PRINTED: 11/29/2022 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G027	B. WING _			11/	15/2022
	ROVIDER OR SUPPLIER	НОМЕ		STREET ADDRESS, CITY, STATE, ZIP C 10144 LAKE JACKSON DRIVE MANASSAS, VA 20111	ODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIA		(X5) COMPLETION DATE
E 000	Initial Comments		E	000			
W 000	survey was conducted 11/15/2022. The fact compliance with 42 to Condition of Particip Facilities for Individual Disabilities. No emercomplaints were investigated in the survey of three current Individual Disabilities. An unannounced Furre-certification surves through 11/15/2022. compliance with 42 to for Intermediate Carwith Intellectual Disabilities Safety Code survey/complaints were investigated in the survey. The census in this stime of th	ergency preparedness estigated during the survey. Indamental Medicaid y was conducted 11/14/2022 The facility was not in CFR Part 483 Requirements e Facilities for Individuals abilities (ICF/IID). The Life report will follow. No estigated during the survey. In bed facility was five at the The survey sample consisted widual reviews (Individuals # I) It elop and maintain a In that documents the client's eatment, social information, e client's rights. In ot met as evidenced by: wiew, clinical record review at review, it was determined taff failed to maintain a ate clinical record for one of	W C				
ARODATOPY!	#3.	ne survey sample, Individual		TITLE			(X6) DATE

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

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.

Clinical Director

12/5/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		49G027	B. WING		11/	15/2022
NAME OF P	ROVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, STATE, ZIP CODE		
			1	0144 LAKE JACKSON DRIVE		
LAKE JA	CKSON DRIVE GROUP I	IOME	1	MANASSAS, VA 20111		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 111	Continued From pag	e 1	W 111	W 111 CLIENT RECORDS CFR(s): 483.410(c)(1)		12/27/22
	document how often plan) for recreation will individual #3 was addiagnoses that include autistic disorder (1) addisabilities (2) Individual #3's currenthrough 04/30/2023 of "Desired Outcome: If increase engagement behaviors. a. Recomengages in variety of motor, cognitive, mulleast 20x per month. using small craft supshould be monitored Frequency: Annually On 11/15/2022 at appinterview was condustaff member]) #2, profession individual #3's PCP for OSM #2 were asked scheduled to be implied #2 stated that the frequency individual #3's data of through 10/31/2022 of the plant is should have dother individual #3's data of through 10/31/2022 of the plant is should have dother individual #3's data of through 10/31/2022 of the plant is should have dother individual #3's data of through 10/31/2022 of the plant is should have dother individual #3's data of through 10/31/2022 of the plant is should have dother individual #3's data of through 10/31/2022 of the plant is should have dother individual #3's data of through 10/31/2022 of the plant is should have dother individual #3's data of through 10/31/2022 of the plant is should have dother individual #3's data of through 10/31/2022 of the plant is should have dother individual #3's data of through 10/31/2022 of the plant is should have dother individual #3's data of through 10/31/2022 of the plant individual #3's data of through 10/31/2022 of the plant individual #3's data of through 10/31/2022 of the plant individual #3's data of through 10/31/2022 of the plant individual #3's data of through 10/31/2022 of the plant individual #3's data of through 10/31/2022 of the plant individual #3's data of through 10/31/2022 of the plant individual #3's data of through 10/31/2022 of the plant individual #3's data of	mitted to the facility with led but was not limited to: and mild intellectual at PCP dated 05/01/2022 documented in part:, Recreation outcome: to it, decrease targeted amendation: (Individual #3) activities (gross motor, fine iti-sensory) for 10 minutes at b. When (Individual # 3) is plies (specifically beads) she 1:1 (to avoid insertion). broximately 1:00 a.m., an otted with ASM (administrative ogram manager, and OSM #2, (Qualified Intellectual inal). After reviewing or recreation, ASM #2 and why the program was emented once a year. ASM equency was an error and		The QIDP will revise Individual # 3's Rec Outcome to accurately capture the tim needed to complete this goal in order for capture measurable data from the Pers Center Plan (PCP). The Program Manager/QIDP will review other individuals PCP outcomes to ensithe outcomes are accurately timed to rand capture measurable data. The Program Manager will complete waudits of Progress Notes and provide to staff to ensure that outcomes are accurately completed to reflect the supthe PCP. The Program Manager will complete the process for all individuals to prevent fundeficiencies. The Clinical Director will review within supervision with the Program Manager documentation to support the coordinate services for each needs.	e for it to son v all ure that reflect eekly raining oports in its rther	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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W 111	Continued From page	e 2	W 1	11			
	#1 was made aware	oroximately 2:15 p.m. ASM of the findings.					
	that begins early in control throughout a person's acts and interacts with and learns. This inforthe website: https://www.nlm.nih.grumdisorder.html.	d developmental disorder hildhood and lasts s life. It affects how a person th others, communicates, rmation was obtained from gov/medlineplus/autismspect of disorders characterized					
W 125	by a limited mental coadaptive behaviors so schedules and routin Intellectual disability 18 and may result fro autism or cerebral pacauses, such as lack responsiveness. This from the website: https://report.nih.gov/t.aspx?csid=100. PROTECTION OF C CFR(s): 483.420(a)(3)	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 finihfactsheets/ViewFactShee	W 12	25			
	Therefore, the facility individual clients to e of the facility, and as including the right to to due process.	ure the rights of all clients. I must allow and encourage exercise their rights as clients citizens of the United States, file complaints, and the right not met as evidenced by:					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	ОМЕ		STREET ADDRESS, CITY, STATE, ZIP CODE 10144 LAKE JACKSON DRIVE MANASSAS, VA 20111	•	
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W 125	document review, it w facility staff failed to a exercise their rights for one of three individual Individuals #2. The findings include: For Individual #2, facic clothing protector was dignified manner during Individual #2 was admited and intellectual disables. On 11/14/2022 at approbservation of Individual revealed they were sea table for lunch. Fur staff obtained a plastific on Individual #2 and of the clothing protect Individual #2. DSP (classified was placed or Individual #2 began to On 11/14/2022 at apprinterview was conducted in the plastic container of fries and purpose for a closstated it was to be plaindividual to keep their	n, staff interview and facility as determined that the llow an individual to or dignity during a meal for lls in the survey sample, lity staff failed to ensure a sused properly and in a ng lunch. nitted to the facility with a d but was not limited to: ilities (1) roximately 11:40 a.m., an ual #2 at the Day Program eated in a standard chair at ther observation revealed colothing protector, placed I draped the bottom portion or onto the table in front of lirect support professional) #2's lunch bag and removed m the bag that included a led rice, a banana and a lekers. Individual #2's plate in the clothing protector and	W 125	W 125 PROTECTION OF CLIENTS RIG CFR(s): 483.420(a)(3) The day program was immediately con and it was ensured through training, the individual's clothing protector will be pused during meal times to ensure his ri- dignity is protected and maintained. The other individuals' rights to dignity was reviewed at the day program to en- that their rights to dignity were also pushed their rights to dignity were also pushed their rights to dignity, as well as reinforce that they should be protected times. The Program Manager will conduct ran observations during mealtimes at day program, to ensure that all individuals' protectors are used properly and their is being protected. The Clinical Director will review within supervision with the Program Manager mealtime observations from day program.	tacted lat the roperly ght to were nsure rotected the day review d at all dom clothing dignity	12/27/22

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		49G027	B. WING		11/15/2022		
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W 125	Individual #2. Wher Individual #2 to havi clothing protector as could not provide a On 11/15/2022 at apinterview was condustaff member) # 2, p (other staff member Disabilities Professionservation at the dabove ASM #2 and dignified for Individual used as described a stated no.	aught they were helping in asked if it was dignified for ing their meal placed on the sedescribed above DSP #1 direct yes or no answer. Supproximately 1:00 a.m., an aucted with ASM (administrative program manager, and OSM) #2, (Qualified Intellectual ional). After informed of the ay program as described OSM #2 were asked if it was all #2 to have their clothing above. ASM #2 and OSM #2	W 125	5			
	documented in part, provides community supports for individuate basic human rigguaranteed to all inconditions consister individual and a quahumanity, understar are person centered. On 11/15/2022 at ap 1 was made aware. No further information. References: [1] Refers to a group by a limited mental adaptive behaviors schedules and routing support in the provided support of the provided sup	dividuals and provides living the with the dignity of each ality of services based on adding and compassion, which l."					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF A. BUILDING	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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W 125	autism or cerebral par causes, such as lack responsiveness. This from the website: https://report.nih.gov/	m physical causes, such as alsy, or from nonphysical of stimulation and adult information was obtained whithfactsheets/ViewFactShee	W 12	25		
W 159	t.aspx?csid=100. QIDP CFR(s): 483.430(a)		W 15	59		
	integrated, coordinate qualified intellectual d This STANDARD is r Based on observation document review and determined that the C Disabilities Profession monitor the individual	isability professional who- not met as evidenced by: n, record reviews, facility staff interview, it was PIDP (Qualified Intellectual hal) failed to coordinate and s' active treatment programs viduals in the survey sample,				
	the PCP (person cent communication and s management were im Individual # 1 was add	the QIDP failed to ensure ered plan) outcomes for ocialization and medication plemented. mitted to the facility with a doubt was not limited to:				
	through 04/01/2023 d "Desired Outcome: 2 Socialization. Goal #.	t PCP dated 04/01/2022 ocumented in part:,				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER CKSON DRIVE GROUP H	ОМЕ		10	TREET ADDRESS, CITY, STATE, ZIP CODE 1144 LAKE JACKSON DRIVE ANASSAS, VA 20111		
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 159	with others daily 1009 Start Date: 04/01/202 Support Activities & In will make eye contact communicating her w 2 seconds, until 03/3 (Individual #1) is paid attempts to communic (Individual #1) might use gestures. b) (Indi make an eye contact needs. c) (Individual # offering her options of Frequency: Daily." "Desired Outcome: 4 Goal #4: (Individual # administered as presenhance her health a daily until 3/31/2023. Instructions: (Individual # administered as her own medications until 3/31/23. a) (Individual #1) should choose where she was administered. c) (Individual #1) mixed in a spoon of a Daily. The data collection shallow of the data sheets docuand #4 as stated about the start of the data sheets docuand #4 as stated about the start of the data sheets docuand #4 as stated about the start of the data sheets docuand #4 as stated about the start of the data sheets docuand #4 as stated about the start of the data sheets docuand #4 as stated about the start of the data sheets docuand #4 as stated about the start of the data sheets docuand #4 as stated about the start of the data sheets docuand #4 as stated about the start of the data sheets document the data sheets document the start of the data sheets document the start of the d	communicate and socialize 6% of the time, until 03/31/23. 22. End Date: 04/01/2023. Instructions: (Individual #1) It with staff when Instructions: (Individual #1) Instruction: (Individual	W 1		W 159 QIDP CFR(s): 483.430(a) The QIDP will revise Individual #1's PCF outcomes for "Communication, Socializand Medication Management", and Ind 3's outcome for" Communication" and update these outcomes to ensure that accurately reflect the needs of Individuand # 3 to be properly implemented. The QIDP will review all individuals out to ensure that they accurately reflect the needs and that they are incorporated with PCPs for proper implementation. The Program Manager will provide the training and supervision to all the staff review all individuals PCPs during the notatiff meeting, to ensure that the PCPs accurately reflect the individuals needs are implemented appropriately. The QIDP will conduct monthly assess to ensure that all services and needs are and are accurately reflect on the mont QIDP notes. The Clinical Director will review within supervision with the Program Manager documentation to support the coordin of services for each individual.	they all #1, tcomes heir within to next and ments re met hly	12/27/22

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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W 159	dated 10/31/2022 faild documentation that Intreatment outcome/goimplemented on 10/3 On 11/15/2022 at apprinterview was conduct member) #1, QIDP. It their responsibilities in active treatment OSM the individual is treate staff are adhering to to (person-centered-plait treatment. OSM #1 sthe outcomes are followers and that it realistic. After PCP, data collection and #4, and the progrows and #4, and the progrows of the facility's policy "8 programs for communication manaimplemented on 10/3 The facility's policy "8 Disabilities Profession QMRP is responsible coordination, monitorindividual Service Plaactive treatment in the Qualified Intellectual I Monitoring Of Service Review consumer reconstruction and medical and medical	ss note for Individual #1 ed to evidence dividual # 1's active pals #2 and #4 were 1/2022. roximately 12:49 p.m., an ted with OSM (other staff When asked to describe a regard to the individual's I #1 stated that they ensure ed properly, fairly and that the PCP a) and following the active tated that they make sure bowed and written in d if the outcome is ge or revise the outcome so reviewing Individual #1's sheets for outcome/goals #2 ess note dated 10/31/2021 the daily active treatment alication and socialization gement, were not 1/2022. 1 Qualified Intellectual hal" documented, "The for the integration, had development of the had to ensure quality the program." Under "8.1.2 Disabilities Professional tes" it documented, "A. teords to include clinical,	W 159	W 159 QIDP CFR(s): 483.430(a) The Day Program Manager will revindividual 2's PCP outcomes for "As Self-Help Skills, Daily living, Communiand Socialization" to reflect the incineeds to ensure proper implement. The Day program will provide train staff to review the individual's PCP that outcomes are properly implement. The Program Manager and/or QID review and revise day program PCF other individuals to ensure that the accurately reflect the individual's number of the program of the monthly QIDP notes. The Day Program Monitor/ Clinical will also conduct quarterly observate record reviews for compliance.	ctivities of unication lividual's ration lividual's ration ling to its and ensuremented. P will perfor all the rey are reeds. Rervations rector	12/27/22

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		49G027	B. WING		11/15/2022	
	ROVIDER OR SUPPLIER	НОМЕ		STREET ADDRESS, CITY, STATE, ZIP CODE 10144 LAKE JACKSON DRIVE MANASSAS, VA 20111	,	
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W 159	Continued From participation correctly, document outside services has program services." On 11/15/2022 at a #1 was made award. No further information in the services: [1] Refers to a grout by a limited mental adaptive behaviors schedules and rout Intellectual disability 18 and may result from the website: https://report.nih.gott.aspx?csid=100. 2. For Individual # the PCP outcomes daily living, communications."	ge 8 ted appropriately and that any ve been incorporated into pproximately 2:15 p.m. ASM e of the findings. on was provided prior to exit. p of disorders characterized capacity and difficulty with such as managing money, ines, or social interactions. y originates before the age of from physical causes, such as palsy, or from nonphysical ck of stimulation and adult his information was obtained ow/nihfactsheets/ViewFactShee 2, the QIDP failed to ensure for activities of self-help skills, nication and socialization and	W 15	DEFICIENCY)		
	Individual # 2 was a	ement were implemented. admitted to the facility with a ded but was not limited to: abilities (1)				
	observation of Indiv Program) revealed standard chair at a Day Program). DS # 1 opened Individu	pproximately 11:40 a.m., an ridual # 2 at (Name of Day they were seated in a table for lunch at the (Name of P (direct support professional) al # 2's lunch bag and the items from the bag that				

	D PLAN OF CORRECTION INTERPRETATION NUMBER:		` ′	PLE CONSTRUCTION 3	, ,	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	ОМЕ		STREET ADDRESS, CITY, STATE, ZIP CO 10144 LAKE JACKSON DRIVE MANASSAS, VA 20111	•		
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W 159	and a small package observations failed to prompting of attempti assistance with Individuanch items or to set. The ISP (Individualize Individual # 2 date 08 Day Program) docum # 2) participates in seincrease his independ (frequency): Daily. Uthere:" it documented (Individual #2) to han retrieve his lunch item the best of his abilitie # 2) with prompts, enhand support for rem Staff provides (Individual #2) with prompts, enhand support for rem Staff provides (Individual #2) with a may be left from Individual #2's current through 11/01/2023 d "Desired Outcome: Support Activities & In Will participate in scru 20 seconds daily duri Support Instruction: A reminded when it is tit (Individual #2) will be shower and gathering #2) will be handed a sit (Individual #2) will be for at least 20 seconds	ntainer of fried rice, a banana of crackers. Further evidence DSP # 1 ng H-OH (hand-over-hand) dual # 2 to remove their their lunch. ed Service Plan) for 8/26/2022 from (Name of pented in part, "#2 (Individual elf-help skills daily to dence. How often? Inder "Steps need to get It, "Staff encourages dle his own lunch bag to the set up his own lunch to see the set up his lunch bag. Individual #2 is encouraged to set up his lunch box" It PCP dated 10/01/2022 to commented in part: (2. Activities of Daily Living. Instructions: 1. (Individual #2) subbing his skin for at least up shower, until 09/30/2023. (3. (Individual #2) will be the for his shower. B. assisted in prepping for the supplies. C. (Individual Individual	W 18	59			

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W 159	Socialization. Goal # communicates his wa in social skills that we appropriate social bothim at home and out time, until 09/30/23. Instructions: (Individ skills that would help social boundaries wit the community while and needs 100% of the prompted to greet the "hi". 2. (Individual #2 personal boundaries supported with promidialogue. 4. He rece engages in proper socially" "Desired Outcome: Goal #5: (Individual #2 administering his own own miralax every mog/30/23. Support Ac (Individual #2) is info pass. B. (Individual #3 needs to do. C. (India cup of water. D. (Instir his miralax. E. (Individual #3 the data collection social #4 and #5 as stated #5 as stated #4 and #5 as state	4. Communication and 44 (Individual #2) verbally ants and needs and engages build help him practice bundaries with people around in the community 100% of Support Activities & ual #2) engages in social him practice appropriate the people at home and out in communicating his wants he time. 1. (Individual #2) is a people he meets by saying the people he meets have an activities the people he meets have meets for a people he meets have a people he meets have a people he meets for med the people he meets have a people he meets for med the people he meets have a people he meets for med the people he meets have a people he meets for med the meets for med the people he meets for med the people he meets for me	W 15	59		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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W 159	Continued From pa	ge 11	W 159			
	dated 10/31/2022 ft documentation that treatment outcome/implemented on 10/00 on 11/15/2022 at a interview was condimember) # 1, QIDP their responsibilities active treatment OS the individual in treastaff are adhering to (person-centered-pitreatment. OSM #1 the outcomes are for measurable terms a unrealistic, they chart it realistic. Who responsibility in reg program OSM #1 st program one to two the day program ma regarding the individual osee what service program's ISP (indirection of the outcomes).	Individual # 2's active goals #2, #4 and #5 were /31/2022. pproximately 12:49 p.m., an acted with OSM (other staff). When asked to describe in regard to the individual's SM # 1 stated that they ensure ated properly, fairly and that to the PCP an) and following the active stated that they make sure ollowed and written in and if the outcome is ange or revise the outcome so an asked about their ard to an individual's day attend that they visit the day times a month, speak with anager about any concerns duals, observe the individuals is they are receiving and if the vidual service plan) is being further stated that they would is at the day program to be				
	outcomes are not the After reviewing Indirection program and inform described above at OSM # 2 stated that implemented during Individual #2's PCP outcome/goals #2 at After Parket PCP outcome/goals #2 at After PCP out	ding to the plan even if the ne same at the group home. vidual #2's ISP from the day led of the observation Individual #2's day program to the active treatment was not plunch. After reviewing that collection sheets for led #4, and the progress note los M #2 stated that the daily				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G027	B. WING			11/	15/2022
	ROVIDER OR SUPPLIER	IOME	•	1	STREET ADDRESS, CITY, STATE, ZIP CODE 0144 LAKE JACKSON DRIVE MANASSAS, VA 20111		-
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 159	living, communication medication managem on 10/31/2022. On 11/15/2022 at app #1 was made aware No further information References: [1] Refers to a group by a limited mental content adaptive behaviors and routin Intellectual disability 18 and may result from autism or cerebral pacauses, such as lack responsiveness. This from the website: https://report.nih.gov/t.aspx?csid=100. 3. For Individual #3, the PCP outcome for implemented. Individual #3 was addiagnoses that include autistic disorder (1) addisabilities (2) Individual #3's current through 04/30/2023 of "Desired Outcome: # (Individual #3) is able conversation to a par	grams for activities of daily and socialization and nent, were not implemented broximately 2:15 p.m. ASM of the findings. In was provided prior to exit. of disorders characterized apacity and difficulty with such as managing money, es, or social interactions. originates before the age of om physical causes, such as alsy, or from nonphysical of stimulation and adult information was obtained which are communication was white QIDP failed to ensure to communication was mitted to the facility with led but was not limited to: and mild intellectual	W	159			

ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
	49G027	B. WING		11/15/2022	
ROVIDER OR SUPPLIER CKSON DRIVE GROUP	НОМЕ		10144 LAKE JACKSON DRIVE	,	
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4/30/2023. Support (Individual #3) verba or needs to a specifi is prompted 2 times needed. c). (Individ make eye contact. or responded to. Frequently The data collections	Activities & Instructions: a). ally communicates her wants ic person. b). (Individual #3) by staff to use her words if ual #3) is encouraged to d). (Individual #3) is to uency: Daily" sheets for Individual #3 dated	W 15	9		
The data sheet docustated above. Furth collection revealed a outcome/goals #1. Review of the progredated 10/31/2022 fadocumentation that	umented outcome/goal #1 as er review of the data a blank on 10/31/2022 for ess note for Individual #3 iled to evidence Individual #3's active				
interview was condumember) #2, QIDP. #3's PCP, data colle #1 and the progress #2 stated that the da	After reviewing Individual action sheet for outcome/goals note dated 10/31/2021 OSM aily active treatment programs				
References: (1) A neurological ar	nd developmental disorder				
	ROVIDER OR SUPPLIER SUMMARY S (EACH DEFICIEN REGULATORY OF SUPPLIER CASON DRIVE GROUP) SUMMARY S (EACH DEFICIEN REGULATORY OF SUPPLIER CASON DRIVE GROUP) Continued From page 4/30/2023. Support (Individual #3) verbas or needs to a specific is prompted 2 times needed. c). (Individ make eye contact. or responded to. Frequence of the progress of the	ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 13 4/30/2023. Support Activities & Instructions: a). (Individual #3) verbally communicates her wants or needs to a specific person. b). (Individual #3) is prompted 2 times by staff to use her words if needed. c). (Individual #3) is encouraged to make eye contact. d). (Individual #3) is to responded to. Frequency: Daily" The data collection sheets for Individual #3 dated 10/01/2022 through 10/31/2022 was reviewed. The data sheet documented outcome/goal #1 as stated above. Further review of the data collection revealed a blank on 10/31/2022 for outcome/goals #1. Review of the progress note for Individual #3 dated 10/31/2022 failed to evidence documentation that Individual #3's active treatment outcome/goals #1 was implemented on 10/31/2022. On 11/15/2022 at approximately 12:49 p.m., an interview was conducted with OSM (other staff member) #2, QIDP. After reviewing Individual #3's PCP, data collection sheet for outcome/goals #1 and the progress note dated 10/31/2021 OSM #2 stated that the daily active treatment programs for communication was not implemented on 10/31/2022. On 11/15/2022 at approximately 2:15 p.m. ASM # 1was made aware of the findings. No further information was provided prior to exit.	ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 13 4/30/2023. Support Activities & Instructions: a). (Individual #3) verbally communicates her wants or needs to a specific person. b). (Individual #3) is prompted 2 times by staff to use her words if needed. c). (Individual #3) is encouraged to make eye contact. d). (Individual #3) is to responded to. Frequency: Daily" The data collection sheets for Individual #3 dated 10/01/2022 through 10/31/2022 was reviewed. The data sheet documented outcome/goal #1 as stated above. Further review of the data collection revealed a blank on 10/31/2022 for outcome/goals #1. Review of the progress note for Individual #3 dated 10/31/2022 failed to evidence documentation that Individual #3's active treatment outcome/goals #1 was implemented on 10/31/2022. On 11/15/2022 at approximately 12:49 p.m., an interview was conducted with OSM (other staff member) #2, QIDP. After reviewing Individual #3's PCP, data collection sheet for outcome/goals #1 and the progress note dated 10/31/2021 OSM #2 stated that the daily active treatment programs for communication was not implemented on 10/31/2022. On 11/15/2022 at approximately 2:15 p.m. ASM # 1was made aware of the findings. No further information was provided prior to exit. References: (1) A neurological and developmental disorder that begins early in childhood and lasts	ROVIDER OR SUPPLIER CKSON DRIVE GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL (REQUATORY OR LSC DENTIFYING INFORMATION) Continued From page 13 4/30/2023. Support Activities & Instructions: a). (Individual #3) verbally communicates her wants or needs to a specific person. b). (Individual #3) is prompted 2 times by staff to use her words if needed. c). (Individual #3) is neocuraged to make eye contact. d). (Individual #3) is to responded to. Frequency. Daily" The data collection sheets for Individual #3 dated 10/01/2022 through 10/31/2022 was reviewed. The data sheet documented outcome/goal #1 as stated above. Further review of the data collection revealed a blank on 10/31/2022 for outcome/goals #1. Review of the progress note for Individual #3 dated 10/031/2022 failed to evidence documentation that Individual #3's active treatment outcome/goals #1 was implemented on 10/31/2022. On 11/15/2022 at approximately 12:49 p.m., an interview was conducted with OSM (other staff member) #2, QIDP. After reviewing Individual #3's PCP, data collection sheet for outcome/goals #1 and the progress note dated 10/31/2021 OSM #2 stated that the daily active treatment programs for communication was not implemented on 10/31/2022. On 11/15/2022 at approximately 2:15 p.m. ASM # 1was made aware of the findings. No further information was provided prior to exit. References: (1) A neurological and developmental disorder that begins early in childhood and lasts	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG		ATE SURVEY DMPLETED
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NAME OF PROVIDER OR SUPPLIER LAKE JACKSON DRIVE GROUP HOME (X4) ID PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 159 Continued From page 14 acts and interacts with others, communicates, and learns. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/autismspect rumdisorder.html. (2) 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			STREET ADDRESS, CITY, STATE, ZIP O 10144 LAKE JACKSON DRIVE MANASSAS, VA 20111	ODE		
PRÉFIX	(EACH DEFICI	ENCY MUST BE PRECEDED BY FULL	ID PREFI TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 159	acts and interacts and learns. This is the website: https://www.nlm.ni rumdisorder.html. (2) Refers to a group by a limited mental adaptive behaviors schedules and roul Intellectual disabiling and may result autism or cerebral causes, such as laresponsiveness. The from the website: https://report.nih.gt.aspx?csid=100. PROGRAM IMPLICER(s): 483.440(c) As soon as the interact formulated a client each client must retreatment program interventions and and frequency to see the service of the service	with others, communicates, information was obtained from h.gov/medlineplus/autismspect up of disorders characterized I capacity and difficulty with souch as managing money, tines, or social interactions. It yoriginates before the age of from physical causes, such as palsy, or from nonphysical inck of stimulation and adult this information was obtained ov/nihfactsheets/ViewFactShee	W			
	Based on observative record review and determined that the ensure Individuals	is not met as evidenced by: ation, staff interview, clinical facility document review, it was e residential staff failed to were receiving services e PCP (Person Centered Plan)				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G027	B. WING			11/	15/2022
NAME OF PI	ROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE		
				101	44 LAKE JACKSON DRIVE		
LAKE JAC	KSON DRIVE GROUP H	OME		MA	NASSAS, VA 20111		
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 249	Continued From page	e 15	W 24	- 11	W 249 PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)		12/27/22
		viduals in the survey sample,		1	The QIDP will revise Individual #1's PCF outcomes for "Communication, Socializand Medication Management", and Inc.	zation	
	For Individual # 1, implement the PCP o and socialization and	the facility staff failed utcomes for communication medication management.		i t	Bit intelligation management, and ind B's outcome for" Communication and of Living" and update these outcomes to that they accurately reflect the needs of Individual #1, and #3to be properly implemented.	daily ensure	
	diagnosis that include profound intellectual o	mitted to the facility with a ed but was not limited to: disabilities. t PCP dated 04/01/2022		t r	The QIDP will review all individuals ou to ensure that they accurately reflect t needs and that they are incorporated v	heir	
	through 04/01/2023 d "Desired Outcome: 2 Socialization. Goal # body language, vocal minimal gestures to c with others daily 1009 Start Date: 04/01/202 Support Activities & II will make eye contact communicating her w	ocumented in part:, 2. Communication and 2. (Individual #1) uses her izations, eye contact and ommunicate and socialize % of the time, until 03/31/23. 22. End Date: 04/01/2023. nstructions: (Individual #1)		i t t i a	the PCPs for proper implementation. The Program Manager will provide the and supervision to all the staff to revie individuals PCPs during the next staff not ensure that the PCPs accurately reflicited individuals needs and are implemented appropriately. The QIDP will conduct monthly assessmensure that all services and needs are in the properties.	w all neeting, ect the d	
	(Individual #1) is paid attempts to communic (Individual #1) might use gestures. b) (Individual reds. c) (Individual referring her options of Frequency: Daily." "Desired Outcome: 4 Goal #4: (Individual # administered as preserved.")	attention when she cate her wants and needs. make loud vocalization or vidual #1) is prompted to by asking her what she #1) is responded to by f what she might need. Medication Management. 1's) medication is cribed by the physician to nd promote her wellbeing		7 1 5	are accurately reflect on the monthly Conotes. The Clinical Director will review within supervision with the Program Manager documentation to support the coordin services for each individual.	QIDP r the	

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		49G027	B. WING		11/	15/2022
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LAKE JAC	CKSON DRIVE GROUP H	OME	ı	MANASSAS, VA 20111		
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W 249	a hand over hand assher own medications until 3/31/23. a) (Indiinformed when it is tir (Individual #1) should choose where she was administered. c) (Indiher medications that c) [sic] (Individual #1) mixed in a spoon of a Daily. The data collection should be a stated about a stated about a stated about a stated about a collection reveal outcome/goals #2 and Review of the progress dated 10/31/2022 fail documentation that Intreatment outcome/goimplemented on 10/3 On 11/15/2022 at apprinterview was conducted staff member]) # 2, put (other staff member) Disabilities Profession Individual # 1's PCP, outcome/goals #2 and dated 10/31/2021 OS active treatment progression.	al #1) is informed and given sistance with administering every day 100% of the time vidual #1) should be me for her medications. b) I be given the option to ants her medication to be vidual #1) should be shown are in the medication cup. medications should be apple sauce. Frequency: meets for Individual #1 dated 0/31/2022 was reviewed. Immented outcomes/goals #2 we. Further review of the ed blanks on 10/31/2022 for d #4. ses note for Individual #1 ed to evidence advidual #1's active ordinal #2 and #4 were 1/2022. proximately 1:00 a.m., an acted with ASM (administrative rogram manager, and OSM #2, (Qualified Intellectual	W 249	W 249 PROGRAM IMPLEMENTATION 483.440(d)(1) The Day Program Manager will re Individual 2's PCP outcomes for "of Self-Help Skills, Daily living, Communication, Socialization and medication management." to reflet individual's needs to ensure proprimplementation The Day program will provide traitists staff to review the individual's ensure that outcomes are proper implemented The Program Manager and/or QI review and revise day program PC the other individuals to ensure that are accurately reflect the individual needs. The QIDP will conduct monthly observations and record reviews outcome implementation and repthese in monthly QIDP notes. The Day Program Monitor/ Clinical Director will also conduct quarter observations and record reviews to compliance.	vise Activities ect the er ning to PCP and y DP will CPs for all at they al's on PCP oort on	12/27/22
	were not implemented	9				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G027	B. WING		11/15/2022	
	ROVIDER OR SUPPLIER CKSON DRIVE GROUP	номе		STREET ADDRESS, CITY, STATE, ZIP CODE 10144 LAKE JACKSON DRIVE MANASSAS, VA 20111	·	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDERICS)	D BE COMPLETION	
W 249	Engagement: Imple the time of its developlan are fully implemented in the time of its developlan are fully implemented in the time of its developlan are fully implemented in the time of its desired of ISP." On 11/15/2022 at applemented in the full intellection of the time of time of the time of time of the time of the time of the time of time	mplementation and Consumer mentation of the ISP begins at opment. Components of the mented, with the consumer varning environment and necessary to reach his or her utcomes as defined in the opproximately 2:15 p.m. ASM of the findings. On was provided prior to exit. Of disorders characterized capacity and difficulty with such as managing money, mes, or social interactions. Originates before the age of om physical causes, such as alsy, or from nonphysical of stimulation and adult is information was obtained of which are the facility staff failed outcomes for self-help skills, mg, communication and edication management.	W 249			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G027	B. WING		11/15/2022
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W 249	a table for lunch. Disprofessional) #1 operand remover all the lincluded a plastic coand a small package observations failed to prompting of attempriassistance with Individunch items or to set. On 11/14/2022 at apinterview was condumember) #1, day proasked to describe the a clothing protector, placed down the frontheir clothes clean with the observation about clothing protector was not dignified. After in as stated above in reattempting H-OH as remove their lunch it review of Individual #1 stated that the acont implemented. Wimportant to implemented individual's skills. The ISP (Individualization Individual #2 date ODay Program) docur #2) participates in sincrease his independent.	seated in a standard chair at SP (direct support aned Individual #2's lunch bag funch items from the bag that intainer of fried rice, a banana at of crackers. Further of evidence DSP #1 ting H-OH (hand-over-hand) widual #2 to remove their their lunch. proximately 11:58 a.m., an acted with OSM (other staff orgam manager. When the placement and purpose for OSM #1 stated it was to be not of the individual to keep while eating. After informed of the observation are not used properly and was not used properly and used proper	W 24	9	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		49G027	B. WING		11/15/2022	
	ROVIDER OR SUPPLIER	НОМЕ	STREET ADDRESS, CITY, STATE, ZIP CODE 10144 LAKE JACKSON DRIVE MANASSAS, VA 20111		,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION	
W 249	retrieve his lunch ite the best of his abiliti # 2) with prompts, e hand support for rer Staff provides (Indivi independence. (Indi clean his lunch box that may be left fron Individual #2's curre through 11/01/2023 "Desired Outcome: Support Activities & 2) Will participate in 20 seconds daily du Support Instruction: reminded when it is (Individual #2) will b shower and gatherir #2) will be handed a (Individual #2) will b for at least 20 secor praised after the act "Desired Outcome: Socialization. Goal communicates his w in social skills that w appropriate social b him at home and ou time, until 09/30/23. Instructions: (Indivi skills that would hel social boundaries w the community while and needs 100% of prompted to greet the	ndle his own lunch bag to ems to set up his own lunch to es. Staff provides (Individual ncouragement and hand over moving items from the bag. idual # 2) with praises for his ividual # 2) is encouraged to by throwing away any items	W 24			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G027	B. WING		11/15/2022	
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W 249	personal boundaries supported with pror dialogue. 4. He recengages in propersonally" "Desired Outcome: Goal #5: (Individual administering his own miralax every to 09/30/23. Support A (Individual #2) is infigass. B. (Individual needs to do. C. (In a cup of water. D. (In a cup of water. Daily" The data collection 10/01/2022 through The data sheets do # 4 and #5 as state data collection reveoutcome/goals #2, in Review of the progradated 10/31/2022 fa documentation that treatment outcome/implemented on 10 On 11/14/2022 at a interview was condimember) # 1, day prinformed of the obsiregard to prompting assistance with Individual in properties.	s. 3. (Individual #2) is mpts when he engages in a serives compliments when he social behaviors. Frequency: 5. Medication Management. #2) will participate in wn medication by stirring his morning,100% of the time until Activities & Instructions: A. formed when is time for med I #2) is reminded of what he dividual #2's) miralax in put in (Individual #2) is prompted to (Individual #2) is prompted to f. (Individual #2) is praised. sheets for Individual # 2 dated in 10/31/2022 was reviewed. Cumented outcomes/goals #2, individual #2 dated in the promote of the sealed blanks on 10/31/2022 for #4 and #5. The ease note for Individual #2 dated in the promote outcomes/goals #2, individual #2 dated individual #2 d	W 249			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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W 249	Individual # 2's ISP C that the active treatm implemented. When to implement the prophelped maintain and skills. On 11/14/2022 at appinterview was conducted above in regard attempting H-OH assisted above in regard attempting H-OH assistance or prompt implement the active On 11/15/2022 at appinterview was conducted assistance or prompt implement the active On 11/15/2022 at appinterview was conducted assistance or prompt implement the active On 11/15/2022 at appinterview was conducted assistance or prompt implement the active Individual # 2's PCP, outcome/goals #2 and dated 10/31/2021 Osactive treatment progliving, communication medication managem on 10/31/2022. After ISP from the day proposervation described day program ASM #2 active treatment was lunch.	Dutcome # 2, OSM # 1 stated tent program was not asked why it was important gram OSM # 1 stated that it improved the individual's Droximately 12:03 p.m., an otted with DSP #1 at the day ned of the observation as and to prompting and distance with Individual #2 to tems or to set their lunch and the state of the observation and the state of the observation as and therefore did not attempt H-OH ing and therefore did not treatment program. Droximately 1:00 a.m., an otted with ASM (administrative rogram manager, and OSM #2, (Qualified Intellectual nal). After reviewing data collection sheets for d #4, and the progress note to state of the daily grams for activities of daily and socialization and nent, were not implemented to reviewing Individual #2's gram and informed of the dabove at Individual #2's and OSM #2 stated that the not implemented during	W 24				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		TE SURVEY MPLETED
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	ROVIDER OR SUPPLIER	HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 10144 LAKE JACKSON DRIVE MANASSAS, VA 20111		,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
W 249	References: [1] Refers to a group by a limited mental of adaptive behaviors is schedules and routin Intellectual disability 18 and may result from the website: https://report.nih.gov.t.aspx?csid=100. 3. For Individual #3, implement the PCP of daily living, commun. Individual #3 was addiagnoses that includantistic disorder (1) addisabilities (2) Individual #3's currenthrough 04/30/2023. "Desired Outcome: (Individual #3) is abloconversation to a paconversations at all the 4/30/2023. Support (Individual #3) verbaor needs to a specificis prompted 2 times needed. c). (Individual endoubles)	of disorders characterized apacity and difficulty with uch as managing money, les, or social interactions. originates before the age of om physical causes, such as alsy, or from nonphysical of stimulation and adult information was obtained with facility staff failed outcomes for activities of ication. In the facility staff failed outcomes for activities of ication. In the facility with died but was not limited to: In and mild intellectual In the PCP dated 05/01/2022 documented in part:, for the facility direct her reticular person by engaging in ime, 100% of the time until Activities & Instructions: a). Illy communicates her wants to person. b). (Individual # 3) by staff to use her words if ual # 3) is encouraged to I). (Individual # 3) is to	W 2	49		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTR AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTR A. BUILDING			(X3) DATE SURVEY COMPLETED			
		49G027	B. WING		11/15/2022	
	ROVIDER OR SUPPLIER	НОМЕ	STREET ADDRESS, CITY, STATE, ZIP CODE 10144 LAKE JACKSON DRIVE MANASSAS, VA 20111			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
W 249	10/01/2022 through The data sheet docustated above. Furth collection revealed a outcome/goals #1. Review of the progredated 10/31/2022 fa documentation that treatment outcome/g10/31/2022. On 11/15/2022 at apinterview was condustaff member]) # 2, p(other staff member] Disabilities Profession Individual #3's PCP, outcome/goals #1 at 10/31/2021 OSM # 2 treatment programs implemented on 10/30 On 11/15/2022 at ap1 was made aware of No further information. References: (1) A neurological are that begins early in outcome/goals and interacts wand learns. This information in the website:	sheets for Individual #3 dated 10/31/2022 were reviewed. Immented outcome/goal #1 as er review of the data In blank on 10/31/2022 for less note for Individual #3 liled to evidence Individual #3's active goals #1 was implemented on approximately 1:00 a.m., an octed with ASM (administrative program manager, and OSM of #2, (Qualified Intellectual phal). After reviewing data collection sheet for and the progress note dated 2 stated that the daily active for communication was not 31/2022. Approximately 2:15 p.m. ASM # of the findings.	W 24	9		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			ATE SURVEY OMPLETED
		49G027	B. WING _			11/15/2022
NAME OF PROVIDER OR SUPPLIER LAKE JACKSON DRIVE GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 10144 LAKE JACKSON DRIVE MANASSAS, VA 20111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
W 249	(2) Refers to a group 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:	of disorders characterized apacity and difficulty with such as managing money, es, or social interactions. Originates before the age of an physical causes, such as alsy, or from nonphysical of stimulation and adult information was obtained anihfactsheets/ViewFactShee	W 2	49		