PRINTED: 12/21/2022 FORM APPROVED OMB NO. 0938-0391

_	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		ATE SURVEY DMPLETED
		49G014	B. WING			12/14/2022
	ROVIDER OR SUPPLIER		82	TREET ADDRESS, CITY, STATE, ZIP CODE 107 WOLFTRAP RD IENNA, 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 CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
E 000	Initial Comments		E 000			
W 000	survey was conduct 12/14/2022. The facompliance with 42 Condition of Participal Facilities for Individual Disabilities. No emocomplaints were invitable. No emocomplaints were invitable. An unannounced Fre-certification survey through 12/14/2022 compliance with 42 for Intermediate Cawith Intellectual Dissafety Code survey complaints were invitable. The census in this sat the time of the suconsisted of three limits at the time of the suconsisted of three limits at the time of the suconsisted of three limits.	fundamental Medicaid by was conducted 12/13/2022 c. The facility was not in CFR Part 483 Requirements re Facilities for Individuals abilities (ICF/IID). The Life el/report will follow. No evestigated during the survey. Six certified bed facility was six arvey. The survey sample individual reviews.	W 000			
	CFR(s): 483.410(c) The facility must de recordkeeping systehealth care, active and protection of the This STANDARD is Based on staff intereview, it was deterfailed to maintain a record for two of this sample, Individuals	velop and maintain a sem that documents the client's treatment, social information, e client's rights. I not met as evidenced by: rview and clinical record mined that the residential staff complete and accurate clinical ree individuals in the survey #2 and #3.				
	The findings include					
	director's or provide Il Jones, Clinical I	R/SUPPLIER REPRESENTATIVE'S SIGNATUR DIPECTOR	· Λ	TITLE	12/30/22	(X8) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the instrution 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.

CENTERS FOR MEDICARE & MEDICAID SERVICES

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''		CONSTRUCTION	(X3) DATE:	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING			00	
		49G014	B. WING	B. WING		12/14/2022	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
				8	207 WOLFTRAP RD		
MINERVA	FISHER ICF			١v	/IENNA, VA 22180		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID.		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
W 111	Continued From page	3 1	w	111	The Program Manager will re Program staff to ensure consiste with documentation on the data		1/13/23
	1. For Individual #2,	the QIDP (Qualified Mental	1		collection form and progress no	te to	
	Intellectually Disabled	Professional) failed to			ensure consistency and accuracy		
	accurately document	the community involvement	1		documentation for individuals' #		
	in the QIDP monthly i	note for November 2022.			and individual #3 as well as all of		
					individuals who reside in the	70101	
		nitted to the facility with a	1		program.		
	. •	ed but was not limited to:			2. The Program Manager will		
	profound intellectual	disabilities (1).			retrain the QIDP to review the		
					progress notes and data collect	ion	i
		t PCP (person centered			sheets for accuracy on a weekly		
		22 through 09/30/2023			basis. Training will be provided		
		Desired Outcome: 6.			staff as needed if inconsistencie		
		(Individual #2) will use			between the progress notes and		
		stance to purchase items of			data collection sheets are	1	
		e community and in home			discovered for individuals #2 an	d #3	
		th at 100% accuracy for 12			as well as for all other individua		
	consecutive months t	*			who reside in the program.		
	Activities & Instruction				The Program Manager will re	etrain	
		dividual #2) that you would			the QIDP on ensuring the Monti		
		g to purchase an item of his			QIDP Note accurately reflects the		
	choice and ask if he				progress notes and the data		
		#2) to the location where he hase. 3. Assist (Individual			collection sheets for individuals	#2	
		n item that he would like to			and #3 and all other individuals		
	purchase. 4. Assist (1		reside in the program.	******	
		stance as he gives money to	1		The Clinical Director will con	duct	
		e (Individual #2) on his			Quarterly unannounced Program		,
		ent in the transaction. 6.			Audits to ensure the data collect		j
		mented via progress notes.			sheets, progress notes, and Mo		
		onitored monthly by the			QIDP notes are accurate and	,	
		#2) will have achieved this	1		consistent for individuals #2, #3	. and	
		s used hand-over-hand			all other individuals who reside	•	
		se items of his choice while			program.		
	in the community onc				P. 43		
		heets for Individual #2 dated					
	. —	1/30/2022 were reviewed.					
	The data sheets docu	imented outcome/goals #6					

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

Event ID: SM7G11

Facility ID: VAICFMR14

If continuation sheet Page 2 of 25

5. The Quality Improvement and compliance department will conduct as needed audits during the year to ensure the data collection sheets, progress notes, and Monthly QIDP notes are all consistent and accurate for individuals #2, #3 and all other individuals who reside in the program.

NAME OF PROVIDER OR SUPPLIER MINERYA FISHER ICF WIND SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST SE PRECEDED BY PULL REGULATORY OR LISC DENTIFYING MYCRMATION) W 111 Continued From page 2 as stated above. Further review of the data collection revealed a "C" documented each day of the month. The legend at the bottom of the data collection revealed a "C" documentation of the data collection revealed a "C" documentation of the data collection revealed a "C" documentation of the data collection sheet documented in part, "Key: "C" = canceled (write reason)." Further review of the data collection revealed a "C" documentation of the data collection sheet documentation of the reason why the outcome #6 was canceled. Review of the facility's progress notes for Individual #2 dated 11/01/2022 through 11/30/2022 failed to evidence documentation of the reason why the outcome #6 was canceled. The facility's "Monthly QMRP (Qualified Mental Retardation Professional) Note" for individual #2 for November 2022 dated 12/10/2022 dated 12/10/2022 date outcomentation part, "Activities/Community Resources Utilized (Report on Community)/Afactivity involvement): (Individual *82* PCP dated 10/01/2022, data collection and progress notes dated 11/01/2022 date outcome and progress notes dated 11/01/2022 and the Monthly QMRP Note dated November 2022 (OSM #1 stated no and that the note did not accurately reflected the circumstances in which Individual #2* smoney management program was canceled OSM #1 stated no and that the note did not accurately reflected the data collection sheets and the progress notes. On 12/14/2022 at approximately 12:15 p.m. ASM #1 was made aware of the findings.		TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (XD PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		(×	(X3) DATE SURVEY COMPLETED				
MINERVA FISHER ICF (PATIOR MINERYA FISHER ICF (PATIOR MINERYA FISHER ICF MINERYA FISHER ICF (PATIOR MINERYA FISHER ICF MINERYA Z2180 (PATIOR (PATIOR MINERYA FISHER ICF MINERYA Z2180 MINERYA Z2180 MINERYA Z2180 PROVIDER'S PLAN OF CORRECTION (PATIOR MINERYA Z2180 PROVIDER'S PLAN OF CORRECTION CAUSS-ARE-PRENCED TO THE APPROPRIATE CRUSS-ARE-PROMOUND BE CRUSS-ARE-PROPRIATE CRUSS-ARE-PROMOUND BE CRUSS-ARE-PROMOUND BE CRUSS-ARE-PROPRIATE CRUSS-ARE-PROMOUND BE CRUSS-ARE-PROPRIATE CRUSS-ARE-PROMOUND BE CRUSS-ARE-PROPRIATE CRUSS-A			49G014	B. WING		<u></u>		12/1	4/2022
TAG CACH CHECKENT VAIST BE PRECEDED BY FILL PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE COMMETTING INFORMATION) CONTINUED TO THE APPROPRIATE COMMETTING INFORMATION) COMMETTING INFORMATION COMMETTING IN				=	8207	7 WOLFTRAP RD			
as stated above. Further review of the data collection revealed a "C" documented each day of the month. The legend at the bottom of the data collection sheet documented in part, "Key: "C" = canceled (write reason)." Further review of the data collect sheet failed to evidence documentation of the reason why the outcome was canceled. Review of the facility's progress notes for Individual #2 dated 11/01/2022 through 11/30/2022 failed to evidence documentation of the reason why the outcome #6 was canceled. The facility's "Monthly QMRP (Qualified Mental Retardation Professional) Note" for Individual #2 for November 2022 dated 12/10/2022 documented in part, "Activities/Community Resources Utilized (Report on Community/Activity involvement): (Individuals Name) did not have a [sic]outings this month because of covid 9 [sic]." After reviewing Individual #2's PCP dated 10/01/2022, data collection and progress notes dated 11/01/2022 through 11/30/2022 and the Monthly QMRP Note dated November 2022, OSM #1 was asked if QMRP note accurately reflected the circumstances in which Individual #2's money management program was canceled OSM #1 stated no and that the note did not accurately reflect the data collection sheets and the progress notes. On 12/14/2022 at approximately 12:15 p.m. ASM #1 was made aware of the findings.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF	×	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE		COMPLETION
No further information was provided prior to exit. References:	W 111	as stated above. Fur collection revealed a the month. The leger collection sheet docur canceled (write reaso data collect sheet faile documentation of the was canceled. Review of the facility's Individual #2 dated 11 11/30/2022 failed to e the reason why the or The facility's "Monthly Retardation Profession for November 2022 documented in part, "Resources Utilized (Finvolvement): (Individ [sic]outings this month 10/01/2022, data colled ated 11/01/2022, through the circumst #2's money managen OSM #1 was asked if reflected the circumst #2's money managen OSM #1 stated no ar accurately reflect the the progress notes. On 12/14/2022 at app #1 was made aware of No further information.	ther review of the data "C" documented each day of and at the bottom of the data mented in part, "Key: "C" = n)." Further review of the ed to evidence reason why the outcome s progress notes for 1/01/2022 through evidence documentation of atcome #6 was canceled. and) Note" for Individual #2 ated 12/10/2022 Activities/Community Report on Community/Activity als's Name) did not have a h because of covid 9 [sic]." dual #2's PCP dated ection and progress notes ough 11/30/2022 and the dated November 2022, CMRP note accurately ances in which Individual ment program was canceled and that the note did not data collection sheets and broximately 12:15 p.m. ASM of the findings.	W	111				

CENTERS FOR MEDICARE & MEDICAID SERVICES

•	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G014	B. WING	B. WING		12/	4/2022
	ROVIDER OR SUPPLIER			8	TREET ADDRESS, CITY, STATE, ZIP CODE 207 WOLFTRAP RD VIENNA, VA 22180		×
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 111	by a limited mental ca adaptive behaviors so schedules and routine Intellectual disability of 18 and may result fro autism or cerebral pa causes, such as lack responsiveness. This from the website: https://report.nih.gov/ t.aspx?csid=100. 2. For Individual #3, document the commu QIDP monthly note for Individual #3 was add diagnosis that include obsessive compulsive Individual #3's curren plan) included: Desire Integration. (Individu events of her choice in month at 100% accur months by 3/31/2023 Instructions: 1. (Individual events of her interereceives support with transportation to place (Individual #3) receive to participate in activi (Individual #3) will act of her choice. 5. (Individual fer choice. 5. (Indivi	of disorders characterized apacity and difficulty with uch as managing money, as, or social interactions. Originates before the age of m physical causes, such as lay, or from nonphysical of stimulation and adult information was obtained with the CIDP failed to accurately entry involvement in the or November 2022. Inited to the facility with a end but was not limited to: a disorder (1). It PCP (person centered and Outcome: 6. Community and #3) will attend community in the community once per accy for 12 consecutive. Support Activities & dual #3) receives assistance earching and planning st. 2. (Individual #3) scheduling and planning	W	111			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G014	B. WING	B. WING		12/	14/2022
	ROVIDER OR SUPPLIER			8	STREET ADDRESS, CITY, STATE, ZIP CODE 1207 WOLFTRAP RD /IENNA, VA 22180	, ,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 111	events of her choice month at 100% accur months, she will have Frequency: Monthly. The data collection si 11/01/2022 through 1 The data sheets doct as stated above. Fur collection revealed a the month. The leger collection sheet doct canceled (write reason data collect sheet fail documentation of the was canceled. Review of the facility' Individual #3 dated 1 11/30/2022 failed to a the reason why the office the reviewing Individual #3 dated (Finvolvement): (Individuativities in the month After reviewing Individuated 11/01/2022 the Monthly QMRP Note OSM #1 was asked if reflected the circums #3's program part was	has attended the community in the community once per racy for 12 consecutive a achieved this outcome. Theets for Individual #3 dated 1/30/2022 were reviewed. In the review of the data "C" documented each day of and at the bottom of the data mented in part, "Key: "C" = on)." Further review of the ded to evidence a reason why the outcome of the evidence documentation of the evidence documentati	W	111			

CENTERS FOR MEDICARE & MEDICAID SERVICES

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		49G014	B. WING		<u>.</u>	12/1	4/2022
	ROVIDER OR SUPPLIER		•	8	STREET ADDRESS, CITY, STATE, ZIP CODE 1207 WOLFTRAP RD /IENNA, VA 22180		
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	I	(X5) COMPLETION DATE
W 111	data collection sheets On 12/14/2022 at app #1 was made aware of No further information References: (1) A common, chron in which a person has thoughts (obsessions (compulsions) that he repeat over and over obtained from the we http://www.nimh.nih.gompulsive-disorder-oo QIDP CFR(s): 483.430(a) Each client's active trintegrated, coordinate qualified intellectual of this STANDARD is in Based on staff intervand facility document that the QIDP (Qualif Professional) failed to active treatment for the survey sample, In The findings include: 1. For Individual #1, the PCP (person cencommunity integration)	and the progress notes. proximately 12:15 p.m. ASM of the findings. In was provided prior to exit. Ic and long-lasting disorder is uncontrollable, reoccurring is and behaviors is or she feels the urge to it. This information was besite: gov/health/topics/obsessive-c cd/index.shtml. The atment program must be sed and monitored by a disability professional whomout met as evidenced by: iew, clinical record review is review, it was determined ited Intellectually Disabled to monitor and coordinate the pree of three individuals in adividuals #1, #2 and #3. The QIDP failed to ensure the tered plan) outcomes for		159	retrain program staff to ensure are implementing individual #1 PCP outcomes for community integration and shopping per the pcp support instructions. 2. The Program manager will retrain program staff to ensure are implementing individual #1 all other individuals pcp outcomper the pcp support instruction 3. The Program manager will retrain the QIDP to review the collection and progress notes weekly basis to ensure staff are accurately documenting individuals not the program and progress notes are supported in the program and progress notes are program and progress notes are program and progress notes are program and program and program and program and program are program and program and program and program and program are program and program are program and program are program and program are program and program and program are program and program and program are program and program are program and program and program are program are program and program are program and program are program and program are program and progra	they and nes s. data on a e lual o	1/13/23

	IENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		49G014	B. WING_			12/	14/2022
	ROVIDER OR SUPPLIER			8207	ET ADDRESS, CITY, STATE, ZIP CODE WOLFTRAP RD INA, VA 22180	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 159	diagnosis that include profound intellectual profound intellectual for through 07/01/2023 of Outcome: #3 Community activities month at 100% accuramonths by 6/30/23 St. Instructions: 1. Offe to (Individual #1). 2. independently decide praise and details of will actively participate 4. Staff will document and her level of participate 4. Staff will document and her level of participate 4. Staff will document and her level of participate 4. Staff will document and her level of participate 4. Staff will document and her level of participate 4. Staff will document and her level of participated in the choice twice per hour at 100% accuramonths. Frequency: "Desired Outcome: #1) will actively participated in the household by chooking three (and/or placing three (and/o	mitted to the facility with a and but was not limited to: disabilities. It PCP dated 07/01/2022 documented in part, "Desired unity Integration 3. tively participate in 2 of her choice twice per racy for 12 consecutive tart Date: Support Activities ar community activity choices When (Individual #1) as on an outing, give plenty of the outing. 3. (Individual #1) are in the outing of her choice. It her responses to services cipation in Credible ord). 5. Progress will be the QIDP. 6. (Individual #1) is outcome when she has in 2 community activities of month for a duration of 1 cy for 12 consecutive Monthly" 44 Skill Building. (Individual cipate in grocery shopping for posing three (3) items of her 3) items from the shelf (3) items into the shopping at 100% accuracy for 12 by 6/30/23. Support ins 1. (Individual #1) will fine store. 2. (Individual #1) will fine store. 2. (Individual #1) will fine the items in apport. 4. (Individual #1) will	W	59			

CENTERS FOR MEDICARE & MEDICAID SERVICES

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		49G014	B. WING	1 2 10 2		12/1	4/2022
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY 8207 WOLFTRAP RD VIENNA, VA 22180	Y, STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CO	ER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD B ERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 159	shopping cart to the #1) will be praised for Staff will document if (electronic system). will be monitored mo (Individual #1) will haven she has participated have she has participated haven she have she haven she haven she have she	ansfer the items from the cash register. 6. (Individual or her level of participation. 7. her progress via Credible 8. (Individual #1's) progress on the polymer of the second of the se	W	159			

-	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G014	B. WING_	B. WING		12/14/2022	
	ROVIDER OR SUPPLIER FISHER ICF			820	REET ADDRESS, CITY, STATE, ZIP CODE D7 WOLFTRAP RD ENNA, 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 B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 159	staff on how to impler #1 further stated that progress notes and d to compile the monthl reviewing Individual # data collection and pr 11/01/2022 through 1 asked if outcomes #3 there was no evidence #1's responses to ser participation for outcome #4. OSM. The facility's policy "8 Disabilities Profession QMRP is responsible coordination, monitorindividual Service Plaactive treatment in the Qualified Intellectual Monitoring Of Services Review consumer reclinancial and medical treatment and services correctly, documented outside services have program services." On 12/14/2022 at app #1 was made aware of the monitoring of the program services in the program services in the program services have program services."	ride support and coach the nent the PCP plans. OSM they review the individual's ata collection and use them y QIDP note. After 1's PCP dated 07/01/2022, ogress notes dated 1/30/2022, ASM #1 was and #4 were implemented if e documenting Individual vices and their level of ome #3 and their progress 1 #1 stated no. 1 Qualified Intellectual nal" documented, "The for the integration, ing and development of the in, and to ensure quality e program." Under "8.1.2 Disabilities Professional is it documented, "A. cords to include clinical, to ensure prescribed as are being implemented diappropriately and that any is been incorporated into	W	159			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''		INSTRUCTION	0	(X3) DATE SURVEY COMPLETED	
	49G014	B. WING		<u> </u>		12/14/2022	
NAME OF PROVIDER OR SUPPLIER MINERVA FISHER ICF			8207	ET ADDRESS, CITY, STATE, ZIP COD WOLFTRAP RD NNA, VA 22180	Æ		
PREFIX (EACH DEFICIENCY	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATI	(X5) COMPLETION DATE	
18 and may result from autism or cerebral pal causes, such as lack or responsiveness. This from the website: https://report.nih.gov/report.ni	riginates before the age of m physical causes, such as sy, or from nonphysical of stimulation and adult information was obtained mihfactsheets/ViewFactShee the QIDP failed to ensure ered plan) outcomes for mitted to the facility with a d but was not limited to: disabilities (1). I PCP dated 10/01/2022 ocumented in part, "Desired Management. (Individual r-hand assistance to choice while in the me practice, once a month 12 consecutive months by vities & Instructions: 1. ate with (Individual #2) that in an outing to purchase and ask if he would like to join. al #2) to the location where	W	159				

outcome when he has used hand-over-hand

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 159	assistance to purchas in the community onc accuracy for 12 conse Monthly" The data collection shall provide the month of the month. The leger collection sheet docured the month. The leger collection sheet docured the month of the was canceled (write reason data collect sheet failed documentation of the was canceled. Review of the facility's Individual #2 dated 11/130/2022 failed to eather reason why the oil the reason was asked if outcome implemented if there are documenting the reason canceled. OSM #1 st management outcom implemented. On 12/14/2022 at app. #1 was made aware of the community of the reason was asked if outcome implemented.	see items of his choice while e a month at 100% ecutive months. Frequency: neets for Individual #2 dated 1/30/2022 were reviewed. Imented outcome/goals #6 ther review of the data "C" documented each day of nd at the bottom of the data mented in part, "Key: "C" = n)." Further review of the ed to evidence reason why the outcome s progress notes for 1/01/2022 through evidence documentation of sutcome #6 was canceled. proximately 11:15 a.m., an eted with OSM #1, QIDP. dual #2's PCP dated ection and progress notes bugh 11/30/2022, ASM #1 e #6 should have been was no evidence son why the outcome was lated that the money e should have been	W	159			

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
49G014		B. WING		12/14/2022	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1207 WOLFTRAP RD /IENNA, VA 22180	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
W 159	by a limited mental candaptive behaviors are schedules and routing Intellectual disability of 18 and may result from autism or cerebral paragraph causes, such as lack responsiveness. This from the website: https://report.nih.gov/t.aspx?csid=100. 3. For Individual #3, the PCP (person center community integration Individual #3 was addiagnosis that included obsessive compulsive Desired Outcome: 6. (Individual #3) will atther choice in the community integration in Credition i	of disorders characterized apacity and difficulty with uch as managing money, es, or social interactions. originates before the age of m physical causes, such as alsy, or from nonphysical of stimulation and adult information was obtained ininfactsheets/ViewFactShee of the QIDP failed to ensure the QIDP failed to ensure the plan) outcome for in. Initiated to the facility with a ed but was not limited to: a disorder (1). Community Integration. end community events of imunity once per month at 2 consecutive months by activities & Instructions: 1. es assistance and support planning activities of her all #3) receives support with ling transportation to places dividual #3) receives	W 159		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G014	B. WING_			12/14/2022	
	ROVIDER OR SUPPLIER	1690-00		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 PREFI) TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
W 159	Continued From page When (Individual #3) events of her choice is month at 100% accur months, she will have Frequency: Monthly. The data collection sl 11/01/2022 through 1 The data sheets docu as stated above. Fur collection revealed a the month. The leger collection sheet docu canceled (write reaso data collect sheet fail documentation of the was canceled. Review of the facility' Individual #3 dated 1: 11/30/2022 failed to e the reason why the o	has attended the community in the community once per racy for 12 consecutive achieved this outcome. Theets for Individual #3 dated 1/30/2022 were reviewed. Immented outcome/goals #6 ther review of the data "C" documented each day of and at the bottom of the data mented in part, "Key: "C" = on)." Further review of the ed to evidence reason why the outcome s progress notes for 1/01/2022 through evidence documentation of outcome # 6 was canceled.	W 1		CY)		
	interview was conduct After reviewing Individual 10/01/2022, data collidated 11/01/2022 throwas asked if outcome implemented if there documenting the reast canceled. OSM #1 smanagement outcome implemented. On 12/14/2022 at app #1 was made aware of the review of the reast cancel to the reast cancel to the review of the rev	eted with OSM #1, QIDP. dual #3's PCP dated ection and progress notes bugh 11/30/2022, ASM #1 e #6 should have been was no evidence son why the outcome was tated that the money e should have been proximately 12:15 p.m. ASM					

CENTERS FOR MEDICARE & MEDICAID SERVICES

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G014	B. WING		12/14/2022	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	I CATT	
W 159	in which a person has thoughts (obsessions (compulsions) that he repeat over and over obtained from the we http://www.nimh.nin.gompulsive-disorder-open PROGRAM IMPLEM CFR(s): 483.440(d)(1). As soon as the interd formulated a client's iteach client must receit reatment program cointerventions and sen and frequency to sup	c and long-lasting disorder suncontrollable, reoccurring) and behaviors or she feels the urge to This information was besite: ov/health/topics/obsessive-ccd/index.shtml. ENTATION) isciplinary team has andividual program plan, ive a continuous active	W 15	retrain program staff to ensure are implementing individual #1 PCP outcomes for community integration and shopping, individual #2's pcp outcomes for money management and individual #3 pcp outcome for community integration per the pcp support instructions. 2. The Program manager will	's ridual b's they , #2, p the data on a re dual duals	
	Based on staff intervand facility document that the residential standividuals were recewith the PCP (Persor three individuals in th#1, #2 and #3. The findings include: 1. For Individual #1,	iving services consistent Centered Plan) for three of e survey sample, Individuals the facility staff failed utcomes for community		conduct quarterly audits to ensindividual #1, #2, #3 and all of individuals' pcp outcomes are implemented per the pcp suppinstructions. 5. The Quality Improvement a Compliance Department will conduct as needed audits throughout the year to ensure individual #1, #2, #3 and all of individuals' pcp outcomes are implemented per the pcp suppinstructions.	her ort and ther	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G014	B. WING			12/	14/2022
	ROVIDER OR SUPPLIER		•	8	STREET ADDRESS, CITY, STATE, ZIP CODE 1207 WOLFTRAP RD /IENNA, VA 22180	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 249	Continued From page 14		w	249	:		
	diagnosis that include profound intellectual of Individual #1's curren	t PCP dated 07/01/2022					
	Outcome: #3 Commit (Individual #1) will act community activities of	ively participate in 2 of her choice twice per					
	months by 6/30/23 St & Instructions: 1. Offe to (Individual #1). 2.						
	praise and details of t will actively participate 4. Staff will document and her level of partic				8		
	reviewed monthly by will have achieved thi actively participated in	ord). 5. Progress will be the QIDP. 6. (Individual #1) s outcome when she has n 2 community activities of nonth for a duration of 1					
	hour at 100% accurac months. Frequency:	cy for 12 consecutive				į	
	#1) will actively partic her household by cho choice, taking three (3	4 Skill Building. (Individual ipate in grocery shopping for osing three (3) items of her 3) items from the shelf 3) items into the shopping					
	cart, once a quarter a consecutive months to Activities & Instruction accompany staff to the	t 100% accuracy for 12 by 6/30/23. Support ns 1. (Individual #1) will e store. 2. (Individual #1)				2	
	purchase. 3. (Individu	3 items she would like to ual #1) will find the items in pport. 4. (Individual #1) will					'

CENTERS FOR MEDICARE & MEDICAID SERVICES

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G014	B. WING			12/	14/2022
	ROVIDER OR SUPPLIER			8	TREET ADDRESS, CITY, STATE, ZIP CODE 207 WOLFTRAP RD VIENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 249	shopping cart to the of #1) will be praised for Staff will document he (electronic system). Will be monitored mon (Individual #1) will hawhen she has participher household by chockoice, taking three (cart, once a quarter aconsecutive months. The data collection standard at the data sheets documented each data the bottom of the documented in part, 'Review of the facility' Individual #1 dated 1: 11/30/2022 failed to endividual #1's response of participation and their progress for On 12/14/2022 at apprinterview was conducted the standard progress for the collection and participation and their progress for the collection and participation an	shopping cart. 5. Insfer the items from the cash register. 6. (Individual her level of participation. 7. For progress via Credible 3. (Individual #1's) progress in the participation of the month. The legend at a collection sheet (Individual #1 at a collection	W	249			

	DF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G014	B. WING_			12/	14/2022
	ROVIDER OR SUPPLIER FISHER ICF			STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180			
(X4) ID PREFIX TAG			ID PREFI) TAG	,	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 249	participation for outcofor outcome #4. ASM The facility's policy "4 documented, "ISP Im Engagement: Implemented the time of its develop plan are fully implemented in the time of its develop plan are fully implemented in the time of its develop plan are fully implemented in the time of its develop plan are fully implemented in the time of its develop plan are fully implemented in the same of the time	vices and their level of time #3 and their progress I #1 stated no. 1 Individual Service Plan" plementation and Consumer entation of the ISP begins at oment. Components of the ented, with the consumer raing environment and ecessary to reach his or her tromes as defined in the ented in the ented in the entertain environment and ecessary to reach his or her tromes as defined in the environment and ecessary to reach his or her tromes as defined in the environment and ecessary to reach his or her tromes as defined in the environment and ecessary to reach his or her tromes as defined in the environment and ecessary to reach his or her tromes as defined in the environment and ecessary to reach his or her tromes as defined in the findings. In was provided prior to exit. In dividual Service Plan" Plan" Individual Service Plan" Individual	W	249			

CENTERS FOR MEDICARE & MEDICAID SERVICES

-	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	\/	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G014	B. WING		12/	14/2022
	ROVIDER OR SUPPLIER		8	TREET ADDRESS, CITY, STATE, ZIP CODE 207 WOLFTRAP RD VIENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E	(X5) COMPLETION DATE
W 249	through 09/30/2023 of Outcome: 6. Money #2) will use hand-ove purchase items of his community and in hor at 100% accuracy for 9/30/22. Support Act Inform and community you would like to go of item of his choice and 2. Transport (Individual He will be making a p (Individual #2) with pi would like to purchas with hand-over-hand money to the cashier his efforts and engag Progress will be modIDP. 8. (Individual soutcome when he had	disabilities (1). It PCP dated 10/01/2022 documented in part, "Desired Management. (Individual or-hand assistance to a choice while in the me practice, once a month or 12 consecutive months by divities & Instructions: 1. It cate with (Individual #2) that for an outing to purchase and dask if he would like to join. It will be a said as a sist of the location where the urchase. 3. Assist licking out an item that he lee. 4. Assist (Individual #2) assistance as he gives assistance as he gives assistance as he gives and the transaction. 6. Immented via progress notes, onitored monthly by the #2) will have achieved this is used hand-over-hand se items of his choice while	W 249			
	Monthly" The data collection so the data sheets document as the data sheets document as stated above. Fur	heets for Individual #2 dated 1/30/2022 were reviewed. umented outcome/goals #6 ther review of the data			:	
	the month. The leger collection sheet docu	"C" documented each day of and at the bottom of the data mented in part, "Key: "C" = on)." Further review of the led to evidence				

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_			12 <i>1</i> °	14/2022
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2 8207 WOLFTRAP RD VIENNA, VA 22180	ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOU			(X5) COMPLETION DATE
W 249	documentation of the was canceled. Review of the facility's Individual #2 dated 11 11/30/2022 failed to e the reason why the outline of the reason was conducted at a collection and proving Individual # data collection and pro	reason why the outcome s progress notes for 1/01/2022 through vidence documentation of utcome # 6 was canceled. roximately 10:40 a.m., an ted with ASM (administrative gram manager. After 2's PCP dated 10/01/2022, rogress notes dated 1/30/2022, ASM #1 was should have been was no evidence son why the outcome was ated that the money a should have been roximately 12:15 p.m. ASM of the findings. In was provided prior to exit. of disorders characterized apacity and difficulty with uch as managing money, as, or social interactions. originates before the age of m physical causes, such as ley, or from nonphysical	W 2		IENCY)		
	responsiveness. This from the website:	of stimulation and adult information was obtained nihfactsheets/ViewFactShee					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		49G014	B. WING			12/	14/2022
	ROVIDER OR SUPPLIER			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		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 249	Continued From page 3. For Individual #3,	the facility staff failed	w	249			
	integration.	outcomes for community mitted to the facility with a					
	obsessive compulsive						
	(Individual #3) will att her choice in the com 100% accuracy for 12 3/31/2023. Support / (Individual #3) receiv with researching and interest. 2. (Individual scheduling and plann of her interest. 3. (In- encouragement from activities in her commactively participate in (Individual #3) will do supports and services participation in Credit reviewed on a Month When (Individual #3)						
	month at 100% accur months, she will have Frequency: Monthly. The data collection si 11/01/2022 through 1 The data sheets doct as stated above. Fur collection revealed a the month. The leger	racy for 12 consecutive achieved this outcome.					

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1, ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		49G014	B. WING		1	2/14/2022
	ROVIDER OR SUPPLIER FISHER ICF			STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD 8E	(X5) COMPLETION DATE
W 249	data collect sheet fail documentation of the was canceled. Review of the facility's Individual #3 dated 1' 11/30/2022 failed to ethe reason why the or On 12/14/2022 at apprinterview was conducted staff member) #1, progressive was conducted in the reason why the or of the reason was conducted and progressive was made aware of the repeat over and over obtained from the weights (obsessions to the repeat over and over obtained from the weights (obsessions the repeat over and over obtained from the weights (obsessions the repeat over and over obtained from the weights (obsessions the repeat over and over obtained from the weights (obsessions the repeat over and over obtained from the weights (obsessions the repeat over and over obtained from the weights (obsessions the repeat over and over obtained from the weights).	an)." Further review of the ed to evidence reason why the outcome so progress notes for 1/01/2022 through evidence documentation of outcome # 6 was canceled. A proximately 10:40 a.m., an ested with ASM (administrative orgam manager. After 1/30/2022, ASM #1 was should have been was no evidence son why the outcome was lated that the money e should have been was provided prior to exit. A proximately 12:15 p.m. ASM of the findings. An was provided prior to exit. A cand long-lasting disorder is uncontrollable, reoccurring to and behaviors ever and the organization was besite: B converged to the organization of the state of the organization was besite: B converged to the organization was besited to the organization was besited to t	W 24			

CENTERS FOR MEDICARE & MEDICAID SERVICES

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G014	B. WING	<u></u>	12/1	14/2022
NAME OF P	ROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE	.*	
			8	207 WOLFTRAP RD		
MINERVA	FISHER ICF		١ ١	/IENNA, VA 22180		79
(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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 369	that all drugs, includir self-administered, are This STANDARD is in Based on observation staff interview it was a staff failed to administ clinical standards for during the medication Individual #2. The findings include: For Individual #2, the administer nasal sprato the physician's ord Individual #2 was addiagnosis that include profound intellectual of the physician of the me conducted with LPN (At approximately 7:04 brought into the facilit Individual #2 was sitt upright. LPN #1 rememedication cart conta "Fluticasone." LPN #	administration must assure and those that are administered without error. Not met as evidenced by: In, clinical record review and determined that the facility ter medication according to one of three individuals administration observation, facility staff failed to by, Fluticasone (1), according er. Inited to the facility with a bed but was not limited to: Idisabilities (2). Proximately 7:00 a.m., an edication administration was elicensed practical nurse) #1. If a.m., Individual #2 was by's medication room. Iting in a chair positioned by and administered two	W 369	1. The staff who failed to admit the nasal spray according to the physician's orders for individual will be retrained on the medical administration policy. 2. The staff who failed to admit the nasal spray according to the physician's orders for individual will be observed by the Nursing Coordinator during medication administration while administer individual #2 and all other individual's medications to ensure the staff is administering the medications accurately per the physician's orders. 3. The Nursing Coordinator will retrain the program nurse to fol the Medication Prescription and MAR when passing medication individual #2 and all other individual #2 and all other individual #2 and all other individual #3 and all other individual #4 and all o	e #2, tion mister e #2 #2	1/13/23
	#2 dated February 20 documented, "Flutica	order sheets) for Individual 122 through December 2022 sone. 50mcg (microgram). 1 each nostril once daily for		medication observations are occurring on a quarterly basis.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		1	49G014	B. WING	x	12/	14/2022
		ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180		
	(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LO BE	(X5) COMPLETION DATE
7	W 369	Continued From page allergies." The facility's "Healtho Individual # 2 dated "2"		W 36			
		"Physician: (Name of Location of Appointme Concern/Services Revitals - BP (blood preditemperature) - 97.796% (percent) RA (respiration) - 18." Fu	Primary Care Physician). ent: Virtual. Chief quested: Seasonal allergies. ssure) -135/(over) 77. Temp. O2 sat (oxygen saturation) oom air). Pulse - 77. R irther review of the evidence documentation				
		Instill 1 spray in each allergies (8 AM) (8:00 Review of the facility's February 2022 throug evidence documentat order to change the a	ted in part, "06/24/2022. nostril once daily for a.m.)."				
		interview was conduct asked if they recalled administered to Individual medication administrated two sprayant administered two sprayant administered that the order radministering two sprayant administering two sprayant asked that Individual	proximately 8:45 a.m., an a ted with LPN #1. When the number sprays they dual # 2 during the morning attion LPN #1 stated that they ays of the medication into a nostrils. After reviewing ted December 2022, LPN #1 needed to be changed to ays in each nostril. LPN #1 #2 had a virtual appointment and they gave a verbal order				

W 369 Continued From page 23 to administer two sprays in each nostril of Fluticasone. When asked for the physician's order for the change it he werbal order or a copy of any order for the change it he medication administration. When asked to describe the procedure when they receive a verbal order from a physician LPN #1 stated that they follow-up by making another appointment with the physician's lote of the physician's order for the change it he parmacy the facility uses and then medication administration. When asked to describe the procedure when they receive a verbal order from a physician LPN #1 stated they ask the physician to write an order and send it the pharmacy the facility uses and then the facility receives a copy from the pharmacy by fax. If they do not send a copy of the order in three days LPN #1 stated that they follow-up by making another appointment with the physician and they make a note in the "Nurse's Notes" regarding the verbal order. When asked about the lack of a note regarding the physician's verbal order LPN #1 stated they overlooked writing the note and did not know how they missed changing the order. The facility's policy "Medication Management" documented in part, "3.4.3 (Name of Corporation) defines the following terms: B. A HCP's (health care practitioner's) order is necessary to start, change or discontinue any medication, special diet, medical treatment or devices."		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l · ·		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MINERVA FISHER ICF (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RECOLLATORY OR LSC IDENTIFYING IMPORMATION) W 369 Continued From page 23 to administer two sprays in each nostril of Flutteasons. When asked for the physician's order for the change LPN #1 stated that after review their nurses notes and the medical record for Individual #2, they did not have any documentation of the verbal order or a copy of any order for the change in the medication administration. When asked to describe the procedure when they receive a verbal order from a physician LPN #1 stated they ask the physician to write an order and send it the pharmacy the facility uses and then the facility receives a copy from the pharmacy by fax. If they do not send a copy of the order in three days LPN #1 stated that they follow-up by making another appointment with the physician and they make a note in the "Nurse's Notes" regarding the verbal order. When asked about the lack of a note regarding the physician's verbal order LPN #1 stated they overlooked writing the note and did not know how they missed changing the order. The facility's policy "Medication Management" documented in part, "3.4.3 (Name of Corporation) defines the following terms: 8. A HCP's (health care practitioner's) order is necessary to start, change or discontinue any medication, special diet, medical treatment or devices." On 12/14/2022 at approximately 12:15 p.m. ASM			49G014	B. WING		<u>.</u> .	12/	14/2022
W 369 Continued From page 23 to administer two sprays in each nostril of Fluticasone. When asked for the physician's order for the change it he werbal order or a copy of any order for the change it he medication administration. When asked to describe the procedure when they receive a verbal order from a physician LPN #1 stated that they follow-up by making another appointment with the physician's lote of the physician's order for the change it he parmacy the facility uses and then medication administration. When asked to describe the procedure when they receive a verbal order from a physician LPN #1 stated they ask the physician to write an order and send it the pharmacy the facility uses and then the facility receives a copy from the pharmacy by fax. If they do not send a copy of the order in three days LPN #1 stated that they follow-up by making another appointment with the physician and they make a note in the "Nurse's Notes" regarding the verbal order. When asked about the lack of a note regarding the physician's verbal order LPN #1 stated they overlooked writing the note and did not know how they missed changing the order. The facility's policy "Medication Management" documented in part, "3.4.3 (Name of Corporation) defines the following terms: B. A HCP's (health care practitioner's) order is necessary to start, change or discontinue any medication, special diet, medical treatment or devices."					82	207 WOLFTRAP RD		
to administer two sprays in each nostril of Fluticasons. When asked for the physician's order for the change LPN #1 stated that after review their nurses notes and the medical record for Individual #2, they did not have any documentation of the verbal order or a copy of any order for the change in the medication administration. When asked to describe the procedure when they receive a verbal order from a physician LPN #1 stated they ask the physician to write an order and send it the pharmacy the facility uses and then the facility receives a copy from the pharmacy by fax. If they do not send a copy of the order in three days LPN #1 stated that they follow-up by making another appointment with the physician and they make a note in the "Nurse's Notes" regarding the verbal order. When asked about the lack of a note regarding the physician's verbal order LPN #1 stated they overlooked writing the note and did not know how they missed changing the order. The facility's policy "Medication Management" documented in part, "3.4.3 (Name of Corporation) defines the following terms: B. A HCP's (health care practitioner's) order is necessary to start, change or discontinue any medication, special diet, medical treatment or devices." On 12/14/2022 at approximately 12:15 p.m. ASM	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		(X5) COMPLETION DATE
#1 was made aware of the findings. No further information was provided prior to exit. References: (1) Used to relieve symptoms of rhinitis such as sneezing and a runny, stuffy, or itchy nose and itchy, watery eyes caused by hay fever or other	W 369	to administer two spray Fluticasone. When a order for the change is review their nurses not for Individual #2, they documentation of the any order for the chanadministration. When procedure when they a physician LPN #1 sto write an order and facility uses and then from the pharmacy by copy of the order in the they follow-up by mal with the physician and "Nurse's Notes" regal When asked about the physician's verbadies overlooked writing the they missed changing. The facility's policy "Notes the following care practitioner's) or change or discontinuation, medical treatme. On 12/14/2022 at appears the process of the physician and the physician and the physician's verbadies. The facility's policy "Notes are practitioner's or change or discontinuation, medical treatme. On 12/14/2022 at appears the physician and the physician and the physician's policy "Notes are practitioner's or change or discontinuation." References: (1) Used to relieve systemezing and a runny specific parts.	ays in each nostril of sked for the physician's LPN #1 stated that after otes and the medical record of did not have any everbal order or a copy of onge in the medication on asked to describe the receive a verbal order from stated they ask the physician send it the pharmacy the other the facility receives a copy by fax. If they do not send a copy of fax. If they do not send a copy of fax. If they do not send a copy of fax. If they do not send a copy of fax. If they do not send a copy of fax. If they do not send a copy of fax. If they do not send a copy of fax. If they do not send a copy of fax. If they do not send a copy of fax. If they do not send a copy of fax. If they do not send a copy of fax. If they do not send a copy of fax. If they do not send a copy of fax. If they do not send a copy of fax. If they do not send a copy of fax. If they do not send a copy of fax. If they do not send a copy of fax. If they do not send a copy of fax of	W	369			

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		12/14/2022		
NAME OF PROVIDER OR SUPPLIER MINERVA FISHER ICF				٤	STREET ADDRESS, CITY, STATE, ZIP CODE 1207 WOLFTRAP RD /IENNA, VA 22180		
(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 TAG CROSS-REFERENCED TO THE APPROPROPROPROPROPROPROPROPROPROPROPROPRO			(XS) COMPLETION DATE
W 369	dust, or pets). Prescriused to relieve sympt such as sneezing and are not caused by alle obtained from the wel https://medlineplus.gotml. (2) Refers to a group by a limited mental can adaptive behaviors suschedules and routine Intellectual disability of 18 and may result from autism or cerebral parcauses, such as lack responsiveness. This from the website:	an allergy to pollen, mold, ption fluticasone is also oms of nonallergic rhinitis I runny or stuffy nose which ergies. This information was	W	369			

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