PRINTED: 09/18/2023 FORM APPROVED OMB NO. 0938-0391

	DF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G070	B. WING		09/06/2023	
NAME OF PI	ROVIDER OR SUPPLIER		9	STREET ADDRESS, CITY, STATE, ZIP CODE 1332 BURKE ROAD BURKE, VA 22015		
(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 BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
E 000	survey was conducte 09/06/23. The facility compliance with 42 C Condition of Participal Facilities for Individual Disabilities. No emer complaints were investigated in the Individual Disabilities. No emer complaints were investigated in the Individual Disabilities. An unannounced and re-certification survey through 09/06/2023. Compliance with 42 C for Intermediate Carewith Intellectual Disability Safety Code survey/resulting The census in this sixtime of the survey. To four current individing the survey of four current individing the facility must dever recordkeeping system health care, active treand protection of the This STANDARD is resulting the survey in the sur	was in substantial FR Part 483.73, 483.475, tion for Intermediate Care als with Intellectual gency preparedness stigated during the survey. The facility was not in FR Part 483 Requirements Facilities for Individuals solities (ICF/IID). The Life deport will follow. The bed facility was six at the the survey sample consisted that reviews (Individuals #1, That documents the client's	E 000	 The Program Manager will retrain program staff to be consistent in the documentation with both the data collection sheets and progress notes individual #3. The Program Manager will compleweekly audits of program documentator individual #3 to ensure staff are consistent between documenting the progress notes and data collection s The Program Manager will retrain program staff to be consistent in the documentation with both the data collection sheets and the progress note all individuals. The Program Manager will compleweekly audits of program documentation all individuals to ensure staff are consistent between the progress not data collection sheets. The Clinical Director will monitor process by completing random Quar Audits of Program Documentation to ensure the data collection sheets an progress notes are consistent and e the clinical records are accurate for individual #3 and all other individuals support. 	ete eation	
4B0B1=5=:::	The findings include:				0/0/2/75	
_ABURATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR	E	TITLE	(X6) DATE	

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

Clinical Director

Facility ID: VAICFID78

9/26/23

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.

Terell Jones

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		49G070	B. WING _			09/06/2023
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODI 9332 BURKE ROAD BURKE, VA 22015	E	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 111	Continued From pag	e 1	W 1	11		
	accurately documen accurately reflect the Individual #3 was ad included but not limit disability (1). The Progress note Infrom 3:00 p.m. to 10 "4. Fine Motor outco engages in various a activities for 5 minute times per month) in I community to increa well-being and increaindependence. Goa #3) is given enough successful in this go week/16 times per mactively participating activity for at least 5 ability with the proper (Individual #3) is offer support to be successmenth. Did the individual #3	se self-esteem and emotional ase/maintain functional I is met when: 1.(Individual				
	08/23/23 from 3:00 p documented in part, Goal: (Individual #3) fine motor/tactile act per week (16 times p and/or her communi- and emotional well-b functional independe	or Individual #3 dated o.m. to 11:00 p.m. "4. Fine Motor outcome: a. engages in various art and ivities for 5 minutes 4 times oer month) in her home ty to increase self-esteem oeing and increase/maintain ence. Goal is met when: 1. en enough opportunities to be				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C	(X2) MULTIPLE CONSTRUCTION A. BUILDING			
		49G070	B. WING			9/06/2023
NAME OF P	ROVIDER OR SUPPLIER	•	933	REET ADDRESS, CITY, STATE, ZIP CODE 2 BURKE ROAD RKE, VA 22015	·	
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 111	week/16 times per mactively participating activity for at least 5 ability with the proper (Individual #3) is offer support to be success month. Did the indivactivities?: Staff did The facility's "Data Offer #3 dated August 202 as stated above. Urrand 08/23/2023 it was the evening shift. The further documented, Provided." On 09/05/2023 at apinterview was condustaff member) #1, prasked where the fact Individual's progress treatment she stated Individual's progress collection sheets and in the ehr (electronic stated that the data monthly and quarter asked about the disc progress notes and stated above ASM # documentation should if Individual #3's recond. On 09/06/2023 at ap #1 and OSM (other stated)	al- at least 4 times per nonth. 2.(Individual #3) is in the specific task of the minutes (to the best of her er support needed). 3. ered appropriate activities and asful, at least 16 times per vidual engage in recreational not offer an activity." Collection" sheet for Individual 23 documented the outcome not the dates of 08/22/2023 as coded "+ (plus sign)" on the data collection sheet "Legend: + = Support Approximately 4:10 p.m., an octed with ASM (administrative regram manager. When allity staff document and the regarding the active at that the staff document the standard in the daily progress notes the health record). She further collection sheets are used for all progress reports. When corepancy between the the data collection sheet as a stated that the lid be the same. When asked ord was accurate she stated	W 111			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		49G070	B. WING		09/0	06/2023
NAME OF PI	ROVIDER OR SUPPLIER		9	TREET ADDRESS, CITY, STATE, ZIP CODE 332 BURKE ROAD BURKE, VA 22015		
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE .	(X5) COMPLETION DATE
W 111	References: [1] Refers to a group	the above findings. I was provided prior to exit. of disorders characterized	W 111	1. The Program Manager will retrain the on how to write ISP outcomes in measu terms, how to review/monitor ISP data of to ensure it is in measurable terms, and review to ensure staff progress notes are in measurable terms for individuals #1 at 2. The Program Manager will retrain prostaff how to write their progress notes at ISPR data collection in measurable terms.	rable collection how to e written and #3.	10/16/23
W 159	by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100. PCP data collection in measurable terms individuals #1 and #3. 3. The Program Manager will retrain the on writing ISP outcomes in measurable terms, a how to review for ensure it is written in measurable terms, a how to review to ensure staff progress not written in measurable terms for all individuals #1.		e QIDP terms, on to and lotes are duals.			
	integrated, coordinate qualified intellectual of This STANDARD is represented the Albert of This STANDARD is represented the Albert of This STANDARD is represented the Albert of This STANDARD is represented to the Albert of This STANDARD is represented	isability professional who- not met as evidenced by: ews, staff interview and ew, it was determined that intellectual Disabilities pordinated and monitor the atment programs for two of survey sample, Individuals , the QIDP failed to define d plan) outcomes for		5. The Program manager will audit all C Records on a monthly basis to ensure the outcomes are written in measurable term data collection is written in measurable that and the staff progress notes are written measurable terms for all individuals were 6. The Clinical Director will monitor the by completing Quarterly random audits of Clinical Records reviewing to ensure all individuals' ISP Outcomes are written in measurable terms, and ensuring the ISF collection and staff progress notes are with measurable terms for all individuals.	ne ISP ns, ISP terms, in support. process of the	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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W 159	activities. 2.a. For Individual #3 PCP (person-centere community outing in 2.b For Individual # the data collection w measurable terms for outing. 2.c For Individual # the data collection are reflected progress. The findings include: 1.a For Individual # PCP (person-centere spiritual activities and measurable terms. Individual # 1 was activities.	as documented in r the outcome of spiritual B, the QIDP failed to define ed plan) outcome for measurable terms. G, the QIDP failed to ensure as documented in r the outcome of community G, the QIDP failed to ensure and progress notes accurately 1, the QIDP failed to define ed plan) outcomes for d community outing in Imitted with diagnoses that at limited to: moderate	W 1		ICIENCY)	
	07/01/2023 through part, "Desired Outco spiritual activity twice months. I no longer am able to fully partimy choice. Support (Individual #1) will be enjoy participating in (Individual #1) will be	(person centered plan) dated 06/30/2024 documented in me: 6. I will participate in a e a month, for 12 consecutive need this activity when: I cipate in a religious activity of Activities & Instructions: 1. e prompted to see if he would a spiritual activity. 2. e supported with executing of his choice. 3. (Individual				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 " "	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE
W 159	in the religious activit (Individual #1) particit twice a month with, for Skill building: Yes. For the still building of the still building and the still building the stil	r his effort and participating by. 4. Success looks like pating in a spiritual activity or 12 consecutive months. Frequency: Weekly." 7. I will participate in 1 in the community, each active months. I no longer en: I am able to engage in of choice each month foort Activities & Instructions: be encouraged to participate tion) event and/or community (Individual #1) will be ogram vehicle to the event. be supported by staff to int/community activity. 4. I transported back to the he activity. 5. (Individual #1) if his participation in his in goal. 6. Success looks articipating in 1 individualized inity, each month for 12 Skill building: Yes.	W 1	59		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G070	B. WING		09/06/2023
NAME OF PI	ROVIDER OR SUPPLIER		93	REET ADDRESS, CITY, STATE, ZIP CODE 132 BURKE ROAD URKE, VA 22015	·
(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 SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLÉTION
W 159	type of prompting, whoutcome was to be in times the outcome work determine the accuration progress. The facility's docume QMRP/QIDP/QDDP" "Principal Duties and evaluates, and record according to measure Service Plan." On 09/06/2023 at app #1 and OSM (other standard (ot	e terms with the number and nen and how often the implemented, the number of as to be implemented and acy to determine the level of the entitled "Lead documented in part, Responsibilities: Monitors, as clinical progress able goals described in the proximately 1:30 p.m., ASM taff member) QIDP I Disabilities Professional), the above findings. In was provided prior to exit. In of disorders characterized apacity and difficulty with uch as managing money, es, or social interactions. For ignitiates before the age of imphysical causes, such as alsy, or from nonphysical of stimulation and adult is information was obtained the gov/NIHfactsheets/ViewFa 00. The terms with the number and how of the number of the num	W 159		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		I ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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W 159	07/01/2023 through 0 part, "Desired Outcomspiritual activity twice months. I no longer ram able to fully participation my choice. Support A (Individual #1) will be enjoy participating in (Individual #1) will be the religious activity of the religious activity (Individual #1) participation activity (Individual #1 dated Al Outcome #6 and suppinstructions as stated the data sheet for Ou #1 as "Support provid 08/12/2023, 08/13/20 08/26/2023 during the 08/06/2023, 08/09/20 08/16/2023, 08/20/20 08/26/2023 and on 08 shift. On 09/06/2023 at appinterview was conducted member #1, QIDP (Quisabilities Profession Individual#1's data cools of the participation in spiritual participation in spir	person centered plan) dated 6/30/2024 documented in ne: 6. I will participate in a a month, for 12 consecutive need this activity when: I ipate in a religious activity of activities & Instructions: 1. prompted to see if he would a spiritual activity. 2. supported with executing if his choice. 3. (Individual his effort and participating v. 4. Success looks like pating in a spiritual activity or 12 consecutive months. requency: Weekly." Is data collection sheets for agust 2023 documented port activities and above. Further review of above. Further review of above. Further review of a morning shift and on 23, 08/20/2023 and on a morning shift and on 23, 08/11/2023, 08/25/2023, 08/29/2023 during the evening and on the with OSM (other staff unlified Intellectual nal). After reviewing allection as stated above of identify what was being	W	159			

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NAME OF PI	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE 9332 BURKE ROAD BURKE, VA 22015	,	00/00/2020
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W 159	Continued From pa	ge 8	W 1	59		
	#1 and OSM (other (Qualified Intellectular were made aware of the community of the community outing in the community outing the community (1). Individual #3's PCP 07/01/2023 through part, "Desired Outcomy community living 3. I will participate in community monthly no longer need this have increased my Support Activities & will be encouraged Corporation) events events with staff superstandard will be safely transported (Individual #3) will be supported to participabilities. 4. (Individual transported back to	n one activity offered in the for 12 consecutive months. I outcome when: When I community living skills. Instructions: 1. (Individual #3) to participate in (Name of and organized community oports. 2. (Individual #3) will be to her chosen activity. 3. the accompanied by staff and opate to the best of her ual #3) will be safely the house at the end of the				
	efforts during the ac (Individual #3's) sup will be reviewed by Success occurs who	praise (Individual #3) for her ctivity. 6. Staff will record oports provided and the data QIDP and Manager. 7. en I have chosen one activity nunity, monthly for 12				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER		,	STREET ADDRESS, CITY, STATE, ZIP CODE 9332 BURKE ROAD BURKE, VA 22015	•	
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W 159	consecutive months. Frequency: Monthly Review of the facility Individual #3 dated A Outcome #3 and supinstructions as stated the data sheet for Ou #3 as "Support provio 08/27/2023 during the 08/26/2023 and on 0 shift. On 09/06/2023 at apinterview was condumember #1, QIDP (ODisabilities Professio Individual#3's outcor was asked to identify targeted in Individual community activities identify what was being On 09/06/2023 at ap #1 and OSM (other sequalified Intellectual were made aware of No further information References: [1] Refers to a group by a limited mental of adaptive behaviors is schedules and routing Intellectual disability 18 and may result from autism or cerebral pages.	Skill building: Yes. Is data collection sheets for august 2023 documented above. Further review of atcome #3 coded Individual ded" on 08/26/2023 and on e morning shift and on 8/27/2023 during the evening proximately 1:30 p.m., an acted with OSM (other staff qualified Intellectual anal). After reviewing these as stated above OSM #1 what was being measure or #3's participation in OSM #1 was unable to any measured. proximately 1:30 p.m., ASM staff member) QIDP I Disabilities Professional),	W 18	59		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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W 159	from the website: https://www.report.ni ctSheet.aspx?csid=1 2.b For Individual # the data collection w measurable terms for outing. Individual #3's PCP 07/01/2023 through part, "Desired Outco my community living 3. I will participate in community monthly, no longer need this of have increased my of Support Activities & will be encouraged to Corporation) events events with staff sup be safely transported (Individual #3) will be supported to particip abilities. 4. (Individu transported back to to activity. 5. Staff will efforts during the act (Individual #3's) sup will be reviewed by of Success occurs whe offered in the communic consecutive months. Frequency: Monthly Review of the facility	is information was obtained ith.gov/NIHfactsheets/ViewFa 100. 3, the QIDP failed to ensure as documented in in the outcome of community (person centered plan) dated 06/30/2024 documented in ime: I would like to improve skills. one activity offered in the for 12 consecutive months. I community living skills. Instructions: 1. (Individual #3) o participate in (Name of and organized community ports. 2. (Individual #3) will d to her chosen activity. 3. e accompanied by staff and ate to the best of her al #3) will be safely the house at the end of the praise (Individual #3) for her ivity. 6. Staff will record ports provided and the data QIDP and Manager. 7. in I have chosen one activity unity, monthly for 12 Skill building: Yes.	W 1	59		

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W 159	the data sheet for Ou #3 as "Support provi 08/27/2023 during th 08/26/2023 and on 0 shift. On 09/06/2023 at ap interview was condumember) #1, QIDP (Disabilities Profession Individual#3's data coosm #1 was asked measured or targete participation in commodification was unable to identification on 09/06/2023 at ap #1 and OSM (other some Qualified Intellectual were made aware of No further information 2.c For Individual # the data collection and reflected progress. The Progress note Information 1:0 "4. Fine Motor outcoment of the progress of the progre	d above. Further review of atcome #3 coded Individual ded" on 08/26/2023 and on e morning shift and on 8/27/2023 during the evening proximately 1:30 p.m., an octed with OSM (other staff Qualified Intellectual shall). After reviewing collection as stated above to identify what was being d in Individual #3's munity activities. OSM # 1 by what was being measured. Proximately 1:30 p.m., ASM staff member) QIDP I Disabilities Professional), the above findings. In was provided prior to exit. 3, the QIDP failed to ensure and progress notes accurately actividual #3 dated 08/22/23 and p.m. documented in part, and fine motor/tactile as 4 times per week (16 are home and/or her see self-esteem and emotional ase/maintain functional is met when: 1.(Individual	W 15	9			

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W 159	week/16 times per ractively participating activity for at least 5 ability with the proper (Individual #3) is off support to be succe month. Did the indivactivities?: Staff did The Progress note I from 3:00 p.m. to 11 "4. Fine Motor outcoengages in various activities for 5 minut times per month) in community to increase well-being and increa	month. 2.(Individual #3) is a in the specific task of the minutes (to the best of her er support needed. 3. ered appropriate activities and esful, at least 16 times per vidual engage in recreational in not offer an activity." Individual #3 dated 08/23/23 :00 p.m. documented in part, ome: a. Goal: (Individual #3) eart and fine motor/tactile es 4 times per week (16 her home and/or her ise self-esteem and emotional ease/maintain functional al is met when: 1.(Individual	W 159			

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W 159	asked where the faci Individual's progress treatment she stated Individual's progress collection sheets and in the ehr (electronic stated that the data of monthly and quarterl asked about the disc progress notes and to stated above ASM # documentation shoul if Individual #3's recono. On 09/06/2023 at ap interview was condumember #1, QIDP (CD Disabilities Profession discrepancy between data collection sheet that the documentation	lity staff document an regarding the active that the staff document the on the monthly data in the daily progress notes health record). She further collection sheets are used for y progress reports. When repancy between the he data collection sheet as it stated that the d be the same. When asked and was accurate she stated	W 1:	59		
W 231	were made aware of	Disabilities Professional), the above findings. In was provided prior to exit. RAM PLAN	W 2	31		
	must be expressed in provide measurable This STANDARD is	individual program plan n behavioral terms that indices of performance. not met as evidenced by: view, clinical record review				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G070	B. WING		09/	/06/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9332 BURKE ROAD BURKE, VA 22015			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 231	that the facility staff farmeasurable terms for the survey sample, In The findings include: 1. For Individual #1, the develop residential Production outing to define the tall Individual #1 was addincluded but were not intellectual disability (Individual #1's PCP (IO7/01/2023 through Opart, "Desired Outcomspiritual activity twice months. In olonger ramable to fully partice my choice. Support A (Individual #1) will be enjoy participating in (Individual #1) will be the religious activity (Individual #1) participating in the religious activity (Individual #1) participating activity (Individual #1) participating activity (Individual #1) participating in the religious activity (Individual #1) participating activity (Individual #1) participating activity (Individual #1) consecutive a month with, for Skill building: Yes. For "Desired Outcome: 7 individualized outing in month for 12 consecutive accommunity outing	review it was determined ailed to develop outcomes in two of four individuals in dividuals #1 and #3. The facility staff failed to CP (person-centered plan) activity and community argeted response. Initted with diagnoses that a limited to: moderate 1). Derson centered plan) dated 6/30/2024 documented in the: 6. I will participate in a sea month, for 12 consecutive theed this activity when: I ipate in a religious activity of activities & Instructions: 1. prompted to see if he would a spiritual activity. 2. supported with executing of this choice. 3. (Individual this effort and participating the seffort and participating the seffort and participating the pating in a spiritual activity or 12 consecutive months. I requency: Weekly." The I will participate in 1 and the community, each active months. I no longer in: I am able to engage in	W 23	1. The Program Manager will retrain the on how to write ISP outcomes in meast terms, how to review/monitor ISP data collection to ensure it is in measurable and how to review to ensure staff prognotes are written in measurable terms individuals #1 and #3. 2. The Program Manager will retrain postaff how to write their progress notes collect PCP data collection in measuration individuals #1 and #3. 3. The Program Manager will retrain the on writing ISP outcomes in measurable how to review/monitor ISP data collect ensure it is written in measurable terms how to review to ensure staff progress are written in measurable terms for all individuals. 4. The Program Manager will retrain the program staff how to write progress not collect pcp data collection in measurable for all individuals. 5. The Program manager will audit all Records on a monthly basis to ensure outcomes are written in measurable tedata collection is written in measurable and the staff progress notes are written measurable terms for all individuals were assurable terms for all individuals were completing Quarterly random audits Clinical Records reviewing to ensure a individuals' ISP Outcomes are written measurable terms, and ensuring the IS collection and staff progress notes are measurable terms for all individuals.	terms, ress for rogram and ble terms, on to s, and notes Clinical the ISP rms, in e support. e process of the II no EP data	10/16/23	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G070 B. WING			09/06/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9332 BURKE ROAD BURKE, VA 22015	'	33,03,2020
(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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 231	in (Name of Corporate organized events. 2. transported in the production of the prod	be encouraged to participate ion) event and/or community (Individual #1) will be ogram vehicle to the event. be supported by staff to int/community activity. 4. transported back to the ne activity. 5. (Individual #1) his participation in his in goal. 6. Success looks inticipating in 1 individualized nity, each month for 12 Skill building: Yes. " Is data collection sheets for ugust 2023 documented port activities and above. Further review of the tome #6 coded Individual ded" on 08/06/2023, 123, 08/20/2023 and on the morning shift and on 123, 08/11/2023, 08/13/2023, 123, 08/21/2023, 08/25/2023, 123, 08/21/2023, 08/25/2023, 123, 08/21/2023 during the evening or oximately 1:30 p.m., an other with ASM (administrative gram manager and OSM	W 2	31		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		49G070	B. WING _			09/06/2023	
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 9332 BURKE ROAD BURKE, VA 22015	•		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
W 231	(ISP)" documented, (Name of Corporatio contain at a minimum measurable objective addressing each ide Service Plan (ISP) D Outcomes and Objectives / desi expressed in terms t provide measurable No further information References: [1] Refers to a group by a limited mental of adaptive behaviors and schedules and routing limited mental of adaptive behaviors are schedules and routing limited mental of adaptive behaviors and the schedules and routing limited mental of adaptive behaviors are schedules and routing limited mental of adaptive behaviors. The schedules are cerebral processes, such as lack responsiveness. The from the website: https://www.report.nictSheet.aspx?csid=1 2. For Individual #3, develop residential Foutcome for communitargeted response. Individual #3 was ad included but not limit disability (1).	4.1 Individual Service Plan "4.1.3 Procedures: C. n) ensures that an ISP will n: 4. Goals / outcomes and es / desired outcomes for ntified need. 4.1.4 Individual evelopment. E. Goals / ctives/Desired Outcomes: red outcomes will be hat are behavioral and indexes of progress." In was provided prior to exit. of disorders characterized expacity and difficulty with such as managing money, les, or social interactions. originates before the age of om physical causes, such as ealsy, or from nonphysical to of stimulation and adult is information was obtained h.gov/NIHfactsheets/ViewFa	W 2	31			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		49G070	B. WING		0	9/06/2023	
NAME OF P	ROVIDER OR SUPPLIER	,		STREET ADDRESS, CITY, STATE, ZIP (9332 BURKE ROAD BURKE, VA 22015	•		
(X4) ID PREFIX TAG	(EACH DEFICIE	' STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
W 231	part, "Desired Outemy community livir 3. I will participate community monthl no longer need this have increased my Support Activities a will be encouraged Corporation) events with staff sube safely transport (Individual #3) will supported to partic abilities. 4. (Individual transported back tractivity. 5. Staff we efforts during the activity. 5. Staff we efforts during the activity. 5. Staff we efforts during the activity access occurs who ffered in the common consecutive month. Frequency: Month Review of the facil Individual #3 dated Outcome #3 and so instructions as staff the data sheet for #3 as "Support pro 08/27/2023 during 08/26/2023 and or shift. On 09/06/2023 at a interview was constaff member) #1,	h 06/30/2024 documented in come: I would like to improve any skills. in one activity offered in the y, for 12 consecutive months. I so outcome when: When I y community living skills. It is not	W	231			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G070	B. WING		09/0	06/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
BURKE IC	F ID		I	9332 BURKE ROAD BURKE, VA 22015		
(X4) ID PREFIX TAG	(EACH DEFICIENCY REGULATORY OR LE		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) 1. The Program Manager will retrain the on how to write ISP outcomes in measur terms, how to review/monitor ISP data collection to ensure it is in measurable to and how to review to ensure staff progree notes are written in measurable terms for	QIDP rable erms, ess	(X5) COMPLETION DATE
	being measure or targe participation in common was unable to identify. No further information. References: [1] Refers to a group by a limited mental can adaptive behaviors suschedules and routine Intellectual disability of 18 and may result from	geted in Individual #3's unity activities. OSM #1 what was being measured. was provided prior to exit. of disorders characterized apacity and difficulty with ach as managing money, es, or social interactions. originates before the age of m physical causes, such as		individuals #1 and #3. 2. The Program Manager will retrain prostaff how to write their progress notes are collect PCP data collection in measurable for individuals #1 and #3. 3. The Program Manager will retrain the on writing ISP outcomes in measurable how to review/monitor ISP data collection ensure it is written in measurable terms, how to review to ensure staff progress in are written in measurable terms for all individuals.	ogram nd le terms e QIDP terms, n to and	
W 252	causes, such as lack responsiveness. This from the website: https://www.report.nihctSheet.aspx?csid=10 PROGRAM DOCUMB CFR(s): 483.440(e)(1 Data relative to accorspecified in client indi	ENTATION) nplishment of the criteria	W 252	4. The Program Manager will retrain the program staff how to write progress note collect pcp data collection in measurable for all individuals. 5. The Program manager will audit all C Records on a monthly basis to ensure the outcomes are written in measurable term data collection is written in measurable tand the staff progress notes are written measurable terms for all individuals we see the collection of the collection to the collection of the collection	es and e terms clinical ne ISP ns, ISP erms, in support.	
	Based on staff intervi and facility document that the facility staff fa	two of four individuals in		6. The Clinical Director will monitor the by completing Quarterly random audits of Clinical Records reviewing to ensure all individuals' ISP Outcomes are written in measurable terms, and ensuring the ISF collection and staff progress notes are with measurable terms for all individuals.	of the	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		49G070	B. WING _			09/06/2023		
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 9332 BURKE ROAD BURKE, VA 22015	DE	33/33/2020		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE		
W 252	Continued From pag	e 19	W 2	52				
	The findings include:							
	document the data c	the facility staff failed to ollection for the residential ed plan) outcomes for easurable terms.						
		mitted with diagnoses that of limited to: moderate (1).						
	07/01/2023 through part, "Desired Outco spiritual activity twice months. I no longer	(person centered plan) dated 06/30/2024 documented in me: 6. I will participate in a e a month, for 12 consecutive need this activity when: I cipate in a religious activity of						
	my choice. Support (Individual #1) will be enjoy participating in (Individual #1) will be	Activities & Instructions: 1. e prompted to see if he would a spiritual activity. 2. e supported with executing of his choice. 3. (Individual						
	#1) will be praised for in the religious activi (Individual #1) partic twice a month with, f	or his effort and participating ty. 4. Success looks like ipating in a spiritual activity or 12 consecutive months.						
	Review of the facility Individual #1 dated A	Frequency: Weekly." 's data collection sheets for August 2023 documented						
		d above. Further review of attacked att						
	08/12/2023, 08/13/20 08/26/2023 during th 08/06/2023, 08/09/20	023, 08/20/2023 and on e morning shift and on 023, 08/11/2023, 08/13/2023, 023, 08/21/2023, 08/25/2023,						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED		
		49G070	B. WING _			09/06/2023	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 9332 BURKE ROAD BURKE, VA 22015	E		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 252	shift. On 09/06/2023 at ap interview was conducted staff member) #1, pro (other staff member and Intellectual Disabilities reviewing Individual# above OSM #1 was a being measured or to participation in spirituunable to identify who was a being measured or to participation in spirituunable to identify who was a being measured or to participation in spirituunable to identify who was a collection is recorded outcomes in a formation the consumer's progression outcomes and intervesto are in place for the condocumentation is key regarding the progression outcomes." No further information References: [1] Refers to a group by a limited mental condaptive behaviors and schedules and routing Intellectual disability and may result from the conduction of the conductio	proximately 1:30 p.m., an oted with ASM (administrative orgam manager and OSM #1, QIDP (Qualified or Professional). After 1:3 data collection as stated or asked to identify what was or argeted in Individual #1's or all activities. OSM #1 was not at was being measured. 4.1 Individual Service Plan 1:4.1.4 Individual Service Plan 1:4.1.4 Individual Service Plan 1:5 on all objectives/desired on all objectives/desired or at that accurately represents ress. Data is tracked, or and analyzed or at objectives/desired or on the progress notes on summer. On-going of in the progress notes on summers or significant	W 2	52			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G070	B. WING			09/06/2023
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9332 BURKE ROAD BURKE, VA 22015	<u>'</u>	30,00,2020
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 252	responsiveness. The from the website: https://www.report.rctSheet.aspx?csid= 2. For Individual #3 document the data of PCP (person-center community activity in Individual #3 was ad included but not limit disability (1). Individual #3's PCP 07/01/2023 through part, "Desired Outcomy community living 3. I will participate in community monthly no longer need this have increased my Support Activities & will be encouraged Corporation) events events with staff supbe safely transported (Individual #3) will be safely transported to participabilities. 4. (Individual #3's) supwill be reviewed by Success occurs who offered in the common through the common the common through the comm	k of stimulation and adult his information was obtained hih.gov/NIHfactsheets/ViewFa 100. the facility staff failed to collection for the residential red plan) outcome for measurable terms. Idmitted with diagnoses that lited to: moderate intellectual (person centered plan) dated 06/30/2024 documented in ome: I would like to improve	W 25	52		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	1, ,	(X3) DATE SURVEY COMPLETED		
		49G070	B. WING _		09	/06/2023		
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9332 BURKE ROAD BURKE, VA 22015				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CC X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE		
W 252	Individual #3 dated. Outcome #3 and su instructions as state the data sheet for O #3 as "Support prov 08/27/2023 during to 08/26/2023 and on shift. On 09/06/2023 at ap interview was condustaff member) #1, p (other staff member Intellectual Disability reviewing Individual above OSM #1 was being measured or participation in common was unable to identify No further information References: [1] Refers to a group by a limited mental adaptive behaviors schedules and routi Intellectual disability 18 and may result frautism or cerebral produces, such as lace responsiveness. The from the website:	y'." y's data collection sheets for August 2023 documented pport activities and ad above. Further review of outcome #3 coded Individual rided" on 08/26/2023 and on the morning shift and on 08/27/2023 during the evening opproximately 1:30 p.m., an acted with ASM (administrative rogram manager and OSM #1, QIDP (Qualified es Professional). After #3's data collection as stated asked to identify what was targeted in Individual #3's munity activities. OSM #1 ify what was being measured. On was provided prior to exit. Of disorders characterized capacity and difficulty with such as managing money, the such as managi	W	252				
	Cloneel.aspx (CSIG=	100.						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G070	B. WING		09/	06/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	-	
BURKE IC	F ID			332 BURKE ROAD		
BOTTINE TO	. 15		E	BURKE, VA 22015		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
				1. The Program Nurse will provide		10/16/23
W 369	Continued From page	23	W 369	retraining to program staff on the		
W 369	DRUG ADMINISTRA	TION		medication administration policy with	n a	
	CFR(s): 483.460(k)(2)		focus on ensuring individual #4's		
				medications are administered per th	е	
		administration must assure		physician's orders and provide retra	ining to	
	that all drugs, includir	-		program staff to ensure staff are		
		administered without error.		maintaining infection control during		
		not met as evidenced by: n,staff interview, and clinical		medication administration for individ	ual #4.	
		determined that the facility				
		ter medication according to		2. The Program Nurse will provide		
	clinical standards for one of one individuals during the medication administration observation,			retraining to program staff on the		
				medication administration policy to i		
	Individual #4.			following the physician's orders for a individuals we support and ensuring		
				infection control is maintained/follow		
	The findings include:			during medication administration for		
				-	all	
		ility staff failed to administer		individuals we support.		
	` '	ccording to the physician's ction control procedure				
		tion of eye drops and Tear		3. The Program Nurse and/or Progr		
	_	and Fluorometholone (3).		Manager will conduct random quarte		
	(_/	(-).		medication administration observation		
	On 09/06/2023 at app	proximately 7:08 a.m., an		staff ensuring staff are maintaining i		
	observation of the me	edication administration was		control and following the physician's and the medication administration p		
		(direct support professional)		during medication administration of	Olicy	
		erved removing one tablet of		individual #4 and all individuals we s	support	
		bubble pack and placing in		and provide on going training as need		
		other medications for ured the medication from the		and provide on going training as nec	Juou.	
	· ·	plastic bag, placed the		4. The Clinical Director will monitor	the	
		crusher and crushed all the		process by reviewing the completion		
		the crushed medications into		quarterly observations on a quarterly		
		g chocolate pudding that		gassion, essertations on a quarton,	, 220101	
		ed. Using a spoon, DSP #3				
		edications with the pudding				
	and administered it to					
		nedications. DSP #3 then				
		4's eye medications from the				
cabinet drawer and placed them on top of		laced them on top of the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G070	B. WING _			09/06/2023	
NAME OF PROVIDER OR SUPPLIER BURKE ICF ID				STREET ADDRESS, CITY, STATE, ZIP C 9332 BURKE ROAD BURKE, VA 22015	ODE		
(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 ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATI	(X5) COMPLETION DATE	
W 369	pair of disposable glo Fluorometholone from the hand-held scanne typed briefly using the removed the cap of the using the same glove on Individual #4's face fingers, spread Individual using the other glove medication. Further of DSP #3 repeated the administration of the Timolol. The physician's order September 2023 doc "Anastrozole TAB (tal Take 1 tablet (1MG) to (8:00 a.m.). Order No "Fluorometholone. In daily." "Timolol. Instill 1 drop "General tear Oin (oin amount in both eyes." The eMAR (electronic record) for Individual documented the physiabove. On 09/06/2023 at app interview was conduct asked if he crushed a medication during the day he stated yes. W Individual #4's medic stated no. When info	shed his hands, donned a lives, removed the in the packaging, picked uper, scanned the medication, a laptop computer keyboard, the medication bottle and ad hands, placed one hand a land administered the labservation revealed that same procedure for the Tear ointment and the later ointment once daily at 08:00 later. DO NOT CRUSH." later oint later oint later once once on the later of later oint later oint later of later oint late	Wa	369			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		49G070	B. WING _	·····		09/06/2023
NAME OF PROVIDER OR SUPPLIER BURKE ICF ID			•	STREET ADDRESS, CITY, STATE, ZIP COI 9332 BURKE ROAD BURKE, VA 22015)E	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 369	the Anastrozole. He that the medication is crushed and that it winformed of the obse of eye drops and the stated that he should scanning the medical keyboard. When as followed the procedustated to prevent information on 09/06/2023 at apinterview was condunurse) #1, nurse coot the observations dur Individual #4's medications and usin infection to Individual prevent crushing the should have put glow medications and usin infection to Individual were made aware of the formation of the formation of the formation (2) Used to treat glant of the observations of the formation (2) Used to treat glant of the observations of the observations of the observations and usin infection to Individual the observations and usin infection to Individual were made aware of the observation of the observati	cation bubble pack containing stated that he was aware should not have been was done in error. When rvations of the administration use of gloves, DSP #3 have put the gloves on after stions and using the ked why he should have use her described DSP #3 ection to Individual #4. proximately 10:25 a.m., an ected with RN (registered ordinator. When informed of ing the administration of cations she stated that the have read the eMAR to medication Anastrozole and res on after scanning the eng the keyboard to prevent I #4. proximately 1:30 p.m., ASM staff member) QIDP I Disabilities Professional), the above findings. In was provided prior to exit. reatments, such as surgery early breast cancer in ation was taken from the exit MedlinePlus Drug ucoma. This information was ite: Timolol Ophthalmic:	W	369		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G070	B. WING _			06/2023
NAME OF PROVIDER OR SUPPLIER BURKE ICF ID			STREET ADDRESS, CITY, STATE, ZIP CODE 9332 BURKE ROAD BURKE, VA 22015			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 382 CO T Ice a T E d farm T C o the record	information was taken luorometholone (Opt Mayo Clinic PRUG STORAGE ANDER(s): 483.460(I)(2) the facility must keep ocked except when be deministration. This STANDARD is not assert the facility staff failed to see the findings include: On 09/05/2023 at approper to the second lock on the bottom of the case and lock on the bottom of the case and lock on the bottom of the case and lock on the middle drawn of the case and lock on the middle drawn of the case and lock on the middle drawn of the case and lock on the middle drawn, an observation of the case and lock on the middle drawn, an observation of the case and lock on the middle drawn, an observation of the case and lock on the middle drawn, an observation of the case and lock on the right since facility revealed a	e swelling in the eye. This in from the website: Inthalmic Route) Proper Use ID RECORDKEEPING In all drugs and biologicals eing prepared for the tas evidenced by: In, staff interview and facility as determined that the ecure Individual's of six bedrooms. In all way in the facility, wer metal cabinet. In the weekle of the main hallway in the ee-drawer metal cabinet.	W 3	medication administration policy w focus on ensuring medications are and narcotic drugs are double lock all individuals we support. Staff wi	ith a locked led for ll also anager r locking an be er can locked ck the ly walk are ble l ensure and if a work n Nurse ation ocking terly necks ation	10/16/23

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			LE CONSTRUCTION	1, ,	(X3) DATE SURVEY COMPLETED	
		49G070	B. WING			09/06/2023
NAME OF PROVIDER OR SUPPLIER BURKE ICF ID				STREET ADDRESS, CITY, STATE, ZIP CODE 9332 BURKE ROAD BURKE, VA 22015		03/00/2020
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 382	Continued From pa	ge 27	W 38	2		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) IDENTIFICATION NUMBER: A. E		IPLE CONSTRUCTION IG	1, ,	(X3) DATE SURVEY COMPLETED	
		49G070	B. WING _			09/06/2023	
NAME OF PROVIDER OR SUPPLIER BURKE ICF ID				STREET ADDRESS, CITY, STATE, ZIP CO 9332 BURKE ROAD BURKE, VA 22015	DE		
(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 C ((EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
W 382	available for use. On 09/05/2023 at apobservation of the indrawer of the metal bedroom on the back the main hallway in with DSP #1 and DS middle drawer, DSP was not locked. DSF drawer and describe that it contained 26 500mg (milligrams) anti-diarrhea medicator use. On 09/05/2023 at apinterview was conduted. When asked to securing an Individual not accessible DSP the cabinets in the Inchecked by the staff medication after it is another staff member room about 30 minus sure the medications cabinets to make sure asked about the about DSP #2 could not proposed in the Inchecked if any of the Inmedications DSP #2 medications DSP #2 medications DSP #2 medications DSP #2 medications DSP #2	poroximately 9:45 a.m., an uside of the unlocked middle cabinet located in the k hallway and at the end of the facility, was conducted SP #2. After observing the #2 confirmed that the drawer P #2 was asked to open the at the contents. DSP #2 stated tablets of Acetaminophen, each and 24 tablets of ation two mg each available approximately 10:15 a.m., an used with DSP #1 and DSP describe the procedure for al's medications so they are #2 stated that the locks on addividual's rooms should be member giving the administered and then er will go into the Individual's tes later and check to make as were given and check the re they were locked. When the procedure of the	W 3				
	interview was condu						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING _	CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
		49G070	B. WING	····	0	9/06/2023		
NAME OF PROVIDER OR SUPPLIER BURKE ICF ID			9	STREET ADDRESS, CITY, STATE, ZIP CODE 9332 BURKE ROAD BURKE, VA 22015				
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
W 382	administers the medicabinet to be sure it individual's room. R staff member was aw were locked the staff removed the mediati somewhere else and program manager. A aware of the broke c cabinet she stated not the procedure for the narcotics she stated locked, the storage be should have been locked insomewhere else and locked, the storage be should have been locked insomewhere else and locked insomewhere else and locked insomewhere else and locked, the storage be should have been locked insomewhere else and locked insomewhere else	d that the staff member who cations should check the solocked before leaving the N #1 further stated that it the ware that the medications member should have ons, secured the them notified her and the When asked if she was lasp on Individual #1's or when asked to describe estoring and securing of that they should be double on containing the narcotic ched and that box should side the storage cabinet. 3.4 Medication Management" "The Nurse or Medication sponsible for the following procedures: F. Never leave is unattendedThese is unattended	W 382					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		49G070	B. WING _			09/06/2023	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO. 9332 BURKE ROAD BURKE, VA 22015	DE	, 33,33,232	
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 382	(2) An antibiotic, is u as other skin infectio information was obta https://medlineplus.g tml (3) Used to relieve m headaches, muscle a colds and sore throa and reactions to vace reduce fever. This in the website: https:	sed to treat impetigo as well ins caused by bacteria. This ined from the website: ov/druginfo/meds/a688004.h mild to moderate pain from aches, menstrual periods, its, toothaches, backaches, cinations (shots), and to information was obtained from ov/druginfo/meds/a681004.h	W3	382			