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

PRINTED: 08/09/2016 FORM APPROVED OMB NO. 0938-0391

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CI IA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		49G013	B. WING	and the state of t	08/04/2016	
NAME OF	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODI		
				4211 COUNTY STREET		
HOLIDA	Y HOUSE OF PORTS	MOUTH INC		PORTSMOUTH, VA 23707		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID.	PROVIOER'S PLAN OF CORRE	CTION (XS)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION;	PREFIX TAG		OULD BE COMPLETION	
W 000	INITIAL COMMENT	rs	W 0	00 W136		
	certification was col 08/04/16. Correction with CFR Part 483 Individuals with Disa Regulations. The Lifollow.	ounced 55 Fundamental Medicaid was conducted on 08/02/16 through orrections are required for compliance art 483 Intermediate Care Facilities for with Disabilities. (ICF/ID) Federals. The Life Safety Code report will in this 28 bed facility at the time of		Point#1: Address how corrects accomplished to address the is individuals found to have been deficient practice. The Chief Administrative Offic policy to specify that communition an individual basis or in smalindividuals or less. The policy is	sue(s), for those a affected by the er revised the outing ty outings will be offered all groups of 3 adicates that Individuals	
	of 8 current Individu	The survey sample consisted racords (Individual #1		have the right to participate in and community activities of the	ir choice.	
W 136	through #8). 483.420(a)(11) PROTECTION OF CLIENTS RIGHTS			#1, Parent/Legal guardian, Auth and the IDT to modify her com	Individual #1 ISP goal will be reviewed with Individual #1, Parent/Legal guardian, Authorized Representative, and the IDT to modify her community integration goal. The goal will include individual #1 going on	
	The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities.			community outings of her choid or in small groups (3 individual Completion Date: August 10, 2 Individual #2 ISP goal will be re #2, Parent/Legal guardian, Auth	ce on an individual basis s or less). 2016 eviewed with Individual norized Representative,	
	Based on observati interview, the facility Community Integrati	on, record review, and staff staff failed to ensure ion Activities took place in		and the IDT to modify his come The goal will include individual community outings of his choic or in small groups (3 individual	#2 going on e on an individual basis	
		ndividuals (Individual #1, #2, #7) in the survey sample of		Individual #3 ISP goal will be re #3, Parent/Legal guardian, Auth and the IDT to modify her com	norized Representative, munity integration goal.	
	The findings include	d:		The goal will include individual community outings of his choice	e on an individual basis	
	10/14/14 with diagno Insomnia, Oppositio intellectual Disability ensure community o	admitted to the facility on oses of Autism, Epilepsy, nal defiant Disorder, and the facility staff failed to outings were provided in small riduals or less and participate		or in small groups (3 individual	s or less).	

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

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Event ID: OU6D11

Facility ID: VAICFMR09 AUG 3 0 2016 onlinuation sheet Page t of 17

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CENTERS FOR MEDICARE & MEDICAID SERVICES					C	OMB NO. 0938-0391	
	T OF UEFICIENCIES OF CORRECTION	(X1) PROVIDER:SUPPLIER:CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	!	49G013	B. WING	}	**************************************	08/04/2016	
NAME OF F	PROVIDER OR SUPPLIER	***************************************			REET ADDRESS, CITY, STATE, ZIP CDDE	aller and the second	
HOLIDAY	Y HOUSE OF PORTSM	AOUTH INC			1 COUNTY STREET RTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT 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)	D BE COMPLETION	
W 136	Functional Assessm 2015 assessed this Social Skills as enjoint physical activities stand watching. An Individual Progra 2016 indicated: Indicated: Indicated: Indicativity on a daily basignificant promptin	activities. A Comprehensive ment (CFA) dated November individual in the area of oying eating her favorite foods, uch as basketball, coloring am Plan (IPP) dated May 31, ividual #1 participates in group asis. Individual #1 requires ag for active group	W	136	Individual #4 ISP goal will be r Individual #4, Parent/Legal gu: Representative, and the IDT to community integration goal. T individual #4 going on commuchoice on an individual basis of individuals or less). Individual #5 ISP goal will be r Individual #5, Parent/Legal gu: Representative, and the IDT to community integration goal. T	ardian, Authorized o modify her The goal will include unity outings of her or in small groups (3 reviewed with ardian, Authorized o modify her	
	does enjoy the swin	refers solitary activities but ng. She is becoming more ivities when there are less			individual #5 going on commu choice on an individual basis o individuals or less).	inity outings of his	
	A review of the Month of July Community outing schedule indicated: On July 5, 2016, Individual #1 went on community outing with thirteen other individuals. On July 8, 2016 Individual #1 went on community outing with multiple individuals. On July 15, 2016 Individual #1 went on community outing with six other individuals. On July 22, 2016 Individual #1 went on community outing with six				Individual #6 ISP goal will be r Individual #6, Parent/Legal gua Representative, and the IDT to community integration goal. T individual #6 going on commu choice on an individual basis o individuals or less).	ardian, Authorized o modify her he goal will include inity outings of his	
	Individuals were obscommunity outings i van contained 6 indimembers. The secondividuals and three	other individuals. July 29, 2016 Individual #1 went on community outing with 27 other individuals. Individuals were observed on 8/4/16 going on community outings in two separate vans. One van contained 6 individuals and four staff members. The second van contained five individuals and three staff.			Individual #7 ISP goal will be r Individual #7, Parent/Legal gua Representative, and the IDT to community integration goal. T individual #7 going on commuchoice on an individual basis o individuals or less). Completion Date: August 31,	ardian, Authorized o modify her he goal will include unity outings of his r in small groups (3	
	on 8/4/16 at 10:15 A	with the Recreation Therapist A.M. she stated, "The yent provides a monthly					

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schedule of activities with outings for all groups."

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

PRINTED: 08/09/2016 FORM APPROVED OMB NO. 0938-0391

CENTERS FOR MEDICARE & MEDICAID SERVICES					C	OMB NO. 0938-0391	
STATEMENT	OF OEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	` '		ONSTRUCTION	(X3) OATE SURVEY COMPLETED	
		49G013	B. WING	i		08/04/2016	
NAME OF F	PROVIDER OR SUPPLIER			STRE	EET AOORESS, CITY, STATE, ZIP COOE		
HOLIDA	HOUSE OF PORTSM	MOUTH INC			COUNTY STREET RTSMOUTH, VA 23707		
(X4) IO PREFIX TAG	(EACH OEFICIENCY	TEMENT OF OEFICIENCIES / MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	IO PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCEO TO THE APPROF OEFICIENCY)	O BE COMPLETION	
W 136	integration actives Individual #3. Individual #3 was an 11/12/15 with diagn disability, autism spreceptive and exprehyperactive behavior Functional Assessmassessed Individual provided socializations skills. Individual #3's Individual #3's Individual #3's Individual #3's Individual July 8, 2016 with m 2016 Individual #3 vindividuals. On July on a community our 7/29/16 Individual # with 27 other individual # with 27 other individuals. During an interview on 8/4/16 at 10:15 / is a part of Group 3 individuals. They us together. 3. The facility staff f	dmitted to the facility on oses of severe intellectual ectrum disorder, mix profound essive language disorder, and ors. A Comprehensive nent (CFA) dated 12/4/15 I #3 need to develop and be on and community integration ridual Support Plan (ISP) not have a plan for community schedule for July 2016 I #3 went on a group outing ultiple individuals. On July 15, went on a group outing with six 22, 2016 Individual #3 went ting with six individuals. On 3 went on a community outing duals. with the Recreation Therapist A.M. she stated, Individual #3 which has five total sually go on community outing dailed to ensure community	W	136	Point#2: Address how the factorial other individuals having the affected by the same deficient processing the reviewed with Individual, Pare guardian, Authorized Representation to modify his/her community goal. The goal will include that all on community outings of his/her individual basis or in small group or less). Completion Date: 9/16/2016 Point#3: Address what measures into place or systemic changes me the deficient practice will not recommend the deficient practice will not recommend to the process of 3 individuals or less. The indicates that Individuals have the participate in various social, religing community activities of their choices are sustained. The IDT will meet quarterly with parent/Legal Guardian, Authorized to review the progress of the modintegration goal and to ensure that had the opportunity to go on a contraction of the modintegration goal and to ensure that had the opportunity to go on a contraction of the modintegration goal and to ensure that had the opportunity to go on a contraction of the con	ation goals will nt/Legal tive, and the y integration individuals go choice on an s (3 individuals will be put tade to ensure cur. revised the munity outings asis or in small the policy the right to the sure that the Individual, the Individual, the Individual the individual mmunity outing the individual mmunity outing	
	integration actives t Individual #5.	ook place in small groups for			of his/her choice on an individual groups (3 individuals or less).	basis or in small	

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Individual #5 was admitted to the facility on 4/6/13 with diagnoses which included Autistic Disorder,

Event IO: 0U6011

Facility IO: VAICFMR09

Completion Date: September 16, 2016

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES	T				O. 0938-039	Ļ
	OF OEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '		CONSTRUCTION		ATE SURVEY OMPLETED	
		49G013	B. WING	;		0	8/04/2016	
NAME OF F	PROVIOER OR SUPPLIER				EET ADORESS, CITY, STATE, ZIP COO	E		
HOLIDAY	HOUSE OF PORTSM	MOUTH INC		}	COUNTY STREET RTSMOUTH, VA 23707	-belt to some the second		_
(X4) ID PREFIX TAG	(EACH OEFICIENC)	TEMENT OF OEFICIENCIES MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	10 PREF TAG		PROVIOER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCEO TO THE AP OEFICIENCY)	IOULO BE	(X5) COMPLETION OATE	
W 136	Comprehensive Fu dated May 5, 2015 area of Social/Play behavior support pl Individual #5 requirito prevent escape. A Recreation Thera indicated; Individual listening to music, r sensory play. He er swinging. Individual #5's Individual #5's Individual #5's Individual #5's Individual #5's Individual July 12, 2016 with t 15, 2016 Individual July 12, 2016 with t 15, 2016 Individual #5's with five other individual with five other individuals. During an interview on 8/4/16 at 10:15 / is a part of Group 5 individuals. They us outings together.	e Intellectual Disability. A notional Assessment (CFA) assessed this individual in the Skills as enjoying music. A an dated 4/25/16 indicated: es 1:1 supervision on outings apply Report dated 5/9/16 I #5 leisure Interest include movies community outings and njoys being outdoors and vidual Support Plan (ISP) ot have a plan for community g schedule for July 2016 #5 went on a group outing hree other individuals. On July #5 went on a community her individuals. On July 22, went on a community outing iduals. On 7/29/16 individual nunity outing with 27 other with the Recreation Therapist A.M. she stated, Individual #5 which has a total of four sually go on community		136				
	During an interview on 8/4/16 at 10:15 a is a part of Group 5 individuals. They us outings together. 4. The facility staff f	A.M. she stated, Individual #5 which has a total of four sually go on community						

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Individual #6 was admitted to the facility on

Event 10: 0U6011

Facility IO: VAICFMR09

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STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:				(X3) O	ATE SURVEY OMPLETEO	
		49G013	B. WING	·		0	8/04/2016	
NAME OF	PROVIDER OR SUPPLIER		.	S	STREET AOORESS, CITY, STATE, ZIP CODE		0,04,2010	
HOLIDA	Y HOUSE OF PORTS	MOUTH INC			211 COUNTY STREET PORTSMOUTH, VA 23707			
(X4) ID PREFIX TAG	(EACH OEFICIENC)	TEMENT OF OEFICIENCIES MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	IO PREF TAG		PROVIOER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCEO TO THE APPI OEFICIENCY)	DULO BE	(X5) COMPLETION DATE	
	intellectual disability umbilical hernia and (meaningless repeti Comprehensive Furdated 9/8/15 assess of Social Skills as lill listen to music. He I outings. An Individual Supposindicated: Individual outings at least 2 tin activities with others opportunities. A community outing indicated July 5, 201 community outing w. July 7, 2016 this individual went on a other individual went on a other individuals. Jul went on a community outing will July 29, 2016 this individuals. July 26, 201 community outing will July 29, 2016 this individuals. July 26, 2016 this individuals for a community outing will July 29, 2016 this individuals for a community outing will July 29, 2016 this individuals for a community outing will 20 this individuals for a com	ses of severe/profound A, Autistic disorder, status post d echolalia speech ition of speech). A metional Assessment (CFA) sed this individual in the area kening to make music and ikes animals and enjoy art Plan dated 9/25/15 #6 participates in community mes per month to enjoy leisure and learn new community schedule for July 2016 6 Individual #6 went on a itith 12 other individuals. On ividual went on a community er individuals. July 12, 2016 on a community outing with ls. July 15, 2016 this community outing with eight y 20, 2016 this individual y outing with four other 2016 this individual went on a th four other individuals. On dividual went on a community individuals. M. Individual #6 was van with four other munity outing. During an	W	136				

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"important for" information documented in each individual's service plan. We rarely do large group

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			OME	3 NO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	TIPLE CONSTRUCTION DING	(X	3) DATE SURVEY COMPLETED
		49G013	B. WING			08/04/2016
	PROVIDER OR SUPPLIER HOUSE OF PORTS	NOUTH INC		STREET ADDRESS, CITY, STATE. 4211 COUNTY STREET PORTSMOUTH, VA 23707	ZIP COOE	
(X4) IO PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIAT	
	of the facility to estathe safety and well participating in activithe facility. Purpose: To provide outside facility recreopportunity to practice ducational/learning opportunity to purchastic facility staff facility staff facility staff facility staff facility staff facility dual #2. Individual #2 was accare Facility for Ind Disabilities (ICF/IID) that included seizur migraine disorders a Individual #2's Indi	dicated: Policy: "It is the policy ablish procedures to ensure being of individuals rities taking place outside of attional activities, to provide ice social skills, to provide gexperiences, to provide hase personal items." ailed to ensure community took place in small groups for dmitted to the Intermediate ividuals with Intellectual on 8/11/15 with diagnoses e disorders, autistic disorder, and Moderate ID. Adual Support Plan (ISP)/Plan (PCP) dated 9/11/15 to ewas supported by the Direct als in participating in activities se socialization with others not evidence he would group community outings. The policy is the policy of the policy	W 1	36		
		es, Medical Records				

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Services. They stated facility individuals go out in

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AUG 3 0 2016 VDH/OLC

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CENTERS FOR MEDICARE & MEDICAID SERVICES				6 OMB NO. 0938-0391				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, .	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		49G013	B. WING			08/04/2016		
	PROVIDER OR SUPPLIER HOUSE OF PORTS	MOUTH INC		42	REET ADDRESS, CITY, STATE, ZIP CODE 111 COUNTY STREET ORTSMOUTH, VA 23707			
(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 SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLÉTION		
W 136	8/4/16 consisted of individuals in the se Recreational Service schedule of activities but there was no individual each individuals can requoutings daily at any separate schedule activities. It was me	ge 6 e. The morning outing on 6 individuals in one van and 5 econd van. The Director of ees stated there is a monthly es with outings for all groups, dividual schedule created for h day. She stated that uest for specific activities and time, but do not create a on a daily basis to reflect such intioned by all those in y do not do small group	W 1	36				
	small groups for Individual #4 was ac Care Facility for Ind Disabilities (ICF/IID that included seizur spastic quadriplegia profound ID (Intellect Individual #4's Individual	on activities took place in lividual #4. dmitted to the Intermediate ividuals with Intellectual on 8/11/09 with diagnoses e disorders, Cerebral Palsy, with contractures and citual Disability). idual Support Plan (ISP)/Plan (PCP) dated 9/14/15 to be would participate in activities to work on span. The Plans did not participate in small group						
		m., an interview was Administrator, Business Office						

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Manager, Residential Manager, Director of Recreational Services, Medical Records

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CENTE	CENTERS FOR MEDICARE & MEDICAID SERVICES				OMB NO. 0938-0391		
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) D	AFE SURVEY OMPLETED
		49G013	B. WING	i		_	8/04/2016
	PROVIDER OR SUPPLIER Y HOUSE OF PORTS	MOUTH INC	.	4211	EET ADDRESS, CITY, STATE, ZIP CODE I COUNTY STREET RTSMOUTH, VA 23707		0/04/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC IEACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	IX5) COMPLETION DATE
W 136	Services. They state groups of 4 or more 8/4/16 consisted of individuals in the service schedule of activities but there was no included individuals can requoutings daily at any separate schedule of activities. It was me	ge 7 orker and Director of Therapy ted facility individuals go out in e. The morning outing on 6 individuals in one van and 5 econd van. The Director of ses stated there is a monthly es with outings for all groups, dividual schedule created for h day. She stated that sest for specific activities and time, but do not create a on a daily basis to reflect such ntioned by all those in y do not do small group	W	136			
	integration activities Individual #7. Individual #7 was ac Care Facility for Indi Disabilities (ICF/IID) that included seizure cerebral palsy, self i severe ID (Intellectu Individual #7's IndiviPersons Centered P	ailed to ensure community took place in small groups for dmitted to the Intermediate viduals with Intellectual on 9/11/13 with diagnoses e disorders, autistic disorder, njurious behaviors and al Disability). dual Support Plan (ISP)/Plan (PCP) dated 10/11/15 to be a plan for community					
	conducted with the A	m., an interview was Administrator, Business Office al Manager, Director of					

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Manager, Social Worker and Director of Therapy Services. They stated facility individuals go out in

EvenIID: OU6DII

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO	<u>O. 0938-0391</u>
	OF OEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOEN/IFICATION NUMBER:	1 ' '	TIPLE CONSTRUC			ATE SURVEY OMPLETED
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	PROVIOER OR SUPPLIER	MOUTH INC		STREET AOORE	ESS, CITY, STATE, ZIP COOE STREET	1 0	5/04/2010
TIOLIDA	THOUSE OF TORTION			PORTSMOUT	TH, VA 23707		
(X4) IO PREFIX TAG	(EACH OEFICIENCY	ITEMENT OF OEFICIENCIES MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	ID PRECI TAG	K (EACH	OVIOER'S PLAN OF CORRECT H CORRECTIVE ACTION SHOU REFERENCEO TO THE APPR OEFICIENCY)	JLO BE	(X5) COMPLETION DATE
W 136	Continued From pa		W 1	36			
W 137	8/4/16 consisted of individuals in the se Recreational Servic schedule of activities but there was no inceach individual each individuals can requoutings daily at any separate schedule cactivities. It was me attendance that the outings.	e. The morning outing on 6 individuals in one van and 5 econd van. The Director of the stated there is a monthly es with outings for all groups, dividual schedule created for h day. She stated that the uest for specific activities and time, but do not create a son a daily basis to reflect such entioned by all those in y do not do small group	W 1:	37 Po	int#1: Address how cort	rective ac	ition wi il
	The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. This STANDARD is not met as evidenced by: Based on record review, and staff interviews the facility staff failed to allow 7 Individuals (Individuals #1, #2, #3, #4, #5, #6, and #7) to make decisions on purchases of individual preferences.			tho	accomplished to addres ose individuals found ected by the deficient pra	to hav	
				per ind ma ind per ind ind	The Chief Administrative Officer reversional possession policy to state individuals residing at HHP have the make decisions on individual preference individuals purchasing clothing personal items will be offered individualized basis or in small grandividuals or less. Completion Date: 8/10/2016		ate that eright to nces and and/or don an
	The findings include			will	lividual #1 ISP money i l be modified with Indiv gal guardian, Authorized	vidual #1,	, Parent/
		ailed to allow Individual #1 to ourchases of individual		and the	at guardian, Authorized the IDT to ensure that opportunity to make that opportunity to makerchases of individual preferance.	Individua ce decisi	al #1 has
		Imitted to the facility on		1	£		

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

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CENTERS FOR MEDICARE & MEDICAID SERVICES				OMB NO. 0938-039	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED
		49G013	B. WING		08/04/2016
NAME OF	PROVIDER OR SUPPLIER	Augustus (1994) 1994 1994 1994 1994 1994 1994 1994 1994 1994 1994 1994 1994 1994 1	1	STREET ADDRESS, CITY, STAT	
HOLIDA	Y HOUSE OF PORTS	MOUTH INC		4211 COUNTY STREET PORTSMOUTH, VA 2370	7
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCED	NOF CORRECTION IX51 CACTION SHOULD BE COMPLETION TO THE APPROPRIATE DATE IENCY)
W 137	intellectual Disability Functional Assessm 2015 assessed this Social Skills as enjoy physical activities strand watching. An Individual Progra 2016 indicated: Indiof coins with verbal plan did not include on purchases of his Individual #1 did not that was managed before the part of the part o	onal defiant Disorder, and y. A Comprehensive nent (CFA) dated November individual in the area of bying eating her favorite foods, uch as basketball, coloring am Plan (IPP) dated May 31, vidual #1 recognizes pictures support 4 times a week. Her shopping to have decisions preferences.	W 1	will be modified Legal guardian and the IDT to the opportunity purchases of in and the IDT to the opportunity purchases of in the opportunity purchases of in and the IDT to the opportunity purchases of in the opportunity purchases of in and the IDT to the opportunity purchases of in the opportunity purchases of in and the IDT to the opportunity purchases of in the opportunity purchases of in the opportunity purchases of in the opportunity and the IDT to the opportunity the opportunity the opportunity and the IDT to the opportunity	SP money management goal d with Individual #2, Parent/, Authorized Representative, ensure that Individual #1 has y to make decisions on dividual preferences. SP money management goal d with Individual #1, Parent/, Authorized Representative, ensure that Individual #3 has y to make decisions on dividual preferences. SP money management goal d with Individual #5, Parent/, Authorized Representative, ensure that Individual #1 has y to make decisions on dividual preferences. SP money management goal d with Individual #1 has y to make decisions on dividual preferences. SP money management goal d with Individual #6, Parent/, Authorized Representative, ensure that Individual #6 has y to make decisions on dividual preferences.

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be made immediately.

to choose what he preferred, but changes would

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CENTERS	S FUR MEDIUARE	- & MEDICAID SERVICES			OIVID TTO	5. 0000 000
STATEMENT OF	F OEFICIENCIES CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILOIN	PLE CONSTRUCTION G		TE SURVEY MPLETEO
		49G013	B. WING		08	3/04/2016
	OVIOER OR SUPPLIER		STREET AOORESS, CITY, STATE, ZIP COOE 4211 CDUNTY STREET PORTSMOUTH, VA 23707			
(X4) IO PREFIX TAG	(EACH OEFICIENC	ATEMENT OF OEFICIENCIES Y MUST BE PRECEOEO BY FULL SC IOENTIFYING INFORMATION)	IO PREFIX TAG	PROVIOER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCEO TO THE APPRO OEFICIENCY)	JLD BE	IX5) COMPLETION DATE
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2. The facility staff failed to allow Individual #3 to make decisions on purchases of individual preferences.

Individual #3 was admitted to the facility on 11/12/15 with diagnoses of severe intellectual disability, autism spectrum disorder, mix profound receptive and expressive language disorder, and hyperactive behaviors. A CFA dated 12/4/15 assessed Individual #3 need to develop and be provided socialization and community integration skills.

Individual #3's Individual Support Plan (ISP) dated 12/12/15 Money Management Program included strategies to recognizing pictures of coins four times a week.

His plan did not include shopping to have decisions on purchases of his preferences.

Individual #3 did not have a person fund account that was managed by the facility, but managed by his responsible party.

On 8/4/16 at 2:50 p.m., an interview was conducted with the Administrator, Business Office Manager, Residential Manager, Director of Recreational Services, Medical Records Manager, Social Worker and Director of Therapy Services. They stated the Housekeeping Supervisor bought underwear in bulk on a seasonal basis to include various sizes of women's panties and girls tank tops and girls socks, as well as various sizes of men's and boys boxers, briefs, tee shirts and socks. The Housekeeping Director also bought hygiene products in bulk to include soap, shampoo, deodorant, toothpaste, etc. They stated then the

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Individual #7 ISP money management goal will be modified with Individual #7, Parent/Legal guardian, Authorized Representative, and the IDT to ensure that Individual #7 has the opportunity to make decisions on purchases of individual preferences.

Individual #4, Parent/Legal guardian, Authorized Representative, and the IDT will meet to add an ISP money management goal to include that she has the opportunity to make decisions on purchases of individual preferences.

Completion Date: 8/31/2016

Point#2: Address how the facility will identify other individuals having the potential to be affected by the same deficient practice.

All individuals money management goals will be modified with the Individual, Parent/Legal guardian, Authorized Representative, and the IDT to include that all individuals have the opportunity to make decisions on purchases of individual preferences.

Completion Date: 9/16/2016

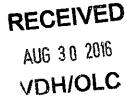
Point#3: Address what measures will be put into place or systemic changes made to ensure the deficient practice will not recur.

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Event IO: 0U6011

Facility IO: VAICFMR09

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CENTER	S FOR MEDICARE	& MEDICAID SERVICES		O	MB NO. 0938-0391
STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	, ,	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		49G013	B. WING		08/04/2016
NAME OF F	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
		souru bia	1	4211 COUNTY STREET	
HOLIDAY	HOUSE OF PORTS	JOUTH INC		PORTSMOUTH, VA 23707	
(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 SHOULT CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE COMPLETION
W 137	Continued From pa		W 1	The Chief Administrative (Officer revised the
	Housekeeping Sup	ervisor distributes to the		personal possession policy	to state that
		nies for these items came nd. They stated the individual		individuals residing at HHI	
		opping experience to be able		make decisions on individu	
		preferred, but changes would		individuals purchasing clot	~
	be made immediate			personal items will be offer	1
		totala sa la transferio da contide sa		individualized basis or in si	
		failed to allow Individual #5 to purchases of individual		individuals or less.	man groups 3
	preferences.	purchases of individual		individuals or less.	
	Individual #5 was a with diagnoses which Pica, and Moderate	dmitted to the facility on 4/6/13 ch included Autistic Disorder, Intellectual Disability. A CFA		Completion Date: 8/10/20	16
	dated May 5, 2015	assessed this individual in the		Point #4: Indicate how th	e facility plans
	area of Social/Play	Skills as enjoying music. A an dated 4/25/16 indicated:		to monitor it's performan	e to make sure
	Individual #5 require to prevent escape.	es 1:1 supervision on outings		that solutions are sustaine	d.
				The IDT will meet quarterly	with the
		dated 5/16/16 Money		Individual, Parent/Legal Gu	
	nroviding him the si	ncluded strategies with upport to recognize coins to		Representative to review th	
		management skills.		modified money managem	~ ~ ~
	_			ensure that the individual h	
		lude shopping to have		to make decisions on purch	
		ases of his preferences.		preferences.	uses of individual
		It have a person fund account by the facility, but managed by			
	his responsible part			Completion Date: Septem	oer 16, 2016
	conducted with the Manager, Resident Recreational Servic Manager, Social W Services. They sta	.m., an interview was Administrator, Business Office ial Manager, Director of es, Medical Records orker and Director of Therapy ted the Housekeeping underwear in bulk on a			

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seasonal basis to include various sizes of

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Facility ID: VAICFMR09

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CENTERS FOR MEDICARE & MEDICAID SERVICES					C	MB NO. 0938-0391
		(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	l * '		CONSTRUCTION	(X3) OATE SURVEY COMPLETED
		49G013	B. WING			08/04/2016
NAME OF PROVIOER OR SUPPLIER				l	EET AOORESS, CITY, STATE, ZIP COOE	
HOLIDAY	HOUSE OF PORTS	NOUTH INC			1 COUNTY STREET RTSMOUTH, VA 23707	and the second s
(X4) IO PREFIX TAG	(EACH OFFICIENCY	TEMENT OF OEFICIENCIES MUST BE PRECEOED BY FULL SC IOENTIFYING INFORMATION)	IO PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCEO TO THE APPROF OEFICIENCY)	O BE COMPLÉTION
	socks, as well as vaboxers, briefs, tee s Housekeeping Dire products in bulk to i deodorant, toothpas Housekeeping Supindividuals. The mo from the general fut did not have the sho to choose what he p be made immediate 4. The facility staff f make decisions on preferences. Individual #6 was as 8/26/14 with diagno intellectual disability umbilical hernia and (meaningless repeti 9/8/15 assessed thi Social Skills as liker to music. A 9/25/15 ISP for M this individual would physical support fro Professional. Individual #6 did no that was managed it his responsible part	and girls tank tops and girls arious sizes of men's and boys shirts and socks. The ctor also bought hygiene include soap, shampoo, ste, etc. They stated then the ervisor distributes to the inies for these items came and. They stated the individual opping experience to be able preferred, but changes would ally. ailed to allow Individual #6 to purchases of individual dimitted to the facility on ses of severe/profound and Autistic disorder, status post of the echolalia speech sition of speech). A CFA dated is individual in the area of an ining to make music and listen oney Management indicated in purchase items with full must be person fund account by the facility, but managed by	W	137		

Facility IO: VAICFMR09

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conducted with the Administrator, Business Office Manager, Residential Manager, Director of Recreational Services, Medical Records

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CENTERS FOR MEDICARE & MEDICAID SERVICES			T				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1		CONSTRUCTION		TE SURVEY MPLETED	
		49G013	B. WING	;		08	3/04/2016
NAME OF F	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
HOLIDAY HOUSE OF PORTSMOUTH INC				42	11 COUNTY STREET		
HULIDAY	HOUSE OF PORTS	WOOTH INC		PC	ORTSMOUTH, ∨A 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION OATE
W 137	Continued From pa	age 13	W	137			
		orker and Director of Therapy					
	Services. They sta	ited the Housekeeping					
		underwear in bulk on a					
		nclude various sizes of nd girls tank tops and girls					1
		arious sizes of men's and boys					
	boxers, briefs, tee s	shirts and socks. The					
	Housekeeping Dire	ector also bought hygiene include soap, shampoo,					
		ste, etc. They stated then the					
	Housekeeping Sup	ervisor distributes to the					
		onies for these items came					
	from the general fu	nd. They stated the individual opping experience to be able					
		preferred, but changes would					,
	be made immediate	ely.					
	5. The facility staff	to allow Individual #2 to make					
	decision on purcha	ses of individual preferences.					
	Individual #2 was a	admitted to the Intermediate					
	Care Facility for Inc	dividuals with Intellectual					
	Disabilities (ICF/IID)) on 8/11/15 with diagnoses					
	migraine disorders	re disorders, autistic disorder, and Moderate ID					
	inigranie disordora	and moderate is:					
	Individual #2's Indiv	vidual Support Plan (ISP)/					
	Persons Centered	Plan (PCP) dated 9/11/15 to					
	consisted of recogn	is money management plan nizing pictures of coins four					
	times a week. His p	olan did not include shopping					
	to have decisions of	on purchases of his					
	preferences.						
	Individual #2 did no	ot have a person fund account					
		by the facility, but managed by					
	his responsible par	ty.					

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On 8/4/16 at 2:50 p.m., an interview was conducted with the Administrator, Business Office

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CENTERS FOR MEDICARE & MEDICAID SERVICES			T		OMB NO. 0938-0391			
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) OATE SURVEY COMPLETED	
		49G013	B. WING	i		80	/04/2016	
NAME OF F	PROVIDER OR SUPPLIER			STR	EET ADORESS, CITY, STATE, ZIP CODE			
HOLIDAY HOUSE OF PORTSMOUTH INC				4211 COUNTY STREET PORTSMOUTH, VA 23707				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF OEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.DBE	(X5) COMPLETION DATE	
W 137	Continued From pa	ige 14	W	137				
	Recreational Service Manager, Social Wiservices. They stare Supervisor bought is seasonal basis to inwomen's panties are socks, as well as vare boxers, briefs, tee seasonal basis to inwomen's panties are socks, as well as vare boxers, briefs, tee seasonates are socked to be some social bulk to independent to the deodorant, toothpast Housekeeping Superindividuals. The mofrom the general funding not have the short services.	ial Manager, Director of ces, Medical Records orker and Director of Therapy ated the Housekeeping underwear in bulk on a nclude various sizes of arious sizes of men's and boys shirts and socks. The ctor also bought hygiene include soap, shampoo, ste, etc. They stated then the ervisor distributes to the onies for these items came and. They stated the individual opping experience to be able preferred, but changes would ely.						
		to allow Individual #4 to make ses of individual preferences.						
	Care Facility for Ind Disabilities (ICF/IID that included seizur	dmitted to the Intermediate lividuals with Intellectual) on 8/11/09 with diagnoses re disorders, Cerebral Palsy, a with contractures and						
	Persons Centered F 9/14/16 did not have	ridual Support Plan (ISP)/ Plan (PCP) dated 9/14/15 to e a plan for money opping to include choices and						
	Individual #4 did not	t have a person fund account						

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his responsible party.

that was managed by the facility, but managed by

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Facility ID: VAICEMR09

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OF HEALTH AND HUMAN SERVICES

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	DEPARTMENT OF HEALTH AND HOWARD SERVICES FORM APPROVED							
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES	r		. (DMB NO. 0938-0391		
STATEMENT OF OEFICIENCIES IX1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILOING			(X3) DATE SURVEY COMPLETEO			
		49 G0 13	B. WING	i		08/04/2016		
NAME OF I	PROVIOER OR SUPPLIER			STR	EET AOORESS, CITY, STATE, ZIP COOE			
				4211	COUNTY STREET			
HOLIDA	HOUSE OF PORTS	MOUTH INC		POF	RTSMOUTH, VA 23707			
(X4) IO PREFIX TAG	(EACH OEFICIENCY	TEMENT OF OEFICIENCIES MUST BE PRECEOEO BY FULL SC IDENTIFYING INFORMATION)	IO PREF TAG		PROVIDER'S PLAN OF CORRECTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE APPRO	O BE COMPLETION		
W 137	Continued From pa	ge 15	W ·	137				
	conducted with the Manager, Residenti Recreational Servic Manager, Social Wiservices. They stat Supervisor bought is seasonal basis to inwomen's panties ar socks, as well as vaboxers, briefs, tee shousekeeping Dire products in bulk to i deodorant, toothpashousekeeping Supindividuals. The mofrom the general fuldid not have the shot ochoose what he pe made immediate. 7. The facility staff the decision on purchashousekeeping Supindividual #7 was accare Facility for Ind Disabilities (ICF/IID that included seizur	Administrator, Business Office ial Manager, Director of ies, Medical Records orker and Director of Therapy ed the Housekeeping underwear in bulk on a include various sizes of indigirls tank tops and girls arrious sizes of men's and boys shirts and socks. The ctor also bought hygiene include soap, shampoo, ste, etc. They stated then the ervisor distributes to the inies for these items came ind. They stated the individual opping experience to be able oreferred, but changes would ely. o allow Individual #7 to make ses of individual preferences. dmitted to the Intermediate ividuals with Intellectual) on 9/11/13 with diagnoses e disorders, autistic disorder, injurious behaviors and						

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Individual #7's Individual Support Plan (ISP)/ Persons Centered Plan (PCP) dated 10/11/15 to 10/11/16 had a plan for money management and that he would make a purchase with maximum support from staff once a month at the facility in house concession stand using money to

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CLIVILIA	STOR MEDICARI	E & MEDICAID SERVICES			<u>DMB NO. 0938-039</u>	
		IX1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G013	B. WING		08/04/2016	
NAME OF PROVIDER OR SUPPLIER HOLIDAY HOUSE OF PORTSMOUTH INC				STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION	
			· · · · · · · · · · · · · · · · · · ·			

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exchange for snack and drink of his choice. The plan did not include shopping and his choice of clothing and other personal items.

Individual #7 did not have a person fund account that was managed by the facility, but managed by his responsible party.

On 8/4/16 at 2:50 p.m., an interview was conducted with the Administrator, Business Office Manager, Residential Manager, Director of Recreational Services, Medical Records Manager, Social Worker and Director of Therapy Services. They stated the Housekeeping Supervisor bought underwear in bulk on a seasonal basis to include various sizes of women's panties and girls tank tops and girls socks, as well as various sizes of men's and boys boxers, briefs, tee shirts and socks. The Housekeeping Director also bought hygiene products in bulk to include soap, shampoo, deodorant, toothpaste, etc. They stated then the Housekeeping Supervisor distributes to the individuals. The monies for these items came from the general fund. They stated the individual did not have the shopping experience to be able to choose what he preferred, but changes would be made immediately.

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