


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments	E 000			
W 000	An unannounced Emergency Preparedness survey was conducted 11/14/2022 through 11/15/2022. The facility was in substantial compliance with 42 CFR Part 483.73, 483.475, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities. No emergency preparedness complaints were investigated during the survey. INITIAL COMMENTS	W 000			
W 111	An unannounced Fundamental Medicaid re-certification survey was conducted 11/14/2022 through 11/15/2022. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). The Life Safety Code survey/report will follow. No complaints were investigated during the survey. The census in this six bed facility was five at the time of the survey. The survey sample consisted of three current Individual reviews (Individuals # 1, # 2, and # 3). CLIENT RECORDS CFR(s): 483.410(c)(1)	W 111			
	The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. This STANDARD is not met as evidenced by: Based on staff interview, clinical record review and facility document review, it was determined that the residential staff failed to maintain a complete and accurate clinical record for one of three individuals in the survey sample, Individual #3.				

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

Bernice Meanchoy 

TITLE
Clinical Director

(X6) DATE
12/5/2022

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

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W 111	<p>Continued From page 1</p> <p>The findings include:</p> <p>For Individual #3, the facility staff failed accurately document how often the PCP (person centered plan) for recreation was implemented.</p> <p>Individual #3 was admitted to the facility with diagnoses that included but was not limited to: autistic disorder (1) and mild intellectual disabilities (2)</p> <p>Individual #3's current PCP dated 05/01/2022 through 04/30/2023 documented in part:, "Desired Outcome: Recreation outcome: to increase engagement, decrease targeted behaviors. a. Recommendation: (Individual #3) engages in variety of activities (gross motor, fine motor, cognitive, multi-sensory) for 10 minutes at least 20x per month. b. When (Individual # 3) is using small craft supplies (specifically beads) she should be monitored 1:1 (to avoid insertion). Frequency: Annually"</p> <p>On 11/15/2022 at approximately 1:00 a.m., an interview was conducted with ASM (administrative staff member] #2, program manager, and OSM (other staff member) #2, (Qualified Intellectual Disabilities Professional). After reviewing Individual #3's PCP for recreation, ASM #2 and OSM #2 were asked why the program was scheduled to be implemented once a year. ASM # 2 stated that the frequency was an error and that it should have documented "Weekly."</p> <p>Individual #3's data collect sheets for 10/01/2022 through 10/31/2022 documented that Individual #3's recreation program was being implemented weekly.</p>	W 111	<p>W 111 CLIENT RECORDS CFR(s): 483.410(c)(1)</p> <p>The QIDP will revise Individual # 3's Recreation Outcome to accurately capture the time needed to complete this goal in order for it to capture measurable data from the Person Center Plan (PCP).</p> <p>The Program Manager/QIDP will review all other individuals PCP outcomes to ensure that the outcomes are accurately timed to reflect and capture measurable data.</p> <p>The Program Manager will complete weekly audits of Progress Notes and provide training to staff to ensure that outcomes are accurately completed to reflect the supports in the PCP.</p> <p>The Program Manager will complete this process for all individuals to prevent further deficiencies.</p> <p>The Clinical Director will review within supervision with the Program Manager for documentation to support the coordination of services for each needs.</p>	12/27/22	

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W 111	Continued From page 2 On 11/15/2022 at approximately 2:15 p.m. ASM #1 was 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 throughout a person's life. It affects how a person acts and interacts with others, communicates, and learns. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/autismspectrumdisorder.html . (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 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100 .	W 111			
W 125	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3) The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by:	W 125			

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W 125	<p>Continued From page 3</p> <p>Based on observation, staff interview and facility document review, it was determined that the facility staff failed to allow an individual to exercise their rights for dignity during a meal for one of three individuals in the survey sample, Individuals #2.</p> <p>The findings include:</p> <p>For Individual #2, facility staff failed to ensure a clothing protector was used properly and in a dignified manner during lunch.</p> <p>Individual #2 was admitted to the facility with a diagnosis that included but was not limited to: mild intellectual disabilities (1)</p> <p>On 11/14/2022 at approximately 11:40 a.m., an observation of Individual #2 at the Day Program revealed they were seated in a standard chair at a table for lunch. Further observation revealed staff obtained a plastic clothing protector, placed it on Individual #2 and draped the bottom portion of the clothing protector onto the table in front of Individual #2. DSP (direct support professional) #1 opened Individual #2's lunch bag and removed all the lunch items from the bag that included a plastic container of fried rice, a banana and a small package of crackers. Individual #2's plate of food was placed on the clothing protector and Individual #2 began to feed themselves.</p> <p>On 11/14/2022 at approximately 12:03 p.m., an interview was conducted with DSP #1 at the day program. When asked to describe the placement and purpose for a clothing protector, DSP #1 stated it was to be placed down the front of the individual to keep their clothes clean while eating. After informed of the observation above, DSP #1</p>	W 125	<p>W 125 PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The day program was immediately contacted and it was ensured through training, that the individual's clothing protector will be properly used during meal times to ensure his right to dignity is protected and maintained.</p> <p>The other individuals' rights to dignity were also reviewed at the day program to ensure that their rights to dignity were also protected and maintained during meal times.</p> <p>The Program Manager will ensure that the day program have training with its staff to review individuals' rights to dignity, as well as reinforce that they should be protected at all times.</p> <p>The Program Manager will conduct random observations during mealtimes at day program, to ensure that all individuals' clothing protectors are used properly and their dignity is being protected.</p> <p>The Clinical Director will review within supervision with the Program Manager mealtime observations from day program.</p>	12/27/22	

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W 125	<p>Continued From page 4</p> <p>stated that they thought they were helping Individual #2. When asked if it was dignified for Individual #2 to having their meal placed on the clothing protector as described above DSP #1 could not provide a direct yes or no answer.</p> <p>On 11/15/2022 at approximately 1:00 a.m., an interview was conducted with ASM (administrative staff member) # 2, program manager, and OSM (other staff member) #2, (Qualified Intellectual Disabilities Professional). After informed of the observation at the day program as described above ASM #2 and OSM #2 were asked if it was dignified for Individual #2 to have their clothing used as described above. ASM #2 and OSM #2 stated no.</p> <p>The facility's policy "Human Rights Plan" documented in part, "2.1.1 (Name of Corporation) provides community and residential services / supports for individuals with disabilities, protects the basic human rights and legal rights guaranteed to all individuals and provides living conditions consistent with the dignity of each individual and a quality of services based on humanity, understanding and compassion, which are person centered."</p> <p>On 11/15/2022 at approximately 2:15 p.m. ASM # 1 was made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References: [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of</p>	W 125			

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W 125	Continued From page 5 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100 .	W 125			
W 159	QIDP CFR(s): 483.430(a) Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who- This STANDARD is not met as evidenced by: Based on observation, record reviews, facility document review and staff interview, it was determined that the QIDP (Qualified Intellectual Disabilities Professional) failed to coordinate and monitor the individuals' active treatment programs for three of three individuals in the survey sample, Individuals #1, #2 and #3. The findings include: 1. For Individual #1, the QIDP failed to ensure the PCP (person centered plan) outcomes for communication and socialization and medication management were implemented. Individual # 1 was admitted to the facility with a diagnosis that included but was not limited to: profound intellectual disabilities. Individual #1's current PCP dated 04/01/2022 through 04/01/2023 documented in part: "Desired Outcome: 2. Communication and Socialization. Goal #2. (Individual #1) uses her body language, vocalizations, eye contact and	W 159			

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W 159	<p>Continued From page 6</p> <p>minimal gestures to communicate and socialize with others daily 100% of the time, until 03/31/23. Start Date: 04/01/2022. End Date: 04/01/2023. Support Activities & Instructions: (Individual #1) will make eye contact with staff when communicating her wants and needs for at least 2 seconds, until 03/31/23. Support instruction: a) (Individual #1) is paid attention when she attempts to communicate her wants and needs. (Individual #1) might make loud vocalization or use gestures. b) (Individual #1) is prompted to make an eye contact by asking her what she needs. c) (Individual #1) is responded to by offering her options of what she might need. Frequency: Daily."</p> <p>"Desired Outcome: 4. Medication Management. Goal #4: (Individual #1's) medication is administered as prescribed by the physician to enhance her health and promote her wellbeing daily until 3/31/2023. Support Activities & Instructions: (Individual #1) is informed and given a hand over hand assistance with administering her own medications every day 100% of the time until 3/31/23. a) (Individual #1) should be informed when it is time for her medications. b) (Individual #1) should be given the option to choose where she wants her medication to be administered. c) (Individual #1) should be shown her medications that are in the medication cup. c) [sic] (Individual #1) medications should be mixed in a spoon of apple sauce. Frequency: Daily.</p> <p>The data collection sheets for Individual #1 dated 10/01/2022 through 10/31/2022 were reviewed. The data sheets documented outcomes/goals #2 and #4 as stated above. Further review of the data collection revealed blanks on 10/31/2022 for</p>	W 159	<p>W 159 QIDP CFR(s): 483.430(a)</p> <p>The QIDP will revise Individual #1's PCP outcomes for "Communication, Socialization and Medication Management", and Individual 3's outcome for" Communication" and update these outcomes to ensure that they accurately reflect the needs of Individual #1, and # 3 to be properly implemented.</p> <p>The QIDP will review all individuals outcomes to ensure that they accurately reflect their needs and that they are incorporated within the PCPs for proper implementation.</p> <p>The Program Manager will provide the training and supervision to all the staff to review all individuals PCPs during the next staff meeting, to ensure that the PCPs accurately reflect the individuals needs and are implemented appropriately.</p> <p>The QIDP will conduct monthly assessments to ensure that all services and needs are met and are accurately reflect on the monthly QIDP notes.</p> <p>The Clinical Director will review within supervision with the Program Manager the documentation to support the coordination of services for each individual.</p>	12/27/22

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W 159	<p>Continued From page 7 outcome/goals #2 and #4.</p> <p>Review of the progress note for Individual #1 dated 10/31/2022 failed to evidence documentation that Individual # 1's active treatment outcome/goals #2 and #4 were implemented on 10/31/2022.</p> <p>On 11/15/2022 at approximately 12:49 p.m., an interview was conducted with OSM (other staff member) #1, QIDP. When asked to describe their responsibilities in regard to the individual's active treatment OSM #1 stated that they ensure the individual is treated properly, fairly and that staff are adhering to the PCP (person-centered-plan) and following the active treatment. OSM #1 stated that they make sure the outcomes are followed and written in measurable terms and if the outcome is unrealistic, they change or revise the outcome so that it realistic. After reviewing Individual #1's PCP, data collection sheets for outcome/goals #2 and #4, and the progress note dated 10/31/2021 OSM #2 stated that the daily active treatment programs for communication and socialization and medication management, were not implemented on 10/31/2022.</p> <p>The facility's policy "8.1 Qualified Intellectual Disabilities Professional" documented, "The QMRP is responsible for the integration, coordination, monitoring and development of the Individual Service Plan, and to ensure quality active treatment in the program." Under "8.1.2 Qualified Intellectual Disabilities Professional Monitoring Of Services" it documented, "A. Review consumer records to include clinical, financial and medical to ensure prescribed treatment and services are being implemented</p>	W 159	<p>W 159 QIDP CFR(s): 483.430(a)</p> <p>The Day Program Manager will revise Individual 2's PCP outcomes for "Activities of Self-Help Skills, Daily living, Communication and Socialization" to reflect the individual's needs to ensure proper implementation</p> <p>The Day program will provide training to its staff to review the individual's PCP and ensure that outcomes are properly implemented.</p> <p>The Program Manager and/ or QIDP will review and revise day program PCPs for all the other individuals to ensure that they are accurately reflect the individual's needs.</p> <p>The QIDP will conduct monthly observations and record reviews on PCP outcome implementation and report on these in monthly QIDP notes.</p> <p>The Day Program Monitor/ Clinical Director will also conduct quarterly observations and record reviews for compliance.</p>	12/27/22	

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W 159	<p>Continued From page 8</p> <p>correctly, documented appropriately and that any outside services have been incorporated into program services."</p> <p>On 11/15/2022 at approximately 2:15 p.m. ASM #1 was made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References: [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100.</p> <p>2. For Individual # 2, the QIDP failed to ensure the PCP outcomes for activities of self-help skills, daily living, communication and socialization and medication management were implemented.</p> <p>Individual # 2 was admitted to the facility with a diagnosis that included but was not limited to: mild intellectual disabilities (1)</p> <p>On 11/14/2022 at approximately 11:40 a.m., an observation of Individual # 2 at (Name of Day Program) revealed they were seated in a standard chair at a table for lunch at the (Name of Day Program). DSP (direct support professional) # 1 opened Individual # 2's lunch bag and remover all the lunch items from the bag that</p>	W 159			

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W 159	<p>Continued From page 9</p> <p>included a plastic container of fried rice, a banana and a small package of crackers. Further observations failed to evidence DSP # 1 prompting of attempting H-OH (hand-over-hand) assistance with Individual # 2 to remove their lunch items or to set their lunch.</p> <p>The ISP (Individualized Service Plan) for Individual # 2 date 08/26/2022 from (Name of Day Program) documented in part, "#2 (Individual # 2) participates in self-help skills daily to increase his independence. How often? (frequency): Daily. Under "Steps need to get there:" it documented, "Staff encourages (Individual #2) to handle his own lunch bag to retrieve his lunch items to set up his own lunch to the best of his abilities. Staff provides (Individual # 2) with prompts, encouragement and hand over hand support for removing items from the bag. Staff provides (Individual # 2) with praises for his independence. (Individual # 2) is encouraged to clean his lunch box by throwing away any items that may be left from his lunch box ..."</p> <p>Individual #2's current PCP dated 10/01/2022 through 11/01/2023 documented in part., "Desired Outcome: 2. Activities of Daily Living. Support Activities & Instructions: 1. (Individual #2) Will participate in scrubbing his skin for at least 20 seconds daily during shower, until 09/30/2023. Support Instruction: A. (Individual #2) will be reminded when it is time for his shower. B. (Individual #2) will be assisted in prepping for shower and gathering his supplies. C. (Individual #2) will be handed a soapy wash cloth. D. (Individual #2) will be prompted to scrub his body for at least 20 seconds. E. (Individual #2) will be praised after the activity. Frequency: Daily.</p>	W 159			

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W 159	<p>Continued From page 10</p> <p>"Desired Outcome: 4. Communication and Socialization. Goal #4 (Individual #2) verbally communicates his wants and needs and engages in social skills that would help him practice appropriate social boundaries with people around him at home and out in the community 100% of time, until 09/30/23. Support Activities & Instructions: (Individual #2) engages in social skills that would help him practice appropriate social boundaries with people at home and out in the community while communicating his wants and needs 100% of the time. 1. (Individual #2) is prompted to greet the people he meets by saying "hi". 2. (Individual #2) is reminded to maintain personal boundaries. 3. (Individual # 2) is supported with prompts when he engages in a dialogue. 4. He receives compliments when he engages in proper social behaviors. Frequency: Daily"</p> <p>"Desired Outcome: 5. Medication Management. Goal #5: (Individual # 2) will participate in administering his own medication by stirring his own miralax every morning, 100% of the time until 09/30/23. Support Activities & Instructions: A. (Individual #2) is informed when is time for med pass. B. (Individual #2) is reminded of what he needs to do. C. (Individual #2's) miralax in put in a cup of water. D. (Individual #2) is prompted to stir his miralax. E. (Individual #2) is prompted to drink his miralax. F. (Individual #2) is praised. Frequency: Daily"</p> <p>The data collection sheets for Individual #2 dated 10/01/2022 through 10/31/2022 was reviewed. The data sheets documented outcomes/goals #2, #4 and #5 as stated above. Further review of the data collection revealed blanks on 10/31/2022 for outcome/goals #2, #4 and #5.</p>	W 159			

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 159	<p>Continued From page 11</p> <p>Review of the progress note for Individual #2 dated 10/31/2022 failed to evidence documentation that Individual # 2's active treatment outcome/goals #2, #4 and #5 were implemented on 10/31/2022.</p> <p>On 11/15/2022 at approximately 12:49 p.m., an interview was conducted with OSM (other staff member) # 1, QIDP. When asked to describe their responsibilities in regard to the individual's active treatment OSM # 1 stated that they ensure the individual in treated properly, fairly and that staff are adhering to the PCP (person-centered-plan) and following the active treatment. OSM #1 stated that they make sure the outcomes are followed and written in measurable terms and if the outcome is unrealistic, they change or revise the outcome so that it realistic. When asked about their responsibility in regard to an individual's day program OSM #1 stated that they visit the day program one to two times a month, speak with the day program manager about any concerns regarding the individuals, observe the individuals to see what services they are receiving and if the program's ISP (individual service plan) is being followed. OSM #1 further stated that they would expect the outcomes at the day program to be implemented according to the plan even if the outcomes are not the same at the group home. After reviewing Individual #2's ISP from the day program and informed of the observation described above at Individual #2's day program OSM # 2 stated that the active treatment was not implemented during lunch. After reviewing Individual #2's PCP, data collection sheets for outcome/goals #2 and #4, and the progress note dated 10/31/2021 OSM #2 stated that the daily</p>	W 159			

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W 159	<p>Continued From page 12</p> <p>active treatment programs for activities of daily living, communication and socialization and medication management, were not implemented on 10/31/2022.</p> <p>On 11/15/2022 at approximately 2:15 p.m. ASM #1 was made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References: [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100.</p> <p>3. For Individual #3, the QIDP failed to ensure the PCP outcome for communication was implemented.</p> <p>Individual #3 was admitted to the facility with diagnoses that included but was not limited to: autistic disorder (1) and mild intellectual disabilities (2)</p> <p>Individual #3's current PCP dated 05/01/2022 through 04/30/2023 documented in part: "Desired Outcome: #1 Communication. Goal #1: (Individual #3) is able to verbally direct her conversation to a particular person by engaging in conversations at all time, 100% of the time until</p>	W 159			

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W 159	<p>Continued From page 13</p> <p>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"</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>On 11/15/2022 at approximately 2:15 p.m. ASM # 1 was made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References: (1) A neurological and developmental disorder that begins early in childhood and lasts throughout a person's life. It affects how a person</p>	W 159			

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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/autismspectrumdisorder.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 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100 .	W 159			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, staff interview, clinical record review and facility document review, it was determined that the residential staff failed to ensure Individuals were receiving services consistent with the PCP (Person Centered Plan)	W 249			

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W 249	<p>Continued From page 15 for three of three individuals in the survey sample, Individuals #1, #2 and #3..</p> <p>The findings include:</p> <p>1. For Individual # 1, the facility staff failed implement the PCP outcomes for communication and socialization and medication management.</p> <p>Individual # 1 was admitted to the facility with a diagnosis that included but was not limited to: profound intellectual disabilities.</p> <p>Individual #1's current PCP dated 04/01/2022 through 04/01/2023 documented in part: "Desired Outcome: 2. Communication and Socialization. Goal #2. (Individual #1) uses her body language, vocalizations, eye contact and minimal gestures to communicate and socialize with others daily 100% of the time, until 03/31/23. Start Date: 04/01/2022. End Date: 04/01/2023. Support Activities & Instructions: (Individual #1) will make eye contact with staff when communicating her wants and needs for at least 2 seconds, until 03/31/23. Support instruction: a) (Individual #1) is paid attention when she attempts to communicate her wants and needs. (Individual #1) might make loud vocalization or use gestures. b) (Individual #1) is prompted to make an eye contact by asking her what she needs. c) (Individual #1) is responded to by offering her options of what she might need. Frequency: Daily."</p> <p>"Desired Outcome: 4. Medication Management. Goal #4: (Individual #1's) medication is administered as prescribed by the physician to enhance her health and promote her wellbeing daily until 3/31/2023. Support Activities &</p>	W 249	<p>W 249 PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>The QIDP will revise Individual #1's PCP outcomes for "Communication, Socialization and Medication Management", and Individual 3's outcome for" Communication and daily Living" and update these outcomes to ensure that they accurately reflect the needs of Individual #1, and # 3to be properly implemented.</p> <p>The QIDP will review all individuals outcomes to ensure that they accurately reflect their needs and that they are incorporated within the PCPs for proper implementation.</p> <p>The Program Manager will provide the training and supervision to all the staff to review all individuals PCPs during the next staff meeting, to ensure that the PCPs accurately reflect the individuals needs and are implemented appropriately.</p> <p>The QIDP will conduct monthly assessments to ensure that all services and needs are met and are accurately reflect on the monthly QIDP notes.</p> <p>The Clinical Director will review within supervision with the Program Manager the documentation to support the coordination of services for each individual.</p>	12/27/22

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W 249	<p>Continued From page 16</p> <p>Instructions: (Individual #1) is informed and given a hand over hand assistance with administering her own medications every day 100% of the time until 3/31/23. a) (Individual #1) should be informed when it is time for her medications. b) (Individual #1) should be given the option to choose where she wants her medication to be administered. c) (Individual #1) should be shown her medications that are in the medication cup. c) [sic] (Individual #1) medications should be mixed in a spoon of apple sauce. Frequency: Daily.</p> <p>The data collection sheets for Individual #1 dated 10/01/2022 through 10/31/2022 was reviewed. The data sheets documented outcomes/goals #2 and #4 as stated above. Further review of the data collection revealed blanks on 10/31/2022 for outcome/goals #2 and #4.</p> <p>Review of the progress note for Individual #1 dated 10/31/2022 failed to evidence documentation that Individual # 1's active treatment outcome/goals #2 and #4 were implemented on 10/31/2022.</p> <p>On 11/15/2022 at approximately 1:00 a.m., an interview was conducted with ASM (administrative staff member) # 2, program manager, and OSM (other staff member) #2, (Qualified Intellectual Disabilities Professional). After reviewing Individual # 1's PCP, data collection sheets for outcome/goals #2 and #4, and the progress note dated 10/31/2021 OSM # 2 stated that the daily active treatment programs for communication and socialization and medication management, were not implemented on 10/31/2022.</p> <p>The facility's policy "4.1 Individual Service Plan"</p>	W 249	<p>W 249 PROGRAM IMPLEMENTATIONÜFR(s): 483.440(d)(1)</p> <p>The Day Program Manager will revise Individual 2's PCP outcomes for "Activities of Self-Help Skills, Daily living, Communication, Socialization and medication management." to reflect the individual's needs to ensure proper implementation</p> <p>The Day program will provide training to its staff to review the individual's PCP and ensure that outcomes are properly implemented</p> <p>The Program Manager and/ or QIDP will review and revise day program PCPs for all the other individuals to ensure that they are accurately reflect the individual's needs.</p> <p>The QIDP will conduct monthly observations and record reviews on PCP outcome implementation and report on these in monthly QIDP notes.</p> <p>The Day Program Monitor/ Clinical Director will also conduct quarterly observations and record reviews for compliance.</p>	12/27/22

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W 249	<p>Continued From page 17</p> <p>documented, "ISP Implementation and Consumer Engagement: Implementation of the ISP begins at the time of its development. Components of the plan are fully implemented, with the consumer receiving support, learning environment and active engagement necessary to reach his or her objective / desired outcomes as defined in the ISP."</p> <p>On 11/15/2022 at approximately 2:15 p.m. ASM #1 was made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References: [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100.</p> <p>2. For Individual #2, the facility staff failed implement the PCP outcomes for self-help skills, activities of daily living, communication and socialization and medication management.</p> <p>Individual #2 was admitted to the facility with a diagnosis that included but was not limited to: mild intellectual disabilities (1)</p> <p>On 11/14/2022 at approximately 11:40 a.m., an observation of Individual #2 at the Day Program</p>	W 249			

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W 249	<p>Continued From page 18</p> <p>revealed they were seated in a standard chair at a table for lunch. DSP (direct support professional) #1 opened Individual #2's lunch bag and remover all the lunch items from the bag that included a plastic container of fried rice, a banana and a small package of crackers. Further observations failed to evidence DSP #1 prompting of attempting H-OH (hand-over-hand) assistance with Individual #2 to remove their lunch items or to set their lunch.</p> <p>On 11/14/2022 at approximately 11:58 a.m., an interview was conducted with OSM (other staff member) #1, day program manager. When asked to describe the placement and purpose for a clothing protector, OSM # 1 stated it was to be placed down the front of the individual to keep their clothes clean while eating. After informed of the observation above, OSM # 1 stated that the clothing protector was not used properly and was not dignified. After informed of the observation as stated above in regard to prompting and attempting H-OH assistance with Individual #2 to remove their lunch items or to set their lunch and review of Individual #2's ISP Outcome #2, OSM #1 stated that the active treatment program was not implemented. When asked why it was important to implement the program OSM #1 stated that it helped maintain and improved the individual's skills.</p> <p>The ISP (Individualized Service Plan) for Individual # 2 date 08/26/2022 from (Name of Day Program) documented in part, "#2 (individual # 2) participates in self-help skills daily to increase his independence. How often? (frequency): Daily. Under "Steps need to get there:" it documented, "Staff encourages</p>	W 249			

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W 249	<p>Continued From page 19</p> <p>(Individual #2) to handle his own lunch bag to retrieve his lunch items to set up his own lunch to the best of his abilities. Staff provides (Individual # 2) with prompts, encouragement and hand over hand support for removing items from the bag. Staff provides (Individual # 2) with praises for his independence. (Individual # 2) is encouraged to clean his lunch box by throwing away any items that may be left from his lunch box ..."</p> <p>Individual #2's current PCP dated 10/01/2022 through 11/01/2023 documented in part: "Desired Outcome: 2. Activities of Daily Living. Support Activities & Instructions: 1. (Individual # 2) Will participate in scrubbing his skin for at least 20 seconds daily during shower, until 09/30/2023. Support Instruction: A. (Individual #2) will be reminded when it is time for his shower. B. (Individual #2) will be assisted in prepping for shower and gathering his supplies. C. (Individual #2) will be handed a soapy wash cloth. D. (Individual #2) will be prompted to scrub his body for at least 20 seconds. E. (Individual #2) will be praised after the activity. Frequency: Daily.</p> <p>"Desired Outcome: 4. Communication and Socialization. Goal #4 (Individual #2) verbally communicates his wants and needs and engages in social skills that would help him practice appropriate social boundaries with people around him at home and out in the community 100% of time, until 09/30/23. Support Activities & Instructions: (Individual #2) engages in social skills that would help him practice appropriate social boundaries with people at home and out in the community while communicating his wants and needs 100% of the time. 1. (Individual #2) is prompted to greet the people he meets by saying "hi". 2. (Individual #2) is reminded to maintain</p>	W 249			

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W 249	<p>Continued From page 20</p> <p>personal boundaries. 3. (Individual #2) is supported with prompts when he engages in a dialogue. 4. He receives compliments when he engages in proper social behaviors. Frequency: Daily"</p> <p>"Desired Outcome: 5. Medication Management. Goal #5: (Individual #2) will participate in administering his own medication by stirring his own miralax every morning, 100% of the time until 09/30/23. Support Activities & Instructions: A. (Individual #2) is informed when is time for med pass. B. (Individual #2) is reminded of what he needs to do. C. (Individual #2's) miralax in put in a cup of water. D. (Individual #2) is prompted to stir his miralax. E. (Individual #2) is prompted to drink his miralax. F. (Individual #2) is praised. Frequency: Daily"</p> <p>The data collection sheets for Individual # 2 dated 10/01/2022 through 10/31/2022 was reviewed. The data sheets documented outcomes/goals #2, # 4 and #5 as stated above. Further review of the data collection revealed blanks on 10/31/2022 for outcome/goals #2, # 4 and #5.</p> <p>Review of the progress note for Individual #2 dated 10/31/2022 failed to evidence documentation that Individual #2's active treatment outcome/goals #2, # 4 and #5 were implemented on 10/31/2022.</p> <p>On 11/14/2022 at approximately 11:58 a.m., an interview was conducted with OSM (other staff member) # 1, day program manager. After informed of the observation as stated above in regard to prompting and attempting H-OH assistance with Individual # 2 to remove their lunch items or to set their lunch and review of</p>	W 249			

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W 249	<p>Continued From page 21</p> <p>Individual # 2's ISP Outcome # 2, OSM # 1 stated that the active treatment program was not implemented. When asked why it was important to implement the program OSM # 1 stated that it helped maintain and improved the individual's skills.</p> <p>On 11/14/2022 at approximately 12:03 p.m., an interview was conducted with DSP #1 at the day program. After informed of the observation as stated above in regard to prompting and attempting H-OH assistance with Individual #2 to remove their lunch items or to set their lunch and review of Individual #2's ISP Outcome #2, DSP #1 stated that they did not attempt H-OH assistance or prompting and therefore did not implement the active treatment program.</p> <p>On 11/15/2022 at approximately 1:00 a.m., an interview was conducted with ASM (administrative staff member) # 2, program manager, and OSM (other staff member) #2, (Qualified Intellectual Disabilities Professional). After reviewing Individual # 2's PCP, data collection sheets for outcome/goals #2 and #4, and the progress note dated 10/31/2021 OSM #2 stated that the daily active treatment programs for activities of daily living, communication and socialization and medication management, were not implemented on 10/31/2022. After reviewing Individual #2's ISP from the day program and informed of the observation described above at Individual #2's day program ASM #2 and OSM #2 stated that the active treatment was not implemented during lunch.</p> <p>On 11/15/2022 at approximately 2:15 p.m. ASM # 1 was made aware of the findings.</p>	W 249			

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W 249	<p>Continued From page 22</p> <p>No further information was provided prior to exit.</p> <p>References: [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100.</p> <p>3. For Individual #3, the facility staff failed implement the PCP outcomes for activities of daily living, communication.</p> <p>Individual #3 was admitted to the facility with diagnoses that included but was not limited to: autistic disorder (1) and mild intellectual disabilities (2)</p> <p>Individual #3's current PCP dated 05/01/2022 through 04/30/2023 documented in part: "Desired Outcome: #1 Communication. Goal #1: (Individual #3) is able to verbally direct her conversation to a particular person by engaging in conversations at all time, 100% of the time until 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"</p>	W 249			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 249	<p>Continued From page 23</p> <p>The data collection sheets for Individual #3 dated 10/01/2022 through 10/31/2022 were 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.</p> <p>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.</p> <p>On 11/15/2022 at approximately 1:00 a.m., an interview was conducted with ASM (administrative staff member) # 2, program manager, and OSM (other staff member) #2, (Qualified Intellectual Disabilities Professional). 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.</p> <p>On 11/15/2022 at approximately 2:15 p.m. ASM # 1 was made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References: (1) A neurological and developmental disorder that begins early in childhood and lasts throughout a person's life. It affects how a person acts and interacts with others, communicates, and learns. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/autismspectrumdisorder.html.</p>	W 249			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 249	Continued From page 24 (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 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100 .	W 249		