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

NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE EAST (X4) ID SUMMARY STATEMENT OF DEFICIENCY PREFIX REGULATORY OR LSC IDENTIFYING INFORM W 000 INITIAL COMMENTS An unannounced annual 55 Fundament Medicaid survey was conducted 02/17/through 02/19/2016. The facility was not compliance with 42 CFR Part 483 Required for Intermediate Care Facilities for Indication with Intellectual Disabilities (ICF/ID). Complaint was investigated during the street The Life Safety Code survey/report will the consultation of the survey. The census in this five (5) certified bed was five (5) at the time of the survey. Sample consisted of three (3) Individual	IES ID PREI MATION) W	FIX (EACH CORRECTIVE ACTION S	RECTION IXSI SHOULD BE COMPLETION
HIGHLANDS PLACE EAST (X4) ID SUMMARY STATEMENT OF DEFICIENCING (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORM W 000 INITIAL COMMENTS An unannounced annual 55 Fundament Medicaid survey was conducted 02/17/through 02/19/2016. The facility was not compliance with 42 CFR Part 483 Required for Intermediate Care Facilities for Individual With Intellectual Disabilities (ICF/ID). Complaint was investigated during the state of the survey. The census in this five (5) certified bedwas five (5) at the time of the survey. Sample consisted of three (3) Individual	IES ID PREI MATION) TAG	1829 ROKEBY AVENUE CHESAPEAKE, VA 23320 PROVIDER'S PLAN OF CORE FIX (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	DDE RECTION IXSI SHOULD BE COMPLETION
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORM W 000 INITIAL COMMENTS An unannounced annual 55 Fundamen Medicaid survey was conducted 02/17/through 02/19/2016. The facility was not compliance with 42 CFR Part 483 Required for Intermediate Care Facilities for Individual Disabilities (ICF/ID). Complaint was investigated during the street The Life Safety Code survey/report will the census in this five (5) certified bed was five (5) at the time of the survey, sample consisted of three (3) Individual	Wental PREI	FIX (EACH CORRECTIVE ACTION S G CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETION
An unannounced annual 55 Fundamer Medicaid survey was conducted 02/17/through 02/19/2016. The facility was no compliance with 42 CFR Part 483 Requipments for Intermediate Care Facilities for Individual Disabilities (ICF/ID). Complaint was investigated during the SThe Life Safety Code survey/report will The census in this five (5) certified bedwas five (5) at the time of the survey, sample consisted of three (3) Individual	ental /2016 not in	000	
through 02/19/2016. The facility was no compliance with 42 CFR Part 483 Required for Intermediate Care Facilities for Individual Disabilities (ICF/ID). Complaint was investigated during the source The Life Safety Code survey/report will the census in this five (5) certified bed was five (5) at the time of the survey, sample consisted of three (3) Individual	not in		
was five (5) at the time of the survey. "sample consisted of three (3) Individua	ividuals One survey.		
(Individuals #1 through #3) and two (2) partial reviews due to the complaint (In and #4).	The survey al reviews) additional ndividual #3		
W 104 483.410(a)(1) GOVERNING BODY The governing body must exercise gen budget, and operating direction over the	neral policy,	Chesapeake Integrated Behat Healthcare Highlands Place For Procedures were reviewed. If Medication Management -Inversed to include Medication Management - Inventory/Rec	Policies and Policy 8.16 pentory was Review
This STANDARD is not met as eviden Based on staff interviews, facility docu reviews and during a complain investig facility staff failed to have a policy for the reconciliation and recapitulation process the new monthly printed MARs (medical administration records) are received from the pharmacy in accordance with the POS orders sheet), new orders obtained after the process of the pharmacy in accordance with the POS orders sheet), new orders obtained after the passet of the pharmacy in accordance with the POS orders sheet), new orders obtained after the passet of the pa	umentation gation the he ss when pation om the 6 (physician	03/16/16. The policy states " policy of Highlands Place that and Medication Administration are check for accuracy when from the pharmacy and all me counted in order to verify the administration and ensure the the facility's medication inven	it is the t medications n Records received edications are accuracy of e security of Revisions with nursing and direct care staff by 04/01/16
printing of the MARs by the pharmacy at the current medication available.		RECE	IVED
The findings included:	:	MAR 28	2016
During the investigation of a complaint	involving	VDHV)

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.

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

Event ID: KXY611

Facility ID: VAICFID73

If continuation sheet Page 1 of 18

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

<u> VLIVILI</u>	YO LOU MEDIOUNE	C MEDICAID SERVICES				MID MO, CO	00-0001
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		E CONSTRUCTION	(X3) DATE SU COMPLE	
						С	
		49G062	B. WING			02/19/	2016
NAME OF	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
HIGHI AI	NDS PLACE EAST			18	829 ROKEBY AVENUE		
11,01,1271	TOO ! LATUE LATUE		1	C	CHESAPEAKE, VA 23320		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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 . CC	(X5) OMPLETION DATE
W 104	Castleyed Face	4					
VV 104			VV 1	104			
		n the facility it was discovered			Procedures outlined in the policy		
	that the facility did r	not have a policy regarding			include "all medication containers		
		on process was to be	:	i	Medication Administration Recon	sk sk	
	performed by the fa	icinty stan.			received from pharmacy will be		
	An Interview was co	onducted on 02/18/16 at		:	checked by RN or licensed nursing		
		a.m., with LPN (licensed			staff prior to administration to ve	îfy	
		LPN #B was asked if she			name of individual, name of		
		with a medication error	Ī	:	medication, strength, quantity,		
	incident on 01/01/10	6, she stated that she had.			dosage, route and frequency aga	1	
		stating: "I was the nurse that	!		physician orders. Any discrepan-	cies	
		30 a.m., by DSP (direct			are to be reported to pharmacy		
		edication Tech #F (name) who			immediately and returned for		
		ated to the January MARs			correction. Upon the receipt of n Medication Administration Record		
		stration records) having	1		(MARs) RN or licensed nursing s	ı.	
		dividuals' (Individuals #1-#5) her that per our policy to hold			will ensure accuracy of new MAR	II	
		that I would get to the facility			comparing MARs with medication		
		When asked what happened	:	•	and current physician orders." (S	L.	
		looked at all of the new MARs	: 		attached policy 8.16 Medication		
	and found that there		i		Management - Inventory/	1	
	medications on the	MARs. I told DSP#F to give	i		Reconciliation)		
	the ordered medica	tions that were correct and I	:	:	T COSTONIALISTY		
		hysician to verify the					
		d not been printed on the		:			
	MAR which I did do			1	1		
:	I PN #R was then a	sked if she had found the					
		MARs were incorrect and	:	:			
		d at the new MARs and saw	ī				
		o initials of nurses who were				:	
		cking the new MARs (January		;			
	2016) with the previ	ous month's (December					
		Iditional telephone orders					
		e we had received the new					
		of December (2015) and the					j
		r accuracy." LPN #B was					
:		as the facility's policy for the					
	recapitulation proce	ss from one month's					

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	1	D G INCOTO, GD OFFIAIOFO				AND INC	<u>. บยงอ-บงย เ</u>	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		49G062	B. WING	1-7-0-		i	C /19/2016	
NAME OF I	PROVIDER OR SUPPLIER			are	EET ADDRESS, CITY, STATE, ZIP CODE	; U.Z.	713/2010	
HIGHLAI	NDS PLACE EAST				9 ROKEBY AVENUE			
				CHI	ESAPEAKE, VA 23320			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	. ID	:	PROVIDER'S PLAN OF CORRECTIO	iN	19275	
PREFIX	(EACH DEFICIENC	SY MUST BE PRECEDED BY FULL	PREF	X	(EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	:	CROSS-REFERENCED TO THE APPROP		DATE	
					DEFICIENCY)		1	
				<u> </u>		***************************************	:	
W 104	Continued From p	age 2	W 1	na.	•			
		be continued to the next		U-F				
					*			
		ation. She stated: "I'm not		1				
	sure ir there is a po	olicy but the way we do it here,		1				
	is that the nurses of	compare the newly printed						
		rent MARs being used, check		-				
	for any new doctor	orders, check the medication						
	cards and then init	ial that they were done. The	1	:				
	day nurse starts th	e process by reviewing and						
	initial the new mar	s and then the evening nurse						
		puts their initials on the new					ē ·	
	MARs."	1		:				
9							i	
<u> </u>	An interview was o	conducted on 02/18/16 at					:	
		p.m., with the Program	;					
3		s asked about the medication						
	error incident of 01	/01/16. She stated: "It was						
		nd I was notified by the on call						
	house OIDD (Ouel	ified Intellectual Disabilities		:				
	Drofessional) and	med intellectual disabilities					1	
		was informed that the error	! !	:				
		Idressed by LPN #B. When I						
		on 01/04/16, I reviewed the						
		notified our QA (quality	:					
		r about the incident. The						
1		was then informed of the						
į		formation. When asked if the						
		tated by LPN #B was the					:	
	facility's policy she	stated: "I'm not sure. I will get						
	the policy for you."						į	
	:			!				
·	An interview was c	onducted on 02/19/16 at		:			1	
		a.m., with the Program						
		mitted the facility's policies						
	entitled Medication			!	RECEIVE	-	•	
		sisting with Medication			NUCIVE	لف		
oceania e		Medication Management.			September 1981 in the		-	
į	. serminos agori alta	Modification wanagement.			MAR 28 2016			
	No policy specifical	ly directing the facility staff						
					VDH/OLC		[
. 00		wly printed MARs for accuracy			VUITULG			
	prior to being used	by the staff for documenting			-			

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	, ,	PLE CONSTRUCTION G		SURVEY PLETED
						- 1
		49G062	B. WING		02/1	19/2016
NAME OF F	ROVIDER OR SUPPL	LIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
HIGHLAN	DS PLACE EAS	r		1829 ROKEBY AVENUE		
127		•		CHESAPEAKE, VA 23320		
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE .	(X5) COMPLETION DATE
W 104	Continued Fron the administrati	n page 3 on of medications could be found.	W 10	4		
	approximately Manager. The informed that the staff was to recephysician order medications for there might be reconciliation/re	Is conducted on 02/19/16 at 10:05 a.m., with the Program Program Manager was then here was no mention of how the concile the previous MAR, is and current inventory of the individuals. When asked if a policy for the ecapitulation process she stated: but all that I have regarding				
	Manager, the n (Qualified Intellectual Dis Client Rights Ad ICF/ID (Interme with Intellectual findings at a bri approximately information was This is a COMF	which consisted of the Program ew facility Clinical III/QIDP ectual Disabilities Professional), ID ability) Program Director, the dvocate and the Supervisor of the ediate Care Facilities for individuals Disability were informed of the efing on 02/19/16 at 1:00 p.m. No additional is submitted for review. PLAINT DEFICIENCY				
W 111	The facility mus recordkeeping health care, act	ELIENT RECORDS It develop and maintain a System that documents the client's ive treatment, social information, of the client's rights.	W 11	Chesapeake Integrated Behavioral Heautilizes an electronic health record syst maintains the recordkeeping system the documents the client's health care, actitreatment, social information, and protest of client's right.	em that at ive	Policy revised 03/16/16 Review Policy
	Based on staff reviews and du investigation, th	D is not met as evidenced by: interviews, facility documentation ring the course of a complaint se facility staff failed to ensure for five (5) individuals (Individuals		On 01/01/16, Individual #1 Primary Cal Physician was contacted, medications reviewed and order receive to administ medications outside of allowable windo Individual #1 was monitored and no ad side effects were noted.	er ow.	Revisions with nursing and direct care staff by 04/01/16

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

Event ID: KXY611

Facility ID: VAICFID73

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STATEMEN	OF DEFICIENCIES	(X1) PROVIDER/SIJPPLIER/CLIA	(X2) MU	LTIPI.	E CONSTRUCTION	1	. <u>0930-039 </u> E. SURVEY
AND PLAN (F CORRECTION	IDENTIFICATION NUMBER:	\$				PLETED
	Ì	-			1		С
N 163 / F 0 F	2001/20 -	49G062	B. WING			02/	19/2016
NAME OF	PROVIDER OR SUPPLIER			f	TREET ADDRESS, CITY, STATE, ZIP CODE		
HIGHLA	NDS PLACE EAST			ı	829 ROKEBY AVENUE		
() () ()	0.		·		CHESAPEAKE, VA 23320		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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	(X5) COMPLETION DATE
\N 111	Continued From pa	ao 4					
** ' 1 1			VV	111	1011 0 110 11 10; 111d111dddi 112 1 11111di y Gair		
	administration recor	rds (MARs-medication rds) were accurate to avoid			Physician was contacted, medications r		
	medication adminis	tration errors			and order receive to administer medicat		
	modioation daniijila	Tation entors.			outside of allowable window. Individual		
	The findings include	ed:			monitored and no adverse side effects v noted.	vere	
	During the Entrance	Conference on 02/17/16 at					
	approximately 9:17	a.m., with the Program			On 01/01/16, Individual #3 Primary Care		***************************************
	Manager and the ne	w Clinician III/QIDP (Qualified			Physician was contacted, medications r		
	Intellectual Disabiliti	es Professional) a request			and order receive to administer medicate outside of allowable window. Individual		1
		s of incident and accident			monitored and no adverse side effects v		
	reports for the previ	ous 6 months. The Program			noted.	ACIC	
		t she would have to request QA (quality assurance)			noted.		
		cated at the primary off					
	campus office.	cated at the printary of			On 01/01/16, Individual #4 Primary Care	.	
	outhput office.				Physician was contacted, medications re		
:	On 02/17/16 at appr	oximately 11:55 a.m., the		1	and order receive to administer medicate		Ī
	Corporate #D-Client	Rights Advocate brought the			outside of allowable window. Individual		
		sive human rights information			monitored and no adverse side effects v		
	system) reports which	ch report serious incidents			noted.	1010	
	involving the individu	uals who reside in a facility.					
	The CHRIS reports	were reviewed and the					
	following was noted:			i	On 01/01/16, Individual #5 Primary Care		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•		1	Physician was contacted, medications re	1	l
	1. Individual #1 was	a 54 year old male originally			and order receive to administer medicat		
		ty on 05/01/14. Diagnoses			outside of allowable window. Individual		
	included but were no			:	monitored and no adverse side effects v	vere	
	Intellectual Disability	Epilepsy and Hypertension.		1	noted.		
:	The 04/04/46 OUDIS	Connect materials BOD		i			
		S report noted: "Client's Iministered outside of the		٠.			
		irministered outside of the le to inconsistencies with the					
		edication order." The report				:	
		n Date-01/20/16 Other				:	
	Rationale: The medi						
		inaccurate information on the					
1		ed to the order/past MAR "					Water

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

Event ID: KXY611

Facility ID: VAICFID73

If continuation sheet Page 5 of 18

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MAR 28 20%
VDH/OLC

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

STATEMEN AND PLAN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION	01	(X3) OATE SURVEY
			A. BUILO	ING		COMPLETEO
		49G062	B. WING	· ·	İ	C 02/19/2016
	PROVIOER OR SUPPLIER NDS PLACE EAST			STREET ADDRESS, CITY, STATE, ZIF 1829 ROKEBY AVENUE CHESAPEAKE, VA 23320	CODE	VL 10/2010
(X4) IO PREFIX TAG	(EACH OEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEOED BY FULL SC IOENTIFYING INFORMATION)	IO PREFI TAG		ON SHOULO BE APPROPR	BE COMPLETION
	originally admitted to Diagnoses included Profound Intellectual Seizures. The 01/04/16 CHRI medications were a allowable window diclient's MAR and malso noted: "Decision Rationale: The medicational due to client's MAR comparts of the medicational due to client's MAR comparts of the one of the other of the faciliancluded but were not the faciliancluded but were not the other of t	s a 56 year old female of the facility on 04/09/14. If but were not limited to all Disability, Deafness and support noted: "Client's dministered outside of the use to inconsistencies with the edication order." The report on Date-01/20/16 Other dication errors were inaccurate information on the used to the order/past MAR." Is a 51 year old male originally ity on 10/07/2013. Diagnoses of limited to Profound of Cerebral Palsy with Spastic yetic Lesions in Kidneys. So report noted: "Client's dministered outside of the use to inconsistencies with the edication order." The report on Date-01/20/16 Other dication errors were inaccurate information on the red to the order/past MAR." Is a 60 year old female of the facility on 05/31/13, but were not limited to Disability, Epilepsy with edication errors were inaccurate information on the red to the order/past MAR."	W 1	Highlands Place Policy 8.16 Management - Inventory/Recrevised on 03/16/16 to includ of the physician orders, mediadministration records (MAR: medications for accuracy to rediscrepancies from this time of the revisions include "a licenteck the medications against and complete the medication Reconciliation Form. If all meaccurate when compared to the orders and medication administration in the licensed nurse will see Medication Inventory/ Reconciliation Form indicates medications, medical administrations and physician orders are accistis discovered the licensed nurse will be counted daily by overredocumented on the the Medication Medication Form. The Reconciliation Form. The Reconciliation Form Medications are each shift change by 1 depart reporting staff.	conciliation e there vie cation s) and minimize th forward. ised nurse st delivery Inventory/ edications the physicia istration re ignition Fo inventory s that all stration rec urate. If an irse will cor All medicati night staff a cation Inve N or LPN w unt and doc Inventory/ e to be cou	was wing e must order are an's scord rm. A ords n error ntact ions and entory/ will cument
	The 01/04/16 CHRIS	S report noted: "Client's		:		

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

Event ID: KXYö11

Facility IO: VAICFID73

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MAR 28 2016

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

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

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) OATE SURVEY COMPLETED	
	:		,			C	
		49G062	B. WING			02/	19/2016
	PROVIDER OR SUPPLIER			1829	EET ADORESS, CITY, STATE, ZIP CODE ROKEBY AVENUE ESAPEAKE, VA 23320		
(X/I) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEOED BY FULL SC IDENTIFYING INFORMATION)	IO PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 111	allowable window declient's MAR and malso noted: "Decision Rationale: The meunintentional due to client's MAR comparts MAR comparts MAR comparts MAR and malso noted: "Decision Rationale: The medications were a allowable window declient's MAR and malso noted: "Decision Rationale: The meunintentional due to client's MAR comparts MAR and malso noted: "Decision Rationale: The meunintentional due to client's MAR comparts MAR and errors of the need for LPN (lient) and verify the indivional medication was and verify the indivional medication. An interview was and approximately 12:15 D-Client Rights Adv	idministered outside of the ue to inconsistencies with the redication order." The report on Date-01/20/16 Other dication errors were inaccurate information on the ared to the order/past MAR." Is a 54 year old male originally lity on 04/29/14. Diagnoses not limited to Profound y, Cerebral Palsy with tory of ADHD (Attention Deficit der). Is report noted: "Client's administered outside of the ue to inconsistencies with the edication order." The report on Date-01/20/16 Other dication errors were inaccurate information on the ared to the order/past MAR." In mentioned individuals' MARs vidence that the 01/01-30/16 formission which resulted in censed practical nurse) #B to an for all individuals to correct duals medication order	W	111			
	found to have been printed wrong for th	l: "All individuals had been involved. The MARs were e month of January (2016)."		:			

Event ID: KXY611

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

Facility ID: VAIGFID73

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

	OF DEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION 3	(X3) OATE SURVEY COMPLETEO
ļ					С
		49G062	B. WING	A STATE OF THE STA	02/19/2016
ļ	ROVIOER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1829 ROKEBY AVENUE CHESAPEAKE, VA 23320	
(X4) IO PREFIX TAG	(EACH OEFICIENCY	TEMENT OF OEFICIENCIES 'MUST BE PRECEOED BY FIJIL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCEO TO THE APPROPI DEFICIENCY)	BE COMPLETION
W 368	approximately 2:00 Manager. When as was aware of the in medication errors si were updated with to omitted medications policy for the reconcrequested for review Administration whice Manager, the new from the foliation of the fol	of the findings." Inducted on 02/18/16 at p.m., with the Program Manager accurate MARs resulting in the stated: "Yes. The MARs the correct information for son the MAR." The facility's ciliation/recapitulation were v. In consisted of the Program acility Clinical III/QIDP al Disabilities Professional), ID try) Program Director, the ate and the Supervisor of the ecare Facilities for individuals ability were informed of the p.m. No additional omitted for review. NT DEFICIENCY. G ADMINISTRATION In administration must assure ministered in compliance with	W 11	Individual #4 Driman Caro Dhysician u	order revised 03/16/16 were Review Policy Revisions with nursing ide of and direct care staff

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

Event IO: KXY611

Facility ID: VAICFID73

If continuation sheet Page 8 of 18

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MAR 28 2016

DEPARTMENT OF HEALTH AND HULL IN SERVICES

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

		& MEDICAID SERVICES			OMB N	O. 0938-0391
STATEMEN AND PLAN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION ING	(X3) D	ATE SURVEY DMPLETED
		49G062	B. WING			C
NAME OF	PROVIDER OR SUPPLIER		1			<u>2/19/2016</u>
				STREET ADDRESS, CITY, STATE, ZIP CO	DE	
HIGHLA	NDS PLACE EAST		1	1829 ROKEBY AVENUE		
	1			CHESAPEAKE, VA 23320		
(X4) ID PREFIX TAG	i (EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(XS) COMPLETION DATE
W 368	Continued From pa	go 9				7
			W 3	,		
	The findings include	∍ ɑ:		contacted, medications reviewed		
	Review of the Incide	ent Report dated 01/01/16 with		receive to administer medications		
	time of 0.30 am a	s the time of the incident		allowable window. Individual #3		
		3 noted the following:		monitored and no adverse side e noted.	mects were	
	Brief description of	the incident: Meds given		Individual #4 Primary Care Physi	icion was	:
	outside of designate	ed time.		contacted, medications reviewed		
		ion: names (Individuals #1		receive to administer medications		
	through #5).			allowable window. Individual #4		
				monitored and no adverse side e		· .
	Additional information	on: Meds given late during		noted.	media were	
	this shift. MD (docto	or) for all residents have been		lioted.		·
	made aware. Order	given stating OK to give		Individual #5 Primary Care Physi	ician was	
	meds now. Signed	were not matching previous		contacted, medications reviewed		
		new order for expired meds to		receive to administer medications		
		cted via answering service of		allowable window. Individual #5		
		or and awaited a return		monitored and no adverse side e		:
		MD of orders needed and		Inoted.		·
		n to give meds outside				
	scheduled time fram	ie. Signed by LPN #B		Highlands Place Policy 8.14 Assi	istina with	
	MD (name) (on call	for MD name) gave orders at 🗉		Medication Administration was re	_	1
	9:30 am.			revised on 03/16/16. The policy		
		ders at 9:51 a.m. Signed by		Highlands Place has established		
	LPN #B			maintains a system for accurate		
	A (I			administration assistance and ide		
	An interview was co	the state of the s		assure medication is taken accor		
		a.m., with Other F-DSP/Med		physician's orders." Policy proce	_	
	Tech (direct service	administer medication). She		"Highlands Place will maintain a		:
:		discovered the omissions on		physician's order for medication f		
		AR. She stated: "I arrived for		resident as applicable from an inc		
		2:00 p.m., it was New Year's		licensed to prescribe medication.		-
		e my 8:00 a.m., medications		will be given only to the individua		
	around 7:00 a.m. Is	tarted with Individual #1's		is prescribed, the dosage prescri		-
		and found that his usual		the time frame prescribed in acco		
		the MAR. I called the		physician's order. Licensed nurs]
3		ed Intellectual Disabilities		ensure medications and medicati		[·

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

Event ID: KXY611

Facility ID: VAICFID73

If continuation sheet Page 9 of 18

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MAR 28 2010

W 368 Continued From page 9 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." 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. The 01/04/16 CHRIS report noted: "Client's medications were administered outside of the allowable window due to inconsistencies with the clients 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." Review of Individual #1's MAR indicated the following: 01/01/16: Depakote (an antiseizure medication) 500 mg (milligrams) po (by mouth) 1 tablet 3			AND HULLIN SERVICES				PRINTE	03/04/2016
AND PLAN OF CORRECTION (X1) PROVIDER SUPPLER (X2) PROVIDER OR SUPPLER (X3) PROVIDERS SUPPLER (X4) PROVIDER OR SUPPLER (X			& MEDICAID SERVICES				HURN OM RMC	WAPPROVED) 0938-0391
NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE EAST (X4) ID PREFIX TAD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG) PREFIX TAG CONTINUED FROM JUST BE PRECEDED BY FULL TAG SUPPLIANCY OF A SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL TAG SUPPLIANCY OF A SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL TAG SUPPLIANCY OF A SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL TAG SUPPLIANCY OF A SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL TAG SUPPLIANCY OF A SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL TAG SUPPLIANCY OF A SUMMARY STATEMENT OF DEFICIENCY MUST BE PROVIDERS PLAN OF CORRECTION OWNER OF A SUMMARY STATEMENT OF THE SUMMA	STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION	(X3) DA	TE SURVEY
HIGHLANDS PLACE EAST (X4)10 SLIMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 368 Continued From page 9 Professional) and she directed me to call LPN #8 (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." 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. The 01/04/16 CHRIS report noted: 'Client's medications were 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.'' Review of Individual #1's MAR indicated the following: 01/01/18: Depakote (an antiseizure medication) 500 mg (milligrams) po (by mouth) 1 tablet 3			49G062	B. WING	;		1 00	
1829 ROKEBY AVENUE CX4 10 SUMMARY STATEMENT OF DEFICIENCIES ID FREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG Continued From page 9 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." 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. 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 or errors were unintentional due to inaccurate information on the client's MAR compared to the order/past MAR." Review of Individual #1's MAR indicated the following: 01/01/16: Depakote (an antiseizure medication) 500 mg (milligrams) po (by mouth) 1 tablet 3	NAME OF	PROVIDER OR SUPPLIER		<u></u>	s	TREET ADDRESS, CITY, STATE, ZIP CODE	<u> U2</u>	11912016
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) W 368 Continued From page 9 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." 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. 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." Review of Individual #1's MAR indicated the following: 01/01/16: Depakote (an antiseizure medication) 500 mg (milligrams) po (by mouth) 1 tablet 3	HIGHLA				1,	829 ROKEBY AVENUE		
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." 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. The 01/04/16 CHRIS report noted: "Client's medications were administration record) and medication and administration record) and medication and administration or the client's MAR (medication and administration record) and medication or become 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 #1's MAR indicated the following: 01/01/16: Depakote (an antiseizure medication) 500 mg (milligrams) po (by mouth) 1 tablet 3	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETION
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	W 368	Professional) and si (name) for further di the medications unti the MARs." She we to the facility she dir a.m. scheduled med MAR and if I had the gave all of the schedon time except for the verified by the docto. 1. Individual #1 was admitted to the facility included but were not included. "Decision Da The medications were adallowable window ductient's MAR (medicationed: "Decision Da The medication error inaccurate information compared to the order Review of Individual following: 01/01/16: Depakote (500 mg (milligrams)) times a day for seizule equal 750 mg per docadministration of this	the directed me to call LPN #B irections. She told me to hold il she could get in and review ant on further: "When she got ected me to give the 8:00 lications if they were on the ecorrect drug available. I duled 8:00 a.m., medications he ones that needed to be r." If a 54 year old male originally the ty on 05/01/14. Diagnoses of limited to Severe a Epilepsy and Hypertension. If report noted: "Client's liministered outside of the let to inconsistencies with the lation and administration ion order." The report also te-01/20/16 Other Rationale: "So were unintentional due to on on the client's MAR ear/past MAR." #1's MAR indicated the limited in an antiseizure medication of the medication was 8:00 a.m., and an antiseizure medication was 8:00 a.m.,	W:	368	administration records are in accorda the prescribed physician's orders as o in 8.16 Medication Management - Inv	outlined	

validated a telephone order dated 01/01/16 at 9:30 a.m., which stated: "May give meds as

EvenI ID: KXY611

Facility IO: VAICFID73

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MAR 28 2000
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PRINTED: 03/04/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT ANO PLAN C	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
		49G062	B. WING			C
	PROVIDER OR SUPPLIER			STREET AOORESS, CITY, STATE, ZIP CO 1829 ROKEBY AVENUE CHESAPEAKE, VA 23320	DDE	02/19/2016
(X4) IO PREFIX TAG	(EACH OEFICIENCY	TEMENT OF OEFICIENCIES MUST BE PRECEDED BY FULL BC IOENTIFYING INPORMATION)	IO PREFI TAG		SHOULD	BE COMPLETION
	originally admitted to Diagnoses included Profound Intellectual Seizures. The 01/04/16 CHRIS medications were at allowable window doctient's MAR and medicationale: The medicationale: The medicationale: The medicationale due to client's MAR comparational due to client's MAR com	mal time range." s a 56 year old female to the facility on 04/09/14. but were not limited to il Disability, Deafness and S report noted: "Client's dministered outside of the ue to inconsistencies with the edication order." The report on Date-01/20/16 Other	W	168		
. 1	Quadriplegia and Cy	stic Lesions in Kidneys. report noted: "Client's				

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

EvenI IO: KXY611

Facility ID: VAICFI073

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		(7.		
		HAND HU, N SERVICES		(PRINTED: 03/04/: FORM APPRO	2016
		E & MEDICAID SERVICES			OMB NO. 0938-0	
STATEMENT	T OF OEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	TIPLE CONSTRUCTION	(X3) DATE SURVE	
ANU PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	1	NG	COMPLETED	f
	Placks de casa		'		С	
	A CANADA CA	49G062	B. WING			_
NAME OF	PROVICER OR SUPPLIER		<u> </u>	STREET AOORESS, CITY, STATE,	7IP CODE 02/19/2010	<u> </u>
			William Maria	1829 ROKEBY AVENUE	ZIH COOE	
HIGHLA	NDS PLACE EAST				•	
W 40 10	CI MANA DV CT/			CHESAPEAKE, VA 23320		
(X4) IO PREFIX	EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	DDEELY 10	PROVIDER'S PLAN OF	F CORRECTION (X5)	/
TAG	REGULATORY OR LE	SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO OEFICIEN	THE APPROPRIATE DATE	
W 368	Continued From pa	ane 11	W 36	20	!	
		administered outside of the	VV 00)ð		
	allowable window d	due to inconsistencies with the			1 •	
	client's MAR and m	nedication order." The report	!			
	also noted: "Decisi	ion Date-01/20/16 Other			•	
	Rationale: The med	edication errors were	•			
	unintentional due to	inaccurate information on the				
	client's MAR compa	ared to the order/past MAR."			:	
:	Armin de la company de la comp	:				
	Review of Individual	al #3's MAR indicated the				
	following:		i		•	
			:	!		
	01/01/16 Omission	of Multivitamin Child Chew	:	\$;	
	tablets. A validated	physician's telephone order		<u>;</u>	!	
	was obtained 01/01	/16 at 9:30 a.m., which noted:		· ·	!	
		Chew tablets. Take two	•	•		
	tablets by mouth da	ally (crushed and given by			*	
1	mouth in Ensure Pu	udding) for Osteopenia.		j	i.	
#	1 1 11 11 11 11 11 11 11 11 11 11 11 11			,	•	
	4. Individual #4 was	s a 60 year old female		1	: :	
	originally admitted to	to the facility on 05/31/13.		:		
	Diagnoses included	but were not limited to		•	!	
		Disability, Epilepsy with				
į		le 2/6 systolic heart murmur			1	
	with probable benigr	n etiology.				
	The 01/04/18 CHR!	S report noted: "Client's			i .	
		dministered outside of the			:	
;		uministered outside of the ue to inconsistencies with the			i	
		edication order." The report		•		
: !		on Date-01/20/16 Other		•		
13	Rationale: The med				•	
		insecurate information on the		1		

following:

client's MAR compared to the order/past MAR."

01/01/16 Omission of Oyster Shell with Calcium 500/Vitamin D 200. A validated physician's

Review of Individual #4's MAR indicated the

Event ID: KXY611

Facility ID; VAICFI073

If continuation sheel Page 12 of 18

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MAR 28 2016

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

STATEMEN AND PLAN (OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	(X3) DATE SURVEY COMPLETED				
	-	49G062	B. WING		C			
	PROVIOER OR SUPPLIER NDS PLACE EAST		STREET AODRESS, CITY, STATE, ZIP CODE 1829 ROKEBY AVENUE CHESAPEAKE, VA 23320					
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEOED BY FULL SC IOENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF I (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE COMPLETION THE APPROPRIATE DATE			
W 368	noted: "May give n normal time range. Take one tablet by osteopenia.	ted 01/01/16 at 9:51 a.m. neds as ordered outside Oyster Shell CA 500/D 200. mouth twice daily for	W 368					
:	admitted to the faci included but were r Intellectual Disabilit	s a 54 year old male originally lity on 04/29/14. Diagnoses ot limited to Profound y, Cerebral Palsy with tory of ADHD (Attention Deficit ler).						
	medications were a allowable window d client's MAR and m also noted: "Decision Rationale: The medunintentional due to	S report noted: "Client's dministered outside of the ue to inconsistencies with the edication order." The report on Date-01/20/16 Other dication errors were inaccurate information on the ired to the order/past MAR."			:			
	Review of Individua following:	#5's MAR indicated the	; ; ;		:			
	nig (milligrams). A telephone order dat noted: "Cranberry (one capsule by mou	of Cranberry Concentrate 500 points of Cranberry Concentrate 500 points of 01/01/16 at 9:30 a.m., Concentrate 500 mg. Take of the daily for UTI (urinary tract of May give medications			: : : : : : : : : : : : : : : : : : : :			
	approximately 2:00 Manager. When as was aware of the ina medication errors sh	nducted on 02/18/16 at 2.m., with the Program ked if the Program Manager accurate MARs resulting in the stated: "Yes. The med at the omissions during the			i			
RM CMS-256	7(02-99) Previous Versions (Obsolete Event IO: KXY611	Facility	ID: VAICFIO73	if continuation sheet Page 13 of 18			

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DEPAR	! TMENT OF HEALTH	AND HULL IN SERVICES			(F		D: 03/04/2016
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			~		M APPROVED <u>D. 0938-</u> 0391
STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION	(X3) DA	ATE SURVEY OMPLETED
		49G062	B. WING	····	•	l n:	C 2/19/2016
NAME OF	PROVIDER OR SUPPLIER			ST	FREET ADDRESS, CITY, STATE, ZIP CODE	1	4, 10, 10, 10
HIGHLA	NDS PLACE EAST			18	329 ROKEBY AVENUE		
				C	HESAPEAKE, VA 23320		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IOENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
W 368	Continued From pa	ao 13	1810				
		s medication administration	W 3	68			
	time when she was	following the 5 rights protocol		ı			;
	prior to giving the m	redication. LPN #B (name)		i			
	obtained the needer	d orders from the individuals					•
	doctors and then the	e medication was given."		:			
	Administration which	h consisted of the Program		•			i
	Manager, the new fa	acility Clinical III/QIDP	:				
	(Qualified Intellectua	al Disabilities Professional), ID ty) Program Director, the	1				
	Client Rights Advoc	ate and the Supervisor of the	:				
	ICF/ID (Intermediate	Care Facilities for individuals	:				
:	with Intellectual Disa	ability were informed of the					
	findings at a briefing	on 02/19/16 at		i			
	approximately 1:00	p.m. No additional		!			
:	information was sub						
186 4 5 5 5	This is a COMPLAIN			1			:
W 455	483.470(I)(1) INFEC	TION CONTROL	W 4	55	In review of Highlands Place Policy 8		Policy
	There must be an a	office organization for the c		:	Infection Control, staff failed to comp		review
	prevention control	otive program for the and investigation			with the facilities existing written police reference to hand washing. A review	y in v of	and
	and communicable				hand washing policy with interactive	Ŭ,	interactive
:					demonstration was conducted on		demonstra
					03/16/16 at a mandatory training.		tion
		not met as evidenced by:			In order to minimize the discrepancie		03/16/16
:	Based on observation	ons, staff interviews and		:	from this time forward, the RN will co		
		n, the facility staff failed to		i	intermittent observations of medication administration.	"	:
		er technique for hand			Infection control procedures including	,	
	wasning to prevent it the staff.	nfection was performed by			hand washing will reviewed quarterly		
	uro stati.			:	skill building staff trainings.		
	1. During Medication	n Pass Observations one					
	staff member, LPN (licensed practical nurse) #A					
	did not wash his han	ds in accordance with				1	
		shing techniques prior to					
		ation to an individual and			· ———		
	between administerli						1
	additional individuals	· ·					1

DEPAR	TMENT OF HEALTH	AND HUAN SERVICES			(PRINTE	D: 03/04/2016 M APPROVED
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			(NO AMC	0.0938-0391
STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		LE CONSTRUCTION	(X3) DA	TE SURVEY
		49G062	B. WING	i		l na	C 2/19/2016
NAME OF	PROVIDER OR SUPPLIER	•	·····	S	STREET ADDRESS, CITY, STATE, ZIP CODE	1 04	I I JIZU I U
HIGHLA	NDS PLACE EAST			1	829 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D BE	(X5) COMPLETION DATE
W 455	Continued From page	ge 14	W 4	155		- 100	
	staff member, LPN after removing her gpair of gloves to adridifferent individual. The findings include 1. On 02/17/16 at a observations were medication Pass and was observed: 3:10 p.mLPN #A whands prior to admir scheduled medication with water, applied swash his hands for foff his hands with water clean paper towels wrefuse container.	pproximately 3:10 p.m., nade of LPN #A during the d Pour task. The following as observed to wash his histering Individual #2's on. LPN #A wet his hands oap and proceeded to only ive (5) seconds before rinsing later and drying his hands with which he threw away in a e then was observed to shut with his bare clean hands		The second secon			
	remove his gloves, wapply soap and proce hands for three (3) so hands with water and paper towels which hontainer. He then water here was sometimed to the them was sometimed to the them was sometimed to the them was sometimed.	ual #3's medication to yet his hands with water, eeded to only wash his econds before rinsing off his d drying his hands with clean he threw away in a refuse yas observed to shut off the bare clean hands without					
	administering Individe	ual #1's medication to et his hands with water,					A PARTICIPATION AND AND AND AND AND AND AND AND AND AN

DEPARTMENT OF HEALTH AND HU...AN SERVICES

	TMENT OF HEALTH	AND HU IN SERVICES & MEDICAID SERVICES			(FOR	D: 03/04/2016 MAPPROVED D: 0938-0391
STATEMEN	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G062	B. WING			0.	C 2/19/2016
NAME OF	PROVIDER OR SUPPLIER		1	ST	REET ADDRESS, CITY, STATE, ZIP CODE	CODE 1 02/13/2010	
HIGHLA	NDS PLACE EAST			18	29 ROKEBY AVENUE HESAPEAKE, VA 23320		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	ζ .	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 455	Continued From pa	70 15	. 10 f 4	:	100	***************************************	
	apply soap and prod hands for three(3) shands with water an paper towels which container. He then water faucet with his using a barrier. An interview was coapproximately 12:45 observations of the ware shared with LF	ceeded to only wash his econds before rinsing off his d drying his hands with clean he threw away in a refuse was observed to shut off the bare clean hands without anducted on 02/19/16 at p.m., with LPN #A. The 02/17/16 Medication Pass PN #A. He stated: "I didn't ash long enough or that	W 4	55:			
	observations were m	oproximately 7:22 a.m., nade of LPN #B during the ur task. The following was		: :			:
	Individual #1. Part was process LPN #B cho LPN #B put on anothwashing her hands a Individual #1's medic completion of Individual #1m LPN #	B was observed to remove		And the second s			
!	technique prior to ob	her hands using the correct taining and putting on to administer Individual #4's imately 7:42 a.m.		:			

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

Event ID: KXY61 t

Facility ID: VAICFID73

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MAR 28 2010

DEPAR CENTE	TMENT OF HEALTH	I AND HE AN SERVICES			(FORM	: 03/04/201 APPROVEI : 0938-039
STATEMEN	NT OF OEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILOING			(X3) OATE SURVEY COMPLETEO	
		49G062	B. WING	}		ĺ	C
NAME OF	PROVIOER OR SUPPLIER		<u> </u>	STR	REET AODRESS, CITY, STATE, ZIP CO	ODE L	/19/2016
HIGHLA	ANDS PLACE EAST			182	29 ROKEBY AVENUE IESAPEAKE, VA 23320	<i>30</i> 2	
(X4) IO PREFIX TAG	I' (EACH OEF!CIENCY	TEMENT OF OEFICIENCIES / MUST BE PRECEDEO BY FULL SC IDENTIFYING INFORMATION)	IO PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCEO TO THE A DEFICIENCY)	SHOULO BE	(X3) COMPLETION DATE
W 455	Continued From page	no 16		4			
		s when working with the same	W 2	155			
	approximately 9:10 a Manager. All of the regarding the Medic discussed and the F "Our policy was not	anducted on 02/18/16 at a.m., with the Program aforementioned information cation Pass observations was Program Manager stated: followed by the nurses for I get you a copy of the policy."					
	Review of the facility Control noted the fol	y's policy 8.23 Infection llowing:					:
	"Hand Washing						· ·
:	Use a sink with warm running water, soap, and paper towel. Push sleeves up above wrists (removing)						
	jewelry and wristwatch). 3. Apply soap to the hands and was the hands vigorously using plenty of lather and friction for 10						
	and the back of the h	terlace fingers and rub palms hands in a circular motion; rs and vigorously clean the		ı		:	
; 	fingertips and nail be 4. Rinse hands and hands down and elbo	eds. wrists thoroughly, keeping				:	
	the forearms and wri	ists with a paper tow; if paper towel to turn off the		i			

After removing gloves"

Indications for Hand Washing and Hand Rubbing

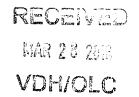
Administration which consisted of the Program Manager, the new facility Clinical III/QIDP

water.

Event IO: KXY611

Facility ID: VAICFID73

If continuation sheet Page 17 of 18



CENTE		AND HU AN SERVICES		(PRINTED: 03/04/2016 FORM APPROVED OMB NO. 0938-0391				
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	E	ILTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED				
And white	· · · · · · · · · · · · · · · · · · ·	49G062	B. WING	3	02/19/2016				
NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE EAST				STREET ADDRESS, CITY, STATE, ZIP GODE 1829 ROKEBY AVENUE CHESAPEAKE, VA 23320					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	TIX (EACH CORRECTIVE ACT	TION SHOULD BE COMPLETION THE APPROPRIATE DATE				
W 455	(Intellectual Disabili Client Rights Advoc ICF/ID (Intermediate	al Disabilities Professional), ID lity) Program Director, the cate and the Supervisor of the e Care Facilities for individuals ability were informed of the g on 02/19/16 at p.m. No additional	W 4	455					
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Event ID: KXY611

Facility ID: VAICFID73

If continuation sheet Page 18 of 18

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