

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

PRINTED: 08/30/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/19/2016
NAME OF PROVIDER OR SUPPLIER JAY'S PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1406 BLYTHEWOOD LANE SUFFOLK, VA 23434	
(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)

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W 000 INITIAL COMMENTS

W 000

The unannounced annual 55 Fundamental Medicaid Certification survey was conducted on 08/17/16 through 08/19/16. 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 4 bed facility at the time of the survey was 4. The survey sample consisted of 2 current Individual records (Individual #1 through #2).

W 331 483.460(c) NURSING SERVICES

W 331

The facility must provide clients with nursing services in accordance with their needs.

This STANDARD is not met as evidenced by:
Based on observation, record review and staff interview, the facility staff failed to provide nail care to one individual (Individual #2) in the survey sample of 2 individuals.

The findings included:

Individual #2 was admitted to the facility with diagnoses of Profound Intellectual Disability, Intermittent Explosive Disorder, and gastro-esophageal reflux disease (GERD). Individual #2 was observed to have long sharp finger nails during the days of the survey.

An Annual Psychological Review dated 08/03/16 assessed this individual as having a Behavioral Support Plan. Individual #2 has a behavioral support plan that addresses the following

1) The facility provided nursing services to Individual #2 in accordance with the individual's needs by clipping his fingernails on 8/19/16. Individual #2's fingernails were clipped by the Certified Nurse Assistant (CNA) and it was documented on the Nail Clipping form. During the survey, the Nail Clipping form was presented by the Nursing Coordinator which indicated Individual #2's nails were clipped on 7/8/16 and 8/8/16 in accordance with the current Nursing Service Plan, effective June 1 through August 31, 2016. The Nursing Service Plan states the Service Objective: "Individual will have clean, neat, trimmed nails at least monthly." The Strategy listed includes: "1. Check nails daily; 2. Provide assistance with nail care at least monthly and as needed." The Nursing Coordinator and CNA have assessed that the skin under Individual #2's fingernails grows to the edge of the nails, which determines the amount of clipping that can be safely performed. On 8/19/16, the Nursing Coordinator reviewed instructions with the Residential Nurse and Day Support Nurse to assess Individual #2's fingernails weekly and clip them as needed. On 8/20/16, the Nursing Coordinator reviewed the same instruction with the CNA.

2) The Nursing Coordinator reviewed Nursing Service Plans for all individuals, Nurses Notes, and Nail Clipping forms for July and August on 8/19/16. The review indicated that each individual receives nail care in accordance with their assessed needs identified on continued on page 2

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

TITLE

(X6) DATE

David Whaley

Director

9/8/16

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

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W 331	<p>Continued From page 1</p> <p>behaviors: 1. Severe pica behavior, (2.) Ingesting inappropriate objects, (3) Disruptive behavior, such as shouting or making loud vocal noises, and (4) grabbing others.</p> <p>A Behavior Support Plan dated 8/5/16 indicated: Support Staff will follow the behavior support plan to ensure safety and positive regard in the community.</p> <p>A Nursing Review indicated: Nail Care- Nail care continues to be provided. He is very resistive during nail care; toenails trimmed by the nurse and/or podiatrist.</p> <p>On 8/19/16 at 11:15 A.M. during observations at Individual #2's day support program the Nurse Manager was shown Individual #2's finger nails and she stated, "They are way to long Individual #2 likes to grab and dig his nails into your skin. He is on a weekly nail clipping program provided by the Certified Nurse Assistant (CNA)."</p> <p>A review of a Nail Clipping form provided by the Nurse Manager indicated: Individual #2's nails were last clipped on 8/8/16.</p> <p>The facility staff failed to provide nail care in support with Individual #2's Support Plan.</p>	W 331	<p>continued from page 1</p> <p>their Nursing Service Plans. The Nursing Coordinator reviews the Nail Clipping form monthly and as warranted to ensure Nursing Service Plans are implemented appropriately. The Nail Clipping form is signed by the CNA and LPN, and is maintained by the CNA. A copy is provided to the Nursing Coordinator monthly and as requested.</p> <p>3) A review of Policy and Procedure #891 Nursing Services, determined that it continues to meet federal and state requirements for providing clients with nursing services in accordance with their needs.</p> <p>9/6/16</p>

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