

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

PRINTED: 03/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2016
NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE EAST			STREET ADDRESS, CITY, STATE, ZIP CODE 1829 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(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 55 Fundamental Medicaid survey was conducted 02/17/2016 through 02/19/2016. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID). One complaint was investigated during the survey. The Life Safety Code survey/report will follow. The census in this five (5) certified bed facility was five (5) at the time of the survey. The survey sample consisted of three (3) Individual reviews (Individuals #1 through #3) and two (2) additional partial reviews due to the complaint (Individual #3 and #4).	W 000			
W 104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on staff interviews, facility documentation reviews and during a complain investigation the facility staff failed to have a policy for the reconciliation and recapitulation process when the new monthly printed MARs (medication administration records) are received from the pharmacy in accordance with the POS (physician orders sheet), new orders obtained after the printing of the MARs by the pharmacy and with the current medication available. The findings included: During the investigation of a complaint involving	W 104	Chesapeake Integrated Behavioral Healthcare Highlands Place Policies and Procedures were reviewed. Policy 8.16 Medication Management -Inventory was revised to include Medication Management - Inventory/Reconciliation on 03/16/16. The policy states " it is the policy of Highlands Place that medications and Medication Administration Records are check for accuracy when received from the pharmacy and all medications are counted in order to verify the accuracy of administration and ensure the security of the facility's medication inventory."		Policy revised 03/16/16 Review Policy Revisions with nursing and direct care staff by 04/01/16

RECEIVED

MAR 28 2016

VDH/OLC

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

TITLE

(X6) DATE

C. L. Love

Program Supervisor

3/24/16

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.

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

PRINTED: 03/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2016
NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE EAST			STREET ADDRESS, CITY, STATE, ZIP CODE 1829 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(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 104	<p>Continued From page 1</p> <p>five (5) individuals in the facility it was discovered that the facility did not have a policy regarding how the recapitulation process was to be performed by the facility staff.</p> <p>An interview was conducted on 02/18/16 at approximately 11:40 a.m., with LPN (licensed practical nurse) #B. LPN #B was asked if she had been involved with a medication error incident on 01/01/16, she stated that she had. She went on further stating: "I was the nurse that was called about 7:30 a.m., by DSP (direct service provider)/Medication Tech #F (name) who caught the error related to the January MARs (medication administration records) having omissions of the individuals' (Individuals #1-#5) medications. I told her that per our policy to hold all medications and that I would get to the facility as soon as I could." When asked what happened next she stated: "I looked at all of the new MARs and found that there was omissions of medications on the MARs. I told DSP #F to give the ordered medications that were correct and I would contact the physician to verify the medications that had not been printed on the MAR which I did do."</p> <p>LPN #B was then asked if she had found the reason why the new MARs were incorrect and she stated: "I looked at the new MARs and saw that they had the two initials of nurses who were responsible for checking the new MARs (January 2016) with the previous month's (December 2015) MARs, the additional telephone orders from the doctor since we had received the new MARs the last week of December (2015) and the medication cards for accuracy." LPN #B was then asked if that was the facility's policy for the recapitulation process from one month's</p>	W 104	<div style="border: 1px solid black; padding: 5px;"> <p>Procedures outlined in the policy include "all medication containers and Medication Administration Records received from pharmacy will be checked by RN or licensed nursing staff prior to administration to verify name of individual, name of medication, strength, quantity, dosage, route and frequency against physician orders. Any discrepancies are to be reported to pharmacy immediately and returned for correction. Upon the receipt of new Medication Administration Records (MARs) RN or licensed nursing staff will ensure accuracy of new MARs by comparing MARs with medications and current physician orders." (See attached policy 8.16 Medication Management - Inventory/ Reconciliation)</p> </div>		

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

PRINTED: 03/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2016
NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE EAST			STREET ADDRESS, CITY, STATE, ZIP CODE 1829 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(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 104	<p>Continued From page 2</p> <p>documentation to be continued to the next months documentation. She stated: "I'm not sure if there is a policy but the way we do it here, is that the nurses compare the newly printed MARs with the current MARs being used, check for any new doctor orders, check the medication cards and then initial that they were done. The day nurse starts the process by reviewing and initial the new mars and then the evening nurse also reviews it and puts their initials on the new MARs."</p> <p>An interview was conducted on 02/18/16 at approximately 2:05 p.m., with the Program Manager. She was asked about the medication error incident of 01/01/16. She stated: "It was New Year's Day and I was notified by the on call house QIDP (Qualified Intellectual Disabilities Professional) and was informed that the error was going to be addressed by LPN #B. When I came back to work on 01/04/16, I reviewed the incident report and notified our QA (quality assurance) Director about the incident. The Program Manager was then informed of the aforementioned information. When asked if the process that was stated by LPN #B was the facility's policy she stated: "I'm not sure. I will get the policy for you."</p> <p>An interview was conducted on 02/19/16 at approximately 9:30 a.m., with the Program Manager. She submitted the facility's policies entitled Medication Usage/Medication Administration, Assisting with Medication Administration and Medication Management.</p> <p>No policy specifically directing the facility staff how to reconcile newly printed MARs for accuracy prior to being used by the staff for documenting</p>		W 104		

RECEIVED
MAR 28 2016
VDH/OLC

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

PRINTED: 03/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2016
NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE EAST			STREET ADDRESS, CITY, STATE, ZIP CODE 1829 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(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 104	Continued From page 3 the administration of medications could be found. An interview was conducted on 02/19/16 at approximately 10:05 a.m., with the Program Manager. The Program Manager was then informed that there was no mention of how the staff was to reconcile the previous MAR, physician orders and current inventory of medications for the individuals. When asked if there might be a policy for the reconciliation/recapitulation process she stated: "I have given you all that I have regarding medications." Administration which consisted of the Program Manager, the new facility Clinical III/QIDP (Qualified Intellectual Disabilities Professional), ID (Intellectual Disability) Program Director, the Client Rights Advocate and the Supervisor of the ICF/ID (Intermediate Care Facilities for individuals with Intellectual Disability) were informed of the findings at a briefing on 02/19/16 at approximately 1:00 p.m. No additional information was submitted for review. This is a COMPLAINT DEFICIENCY	W 104			
W 111	483.410(c)(1) CLIENT RECORDS The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. This STANDARD is not met as evidenced by: Based on staff interviews, facility documentation reviews and during the course of a complaint investigation, the facility staff failed to ensure documentation for five (5) individuals (Individuals	W 111	Chesapeake Integrated Behavioral Healthcare utilizes an electronic health record system that maintains the recordkeeping system that documents the client's health care, active treatment, social information, and protection of client's right. On 01/01/16, Individual #1 Primary Care Physician was contacted, medications reviewed and order receive to administer medications outside of allowable window. Individual #1 was monitored and no adverse side effects were noted.		Policy revised 03/16/16 Review Policy Revisions with nursing and direct care staff by 04/01/16

RECEIVED

MAR 28 2016

VDH/OLC

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

PRINTED: 03/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2016
NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE EAST			STREET ADDRESS, CITY, STATE, ZIP CODE 1829 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(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 111	<p>Continued From page 4</p> <p>#1-#5) clinical records (MARs-medication administration records) were accurate to avoid medication administration errors.</p> <p>The findings included:</p> <p>During the Entrance Conference on 02/17/16 at approximately 9:17 a.m., with the Program Manager and the new Clinician III/QIDP (Qualified Intellectual Disabilities Professional) a request was made of copies of incident and accident reports for the previous 6 months. The Program Manager stated that she would have to request the copies from the QA (quality assurance) Director who was located at the primary off campus office.</p> <p>On 02/17/16 at approximately 11:55 a.m., the Corporate #D-Client Rights Advocate brought the CHRIS (comprehensive human rights information system) reports which report serious incidents involving the individuals who reside in a facility.</p> <p>The CHRIS reports were reviewed and the following was noted:</p> <p>1. Individual #1 was a 54 year old male originally admitted to the facility on 05/01/14. Diagnoses included but were not limited to Severe Intellectual Disability, Epilepsy and Hypertension.</p> <p>The 01/04/16 CHRIS report noted: "Client's medications were administered outside of the allowable window due to inconsistencies with the client's MAR and medication order." The report also noted: "Decision Date-01/20/16 Other Rationale: The medication errors were unintentional due to inaccurate information on the client's MAR compared to the order/past MAR."</p>	W 111	<p>On 01/01/16, Individual #2 Primary Care Physician was contacted, medications reviewed and order receive to administer medications outside of allowable window. Individual #2 was monitored and no adverse side effects were noted.</p> <p>On 01/01/16, Individual #3 Primary Care Physician was contacted, medications reviewed and order receive to administer medications outside of allowable window. Individual #3 was monitored and no adverse side effects were noted.</p> <p>On 01/01/16, Individual #4 Primary Care Physician was contacted, medications reviewed and order receive to administer medications outside of allowable window. Individual #4 was monitored and no adverse side effects were noted.</p> <p>On 01/01/16, Individual #5 Primary Care Physician was contacted, medications reviewed and order receive to administer medications outside of allowable window. Individual #5 was monitored and no adverse side effects were noted.</p>		

RECEIVED

MAR 28 2016

VDH/OLC

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

PRINTED: 03/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2016
NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE EAST			STREET ADDRESS, CITY, STATE, ZIP CODE 1829 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(X4) IO PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 111	<p>Continued From page 5</p> <p>2. Individual #2 was a 56 year old female originally admitted to the facility on 04/09/14. Diagnoses included but were not limited to Profound Intellectual Disability, Deafness and Seizures.</p> <p>The 01/04/16 CHRIS report noted: "Client's medications were administered outside of the allowable window due to inconsistencies with the client's MAR and medication order." The report also noted: "Decision Date-01/20/16 Other Rationale: The medication errors were unintentional due to inaccurate information on the client's MAR compared to the order/past MAR."</p> <p>3. Individual #3 was a 51 year old male originally admitted to the facility on 10/07/2013. Diagnoses included but were not limited to Profound Intellectual Disability, Cerebral Palsy with Spastic Quadriplegia and Cystic Lesions in Kidneys.</p> <p>The 01/04/16 CHRIS report noted: "Client's medications were administered outside of the allowable window due to inconsistencies with the client's MAR and medication order." The report also noted: "Decision Date-01/20/16 Other Rationale: The medication errors were unintentional due to inaccurate information on the client's MAR compared to the order/past MAR."</p> <p>4. Individual #4 was a 60 year old female originally admitted to the facility on 05/31/13. Diagnoses included but were not limited to Severe Intellectual Disability, Epilepsy with seizures and a grade 2/6 systolic heart murmur with probable benign etiology.</p> <p>The 01/04/16 CHRIS report noted: "Client's</p>		W 111	<p>Highlands Place Policy 8.16 Medication Management - Inventory/Reconciliation was revised on 03/16/16 to include there viewing of the physician orders, medication administration records (MARs) and medications for accuracy to minimize the discrepancies from this time forward.</p> <p>The revisions include "a licensed nurse must check the medications against delivery order and complete the medication Inventory/ Reconciliation Form. If all medications are accurate when compared to the physician's orders and medication administration record then the licensed nurse will sign the Medication Inventory/ Reconciliation Form. A signature on the Medication Inventory Reconciliation Form indicates that all medications, medical administration records and physician orders are accurate. If an error is discovered the licensed nurse will contact the pharmacy immediately. All medications will be counted daily by overnight staff and documented on the the Medication Inventory/ Reconciliation Form. The RN or LPN will verify the accuracy of the count and document on Medication Management -Inventory/ Reconciliation.</p> <p>All controlled medications are to be counted at each shift change by 1 departing staff and 1 reporting staff.</p>	

RECEIVED
MAR 28 2016
VDH/OLC

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

PRINTED: 03/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) OATE SURVEY COMPLETED C 02/19/2016
NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE EAST			STREET ADDRESS, CITY, STATE, ZIP CODE 1829 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(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 111	<p>Continued From page 6</p> <p>medications were administered outside of the allowable window due to inconsistencies with the client's MAR and medication order." The report also noted: "Decision Date-01/20/16 Other Rationale: The medication errors were unintentional due to inaccurate information on the client's MAR compared to the order/past MAR."</p> <p>5. Individual #5 was a 54 year old male originally admitted to the facility on 04/29/14. Diagnoses included but were not limited to Profound Intellectual Disability, Cerebral Palsy with Spasticity and a history of ADHD (Attention Deficit Hyperactivity Disorder).</p> <p>The 01/04/16 CHRIS report noted: "Client's medications were administered outside of the allowable window due to inconsistencies with the client's MAR and medication order." The report also noted: "Decision Date-01/20/16 Other Rationale: The medication errors were unintentional due to inaccurate information on the client's MAR compared to the order/past MAR."</p> <p>Review of the aforementioned individuals' MARs did show credible evidence that the 01/01-30/16 MARs had errors of omission which resulted in the need for LPN (licensed practical nurse) #B to contact the physician for all individuals to correct and verify the individuals medication order regimen.</p> <p>An interview was conducted on 02/17/16 at approximately 12:15 p.m., with Corporate D-Client Rights Advocate in charge of the CHRIS reports. She stated: "All individuals had been found to have been involved. The MARs were printed wrong for the month of January (2016)." She went on further: "I then informed the</p>		W 111		

RECEIVED

MAR 28 2016

VDH/OLC

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

PRINTED: 03/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2016
NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE EAST			STREET ADDRESS, CITY, STATE, ZIP CODE 1829 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(X4) IO 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 111	Continued From page 7 Program Manager of the findings." An interview was conducted on 02/18/16 at approximately 2:00 p.m., with the Program Manager. When asked if the Program Manager was aware of the inaccurate MARs resulting in medication errors she stated: "Yes. The MARs were updated with the correct information for omitted medications on the MAR." The facility's policy for the reconciliation/recapitulation were requested for review. Administration which consisted of the Program Manager, the new facility Clinical III/QIDP (Qualified Intellectual Disabilities Professional), ID (Intellectual Disability) Program Director, the Client Rights Advocate and the Supervisor of the ICF/ID (Intermediate Care Facilities for individuals with Intellectual Disability) were informed of the findings at a briefing on 02/19/16 at approximately 1:00 p.m. No additional information was submitted for review. This is a COMPLAINT DEFICIENCY.		W 111		
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 staff interviews, facility documentation reviews, clinical record reviews and in the course of a complaint investigation the facility staff failed to ensure that the administration of medications for five (5) individuals (Individual #1 through #5) were administered per physician's orders.		W 368	Individual #1 Primary Care Physician was contacted, medications reviewed and order receive to administer medications outside of allowable window. Individual #1 was monitored and no adverse side effects were noted. Individual #2 Primary Care Physician was contacted, medications reviewed and order receive to administer medications outside of allowable window. Individual #2 was monitored and no adverse side effects were noted.	Policy revised 03/16/16 Review Policy Revisions with nursing and direct care staff by 04/01/16

RECEIVED

MAR 28 2016

VDH/OLC

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

PRINTED: 03/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2016
NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE EAST			STREET ADDRESS, CITY, STATE, ZIP CODE 1829 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(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 368	<p>Continued From page 8</p> <p>The findings included:</p> <p>Review of the Incident Report dated 01/01/16 with time of 9:30 a.m., as the time of the incident prepared by LPN #B noted the following:</p> <p>Brief description of the incident: Meds given outside of designated time. Consumer Information: names (Individuals #1 through #5).</p> <p>Additional information: Meds given late during this shift. MD (doctor) for all residents have been made aware. Order given stating OK to give meds now. Signed by LPN #B.</p> <p>Addendum: MARs were not matching previous MARs or needed a new order for expired meds to be given. MD contacted via answering service of each resident's doctor and awaited a return phone call. Alerted MD of orders needed and asked for permission to give meds outside scheduled time frame. Signed by LPN #B</p> <p>MD (name) (on call for MD name) gave orders at 9:30 am.</p> <p>MD (name) gave orders at 9:51 a.m. Signed by LPN #B</p> <p>An interview was conducted on 02/19/16 approximately 8:25 a.m., with Other F-DSP/Med Tech (direct service provider/medication technician trained to administer medication). She was asked how she discovered the omissions on the new 01/01/16 MAR. She stated: "I arrived for my shift 6:00 a.m. to 2:00 p.m., it was New Year's Day. I started to give my 8:00 a.m., medications around 7:00 a.m. I started with Individual #1's (name) medications and found that his usual Depakote was not on the MAR. I called the on-call QIDP (Qualified Intellectual Disabilities</p>	W 368	<p>Individual #3 Primary Care Physician was contacted, medications reviewed and order receive to administer medications outside of allowable window. Individual #3 was monitored and no adverse side effects were noted.</p> <p>Individual #4 Primary Care Physician was contacted, medications reviewed and order receive to administer medications outside of allowable window. Individual #4 was monitored and no adverse side effects were noted.</p> <p>Individual #5 Primary Care Physician was contacted, medications reviewed and order receive to administer medications outside of allowable window. Individual #5 was monitored and no adverse side effects were noted.</p> <p>Highlands Place Policy 8.14 Assisting with Medication Administration was reviewed and revised on 03/16/16. The policy delineates "Highlands Place has established and maintains a system for accurate medication administration assistance and identification to assure medication is taken according to physician's orders." Policy procedures state "Highlands Place will maintain a current physician's order for medication for each resident as applicable from an individual licensed to prescribe medication. Medication will be given only to the individual for whom it is prescribed, the dosage prescribed and in the time frame prescribed in accordance with physician's order. Licensed nursing staff will ensure medications and medication</p>		

RECEIVED

MAR 28 2016

VDH/OLC

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

PRINTED: 03/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2016
NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE EAST			STREET ADDRESS, CITY, STATE, ZIP CODE 1829 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(X4) IO 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 368	<p>Continued From page 9</p> <p>Professional) and she directed me to call LPN #B (name) for further directions. She told me to hold the medications until she could get in and review the MARs." She went on further: "When she got to the facility she directed me to give the 8:00 a.m. scheduled medications if they were on the MAR and if I had the correct drug available. I gave all of the scheduled 8:00 a.m., medications on time except for the ones that needed to be verified by the doctor."</p> <p>1. Individual #1 was a 54 year old male originally admitted to the facility on 05/01/14. Diagnoses included but were not limited to Severe Intellectual Disability, Epilepsy and Hypertension.</p> <p>The 01/04/16 CHRIS report noted: "Client's medications were administered outside of the allowable window due to inconsistencies with the client's MAR (medication and administration record) and medication order." The report also noted: "Decision Date-01/20/16 Other Rationale: The medication errors were unintentional due to inaccurate information on the client's MAR compared to the order/past MAR."</p> <p>Review of Individual #1's MAR indicated the following:</p> <p>01/01/16: Depakote (an antiseizure medication) 500 mg (milligrams) po (by mouth) 1 tablet 3 times a day for seizures along with 250 mg to equal 750 mg per dose. The times for the administration of this medication was 8:00 a.m., 3:00 p.m. and 8:00 p.m. Individual #1 did not receive his 8:00 a.m. dose until 9:30 a.m., per review of the individuals clinical record and a validated a telephone order dated 01/01/16 at 9:30 a.m., which stated: "May give meds as</p>	W 368	<div style="border: 1px solid black; padding: 5px;"> <p>administration records are in accordance with the prescribed physician's orders as outlined in 8.16 Medication Management - Inventory/ Reconciliation policy.</p> </div>		

RECEIVED

MAR 28 2016

VDH/OLC

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

PRINTED: 03/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2016
NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE EAST		STREET ADDRESS, CITY, STATE, ZIP CODE 1829 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(X4) IO PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 368	<p>Continued From page 10 ordered outside normal time range."</p> <p>2. Individual #2 was a 56 year old female originally admitted to the facility on 04/09/14. Diagnoses included but were not limited to Profound Intellectual Disability, Deafness and Seizures.</p> <p>The 01/04/16 CHRIS report noted: "Client's medications were administered outside of the allowable window due to inconsistencies with the client's MAR and medication order." The report also noted: "Decision Date-01/20/16 Other Rationale: The medication errors were unintentional due to inaccurate information on the client's MAR compared to the order/past MAR."</p> <p>Review of Individual #2's MAR indicated the following:</p> <p>01/01/16: Levothyroxine (a thyroid function stabilizer) 50 mcg (micrograms). Take one tablet by mouth every morning on empty stomach for hypothyroidism." Individual #2 did not receive the medication until 9:30 a.m., after she had had breakfast per review of the facility submitted "East Meal Times: Breakfast: 7:30 AM". A validated telephone order was obtained dated 01/01/16 at 9:30 a.m. which stated: "May give medications now."</p> <p>3. Individual #3 was a 51 year old male originally admitted to the facility on 10/07/2013. Diagnoses included but were not limited to Profound Intellectual Disability, Cerebral Palsy with Spastic Quadriplegia and Cystic Lesions in Kidneys.</p> <p>The 01/04/16 CHRIS report noted: "Client's</p>	W 368		

RECEIVED

MAR 28 2016

W/OLC

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

PRINTED: 03/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G062	(X2) MULTIPLE CONSTRUCTION A. BILLING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2016
NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE EAST			STREET ADDRESS, CITY, STATE, ZIP CODE 1829 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(X4) IO PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 368	Continued From page 11 medications were administered outside of the allowable window due to inconsistencies with the client's MAR and medication order." The report also noted: "Decision Date-01/20/16 Other Rationale: The medication errors were unintentional due to inaccurate information on the client's MAR compared to the order/past MAR." Review of Individual #3's MAR indicated the following: 01/01/16 Omission of Multivitamin Child Chew tablets. A validated physician's telephone order was obtained 01/01/16 at 9:30 a.m., which noted: "Multivitamin Child Chew tablets. Take two tablets by mouth daily (crushed and given by mouth in Ensure Pudding) for Osteopenia. 4. Individual #4 was a 60 year old female originally admitted to the facility on 05/31/13. Diagnoses included but were not limited to Severe Intellectual Disability, Epilepsy with seizures and a grade 2/6 systolic heart murmur with probable benign etiology. The 01/04/16 CHRIS report noted: "Client's medications were administered outside of the allowable window due to inconsistencies with the client's MAR and medication order." The report also noted: "Decision Date-01/20/16 Other Rationale: The medication errors were unintentional due to inaccurate information on the client's MAR compared to the order/past MAR." Review of Individual #4's MAR indicated the following: 01/01/16 Omission of Oyster Shell with Calcium 500/Vitamin D 200. A validated physician's	W 368			

RECEIVED

MAR 28 2016

VDH/OLC

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

PRINTED: 03/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2016
NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE EAST			STREET ADDRESS, CITY, STATE, ZIP CODE 1829 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(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 368	<p>Continued From page 12</p> <p>telephone order dated 01/01/16 at 9:51 a.m. noted: "May give meds as ordered outside normal time range. Oyster Shell CA 500/D 200. Take one tablet by mouth twice daily for osteopenia.</p> <p>5. Individual #5 was a 54 year old male originally admitted to the facility on 04/29/14. Diagnoses included but were not limited to Profound Intellectual Disability, Cerebral Palsy with Spasticity and a history of ADHD (Attention Deficit Hyperactivity Disorder).</p> <p>The 01/04/16 CHRIS report noted: "Client's medications were administered outside of the allowable window due to inconsistencies with the client's MAR and medication order." The report also noted: "Decision Date-01/20/16 Other Rationale: The medication errors were unintentional due to inaccurate information on the client's MAR compared to the order/past MAR."</p> <p>Review of Individual #5's MAR indicated the following:</p> <p>01/01/16 Omission of Cranberry Concentrate 500 mg (milligrams). A validated physician's telephone order dated 01/01/16 at 9:30 a.m., noted: "Cranberry Concentrate 500 mg. Take one capsule by mouth daily for UTI (urinary tract infection) prevention. May give medications now."</p> <p>An interview was conducted on 02/18/16 at approximately 2:00 p.m., with the Program Manager. When asked if the Program Manager was aware of the inaccurate MARs resulting in medication errors she stated: "Yes. The med tech (DSP #F) caught the omissions during the</p>	W 368			

RECEIVED

MAR 28 2016

VDH/OLC

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

PRINTED: 03/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2016
NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE EAST			STREET ADDRESS, CITY, STATE, ZIP CODE 1829 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(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 368	Continued From page 13 01/01/16 8:00 a.m.'s medication administration time when she was following the 5 rights protocol prior to giving the medication. LPN #B (name) obtained the needed orders from the individuals' doctors and then the medication was given." Administration which consisted of the Program Manager, the new facility Clinical III/QIDP (Qualified Intellectual Disabilities Professional), ID (Intellectual Disability) Program Director, the Client Rights Advocate and the Supervisor of the ICF/ID (Intermediate Care Facilities for individuals with Intellectual Disability were informed of the findings at a briefing on 02/19/16 at approximately 1:00 p.m. No additional information was submitted for review. This is a COMPLAINT DEFICIENCY.	W 368			
W 455	483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observations, staff interviews and facility documentation, the facility staff failed to ensure that the proper technique for hand washing to prevent infection was performed by the staff. 1. During Medication Pass Observations one staff member, LPN (licensed practical nurse) #A did not wash his hands in accordance with acceptable hand washing techniques prior to administering medication to an individual and between administering medication to two additional individuals.	W 455	In review of Highlands Place Policy 8.23 Infection Control, staff failed to comply with the facilities existing written policy in reference to hand washing. A review of hand washing policy with interactive demonstration was conducted on 03/16/16 at a mandatory training. In order to minimize the discrepancies from this time forward, the RN will conduct intermittent observations of medication administration. Infection control procedures including hand washing will reviewed quarterly at skill building staff trainings.	Policy review and interactive demonstration 03/16/16	

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

PRINTED: 03/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2016
NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE EAST			STREET ADDRESS, CITY, STATE, ZIP CODE 1829 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(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 455	Continued From page 14 2. During Medication Pass Observations one staff member, LPN #B did not wash her hands after removing her gloves and donning a new pair of gloves to administer medications to a different individual. The findings included: 1. On 02/17/16 at approximately 3:10 p.m., observations were made of LPN #A during the Medication Pass and Pour task. The following was observed: 3:10 p.m.-LPN #A was observed to wash his hands prior to administering Individual #2's scheduled medication. LPN #A wet his hands with water, applied soap and proceeded to only wash his hands for five (5) seconds before rinsing off his hands with water and drying his hands with clean paper towels which he threw away in a refuse container. He then was observed to shut off the water faucet with his bare clean hands without using a barrier. 3:30 p.m.-LPN #A was observed after administering Individual #3's medication to remove his gloves, wet his hands with water, apply soap and proceeded to only wash his hands for three (3) seconds before rinsing off his hands with water and drying his hands with clean paper towels which he threw away in a refuse container. He then was observed to shut off the water faucet with his bare clean hands without using a barrier. 3:35 p.m.-LPN #A was observed after administering Individual #1's medication to remove his gloves, wet his hands with water,	W 455			

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

PRINTED: 03/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2016
NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE EAST			STREET ADDRESS, CITY, STATE, ZIP CODE 1829 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(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 455	<p>Continued From page 15</p> <p>apply soap and proceeded to only wash his hands for three(3) seconds before rinsing off his hands with water and drying his hands with clean paper towels which he threw away in a refuse container. He then was observed to shut off the water faucet with his bare clean hands without using a barrier.</p> <p>An interview was conducted on 02/19/16 at approximately 12:45 p.m., with LPN #A. The observations of the 02/17/16 Medication Pass were shared with LPN #A. He stated: "I didn't know that I didn't wash long enough or that I didn't use a barrier to shut off the water."</p> <p>2. On 02/18/16 at approximately 7:22 a.m., observations were made of LPN #B during the Medication Pass Pour task. The following was observed:</p> <p>LPN #B had started administering medications to Individual #1. Part way into the administration process LPN #B chose to remove her gloves. LPN #B put on another pair of gloves without washing her hands and continued to complete Individual #1's medication administration. At the completion of Individual #1's medication administration LPN #B was observed to remove her gloves and wash her hands using the correct technique prior to obtaining and putting on another set of gloves to administer Individual #4's medication at approximately 7:42 a.m.</p> <p>An interview was conducted on 02/18/16 at approximately 8:10 a.m., with LPN #B. When asked why she did not wash her hands after removing her gloves during the medication administration for Individual #1 she stated: "I didn't realize that I had to wash my hands if I was</p>	W 455			

RECEIVED

MAR 28 2016

VDH/OLC

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

PRINTED: 03/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2016
NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE EAST			STREET ADDRESS, CITY, STATE, ZIP CODE 1829 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(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 455	<p>Continued From page 16</p> <p>replacing my gloves when working with the same individual."</p> <p>An interview was conducted on 02/18/16 at approximately 9:10 a.m., with the Program Manager. All of the aforementioned information regarding the Medication Pass observations was discussed and the Program Manager stated: "Our policy was not followed by the nurses for hand washing. I will get you a copy of the policy."</p> <p>Review of the facility's policy 8.23 Infection Control noted the following:</p> <p>"Hand Washing</p> <ol style="list-style-type: none"> 1. Use a sink with warm running water, soap, and paper towel. 2. Push sleeves up above wrists (removing jewelry and wristwatch). 3. Apply soap to the hands and wash the hands vigorously using plenty of lather and friction for 10 or more seconds; interlace fingers and rub palms and the back of the hands in a circular motion; clean between fingers and vigorously clean the fingertips and nail beds. 4. Rinse hands and wrists thoroughly, keeping hands down and elbows up. 5. Dry hands thoroughly from the fingers down to the forearms and wrists with a paper towel; if available, use clean paper towel to turn off the water. <p>Indications for Hand Washing and Hand Rubbing</p> <p>After removing gloves"</p> <p>Administration which consisted of the Program Manager, the new facility Clinical III/QIDP</p>		W 455		

RECEIVED
MAR 28 2016
VDH/OLC

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

PRINTED: 03/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2016
NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE EAST			STREET ADDRESS, CITY, STATE, ZIP CODE 1829 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(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 455	Continued From page 17 (Qualified Intellectual Disabilities Professional), ID (Intellectual Disability) Program Director, the Client Rights Advocate and the Supervisor of the ICF/ID (Intermediate Care Facilities for individuals with Intellectual Disability were informed of the findings at a briefing on 02/19/16 at approximately 1:00 p.m. No additional information was submitted for review.	W 455			

RECEIVED

MAR 23 2016

VDH/OLC