STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G005	B. WING _____	05/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHEASTERN VIRGINIA TRAINING	2100 STEPPINGSTONE SQUARE 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 The unannounced Initial Medicaid survey was conducted on 05/10/16 through 05/13/16. 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 75 bed facility at the time of the survey was 66. The survey sample consisted of 10 current Individual records (Individual #1-9 and Individual #11) and two closed records (Individual #10 and #12).	W 000		
W 124	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. This STANDARD is not met as evidenced by: Based on record review and staff interviews the facility staff failed to obtain informed consent for one individual (Individual #4) in the survey sample of 12 individuals. The Findings Included: Individual #4 was admitted to the facility on 12/15/15 with diagnoses of visual impairment, physical aggression, Self Injurious Behaviors (SIB), hypertension (high blood pressure), and		W 124 483.420(a)(2) Protection of Clients Rights 1. The Facility staff obtained Informed Consent for the use of psychoactive medications for individual #4 on 03/14/16. 2. Individuals receiving psychoactive medications who are admitted to SEVTC have the potential to be affected. Health Information Management (HIM) will review consents for individuals receiving psychoactive medications to ensure they are accurate and current with AR signature. Any outstanding consent will be obtained by the Nursing Department. 3a. The process of mailing consents will include the continuation of medication consent being obtained via assigned Social Worker prior to admission/transfer to SEVTC. 3b. Nursing will obtain consent for medications either verbally from the AR with a witness or will assure the	03/14/16 06/26/16 06/26/16 06/26/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

R. G. Harrell, FD — Facility Director — 6.2.16

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 124	Continued From page 1 autism. The facility staff failed to obtain an informed consent for the use of an psychoactive medication prior to use. A letter dated January 14, 2016, addressed to Individual #4's Authorized Representative indicated: "Enclosed you will find a Consent for Special Medications form which was to be signed on the date of Individual #4's admission to the facility. Unfortunately this form was not signed on December 15, 2015, and we need you to sign it now. The purpose of this form is to obtain your consent to continue to administer the medications Individual #4 was receiving at the time of her admission until a through review of her current health status is completed." A review of the clinical record indicated Individual #4 had a physician order for Clozapine. During an interview on 5/11/16 at 9:31 A.M. with the Social Worker she stated, "We forgot to get the consents signed prior to admissions. The facility staff failed to obtain informed consent for the use of psychoactive medications prior to use.	W 124	483.420(a)(2) Protection of Clients Rights (Cont.) consent is signed and dated by AR on date of medication change and/or admission. 3c. All Nursing and Social Services staff will be in-serviced on Instruction 2520, Informed Consent to Treatment and Training. 4. Assigned Qualified Intellectual Disability Professionals (QIDPs) will review all psychoactive medication consents monthly, correct any deficiencies and report to Quality Council compliance rate monthly.	06/26/16 06/26/16
W 149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on a closed record review, and staff	W 149	483.420 (d) (1) Staff Treatment of Clients 1. The employee, who failed to ensure supervision was disciplined in accordance with established Standards of Conduct. 2. All individuals requiring supervision may potentially be affected. The Risk Manager sent a Safety Alert on 04/17/16 concerning minimum supervision	04/29/16 04/26/16

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W 149	Continued From page 2 interviews, the facility staff failed to provide supervision to prevent neglect for one individual (Individual #10) in the survey sample of 12 individuals. The finds include: Individual #10 was admitted to the facility on 7/10/06 with diagnoses which included Autism, history of Aspiration pneumonia, self injurious behavior (SIB) epilepsy and severe Intellectual Disability. The facility staff failed to provide supervision to prevent neglect. Individual #10 was assessed as requiring General Supervision. Bed & Bedroom monitoring (Day and evening): Everyone must be check at least every 15 minutes if awake and every 30 minutes when asleep. Staff members must directly observe every person in bed/bedroom. The staff member must ensure that every person is breathing properly and resting comfortably. A staff assignment sheet dated 4/16/16 indicated no staff was assigned to observe Individual #10 on this date. An Investigative Summary dated 4/16/16 prepared by the Risk Manager indicated: "On 4/16/16 at approximately 1:45 P.M. Individual #10 was found unresponsive on the floor of the family room. Staff assessed Individual #10 for vitals and there were none present; staff then initiated life-saving measures. At 1:47 p.m. staff called a code Blue using the intercom system. At 1:49 P.M. a call was placed to the 911 dispatcher requesting rescue personal. At 1:59 P.M. EMS arrived and initiated advanced life -saving	W 149	483.420 (d) (1) Staff Treatment of Clients (Cont.) requirements and staff assignments to all Residential staff for retraining. 3a Program Guidelines (PG) 48, Guidelines for the Supervision of Individuals and Groups will be reviewed by all Residential staff. 3b Risk Manager developed and distributed a Supervision Safety Alert to Residential staff defining in home supervision requirements. 4a The Supervisor-on-Call will make rounds each weekend to ensure supervision requirements are being met. 4b Shift Supervisors will increase home rounds to include varying times in addition to set schedules. The Shift Supervisor will observe to ensure supervision requirements are being met daily. 4c Security staff will review staff assignment sheets during rounds to ensure the Shift Leader made individual/staff assignments daily. 4d The Shift Supervisor will provide a monthly report to the Patient Safety/Risk Management Committee identifying issues and corrective plans developed during Shift Supervisor rounds monthly.	06/06/16 05/28/16 05/06/16 06/12/16 06/12/16 06/26/16

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W 149	Continued From page 3 measures. EMS discontinued resuscitative efforts and pronounced Individual deceased at 2:46 P.M." The Summary Report indicated Direct Staff Professional #1 (DSP) did the following: "IN the middle of shift change DSP #1 went to check on Individual #10 and found him laying on floor in his own vomit. DSP #1 ran to call box and called code blue and front desk responded. Do we need to call 911? DSP #1 responded, "Yes." A video tape replay time line indicated: "Timeline of events: 4/16/16 -11 :22 a.m. DSP #2 goes to med room. 11:29 a.m.- DSP #2 gives meds (medications) to Individual #10 at in chair at kitchen table. 12:08 P.M. Lunch is served to all individuals. 12:24 P.M. Individual #10 goes into the family room and door closes behind him. 1: 45 P.M. DSP #2 gets up from chair in living room area and goes into the family room. 1:46 P.M. Staff rush into the family room. 1:47 P.M. Staff use intercom on kitchen wall to notify reception of emergency. A Summary of Evidence indicated: "On 4/16/16 at approximately 1:45 p.m., Individual #10 was found unresponsive on the floor of the family room. Staff assessed Individual for vitals and there were none present; staff then initiated life-saving measures. At 1:47 p.m., staff called a code blue using the intercom system. At 1:49 p.m., a call was placed to the 911 dispatcher requesting rescue personnel. At 1:59 p.m., EMS arrived and initiated advanced life saving measures. EMS discontinued resuscitative efforts and pronounced Individual #10 deceased at 2:46 P.M."	W 149		

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W 149	Continued From page 4 Virginia State Police were notified and responded on 4/16/16 and examined the body and scene. The medical Examiner was notified by the Medical Director and an autopsy was ordered to determine the cause of death. At this time, a finial autopsy results are pending. " The Following Program Guidelines 49 Section 5 (A) 2 that states "The shift leader is responsible for leadership and direction on his/her shift. This includes ensuring that programs and services are provided as planned, that staff assignments and breaks are completed, that individuals are properly supervised at times, and that administrative are completed. Any problems concerning services, staff performance, or administrative duties must be reported to the team leader, Assistant Program Manager (APM) or shift supervisor. DSP #2 failed to provide leadership and direction on his shift. DSP #2 failed to complete assignments on the morning of 4/16/16 and therefore failed to ensure the proper supervision of Individual #10 was conducted." Program Guideline 43 Section 2 states "Center minimum checks are every 15 minutes during the day, evening and night when people are awake and every 30 minutes at night when the person is asleep. DSP #2 failed to ensure that awake checks were conducted every 15 minutes pertaining to Individual #10 while he was in the family room on 4/16/16 between 12:24 P.M. and 1:45 P.M." A review of the video dated 4/16/16 by this surveyor indicated: "Staff were observed sitting around with their feet propped up for 30-45 minutes. Individuals in the video were not	W 149		

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W 149	Continued From page 5 engaged in any activities and staff did not interact. Individual #10 was left alone until staff decided just before shift change to go and check on him" During an interview on 5/12/15 at 2:30 p.m. with Risk Manager he stated, DSP #2 was terminated. During an interview on 5/12/16 at 3:15 P.M. with the Administrator she stated resident staff training was started the day of incident. Staff are also being re-educated on Program Guidelines 49 and 43. The facility staff failed to provide supervision to prevent neglect.	W 149		
W 154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on a closed record review, and staff interview, the facility staff failed to thoroughly investigate an injury to one Individual (Individual #12) in the survey sample of 12 individuals. The findings Included: Individual #12 was admitted to the facility on 5/26/1996 with severe mental retardation, Gastrointestinal disorder, seizures and a history of falls. Individual #12 had a fall on 4/25/16 which resulted in a fractured neck. The facility staff failed to thoroughly investigate the injury. A facility Event Report dated 4/25/15 at 9:15 A.M.	W 154	483.420(d) (3) Staff Treatment of Clients 1. The SEVTC investigator will review the investigative report for Individual #12 and provide an addendum to include a timeline of the incident, use of his helmet, nursing/ physician assessment and Emergency Services outcome. 2. All individuals involved in an investigation have the potential to be affected. The Facility Director and Risk Manager will review the findings of each investigation to ensure it is thorough and findings are appropriate. 3. The DBHDS Central Office Investigations Manager will review identified investigations to ensure completeness and accuracy quarterly. 4. The Risk Manager will ensure investigations including findings and actions are reviewed monthly by the Quality Council.	06/26/16 06/01/16 06/01/16 06/01/16

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W 154	Continued From page 6 indicated: Fall- Balance/Coordination. Describe event Fell back hit head on wall. Treatment- Code Blue was called, all vitals were taken, no physical injury noted but individual is still complaining of stomach pain. Individual sent to ER (emergency room) at 9:54 A.M. with nurse and staff." A facility Informal Summary dated 4/26/16 prepared by Risk Manager indicated the following: "Three staff persons were interviewed. A Registered Nurse, A Behavior Specialist and a Direct Support Professional." A Summary of the Report indicated: "Video footage of the incident was reviewed by the investigator (No date given). The video identified Individual #12 as being seated in a dining chair with arm rests at the dining table; facing away from the table. The Direct Support Professional was seated to the left of Individual #12 in a rolling chair. At approximately 9:15 A.M. The Behavior Specialist approached both Individual #12 and the Direct Support Professional from the staff office. It appeared that a binder fell to the floor, which the Direct Support Professional promptly stooped over, while (on) (sic) her chair, to retrieve it. It appeared that Individual #12 stood up at the same time, made a very slight backwards motion, as if stepping back then fell completely backwards with no defensive actions to the fall. There is no evidence to suspect abuse or neglect. Staff appeared to promptly attend to Individual #12 and a code blue was initiated." A hospital ER (emergency room) Treatment Report dated 4/25/16 at 11:43 A.M. indicated: "Individual #12 was in the ER with 2 case workers. They state that he tends to have a lot of falls due to his mental retardation. He usually	W 154		

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W 154	Continued From page 7 wears a helmet. He was wearing a helmet today and he fell over when he hit a wall. He did pass out for a few seconds. He came around and when he care around he was complaining of low back pain. The center also stated on the paperwork that he had been complaining of a stomachache for the last couple of days but has not had any nausea, vomiting, diarrhea or constipation to go along with it. The main reason why they sent him over here today because of the fall, the head injury and the back pain. He does have a previous head injury that just recently had sutures removed. No fever, no chills, no change in behavior, no change in mental status or any other symptoms or complaints at this time. Diagnoses: 1. Minor head injury. 2. Right sided low back pain. 3. A fall Disposition: The patient sent home with caretakers. Advised that he needs to follow up with neurology to have an EEG study to rule out seizure activity due to his worsening gait and balance issues that they have been concerned about lately. He was in agreement. He will advise his caretakers when he gets back home. No medications prescribed. Caretaker is in agreement with treatment plan. Discharge instructions given. The patient is discharged home in stable condition, with instructions to follow up with their regular doctor. They are advised to return immediately for any worsening or symptoms of concern." A nursing note dated 4/25/16 at 5:33 P.M.	W 154		

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W 154	Continued From page 8 indicated: "Individual #12 returned from hospital ER accompanied by staff. Awake, alert, very unsteady wearing helmet. No visible sign of distress, but appeared disoriented, drowsy. was given Ativan 1 mg PO (by mouth) at 12:02 PM then at 3:20 PM given Ativan 1 mg (IM) (intramuscularly) per discharge paperwork from ER Vital signs 116/74; T (temperature) 97.7; P (pulse)-80; R (respirations) -18; P o2 (pulse oxygen saturation) 97%; Per-staff was given CT scan - negative results. No sign of visible injury. A-risk for injury due to falls. P-AR (authorized representative) notified, Doctor notified." A review of the video footage on 5/11/16 by this Surveyor indicated: Individual #12 was seated in a chair at the dining table. He appears to get up abruptly trips over a chair and falls flat on his back hitting the floor. Individual #12 is observed on the video to be wearing a helmet. Staff are observed placing Individual #12 in a sitting position. After several minutes (3-4) staff are seen coming in the the room to assist. Nursing/medical staff arrive and have staff to place Individual #12 back on the floor." The video footage clearly indicate, Individual #12 did not hit a "Wall." The investigative report does not give vital signs, Neurological checks, whether Individual was wearing his helmet. Individual #12 had a fall two weeks prior that required sutures; there was no indication of this status. Further review of the clinical record indicated: "Individual #12 returned to the hospital complaining of back pain. Individual #12 was found to have fractured his neck. During an interview on 5/12/16 at 2:30 P.M. with	W 154		

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W 154	Continued From page 9 the Risk Manager, he stated his investigative report centered around staff and abuse. The administrator was interviewed on 5/12/16 at 3:40 P.M., she stated, "a more comprehensive investigative report would be forth coming." The facility staff failed to thoroughly investigate a fall incident involving Individual #12.	W 154		
W 262	483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and staff interviews the facility staff failed to have the Specially Constituted Committee to approve, review and monitor the use of medications to manage behaviors prior to implementation for one individual (Individual #4) in the survey sample of 12 individuals. The Findings included: Individual #4 was admitted to the facility on 12/15/15 with diagnoses of visual impairment, physical aggression, Self Injurious Behaviors (SIB), hypertension, and autism. The facility staff failed to have the Specially Constituted Committee (SCC) to approve, review and monitor medications/restraints to manage behaviors. A review of the Specially Constituted Committee	W 262	483.440(f)(3)(i) Program Monitoring & Change 1. The Specially Constituted Committee (SCC) reviewed and approved the psychoactive medications for Individual #4 on 01/26/16. The SCC reviewed and approved restraints for Individual #4 on 01/26/16. 2. All individuals who receive psychoactive medications and utilize restraints and are admitted to SEVTC have the potential to be affected. QIDPs will review identified individual records to ensure all have been reviewed, approved, and monitored by SCC. 3a. The SCC will review and approve all psychotropic medications and restraints for admissions/transfers prior to admission to SEVTC. 3b. The SCC will review and approve all consents for psychotropic medications and restraints, prior to implementation. 3c. All Person-Centered Support staff will be in-serviced on Instruction 2020, Specially Constituted Committee. 4. The SCC Coordinator will monitor the SCC review process and report compliance to Quality Council monthly.	01/26/16 06/26/16 06/26/16 06/26/16 06/26/16 06/26/16

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W 262	Continued From page 10 (SCC) meeting minutes dated January 26, 2016, indicated Individual #4's behavior management programs to manage Self Injurious Behaviors (SIB), Physical Aggression, Self Restraint, Mittens, psychoactive medications, weighted and unweighted blankets were reviewed. A review of the clinical record indicated the restraints and drugs to manage behaviors were implemented prior to approval of the SCC. During an interview on 5/11/15 at 10:30 A.M. with the assigned Social Worker she stated, The SCC had not approved the use of restraints and drugs to manage Individual #4's behavior prior to use. The facility staff failed to have the SCC to approve, review and monitor psychoactive medications and restraints prior to use.	W 262		
W 263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and staff interviews the facility staff failed to obtain written informed consent prior to implementing restrictive programs for one individual (Individual #4) in the survey sample of 12 individuals. The Findings included: Individual #4 was admitted to the facility on	W 263	483.440(f)(3)(ii) Program Monitoring & Change 1. The Facility staff obtained Informed Consent for the use of psychoactive medications for individual #4 on 03/14/16. 2. Individuals receiving psychoactive medications who are admitted to SEVTC have the potential to be affected. Health Information Management (HIM) will review consents for individuals receiving psychoactive medications to ensure they are accurate and current with AR signature. Any outstanding consent will be obtained by the Nursing Department. 3a. The process of mailing consents will include the continuation of medication consent being obtained via assigned Social Worker prior to admission/transfer to SEVTC.	03/14/16 06/26/16 06/26/16

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W 263	Continued From page 11 12/15/15 with diagnoses of visual impairment, physical aggression, Self Injuries Behaviors (SIB), hypertension, and autism. The facility staff failed to obtain written informed consent for the use of an psychoactive medication prior to implementing a restrictive program .. A letter dated January 14, 2016 addressed to Individual #4's Authorized Representative indicated: "Enclosed you will find a Consent for Special Medications form which was to be signed on the date of Individual #4's admission to the facility. Unfortunately this form was not signed on December 15, 2015, and we need you to sign it now. The purpose of this form is to obtain your consent to continue to administer the medications Individual #4 was receiving at the time of her admission until a through review of her current health status is completed." A review of the clinical record indicated Individual #4 had a physician order for Clozapine. During an interview on 5/11/16 at 9:31 A.M. with the Social Worker she stated, "We forgot to get the consents signed prior to admissions. The facility staff failed to obtain written informed consent for the use of psychoactive medications prior to implementing a restrictive behavior program.	W 263	483.440(f)(3)(ii) Program Monitoring & Change (Cont.) 3b. Nursing will obtain consent for medications either verbally from the AR with a witness or will assure the consent is signed and dated by AR on date of medication change and/or admission. 3c. All Nursing and Social Services staff will be in-serviced on Instruction 2520, Informed Consent to Treatment and Training. 4. Assigned Qualified Intellectual Disability Professionals (QIDPs) will review all psychoactive medication consents monthly, correct any deficiencies and report to Quality Council compliance rate monthly.	06/26/16 06/26/16 06/26/16
W 369	483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.	W 369	483.460(k)(2) Drug Administration 1. Individual #8's medication times will be reviewed by the physician and adjusted to reflect SEVTC medication administration standards.	05/11/16

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W 369	Continued From page 12 This STANDARD is not met as evidenced by: Based on a Medication Pass and Pour observation, a medication was not administered without error for 1 individual (Individual #8) of a 12 Individual survey sample. Individual #B's dose of Clonazepam (an anticonvulsant-controlled substance Schedule IV medication) was not administered within the time frame as stated in the validated physician's orders. The findings included: Individual #8 was originally admitted to the facility on 03/09/1999. Diagnoses included but were not limited to Mild Mental Retardation, Autism, Intermittent Explosive Behavior/Psychotic Disorder and Bipolar I. A Medication Pass and Pour task was performed on 05/11/16 at approximately 7:00 a.m., with DSP (direct service provider) II #1. The following medications were observed to be administered to Individual #8 by DSP II #1: Beano-2 tablets by mouth before meals-7:00 a.m., 11:00 a.m. and 4:00 p.m. Clonazepam 1 mg (milligram)-1 tablet by mouth at 9:00 a.m. and 6:00 p.m. Divalproex 200 500 mg-1 tablet by mouth every a.m. & p.m. Propranolol HCL 20 mg-1 tablet by mouth every day Risperidone 1 mg-1 tablet by mouth 4 times a day Theragram-1 tablet by mouth every day Vitamin 03 5000 IU-1 tablet by mouth every day	W 369	483.460(k)(2) Drug Administration (Cont.) 2. Individuals who reside in Home 305 and receive medications have the potential to be affected. Staff who administered medication to individual #8 outside of the ordered medication time was retrained on Program Guideline #81, Medication Manual. 3a. Nursing will review the Medication Administration Records (MARs) in Home 305 to assure medication times are reflective of established SEVTC medication administration standards. 3b. Medication times of all medication outside of established standard administration times will be reviewed for medical necessity and adjusted as required. 3c. Nursing has assumed the medication administration process in Home 305 effective 05/31/16 and all other homes will be monitored by Nursing staff for compliance with standard medication administration times. 4. Director of Nursing will monitor and identify issues and develop corrective plans and report to Pharmacy and Therapeutics Committee monthly.	05/11/16 06/26/16 06/26/16 06/26/16 06/26/16

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W 369	Continued From page 13 Reconciliation of the administered medications with the POS (physician order sheet) signed by the physician on 04/27/16 noted the following discrepancy for the individual's Clonazepam: "02/08/16-Clonazepam 1 mg tablet-1 tab by mouth at 9 AM and 4 PM". An interview was conducted on 05/11/16 at approximately 9:10 a.m. with DSP II #1. When the order and also the printed medication card of Clonazepam were shown to DSP II #1 he stated: "I should not have given it (Clonazepam) before the one hour window before and after the medication was supposed to be given per the doctor's order. I was nervous." An interview was conducted on 05/11/16 at approximately 11:00 a.m., with House Manager #1. When asked about the medication error involving Individual #8 he stated: "DSP II #1 (name) told me about it and we will follow our medication error protocol." An interview was conducted on 05/11/16 at approximately 11:30 a.m., with QIDP (Qualified • Intellectual Disabilities Professional) of the facility Unit 305 where Individual #8 resides. When he was informed of the medication error he stated: "I have already been informed and the medication variance and additional corrective steps have been completed." An interview was conducted on 05/12/16 at approximately 8:45 a.m., with the Facility Director. She stated she was aware of the error and submitted the facility policy for medication administration. Review of the policy noted:	W 369		

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W 369	Continued From page 14 Five "Rights" 1. The right person 2. The right medication 3. The right dose 4. The right time-Although medications are best given at exactly the time the prescriber has ordered, it is impossible to give all medications to everyone at once. This means, for example, that a 9:00 a.m. med can given between 8:00 a.m.-10:00 p.m. b. If medications are not given within this time frame, nursing staff must be contacted for instructions. 5. The right route. Administration which consisted of the Facility Director and the Person Centered Supports Director, was informed of the the findings at a briefing on 05/13/16 at approximately 11:00 a.m. No additional information was submitted for review.	W 369		
W 377	483.460(1)(1) DRUG STORAGE AND RECORDKEEPING The facility must store drugs under proper conditions of sanitation. This STANDARD is not met as evidenced by: Based on observations, staff interviews, and facility documentation review the facility failed to ensure that medications were stored in a sanitary manner for 6 of 6 medication carts and 6 of 6 medication refrigerators. The findings included:	W 377	483.460(1)(1) Drug Storage and Recordkeeping 1. All home medication carts and refrigerators were cleaned externally by housekeeping and internally by residential staff according to proper sanitation standards. 2. Individuals who receive medications stored in the medication cart or refrigerator have the potential to be affected. A reminder will be sent to Residential and Housekeeping staff to ensure medication carts and medication refrigerators are maintained in a sanitary manner and to clarify cleaning time frames.	05/11/16 06/03/16

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W 377	Continued From page 15 Observations of the medication rooms, the medication carts, and the medication refrigerators in the medication rooms were made during the Medication Pass and Pour task performed on 05/11/16, in Homes 303, 305, 301 105. Additional observations were made of the medication rooms, the medication carts and the medication refrigerators in the medication rooms on 05/11/16, in Homes 302 and 103. The following was observed: Home 303-on 05/11/16 at approximately 6:27 a.m. The medication cart was soiled with old dried brownish color debris that appeared as a dried substance from a liquid spill. The lower outer silver colored lip had a large amount of dried, dusty black material. Also inside of the medication cart in each of the medication storage drawers was a large amount of dusty black dried material in the base of each drawer and also scattered amounts of small pieces of paper debris were observed in the removable medication totes in each of the medication drawers. The medication refrigerator located in the medication room had the appearance of not being cleaned. There was a large amount of built up ice (more than 1/4 inch) on the internal freezer tubing. An interview was conducted on 05/11/16 at approximately 6:35 a.m., with DSP (direct service provider) I #6. When asked if the medication cart	W 377	483.460(1)(1) Drug Storage and Recordkeeping (Cont.) 3a. Housekeeping will clean the medications rooms on Monday, Wednesday, and Friday, including the exterior of the medication carts. They will also clean on alternate days when carts appear soiled. 3b. Residential staff will clean the medication carts internally weekly and with cycle tote exchanges monthly. 3c. Residential staff will clean the medication refrigerators weekly. 4a. Pharmacy Techs will inspect the medication carts and medication refrigerators in all homes monthly and report deficiencies to the Home Managers. 4b. Director of Nursing will monitor the cleanliness of the medication carts and medication refrigerators, ensure corrective plans are developed for identified issues, and report to the Pharmacy & Therapeutics Committee monthly.	06/01/16 06/01/16 06/01/16 06/01/16 06/01/16

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W 377	Continued From page 16 old dried spills going down the sides and the inside drawers need cleaning. There is also stuff on the lip of the medication cart." When asked about the ice build up inside the medication refrigerator he stated: "There is a lot of ice but there isn't anything inside." Home 305-on 05/11/16 at approximately 7:00 a.m. During the Medication Pour and Pass, the medication cart was observed to be soiled with a heavy build up of dried debris and dust on the lower outside of the medication cart. Inside of the medication cart in each of the medication storage drawers was a large amount of dusty black dried material in the base of each drawer and also scattered amounts of small pieces of paper debris were observed in the removable medication totes in each of the medication drawers. The medication refrigerator located in the medication room had the appearance of not being cleaned. There was a large amount of built up ice (more than 1/4 inch) on the internal freezer tubing. An interview was conducted on 05/11/16 at approximately 7:20 a.m. with DSP II #1. When asked if the medication cart appeared clean to him he stated: "No. It's got old stuff on it and I didn't notice the stuff in the drawers until you pointed it out." When asked about the ice build up inside the medication refrigerator he stated: "There's nothing in it that we use. There is a lot of ice build up." When asked who was responsible for maintaining the medication cart and the medication refrigerator DSP II #1 stated:	W 377		

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W 377	Continued From page 17 "I guess whoever is giving the medications. This is my first time. Somebody else usually does it." Home 302-on 05/11/16 at approximately 8:04 a.m. DSP II #2 stated that she had already administered all of her 8:00 a.m., scheduled medications and would not be giving any more medications until 11:00 a.m. DSP II #2 was then asked to view the medication cart and to open the medication drawers for observation purposes. She complied. She stated: "The outside could be cleaner. There is stuff on the lower lip of the cart. The totes and drawers also have stuff that should have been cleaned out." She went on further: "I've just gotten back from vacation today and it didn't look like this when I left for vacation." The medication refrigerator located in the medication room was then accessed and it was observed to have the appearance of not being cleaned. There was a large amount of built up ice (more than 1/4 inch) on the internal freezer tubing. DSP II #2 stated: "Oh." Home 103-on 05/11/16 at approximately 8:27 a.m. DSP II #3 stated that she had already administered all of her 8:00 a.m., scheduled medications. DSP II #3 was then asked to view the medication cart and to open the medication drawers for observation purposes. She complied. The medication cart had gritty debris on the outside of the medication cart and the totes and drawers within the medication cart were observed to be dusty with a large amount of black colored fuzzy material and small scraps of silver colored	W 377		

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W 377	Continued From page 18 paper that appeared to have fallen off of the blister packs of medication stores in the totes in the medication cart drawers. During the inspection of the medication refrigerator which revealed a large quantity of ice build up House Manager #2 entered the medication room. A combined interviewwas conducted on 05/11/16 at approximately 8:30 a.m., with DSP II #3 and House Manager #2. Both agreed that the medication cart and the medication refrigerator appeared soiled and had an unacceptable amount of ice build up on the internal freezer tubing. House Manager #2 further stated: "I'm not sure if we have a process for cleaning these items but I will check. The person that administers the medication should check them out and maintain them." Home 105-on 05/11/16 at approximately 8:50 a.m. DSP I#4 was observed during the Medication Pass and Pour Task administering medications via a PEG (a surgically inserted access directly into the stomach for nutrition, fluid and medication administration) for an individual. During the medication administration the medication cart was observed to have a large amount of black sooty debris on the front of the medication cart and also inside of the medication cart drawers. The totes securing the medication in the drawers had a large accumulation of dried fuzzy black debris with scraps of silver and white colored papers. Inspection of the medication refrigerator in the medication room revealed a large amount of built up ice around the internal	W 377		

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W 377	Continued From page 19 freezer tubing. An interview was conducted on 05/11/16 at approximately 9:10 a.m., with DSP I and Home 105 QIDP #2. Both agreed that the medication cart and the medication refrigerator were soiled and the medication refrigerator had a large amount of ice build up. QIDP #2 was then asked what the process for maintaining the cleanliness of the medication room and equipment she stated: "Housekeeping cleans the floor, counter tops and the sink area. I didn't know that the medication administration was not maintaining the med carts and the medication refrigerators. I will take care of it." An interview was conducted on 05/11/16 at approximately 11:30 a.m., with QIDP #1 to discuss the results of the medication pass in Home 303. He was also informed of the medication carts not being sanitary and of the large amount of ice build up in the medication refrigerators for Homes 303 and 305. He stated: "I was told by my staff that there was a problem and it will be fixed." An interview was conducted on 05/12/16 at approximately 8:45 a.m., with the Facility Director. The aforementioned information was relayed. The Facility Director submitted a Policy and Procedure entitled Staff Training, Administration and Control of Medications. On page 14 of the Policy it noted the following: 12. Maintaining Cleanliness of Medication Carts and Cabinets. A. Everyone who works with medications should ensure that the environment (countertops, medication cart, cabinets, etc.) is kept free of dirt	W 377		

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W 377	Continued From page 20 trash, grime and debris. B. The medication totes are changed routinely. Dirt, trash, and debris should be removed before placing the new totes in the medication cart drawers. D. Housekeeping has set days for the cleaning of the MED rooms. The schedule for all homes is as follows: Monday, Wednesday and Friday. Home staff will need to work with housekeeping staff as they do not possess keys to the med rooms. Home staff must be present while the housekeeper cleans the MED rooms. E. On the days between cleaning, home staff are to maintain the cleanliness of the MED rooms. If there are any situations that may arise on these off days that need specialized attention, please call housekeeping and make a web request so that housekeeping staff can attend to the specific issues. There was not any specific indication how the medication room medication refrigerators were to be maintained. An interview was conducted on 05/13/16 at approximately 8:30 a.m., with the Facility Director. A request was made to obtain the manufacturers information regarding maintenance for the devices used. The information was supplied by the Facility Director on 05/13/16 at approximately 8:50 a.m. Review of the booklet noted the following: Defrosting-all refrigerator models Defrost whenever frost on the inside surfaces of the storage area becomes 1/8 of an inch thick. A punctured cooling coil will cause serious problems and void the warranty.	W 377		