

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

PRINTED: 04/03/2017
FORM APPROVED
OMB NO. 0938-0391

| | | | |
|---|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G063 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/30/2017 |
| NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE WEST | | STREET ADDRESS, CITY, STATE, ZIP CODE 1825 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

W 000

The unannounced Fundamental Medicaid survey was conducted on 03/29/17 through 03/30/17. Corrections are required for compliance with CFR Part 483 Intermediate Care Facilities for Individuals with Disabilities (ICF/ID) Federal Regulations. The Life Safety Code report will follow.

The census in this 5 bed facility at the time of the survey was 5. The survey sample consisted of 2 current Individual records (Individual #1 through #2).

W 440 483.470(i)(1) EVACUATION DRILLS

W 440

The facility must hold evacuation drills at least quarterly for each shift of personnel.

This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility staff failed to hold evacuation drills at least quarterly for each shift.

The findings included:

The facility staff failed to hold fire drills on each shift at least quarterly. A review of the facility's evacuation drill log indicated the following: The first shift was designated as 6:00 A.M. until 2:00 P.M. The second shift was designated as 2:00 P.M. until 10:00 P.M.. The third shift was designated as 10:00 P.M. until 6:00 A.M.

A review of the Log indicated:

Evacuation drills were held on 2/18/17 at 9:10 A.M.

Evacuation Drills were conducted at Highlands Place monthly as stated in Highlands Place's policy; however, evacuation drills were not conducted quarterly on each shift. Highlands Place Policy 9.7 Fire Evacuation Drill Procedures was reviewed and revised on 04/10/17. The policy delineates "It is the policy of Highlands Place to conduct fire drills quarterly on each shift to maintain individuals and staff awareness of evacuation procedures."

There is a potential that all Individual's awareness of evacuation procedures in Highlands Place West could be affected.

In April 2017, an Evacuation Drill will be conducted on each shift to enhance Individual's awareness of evacuation procedures.

RECEIVED

APR 11 2017

VDH/OLC

In order to minimize the discrepancies from

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

TITLE

(X6) DATE

Cindie Lane

Program Supervisor

4/10/17

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

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

PRINTED: 04/03/2017
FORM APPROVED
OMB NO. 0938-0391

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G063 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/30/2017 |
|--|---|--|---|

| | |
|---|---|
| NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE WEST | STREET ADDRESS, CITY, STATE, ZIP CODE 1825 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 CORRECTIDN (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|--------------------|--|---------------|---|----------------------|
|--------------------|--|---------------|---|----------------------|

W 440 Continued From page 1

On 1/21/17 at 12:02 P.M. an evacuation drill was held
 On 12/19/16 at 4:23 P.M. an evacuation drill was held.
 On 11/30/16 at 8:10 A.M. an evacuation drill was held.
 On 10/31/16 at 5:17 P.M. an evacuation drill was held.
 On 09/24/16 at 1:30 P.M. an evacuation drill was held.
 On 08/31/16 at 11:53 P.M. an evacuation drill was held.
 On 07/30/16 at 1:27 A.M. an evacuation drill was held.
 On 06/30/16 at 4:57 P.M. an evacuation drill was held.
 On 05/28/16 at 6:22 P.M. an evacuation drill was held.
 On 04/16/16 at 11:33 P.M. an evacuation drill was held.
 On 03/09/16 at 7:45 A.M. an evacuation drill was held.

A review of facility Evacuation Policy indicated: Evacuation drills shall be held at least quarterly for each shift.

During an interview on 3/30/17 at 2:15 P.M. with the Program Manager, she stated, "Evacuation drills should be held on each shift quarterly."

The facility staff failed to hold evacuation drills at least quarterly for each shift.

W 440

this time forward, quarterly an evacuation drills will be scheduled, conducted and documented on each shift. The QIDP will review every Evacuation Drill Report and document that proper evacuation procedures are followed and evacuation drills are conducted quarterly on each shift.

AOC Date - 04/28/17

RECEIVED

APR 11 2017

VDH/OLC