## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

PRINTED: 05/00/2016 FORM APPROVED OMB NO. 0938-0391

		CK INITIALITY ALTO COLUITY INTERNAL			CIMP INC. DAGG-0031
STATEMEN AND PLAN (	OF DEFICIENCIES IF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i '	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED
		49G063	8. WING		04/29/2016
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	
LUCATE RANGE DI AGE RICOT				1825 ROKEBY AVENUE	
HIGHLANDS PLACE WEST				CHESAPEAKE, VA 23320	
(X1) II) PREFIX TAG	1EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SCIDENTIFYING INFORMATION)	ID PREFI TAG		JED BE DOMPLETION
W <b>00</b> 0	INITIAL COMMENT		Wo	000	
	was conducted 04/2 The facility was not Part 483 Requirement Facilities for Individ Disabilities (ICF/IID survey/report will for investigated during The census in this the time of the surv	fundamental Medicaid survey 27/2016 through 04/29/2016, in compliance with 42 CFR ents for Intermediate Care uals with Intellectual ). The Life Safety Code Illow. No complaints were the survey.  5 certified bed facility was 5 at ey. The survey sample idual reviews (Individuals #1		MECEIV MAY 25 2 VDH/O	)16
W 111	483,410(c)(1) CLIE  The facility must de recordkeeping syste health care, active to and protection of the third standard protection of the third standard protection of the sased on observat documentation reviet the facility staff failed was accurate and control of the sased on	velop and maintain a em that documents the client's reatment, social information,	VV 1	10/27/2015 as scheduled; however, located in medical book. Clinician It a hard copy was faxed to Highlands Individual #3 record.  There is a potential for other Individual Individual #1, Individual #2, Individual medical binder and EHR was checked missing documentation appropriate physical present in each record.  In order to minimize the discrepancionursing staff will obtain a copy of physical present in each record.	a hard copy was not , RN, contacted physician Place and placed in  als records to be affected.  I #4 and Individual #5 d by RN for potential locumentation of annual as from this time forward, sical upon completion of
	Individual #3's curre 10/27/2015, was no The findings include Individual #3 was or	ent annual physical dated t in her clinical record. ed: iginally admitted to the facility		office visit prior to leaving and place record. RN will conduct monthly QA and EHR to ensure appropriate docurecord and document on Audit Revied direct care staff will be educated on AOC Date - 06/01/2016	audits of medical binder mentation located in w sheet. Nursing staff and

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

limited to Severe Mental Retardation, Spastic

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 nifed, an approved plan of correction is requisite to continued program participation.

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

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	OF DEFICIENCIES IF CORRECTION	(XT) PROVIDER/SUPPLIER/CLIA IDEM FICATION NUMBER:	(X2) MULTIPLE A. BUILDING	(x3) DATE SURVEY COMPLETED	
		49G063	D. WING	or a mandaged a mandada ta ta appellisti iliya ka a a a a a a a a a a a a a a a a a	04/29/2016
NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE WEST			182	EET ADDRESS, CITY, STATE, ZIP COUE 5 ROKEBY AVENUE ESAPEAKE, VA 23320	
(X4) IO PREFIX IAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FUIL.	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
W 111					
	Director, Program S	sisting of the ID Program Supervisor, Clinical III-QIDP, a III-QIDP who was being			

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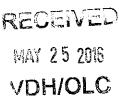
	277 1 277 1 1417 27 1 77 11 78	COMPLYIOUND OF HANDED			· · · · · · · · · · · · · · · · · · ·	MD MO' OBDO-ODB!
	OF DEFICIENCIES F CORRECTION	(XT) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) OATE SURVEY COMPLETED	
		49G063	B. WING	-Willer service recommends and services	Anny Walter Street of the Wild Walters to William Street	04/29/2016
NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE WEST				1825 ROKE	DRESS, CITY, STATE, ZIP COOE EBY AVENUE EAKE, VA 23320	
(X4) II) PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION!	IO PREFI TAG		PROVIDER'S PLAN OF CORRECTION ACH CORRECTIVE ACTION SHOULD DSS-REFERENCED TO THE APPROP OEFICIENCY)	BE COMPLETION
	were informed of th 04/29/16 at approxi information was sul	N (registered nurse) supervisor e findings at a briefing on mately 1:30 p.m. No new	w :		Individual #4 Primary Care Phys and clarification of order received	
,	that all drugs, include	g administration must assure ding those that are are administered without error.			( medication administration reconnew order faxed to pharmacy. In monitored an no adverse side ef	rd) was updated and ndividual #4 was fects were noted.
	Based on observat	s not met as evidenced by: dons and staff interviews the eadminister medications			There is a potential for other Indi POS and MARs for Individual #1 Individual #3 and Individual #5 w accuracy by RN. No discrepanc	Individual #2, ere reviewed for
	04/28/16 at approxi (licensed practical r	ur and Pass was performed on mately 7:20 a.m., with LPN			In order to minimize discrepancies order form was updated to reflect review to ensure accuracy of PO orders and MAR prior to submissing signature. RN will notify physicial discrepancies for clarification and faxed to pharmacy. RN will concepts, MARs and medications to	t RN Supervisor form with original sion for physician an of any d new orders will be duct monthly audits of ensure accuracy and
	mouth) one tablet the 2. Cranberry Contablet every day 3. Depakote DR (one tablet three times 4. Clomipramine 1 day 5. Depakote 250 to a day 6. MVI (multivitame 7. Oyster Shell Caday	centrate 500 mg- PO one delayed release) 500 mg- PO			document on monthly QA audit s AOC Date - 06/01/2016	heet.

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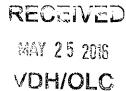
CENTE	NO FUR WEDICARE	A MEDICAID SEKVICES			CIVID NO. 0938-0391
	OF DEFICIENCIES IF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
		49G063	B. WING		04/29/2016
NAME OF I	PRÓVIDER OR SUPPLIEIR			STREETADDRESS, CITY, STATE, ZIP CODE	
EIICEI AI	ING DI ACE MEST			1825 ROKEBY AVENUE	
піопілі	NDS PLACE WEST			CHESAPEAKE, VA 23320	
(X4) ID PRÉFIX IAG	(EACH DEFICIENCY	JEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION?	ID PREFI TAG		ULD BE COMPLETION
W 360	Continued From pa	an 2	\A.	200	
VV CASO		-	W 3	309	
	water- PO once a d				
		mg-PO one tablet twice a day			
	10. Vitamin D3 1000 units- PO 1 tablet every morning at 8 a.m.				***************************************
	The amount of table	ets in the souffle cup was			
		being 9 tablets prior to			
		rdered medications to			
	Individual #4.				
	During the reconcili	ation of the administered			
		e individuals most recent POS			
	(physician order sheet) signed by the physician				
	on 02/16/16, the following was noted for Vitamin				
	D3-2000 units by mouth daily. No additional orders for the supplement Vitamin D3 could be located in the Medical binder or in the electronic				
		as found which was dated			
		ed: "Vitamin D3 Capsule 1000			
	units-take 1 tablet p				
	supplement."	a q (a tory) armi tor			
	An interview was on	orducted on 04/28/16 at			
	approximately 9:22 a.m., with LPN A. When				
	asked about the Vitamin D3 1000 units, 1 tablet				
	administered to Individual #4 she stated: "I gave				
	what was written on the MAR (medication administration record." Review of the April 2016 MAR was noted that the order was for Vitamin D3 1000 units-PO 1 tablet every morning.			•	
	1000 driks-PO 1 (ab	net every morning.			
	An interview was conducted on 04/28/16 at				
	approximately 9:30 a.m., with RN (registered				
	nurse) Supervisor. When informed of what had				
	been administered t				
		d Pass, the most recent			
		ited: "Oh." She proceeded to life string and its life string at the stri			
		et recent signed POS of			

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1 .	S F OR MEDICARE & MEDICAID SERVICES					0	MB NO	. 0938-0391
	FOF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTR			(X3) DAT	E SURVEY MPLE FED
		49G063	B. WING		Market		04/	29/2016
NAME OF PROVIDER OR SUPPLIER					DRESS, CITY, STA	TE, ZIP CODE		
HIGHLA	NDS PLACE WEST				EAKE, VA 2332	0		_
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (E	ACH CORRECTIVE SS-REFERENCED	N OF CORRECTION EACTION SHOULD TO THE APPROPHIENCY)	BE	188) COMPLETION BTACC
W 369	D3 2000 to be adm response was: "The most current order with the doctor."  An interview was component of approximately 3:22. She submitted a fax had been received to 3:17 p.m., which no (International Units) supplement." When had been given in endough the docto was to total 2000 under the component of the construction. Program Somewhy hired Clinical oriented and the RN were informed of the	inistered every day her ere is a problem with the the of 2000. I'll get a clarification onducted on 04/28/16 at p.m., with RN Supervisor, ked clarification order which from the prescribing doctor at ted: "Vitamin D3 2000 IU daily, take two tabs daily for a asked if the medication dose error of only 1 tablet equaling "Yes. The most recent order on 02/28/16, noted the dose hits "  iisting of the ID Program Supervisor, Clinical III-QIDP, a III-QIDP who was being I (registered nurse) supervisor e findings at a briefing on mately 1:30 p.m. No new	W 3	69				
4 6								

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