures. Source control refers to use of respirators or well-fitting facemasks or cloth masks to cover a person's mouth and nose to

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '				DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER WOLFE STREET ICF ID			,	815	REET ADDRESS, CITY, STATE, ZIP CODE S WOLFE STREET EDERICKSBURG, VA 22401			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				
W 455	they are breathing, taSource control and physical distancing is interfere with provision recommended for execting. This is particular individuals, regardles who live or work in chigh community transcent of the findings of the findings. No further information in the facility staff facility individuals.	spiratory secretions when alking, sneezing, or coughing physical distancing (when a feasible and will not on of care) are eryone in a healthcare ularly important for so of their vaccination status, counties with substantial to smission" proximately 3:30 p.m. ASM # al coordinator, RN 1 and OSM # 1, (Qualified es Professional), were made is. In was provided prior to exit. In alied to implement hand glove procedures when istering medications to	W	455		5%		
	conducted of ASM (a # 2, assistant ICF (in manager, preparing medications to indivistant of the medication was observed wearing temperatures of three dining room table. A medication room, we placed their hands of the individual's temperature doset door in the medicate or in the medicate of the medication room, we placed their hands of the individual's temperature.	administrative staff member) administrative staff member) atermediate care facility) and administering duals in the facility. At the an administration ASM # 2 ang gloves and taking the e individuals seated at the as SM # 2 then went into the earing the same gloves, and the counter, wrote down erature in a book, opened the edication room, removed a individual's medications, pack of medications, opened						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		49G073	B. WING			07	/20/2022		
	NAME OF PROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE NOLFE STREET				
WOLFE STREET ICF ID			FREDERICKSBURG, VA 22401						
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE		
W 455	a book containing the (medication administ page to verify the me opened the bubble paper placing their gloved to hold it while continuous poured out the tablet plastic cup. ASM # 2 wearing the same glothe day room, inform for their medication, and capsules to the inwas observed taking cup. ASM # 2 then redonned a new pair with the hall to the day roophysically prompted, giving "high fives" with another individual to room. Observations when ASM # 2 prompted that they had their had open mouth. ASM # individual to the med individual's hand. Af room, the individual's attempted to obtain the pressure using a har while wearing the sa attempts ASM # 2 estimated to the salt approximately 8:2 another pair of glove washing their hands, and physically prompted.	e individual's MARs ration records), turned each dications against the MAR, ack by peeling back the tab, humb inside the bubble pack uing to remove the tab, s and capsules into a small left the medication room, oves, walked down the hall to ed Individual # 1 it was time escorted Individual # 1 to the ve the small cup of tablets individual. The individual all the medications from the emoved their gloves and ithout sanitizing or washing medication room, went down om and verbally and by holding their hands and the their gloved hands, come to the medication of the individual, revealed ands over their nose and 2 then escorted the ication room by holding the ter entering the medication est down in a chair, ASM # 2	W	455		QCT.			

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING_ 49G073 B. WING 07/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 815 WOLFE STREET WOLFE STREET ICF ID FREDERICKSBURG, VA 22401 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) W 455 Continued From page 30 W 455 2 stated that they did not follow proper hand hygiene or the correct procedure for glove use. On 07/19/2022 at approximately 11:25 a.m., an interview was conducted with RN (registered nurse) # 1. When asked to describe the procedure for using gloves during medication administration RN # 1 stated that gloves should be changed between each individual contact or when they come into contact with any surface such as door handles, counters, etc. RN # 1 further stated that after each glove change staff should use hand sanitizer or wash their hand with soap and water. After informed of the above observation RN # 1 stated that proper hand hygiene or the correct procedure for glove use was not followed. On 07/19/2022 at approximately 3:30 p.m. ASM # 3, assistant residential coordinator, RN (registered nurse) # 1 and OSM # 1, (Qualified Intellectual Disabilities Professional), were made aware of the findings. No further information was provided prior to exit.