		ID HUMAN SERVICES MEDICAID SERVICES			FORM APPROVED OMB NO. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G052	B. WING		10/13/2023
NAME OF PI	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE	
BRAMBLE	TON GROUP HOME			22755 SWEET ANDREA DRIVE ASHBURN, VA 20148	
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION
E 000	Initial Comments		E 00		
W 000	survey was conducte 10/13/2023. The faci compliance with 42 C Condition of Participa Facilities for Individua Disabilities. No emer	gency preparedness stigated during the survey.	W 00	0	
	through 10/13/2023. compliance with 42 C for Intermediate Care with Intellectual Disat Safety Code survey/r	was conducted 10/11/2023 The facility was not in FR Part 483 Requirements Facilities for Individuals pilities (ICF/IID). The Life			
W 111			W 11	1	
	health care, active tre and protection of the This STANDARD is a Based on staff interv review it was determin failed to maintain an	n that documents the client's atment, social information,			
	The findings include:				
			1	TITLE	(X6) DATE
Be	rnice Meanc	hop .		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.

		ID HUMAN SERVICES MEDICAID SERVICES			FOR	D: 10/17/2023 M APPROVED D. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		49G052	B. WING		10	/13/2023
NAME OF P	ROVIDER OR SUPPLIER		s	STREET ADDRESS, CITY, STATE, ZIP CODE		
BRAMBLI	ETON GROUP HOME			22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 111	For Individual #3, the accurately document the aspiration protocol Individual #3 was admincluded but not limited disability (1). The "Nutritional Assess for Individual #3 docu Skills. Adaptive Equipof service) - cup w/ (wispoon, Dycem (2) mather and the protocol failed to apart of Individual #3's On 10/12/2023 at apprinterview was conduct professional) #1. After protocol and nutritionate #3 she stated that the include the use of a Discover ct. On 10/12/2023 at apprinterview statement in the protocol failed to apart of Individual #3's On 10/12/2023 at apprinterview was conduct professional) #1. After protocol and nutritionate #3 she stated that the include the use of a Discover ct. On 10/12/2023 at apprinterview statement in the protocol and nutritionate #3 she stated that the include the use of a Discover ct.	facility staff failed to the adaptive equipment on al. nitted with diagnoses that ed to: moderate intellectual assment" dated 06/28/2023 mented in part, "Dining pment: Per 06/23 POS (plan <i>i</i> th) handle, built up handle t at mealtimes." col" for Individual #3 dated ted in part, "Adaptive andle spoon and cup with order." Further review of evidence a Dycem mat as adaptive equipment. proximately 1:23 p.m. an ted with DSP (direct support er reviewing the aspiration al assessment for Individual e aspiration protocol did not bycem mat and was not	W 111	W 111: Client Records 483.410(c)(1 The QIDP will immediately revise Ind 3's Aspiration Protocol to include the mat, to ensure that Individual 3's pro- notes are completed as required to a the supports as identified in the Pers- Plan. The QIDP will review all other individ protocols to ensure that they include adaptive equipment to support the ir needs as required to address the su identified in the Person Center Plan. The Program Manager will continue individuals' protocols and records du weekly operation meeting to ensure service needs are accurately reflected The Clinical Director will review with supervision with the Program Manage individuals' protocols and records h updated to reflect all service needs	dividual # Dycem gress address son Center Juals' all idividuals' pports to review tring that all ed. in monthly ger that	

Facility ID: VAICFMR60

If continuation sheet Page 2 of 21

						<u>). 0938-039</u>
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			· · ·	SURVEY PLETED
		49G052	B. WING		10/13/2023	
NAME OF P	ROVIDER OR SUPPLIER		5	STREET ADDRESS, CITY, STATE, ZIP CODE	•	
BRAMBLI	ETON GROUP HOME			22755 SWEET ANDREA DRIVE ASHBURN, VA 20148		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 111	Continued From page	e 2	W 111			
W 159	schedules and routine This information was https://www.report.nih ctSheet.aspx?csid=10 (2) A non-slip rubber-	like plastic material used to ation was obtained from the	W/ 150			
VV 159	CFR(s): 483.430(a)		VV 159	W 159 QIDP CFR(s): 483.430(a)		11/20/202
	integrated, coordinate qualified intellectual of This STANDARD is r Based on residential reviews, staff intervier review, it was determ (Qualified Intellectual failed to coordinate at active treatment prog individuals in the surv The findings include: 1a. For Individual # 1 the PCP (Person Cerr for of socialization in the QIDP failed to ensi- the PCP (Person Cerr for socialization was in 1a the QIDP failed to Centered Plan) outco in measurable terms.	Disabilities Professional) nd monitor the individuals' rams for one of three yey sample, Individuals # 1. , the QIDP failed to develop netered Plan) outcome/goal measurable terms; and 1b sure the data collection for netered Plan) outcome/goal in measurable terms. develop the PCP (Person me/goal for of socialization		The QIDP will immediately revise Indiv 1 's Socialization Outcome, into measure terms and ensure to collect appropriat The Program Manager will immediately and update individual #1's PCP to inco these revisions. The Program Manager will complete the process for all the individuals to prever deficiencies The Program Manager will train the QI program staff during monthly staff measure updated PCP plans during the staff measure with emphasis on proper data collection The Clinical Director will review within supervision with the Program Manager documentation to support the coordinal services for each individual's needs.	irable e data. y review irporate his ht further DP and ting,on seting, n monthly for	

Facility ID: VAICFMR60

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	2: 10/17/2023 1 APPROVED 2: 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		(X3) DATE COMP	
		49G052	B. WING			10/*	13/2023
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	TATE, ZIP CODE	-	
BRAMBLE	TON GROUP HOME			22755 SWEET ANDREA DI ASHBURN, VA 20148	RIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 159	Continued From page disability (1).		W 159				
	Individual #1's resider plan) dated 07/01/202 documented in part, " Socialization: (Individivarious activities to so staff and in the comm new environment unti Instructions: 1. (Individivation engage in. 2. (Individivation engage in. 2. (Individivation encouraged to inter- conversations while practivities. 4. (Individual make friends. 5. (Individual make friends. 5. (Individual be praised and record Individual #1's day pro 09/01/2023 through 0 part, "Desired Outcom (Individual #1) will eng socialize daily with he community as she ex- until June 30th, 2024.	ual #1) will engage in ocialize daily with her peers, unity as she explores her I June 30th, 2024. Support dual #1) will be offered e and in the community to ual #1) will be supported in ities. 3. (Individual #1) will eract and have articipating in these al #1) will be encouraged to ividual #1's) participation will ded. Frequency: Daily." ogram PCP dated 9/30/2024 documented in ne: #2 Socialization: gage in various activities to er peers, staff and in the plores her new environment Support Instructions: 1.					
	program, she has not with participating in gr peers. (Individual #1) independently; she er lounging chair and int 2. (Individual #1) enjo preferred and schedu the day. Some Day p (Individual #1) could e corn-hole, bingo, and board games and oth	by the provide the second provide the second provide the provide t					

If continuation sheet Page 4 of 21

	-	D HUMAN SERVICES MEDICAID SERVICES					FORM	): 10/17/2023 MAPPROVED
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING		CONSTRUCTION		(X3) DATE	0. 0938-0391 SURVEY LETED
		49G052	B. WING			_	10/	13/2023
NAME OF PI	ROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, ST	ATE, ZIP CODE		
BRAMBLE	TON GROUP HOME				755 SWEET ANDREA DF HBURN, VA 20148	RIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		(EACH CORRE) CROSS-REFERE	B PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 159	activities, she is moni try. 3. (Individual #1) activities to choose from say (Individual #1), which participate in? or (Individual do an art activity or bod does not want to particip provided, she is offere activity. 4. (Individual her cellphone away which activities in order to e- interaction. 5. When a (Individual #1) particip peers in the day program at least twice above goal is met, (In group activity with peer least three times a weit On 10/12/2023 at app interview was conduct member) #1, lead QIE Program outcome as asked to identify what targeted in Individual OSM #1 was unable to measured. On 10/13/2023 at app interview was conduct staff member) #1, clin about the facility's QIE position was not filled qualified as a QIDP at until the position was	tored for new activities to is offered choices of om. For example, staff can hich activity would you like to ividual #1), would you like to oard game? If (Individual #1) cipate in the choices ed an alternative group #1) is encouraged to put then engaging in group ncourage more social the above goal is met, oates in group activity with ram at least once a week. oal is met, (Individual #1) activity with peers in the day e a week. 7. When the dividual #1) participates in ers in the day program at eek. Frequency: Daily."	W 15	59				

Facility ID: VAICFMR60

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	-	D HUMAN SERVICES MEDICAID SERVICES					FORM	): 10/17/2023 APPROVED ). 0938-0391
STATEMENT C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ì í		CONSTRUCTION		(X3) DATE	
		49G052	B. WING			_	10/	13/2023
NAME OF PF	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
BRAMBLE	TON GROUP HOME				2755 SWEET ANDREA DR ASHBURN, VA 20148	RIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORREC CROSS-REFEREN	EPLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 159	stated it is done once was filling the QIDP ro quarter and wasn't ab reviews. ASM #1 furt contact by phone with After discussing Indivio outcome as stated ab identify what was beir Individual #1's socializ stated that the outcom The facility's policy "8 Disabilities Profession "The QMRP is respon coordination, monitori Individual Service Pla active treatment in the Qualified Intellectual I Monitoring Of Service Review consumer rec financial and medical treatment and service correctly, documented outside services have program services. In role of the designated Program manager. T delegate responsibiliti this role to other appro the social worker." On 10/12/2023 at app (administrative staff m was made aware of th	and record reviews she a month but because she ole, she was going once a le to complete record her stated that she was in the day programs weekly. idual#1's residential ove ASM #1 was asked to ng measure or targeted in zation outcome. ASM #1 ne was not measurable. .1 Qualified Intellectual hal" (QMRP) documented, usible for the integration, ng and development of the n, and to ensure quality e program." Under "8.1.2 Disabilities Professional s" it documented, "A. ords to include clinical, to ensure prescribed s are being implemented d appropriately and that any been incorporated into CR ICF/MR facilities the QMRP is assigned to the he Program Manager may es of this role or parts of opriate professional such as	w	159				
	References:							

Facility ID: VAICFMR60

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	2: 10/17/2023 1 APPROVED 2: 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING _	CONSTRUCTION		(X3) DATE	
		49G052	B. WING		_	10/	13/2023
NAME OF PI	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, S	TATE, ZIP CODE	-	
BRAMBLE	TON GROUP HOME			2755 SWEET ANDREA DI ASHBURN, VA 20148	RIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 159	by a limited mental ca adaptive behaviors su schedules and routine This information was https://www.report.nih ctSheet.aspx?csid=10 1b. For Individual # 1, the data collection for Plan) outcome/goal for measurable terms. Individual #1's residen plan) dated 07/01/202 documented in part, " Socialization: (Individu various activities to so staff and in the comm new environment unti Instructions: 1. (Individu various activities both at home engage in. 2. (Individu the attend these activ be encouraged to inte conversations while p activities. 4. (Individu make friends. 5. (Indi be praised and record Individual #1's day pro 09/01/2023 through 0 part, "Desired Outcom (Individual #1) will eng socialize daily with he community as she exp until June 30th, 2024. (Individual #1) is becom	of disorders characterized apacity and difficulty with ach as managing money, es, or social interactions. obtained from the website: a.gov/NIHfactsheets/ViewFa 20. the QIDP failed to ensure the PCP (Person Centered 23 through 06/30/2024 Desired Outcome: #2 ual #1) will engage in ocialize daily with her peers, unity as she explores her I June 30th, 2024. Support dual #1) will be offered e and in the community to ual #1) will be supported in ities. 3. (Individual #1) will eract and have articipating in thesse al #1) will be encouraged to ividual #1's) participation will ded. Frequency: Daily."	W 159				

Facility ID: VAICFMR60

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AID SERVICES						APPROVED . 0938-0391
ROVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:	. ,		E CONSTRUCTION		(X3) DATE	
49G052	B. WING _			-	10/	13/2023
		S	STREET ADDRESS, CITY, STA	ATE, ZIP CODE		
		2	22755 SWEET ANDREA DR	IVE		
	ASHBURN, VA 20148					
T OF DEFICIENCIES BE PRECEDED BY FULL ITIFYING INFORMATION)	ID PREFIX TAG	х	(EACH CORREC CROSS-REFEREN	TIVE ACTION SHOULD BE		(X5) COMPLETION DATE
ctivities with her s spending time itting in her preferred ag with her cellphone. participate in oup activities during n group activities e in include playing watching movies, ous tabletop games, gaging in more group or new activities to red choices of or example, staff can ctivity would you like to #1), would you like to #1), would you like to ame? If (Individual #1) in the choices alternative group encouraged to put ngaging in group age more social ove goal is met, n group activity with least once a week. het, (Individual #1) with peers in the day ek. 7. When the al #1) participates in he day program at requency: Daily." a collection for outcome dated er 2023 failed to r being measured.	W	159				
	A9G052 T OF DEFICIENCIES 3E PRECEDED BY FULL ITTIFYING INFORMATION) Ctivities with her is spending time itting in her preferred g with her cellphone. participate in top activities during n group activities in include playing watching movies, bus tabletop games, gaging in more group for new activities to red choices of or example, staff can ctivity would you like to #1), would you like to #1), would you like to #1), would you like to ame? If (Individual #1) in the choices alternative group encouraged to put ngaging in group ge more social by goal is met, n group activity with least once a week. het, (Individual #1) with peers in the day ek. 7. When the al #1) participates in he day program at requency: Daily."	A BUILDI 49G052 B. WING COF DEFICIENCIES BE PRECEDED BY FULL TTIFYING INFORMATION) Ctivities with her s spending time itting in her preferred g with her cellphone. participate in top activities during n group activities e in include playing watching movies, bus tabletop games, gaging in more group or new activities to red choices of or example, staff can ctivity would you like to #1), would you like to #2), ************************************	A BUILDING 49G052 B. WING 49G052 B. WING T OF DEFICIENCIES SE PRECEDED BY FULL TIFYING INFORMATION) UTIFYING INFORMATION) W 159 Ctivities with her is spending time itting in her preferred g with her cellphone. participate in up activities during n group activities in include playing watching movies, pous tabletop games, gaging in more group or new activities to red choices of or example, staff can ctivity would you like to #1), would you like to #1), would you like to #1), would you like to #1), would you like to ame? If (Individual #1) in the choices alternative group encouraged to put ngaging in group gge more social pove goal is met, n group activity with least once a week. het, (Individual #1) with peers in the day ek. 7. When the al #1) participates in he day program at requency: Daily." a collection for outcome dated er 2023 failed to r being measured. ction for Individual	A. BUILDING         49G052         B. WING         Z2755 SWEET ANDREASS, CITY, STI         Z2755 SWEET ANDREA DR         STREET ADDRESS, CITY, STI         Z2755 SWEET ANDREA DR         SEPRECEDED BY FULL         PREFIX         (EACH CORREC         Stivities with her         a spending time         titing in her preferred         g with her cellphone.         participate in         up activities during         n group activities         tin include playing         watching movies,         pus tabletop games,         gaging in more group         or example, staff can         titvity would you like to         #1), would you like to         #1), would you like to         #11, would you like to         manow activity with         least once a week.         tet, (Individual #1)         with peers in the day         sk, 7. When the         al #1) participates in         he day program at         requency: Daily."         a collection for         butcome dated         er 2023 failed to         r being measured.	A BUILDING         49G052         B. WING         27755 SWEET ANDREA DRIVE         ASHBURN, VA 20148         TOP DEFICIENCIES         B RECECED BY FULL         TGP DEFICIENCIES         B RECECED BY FULL         TGP DEFICIENCIES         B RECECED BY FULL         TREFIX         TAG         PREFIX         TGP DEFICIENCIES         Sepending time         titting in her preferred         g with her cellphone.         participate in         up activities during         n group activities         in include playing         watching movies,         pous tabletop games,         gaging in more group         or new activities to         red choices of         or example, staff Can         tivity would you like to         #1), would you like to         yagaing in group         ger more social         ove goal is met,         n group activity with         least once a week.         tet, (Individual #1)         with pers in the day         x6. 7. When the         al #1) participates in         he day	A BUILDING       COMP         49G052       B. WING       10/         2755 SWEET ANDREAS, CITY, STATE, ZIP CODE       22755 SWEET ANDREA DRIVE         ASHBURN, VA 20143       D       PROVIDER'S PLAN OF CORRECTION         FOF DEFICIENCIES       ID       PROVIDER'S PLAN OF CORRECTION         B WING       CROSS-REFERENCED TO THE APPROPRIATE       D         D PRECEDED BY FULL       ID       PRECENDED TO THE APPROPRIATE         D THYNG INFORMATION)       W 159       VENDS         ctivities with her       s spending time       (EACH CORRECTIVE ACTION SHOULD BE         ctrivities with her cellphone.       participate in       NUP activities         sup activities during       n group activities       DEFICIENCY)         watching movies,       W 159       VI 159         ctivities to red choices of a presocial syze goal is met,       n group activity with least once a week.         ect. (Individual #1)       with peers in the day activity with least once a week.       H (1) metoparam at requency. Daily."         a collection for builtone dated ar 2023 failed to reling measured.       teing measured.       teing measured.

Facility ID: VAICFMR60

If continuation sheet Page 8 of 21

	-	ID HUMAN SERVICES				FORM	APPROVED
		MEDICAID SERVICES					0. 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE COMP	SURVEY LETED
		49G052	B. WING			10/	13/2023
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				22	2755 SWEET ANDREA DRIVE		
DRANDLD	TON GROUP HOME			Α	SHBURN, VA 20148		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 159	target behavior being On 10/12/2023 at app interview was conduct member) #1, lead QII disabilities profession Program). After revie program outcome as asked to identify what targeted in Individual OSM #1 was unable to measured. When ask would be measurable developed in measurable developed in measurable developed in measurable developed in measurable developed in measurable developed in stated ab identify what was bein Individual #1's socialitis stated that the outcom When asked if the dat measurable if the out measurable terms, sh On 10/12/2023 at app (administrative staff in was made aware of th No further information INDIVIDUAL PROGR CFR(s): 483.440(c)(4	23 failed to evidence the measured. proximately 11:45 a.m., an ted with OSM (other staff DP (qualified intellectual ial) for (Name of Day ewing Individual#1's day stated above OSM #1 was t was being measure or #1's socialization outcome. to identify what was being ked if the data collected if the outcomes was not able terms, she stated no. proximately 3:30 p.m., a vas conducted with ASM nember) #1, clinical director. idual#1's residential pove ASM #1 was asked to ng measure or targeted in zation outcome. ASM #1 ne was not measurable. ta collected would be comes was not developed in ne stated no. proximately 3:30 p.m., ASM nember) #1, clinical director, ne above findings. n was provided prior to exit. AM PLAN )(iii) individual program plan		231	DEFICIENCY)		
		behavioral terms that					

Facility ID: VAICFMR60

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING \_\_\_\_ 49G052 B. WING 10/13/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE **BRAMBLETON GROUP HOME** ASHBURN, VA 20148 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 11/20/2023 W 231 INDIVIDUAL PROGRAM PLAN CFR(s): W 231 483.440(c)(4)(iii) Continued From page 9 W 231 provide measurable indices of performance. The QIDP and Day Program Coordinator will This STANDARD is not met as evidenced by: immediately revise Individual # 1's Socialization Based on staff interview, residential and day Outcome into measurable terms by including program clinical record review and facility specific activities of choice to the individual document review it was determined that the facility staff failed to develop outcomes in The Program Manager and Day Program measurable terms for one of three individuals in Coordinator will immediately update the the survey sample, Individual #1. individual's PCPs to incorporate these changes. The findings include: The Program Manager and Day Program Coordinator will review all the other individuals' For Individual #1, the facility staff failed to develop PCPs and update them, to prevent further deficiencies the residential and day program PCP (person-centered-plan) outcome of socialization The Program Manager and Day Program to define the targeted response. Coordinator will continue to monitor monthly and ensure that all service needs of the Individual #1 was admitted with diagnoses that individuals are accurately reflected through the included but not limited to: mild intellectual data collected to meet the targeted responses disability (1). from the PCPs. Individual #1's residential PCP (person centered The Clinical Director will review within monthly plan) dated 07/01/2023 through 06/30/2024 supervision with the Program Manager for documented in part, "Desired Outcome: #2 documentation to support the coordination of Socialization: (Individual #1) will engage in services for each individual's needs both at various activities to socialize daily with her peers, residential and day program levels. 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." Individual #1's day program PCP dated 09/01/2023 through 09/30/2024 documented in

FORM CMS-2567(02-99) Previous Versions Obsolete

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	: 10/17/2023 APPROVED . 0938-0391
STATEMENT C	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		(X3) DATE COMP	SURVEY
		49G052	B. WING		_	10/ <sup>.</sup>	13/2023
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST	ATE, ZIP CODE		
BRAMBLE	TON GROUP HOME			22755 SWEET ANDREA DF	RIVE		
			·	ASHBURN, VA 20148			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE) CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 231	Continued From page part, "Desired Outcom (Individual #1) will eng socialize daily with he community as she exp until June 30th, 2024. (Individual #1) is becc program, she has not with participating in gr peers. (Individual #1) independently; she er lounging chair and int 2. (Individual #1) enjo preferred and schedu the day. Some Day p (Individual #1) could e corn-hole, bingo, and board games and oth etc. As (Individual #1) activities to choose fro say (Individual #1), will participate in? or (Indi do an art activity or bo does not want to parti provided, she is offere activity. 4. (Individual her cellphone away w activities in order to en interaction. 5. When the (Individual #1) particip peers in the day progr 6. When the above go participates in group a program at least twice	e 10 he: #2 Socialization: gage in various activities to r peers, staff and in the plores her new environment Support Instructions: 1. oming adjusted to the day yet become comfortable roup activities with her enjoys spending time hoys sitting in her preferred eracting with her cellphone. yed to participate in led group activities during rogram group activities engage in include playing crafts, watching movies, er various tabletop games, ) is engaging in more group tored for new activities to is offered choices of om. For example, staff can hich activity would you like to vidual #1), would you like to vidual #1), would you like to pard game? If (Individual #1) cipate in the choices ed an alternative group #1) is encouraged to put then engaging in group	W 23				
		ers in the day program at eek. Frequency: Daily."					

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	): 10/17/2023 1 APPROVED
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		CONSTRUCTION		(X3) DATE	0. 0938-0391 SURVEY LETED
		49G052	B. WING			-	10/	13/2023
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STA	TE, ZIP CODE		
BRAMBLE	ETON GROUP HOME				2755 SWEET ANDREA DRI	VE		
				A	SHBURN, VA 20148			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD BI CED TO THE APPROPRIA EFICIENCY)		(X5) COMPLETION DATE
W 231	Continued From page	• 11	w	231				
	The day program data #1's socialization outo 2023 and October 20 target behavior being The residential data of	a collection for Individual come dated September 23 failed to evidence the measured. collection for Individual #1's						
	October 2023 failed to behavior being measu	ured.						
	interview was conduct member) #1, lead QII disabilities profession Program). After revie program outcome as asked to identify what targeted in Individual	proximately 11:45 a.m., an ted with OSM (other staff DP (qualified intellectual al) for (Name of Day wing Individual#1's day stated above OSM #1 was t was being measure or #1's socialization outcome. to identify what was being						
	telephone interview w (administrative staff m After discussing Indiv outcome as stated ab identify what was bein Individual #1's socialit	proximately 3:30 p.m., a vas conducted with ASM nember) #1, clinical director. idual#1's residential nove ASM #1 was asked to ng measured or targeted in zation outcome. ASM #1 ne was not measurable.						
	(ISP)" documented, "4 (Name of Corporation contain at a minimum measurable objective addressing each iden Service Plan (ISP) De	a) ensures that an ISP will : 4. Goals / outcomes and s / desired outcomes for tified need. 4.1.4 Individual evelopment. E. Goals / tives/Desired Outcomes:						

Facility ID: VAICFMR60

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	-	D HUMAN SERVICES					FORM	): 10/17/2023 I APPROVED
STATEMENT C	DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		E CONSTRUCTION		(X3) DATE	0. 0938-0391 SURVEY LETED
		49G052	B. WING				10/	13/2023
NAME OF PF	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STAT	E, ZIP CODE		
BRAMBLE	TON GROUP HOME				2755 SWEET ANDREA DRIV ASHBURN, VA 20148	Έ		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRECT CROSS-REFERENC	LAN OF CORRECTION IVE ACTION SHOULD BE ED TO THE APPROPRIA FICIENCY)		(X5) COMPLETION DATE
W 231 W 249	(administrative staff m was made aware of th No further information References: (1) Refers to a group by a limited mental ca adaptive behaviors su schedules and routine This information was https://www.report.nih ctSheet.aspx?csid=10 PROGRAM IMPLEME CFR(s): 483.440(d)(1 As soon as the interdi formulated a client's in each client must rece treatment program co interventions and serv and frequency to supp objectives identified in plan.	at are behavioral and ndexes of progress." proximately 3:30 p.m., ASM nember) #1, clinical director, ne above findings. was provided prior to exit. of disorders characterized spacity and difficulty with the as managing money, es, or social interactions. obtained from the website: .gov/NIHfactsheets/ViewFa 00. ENTATION ) sciplinary team has ndividual program plan, tive a continuous active nsisting of needed vices in sufficient number port the achievement of the n the individual program		231		FICIENCY)		
	Based on observation staff interview and fac determined that the fac	person-center-plan) for one						

Event ID: WL4O11

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING \_\_\_\_ 49G052 B. WING 10/13/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE **BRAMBLETON GROUP HOME** ASHBURN, VA 20148 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 249 PROGRAM IMPLEMENTATION 11/20/2023 W 249 CFR(s): 483.440(d)(1) W 249 Continued From page 13 The QIDP will immediately review Individual The finding include: #3's health and safety outcome with all staff to ensure that it is fully implement during For Individual #3, the facility staff failed to medication administration as per the implement the health and safety outcome during individual's PCP. the medication administration. The QIDP will immediately review all Individual #3 was admitted with diagnoses that individuals' health and safety outcome ensure included but not limited to: moderate intellectual that they correctly implemented during medication Administration. disability (1). The Program Manager will provide training to On 10/12/2023 at approximately 6:45 a.m., an all the staff during the monthly staff meeting, to observation was conducted of DSP (direct review all individuals' health and safety support professional) #2 administering morning outcomes, their implementation and the medications to Individual #3. During the collection of appropriate data. medication administration observation, DSP #3 failed to ask Individual #3 to state the name of The Program manager will conduct bi-weekly one of the medications he takes in morning. random observations during medication administration, to ensure that health and safety The PCP for Individual #3 dated 07/01/2023 outcomes are being implemented. documented in part, "Desired Outcome: #4 Health and Safety. (Individual #3) will be The Clinical Director will review within monthly supported to maintain his health and safety by supervision with the Program Manager, the participating in medication administration, individuals' documentation to support the implementing his behavior plan and by following coordination of services for each individual's his medical protocols daily until June 30, 2024. needs. 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." On 10/12/2023 at approximately 3:25 p.m., an interview was conducted with DSP #3. After

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	-	D HUMAN SERVICES MEDICAID SERVICES					FORM	): 10/17/2023 MAPPROVED ). 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		49G052	B. WING				10/13/2023		
NAME OF PI	ROVIDER OR SUPPLIER			ST	FREET ADDRESS, CITY, STATI	E, ZIP CODE			
BRAMBLETON GROUP HOME					2755 SWEET ANDREA DRIV SHBURN, VA 20148	E			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(	(EACH CORRECTI CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIA FICIENCY)		(X5) COMPLETION DATE	
W 249	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		W 2						

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING 49G052 B. WING 10/13/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE **BRAMBLETON GROUP HOME** ASHBURN, VA 20148 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 252 PROGRAM DOCUMENTATION 11/20/2023 CFR(s): 483.440(e)(1) W 252 Continued From page 15 W 252 objectives must be documented in measurable The QIDP and Day Program Coordinator will terms. immedately revise Individual # 1 Socialization Outcome into measurable terms by including specific activities of choice to the individual and ensure that appropriate data is collected This STANDARD is not met as evidenced by: Based on staff interview, residential and day The Program Manager and Day Program program clinical record review and facility Coordinator will immediately update the document review it was determined that the individual's PCPs to incorporate these facility staff failed to collect data in measurable changes. terms for one of three individuals in the survey sample, Individual #1. The Program Manager and Day Program Coordinator will immediately review all the The findings include: other individuals' PCPs and update them, to prevent further deficiencies For Individual #1, the facility staff failed to document the data collection for the residential The Program Manager and Day Program and day program PCP (person-centered-plan) Coordinator will continue to monitor on a outcome of socialization. monthly basis and ensure that all service needs of the individuals are accurately Individual #1 was admitted with diagnoses that reflected through the data collected to meet included but not limited to: mild intellectual the targeted responses from the PCPs. disability (1). The Clinical Director will review within monthly Individual #1's residential PCP (person centered supervision with the Program Manager, for documentation to support the coordination of plan) dated 07/01/2023 through 06/30/2024 services for each individual's needs both at documented in part, "Desired Outcome: #2 Socialization: (Individual #1) will engage in residential and day program levels. 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

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					OMB NO. 0938-039		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	E CONSTRUCTION		e survey Ipleted	
		49G052	B. WING		10	)/13/2023	
NAME OF P	ROVIDER OR SUPPLIER		:	STREET ADDRESS, CITY, STATE, ZIP CODE			
BRAMBLI	ETON GROUP HOME			22755 SWEET ANDREA DRIVE ASHBURN, VA 20148			
(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 CORREC (EACH CORRECTIVE ACTION SHC CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE	
W 252	Continued From page	e 16	W 252	2			
		ded. Frequency: Daily."					
	Individual #1's day pr	•					
	part, "Desired Outcor	9/30/2024 documented in					
		gage in various activities to					
		er peers, staff and in the					
	-	plores her new environment					
	until June 30th, 2024	. Support Instructions: 1.					
		oming adjusted to the day					
		t yet become comfortable					
		roup activities with her					
		) enjoys spending time njoys sitting in her preferred					
		teracting with her cellphone.					
	2. (Individual #1) enjo	÷ .					
		lled group activities during					
		program group activities					
		engage in include playing					
		crafts, watching movies,					
	-	er various tabletop games,					
		<ol> <li>is engaging in more group</li> <li>itored for new activities to</li> </ol>					
		is offered choices of					
		om. For example, staff can					
		hich activity would you like to					
	participate in? or (Ind	ividual #1), would you like to					
		oard game? If (Individual #1)					
	does not want to part						
	-	ed an alternative group					
		l #1) is encouraged to put vhen engaging in group					
		ncourage more social					
		the above goal is met,					
		pates in group activity with					
	peers in the day prog	ram at least once a week.					
		oal is met, (Individual #1)					
		activity with peers in the day e a week.  7. When the					
	I program at logat twice						

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	: 10/17/2023 APPROVED . 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE COMP	SURVEY	
		49G052	B. WING			10/13/2023		
NAME OF PI	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, S	TATE, ZIP CODE			
BRAMBLETON GROUP HOME				2755 SWEET ANDREA DI ASHBURN, VA 20148	RIVE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 252	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 17 above goal is met, (Individual #1) participates in group activity with peers in the day program at least three times a week. Frequency: Daily." 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. The residential data collection for Individual #1's socialization outcome dated September 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 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.		W 252					

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	-	D HUMAN SERVICES MEDICAID SERVICES		FORM	APPROVED 0. 0938-0391				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION JILDING		(X3) DATE SURVEY COMPLETED			
		49G052	B. WING			10/	13/2023		
NAME OF PI	ROVIDER OR SUPPLIER		•		STREET ADDRESS, CITY, STATE, ZIP CODE				
BRAMBLE	TON GROUP HOME				22755 SWEET ANDREA DRIVE ASHBURN, VA 20148				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	D BE COMPLETION			
W 252	<ul> <li>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. </li> </ul>		w	W 252					
W 475	by a limited mental ca adaptive behaviors su schedules and routine This information was https://www.report.nih ctSheet.aspx?csid=10 MEAL SERVICES CFR(s): 483.480(b)(2 Food must be served This STANDARD is r Based on observatio staff interviews and fa was determined that t		w	475					

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING 49G052 B. WING 10/13/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 22755 SWEET ANDREA DRIVE **BRAMBLETON GROUP HOME** ASHBURN, VA 20148 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 475 MEAL SERVICES CFR(s): 483.480(b) 11/20/2023 (2)(iv) W 475 Continued From page 19 W 475 three Individuals in the survey sample, Individual The Program Manager will immediately review #3. Individual #3's use of the Dycem Mat during an interdisclipinary meeting with the day program The findings include: The Program Manager will provide individual For Individual #3. facility staff failed to implement #3 with a new lunch box that is large enough to the use of a Dycem (1) mat during lunch at the carry all adaptive equipment related to lunch. day program. The Program Manager will review dining Individual #3 was admitted with diagnoses that utensils needed by all other individuals at the included but not limited to: moderate intellectual day support including those with need for disability (2). adaptive equipment. On 10/12/23 at approximately 11:45 a.m., an The Day Program Nurse will provide additional observation of Individual #3 receiving lunch at the training to all day program staff during the day program failed to evidence a Dycem mat monthly staff meeting, on the individuals' nutritional guidelines, mealtime instructions under Individual #3's plate while eating. and use adaptive equipment. The "Nutritional Assessment" dated 06/28/2023 The Program Manager and Day Program for Individual #3 documented in part, "Dining Nurse will conduct monthly unannounced Skills. Adaptive Equipment: Per 06/23 POS (plan checks at Day Program to ensure that meal of service)- cup w/ (with) handle, built up handle time guidelines are been adhered to and dining spoon, Dycem (2) mat at mealtimes." utensils are being utilized. On 10/12/23 at approximately 12:05 p.m., an The Clinical Director will periodically perform interview was conducted with OSM #1, day guarterly meal time observations to ensure that program life coach. When asked about the all applicable meal guidelines are being missing Dycem mat for Individual #3, he stated adhered to at day program. 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. 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

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		ID HUMAN SERVICES MEDICAID SERVICES					FORM	D: 10/17/2023 APPROVED D. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUC A. BUILDING				(X3) DATE	
49G052		B. WING	B. WING			10/13/2023		
NAME OF P	ROVIDER OR SUPPLIER			ST	FREET ADDRESS, CITY, ST	ATE, ZIP CODE		
BRAMBLETON GROUP HOME					2755 SWEET ANDREA DR SHBURN, VA 20148	RIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BINCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 475	program and that the provide it to the program. The facility's policy"3. Equipment Managem "3.5.3 5 Durable Medi community based age equipment includes a supportive B. Program Staff: 2. Ensure speci equipment use and m On 10/12/2023 at app (administrative staff m was made aware of th No further information References: (1) A non-slip rubber- stabilize. This information References: (2) Refers to a group by a limited mental ca adaptive behaviors su schedules and routine This information was	residential staff should am. 5 Durable Medical tent" documented in part, ical Equipment. As a ency, durable medical II adaptive, assistive ram Manager, Nurse and ific nursing protocols on haintenance are followed." proximately 3:30 p.m., ASM hember) #1, clinical director, he above findings. If was provided prior to exit. like plastic material used to ation was obtained from the .com. of disorders characterized apacity and difficulty with uch as managing money, es, or social interactions. obtained from the website: h.gov/NIHfactsheets/ViewFa	W 4	75		JEFICIENCY)		

Facility ID: VAICFMR60

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