

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

PRINTED: 01/27/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G033	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/25/2017
NAME OF PROVIDER OR SUPPLIER GRANDVIEW RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 1205 RED TOP ORCHARD ROAD WAYNESBORO, VA 22980		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	INITIAL COMMENTS An unannounced annual Medicaid ICF/IID Health Care Certification survey was conducted 01/24/2017 through 01/25/2017. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for the Individuals with Intellectual Disabilities. The Life Safety Code survey report will follow. No Complaints were investigated. The census in this six bed facility was six at the time of the survey. The survey sample consisted of four current Individual reviews (Individuals #1 - #4).	W 000			
W 368	483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on Medication pass and pour observation, clinical record review, and staff interview, the facility failed to dispense medication as ordered by the physician for one of 4 individuals in the survey sample, Individual #4. 1. During a medication pass and pour observation on 01/24/2017 at approximately 4:34 p.m., the facility staff failed to administer two medications to Individual #4 as ordered by the physician. Findings were: 1. Individual # 4 was admitted to the facility on 06/01/2010 with the following diagnoses, but not	W 368	Grandview Residence has taken action to correct this deficiency by retraining staff involved in identified medication error. Grandview Residence RN reviewed Medication Administration Records, Physicians' orders, and Medication packs with staff involved on 1/25/17. ICF RN reviewed MARs, Physicians' orders, and Medication packs with all staff during an all staff meeting on 1/30/17.	1/25/17 1/30/17	

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

TITLE

(X6) DATE

Wendy Mace, Residential Services Manager

2/1/17

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

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NAME OF PROVIDER OR SUPPLIER GRANDVIEW RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 1206 RED TOP ORCHARD ROAD WAYNESBORO, VA 22980		
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W 368	Continued From page 1 limited to: Moderate MR (mental retardation), aphasia, hypertension, benign prostatic hypertrophy, diabetes mellitus and tardive dyskinesia. A medication pass and pour observation was conducted on 01/24/2017 at approximately 4:34 p.m. An ICF/ID (intermediate care facility/intellectually disabled) specialist, (Other staff #1) was observed preparing and administering two medications to Individual #4. The medications were pulled from the medication drawer and the pills placed in a cup. The card containing the pills was handed to this surveyor. The following information was printed on the medication cards: Tamsulosin 0.4 mg 1 by mouth every evening with food; and, Omeprazole 20 mg 1 cap by mouth twice a day before meals. Both medications were given. No food was provided with the Tamsulosin. Dinner was served at approximately 5:00 p.m. Review of the current physician order sheet (11/01/2016 - 01/31/2017) contained the following: "OMEPRAZOLE 20 MG CAP TAKE 1 CAPSULE BY MOUTH TWICE A DAY 30 MINUTES BEFORE MEALS (DO NOT CRUSH)" and "TAMSULOSIN 0.4 MG CAP TAKE 1 CAPSULE BY MOUTH EVERY EVENING WITH FOOD (For: FLOMAX)" Review of the MAR (medication administration record) showed that the Omeprazole was scheduled to be given at 4:00 p.m., and the Tamsulosin at 5:00 p.m. The QIDP (qualified intellectual disability provider)	W 368	Measures that have been put into place include requesting and receiving a change to physician's order for the medication identified (Flomax), changing administration time to 7pm with a snack to decrease the likelihood medication aides will make additional errors.	1/26/17	

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W 368	Continued From page 2 was notified on 01/25/2017 at approximately 8:30 a.m. of the above error. At approximately 9:00 a.m., two of the facility's RNs (registered nurses) spoke with this surveyor. The above information was discussed. RN #1 stated, "The medications should not be given together. They should be administered as the physician ordered." RN #2 stated, "They are probably looking at the time the medicine is ordered and using the one hour before and one hour after window to give it and not the specific orders and directions." No further information was obtained prior to the exit conference on 01/25/2017.	W 368	Grandview Residence will continue on-going training, refresher courses, and periodic evaluations for all medication aides to be in compliance with ICF regulations. ICF Registered Nurses will begin monthly observations of Medication aides with a focus on evaluating all medication aides once per year with direct observation of medication administration.

1/30/17