PRINTED: 05/16/2017 FORM APPROVED OMB NO. 0938-0391

CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-
	OF DEFICIENCIES F CORRECTION	1X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	IX31 DATE SURVE COMPLETED
		49G009	B. WING		05/11/201
NAME OF F	ROVIDER OR SUPPLIER		·	STREET ADDRESS, CITY, STATE, ZIP	
EIMNEV	AVE RESIDENCE			404 FINNEY AVE	
:	AVE RESIDENSE			SUFFOLK, VA 23434	
1X41 ID PREFIX TAG	IEACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION!	ID PREFI) TAG	PROVIDER'S PLAN OF CO 1EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY1	N SHOULD BE COMPLE
W 000	INITIAL COMMENT	rs	W o	00	
	conducted on 05/09 Corrections are req Part 483 Intermedia Individuals with Dis-	Medicaid survey was 9/17 through 05/11/17, uired for compliance with CFR ate Care Facilities for abilities (ICF/ID) Federal fe Safety Code report will		1) On 3/31/17 the governing body	completed
W 104	the survey was 12.7 of 4 current Individual through #4). 483.410(a)(1) GOV	12 bed facility at the time of The survey sample consisted pal records (Individual #1 ERNING BODY or must exercise general policy, and direction over the facility.	W 10	requisition #65883 to request that come out to took at either updating and/or moving the panel box for purable to hear the annuciator better separate system just on the doors that could be utilized with the outer.	FYCO personnel the panel box rposes of being , or place a with door chimes nt system, and em. governing body equest to TYCO ndicator of a low led to the order te time knocked
	Based on observation interview, the facility	s not met as evidenced by: ions, record review and staff v staff failed to ensure the functioning properly.		battery, creating a low battery indic there was a total inspection of the system which also connects to the The TYCO technician confirmed the was communicating properly. On 4 technician provided training to factif set a door bypass setting and addit The technician noted the atarm man the French doors when other doors	FYCO fire panel security system. e entire system /28/17 a TYCO ly staff on how to ional features. y be triggered on or sudden
	the use of door alarmentrance tour on 5/9 observed assessing service tech was he how long had the alamalfunctioning. The and on for over thread or review of Individual	direct care staff stated, off		movement inside the facility causes ratile on the french doors, thus sen the security system. A request was TYCO representative to explore the upgrade of the system to include do On 5/1/17 a TYCO account represeste and after talking with the gover referred the matter to a sales repre appointment was set for 5/9/17. A #64893 was made to address recoil the appointment on 5/9/17. On 5/9 representative Gregory Foley responded expander retay board and account of the sent the facility a quote on 5/15, zoned expander retay board and account of the security system.	s the windows to ding an atam to smade for a possibility of an por annunciators. Intelligence came on ning body sentative and an requisition mmendations for 1/17 TYCO sales anded to the site.
		ERIS IPPNIER REPRESENTATIVES ŞIGN	and the second	TITLE	, IX61 DATE

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.

PRINTED: U5/T6/ZU1/ FORM APPROVED

CENTER	S FOR MEDICARE	& MEDICAID SERVICES				<u>), 0938-0391</u>
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		TE SURVEY MPLETED
		49G009	B. WING		05	/11/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
				404 FINNEY AVE		
FINNEY A	VE RESIDENCE			SUFFOLK, VA 23434		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECT X (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	IX5) COMPLETION OATE
W 104	5/11/17. A review of an Incic following: January documented, Security Company January 28, 2017 Smaking it difficult to February 14, 2017 throughout the overalarm indicated path April 9, 2017 Batter company called to April 29, 2017 The	dent Log indicated the 18th 2017 the staff rity key pad sticking, can the be notified. Security pad still sticking a set alarm. Alarm keeps going off rnight. It happened twice. The io door had breakage. Ty is low and the alarm replace the battery. alarm system was on a two	W 1	chimes for all extenor doors to Identify wh are opened from Inslde or outside of the balthough this will be programmed through existing alarm system in place, the chimes programmed so that the police are not not unless the existing alarm system is set to it is used currently. Please note there is not that needs to be made to the existing alar currently in place. It is not in disrepair. The system is set to it is used currently. Please note there is not that needs to be made to the existing alar currently in place. It is not in disrepair. The system is only a suptient of the existing system. On 5/17/17 an emall received from Mr. Foley with quote adjustinclude one additional door with the new of system and notification that the work woul within 2 weeks of the date of the email, be unforeseen circumstances. On 5/11/17 the Clinical Services Administ being questioned about the sign on the fastating that the system was on, informed the surveyors that the security system had be disarmed by facility staff to accommodate visitors entering and exiting the building and thave the knowledge of the door that the staff utilize when the alarm system is on day. There were no residents at home dutime of that inquiry.	uilding. the the will be lifled operate as orepair m system his quote plement to was ment to hime d start rring any rator, after cility wall he en multiple they dld e facility uring the	
	Staff Entrance). Stapatio door was crac sound and we did rescurity system. On 5/11/17 at 11: 1 environmental tour leading to an apart the facility was obsuldividuals were not 9:20 A.M. A sign throughout the system is on betweentrance to the builting to the suite of the suite of the suite of the system.	, the lower level back door ment complex located behind erved to be open. All oted out of the facility around the facility indicated: alarm sen 9: A.M. and 5 P.M. Iding will be through the staff		 The governing body took steps after the visit on 4/28/17 to train all staff on the feat current existing system. Training was prove 4/28/17 through 5/3/17 until all staff were to Written directions were posted by the panel/28/17 for facility staff to also follow. The governing body facilitated a staff meet all facility staff on both 5/11 and 5/12/17 steen in the importance of keeping the security all activated at all times and bypassing the centry way Monday through Friday from 9:5:00pm. While TYCO directly contacts the body when there is a notification received system, the facility staff are also required any notice of malfunction of the security detection of the security detection. The terms and conditions of the security vendor contract was reviewed to ensure we specifics regarding appropriate call resport and maintenance expectations. 	ures of the ided on rained. el on ting with ressing mosen staff 0am to governing by the o report evices to	5/11/17 5/12/17 5/12/17

During an interview with the Residential Coordinator she stated, the door alarm and the

PRINTED: US/TO/ZUTY FORM APPROVED OMB NO. 0938-0391

	CENTER	S FOR MEDICARE	& MEDICAID SERVICES			U	MR MO	1. 0936-0391
9	TATEMENT	OF OFFICIENCIES CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) OAT	TE SURVEY MPLETEO
		į	49G009	B. WING			05	/11/2017
	NAME OF P	ROVIOER OR SUPPLIER			S	TREET ADORESS, CITY, STATE, ZIP COOE		
					4	04 FINNEY AVE		
	FINNEY A	VE RESIDENCE			S	SUFFOLK, VA 23434		
_	(X4) ID PREFIX TAG	(EACH OFFICIENC)	TEMENT OF OEFICIENCIES / MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	ID PREF TAG		PROVIOER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCEO TO THE APPROP OEFICIENCY)	BË	DATE COMPLETION [X2]
	W 104	Continued From pa fire alarm pad gets The facility staff fai	stuck. led to ensure safety equipment	W	104	Based on the final quote that was receifrom TYCO regarding security system upgrades, the facility reviewed all of the of all the residents and determined the upgrades should meet the needs of all residents.		5/17/17
	W 186	The facility must pr staff to manage an accordance with the Direct care staff are on-duty staff calcul period for each defended. This STANDARD Based on observation interview, the facility supervision and mensure that direct was provided for In Plan (PCP) for wall and for Individual approved PCP for The findings included.	revide sufficient direct care d supervise clients in eir individual program plans. e defined as the present ated over all shifts in a 24-hour fined residential living unit. is not met as evidenced by: ations, record review and staff ty staff failed to ensure staff anagement was available to care supervision management adividual #1's Person Centered andering and leaving the building #3 in accordance with her disrobing.		186	1) The Clinical Services Administra and program manager have review current staff work schedule to ensur sufficient direct care staff coverage has been recommended that an additional full time position will be a to the current direct support FTEs to facility. Given the suggested ratio in W187 based on individuals' function levels and behavioral support plans facility ratio in a 24 hour period short 3.5. By adding another FTE, the facility ratio will be raised. Until hire, it will be achieved by utilizing PRN staff. The facility is currently recruiting for the position. Policy #943 Staff Work Schedule will be updated to address individual needs of an individual that admitted if ever with the need for or one direct care supervision. Neithe Individual #1's current ISP nor Behas Support Plan indicates that he must a male staff person at all times. As a male staff person at all times.	ed the re and it dded to the n TAG ning the collity on the collity of the collity	6/25/17 6/25/1 7
		6/6/03 with diagno Intellectual Disabil dated 12/23/16 income. Goal -To be him my plan. Object like? Desired Outowandering and integring to support metals.	is admitted to the facility on ses which included Severe ity, autistic and anxiety. A PCP licated: what is important to ealthy and safe as agreed upon ives- What does success look comes: Supervision for ruders. How often- daily. Who is ne? Residential staff.			a male staff person at all times. As a staff are available, they are assigne work with all male consumers in the house. Individual #1's privacy was invaded by female staff, as female swere monitoring him from outside the bathroom door ensuring he has all it as needed, as do the male staff. His does not call for direct hands-on can ADLs in the bath room. On 5/9/17 was a male staff person upstairs with Individual #1 while he was showering	d to not staff e tems s plan re for there	

Individual #1 while he was showering

PRINTED: UDITOIZUTE

DEPART	MENT OF HEALIH	& MEDICAID SERVICES		Ol	MB NO. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		49G009	B. WING		05/11/2017
NAME OF F	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
FINNEY A	VE RESIDENCE			404 FINNEY AVE SUFFOLK, VA 23434	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPODE DEFICIENCY)	BE COMPLETION
W 186	exited the building. doors so that Indivibuilding. One staff the building (no applindividual #1 being about an hour and building again. Staff so that Individual #1 return fifteen minutes. Individual #1 sat a television. Staff the for his shower. He the bathroom. Staff the laundry room to then snatched his to into the shower slahis body wash and closet right next to on the door and haitems. Staff monito bathroom giving in Staff realized Individuals.	About 3:00 P.M. Individual #1 Staff opened all the exterior dual #1 could return to the stood between the road and ety. Individual #1 returned to proximate time given for out of the building). After a half Individual #1 exited the ff opened all the exterior doors 1 could return to the building. The dinside the building after It his table and watched an asked him if he was ready said yes and staff led him to a get his hygiene materials, he towel and wash cloth and ran mming the door. Staff then got deodorant out the hygiene the bathroom. Staff knocked anded Individual #1 his hygiene red Individual #1 outside the dividual #1 did not have his night ent inside the laundry room for advidual #1's clothing. Staff	W 1	during dinner time and the male star monitoring from the hallway. The facility's electronic time-keeping sys indicates his presence. In addition, staff were in the kitchen area and 2 in the living room area during the physical observation prior to dinner. During the interview on 5/11/17 at 1 pm, regarding Individual #3's disrob surveyor made a statement that the was no male staff on shift on 5/9/17 response was given by any of the fastaff in the room as it was not a que it was a statement. 2) Per facility Policy #943 Staff Wor Schedule, the Residential Manager ensures the staff work schedule is developed at least 2 weeks in advar and submitted to the Clinical Service Manager for review and approval. Twork schedule will ensure that the d care staff-to-client ratio will in a 24 h period will be 1 to 3.5. The staff wor schedule will be implemented and maintained as necessary to sufficier manage and supervise individuals in accordance with their individual progplans.	tem 4 were :50 ing, a re . No ocility stion, rk nce, es The irect our rk 5/12/17
	returned to the hall bathroom door was gone, leaving the s the other staff to of that Individual #1 of that he was "naked they didn't see Indi	way and staff noticed the sopen and Individual #1 was shower running. Staff informed pen all the exterior doors so could return to the building and d'. As staff opened all doors ividual #1 so staff walked and that's when the other		On 5/11/17 and 5/12/17 the Clinical Services Administrator facilitated a smeeting to emphasize appropriate deployment of direct care staff servicand duties. The meeting included a debriefing of the event involving Individual #3 that occurred 5/9/17 as	ces

noted by the surveyors. Staff reviewed how it could have been managed

around the building and that's when the other staff inside the house yelled, "He is In."

SUBJECT DESTRUCTOR

			(į Pr		J. U3/10/201/
	DEPART	MENT OF HEALTH	AND HUMAN SERVICES			`		M APPROVED
	CENTER	S FOR MEDICARE	& MEDICAID SERVICES			Or Or		D. 0938-0391
ľ	STATEMENT	OF DEFICIENCIES	(X t) PROVIDER/SUPPLIER/CLIA	' '		E CONSTRUCTION		ATE SURVEY OMPLETED
	AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	ING			
l			40000	B. WING				5/11/2017
ļ			49G009	B. W. 140		TREET ADDRESS, CITY, STATE, ZIP CODE) 0.	3/11/2017
ĺ	NAME OF P	ROVIDER OR SUPPLIER				04 FINNEY AVE		
l	FINNEY A	VE RESIDENCE		İ				
١	FINNETA	WE KESIDENCE			_ >	SUFFOLK, VA 23434		
l	(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID D	~	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		[X5] COMPLETION
İ	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
I	TAG	REGUEATORTOTTE	,			DEFICIENCY)		
l								
ı	W 186	Continued From pa	age 4	W 1	186	appropriately with the staff on shift.	Δ	
	,. 100	Rotween the time 9	staff went in the laundry room			strategy was reviewed to consistent		
		and noticed Individ	ual #1 was not in the shower,			communicate with each other befor		
		Individual #1 was p	probably out side between 5-10			attending to another activity, in orde		
		minutes. A note in t	the Incident Report indicated: "			verify which staff will be responsible		
		An employee of the	e facility arrived at the facility			supervising the individuals. Since t		
		and informed staff	that Individual #1 was outside			staff were occupied writing an incid-	ent	
ļ		the building naked.	The employee stated a friend			report in another room during the e		
		who lives in the ap-	artment in the back of the			prioritizing direct client care was als	3O	
		facility gave her a	call and told her about			emphasized.		
		Individual #1". Un	Call Nurse was contacted to			0) 5 111 5 11 110 10 110 11		
		give PKN (as need	led) Ativan for agitation.			3) Facility Policy #943 Staff Work		6/2/17
	1	Individual #11e Auth	norized Representative (AR)			Schedule, has been updated and		
		was contacted an	nessage was left on the			renamed Facility Staffing and Supervision. The policy has been		
	ı	was contacted, a n	100000			Supervision. The policy has been		

answering machine. On 4/29/17 at 10:45 A.M. the AR called back to the facility in regards to the incident. The AR voice tone seemed to be upset as she asked staff why they monitoring Individual #1 when his PCP called for a male to monitoring him during shower time. The staff responded, "Unfortunately a male staff wasn't on shift." The AR apologized to staff and stated the facility should be ashamed of themselves putting staff safety in jeopardy. She said she was upset with the agency management because she and the facility had put in place in PCP that a male staff was to be with him, especially when taking a shower. The AR stated, Individual #1 is "very disrespectful towards women and he will fight them."

On 5/9/17 during the afternoon shift there were no males on duty. The Residential Coordinator and the Program manager were asked during an interview on 5/11/17 at 1:50 P.M. if a male staff was on duty for the evening shift of 5/9/17 and they stated, "No".

A data sheet for challenging behaviors indicated

revised to state: There shall be sufficient direct care staff to manage and supervise individuals in accordance with the individuals' program plans. Direct care staff's primary duties include all aspects of client care. There should also be sufficient numbers of support staff to support the routine maintenance of the facility's day to day operations. The accompanying procedure has been revised to state: Effective deployment of both direct care and support staff will be scheduled by facility management to ensure adequate staffing to implement program planning and responded to injuries, illness, and emergencies promptly. Staffing should reflect the active treatment needs of individuals as it fluctuates throughout the day including periods of enhanced supports for specialized needs. In the event that that an individual's plan must be updated to include enhanced direct care

PRINTED: 05/16/2017 FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICARE	& MEDICAID SERVICES		0	<u>MB NO. 0938-039</u>	
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		
		49G009	B. WING		05/11/2017	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 404 FINNEY AVE SUFFOLK, VA 23434		
(X4) ID PREFIX TAG	(FACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION	

W 186 Continued From page 5

"Running Out of Building". Individual #1 A review of Individual #1's behavior plan indicated: This individual had 22 incidents of running out of the building from 2/23/17 until 5/11/17.

During an interview on 5/11/16 at 1:45 P.M. with the Residential Coordinator, she stated, "The facility did not have a policy for supervision of Individuals."

The facility staff failed to provide supervision to prevent Individual for wandering and to implement his Person Centered program Plan.

2. The facility staff failed to ensure that direct care supervision management was provided for Individual #3 on 5/9/17 in accordance with her approved Personal Center Plan for disrobing.

Individual #3 was a 52 year old admitted to the facility on 3/29/04 with diagnoses to include: (1) Profound Mental Retardation, (2) Intermittent Explosive Disorder and (3) Seizures.

On 5/9/17 from 4:50 p.m. until 5:05 p.m. Individual #3 was observed in the community dining room with 10 other in house individuals. The 10 in house individuals were all seated around 3 different tables; however, Individual #3 was ambulating back and forth with her black leotard off of both arms and down around her waist from the tables to the kitchen counter serving door that was closed. Individual #3 was naked from her waist up and continued to walk back and forth to the closed kitchen counter

W 186

supervision or overall care, a team meeting will be called to thoroughly discuss the individual's needs and assessment of continued need for enhanced supervision. If the need is found to be permanent the facility staff along with the individual, the individual's surrogate decision maker and Case Manager will discuss the determined level of care and supports required to meet that need. If referral for a more appropriate placement is deemed necessary, Case Management will assist the individual in appropriate placement. All facility staff will record time worked in the facility's electronic time keeping system. Staff requesting leave must do so utilizing the electronic time keeping system and adequate coverage secured. Changes due to last minute staffing issues or need for additional direct support staff due to an individual injury, illness or facility emergencies will be adjusted and all staff deployed as needed at that given

A review of all of the needs of the Individuals determined that the modified Staff Work Schedule, with a raised direct care staff to client ratio, should meet the needs of all the residents.

Individual #1's Behavioral Support Plan was updated by the psychologist consultant 5/16/17 with procedures for staff to implement should Individual #1 run out of the building and is not

5/19/17

5/16/17

PRINTED: USLIGIZUTI FORM APPROVED

	LOU MEDICABE	& MEDICAID SERVICES		O	MB NO. 0938-039
	F OEFICIENCIES	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	1`'	IPLE CONSTRUCTION NG	(X3) OATE SURVEY COMPLETEO
		49G009	B. WING		05/11/2017
	OVIDER OR SUPPLIER			STREET AOORESS, CITY, STATE, ZIP COOE 404 FINNEY AVE SUFFOLK, VA 23434	
(X4) IO PREFIX TAG	PRÉFIX (EACH OEFICIENCY MUST BE PRECEDED BY FULL		10 PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC ((EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCEO TO THE APPROF OEFICIENCY)	O BE COMPLETION
			<u>- </u>		

W 186 Continued From page 6

serving door with her arms against her chest and bilateral breasts exposed for approximately 15 minutes. The full door from the kitchen to the dining room was also closed. There were no staff members in the community dining room with the 11 individual for approximately 15 minutes. There was also no visualization from the kitchen into the community dining room because the counter serving door and the full door were closed. Two staff members were sitting in the front room of the facility near the exit working on a computer approximately 30 feet from the community dining room. At 5:05 p.m. a Residential Technician that was in the front room entered the community dining room and assisted Individual #3 with putting her black leotard back on and remained in the dining area. At 5:10 p.m. this surveyor entered the kitchen area from the hallway and observed 4 staff members in the kitchen preparing the dinner meal around the center island. The surveyor asked the 4 staff members if they were aware that (Name of Individual #3) was in the dining room undressed from the waist up. The Clinical Services Administrator stated, "I just put her leotard back on her." The Residential Manager then stated, "And I have just done it once already myself also." The surveyor asked, "Why is the counter serving door and kitchen door closed?" The Clinical Services Administrator stated, "Because (Name of Individual #3) keeps reaching in and grabbing the plates so we closed it." All Individual dinner plates were observed to be on the center island in the kitchen. The only food item noted on the counter near the counter serving doors was multiple glasses of pink lemonade which was over to the right side. Individual #3 was observed by the surveyor peaking through the crack of the counter serving doors while the staff were being

W 186

wearing clothes. Other related updated strategies include: moving his table to a different location and consider sitting with his back to the wall to reduce anxiety associated with people moving around behind him; encouraging him to take walks outdoors near the home or in a public walking area, as he likes to walk outdoors; Individual #1 should attend a vocational program if one becomes available, otherwise he should take part in activities at home and in the community.

PRINTED: US/TO/ZUT/

DEPART	MENT OF HEALTH	AND HUMAN SERVICES					D. 0938-0391
		& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI	TIPLE CO	ONSTRUCTION	(X3) D/	ATE SURVEY
AND PLAN O	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:	l ` ′			CC)MPLETED
		49G009	B. WING				5/11/2017
NAME OF P	ROVIDER OR SUPPLIER				ET ADDRESS, CITY, STATE, ZIP COL	DE	
FINNEY A	WE RESIDENCE				FINNEY AVE FOLK, VA 23434		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
<u>. </u>	Continued From paraddressed in the kill Individual #3's currithe 4 staff member assist Individual #3 preparation. For 1 care supervision at #3 disrobing or the community dining a Individual #3's Pers 4/4/17 at 11:00 a.m follows: ICF (Intermediate Important To Me: Goal: Inappropriat List the actions/sup Physical, Gestural Describe how this individual preferen location where prowill not display any a) I will follow my by the Psychologis How often or by will Responsible Partin Residential) Staff Start Date: 05/01/End Date: 4/30/20 Goal: Wear Leota List the actions/sup Physical, Gestural Describe how this individual preferer location where programmed the progra	rige 7 tchen. After being informed of ent garment situation none of s in the kitchen stopped to but continued with the meal 5 minutes there was no direct any time noted for Individual other 10 Individuals in the area waiting on dinner. Son Centered Plan dated in is documented in part, as Care Facility) Part 5 The Behaviors opports needed: Verbal, Support will be provided based on ces (support instructions) and gram strategy can be found: I inappropriate behaviors, behavior support plan as written st. Then?: Daily er: FAR (Finney Avenue) 2017 2018 The provided based on ces (support instructions) and gram strategy can be found: I will be provided based on ces (support will be provided based on ces (support instructions) and gram strategy can be found: I		186	DEFICIENCY		
	a) DSP (Direct Su	rd to ensure appropriate dress. upport Partner) will support me					

by helping me put on my leotard.

PRINTED: 05/16/2017 FORM APPROVED

DEIMIN	0.500.450.0405	ALDICAID SERVICES				OMB NO	0. 0938-0391
		& MEDICAID SERVICES	(22) 1411	TIDLE C	CONSTRUCTION		TE SURVEY
STATEMENT AND PLAN O	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	1		, onstruction		MPLETEO
		49G009	B. WING			0!	5/11/2017
NAME OF P	ROVIOER OR SUPPLIER				EET AOORESS, CITY, STATE, ZIP COOE		
FINNEY A	VE RESIDENCE				FINNEY AVE FFOLK, VA 23434		
		THE PROPERTY OF OFFICIENCIES	IO	301	PROVIDER'S PLAN OF CORRECT	ION	[X5]
(X4) IO PREFIX TAG	(FACH DEFICIENC)	TEMENT OF OEFICIENCIES MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCEO TO THE APPR DEFICIENCY)	ILO BE	COMPLETION DATE
W 186	Continued From pa	ige 8	W	186			
		I have leotards available and					
	keep the leotard on	1.					
	How often or by wh	en?: Dally er: FAR (Finney Avenue					
	Residential) Staff	St. 774 (7 mm by 7 to blood					
	Start Date: 05/01/2						
	End Date: 4/30/20	18					
	Individual #3's BEH	IAVIORAL SUPPORT PLAN					
	date written 6/19/15	5 and signed by the Clinical					
	follows:	30/15 is documented in part, as					
	TARGET BEHAVIO *Removing her clot						
	PROCEDURES:						
	3. Staff will ensure	e (Name) Individual #3 does not I shirts and that the shirts that					
	wear short-sleeved	t least three-quarter length					
	(that is, sleeves be	low the elbow).					
	4. (Name of Individ	dual #3) also will wear a					
L	one-piece body sui	it or bathing suit under her					
	clothing each day.	This should remain on during nless she clearly seems not to					
	want to wear it.	ness sile dicarry booms not to					
		dividured #2) romayaa har					
	13. It (Name of Inc	dividual #3) removes her assist her in replacing her					
	clothing and will at	tempt to redirect her to an					
	ongoing activity. If	she removes her clothes a					
	second time, staff	will accompany her to a private bedroom) if one is available					
	and will continue w	ith her activities in that setting.					
	Staff should not lea	ave her alone in the private					

17. Staff will document incidents of each of the target behaviors on the data sheets in (Name of

area.

PRINTED: 05/16/2017 FORM APPROVED

DEPART	NENT OF DEALTH	& MEDICAID SERVICES				OMB NO	0.0938-0391		
STATEMENT	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:			CONSTRUCTION	(X3) OA	(X3) OATE SURVEY COMPLETEO		
		49G009	B. WING	·		0,	5/11/2017		
	ROVIOER OR SUPPLIER			404	REET AOORESS, CITY, STATE, ZIP COOE 4 FINNEY AVE				
PINNETA				St	PROVIDER'S PLAN OF CORREC	TION	1X51		
(X4) IO PREFIX TAG	(EACH OFFICIENC)	TEMENT OF OEFICIENCIES MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	IO PREF TAG		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCEO TO THE APPR OEFICIENCY)	ULO BE	COMPLETION DATE		
W 186	Continued From pa		W	186					
	Individual #3's) pro- required by (name and Finney Avenue	gram binder and elsewhere as of community service board) ICF/IID.							
	Individual #3's DAT CHALLENGING BE May 2017 is docum	A SHEET FOR EHAVIOR-RESIDENTIAL for sented in part, as follows:							
	not record more that overturning chairs	Removing Clothes behaviors as they occur, but do an one incident of self-injury, or removing clothes in an hour. In each time it occurs.							
	Date May 9 2017: F	Remove Clothes 3X (3 times)							
	The facility policy ti revised 1/13 is doc	tled "Staff Work Schedule" umented in part, as follows:							
	maintained whereb	hods established and by adequate staff coverage is bork schedule of staff is readily							
	the (Name of Com Personnel Office w staff will be employ not required to per- extent that these d exercises of their p of Person Centered								
	"Adequate" covera	ge is defined as that which is							

Facility IO: VAICFMR06

necessary to implement and maintain the program described in this manual.

	MENT OF OEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUAN OF CORRECTION (X3) MULTIPLE CONSTRUAN OF CORRECTION (X4) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUAN OF CORRECTION (X3) MULTIPLE CONSTRUAN OF CORRECTION (X4) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUAN OF CORRECTION (X4) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUAN OF CORRECTION (X4) PROVIDER/SUPPLIER/CLIA (X5) MULTIPLE CONSTRUAN OF CORRECTION (X4) PROVIDER/SUPPLIER/CLIA (X5) MULTIPLE CONSTRUAN OF CORRECTION (X5) PROVIDER/SUPPLIER/CLIA (X6) PROVIDER/SUPPLIER/CLIA (X6) PROVIDER/SUPPLIER/CLIA (X6) MULTIPLE CONSTRUAN OF CORRECTION (X6) PROVIDER/SUPPLIER/CLIA (X6) PROVIDER/SUPPLI			(X3) OATE SURVEY COMPLETEO	
		49G009	B. WING_		05/11/2017
	PROVIOER OR SUPPLIER AVE RESIDENCE			STREET AOORESS, CITY, STATE, ZIP COOE 404 FINNEY AVE SUFFOLK, VA 23434	,
(X4) IO PREFIX TAG	(EACH OEFICIENCY	TEMENT OF OEFICIENCIES / MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULO CROSS-REFERENCEO TO THE APPROP OEFICIENCY)	BE COMPLETION
W 186	debriefing was cond Services Administra Manager in attenda were shared. Prior to exit no furth (1) Profound Mental characterized by su function with IQ und impairments in the a socially. (2) Intermittent Expl disturbance beginning characterized by dis and aggressive behaves	eximately 3:00 p.m. a pre-exited ducted with the Clinical ator and the Residential nee and the above findings are information was provided. I Retardation: a disorder baverage general intellectual der 20 with deficits or ability to learn and to adapt a cosive Disorder: a mental ng in childhood and acrete episodes of violence avior and destruction of e normal individuals.	W 18	36	
	brain leading to abnicauses a sudden, vi contractions of a grow The above definition Dictionary of Medicin Professions 8th Edit 483.440(c)(6)(iii) IND The individual prograthose clients who lack skills essential for professional hygiene, debathing, dressing, grof basic needs), until	ns are derived from Mosby's ne, Nursing, and Health	W 24	2 1) The Residential Manager corrected the PCP Quarterly Review to accurately reflect the data collected on Individual #2's Medication data sheets for February, March and April 2017. A review of all Individual's record will be conducted by the Progran	·

CLINIL	13 I ON MILDICANE	A MILDICAID SLIVICES			OIVID IV	<u>10. 0936-039 I</u>
	FOF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
		49G009	B. WING		()5/11/2017
	PROVIDER OR SUPPLIER AVE RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 404 FINNEY AVE SUFFOLK, VA 23434	Ē	-
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		OULD BE	[X5] COMPLETION DATE
W 242	Continued From page 11 acquiring them. This STANDARD is not met as evidenced by: Based on observation, staff interviews, clinical record review, and facility document review the facility staff failed to ensure documentation was collected to yield an accurate measurement of the criteria of medication management progress for 1 of 4 Individuals in the survey sample, Individual #2.			Manager to ensure that data collected is being accurately on each Individual's most rec Quarterly Review.	reported	
				 The Program Manager will the Residential Counselor to the Monthly Criteria Report for February, March, April to according depict the data that was collected. 	correct or curately	6/25/17
	was collected and re accurate measurem	ed to ensure documentation eported correctly to yield an ent of Individual #2's criteria gement for punching his utlined in his		The Clinical Services Admini will facilitate a training on dat collection and reporting for a facility's QIDPs.	a	6/25/17
	facility on 5/21/14 wi Moderate Mental Re (3) Seizures. On 5/9/17 at 4:20 p.: Administration obsei Individual #2 and Re Individual #2 was giv	d April 2017. d: 62 year old admitted to the th diagnoses to include: (1) stardation, (2) Depression and m. a Medication vation was conducted with esidential Technician (RT) #1.		A PCP Change Note will be completed to modify Individu Person-centered plan outcom Medication. The description read "I will punch out my med from its bubble pack and acc other medications by tearing multi-dose packaging." Suppinstructions will be added to it temporary mechanical suppodetermined after assessment needed. The frequency will sall medication administration	ne for shall dications ess my the port nclude orts if tit is specify	6/25/17
	a multidose package administration. The Clonazepam 1 mg 1 medication pack and cup with the Prozac. 2 medications were	and placed in a cup for		daily. The Medication outcome data format for Individual #2 will be revised to record data for all which medication administrates.	e shifts in	6/25/17

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OIMB I	<u>10. 0938-0391</u>	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LTIPLE CONSTRUCTION DING		DATE SURVEY COMPLETED	
		49G009	B. WING	<u> </u>		05/11/2017	
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	E		
FINNEY	AVE RESIDENCE			404 FINNEY AVE			
1 1141421 7				SUFFOLK, VA 23434			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE	(X5) COMPLETION DATE	
W 242	Continued From pa	age 12	W 2	242			
	•	verbally, physically, or		occurs. It will also be update			
	gesturally encourag	ged or allowed Individual to		reflect the revised outcome	as		
	• •	ch out his own medication to		written.			
	take.			Once the program outcome	ie	6/25/17	
	On 5/10/17 at 3:35	p.m. a Medication		updated the QIDP/Nursing		0/20/17	
		ervation was conducted with		train all facility staff on prop			
		desidential Counselor (RC) #1.		implementation of the outco			
		vidual #2 to punch his 1 tablet and Tylenol Arthritis					
		om blister bubble medication		A review of facility Policy		6/25/17	
		ation cup, while giving verbal		Interdisciplinary Team, dete			
		idual #2 successfully punched		that it continues to meet sta			
		ns into the medication cup he nched my own pills so I can		federal requirements for eva needs, planning outcomes,	nuating		
		Individual #2 then swallowed		reviewing responses and re	visina		
		the cup. The surveyor asked		outcomes.			
		dual #2's Prozac 10 mg from age he was also due for. RC					
		d already opened that and it		A review of facility Policy #8		5/25/17	
	was in his medication	on cup." The surveyor asked,		Person-Centered Plan, dete			
		w him to open that medication		that it continues to meet sta federal requirements for the			
		Stated, "I thought he would yor then stated, "He did not		development and implement		:	
		ications when he punched		a person-centered plan to e			
	them out." There w	as no further response from		continuous, aggressive acti			
	the RC.			treatment for each individua			
	Individual #2's Pers	on Centered Plan dated					
		was reviewed and is		A review of facility Policy #8		5/25/17	
	documented in part	, as follows:		Collection/Monitoring, deter continues to meet state and			
	ICF (Intermediate C	`are Facility\ Part 5		requirements for an establis			
	Important To Me:	rate Laumy Lates		reliable method of collecting			
	Goal: Medication			for each individual outcome			
		ports needed: Verbal,		individual's IPP.			
	Physical, Gestural S						
		vill be provided based on es (support instructions) and					
	· · · · · · · · · · · · · · · · · · ·	,					

PRINTED: 05/16/2017 FORM APPROVED OMB NO. 0938-0391

CENTE	49 FOR MEDICARE	& MEDICAID SEKVICES				JIVID IVO. 0936-039 I
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G009	B. WING	·		05/11/2017
NAME OF I	PROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE	
EINNEY	AVE RESIDENÇE			404	FINNEY AVE	
LIMME I	AVE RESIDENCE			SUI	FFOLK, VA 23434	
(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 SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION
W 242	Continued From pa	age 13	W 2	242		
	•	gram strategy can be found: I	• • •	–		
	will punch out medi					
		oport Partner) will support me				
by providing supervision and so verbally and physically. b) DSP will document.						
	How often or by wh					
		er: FAR (Finney Avenue				
	Residential) Staff					
	Start Date: 06/01/2					
	End Date: 5/31/201	17				
	Checklist dated 5/4	ication Management Skills /16 was reviewed and is				
	documented in part	, as follows:				
	Medication Manage Date: 5/4/16	ment:				
		edication from prepared				
	medication card- So	core Level 3				
	Score Code:					
	Level 3:	e: Verbal and Partial Physical			•	
	of Gestural Prompti					
		of Performance: The				
		partial assistance in the form				
		(verbal, gestural, and/or				
	physical to complete					
	Examples: While the resident is performing the task, staff places his/her hands in the proper			-		
		es verbal clues to aid him/her				
	completing the task	,				
	Individual #2's most	current signed Physician				
		were reviewed and are				
	documented in part,					

1/17/17: Clonazepam 1 mg tablet, 1 tablet by

CENTER	<u>RS FOR MEDICARE</u>	E & MEDICAID SERVICES				<u> </u>	J. 0938-039 1
STATEMENT OF OEFICIENCIES ANO PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MUI A. BUILO		CONSTRUCTION		TE SURVEY MPLETEO
		49G009	B. WING	i		05	5/11/2017
NAME OF F	PROVIOER OR SUPPLIER		-	į	REET AOORESS, CITY, STATE, ZIP COOE		<u>, , , , , , , , , , , , , , , , , , , </u>
F(NNEY	AVE RESIDENCE		!	1	FINNEY AVE FFOLK, VA 23434		
~40.10	SUMMARY STA	ATEMENT OF OEFICIENCIES	IO		PROVIOER'S PLAN OF CORRECTION		/Y51
(X4) IO PREFIX TAG	(EACH OEFICIENCY	Y MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCEO TO THE APPROI OEFICIENCY)	O BE	(X5) COMPLETION DATE
W 242	Continued From pa	age 14	W 2	242			
	9/22/16: Prozac 10 at 4 p.m. (Antidepr 9/29/16: Tylenol Ar	rthritis ER (Extended Release) by mouth every 8 hours as					
	Individual #2's Inter Report that was het reviewed and is doo						
	Residential Manage #2's Schedule of Su	JPPORTS: (Name) er presented (Name) Individual upports. (F3): F3.2- Medication-					
	Medication Data Sh	vidual Support Program F3.2 neets for February, March and viewed and are documented in					
	F3.2: Medication I will punch out med 1:a) DSP will supposupervision and supphysically. b) DSP will docume	ort me by providing pporting me verbally and					
	Code: punch put meds= ch did not punch out m Refuses =R						
	February 2017 Check: 3 days X: 25 days R: 0 days						

PRINTED: 05/16/2017 FORM APPROVED OMB NO. 0938-0391

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO	D. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION		ATE SURVEY MPLETED
	K	49G009	B. WING	j		₀ ,	5/1 1/201 7
	PROVIDER OR SUPPLIER AVE RESIDENCE			40	REET ADDRESS, CITY, STATE, ZIP CDDE 14 FINNEY AVE UFFOLK, VA 23434		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	IX5) COMPLETION DATE
W 242	5/8/17 at 8:23 a.m. documented in part documented in part Goal#: F3.2 Medica Objective: 30 days G (goal): Important medication to take. Individual #2's Pers Quarterly Review docompleted by the Reviewed and is documented to the Person-Center from: 02/01/2017 To Instructions: Includion the shared plan of Desired Outcome fits status for each outcomed in part of the p	thly Criteria Report dated was reviewed and is , as follows: ation For Me: I will punch out on-Centered Program 1st ated 5/8/17 at 5:12 p.m. esidential Manager was sumented in part, as follows: ed review covers information o: 04/30/2017 ethe full outcome as reflected or in a previous update in the eld. Include the start date and ome in the Start Date and	W 2	242			
	two text fields. DESIRED OUTCOM						

Status of Outcome: Partially Met

Describe what has been tried and learned since

PRINTED: 05/16/2017 FORM APPROVED OMB NO. 0938-0391

CENTE	KS FOR MEDICARE	& MEDICAID SERVICES			Or	<u> </u>	1
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETEO	
		49G009	B. WING	i		0 5/11/ 201 7	
	PROVIDER OR SUPPLIER AVE RESIDENCE			STREET ADDRESS, CIT 404 FINNEY AVE SUFFOLK, VA 234	•		_
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER IX (EACH CORR	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD RENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
W 242	concerned about? DSP supported me ensure my medicativerbal and physical medications daily for quarter. February: Punched mandarch: Punched medications what will be what will stay the sa CONDITION: Stable On 5/10/17 at approximate of the conditions of the conditio	by providing supervision to ions were taken and with support with punching out my or a total of 89 days in this dications 31 days dications 30 days. The changed or improved and time:	W 2	?42			
	Support Program F3 for February, March #2's Monthly Criteria Individual #2's Perso Quarterly Review dasked, "What is the facility individuals?" stated, "It represents goals and it shows to they are making." To "Where did you get a Report for (Name of Residential Manage Criteria Report and to The inconsistencies Individual Support Posheets for February, Individual #2's Monther Residential Manage Posheets for February, Individual #2's Monther Residential Manage Posheets for February, Individual #2's Monther March #2's Monther Posheets for February, Individual #2's Monther Posheets for	3.2 Medication Data Sheets and April 2017, Individual a Report dated 5/8/17, and on-Centered Program 1st ated 5/8/17. The surveyor purpose of the data collect on The Residential Manager is their outcomes toward their the progress or decline that the surveyor then asked, the data for your Quarterly Individual #2)?" The restated, "Mostly from the Individual's Data Sheets." between Individual #2's rogram F3.2 Medication Data, March and April 2017, aly Criteria Report dated al #2's Person-Centered					

Program 1st Quarterly Review dated 5/8/17 that

PRINTED: 05/16/2017 FORM APPROVED OMB NO. 0938-0391

CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			(<u>DMB NO. 0938-0391</u>
	OF OEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MUI A. BUILO		E CONSTRUCTION	(X3) OATE SURVEY COMPLETED
		49G009	B. WING			05/11/2017
	PROVIOER OR SUPPLIER AVE RESIDENCE			4(TREET AOORESS, CITY, STATE, ZIP COOE 04 FINNEY AVE UFFOLK, VA 23434	
(X4) IO PREFIX TAG	(EACH OEFICIENC)	TEMENT OF OEFICIENCIES MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION]	IO PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCEO TO THE APPROI OEFICIENCY)	O BE COMPLETION
W 242	reviewed with her. (Name) Individual # 1st Quarterly Revie completed by you chim correctly for the Residential Manage. The facility policy tit revised 1/13 is doctored in the policy of Fire ICF/IID that an individual in the policy of Fire ICF/IID that an individual. An individual individual in the policy of Examining, treatment, The PCP/IPP stand evolves with the individual in the policy with the individual in the policy of Examining in the policy with the individual in the pol	nager completed were The surveyor asked, "Is £2's Person-Centered Program w dated 5/8/17 that was lata accurate and represent e months mentioned?" The er stated, "No, its not." Lied "Person-Centered Plan" umented in part, as follows: Inney Avenue Residence vidual's PCP/IPP Plan/Individual Program Plan) and implemented to ensure sive active treatment for each idual's PCP/IPP will serve as a sions regarding individual activities, and use of supports. s as a working document that ividuals need for supports. IPP process is a composite of evaluations, including social, communication and/or OT/PT apy/Physical Therapy), and t Data.	W	242		

individual's desires.

their evaluations, functional assessments and

PRINTED: 05/16/2017 FORM APPROVED

OCNIC	OC EOD MEDICADE	MEDICAID SEDVICES				ON	IB NO.	0938-0391
	OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE C	ONSTRUCTION		(X3) DATE	SURVEY
AND PLAN O	FCORRECTION	IDENTIFICATION NUMBER:	A. BUILD	ING			COMP	PLETED
		49G009	B. WING				05/1	1/2017
NAME OF F	PROVIDER OR SUPPLIER		<u> </u>	STRE	ET ADDRESS, CITY, STATE, ZIP	CODE	······································	
FINNEY	AVE RESIDENCE				FINNEY AVE			
	TE REGISEROE			SUF	FOLK, VA 23434			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD IE APPROPR	BE	(X5) COMPLETION DATE
W 242	Continued From pa	ige 18	W 2	242				
		te the identified supports						
		itten outcome for each support						
		expressed in behavioral terms urable and realistic to that						
	individuals needs.	The outcome will state the	-					
	frequency of impler							
	4. PCP/IPP will also have a goal for each need as listed on the form. This goal will indicate any							
	needed supports to implement the outcomes as							
	well as environment, consumer choice, duration and times to implement the outcome.							
		be developed for each						
		information to report progress,						
	regression or stabil	ity.						
		CP/IPP is as follows:						
	,	DSP providing care to the						
	record and daily Pre	access to the individual's ogram Book for						
	implementation and	monitoring of Active						
	Treatment.							
		oximately 3:00 p.m. a pre-exit						
		ducted with the Clinical						
		ator and the Residential ince and the above findings						
		Residential Manager stated,						
	"We will have to mo	odify his plan to include the						
	multidose packagin	ıg."						
	Prior to exit no furth	ner information was provided.						
	(1) Moderate Menta	al Retardation: a disorder						
		baverage general intellectual ween 35 to 50 with deficits or						
		ability to learn and to adapt						
	socially.							

(2) Depression: an abnormal emotional state

PRINTED: U5/10/2017 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PAGO09 NAME OF PROVIDER OR SUPPLIER FINNEY AVE RESIDENCE (X2) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 242 Continued From page 19 characterized by exaggerated feelings of sadness, melancholy, dejection, worthlessness, emptiness, and hopelessness that are inappropriate and out of proportion to reality. (3) Seizures: a hyperexcitation of neurons in the brain leading to abnormal electric activity that causes a sudden, violent involuntary series of contractions of a group of muscles. The above definitions are derived from Mosby's Dictionary of Medicine, Nursing, and Health Professions 8th Edition. W 249 483.440(d)(1) PROGRAM IMPLEMENTATION 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 (A BULDING 8. WING STREET ADDRESS, CITY, STATE, ZIP CODE 404 FINNEY AVE SUFFOLK, VA 23434 PREFIX TAG PREFIX TAG PREFIX PROVIDER OR SUPPLIENCE W 242 W 242 W 242 W 242 W 242 W 242 W 244 1) Neither Individual #1's current Person-Centered Plan nor his Behavioral Support Plan indicates that he must have a male staff person to monitor him at all times. His Authorized Representative (AR) has not requested the IDT to provide for exclusively male staff monitoring of	DEFAILE	ИВ NO. 0938-0391
FINNEY AVE RESIDENCE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH OEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 242 Continued From page 19 characterized by exaggerated feelings of sadness, melancholy, dejection, worthlessness, emptiness, and hopelessness that are inappropriate and out of proportion to reality. (3) Seizures: a hyperexcitation of neurons in the brain leading to abnormal electric activity that causes a sudden, violent involuntary series of contractions of a group of muscles. The above definitions are derived from Mosby's Dictionary of Medicine, Nursing, and Health Professions 8th Edition. W 249 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	TATEMENT	(X3) DATE SURVEY COMPLETED
FINNEY AVE RESIDENCE (X4) ID PREFIX TAG (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGS (EACH DEFICIENCY ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 242 Continued From page 19 characterized by exaggerated feelings of sadness, melancholy, dejection, worthlessness, emptiness, and hopelessness that are inappropriate and out of proportion to reality. (3) Seizures: a hyperexcitation of neurons in the brain leading to abnormal electric activity that causes a sudden, violent involuntary series of contractions of a group of muscles. The above definitions are derived from Mosby's Dictionary of Medicine, Nursing, and Health Professions 8th Edition. W 249 49. The above definitions are derived from Mosby's Dictionary of Medicine, Nursing, and Health Professions 8th Edition. W 249 49. Neither Individual #1's current Person-Centered Plan nor his Behavioral Support Plan indicates that he must have a male staff person to monitor him at all times. His Authorized Representative (AR) has not requested the IDT to provide for exclusively male staff monitoring of		05/11/2017
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE TAGE W 242 Continued From page 19 characterized by exaggerated feelings of sadness, melancholy, dejection, worthlessness, emptiness, and hopelessness that are inappropriate and out of proportion to reality. (3) Seizures: a hyperexcitation of neurons in the brain leading to abnormal electric activity that causes a sudden, violent involuntary series of contractions of a group of muscles. The above definitions are derived from Mosby's Dictionary of Medicine, Nursing, and Health Professions 8th Edition. W 249 483.440(d)(1) PROGRAM IMPLEMENTATION 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		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) W 242 Continued From page 19 characterized by exaggerated feelings of sadness, melancholy, dejection, worthlessness, emptiness, and hopelessness that are inappropriate and out of proportion to reality. (3) Seizures: a hyperexcitation of neurons in the brain leading to abnormal electric activity that causes a sudden, violent involuntary series of contractions of a group of muscles. The above definitions are derived from Mosby's Dictionary of Medicine, Nursing, and Health Professions 8th Edition. W 249 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 W 249	FINNEY A	
characterized by exaggerated feelings of sadness, melancholy, dejection, worthlessness, emptiness, and hopelessness that are inappropriate and out of proportion to reality. (3) Seizures: a hyperexcitation of neurons in the brain leading to abnormal electric activity that causes a sudden, violent involuntary series of contractions of a group of muscles. The above definitions are derived from Mosby's Dictionary of Medicine, Nursing, and Health Professions 8th Edition. W 249 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 Characterized by exaggerated feelings of sadness, memptions, worthlessness, emptiness, empti	PREFIX	BE COMPLETION
brain leading to abnormal electric activity that causes a sudden, violent involuntary series of contractions of a group of muscles. The above definitions are derived from Mosby's Dictionary of Medicine, Nursing, and Health Professions 8th Edition. W 249 483.440(d)(1) PROGRAM IMPLEMENTATION 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 The above definitions are derived from Mosby's Dictionary of muscles. W 249 1) Neither Individual #1's current Person-Centered Plan nor his Behavioral Support Plan indicates that he must have a male staff person to monitor him at all times. His Authorized Representative (AR) has not requested the IDT to provide for exclusively male staff monitoring of	W 242	
W 249 483.440(d)(1) PROGRAM IMPLEMENTATION 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 1) Neither Individual #1's current Person-Centered Plan nor his Behavioral Support Plan indicates that he must have a male staff person to monitor him at all times. His Authorized Representative (AR) has not requested the IDT to provide for exclusively male staff monitoring of		
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 Behavioral Support Plan indicates that he must have a male staff person to monitor him at all times. His Authorized Representative (AR) has not requested the IDT to provide for exclusively male staff monitoring of	W 249	
plan. Individual #1, and has approved his person-centered plan and Behavioral Support Plan as written. The AR has		n to has for of his vioral R has
This STANDARD is not met as evidenced by: Based on observations, record review and staff interview, the facility staff failed to ensure staff supervision and management was available to ensure Individual #1 was supervised in accordance with his Person Centered Plan (PCP) for wandering and leaving the building and Individual #3 was supervised in accordance with her Person Centered Plan (PCP) for disrobing. Expressed her opinion about Individual #1's demeanor toward male versus female staff directly with the Director of Community Supports. The AR was informed that as male staff are available, they are assigned to work with all male consumers in the house. On 5/9/17 there were appropriate and sufficiently trained staff to implement		eus ctor of vas vork puse. e and

The findings included:

PRINTED: 05/16/2017 FORM APPROVED OMB NO. 0938-0391

CENTERS	S FOR MEDICARI	- & MEDICAID SERVICES	ES			<u> </u>
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		49G009	B. WING _		05	5/11/2017
NAME OF PROVIDER OR SUPPLIER FINNEY AVE RESIDENCE				STREET ADDRESS, CITY, STATE, ZIP CODI 404 FINNEY AVE SUFFOLK, VA 23434	E	
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLET)ON OATE

W 249 Continued From page 20

1. Individual #1 was admitted to the facility on 6/6/03 with diagnoses which included Severe Intellectual Disability, autistic and anxiety. A PCP dated 12/23/16 indicated: what is important to me. Goal -To be healthy and safe as agreed upon in my plan. Objectives- What does success look like? Desired Outcomes: Supervision for wandering and intruders. How often- daily. Who is going to support me? Residential staff.

A review of Individual #1's Person Centered Plan Quarterly review dated 3/9/2017 indicated: Household Safety/Monitoring.
Status of Outcome: Partially Met Describe what has been tried and learned since the last review. What are you pleased about and concerned about? Individual #1 received support in his living environment to maintain household safety and remain safe in the community and protected from home intruders. DSP (Direct Service Providers) ensured that the facility doors were locked, Monitoring cameras were active and the security system was activated as directed.

A data sheet for challenging behaviors indicated "Running Out of Building".

A review of Individual #1's behavior plan indicated: This individual had 22 incidents of running out of the building from 2/23/17 until 5/11/17.

A review of an Incident Log indicated the following: January 18th 2017 the staff documented, Security key pad sticking, can the Security Company be notified.

W 249 Individual #1's person-centered plan. On 5/9/17, during dinner time, there was a male staff person upstairs with Individual #1, monitoring from the hallway while he was showering. In addition, 4 staff were in the kitchen area and 2 were in the living room area during the physical observation prior to dinner. During the interview on 5/11/17 at 1:50 pm, regarding Individual #3's disrobing, a surveyor made a statement that there was no male staff on shift on 5/9/17. No response was given by any of the facility staff in the room as it was not a question, it was a statement. On 5/9/17 plates were moved to the center island in order to close the kitchen

> Individual #1's person-centered plan includes the Outcome: Support for Wandering and Intruders. The description of how it will be provided reads "I will respond to DSP support to ensure safety when I leave the building." Support instructions include "DSP will support me by ensuring daily facility doors are locked, monitoring cameras are activated and security system activated as directed in facility Policy #819" and "DSP will support me by following my plan for safety if I leave the building without supervision." On 4/28/17 facility staff appropriately implemented Individual #1's

serving window.

PRINTED: 05/16/2017 FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICARE	& MEDICAID SERVICES		0	MB NO. 0938-0391
	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	l` ′	TIPLE CONSTRUCTION	(X3) OATE SURVEY COMPLETEO
		49G009	B. WING		05/11/2017
NAME OF F	ROVIOER OR SUPPLIER			STREET AOORESS, CITY, STATE, ZIP COOE	
FINNEY AVE RESIDENCE				404 FINNEY AVE SUFFOLK, VA 23434	
(X4) IO PREFIX TAG	(EACH OEFICIENC)	TEMENT OF OEFICIENCIES MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	IO PREFI TAG		DBE COMPLETION
TAG	Continued From partial January 28, 2017 Signaking it difficult to February 14, 2017 throughout the overalarm indicated path April 9, 2017 Batter company called to recompany called the recompan	ge 21 Recurity pad still sticking set alarm. Alarm keeps going off rnight. It happened twice. The io door had breakage. The io	W 2	OEFICIENCY)	uilding uring ed. he oom ation hale h/12/17 5/11/17 tor 5/12/17 ohasize t care heeting ht rred s. Staff he staff on oeach r
	Coordinator she sta fire alarm pad gets			be responsible for supervising the individuals. Since two staff were occupied writing an incident reportant reportant record during the event, prioritizing direct client care was	ne e ort in
	A review of an April	28, 2017 Adverse Incident		emphasized.	

Report indicated: "About 3:00 P.M. Individual #1 exited the building. Staff opened all the exterior

doors so that Individual #1 could return to the

building. One staff stood between the road and

2) The Clinical Services Administrator

and Program Manager have reviewed

PRINTED: 05/16/2017 FORM APPROVED

		AND HUMAN SERVICES			Ol	MB NO.	0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE COMF	SURVEY
		49G009	B. WING			05/1	1/2017
NAME OF	PROVIDER OR SUPPLIER			Π	STREET ADDRESS, CITY, STATE, ZIP CODE		
					404 FINNEY AVE		
FINNEY	AVE RESIDENCE				SUFFOLK, VA 23434		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	JX5J COMPLETION OATE
W 249	the building (no applindividual #1 being about an hour and building again. Staf so that Individual #1 return fifteen minutes. Individual #1 sat at television. Staff the for his shower. He	ety. Individual #1 returned to proximate time given for out of the building). After a half Individual #1 exited the fopened all the exterior doors 1 could return to the building. ed inside the building after his table and watched n asked him if he was ready said yes and staff led him to	W:	24	the current staff work schedule to ensure sufficient direct care staff coverage and it has been recommended that an additional time position will be added to the current direct support FTEs to the facility. Given the suggested rational time position will be added to the current direct support FTEs to the facility. Given the suggested rational time facility in the facility ratio in a support plans the facility ratio in a hour period should be 3.5. By additional time facility ratio will raised. Until hire, it will be achieved.	full e o in a 24 lding be	6/25/17
	the laundry room to then snatched his to into the shower sla his body wash and closet right next to on the door and ha items. Staff monito	f and Individual #1 then into get his hygiene materials, he lowel and wash cloth and ran mming the door. Staff then got deodorant out the hygiene the bathroom. Staff knocked inded Individual #1 his hygiene red Individual #1 outside the dividual #1 his privacy.			utilizing PRN staff. The facility is currently recruiting for the position Policy #943 Staff Work Schedule updated to address one to one dicare supervision in the event it is needed on a temporary basis.	n. will be rect	6/25/17
	Staff realized Indiv clothes, so staff we a moment to get In returned to the hall bathroom door was gone, leaving the s	idual #1 did not have his night ent inside the laundry room for idividual #1's clothing. Staff lway and staff noticed the s open and Individual #1 was shower running. Staff informed			A review of all of the needs of the Individuals determined that the m Staff Work Schedule will ensure t are appropriate and sufficiently trataff available to meet the needs the residents.	odified here ained	5/19/17
	the other staff to of that Individual #1 of that he was "naked they didn't see Indi- around the building staff inside the hou	pen all the exterior doors so could return to the building and d". As staff opened all doors ividual #1 so staff walked g and that's when the other use yelled, "He is In."			The Clinical Services Administrate request a review of Individual #1's Behavioral Support Plan by the psychologist consultant to determ procedures to address his target behavior of running out of the built require any revision. The psychologist consultant to determ procedures to address his target behavior of running out of the built require any revision. The psychologist consultant procedures are consultant to the procedure of the procedure and the procedure of the procedure o	s nine if Iding	6/25/17

and noticed Individual #1 was not in the shower, Individual #1 was probably out side between 5-10 minutes. On Call Nurse was contacted to give

PRINTED: 05/16/2017 FORM APPROVED

OENTER	C COD MEDICARE	MEDICAID SERVICES		10	MB NO. 0938-0391		
STATEMENT	S FOR MEDICARE OF DEFICIENCIES CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) OATE SURVEY COMPLETED		
AND PLAN O	CORRECTION	49G009	B. WING	S	05/11/2017		
NAME OF P	ROVIDER OR SUPPLIER			STREET AOORESS, CITY, STATE, ZIP CODE			
FINNEY A	VE RESIDENCE			404 FINNEY AVE SUFFOLK, VA 23434			
(X4) IO PREFIX TAG	(EACH DEFICIENCY	TEMENT OF OEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION		
W 249	Continued From pa	ge 23	W 24	9			
	PRN (as needed) A Individual #1's Auth was contacted, a m			consultant will provide an in-servi for facility staff to review Behavio Support Plans for Individual #1 a Individual #3.	ral		
	AR called back to the incident. The AR votas she asked staff when his PCP called him during shower	ne facility in regards to the bice tone seemed to be upset why they monitoring Individual alled for a male to monitoring time. The staff responded,		 A review of facility Policy #943 Staff Work Schedule, determined continues to meet state and fede requirements for providing adequ staff coverage to implement and 	l it ral		
	"Unfortunately a male staff wasn't on shift." The AR apologized to staff and stated the facility should be ashamed of themselves putting staff safety in jeopardy. She said she was upset with the agency management because she and the facility had put in place in PCP that a male staff was to be with him, especially when taking a shower. The AR stated, Individual #1 is very disrespectful towards women and he will fight them."			maintain the program. However, be updated to address the individual that is admif ever with the need for one to or direct care supervision.	lual nitted		
·	no males on duty. I and the Program m interview on 5/11/13	e afternoon shift there were The Residential Coordinator nanager were asked during an the at 1:50 P.M. if a male staff evening shift of 5/9/17 and					
	The facility staff fail Individual #1's Pers	led to consistently implement son Centered Plan.					
	#3's approved Pers	failed to ensure that Individual son Centered Plan and Plan for disrobing was nented on 5/9/17.					

Individual #3 was a 52 year old admitted to the facility on 3/29/04 with diagnoses to include: (1) Profound Mental Retardation, (2) Intermittent

PRINTED: 05/16/2017

DEPART	MENT OF HEALTH	AND HUMAN SERVICES					D. 0938-0391
		& MEDICAID SERVICES	i :		0.070.0700		TE SURVEY
STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION		MPLETED
		49G009	B. WING			05	5/11/2017
NAME OF F	PROVIDER OR SUPPLIER				ET ADDRESS, CITY, STATE, ZIP CODE		
FINNEY	AVE RESIDENCE				FINNEY AVE FOLK, VA 23434		
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	1X51 COMPLETION DATE
W 249	Continued From pa	ige 24	w:	249			
	Explosive Disorder	and (3) Seizures.					
	Individual #3 was or dining room with 10. The 10 in house incompany around 3 different to was ambulating balleotard off of both a waist from the table serving door that we naked from her was back and forth to the serving door with his bilateral breasts exeminates. The full of dining room was all members in the continuity dining rearrying door and the staff members were the facility near the approximately 30 for room. At 5:05 p.m. was in the front rood dining room and as putting her black let the dining area. At entered the kitcher observed 4 staff members were was in the dining row was in the dining row. The Clinical Science in the dining row was in the dining row. The Clinical Science in the dining row. The Clinical Science in the dining row. The Clinical Science in the dining row. The Clinical Science in the dining row. The Clinical Science in the dining row. The Clinical Science in the dining row. The Clinical Science in the dining row. The Clinical Science in the dining row. The Clinical Science in the dining row. The Clinical Science in the dining row.	O p.m. until 5:05 p.m. bserved in the community of other in house individuals. dividuals were all seated ables; however, Individual #3 ck and forth with her black arms and down around her es to the kitchen counter was closed. Individual #3 was ist up and continued to walk the closed kitchen counter er arms against her chest and posed for approximately 15 door from the kitchen to the so closed. There were no staff mmunity dining room with the proximately 15 minutes. There zation from the kitchen into the room because the counter fine full door were closed. Two the sitting in the front room of the exit working on a computer efform the community dining. A Residential Technician that the entered the community sisted Individual #3 with extra back on and remained in the 5:10 p.m. this surveyor in area from the kitchen er meal around the center for asked the 4 staff members that (Name of Individual #3) from undressed from the waist ervices Administrator stated, "I back on her." The Residential					

Manager then stated, "And I have just done it

PRINTED: 05/16/2017

DEPART	MENT OF HEALTH	AND HUMAN SERVICES			•		0. 0938-0391
		& MEDICAID SERVICES			 	· · · · · · · · · · · · · · · · · · ·	TE SURVEY
STATEMENT ANO PLAN OF	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	A. BUILOING		LE CONSTRUCTION	CO	MPLETEO
		49G009	B. WING			05	5/11/2017
NAME OF P	ROVIOER OR SUPPLIER			ı	STREET AOORESS, CITY, STATE, ZIP COOE		:
	VE DECIDENCE			1	404 FINNEY AVE		
FINNEY P	WE RESIDENCE				SUFFOLK, VA 23434		
(X4) IO PREFIX TAG	(EACH DEFICIENC)	TEMENT OF OEFICIENCIES / MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	IO PREFI TAG		PROVIOER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCEO TO THE APPRO OEFICIENCY)	O BE	(X5) COMPLETION OATE
W 249	Continued From pa		W 2	249	9		
	once already myse	If also." The surveyor asked,					
	"Why is the counte door closed?" The	r serving door and kitchen Clinical Services					
	Administrator state	d, "Because (Name of					
	Individual #3) keep	s reaching in and grabbing the					
	plates so we closed	d it." All Individual dinner					
	plates were observ	ed to be on the center island in nly food item noted on the					
	counter near the co	ounter serving doors was					
	multiple glasses of	pink lemonade which was					
	over to the right sig	de. Individual #3 was observed					
	by the surveyor per	aking through the crack of the ors while the staff were being					
	addressed in the k	itchen. After being informed of					
	Individual #3's curr	ent garment situation none of					
	the 4 staff member	rs in the kitchen stopped to					
	assist Individual #3	B but continued with the meal 5 minutes there was no direct					
	care supervision a	t any time noted for Individual					
	#3 disrobing or the	other 10 Individuals in the					
	community dining	area waiting on dinner.					
	Individual #3's Per	son Centered Plan dated					
	4/4/17 at 11:00 a.n	n. is documented in part, as					
	follows:						
	ICF (Intermediate	Care Facility) Part 5					
	Important To Me:						
	Goal: Inappropria	te Behaviors pports needed: Verbal,					
	List the actions/su Physical, Gestural	Support					
	Describe how this	will be provided based on					
	individual preferen	ices (support instructions) and					
	location where pro	gram strategy can be found: I					
	will not display any	/ inappropriate behaviors,	1				
	a) I will follow my	behavior support plan as writter					

by the Psychologist.
How often or by when?: Daily
Responsible Partner: FAR (Finney Avenue

PRINTED: 05/16/201/ FORM APPROVED OMB NO. 0938-0391

CENTERS FOR MEDICARE & MEDICA		& MEDICAID SERVICES	AID SERVICES			MB NO. 0938-03
STATEMENT	OF OEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G009	B. WING			05/11/2017
NAME OF P	ROVIOER OR SUPPLIER				REET ADORESS, CITY, STATE, ZIP COOE	
FINNEY A	AVE RESIDENCE		:		FINNEY AVE FFOLK, VA 23434	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEOED BY FULL SC IDENTIFYING INFORMATION)	IO PREF TAG		PROVIOER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCEO TO THE APPROF OEFICIENCY)	O BE COMPLETION
W 249	Continued From pa Residential) Staff Start Date: 05/01/2 End Date: 4/30/20	201 7 18	W :	249		
	Physical, Gestural Describe how this v individual preference location where prog will wear my leotar a) DSP (Direct Su by helping me put of b) DSP will ensure keep the leotard or How often or by wh	oports needed: Verbal, Support will be provided based on ces (support instructions) and gram strategy can be found: I d to ensure appropriate dress. pport Partner) will support me on my leotard. e I have leotards available and n. nen?: Daily er: FAR (Finney Avenue				
	date written 6/19/1	HAVIORAL SUPPORT PLAN 5 and signed by the Clinical 30/15 is documented in part, as	i			
	TARGET BEHAVIO *Removing her clo					
	wear short-sleeved	e (Name) Individual #3 does no d shirts and that the shirts that t least three-quarter length slow the elbow).	t			
	one-piece body su	ual #3 also will wear a it or bathing suit under her This should remain on during				

all waking hours unless she clearly seems not to

PRINTED: 05/16/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING ___ 05/11/2017 B. WING 49G009 STREET AODRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 404 FINNEY AVE FINNEY AVE RESIDENCE SUFFOLK, VA 23434 IX5I COMPLETION PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF OFFICIENCIES Ю EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) W 249 W 249 Continued From page 27 want to wear it. 13. If (Name) Individual #3 removes her clothing, staff will assist her in replacing her clothing and will attempt to redirect her to an ongoing activity. If she removes her clothes a second time, staff will accompany her to a private area (such as her bedroom) if one is available and will continue with her activities in that setting. Staff should not leave her alone in the private area. 17. Staff will document incidents of each of the target behaviors on the data sheets in (Name) Individual #3's program binder and elsewhere as required by (name of Community Services Board) and Finney Avenue ICF/IID. Individual #3's DATA SHEET FOR CHALLENGING BEHAVIOR-RESIDENTIAL for May 2017 is documented in part, as follows: Target Behaviors: Removing Clothes Instructions: Tally behaviors as they occur, but do not record more than one incident of self-injury, overturning chairs or removing clothes in an hour. Record food stealing each time it occurs. Date May 9 2017: Remove Clothes 3X (3 times) The facility policy titled "Person-Centered Plan" revised 1/13 is documented in part, as follows:

POLICY:

It is the policy of Finney Avenue Residence ICF/IID that an individual's PCP/IPP

(Person-Centered Plan/Individual Program Plan) will be developed and implemented to ensure continuous, aggressive active treatment for each individual. An individual's PCP/IPP will serve as a guide for DSP decisions regarding individual

PRINTED: 05/16/201/ FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-0391		
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PRDVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE SU COMPLE	
		49G009	B. WING			05/11/2	2017
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE 4 FINNEY AVE		
FINNEY A	WE RESIDENCE				IFFOLK, VA 23434		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE CO	(X5) MPLETION OATE
W 249	The PCP/IPP standevolves with the insertion of the following data: 1. All professional medical, nutritional (Occupational The psychological. 9. Behavior Support 10. Schedule of Standard Support Intensertion of the psychological. 9. Behavior Support 10. Schedule of Standard Support Intensertion of the psychological. 9. Behavior Support 10. Schedule of Standard Support Intensertion of the psychological. 9. Behavior Support 10. Schedule of Standard Individual's lesified on an individual's desired and individual's desired and individuals needs. Individuals needs. In profession of the psychological profession of the psychological profession of the psychological profession of the psychological profession of the psychological profession of the psychological profession of the psychological profession of the psychological psychologica	activities, and use of supports. ds as a working document that dividuals need for supports. P/IPP process is a composite of evaluations, including social, I, communication and/or OT/PT rapy/Physical Therapy), and out Data. Supports. Sity Scale as required. Components and function are as the needs are prioritized based hierarchy of need according to functional assessments and seate the identified supports written outcome for each support expressed in behavioral terms surable and realistic to that The outcome will state the ementation. So have a goal for each need rm. This goal will indicate any to implement the outcomes as ent, consumer choice, duration ement the outcome.	W	2249			
	Data sheets wi outcome to collec regression or stab	II be developed for each tinformation to report progress,					

1. Any discipline or DSP providing care to the individual will have access to the individual's

PRINTED: U5/T6/ZUT/ FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES					1	OMB NO	. 0938-0391		
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		ONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		49G009	B, WING			05	/11/2017		
NAME OF P	ROVIDER OR SUPPLIER				ET ADDRESS, CITY, STATE, ZIP CODE				
FINNEY A	AVE RESIDENCE				FINNEY AVE FOLK, VA 23434				
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE		
W 249	Continued From pa	nge 29	W:	249					
	record and daily Pr								
	The facility policy tirevised 1/13 is doc	tled "Staff Work Schedule" umented in part, as follows:							
	maintained whereb	hods established and by adequate staff coverage is bork schedule of staff is readily							
	the (name of Com Personnel Office w staff will be employ not required to per- extent that these di	mmunity Support Services and munity Services Board) rill ensure adequate support red so that direct care staff is form support services to the uties interfere with the orimary duties (implementation d Plan).							
	"Adequate" covera necessary to imple program described	ge is defined as that which is ment and maintain the I in this manual.							
	debriefing was con Services Administr	oximately 3:00 p.m. a pre-exit iducted with the Clinical ator and the Residential ance and the above findings							
	Prior to exit no furt	her information was provided.							
	(1) Profound Menta	al Retardation: a disorder							

characterized by subaverage general intellectual

function with IQ under 20 with deficits or impairments in the ability to learn and to adapt

PRINTED: 05/16/2017 FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICARE	& MEDICAID SERVICES			IVIB NO. 0930-0391	
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		49G009	B. WING _		05/11/2017	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
FINNEY A	VE RESIDENCE			404 FINNEY AVE SUFFOLK, VA 23434		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO ((EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION	
W 249	Continued From pa		W 2	49		
	disturbance beginn characterized by di and aggressive bel property in otherwis	olosive Disorder: a mental ing in childhood and screte episodes of violence navior and destruction of se normal individuals.				
	brain leading to ab causes a sudden, v contractions of a gr	normal electric activity that violent involuntary series of roup of muscles. ons are derived from Mosby's				
W 371	Professions 8th Ed	cine, Nursing, and Health lition. IG ADMINISTRATION	W 3	71		
W 371	that clients are lau- medications if the i determines that se	ig administration must assure ght to administer their own interdisciplinary team lf-administration of medications bjective, and if the physician therwise.		Individual #2's person-center plan Outcome for Medication self-administration was approprideveloped according to his Medication Management Skills Checklist dated 5/4/16, when his medications were packed by the	iately s	
	This STANDARD is not met as evidenced by: Based on observation, staff interviews, clinical record review, and facility document review the facility staff failed to follow the Person-Centered Plan for 1 of 4 Individuals in the survey sample which included a Self Medication Program, Individual #2.			pharmacy in blister bubble pack of February 2017, the agency's newly contracted pharmacy utili: multi-dose packaging for all medications except controlled medications. Individual #2 contito have controlled medications i blister bubble packs, in addition	zes nues n	
	according to his Po	iled to involve Individual #2 erson-Centered Plan for the n of Medications by not allowing		other medications in multi-dose packaging.		

him to punch out his medications during

A review of all Individuals'

PRINTED: 05/16/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDERS UPPLIER 496009 NAME OF PROVIDER OR SUPPLIER FINNEY AVE RESIDENCE (X2) MALTIPLE CONSTRUCTION (X2) MALTIPLE CONSTRUCTION (X3) MALTIPLE CONSTRUCTION (X4) MALTIPLE CONSTRUCTION (X4) MALTIPLE CONSTRUCTION (X5) MALTIPLE CONSTRUCTION (X6) CENTER	S FOR MEDICARE	& MEDICAID SERVICES			IVID NO. 0930-0391	
FINNEY AVE RESIDENCE Continued From page 31	STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	,		(X3) DATE SURVEY COMPLETED
FINNEY AVE RESIDENCE 444 FINNEY AVE SUFFOLK, VA 23434			49G009	B. WING		05/11/2017
Support Average Support Av	NAME OF P	ROVIDER OR SUPPLIER				
W 371 Continued From page 31 Medication Administration Observations on 5/9/17 and 5/10/17. The findings included: Individual #2 was a 62 year old admitted to the facility on 5/21/14 with diagnoses to include: (1) Moderate Mental Retardation, (2) Depression and (3) Seizures. On 5/9/17 at 4:20 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Technician (RT) #1. Individual #2 and Residential Technician (RT) #1. Individual #2 and Residential Technician (RT) #1. Individual #2 and Residential Technician (RT) #1. Individual #2 and Residential Technician (RT) #1. Individual #2 and Residential Technician (RT) #1. Individual #2 and Residential Technician (RT) #1. Individual #2 and Residential Technician (RT) #1. Individual #2 and Residential Technician (RT) #1. Individual #2 and Residential Technician (RT) #1. Individual #2 and Residential Technician (RT) #1. Individual #2 and Residential Counselor. A PCP Change Note will be completed to modify Individual #1 by the Residential Counselor. A PCP Change Note will be completed to modify Individual #2 is person-centered plan will be conducted to ensure that appropriate medication outcomes are written to accommodate the new medication packaging system. 2) A new Skills Checklist form #1859 will be updated under Fine Motor Development to include pincer grasp for both left and right hands for tearing paper. A new Skills Checklist will be performed for Individual #1 by the Residential Counselor. A PCP Change Note will be comdition by the Residential Counselor. A PCP Change Note will be comdition by the Residential Counselor. A PCP Change Note will be comditation. The description shall read "I will punch out my medications with the program that may include mechanical supports based on the assessment. The frequency will specify all medication administration times and data will be collected for all times. The Medication outcome data sheet format by the remedication administration observation was conducted with Individual #2 success	CONTRACT A	WE DESIDENCE				
PREFIX TAG W 371 Continued From page 31 Medication Administration Observations on 5/9/17 and 5/10/17. The findings included: Individual #2 was a 62 year old admitted to the facility on 5/2/1/4 with diagnoses to include: (1) Moderate Mental Retardation, (2) Depression and (3) Seizures. On 5/9/17 at 4:20 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Technician (RT) #1. Individual #2 was given Prozac 10 mg (milligrams) 1 capsule that the RT removed from a multidose package and placed in a cup for administration. The RT also punched Clonazepam 1 mg 1 tablet from a blister bubble medication swere handed to individual #2 and gwith a cup of water and swallowed by Individual #2. The RT never verbally, physically, or gesturally encouraged or allowed Individual to independently punch out his own medication to take. On 5/10/17 at 3:35 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Counselor. On 5/10/17 at 3:35 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Counselor. On 5/10/17 at 3:35 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Counselor. On 5/10/17 at 3:35 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Counselor. On 5/10/17 at 3:35 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Counselor. The frequency will specify all medications by tearing the multif-dose packaging." Support instructions will be added to the program that may include mechanical supports based on the assessment. The frequency will specify all medication administration times and data will be collected for all times. The Medication outcomes are written to accommodate the new medication pack will be conducted to ensure that appropriate medication outcomes are written to accommodate the new medication outcomes are written to accommodate the new medication outcomes a	-INNET A					MM WEI
Medication Administration Observations on 5/9/17 and 5/10/17. The findings included: Individual #2 was a 62 year old admitted to the facility on 5/21/14 with diagnoses to include: (1) Moderate Mental Retardation, (2) Depression and (3) Seizures. On 5/9/17 at 4:20 p.m. a Medication Administration observation was conducted with Individual #2 was given Prozac 10 mg (milligrams) 1 capsule that the RT removed from a multidose package and placed in a cup for administration. The RT also punched Clonazepam 1 mg 1 tablet from a blister bubble medication swere handed to Individual #2 along with a cup of water and swallowed by Individual #2. The RT never verbally, physically, or gesturally encouraged or allowed Individual to independently punch out his own medication to take. On 5/10/17 at 3:35 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Counselor (RC) #1. RT #2 allowed Individual #2 to punch his Clonazepam 1 mg 1 tablet and Tylenol Arthritis 650 mg 2 tablets from blister bubble medication acks into a medications oup, while giving verbal support. After Individual #2 successfully punched the above medications into the medication cup he stated, "I did it, I punched my own pills so I can stav independent," Individual #2 the swallowed	PREFIX	(FACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	PREFIX	X (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI	D BE COMPLETION
Medication Administration Observations on 5/9/17 and 5/10/17. The findings included: Individual #2 was a 62 year old admitted to the facility on 5/21/14 with diagnoses to include: (1) Moderate Mental Retardation, (2) Depression and (3) Seizures. On 5/9/17 at 4:20 p.m. a Medication Administration observation was conducted with Individual #2 was given Prozac 10 mg (milligrams) 1 capsule that the RT removed from a multidose package and placed in a cup for administration. The RT also punched Clonazepam 1 mg 1 tablet from a blister bubble medication swere handed to Individual #2 along with a cup of water and swallowed by Individual #2. The RT never verbally, physically, or gesturally encouraged or allowed Individual to independently punch out his own medication to take. On 5/10/17 at 3:35 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Counselor (RC) #1. RT #2 allowed Individual #2 to punch his Clonazepam 1 mg 1 tablet and Tylenol Arthritis 650 mg 2 tablets from blister bubble medication acks into a medications oup, while giving verbal support. After Individual #2 successfully punched the above medications into the medication cup he stated, "I did it, I punched my own pills so I can stav independent," Individual #2 the swallowed			24	\A/ 2	771	
conducted to ensure that appropriate medication outcomes are written to accommodate the new medication packaging system. The findings included: Individual #2 was a 62 year old admitted to the facility on 5/2/1/14 with diagnoses to include: (1) Moderate Mental Retardation, (2) Depression and (3) Seizures. On 5/9/17 at 4:20 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Technician (RT) #1. Individual #2 and Residential Technician (RT) #1. Individual #2 and Residential Technician (RT) #1. Individual #2 and Residential Technician (RT) #1. Individual #2 and placed in a cup for administration. The RT also punched Clonazepam 1 mg 1 tablet from a blister bubble medication cup with the Prozac. The medication cup with the 2 medications were handed to Individual #2 along with a cup of water and swallowed by Individual #2 along with a cup of water and swallowed by Individual #2 and Residential Counselor (RC) #1. RT #2 allowed Individual #2 to punch his Clonazepam 1 mg 1 tablet and Tylenol Arthritis 650 mg 2 tablets from blister bubble medication packs into a medication cup, while giving verbal support. After Individual #2 to complete with the program that may include mechanical supports based on the assessment. The frequency will specify all medication administration outcome data sheet format for Individual #2 will be revised to record data for all shifts in which medication administration occurs. It will also be updated to reflect the	W 371			W S		6/25/17
medication outcomes are written to accommodate the new medication packaging system. Individual #2 was a 62 year old admitted to the facility on 5/21/14 with diagnoses to include: (1) Moderate Mental Retardation, (2) Depression and (3) Seizures. On 5/9/17 at 4:20 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Technician (RT) #1. Individual #2 was given Prozac 10 mg (milligrams) 1 capsule that the RT removed from a multidose package and placed in a cup for administration. The RT also punched Clonazepam 1 mg 1 tablet from a blister bubble medication pack and placed it into the medication cup with the 2 medications were handed to Individual #2 along with a cup of water and swallowed by Individual #2 along with a cup of water and swallowed by Individual #2 along with a cup of water and swallowed by Individual #2 and Residential Counselor. On 5/10/17 at 3:35 p.m. a Medication to take. On 5/10/17 at 3:35 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Counselor (RC) #1. RT #2 allowed Individual #2 to punch his Clonazepam 1 mg 1 tablet and Tylenol Arthritis 650 mg 2 tablets from blister bubble medication packs into a medication cup, while giving verbal support. After Individual #2 successfully punched the above mediations into the medication cup he stated, "I did it, I punched my own pills so I can stav independent," Individual #2 to swall was supported. Individual #2 to the stated, "I did it, I punched my own pills so I can stav independent," Individual #2 to swall was supported. In the medication cup he stated, "I did it, I punched my own pills so I can stav independent," Individual #2 to swall was supported to reflect the will also be updated to reflect the saccommodate the new medication accommodate the new medication accommodate the new medication and to the part and right hands for tearing paper. A new Skills Checklist form #1859 6/25/17 will be performed for Individual #2 to prozect 10 mg (milligrams) 1 (prozect Indi			stration Observations on 5/9/17			
Individual #2 was a 62 year old admitted to the facility on 5/21/14 with diagnoses to include: (1) Moderate Mental Retardation, (2) Depression and (3) Seizures. On 5/9/17 at 4:20 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Technician (RT) #1. Individual #2 was given Prozac 10 mg (milligrams) 1 capsule that the RT removed from a multidose package and placed in a cup for administration. The RT also punched Clonazepam 1 mg 1 tablet from a bilister bubble medication pack and placed it into the medication cup with the Prozac. The medication cup with the 2 medications were handed to Individual #2 along with a cup of water and swallowed by Individual #2. The RT never verbally, physically, or gesturally encouraged or allowed Individual to independently punch out his own medication to take. On 5/10/17 at 3:35 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Counselor (RC) #1. RT #2 allowed Individual #2 to punch his Clonazepam 1 mg 1 tablet and Tylenol Arthritis 650 mg 2 tablets from bilister bubble medication packs into a medication cup, while giving verbal support. After Individual #2 successfully punched the above mediations into the medication cup he stated, "I did it, i punched my own pills so i can stay independent." Individual #2 then swallowed		and or toll II.				
facility on 5/21/14 with diagnoses to include: (1) Moderate Mental Retardation, (2) Depression and (3) Seizures. On 5/9/17 at 4:20 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Technician (RT) #1. Individual #2 was given Prozac 10 mg (milligrams) 1 capsule that the RT removed from a multidose package and placed in a cup for administration. The RT also punched Clonazepam 1 mg 1 tablet from a blister bubble medication pack and placed it into the medication cup with the Prozac. The medication cup with the 2 medications were handed to Individual #2 along with a cup of water and swallowed by Individual #2. The RT never verbally, physically, or gesturally encouraged or allowed Individual to independently punch out his own medication Administration observation was conducted with Individual #2 and Residential Counselor (RC) #1. RT #2 allowed Individual #2 to punch his Clonazepam 1 mg 1 tablet and Tylenol Arthritis 650 mg 2 tablets from blister bubble medication packs into a medication cup, while giving verbal support. After Motival #2 then swallowed 2) A new Skills Checklist form #1859 will be updated under Fine Motor Development to include pincer grasp for both left and right hands for tearing paper. A new Skills Checklist will be performed for Individual #1 by the Residential Counselor. A PCP Change Note will be completed to modify Individual #2 success my other medications by tearing the multi-dose packaging." Support instructions will be added to the program that may include mechanical supports based on the assessment. The frequency will specify all medication administration times and data will be collected for all times. The Medication outcome data sheet for Individual #2 will be revised to record data for all shifts in which medication administration occurs. It will also be updated to reflect the		•				ion
Moderate Mental Retardation, (2) Depression and (3) Seizures. On 5/9/17 at 4:20 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Technician (RT) #1. Individual #2 was given Prozac 10 mg (milligrams) 1 capsule that the RT removed from a multidose package and placed in a cup for administration. The RT also punched Clonazepam 1 mg 1 tablet from a blister bubble medication pack and placed it into the medication cup with the Prozac. The medication cup with the 2 medications were handed to Individual #2 along with a cup of water and swallowed by Individual #2. The RT never verbally, physically, or gesturally encouraged or allowed Individual to independently punch out his own medication to take. On 5/10/17 at 3:35 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Counselor (RC) #1. RT #2 allowed Individual #2 to punch his Clonazepam 1 mg 1 tablet and Tylenol Arthritis 650 mg 2 tablets from blister bubble medication packs into a medication cup, while giving verbal support. After Individual #2 successfully punched the above mediations into the medication cup he stated, 1 did it, I punched my own pills so I can stay independent." Individual #2 then swallowed		Individual #2 was a	62 year old admitted to the			
On 5/9/17 at 4:20 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Technician (RT) #1. Individual #2 and Residential Technician (RT) #1. Individual #2 was given Prozac 10 mg (milligrams) 1 capsule that the RT removed from a multidose package and placed in a cup for administration. The RT also punched Clonazepam 1 mg 1 tablet from a blister bubble medication pack and placed it into the medication cup with the Prozac. The medication cup with the 2 medications were handed to Individual #2 along with a cup of water and swallowed by Individual #2. The RT never verbally, physically, or gesturally encouraged or allowed Individual to independently punch out his own medication to take. On 5/10/17 at 3:35 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Counselor (RC) #1. RT #2 allowed Individual #2 to punch his Clonazepam 1 mg 1 tablet and Tylenol Arthritis 650 mg 2 tablets from blister bubble medication cup he stated, "I did it, I punched the above medications into the medication cup he stated, "I did it, I punched my own pills so I can stay independent." Individual #2 then swallowed		tacility on 5/21/14 v	vith diagnoses to include. (1) tetardation. (2) Depression and			
On 5/9/17 at 4:20 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Technician (RT) #1. Individual #2 was given Prozac 10 mg (milligrams) 1 capsule that the RT removed from a multidose package and placed in a cup for administration. The RT also punched Clonazepam 1 mg 1 tablet from a blister bubble medication pack and placed it into the medication cup with the Prozac. The medication cup with the 2 medications were handed to Individual #2 along with a cup of water and swallowed by Individual #2. The RT never verbally, physically, or gesturally encouraged or allowed Individual to independently punch out his own medication to take. On 5/10/17 at 3:35 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Counselor (RC) #1. RT #2 allowed Individual #2 to punch his Clonazepam 1 mg 1 tablet and Tylenol Arthritis 650 mg 2 tablets from blister bubble medication packs into a medication cup, while giving verbal support. After individual #2 successfully punched the above medications into the medication cup he stated, "I did it, I punched my own pills so I can stav independent." Individual #2 the swallowed			ictardation, (2) Boprocolon and			
Administration observation was conducted with Individual #2 and Residential Technician (RT) #1. Individual #2 was given Prozac 10 mg (milligrams) 1 capsule that the RT removed from a multidose package and placed in a cup for administration. The RT also punched Clonazepam 1 mg 1 tablet from a blister bubble medication pack and placed it into the medication cup with the Prozac. The medication cup with the 2 medications were handed to Individual #2 along with a cup of water and swallowed by Individual #2. The RT never verbally, physically, or gesturally encouraged or allowed Individual to independently punch out his own medication to take. On 5/10/17 at 3:35 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Counselor (RC) #1. RT #2 allowed Individual #2 to punch his Clonazepam 1 mg 1 tablet and Tylenol Arthritis 650 mg 2 tablets from blister bubble medication packs into a medication cup, while giving verbal support. After Individual #2 successfully punched the above medications into the medication cup he stated, "I did it, I punched my own pills so I can stav independent." Individual #2 the nswallowed		•				grasp
individual #2 and Residential Technician (RT) #1. Individual #2 was given Prozac 10 mg (milligrams) 1 capsule that the RT removed from a multidose package and placed in a cup for administration. The RT also punched Clonazepam 1 mg 1 tablet from a bilister bubble medication pack and placed it into the medication cup with the Prozac. The medication cup with the 2 medications were handed to Individual #2 along with a cup of water and swallowed by Individual #2 along with a cup of water and swallowed by Individual #2 along with a cup of water and swallowed Individual #2 along gesturally encouraged or allowed Individual to independently punch out his own medication to take. On 5/10/17 at 3:35 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Counselor (RC) #1. RT #2 allowed Individual #2 to punch his Clonazepam 1 mg 1 tablet and Tylenol Arthritis 650 mg 2 tablets from blister bubble medication packs into a medication cup, while giving verbal support. After Individual #2 successfully punched the above mediations into the medication cup he stated, "I did it, I punched my own pills so I can stay independent." Individual #2 then swallowed		On 5/9/17 at 4:20 p	o.m. a Medication			ecklist
Individual #2 was given Prozac 10 mg (milligrams) 1 capsule that the RT removed from a multidose package and placed in a cup for administration. The RT also punched Clonazepam 1 mg 1 tablet from a blister bubble medication pack and placed it into the medication cup with the Prozac. The medication cup with the 2 medications were handed to Individual #2 along with a cup of water and swallowed by Individual #2. The RT never verbally, physically, or gesturally encouraged or allowed Individual to independently punch out his own medication to take. On 5/10/17 at 3:35 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Counselor (RC) #1. RT #2 allowed Individual #2 to punch his Clonazepam 1 mg 1 tablet and Tylenol Arthritis 650 mg 2 tablets from blister bubble medication packs into a medication cup, while giving verbal support. After Individual #2 successfully punched the above mediations into the medication cup he stated, "I did it, I punched my own pills so I can stay independent." Individual #2 then swallowed		Administration obsi	Residential Technician (RT) #1.			
a multidose package and placed in a cup for administration. The RT also punched Clonazepam 1 mg 1 tablet from a blister bubble medication pack and placed it into the medication cup with the Prozac. The medication cup with the 2 medications were handed to Individual #2 along with a cup of water and swallowed by Individual #2. The RT never verbally, physically, or gesturally encouraged or allowed Individual to independently punch out his own medication to take. On 5/10/17 at 3:35 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Counselor (RC) #1. RT #2 allowed Individual #2 to punch his Clonazepam 1 mg 1 tablet and Tylenol Arthritis 650 mg 2 tablets from blister bubble medication packs into a medication cup, while giving verbal support. After Individual #2 successfully punched the above mediations into the medication cup he stated, "I did it, I punched my own pills so I can stay independent." Individual #2 then swallowed A PCP Change Note will be completed to modify Individual #2's Person-centered plan outcome for Medication. The description shall read "I will punch out my medications from its bubble pack and access my other medications by tearing the multi-dose packaging." Support instructions will be added to the program that may include mechanical supports based on the assessment. The frequency will specify all medication administration times and data will be collected for all times. The Medication. The description shall read "I will punch out my medications by other medications by tearing the multi-dose packaging." Support instructions will be added to the program that may include mechanical supports based on the assessment. The frequency will specify all medication administration outcome data sheet format for Individual #2 will be revised to record data for all shifts in which medication administration occurs. It will also be updated to reflect the		Individual #2 was o	iven Prozac 10 mg			, ,
administration. The RT also punched Clonazepam 1 mg 1 tablet from a blister bubble medication pack and placed it into the medication cup with the Prozac. The medication cup with the 2 medications were handed to Individual #2 along with a cup of water and swallowed by Individual #2. The RT never verbally, physically, or gesturally encouraged or allowed Individual to independently punch out his own medication to take. On 5/10/17 at 3:35 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Counselor (RC) #1. RT #2 allowed Individual #2 to punch his Clonazepam 1 mg 1 tablet from a blister bubble medication packs into a medication cup, while giving verbal support. After Individual #2 successfully punched the above mediations into the medication cup he stated, "I did it, I punched my own pills so I can stay independent." Individual #2 then swallowed completed to modify Individual #2's Person-centered plan outcome for Medication. The description shall read "I will punch out my medications from its bubble pack and access my other medications by tearing the multi-dose packaging." Support instructions will be added to the program that may include mechanical supports based on the assessment. The frequency will specify all medication administration times and data will be collected for all times. The Medication outcome data sheet form its bubble pack and access my other medications by tearing the multi-dose packaging." Support instructions will be added to the program that may include mechanical supports based on the assessment. The frequency will specify all medication administration outcome data sheet format for Individual #2 will be revised to record data for all shifts in which medication administration occurs. It will also be updated to reflect the		a multidose packag	ge and placed in a cup for		A PCP Change Note will be	6/25/17
Clonazepam 1 mg 1 tablet from a bilister bubble medication pack and placed it into the medication cup with the Prozac. The medication cup with the 2 medications were handed to Individual #2 along with a cup of water and swallowed by Individual #2. The RT never verbally, physically, or gesturally encouraged or allowed Individual to independently punch out his own medication to take. On 5/10/17 at 3:35 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Counselor (RC) #1. RT #2 allowed Individual #2 to punch his Clonazepam 1 mg 1 tablet and Tylenol Arthritis 650 mg 2 tablets from blister bubble medication packs into a medication cup, while giving verbal support. After Individual #2 successfully punched the above mediations into the medication cup he stated, "I did it, I punched my own pills so I can stay independent." Individual #2 then swallowed		administration. Th	e RT also punched			
cup with the Prozac. The medication cup with the 2 medications were handed to Individual #2 along with a cup of water and swallowed by Individual #2. The RT never verbally, physically, or gesturally encouraged or allowed Individual to independently punch out his own medication to take. On 5/10/17 at 3:35 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Counselor (RC) #1. RT #2 allowed Individual #2 to punch his Clonazepam 1 mg 1 tablet and Tylenol Arthritis 650 mg 2 tablets from blister bubble medication packs into a medication cup, while giving verbal support. After Individual #2 successfully punched the above mediations to the medication cup he stated, "I did it, I punched my own pills so I can stay independent." Individual #2 then swallowed		Clonazepam 1 mg	1 tablet from a blister bubble			
with a cup of water and swallowed by Individual #2. The RT never verbally, physically, or gesturally encouraged or allowed Individual to independently punch out his own medication to take. On 5/10/17 at 3:35 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Counselor (RC) #1. RT #2 allowed Individual #2 to punch his Clonazepam 1 mg 1 tablet and Tylenol Arthritis 650 mg 2 tablets from blister bubble medication packs into a medication cup, while giving verbal support. After Individual #2 successfully punched the above mediations into the medication cup he stated, "I did it, I punched my own pills so I can stay independent." Individual #2 then swallowed		cup with the Proza	c. The medication cup with the		•	
#2. The RT never verbally, physically, or gesturally encouraged or allowed Individual to independently punch out his own medication to take. On 5/10/17 at 3:35 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Counselor (RC) #1. RT #2 allowed Individual #2 to punch his Clonazepam 1 mg 1 tablet and Tylenol Arthritis 650 mg 2 tablets from blister bubble medication packs into a medication cup, while giving verbal support. After Individual #2 successfully punched the above mediations into the medication cup he stated, "I did it, I punched my own pills so I can stay independent." Individual #2 then swallowed		2 m edications were	e handed to Individual #2 along		•	
gesturally encouraged or allowed Individual to independently punch out his own medication to take. On 5/10/17 at 3:35 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Counselor (RC) #1. RT #2 allowed Individual #2 to punch his Clonazepam 1 mg 1 tablet and Tylenol Arthritis 650 mg 2 tablets from blister bubble medication packs into a medication cup, while giving verbal support. After Individual #2 successfully punched the above mediations into the medication cup he stated, "I did it, I punched my own pills so I can stay independent." Individual #2 then swallowed multi-dose packaging." Support instructions will be added to the program that may include mechanical supports based on the assessment. The frequency will specify all medication administration times and data will be collected for all times. The Medication outcome data sheet 6/25/17 format for Individual #2 will be revised to record data for all shifts in which medication administration occurs. It will also be updated to reflect the		with a cup of water	and swallowed by Individual			
independently punch out his own medication to take. On 5/10/17 at 3:35 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Counselor (RC) #1. RT #2 allowed Individual #2 to punch his Clonazepam 1 mg 1 tablet and Tylenol Arthritis 650 mg 2 tablets from blister bubble medication packs into a medication cup, while giving verbal support. After Individual #2 successfully punched the above mediations into the medication cup he stated, "I did it, I punched my own pills so I can stay independent." Individual #2 then swallowed instructions will be added to the program that may include mechanical supports based on the assessment. The frequency will specify all medication administration times and data will be collected for all times. The Medication outcome data sheet format for Individual #2 will be revised to record data for all shifts in which medication administration occurs. It will also be updated to reflect the		#2. The RI never	verbally, physically, or and or allowed Individual to			
On 5/10/17 at 3:35 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Counselor (RC) #1. RT #2 allowed Individual #2 to punch his Clonazepam 1 mg 1 tablet and Tylenol Arthritis 650 mg 2 tablets from blister bubble medication packs into a medication cup, while giving verbal support. After Individual #2 successfully punched the above mediations into the medication cup he stated, "I did it, I punched my own pills so I can stay independent." Individual #2 then swallowed program that may include mechanical supports based on the assessment. The frequency will specify all medication administration times and data will be collected for all times. The Medication outcome data sheet format for Individual #2 will be revised to record data for all shifts in which medication administration occurs. It will also be updated to reflect the		independently pun	ch out his own medication to			
On 5/10/17 at 3:35 p.m. a Medication Administration observation was conducted with Individual #2 and Residential Counselor (RC) #1. RT #2 allowed Individual #2 to punch his Clonazepam 1 mg 1 tablet and Tylenol Arthritis 650 mg 2 tablets from blister bubble medication packs into a medication cup, while giving verbal support. After Individual #2 successfully punched the above mediations into the medication cup he stated, "I did it, I punched my own pills so I can stay independent." Individual #2 then swallowed Supports based on the assessment. The frequency will specify all medication administration times and data will be collected for all times. The Medication outcome data sheet 6/25/17 format for Individual #2 will be revised to record data for all shifts in which medication administration occurs. It will also be updated to reflect the		•				
Administration observation was conducted with Individual #2 and Residential Counselor (RC) #1. RT #2 allowed Individual #2 to punch his Clonazepam 1 mg 1 tablet and Tylenol Arthritis 650 mg 2 tablets from blister bubble medication packs into a medication cup, while giving verbal support. After Individual #2 successfully punched the above mediations into the medication cup he stated, "I did it, I punched my own pills so I can stay independent." Individual #2 then swallowed The frequency will specify all medication administration times and data will be collected for all times. The Medication outcome data sheet 6/25/17 format for Individual #2 will be revised to record data for all shifts in which medication administration occurs. It will also be updated to reflect the		O- 540/47 -+ 0:05	nm a Madication			
Individual #2 and Residential Counselor (RC) #1. RT #2 allowed Individual #2 to punch his Clonazepam 1 mg 1 tablet and Tylenol Arthritis 650 mg 2 tablets from blister bubble medication packs into a medication cup, while giving verbal support. After Individual #2 successfully punched the above mediations into the medication cup he stated, "I did it, I punched my own pills so I can stay independent." Individual #2 then swallowed medication administration times and data will be collected for all times. The Medication outcome data sheet 6/25/17 format for Individual #2 will be revised to record data for all shifts in which medication administration times and data will be collected for all times. Will also be updated to reflect the		On 5/10/17 at 3:35	ervation was conducted with		The frequency will specify all	
RT #2 allowed Individual #2 to punch his Clonazepam 1 mg 1 tablet and Tylenol Arthritis 650 mg 2 tablets from blister bubble medication packs into a medication cup, while giving verbal support. After Individual #2 successfully punched the above mediations into the medication cup he stated, "I did it, I punched my own pills so I can stay independent." Individual #2 then swallowed data will be collected for all times. The Medication outcome data sheet 6/25/17 format for Individual #2 will be revised to record data for all times. Will also be updated to reflect the		Individual #2 and F	Residential Counselor (RC) #1.			
650 mg 2 tablets from blister bubble medication packs into a medication cup, while giving verbal support. After Individual #2 successfully punched the above mediations into the medication cup he stated, "I did it, I punched my own pills so I can stay independent." Individual #2 then swallowed The Medication outcome data sheet 6/25/17 format for Individual #2 will be revised to record data for all shifts in which medication administration occurs. It will also be updated to reflect the		RT #2 allowed Indi	vidual #2 to punch his		data will be collected for all time	es.
packs into a medication cup, while giving verbal support. After Individual #2 successfully punched the above mediations into the medication cup he stated, "I did it, I punched my own pills so I can stay independent." Individual #2 then swallowed format for Individual #2 will be revised to record data for all shifts in which medication administration occurs. It will also be updated to reflect the		Clonazepam 1 mg	1 tablet and Tylenol Arthritis		The Medication sutcome 4-4	hoot 6/05/47
support. After Individual #2 successfully punched to record data for all shifts in which the above mediations into the medication cup he stated, "I did it, I punched my own pills so I can stay independent." Individual #2 then swallowed to reflect the		nacks into a medic	eation cup, while giving verbal			
the above mediations into the medication cup he stated, "I did it, I punched my own pills so I can stay independent." Individual #2 then swallowed will also be updated to reflect the		support. After Indiv	/idual #2 successfully punched			
stated, "I did it, I punched my own pills so I can will also be updated to reflect the stay independent." Individual #2 then swallowed		the above mediation	ons into the medication cup he			
stay independent. Individual #2 then swallowed		stated, "I did it, I p	unched my own pills so I can			
		stay independent." the medications in	the cup. The surveyor asked			

PRINTED: U5/16/201/ FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICARE	& MEDICAID SERVICES		 	MB NO. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	•	49G009	B. WING		05/11/2017
NAME OF F	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
FINISHES	WE DECIDENCE			404 FINNEY AVE	
FINNETA	AVE RESIDENCE			SUFFOLK, VA 23434	
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI X (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
W 371	Continued From pa	age 32	W 3	371	
	RC #1 about Individue the multidose pack #1 stated, "Oh I hawas in his medicati "While didn't you al medication packag he would drop it." did not drop the oth punched them out. response from the Individual #2's Pers 2/13/17 at 1:45 a.m documented in par ICF (Intermediate Important To Me: Goal: Medication List the actions/sup Physical, Gestural Describe how this individual preferent location where prowill punch out med a) DSP (Direct Suby providing super verbally and physic b) DSP will docum How often or by which is the provided of the provided of the providing super verbally and physic b) DSP will docum How often or by which is the provided of th	dual #2's Prozac 10 mg from age he was also due for. RC d already opened that and it on cup." The surveyor asked, low him to open that e?" The RC stated, "I thought The surveyor then stated, "He her medications when he "There was no further RC. son Centered Plan dated h. was reviewed and is t, as follows: Care Facility) Part 5 poports needed: Verbal, Support will be provided based on ces (support instructions) and gram strategy can be found: I ications to take. pport Partner) will support me vision and supporting me cally. hent. hen?: Daily er: FAR (Finney Avenue		3) A review of facility Policy #86 Person-Centered Plan determin it continues to meet state and fe requirements for the developme implementation of program plan	ed that deral nt and
	Individual #2's Med Checklist dated 5/4 documented in par	dication Management Skills 4/16 was reviewed and is rt, as follows:			

Medication Management:

Facility ID: VAICFMR06

PRINTED: 05/16/2017 FORM APPROVED OMB NO. 0938-0391

CENTERS FOR MEDICARE & MEDICAID SERVICES					O		. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION		E SURVEY IPLETED
		49G009	B. WING			05/	11/2017
NAME OF F	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
FINNEY	AVE RESIDENCE				4 FINNEY AVE JFFOLK, VA 23434		
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5] COMPLETION OATE
W 371	Continued From pa Date: 5/4/16 Skills: Punched me medication card- S	edication from prepared	W 3	371			
	of Gestural Prompt Description of Leve individual requires of multiple prompts physical to complet Examples: While t task, staff places h	el of Performance: The partial assistance in the form (verbal, gestural, and/or te task.) he resident is performing the is/her hands in the proper es verbal clues to aid him/her					
	Individual #2's mos Orders dated 2/1/1 documented in par	st current signed Physician 7 were reviewed and are t, as follows:					
	mouth three times 9/22/16: Prozac 10 at 4 p.m. (Antidep 9/29/16: Tylenol A	rthritis ER (Extended Release) by mouth every 8 hours as					
	Report that was he	rdisciplinary Team Meeting eld on 2/22/17 at 3:01 p.m. was ocumented in part, as follows:					
	Residential Manag #2's Schedule of S	UPPORTS: (Name) ler presented (Name) Individual supports. (F3): F3.2- Medication-					

stable.

PRINTED: 05/16/2017 FORM APPROVED

DEPART	NENT OF HEALTH	S MEDICAID SERVICES				OMB NO	0. 0938-0391	
STATEMENT	OF DEFICIENCIES F CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILI	LTIPLE ((X3) DA	(X3) DATE SURVEY COMPLETED		
		49G009	B. WING			05	5/11/2017	
NAME OF F	ROVIDER OR SUPPLIER			ŀ	EET ADDRESS, CITY, STATE, ZIP CODE			
FINNEY	AVE RESIDENCE				FINNEY AVE FFOLK, VA 23434			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	IX5[COMPLETION DATE	
W 371			W	371				
	The facility policy ti revised 1/13 is doc	tled "Person-Centered Plan" umented in part, as follows:						
	ICF/IID that an indi (Person-Centered) will be developed a continuous, aggres individual. An indiv guide for DSP deci training, treatment, The PCP/IPP stanc evolves with the ind PROCEDURE: A. The entire PCP the following data: 1. All professional medical, nutritional (Occupational The psychological. 9. Behavior Support 10. Schedule of Signal	Plan/Individual Program Plan) and implemented to ensure asive active treatment for each vidual's PCP/IPP will serve as a sions regarding individual activities, and use of supports as a working document that dividuals need for supports. I/IPP process is a composite of evaluations, including social, communication and/or OT/PT rapy/Physical Therapy), and ort Data.						
	follows: 2. Active treatment on an individual's high their evaluations, from their evaluations of their evaluations of their evaluations. PCP/IPP will state the following their evaluations. 3. PCP/IPP will state their evaluations.	omponents and function are as at needs are prioritized based nierarchy of need according to unctional assessments and s. ate the identified supports ritten outcome for each support expressed in behavioral terms surable and realistic to that						

frequency of implementation.

individuals needs. The outcome will state the

4. PCP/IPP will also have a goal for each need

PRINTED: 05/16/2017 FORM APPROVED

		AND HUMAN SERVICES				0		. 0938-0391
STATEMENT	S FOR MEDICARE OF DEFICIENCIES F CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION		(X3) DAT	E SURVEY MPLETED
ANDIDATO		49G009	B. WING				05,	/11/2017
NAME OF F	PROVIDER OR SUPPLIER		I	5	STREET ADORESS, CITY, STATE,	2IP CODE		
				4	104 FINNEY AVE			
FINNEY	AVE RESIDENCE				SUFFOLK, VA 23434			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD THE APPROP) BE	(X5) COMPLETION DATE
W 371	Continued From paras listed on the form needed supports to well as environment and times to implet 6. Data sheets will oulcome to collect regression or stability. C. Access to the Final 1. Any discipline or individual will have record and daily Primplementation and Treatment. On 5/11/17 at appring debriefing was conservices Administry Manager in attendative shared. The "We will have to mimultidose packaging Prior to exit no furton to exit no furton to exit no furton to with IQ be supported to the support of the supported to the support of the supported to the support of the support o	age 35 m. This goal will indicate any implement the outcomes as at, consumer choice, duration ment the outcome. be developed for each information to report progress, lity. PCP/IPP is as follows: r DSP providing care to the access to the individual's ogram Book for d monitoring of Active oximately 3:00 p.m. a pre-exit ducted with the Clinical ator and the Residential ence and the above findings Residential Manager stated, odify his plan to include the	VV		DEFICIEN			
	characterized by e sadness, melanch	n abnormal emotional state xaggerated feelings of oly, dejection, worthlessness, pelessness that are						

inappropriate and out of proportion to reality.

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	L (X3) MULTIPLE CONSTRUCTION I(X3) DATE SURVEY					
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:			<u> </u>	COMPLETED		
		49G009	B, WING	:		05/11/2017		
	ROVIDER OR SUPPLIER	490009	J		EET ADDRESS, CITY, STATE, ZIP CODE	1 03/11/2017		
				l	FINNEY AVE			
FINNEY A	WE RESIDENCE			SUF	FOLK, VA 23434			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION		
W 371	Continued From pa	age 36	w	371				
		violent involuntary series of				1		
	The above definition Dictionary of Medic Professions 8th Ed	ons are derived from Mosby's sine, Nursing, and Health lition.						
1								