

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

PRINTED: 10/17/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>49G052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/13/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRAMBLETON GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>22755 SWEET ANDREA DRIVE ASHBURN, VA 20148</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments	E 000			
W 000	<p>An unannounced Emergency Preparedness survey was conducted 10/11/2023 through 10/13/2023. 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.</p> <p>INITIAL COMMENTS</p> <p>An unannounced Fundamental Medicaid re-certification survey was conducted 10/11/2023 through 10/13/2023. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). The Life Safety Code survey/report will follow. No complaints were investigated during the survey.</p>	W 000			
W 111	<p>The census in this six certified bed facility was six at the time of the survey. The survey sample consisted of three Individual reviews.</p> <p>CLIENT RECORDS CFR(s): 483.410(c)(1)</p> <p>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. This STANDARD is not met as evidenced by: Based on staff interview and clinical record review it was determined that the facility staff failed to maintain an accurate clinical record for one of three individuals in the survey sample, Individual #3.</p> <p>The findings include:</p>	W 111			

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

TITLE

(X6) DATE

*Bernice Meancho*

Clinical Director

10/25/2023

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

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W 111	<p>Continued From page 1</p> <p>For Individual #3, the facility staff failed to accurately document the adaptive equipment on the aspiration protocol.</p> <p>Individual #3 was admitted with diagnoses that included but not limited to: moderate intellectual disability (1).</p> <p>The "Nutritional Assessment" dated 06/28/2023 for Individual #3 documented in part, "Dining Skills. Adaptive Equipment: Per 06/23 POS (plan of service) - cup w/ (with) handle, built up handle spoon, Dycem (2) mat at mealtimes."</p> <p>The "Aspiration Protocol" for Individual #3 dated 05/24/2023 documented in part, "Adaptive equipment: Built up handle spoon and cup with handle per physician order." Further review of the protocol failed to evidence a Dycem mat as part of Individual #3's adaptive equipment.</p> <p>On 10/12/2023 at approximately 1:23 p.m. an interview was conducted with DSP (direct support professional) #1. After reviewing the aspiration protocol and nutritional assessment for Individual #3 she stated that the aspiration protocol did not include the use of a Dycem mat and was not correct.</p> <p>On 10/12/2023 at approximately 3:30 p.m., ASM (administrative staff member) #1, clinical director, was made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with</p>	W 111	<p>W 111: Client Records 483.410(c)(1)</p> <p>The QIDP will immediately revise Individual # 3's Aspiration Protocol to include the Dycem mat, to ensure that Individual 3's progress notes are completed as required to address the supports as identified in the Person Center Plan.</p> <p>The QIDP will review all other individuals' protocols to ensure that they include all adaptive equipment to support the individuals' needs as required to address the supports identified in the Person Center Plan.</p> <p>The Program Manager will continue to review individuals' protocols and records during weekly operation meeting to ensure that all service needs are accurately reflected.</p> <p>The Clinical Director will review within monthly supervision with the Program Manager that individuals' protocols and records have been updated to reflect all service needs</p>		11/20/2023

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W 111	Continued From page 2 adaptive behaviors such as managing money, schedules and routines, or social interactions. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a> . (2) A non-slip rubber-like plastic material used to stabilize. This information was obtained from the website: <a href="http://www.alimed.com">www.alimed.com</a> .	W 111			
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 residential and day program record reviews, staff interviews, and facility document review, it was determined that the QIDP (Qualified Intellectual Disabilities Professional) failed to coordinate and monitor the individuals' active treatment programs for one of three individuals in the survey sample, Individuals # 1.  The findings include:  1a. For Individual # 1, the QIDP failed to develop the PCP (Person Centered Plan) outcome/goal for of socialization in measurable terms; and 1b the QIDP failed to ensure the data collection for the PCP (Person Centered Plan) outcome/goal for socialization was in measurable terms.  1a the QIDP failed to develop the PCP (Person Centered Plan) outcome/goal for of socialization in measurable terms.  Individual #1 was admitted with diagnoses that included but not limited to: mild intellectual	W 159	W 159 QIDP CFR(s): 483.430(a)  The QIDP will immediately revise Individuals # 1 's Socialization Outcome, into measurable terms and ensure to collect appropriate data.  The Program Manager will immediately review and update individual #1's PCP to incorporate these revisions.  The Program Manager will complete this process for all the individuals to prevent further deficiencies  The Program Manager will train the QIDP and program staff during monthly staff meeting, on updated PCP plans during the staff meeting, with emphasis on proper data collection  The Clinical Director will review within monthly supervision with the Program Manager for documentation to support the coordination of services for each individual's needs.		11/20/2023

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W 159	<p>Continued From page 3 disability (1).</p> <p>Individual #1's residential PCP (person centered plan) dated 07/01/2023 through 06/30/2024 documented in part, "Desired Outcome: #2 Socialization: (Individual #1) will engage in various activities to socialize daily with her peers, staff and in the community as she explores her new environment until June 30th, 2024. Support Instructions: 1. (Individual #1) will be offered activities both at home and in the community to engage in. 2. (Individual #1) will be supported in the attend these activities. 3. (Individual #1) will be encouraged to interact and have conversations while participating in these activities. 4. (Individual #1) will be encouraged to make friends. 5. (Individual #1's) participation will be praised and recorded. Frequency: Daily."</p> <p>Individual #1's day program PCP dated 09/01/2023 through 09/30/2024 documented in part, "Desired Outcome: #2 Socialization: (Individual #1) will engage in various activities to socialize daily with her peers, staff and in the community as she explores her new environment until June 30th, 2024. Support Instructions: 1. (Individual #1) is becoming adjusted to the day program, she has not yet become comfortable with participating in group activities with her peers. (Individual #1) enjoys spending time independently; she enjoys sitting in her preferred lounging chair and interacting with her cellphone. 2. (Individual #1) enjoyed to participate in preferred and scheduled group activities during the day. Some Day program group activities (Individual #1) could engage in include playing corn-hole, bingo, and crafts, watching movies, board games and other various tabletop games, etc. As (Individual #1) is engaging in more group</p>	W 159			

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W 159	<p>Continued From page 4</p> <p>activities, she is monitored for new activities to try. 3. (Individual #1) is offered choices of activities to choose from. For example, staff can say (Individual #1), which activity would you like to participate in? or (Individual #1), would you like to do an art activity or board game? If (Individual #1) does not want to participate in the choices provided, she is offered an alternative group activity. 4. (Individual #1) is encouraged to put her cellphone away when engaging in group activities in order to encourage more social interaction. 5. When the above goal is met, (Individual #1) participates in group activity with peers in the day program at least once a week. 6. When the above goal is met, (Individual #1) participates in group activity with peers in the day program at least twice a week. 7. When the above goal is met, (Individual #1) participates in group activity with peers in the day program at least three times a week. Frequency: Daily."</p> <p>On 10/12/2023 at approximately 11:45 a.m., an interview was conducted with OSM (other staff member) #1, lead QIDP for (Name of Day Program). After reviewing Individual #1's day program outcome as stated above OSM #1 was asked to identify what was being measured or targeted in Individual #1's socialization outcome. OSM #1 was unable to identify what was being measured.</p> <p>On 10/13/2023 at approximately 9:15 a.m., an interview was conducted with ASM (administrative staff member) #1, clinical director. When asked about the facility's QIDP, she stated that the position was not filled and that she was also qualified as a QIDP and was fulfilling that role until the position was filled. When asked how often the QIDP should visit the day programs and</p>	W 159			

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W 159	<p>Continued From page 5</p> <p>conduct observations and record reviews she stated it is done once a month but because she was filling the QIDP role, she was going once a quarter and wasn't able to complete record reviews. ASM #1 further stated that she was in contact by phone with the day programs weekly. After discussing Individual#1's residential outcome as stated above ASM #1 was asked to identify what was being measure or targeted in Individual #1's socialization outcome. ASM #1 stated that the outcome was not measurable.</p> <p>The facility's policy "8.1 Qualified Intellectual Disabilities Professional" (QMRP) documented, "The QMRP is responsible for the integration, coordination, monitoring and development of the Individual Service Plan, and to ensure quality active treatment in the program." Under "8.1.2 Qualified Intellectual Disabilities Professional Monitoring Of Services" it documented, "A. Review consumer records to include clinical, financial and medical to ensure prescribed treatment and services are being implemented correctly, documented appropriately and that any outside services have been incorporated into program services. In CR ICF/MR facilities the role of the designated QMRP is assigned to the Program manager. The Program Manager may delegate responsibilities of this role or parts of this role to other appropriate professional such as the social worker."</p> <p>On 10/12/2023 at approximately 3:30 p.m., ASM (administrative staff member) #1, clinical director, was made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p>	W 159			

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W 159	<p>Continued From page 6</p> <p>(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a>.</p> <p>1b. For Individual # 1, the QIDP failed to ensure the data collection for the PCP (Person Centered Plan) outcome/goal for socialization was in measurable terms.</p> <p>Individual #1's residential PCP (person centered plan) dated 07/01/2023 through 06/30/2024 documented in part, "Desired Outcome: #2 Socialization: (Individual #1) will engage in various activities to socialize daily with her peers, staff and in the community as she explores her new environment until June 30th, 2024. Support Instructions: 1. (Individual #1) will be offered activities both at home and in the community to engage in. 2. (Individual #1) will be supported in the attend these activities. 3. (Individual #1) will be encouraged to interact and have conversations while participating in these activities. 4. (Individual #1) will be encouraged to make friends. 5. (Individual #1's) participation will be praised and recorded. Frequency: Daily."</p> <p>Individual #1's day program PCP dated 09/01/2023 through 09/30/2024 documented in part, "Desired Outcome: #2 Socialization: (Individual #1) will engage in various activities to socialize daily with her peers, staff and in the community as she explores her new environment until June 30th, 2024. Support Instructions: 1. (Individual #1) is becoming adjusted to the day program, she has not yet become comfortable</p>	W 159			

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W 159	<p>Continued From page 7</p> <p>with participating in group activities with her peers. (Individual #1) enjoys spending time independently; she enjoys sitting in her preferred lounging chair and interacting with her cellphone. 2. (Individual #1) enjoyed to participate in preferred and scheduled group activities during the day. Some Day program group activities (Individual #1) could engage in include playing corn-hole, bingo, and crafts, watching movies, board games and other various tabletop games, etc. As (Individual #1) is engaging in more group activities, she is monitored for new activities to try. 3. (Individual #1) is offered choices of activities to choose from. For example, staff can say (Individual #1), which activity would you like to participate in? or (Individual #1), would you like to do an art activity or board game? If (Individual #1) does not want to participate in the choices provided, she is offered an alternative group activity. 4. (Individual #1) is encouraged to put her cellphone away when engaging in group activities in order to encourage more social interaction. 5. When the above goal is met, (Individual #1) participates in group activity with peers in the day program at least once a week. 6. When the above goal is met, (Individual #1) participates in group activity with peers in the day program at least twice a week. 7. When the above goal is met, (Individual #1) participates in group activity with peers in the day program at least three times a week. Frequency: Daily."</p> <p>The residential program data collection for Individual #1's socialization outcome dated September 2023 and October 2023 failed to evidence the target behavior being measured.</p> <p>The day program data collection for Individual #1's socialization outcome dated September</p>	W 159			



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W 159	Continued From page 8 2023 and October 2023 failed to evidence the target behavior being measured.  On 10/12/2023 at approximately 11:45 a.m., an interview was conducted with OSM (other staff member) #1, lead QIDP (qualified intellectual disabilities professional) for (Name of Day Program). After reviewing Individual#1's day program outcome as stated above OSM #1 was asked to identify what was being measure or targeted in Individual #1's socialization outcome. OSM #1 was unable to identify what was being measured. When asked if the data collected would be measurable if the outcomes was not developed in measurable terms, she stated no.  On 10/12/2023 at approximately 3:30 p.m., a telephone interview was conducted with ASM (administrative staff member) #1, clinical director. After discussing Individual#1's residential outcome as stated above ASM #1 was asked to identify what was being measure or targeted in Individual #1's socialization outcome. ASM #1 stated that the outcome was not measurable. When asked if the data collected would be measurable if the outcomes was not developed in measurable terms, she stated no.  On 10/12/2023 at approximately 3:30 p.m., ASM (administrative staff member) #1, clinical director, was made aware of the above findings.	W 159			
W 231	No further information was provided prior to exit. INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)(iii)  The objectives of the individual program plan must be expressed in behavioral terms that	W 231			

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W 231	<p>Continued From page 9</p> <p>provide measurable indices of performance. This STANDARD is not met as evidenced by: Based on staff interview, residential and day program clinical record review and facility document review it was determined that the facility staff failed to develop outcomes in measurable terms for one of three individuals in the survey sample, Individual #1.</p> <p>The findings include:</p> <p>For Individual #1, the facility staff failed to develop the residential and day program PCP (person-centered-plan) outcome of socialization to define the targeted response.</p> <p>Individual #1 was admitted with diagnoses that included but not limited to: mild intellectual disability (1).</p> <p>Individual #1's residential PCP (person centered plan) dated 07/01/2023 through 06/30/2024 documented in part, "Desired Outcome: #2 Socialization: (Individual #1) will engage in various activities to socialize daily with her peers, staff and in the community as she explores her new environment until June 30th, 2024. Support Instructions: 1. (Individual #1) will be offered activities both at home and in the community to engage in. 2. (Individual #1) will be supported in the attend these activities. 3. (Individual #1) will be encouraged to interact and have conversations while participating in these activities. 4. (Individual #1) will be encouraged to make friends. 5. (Individual #1's) participation will be praised and recorded. Frequency: Daily."</p> <p>Individual #1's day program PCP dated 09/01/2023 through 09/30/2024 documented in</p>	W 231	<p>W 231 INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)(iii)</p> <p>The QIDP and Day Program Coordinator will immediately revise Individual # 1's Socialization Outcome into measurable terms by including specific activities of choice to the individual</p> <p>The Program Manager and Day Program Coordinator will immediately update the individual's PCPs to incorporate these changes.</p> <p>The Program Manager and Day Program Coordinator will review all the other individuals' PCPs and update them, to prevent further deficiencies</p> <p>The Program Manager and Day Program Coordinator will continue to monitor monthly and ensure that all service needs of the individuals are accurately reflected through the data collected to meet the targeted responses from the PCPs.</p> <p>The Clinical Director will review within monthly supervision with the Program Manager for documentation to support the coordination of services for each individual's needs both at residential and day program levels.</p>	11/20/2023	

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NAME OF PROVIDER OR SUPPLIER  <b>BRAMBLETON GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>22755 SWEET ANDREA DRIVE ASHBURN, VA 20148</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 231	Continued From page 10 part, "Desired Outcome: #2 Socialization: (Individual #1) will engage in various activities to socialize daily with her peers, staff and in the community as she explores her new environment until June 30th, 2024. Support Instructions: 1. (Individual #1) is becoming adjusted to the day program, she has not yet become comfortable with participating in group activities with her peers. (Individual #1) enjoys spending time independently; she enjoys sitting in her preferred lounging chair and interacting with her cellphone. 2. (Individual #1) enjoyed to participate in preferred and scheduled group activities during the day. Some Day program group activities (Individual #1) could engage in include playing corn-hole, bingo, and crafts, watching movies, board games and other various tabletop games, etc. As (Individual #1) is engaging in more group activities, she is monitored for new activities to try. 3. (Individual #1) is offered choices of activities to choose from. For example, staff can say (Individual #1), which activity would you like to participate in? or (Individual #1), would you like to do an art activity or board game? If (Individual #1) does not want to participate in the choices provided, she is offered an alternative group activity. 4. (Individual #1) is encouraged to put her cellphone away when engaging in group activities in order to encourage more social interaction. 5. When the above goal is met, (Individual #1) participates in group activity with peers in the day program at least once a week. 6. When the above goal is met, (Individual #1) participates in group activity with peers in the day program at least twice a week. 7. When the above goal is met, (Individual #1) participates in group activity with peers in the day program at least three times a week. Frequency: Daily."	W 231			

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W 231	<p>Continued From page 11</p> <p>The day program data collection for Individual #1's socialization outcome dated September 2023 and October 2023 failed to evidence the target behavior being measured.</p> <p>The residential data collection for Individual #1's socialization outcome dated September 2023 and October 2023 failed to evidence the target behavior being measured.</p> <p>On 10/12/2023 at approximately 11:45 a.m., an interview was conducted with OSM (other staff member) #1, lead QIDP (qualified intellectual disabilities professional) for (Name of Day Program). After reviewing Individual#1's day program outcome as stated above OSM #1 was asked to identify what was being measure or targeted in Individual #1's socialization outcome. OSM #1 was unable to identify what was being measured.</p> <p>On 10/12/2023 at approximately 3:30 p.m., a telephone interview was conducted with ASM (administrative staff member) #1, clinical director. After discussing Individual#1's residential outcome as stated above ASM #1 was asked to identify what was being measured or targeted in Individual #1's socialization outcome. ASM #1 stated that the outcome was not measurable.</p> <p>The facility's policy "4.1 Individual Service Plan (ISP)" documented, "4.1.3 Procedures: C. (Name of Corporation) ensures that an ISP will contain at a minimum: 4. Goals / outcomes and measurable objectives / desired outcomes for addressing each identified need. 4.1.4 Individual Service Plan (ISP) Development. E. Goals / Outcomes and Objectives/Desired Outcomes: The objectives / desired outcomes will be</p>	W 231			

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W 231	Continued From page 12 expressed in terms that are behavioral and provide measurable indexes of progress."  On 10/12/2023 at approximately 3:30 p.m., ASM (administrative staff member) #1, clinical director, was made aware of the above findings.  No further information was provided prior to exit.  References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a> .	W 231			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)  As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.  This STANDARD is not met as evidenced by: Based on observation, clinical record review, staff interview and facility document review it was determined that the facility staff failed to implement the PCP (person-center-plan) for one of three individuals in the survey sample, Individual #3.	W 249			

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W 249	<p>Continued From page 13</p> <p>The finding include:</p> <p>For Individual #3, the facility staff failed to implement the health and safety outcome during the medication administration.</p> <p>Individual #3 was admitted with diagnoses that included but not limited to: moderate intellectual disability (1).</p> <p>On 10/12/2023 at approximately 6:45 a.m., an observation was conducted of DSP (direct support professional) #2 administering morning medications to Individual #3. During the medication administration observation, DSP #3 failed to ask Individual #3 to state the name of one of the medications he takes in morning.</p> <p>The PCP for Individual #3 dated 07/01/2023 documented in part, "Desired Outcome: #4 Health and Safety. (Individual #3) will be supported to maintain his health and safety by participating in medication administration, implementing his behavior plan and by following his medical protocols daily until June 30, 2024. Support Instructions: 1. (Individual #3) is notified when it is time for medications to be passed. 2. (Individual #3) will be supported to his room for privacy. 3. (Individual #3) will be asked by staff to state the name of one medication he takes in AM (a.m.) and PM (p.m.). 3. (Individual #3) will state the name of one medication that he takes during the current medication administration. 4. (Individual #3) will be praised and his participation recorded. Frequency: Daily."</p> <p>On 10/12/2023 at approximately 3:25 p.m., an interview was conducted with DSP #3. After</p>	W 249	<p><b>W 249 PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(1)</p> <p>The QIDP will immediately review Individual #3's health and safety outcome with all staff to ensure that it is fully implement during medication administration as per the individual's PCP.</p> <p>The QIDP will immediately review all individuals' health and safety outcome ensure that they correctly implemented during medication Administration.</p> <p>The Program Manager will provide training to all the staff during the monthly staff meeting,to review all individuals' health and safety outcomes, their implementation and the collection of appropriate data.</p> <p>The Program manager will conduct bi-weekly random observations during medication administration, to ensure that health and safety outcomes are being implemented.</p> <p>The Clinical Director will review within monthly supervision with the Program Manager, the individuals' documentation to support the coordination of services for each individual's needs.</p>	11/20/2023	

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W 249	<p>Continued From page 14</p> <p>reviewing the health and safety outcome for Individual #3 as stated above and informed of the observation of Individual #3's medication administration, DSP #3 was asked if they implemented the outcome during Individual #3's medication administration. DSP #3 stated that they did not implement the outcome.</p> <p>The facility's policy "4.1 Individual Service Plan" documented, "ISP Implementation and Consumer Engagement: Implementation of the ISP begins at the time of its development. Components of the plan are fully implemented, with the consumer receiving support, learning environment and active engagement necessary to reach his or her objective / desired outcomes as defined in the ISP."</p> <p>On 10/12/2023 at approximately 3:30 p.m., ASM (administrative staff member) #1, clinical director, was made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a>.</p>	W 249			
W 252	<p>PROGRAM DOCUMENTATION</p> <p>CFR(s): 483.440(e)(1)</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan</p>	W 252			

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W 252	<p>Continued From page 15</p> <p>objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview, residential and day program clinical record review and facility document review it was determined that the facility staff failed to collect data in measurable terms for one of three individuals in the survey sample, Individual #1.</p> <p>The findings include:</p> <p>For Individual #1, the facility staff failed to document the data collection for the residential and day program PCP (person-centered-plan) outcome of socialization.</p> <p>Individual #1 was admitted with diagnoses that included but not limited to: mild intellectual disability (1).</p> <p>Individual #1's residential PCP (person centered plan) dated 07/01/2023 through 06/30/2024 documented in part, "Desired Outcome: #2 Socialization: (Individual #1) will engage in various activities to socialize daily with her peers, staff and in the community as she explores her new environment until June 30th, 2024. Support Instructions: 1. (Individual #1) will be offered activities both at home and in the community to engage in. 2. (Individual #1) will be supported in the attend these activities. 3. (Individual #1) will be encouraged to interact and have conversations while participating in these activities. 4. (Individual #1) will be encouraged to make friends. 5. (Individual #1's) participation will</p>	W 252	<p><b>W 252 PROGRAM DOCUMENTATION</b> <b>CFR(s): 483.440(e)(1)</b></p> <p>The QIDP and Day Program Coordinator will immediately revise Individual # 1 Socialization Outcome into measurable terms by including specific activities of choice to the individual and ensure that appropriate data is collected</p> <p>The Program Manager and Day Program Coordinator will immediately update the individual's PCPs to incorporate these changes.</p> <p>The Program Manager and Day Program Coordinator will immediately review all the other individuals' PCPs and update them, to prevent further deficiencies</p> <p>The Program Manager and Day Program Coordinator will continue to monitor on a monthly basis and ensure that all service needs of the individuals are accurately reflected through the data collected to meet the targeted responses from the PCPs.</p> <p>The Clinical Director will review within monthly supervision with the Program Manager, for documentation to support the coordination of services for each individual's needs both at residential and day program levels.</p>	11/20/2023	



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W 252	Continued From page 16 be praised and recorded. Frequency: Daily."  Individual #1's day program PCP dated 09/01/2023 through 09/30/2024 documented in part, "Desired Outcome: #2 Socialization: (Individual #1) will engage in various activities to socialize daily with her peers, staff and in the community as she explores her new environment until June 30th, 2024. Support Instructions: 1. (Individual #1) is becoming adjusted to the day program, she has not yet become comfortable with participating in group activities with her peers. (Individual #1) enjoys spending time independently; she enjoys sitting in her preferred lounging chair and interacting with her cellphone. 2. (Individual #1) enjoyed to participate in preferred and scheduled group activities during the day. Some Day program group activities (Individual #1) could engage in include playing corn-hole, bingo, and crafts, watching movies, board games and other various tabletop games, etc. As (Individual #1) is engaging in more group activities, she is monitored for new activities to try. 3. (Individual #1) is offered choices of activities to choose from. For example, staff can say (Individual #1), which activity would you like to participate in? or (Individual #1), would you like to do an art activity or board game? If (Individual #1) does not want to participate in the choices provided, she is offered an alternative group activity. 4. (Individual #1) is encouraged to put her cellphone away when engaging in group activities in order to encourage more social interaction. 5. When the above goal is met, (Individual #1) participates in group activity with peers in the day program at least once a week. 6. When the above goal is met, (Individual #1) participates in group activity with peers in the day program at least twice a week. 7. When the	W 252			

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W 252	<p>Continued From page 17</p> <p>above goal is met, (Individual #1) participates in group activity with peers in the day program at least three times a week. Frequency: Daily."</p> <p>The day program data collection for Individual #1's socialization outcome dated September 2023 and October 2023 failed to evidence the target behavior being measured.</p> <p>The residential data collection for Individual #1's socialization outcome dated September 2023 and October 2023 failed to evidence the target behavior being measured.</p> <p>On 10/12/2023 at approximately 11:45 a.m., an interview was conducted with OSM (other staff member) #1, lead QIDP (qualified intellectual disabilities professional) for (Name of Day Program). After reviewing Individual#1's day program outcome as stated above OSM #1 was asked to identify what was being measure or targeted in Individual #1's socialization outcome. OSM #1 was unable to identify what was being measured. When asked if the data collected would be measurable if the outcomes was not developed in measurable terms, she stated no.</p> <p>On 10/12/2023 at approximately 3:30 p.m., a telephone interview was conducted with ASM (administrative staff member) #1, clinical director. After discussing Individual#1's residential outcome as stated above ASM #1 was asked to identify what was being measure or targeted in Individual #1's socialization outcome. ASM #1 stated that the outcome was not measurable. When asked if the data collected would be measurable if the outcomes was not developed in measurable terms, she stated no.</p>	W 252			

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W 252	Continued From page 18  The facility's policy "4.1 Individual Service Plan (ISP)" documented, "4.1.4 Individual Service Plan (ISP) Development. H. Data Collection: Data collection is recorded on all objectives/desired outcomes in a format that accurately represents the consumer's progress. Data is tracked, documented in measurable terms and analyzed to ensure that appropriate objectives/desired outcomes and interventions/support strategies are in place for the consumer. On-going documentation is kept in the progress notes regarding the progress, changes or significant events relating to the functioning of the consumer."  On 10/12/2023 at approximately 3:30 p.m., ASM (administrative staff member) #1, clinical director, was made aware of the above findings.  No further information was provided prior to exit.  References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a> .	W 252			
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv)  Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observations, clinical record review, staff interviews and facility document review, it was determined that the facility staff failed to provide adaptive equipment during for one of	W 475			

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W 475	<p>Continued From page 19</p> <p>three Individuals in the survey sample, Individual #3.</p> <p>The findings include:</p> <p>For Individual #3, facility staff failed to implement the use of a Dycem (1) mat during lunch at the day program.</p> <p>Individual #3 was admitted with diagnoses that included but not limited to: moderate intellectual disability (2).</p> <p>On 10/12/23 at approximately 11:45 a.m., an observation of Individual #3 receiving lunch at the day program failed to evidence a Dycem mat under Individual #3's plate while eating.</p> <p>The "Nutritional Assessment" dated 06/28/2023 for Individual #3 documented in part, "Dining Skills. Adaptive Equipment: Per 06/23 POS (plan of service)- cup w/ (with) handle, built up handle spoon, Dycem (2) mat at mealtimes."</p> <p>On 10/12/23 at approximately 12:05 p.m., an interview was conducted with OSM #1, day program life coach. When asked about the missing Dycem mat for Individual #3, he stated that the residential staff for Individual #3 did not send it to the day program. When asked why it is needed, he stated that it keeps Individual #3's plate or bowl from sliding while scooping from the plate or bowl.</p> <p>On 10/12/23 at approximately 1:23 p.m. an interview was conducted with DSP (direct support professional) #1. When asked about the use of the Dycem mat at the day program for Individual #3, she stated that it should be used at the day</p>	W 475	<p>W 475 MEAL SERVICES CFR(s): 483.480(b)(2)(iv)</p> <p>The Program Manager will immediately review Individual #3's use of the Dycem Mat during an interdisciplinary meeting with the day program</p> <p>The Program Manager will provide individual #3 with a new lunch box that is large enough to carry all adaptive equipment related to lunch.</p> <p>The Program Manager will review dining utensils needed by all other individuals at the day support including those with need for adaptive equipment.</p> <p>The Day Program Nurse will provide additional training to all day program staff during the monthly staff meeting, on the individuals' nutritional guidelines, mealtime instructions and use adaptive equipment.</p> <p>The Program Manager and Day Program Nurse will conduct monthly unannounced checks at Day Program to ensure that meal time guidelines are being adhered to and dining utensils are being utilized.</p> <p>The Clinical Director will periodically perform quarterly meal time observations to ensure that all applicable meal guidelines are being adhered to at day program.</p>	11/20/2023	

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NAME OF PROVIDER OR SUPPLIER  <b>BRAMBLETON GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>22755 SWEET ANDREA DRIVE ASHBURN, VA 20148</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 475	<p>Continued From page 20</p> <p>program and that the residential staff should provide it to the program.</p> <p>The facility's policy "3.5 Durable Medical Equipment Management" documented in part, "3.5.3 5 Durable Medical Equipment. As a community based agency, durable medical equipment includes all adaptive, assistive supportive ... B. Program Manager, Nurse and Staff: 2. Ensure specific nursing protocols on equipment use and maintenance are followed."</p> <p>On 10/12/2023 at approximately 3:30 p.m., ASM (administrative staff member) #1, clinical director, was made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) A non-slip rubber-like plastic material used to stabilize. This information was obtained from the website: <a href="http://www.alimed.com">www.alimed.com</a>.</p> <p>(2) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a>.</p>	W 475			