PRINTED: 07/17/2023 FORM APPROVED

OMB NO. 0938-0391

NAME OF PROVINCE OR SUPPLIER  FINNEY AVE RESIDENCE  SUMMARY STATEMENT OF DEFICIENCIES  (X4) D. SUMMARY STATEMENT OF DEFICIENCY  (X4) D. SUMMARY STATEMENT OF DEFICENCY  (X4) D. SUMMARY STATEMENT OF DEFICIENCY  (X4) D. SUMMARY STATEMENT OF DEFICENCY  (X4) D. SUMMARY STATEM	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
STREET ADDRESS, CITY, STATE, JIE DODE   MAY ID   PROVIDER STREAM OF CORRECTION   PRECEDURE BY FURL   PRECEDURE BY FURL BY FU		49G009	B. WING	=8	07/11/2023
FREEDY TAG REGULATORY OR ISE IDENTIFYING INFORMATION TAG REGULATORY OF THE APPROPRIATIVE CHARLES TO AND ADDRESS AS SURVEY WAS CONDUCTED TO THE APPROPRIATIVE CHARLES TO ADDRESS AS SURVEY WAS CONDUCTED TO THE APPROPRIATIVE CHARLES				404 FINNEY AVE	
An unannounced Emergency Preparedness survey was conducted 7/10/23 through 7/11/23. 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 compliants were investigated during the survey.  W 000 INITIAL COMMENTS W 000  An unannounced Focused Fundamental Medicaid re-certification survey was conducted 7/10/23 through 7/11/23. The facility was not in compliance with CFR 42 Part 483 Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (CPI/ID). The Life Safety Code report will follow. No complaints were investigated during the survey.  The census in this 12 bed certified facility was 12 at the time of survey. The survey sample consisted of three Individual reviews.  U 159  CFR(s): 483.430(a)  Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disabilities professional whore This STANDARD is not met as evidenced by: Based on observation, staff interview, facility document review and clinical record review, the QIDP (qualified intellectual disabilities professional) failed to coordinate and monitor individuals's active treatment for two of three individuals in the survey sample, Individuals #1 and #2.	PREFIX (EACH DEFIC	IENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA	E COMPLETION
survey was conducted 7710/23 through 7711/23. 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.  W 000  INITIAL COMMENTS  W 000  An unannounced Focused Fundamental Medicaid re-certification survey was conducted 7710/23 through 7711/23. The facility was not in compliance with CFR 42 Part 483 Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). The Life Safety Code report will follow. No complaints were investigated during the survey.  The census in this 12 bed certified facility was 12 at the time of survey. The survey sample consisted of three Individual reviews.  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, staff interview, facility document review and clinical record review, the QIDP (qualified intellectual disabilities professional) failed to coordinate and monitor individuals' active treatment for two of three individuals in the survey sample, Individuals #1 and #2.	E 000 ! Initial Comments		E 004		
Safety Code report will follow. No complaints were investigated during the survey.  The census in this 12 bed certified facility was 12 at the time of survey. The survey sample consisted of three Individual reviews.  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, staff interview, facility document review and clinical record review, the QIDP (qualified intellectual disabilities professional) failed to coordinate and monitor individuals' active treatment for two of three individuals in the survey sample, Individuals #1 and #2.  Individual 1- The designated QIDP reviewed PCP outcome T8 for cleaning after meal with all staff. Will update PCP to include DSP supports of goal. Designated QIDP will monitor weekly for compliance. Designated QIDP reviewed PCP outcomes T3: I enjoy eating out, and T14: small purchase with all staff. Designated QIDP will monitor compliance monthly ensuring DSP support as well as data collection. Designated QIDP will review data sheet documentation, PCP, and how to document in the residential shift note with all staff to ensure compliance.	survey was cond The facility was in CFR Part 483.73 Participation for I Individuals with In emergency prepa investigated durin W 000 INITIAL COMME An unannounced Medicaid re-certin 7/10/23 through a compliance with the	ucted 7/10/23 through 7/11/23. In substantial compliance with 42 In 483.475, Condition of Intermediate care Facilities for Intellectual Disabilities. No Irredness complaints were Ing the survey. In Focused Fundamental In Irredness conducted In Irredness conducted Irre	VV 00:		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE  (X6) DATE  (X6) DATE	Safety Code repo were investigated.  The census in thi at the time of sur consisted of three W 159 QIDP CFR(s): 483.430.  Each client's acti integrated, coord qualified intellect This STANDARD Based on obsen document review QIDP (qualified in professional) fails individuals' active individuals in the and #2.	ort will follow. No complaints diduring the survey.  Is 12 bed certified facility was 12 vey. The survey sample endividual reviews.  (a)  In the survey sample endividual reviews.  (a)  In the survey sample endividual reviews.  (b)  In the survey sample endividual reviews.  (a)  In the survey sample endividual survey sample, individuals #1		PCP outcome T8 for cleaning after m all staff. Will update PCP to include D supports of goal. Designated QIDP wimonitor weekly for compliance. Designation out, and T14: small purchase weating out, and T14: small purchase weating out, and T14: small purchase we staff. Designated QIDP will monitor compliance monthly ensuring DSP su well as data collection. Designated Q review data sheet documentation, PC how to document in the residential s note with all staff to ensure compliance.	eal with SSP  III 8/25/2023  gnated njoy with all pport as IDP will CP, and hift nce.

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.

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 07/17/2023 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES. (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING \_

> 49G009 B. WING 07/11/2023

NAME OF PROVIDER OR SUPPLIER

FINNEY AVE RESIDENCE

STREET ADDRESS, CITY, STATE, ZIP CODE ANA FINNEY AVE

SUFFOLK, VA 23434

SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG

PREFIX TAG

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETION DATE

W 159 Continued From page 1

The findings include:

1.a. For Individual #1 (I1), the QIDP failed to ensure the individual's PCP (person centered plan) for cleaning after a meal was implemented.

I1's PCP dated 6/1/23 documented, "Goal: I will clean my area after my meals/snack. List the actions/supports needed: Verbal, Gestural and Physical Prompts. I will remove trash and place it in the trash can. I will remove all dishes and silverware from the table after. I will wipe the table down with cloth handed to me from DSP (direct support person)..."

On 7/10/23 at 6:01 p.m., I1 was observed feeding himself in the dining room. Dinner was served on a disposable plate, in a disposable bowl and with disposable silverware. After I1 finished eating, a DSP threw the individual's trash in the trash can and I1 ambulated to another room. No staff was observed prompting I1 to dispose of the trash or wipe the table.

On 7/11/23 at 3:57 p.m., an interview was conducted with OSM (other staff member) #1 (senior counselor and a QIDP). OSM #1 stated the role of the QIDP position is to help establish programs that best suite the needs of the individuals. OSM #1 stated the responsibilities of the QIDP include to establish programs, help execute the programs, and to collect documentation to assess if individuals' needs are being met and assess what improvements can be made. OSM #1 further stated that the QIDP should ensure active treatment is being completed and data collection and documentation is being done.

W 159

3 25 23

Residential Finance Specialist has receipt for Individual 1-On June 2, 2023, Individual 1 signed a money request slip and obtained \$20. He chose to go to Burger King where he purchased a combo meal of his choice (bacon/ Swiss burger with fries and lemonade). His receipt demonstrates that he spent \$12.81. Individual 2- The designated QIDP reviewed PCP outcomes F5.3A: will update PCP to include DSP Supports of goal. I will wash my hands, and F5.21, I will use my scoop plate, with all staff. Designated QIDP will monitor compliance monthly ensuring DSP support as well as PCP implementation for hand washing and use of scoop plate. Individual 2-has scoop plate always available on site for use. Designated QIDP will ensure that all facility staff are aware of where stored and available for use at day support as well. After further review of Individual #2's T1 a Community outings were documented on Day Support data sheet provided at Residence on 6/7/23,6/13/23, 6/27/23, 7/13,/23 7/17/23, 7/25/23,7/27/23, T4a Small purchases were documented on day support data sheet 6/2/23 for KFC Restaurant. An additional review of finance records reveal purchases at KFC on 7/8/23 and McDonalds. Current data sheets also indicate an outing to the Suffolk City Park on 7/29/23 and an additional small purchase at Chik Fil A on 7/29/23. Designated QIDP will ensure data sheets for T1a and T4a are updated to reflect purchases not noted. In addition QIDP will update Quarterly Report to reflect accurate data.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE COMP	
		49G009	B. WING		07 <i>l*</i>	11/2023
	ROVIDER OR SUPPLIER		40	REET ADDRESS, CITY, STATE, ZIP CODE 4 FINNEY AVE UFFOLK, VA 23434		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 159	staff member) #1 (the disability services) was concern.  The facility policy title documented, "5. The responsible for ensur provided in accordan  1.b. For Individual #1 intellectual disabilities ensure staff collected measurable data for dining out and small I1's PCP (person cendocumented, "Goal: I	m., ASM (administrative director of developmental as made aware of the above d, "Active Treatment" designated QIDP is ing that active treatment is ce with this policy"  (I1), the QIDP (qualified s professional) failed to and documented the individual's goals of ourchases.  tered plan) dated 6/1/23 enjoy Eating out. I will sign	W 159	During the audit staff did not present house day support data book to audit review. F9 in line site of supervision a Environmental sweep were document the in house day support data sheets 8am-2p Monday - Friday. A review of same sheets in the Residential data be were only partially documented. Desi QIDP to review all four outcomes with evening and overnight staff to ensure accurate data collection. A review of four data sheets reveal outcomes and are accurately reflected and do not ne updating. Data collection will be mon by the QIDP weekly and progressive disciplinary action to be issued to staff meeting basic performance of data co after additional training provided by 8 Updated staff assignment sheets for eashift will provide staff with visual remi	or for nd F10 led in from these look gnated litored finot llection led in from let in from	8 25 23
	(direct support perso go to the restaurant of support me by handing slip to sign I:b.) DSP Sheet). How often or program Goal T14 Small Purch with purchasing a har often or by when?: 2023 failed to rewas assisted with eaduring those months.  On 7/11/23 at 3:57 purchasing conducted with OSM (senior counselor and	collection for May 2023 and eveal documentation that I1 ting out or a small purchase  m., an interview was (other staff member) #1 d a QIDP). OSM #1 stated position is to help establish	25)	all data outcomes and individual's per schedules. Designated QIDP will updar for Individuals'1 and 2 's as well as res residents to assist with accurate documentation.  Also all resident's PCPs were reviewed designated QIDP to ensure all active treatment is being performed and documented as per outcomes. Design QIDP will provide all DSP's and QIDP to on the role of the QIDP and what is continuous, integrated, and coordinat active treatment by 8/25/23.  QIDP has reviewed active treatment accollection and monitoring policies. The policies are adequate. The designated will receive additional training to ensupolicies are implemented correctly an monitored during data collection.	sonal te these t of  I by  ated raining ed and data e QIDP ure these	

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING\_ 49G009 B. WING 07/11/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 404 FINNEY AVE FINNEY AVE RESIDENCE SUFFOLK, VA 23434 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DÉFICIENCY) Designated QIDP will review data sheet W 159 Continued From page 3 W 159 documentation, PCP, and how to document 8/25/23 individuals. OSM #1 stated the responsibilities of in the residential shift note with all staff to the QIDP include to establish programs, help ensure compliance by 8/25/23. execute the programs, and to collect Designated QIDP will monitor on-going documentation to assess if individuals' needs are compliance and implementation of active being met and assess what improvements can be treatment using quarterly data collection made. OSM #1 further stated that the QIDP methods on Quarterly QIDP report to ID should ensure active treatment is being Team. completed and data collection and documentation is being done. On 7/11/23 at 4:23 p.m., ASM (administrative staff member) #1 (the director of developmental disability services) was made aware of the above concern. The facility policy titled, "Data Collection/Monitoring" documented, "It is the policy of (name of facility) that a reliable method of collecting data be established for each individual outcome stated in the individual's PCP/IPP. The QIDP will review PCP/IPP (individual program plan) as needed to reflect the necessary changes needed based on an individual's desires, needs and response to the outcomes." 2.a. For Individual #2 (I2), the QIDP (qualified intellectual disabilities professional) failed to ensure the individual's PCP (person centered plan) for hand washing and a scoop plate was implemented. I2's PCP dated 5/1/23 documented, "Goal: I will wash my hands. I will put hands [under water] before and after mealtimes/snacks, and after using the bathroom. Describe how this will be provided based on individual preferences,

(support instructions) and location where program strategy can be found: 2b) DSPs (direct support

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OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED
		49G009	B. WING_			07/11/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI 404 FINNEY AVE SUFFOLK, VA 23434	IP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ACTION SHOULD BI TO THE APPROPRIA	
W 159	soap in my hands and the water. 3c) DSPs hand) to support with 3d) DSPs will physical my hands"  12's PCP dated 5/1/23 use my scoop plate w Describe how this will individual preferences location where strate will support me by en scoop plate when ear support me with my in On 7/10/23 at 5:50 p. standing and ambula before dinner. No stawash her hands befo was provided for 12's pork chop, rice and a observed feeding the disposable plate.  On 7/11/23 at 3:57 p. conducted with OSM (senior counselor and the role of the QIDP) programs that best sindividuals. OSM #1 the QIDP include to execute the program documentation to assibeing met and assess made. OSM #1 furth should ensure active	ly support me with placing deplacing my hands under will use HOH (hand over rubbing my hands together. It will when eating my meals daily. It be provided based on a (support instructions) and gry can be found: I:b) DSPs couraging me to use my ing my meals that will independence daily"  It was observed ting in the dining room aff prompted the individual to be dinner and no scoop plate dinner that consisted of a vegetable. Staff was individual from a regular  If a QIDP). OSM #1 stated dosition is to help establish uite the needs of the stated the responsibilities of establish programs, help as, and to collect the sess if individuals' needs are so what improvements can be ear stated that the QIDP	W	159		

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 07/17/2023 FORM APPROVED

OMR NO 1938-139

CENTERS FOR MEDICARE &		MEDICAID SERVICES			OMB N	O. 0938-0391	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	ELE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		49G009	B. WING		0.	7/11/2023	
	ROVIDER OR SUPPLIER VE RESIDENCE			STREET ADDRESS. CITY, STATE, ZIP CODE 404 FINNEY AVE SUFFOLK, VA 23131			
(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 COR (EACH CORRECTIVE ACTION — CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 159	Continued From pag	ge 5	W 15	59			
	staff member) #1 (th	o.m., ASM (administrative ne director of developmental was made aware of the above					
	intellectual disabilitie ensure staff collecte measurable data for	the individual's goals of small purchases, line of sight					
	documented, "I will g my choice. Ic:) DSF support me by provi community. Id:) DS sheet. How often or I will make small pur community. Ib:) DS support me with obt. of money for outings will support me by p the community so the purchases. Ie:) DSF support me in the st counting money to me	Ps will verbally and physically ore or on my outing with nake small purchases. If:) on the data sheet at least					
	June 2023 failed to	collection for May 2023 and reveal documentation that I2 ommunity outings or small					
		umented, "I will remain in the actions/supports needed: I:					

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OMB NO. 0938-0391

STATEMENT OF D AND PLAN OF CO		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G009	B. WING	•		07/11/2023	
NAME OF PROV	IDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF 404 FINNEY AVE SUFFOLK, VA 23434	P CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF) TAG		CTION SHOULD BE D THE APPROPRIATI	(X5) COMPLETION DATE	
Di m siy pr (s st ev lir M th ac m w m ba in	onitoring and ensur ght on all shifts daily ovided based on in- upport instructions) rategy can be found very 15 minutes to e- te of sight. How ofte y environment will be at I can ingest ever- ctions/supports need to be ensuring that the inutes. Describe he ased on individual postructions) and local and be found. It by DS	e 6 visually by continuously ing that I am in the line of y. Describe how this will be dividual preferences. and location where program d: II: DSPs will document ensure that I remain in the en or by when?: Daily be swept for small objects y 15 minutes. List the ded: I:a) DSP will support here are no small objects may ingest every 15 by this will be provided references. (support tion where program strategy SP will document every 15 by when?: Daily"	W	159			
Juda da si sv	une 2023 and July 2 commentation that I2 ght every 15 minute weep was conducted uring this survey, statistic line of sight an avironmental sweep on 7/11/23 at 3:57 p. anducted with OSM denior counselor and e role of the QIDP programs that best sufficient of the QIDP include to execute the programs commentation to assering met and assessing met and asse	m., an interview was (other staff member) #1 d a QIDP). OSM #1 stated position is to help establish guite the needs of the stated the responsibilities of establish programs, help					

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OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING.\_ 49G009 B WING 07/11/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **404 FINNEY AVE** FINNEY AVE RESIDENCE SUFFOLK, VA 23434 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION 1D (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) W 159 Continued From page 7 W 159 should ensure active treatment is being completed and data collection and documentation is being done. On 7/11/23 at 4:23 p.m., ASM (administrative staff member) #1 (the director of developmental disability services) was made aware of the above concern. W 249 PROGRAM IMPLEMENTATION W 249 8/25/2023 The designated QIDP will review CFR(s): 483.440(d)(1) Individual 1 and 2 ISP to ensure DSP's As soon as the interdisciplinary team has are aware of each individuals PCP, formulated a client's individual program plan, outcomes as it relates to continuous each client must receive a continuous active active treatment in all settings by treatment program consisting of needed 8/25/23. Designated QIDP will observe interventions and services in sufficient number Individual 1's outcomes to clean area and frequency to support the achievement of the after meals, and Individual 2 's outcome objectives identified in the individual program to wash hands and use my scoop plate plan. being implemented by staff at least once on each shift by 8/25/23. To ensure this is not a systemic issue, the This STANDARD is not met as evidenced by: facility designated QIDP will review the Based on observation, staff interview, facility other ten (10) residents' outcomes on document review, and clinical record review, the their PCP at next facility staff meeting facility staff failed to implement active treatment for two of three individuals in the survey sample, by 8/25/23 to ensure all facility staff Individuals #1 and #2. receive training specific to each residents out come. Designated QIDP The findings include: will ensure that staff assignment sheets have been updated to encompass each 1. For Individual #1 (I1), the facility staff failed to individuals' outcomes by 8/25/23. Staff implement the individual's PCP (person centered plan) for cleaning after a meal. assignment sheets are used on each shift and monitored weekly for I1's PCP dated 6/1/23 documented, "Goal: I will inclusion of all updated active clean my area after my meals/snack. List the treatment outcomes as they naturally actions/supports needed: Verbal, Gestural and occur by the designated QIDP.

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G009	B. WING		07/11/2023
	ROVIDER OR SUPPLIER VE RESIDENCE		40	REET ADDRESS, CITY, STATE, ZIP CODE 14 FINNEY AVE UFFOLK, VA 23434	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLÉTION
W 249	in the trash can. I will silverware from the tatable down with cloth (direct support person On 7/10/23 at 6:01 p. himself in the dining radisposable plate, in disposable silverware DSP threw the individual I1 ambulated to a observed prompting I wipe the table.  On 7/11/23 at 2:50 p. conducted with OSM (senior counselor). Ceducated on individual before they are given	will remove trash and place it I remove all dishes and able after. I will wipe the handed to me from DSP n)"  m., I1 was observed feeding room. Dinner was served on a disposable bowl and with be. After I1 finished eating, a dual's trash in the trash can another room. No staff was 1 to dispose of the trash or  m., an interview was (other staff member) #1 DSM #1 stated staff is als' person-centered plans an assignment to ensure	W 249		
	stated that after (Indiv meal, staff should pro anything utilized from give him a cleaning w clean.	pe implemented. OSM #2 vidual #1) is done with his ompt him to dispose of the meal and staff should vipe to make sure his area is m., ASM (administrative			
	staff member) #1 (the	m., ASM (administrative director of developmental as made aware of the above			
	documented, "It is the that individuals serve Active Treatment as of treatment means dail accordance with an ir	d, "Active Treatment" e policy of (name of facility) d in this facility shall receive defined below. Active y participation, in ndividual Person-Centered professionally developed			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	DNSTRUCTION	(X3) DATE SUR'	VEY
		49G009	B. WING		07/11/2	2023
	ROVIDER OR SUPPLIER		404	EET ADDRESS, CITY, STATE, ZIP CODE FINNEY AVE FOLK, VA 23434		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE CC	(X5) DMPLETION DATE
W 249	and supervised the experiences aimed needs."  2. For Individual #2 implement the individual plan) for hand wash scoop plate during  12's PCP dated 5/1, wash my hands. I wash my hands. I wash my hands. I wash my hands at the water wash growided based on (support instruction strategy can be four persons) will physic soap in my hands at the water. 3c) DSF hand) to support will physic soap in my hands at the water. 3c) DSF hand) to support will physic my hands"  12's PCP dated 5/1, use my scoop plate Describe how this will individual preference location where stra will support me by scoop plate when esupport me with my  On 7/10/23 at 5:50 standing and amburbefore dinner. No swash her hands be was provided for 12 pork chop, rice and	rapies, activities, and at meeting the individual's  (12), the facility staff failed to ridual's PCP (person centered hing before a meal and a	W 249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G		E SURVEY PLETED
		<b>49</b> G009	B. WING		07	/11/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 404 FINNEY AVE SUFFOLK, VA 23434		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
W 249	(senior counselor). Of educated on individual before they are given active treatment will be stated that before and to place her hands unwith washing her hand that I2 can feed herse be used for I2's meals.  On 7/11/23 at 4:23 p. staff member) #1 (the	m., an interview was (other staff member) #1 DSM #1 stated staff is als' person-centered plans an assignment to ensure be implemented. OSM #1 neal, staff should prompt I2 nder water and assist her ds. OSM #1 further stated lef and a scoop plate should as to promote independence. m., ASM (administrative de director of developmental	W 2-	49		
W 2E2	concern.	as made aware of the above	101.01	<b>5</b> 2		
VV 252	specified in client indiobjectives must be dotterms.  This STANDARD is a Based on staff intervand clinical record reto collect and accurated to the collect and accurated at a for two of three is sample, Individuals #	nplishment of the criteria vidual program plan ocumented in measurable  not met as evidenced by: iew, facility document review view, the facility staff failed ely document measurable ndividuals in the survey	W 2	A review of all facility resident's data s indicate that data collection methods related to the PCP objectives and are measurable. The designated QIDP will application exercises on accurate documentation of PCP data sheets for Individual #1's outcomes T3 enjoy eati and T14 small purchase and #2's outcommunity outings, TF9 line of site, F1 environmental sweep T4a small purchase F5a environmental sweep by 8/25/23 Individual 1-and Individual 2 the data s will be corrected to reflect outcome of out and community outings not docum accurately on 6/2/2023 and 7/8/23. The corrected data will also be updated on quarterly QIDP report to IDT for review quarterly.	provide  ng out omes T1 .0 ases, and . For sheets f eating nented his the	8/25/2023
	1. For mulvidual #1 (I	i), the lacility stall falled to		quarteriy.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G009	B. WING		07/11/2023
		STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL	4	TREET ADDRESS, CITY, STATE, ZIP CODE  04 FINNEY AVE  UFFOLK, VA 23434  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD F	(X5)
TAG		R LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
W 252	individual's goals of purchases in May 2  I1's PCP (person ce documented, "Goal: money request slip (direct support pers go to the restaurant support me by hand slip to sign I:b.) DSF Sheet). How often program  Goal T14 Small Pur with purchasing a hoften or by when?: 2  A review of I1's data June 2023 failed to was assisted with e during those months.  On 7/11/23 at 3:32 person conducted with OSF (senior counselor) at tech). OSM #1 stat being completed for collection and document is important to colled data because it help individuals' goals. On the purpose of every because at the end is improving individuals atted there are mo to make sure they are goals.	Int measurable data for the dining out and small 023 and June 2023.  Intered plan) dated 6/1/23 I enjoy Eating out. I will sign to obtain money from my DSP on) support when it's time to of my choice. I:a.) DSP will ling me the money request or by when?: 1x monthly per chase. Staff will support me aircut at the barbershop. How 2x Monthly"  I collection for May 2023 and reveal documentation that I1 ating out or a small purchase	W 252	The designated QIDP will ensure that sassignment sheets have been updated 8/25/23 to encompass each individual outcomes and to ensure that staff are documenting measurable outcomes. Sassignment sheets are used daily on eand monitored weekly by the designat QIDP.	d by ls staff sach shift

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING	(.	X3) DATE SURVEY COMPLETED
		49G009	B. WING			07/11/2023
	ROVIDER OR SUPPLIER VE RESIDENCE			STREET ADDRESS, CITY, STATE, Z 404 FINNEY AVE SUFFOLK, VA 23434	ZIP CODE	07/11/2023
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG	CROSS-REFERENCED	ACTION SHOULD BE	(X5) COMPLETION E DATE
W 252	manager can pull the this.  On 7/11/23 at 4:23 p staff member) #1 (the disability services) we concern.  The facility policy title Collection/Monitorin policy of (name of factor of collecting data be individual outcome individual outcome individual specification of purchases in May 20 individual's goals of purchases in May 20 individual's goals of sweep in May 2023, 12's PCP (person cedocumented, "I will gmy choice. Ic:) DSF support me by provicommunity. Id:) DS sheet. How often out will make small purcommunity. Ib:) DS support me with obt of money for outings will support me by p the community so the purchases. Ie:) DSF support me in the st counting money to result of the staff of the staff of the support of the staff of t	the being done then the e staff aside and address  a.m., ASM (administrative ne director of developmental was made aware of the above  ed, "Data g" documented, "It is the acility) that a reliable method established for each stated in the individual's  (I2), the facility staff failed to not measurable data for the community outings and small 2023 and June 2023 and the line of sight and environment June 2023 and July 2023.  Intered plan) dated 4/1/23 go on a community outing of Ps (direct support persons) will ding transportation into the Ps will document on the data or by when? Monthy [sic] rechases of my choice in the Ps will verbally and physically aining the appropriate amount is and purchases. Id:) DSPs roviding transportation into	W	252		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO	NSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G009	B. WING		07/11/2023
	ROVIDER OR SUPPLIER		404 F	ET ADDRESS, CITY, STATE, ZIP CODE INNEY AVE FOLK, VA 23434	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
W 252	June 2023 failed to was assisted with or purchases.  I2's PCP further doc line of sight. List the DSPs will support monitoring and ensusight on all shifts da provided based on i (support instructions strategy can be four every 15 minutes to line of sight. How o My environment will that I can ingest every 15 minutes. Describe I based on individual instructions) and locan be found. I:b) I minutes. How often A review of I2's data June 2023 and July documentation that sight every 15 minutes weep was conduct During this survey, swithin line of sight a environmental sweep	a collection for May 2023 and reveal documentation that I2 community outings or small cumented, "I will remain in the elections/supports needed: It has visually by continuously uring that I am in the line of illy. Describe how this will be individual preferences. So and location where program and: II: DSPs will document tensure that I remain in the fitten or by when?: Daily be swept for small objects ery 15 minutes. List the eleded: I:a) DSP will support there are no small objects at I may ingest every 15 mow this will be provided preferences. (support eation where program strategy DSP will document every 15 or by when?: Daily"  It collection for May 2023, 2023 failed to reveal I2 remained in staff's line of tes or that an environmental eled every 15 minutes. (Note: staff was observed keeping I2	W 252		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		49G009	B, WING_			07/11/2023	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 404 FINNEY AVE SUFFOLK, VA 23434	ODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIA	DATE:	
W 252	(senior counselor) an tech). OSM #1 stated being completed for I collection and docum is important to collect data because it helps individuals' goals. Os is the purpose of eve because at the end of is improving individual the goals and suppornormalization and a histated there are monto make sure they are data, and if a manage documentation is not manager can pull the this.  On 7/11/23 at 4:23 p. staff member) #1 (the	(other staff member) #1 d OSM #2 (administrative d the above outcomes were 2 but there was a lack of entation. OSM #1 stated it and accurately document staff with monitoring SM #2 stated data collection rything the staff does f the day, it shows the staff als' quality of life, executing ting individuals with happy, healthy life. OSM #2 thly meetings held with staff the collecting and documenting ter notices data collection and	W	252			
	concern.	as made aware of the above					