DEDARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: U4/2//2017 **FORM APPROVED**

	S EOR MEDICARE	& MEDICAID SERVICES			10	MB NO. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED
		49G006	B. WING			04/13/2017
NAME OF F	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP	, CODE	
		TO A INJUNIO		160 TRAINING CENTER ROAD/HA	ARRISON C	IRCLE
SOUTHW	/ESTERN VIRGINIA T	RAINING		HILLSVILLE, VA 24343		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD HE APPROPF	BE COMPLETION
W 000	INITIAL COMMEN	rs ·	W C	000		
	was conducted on a facility was not in confidence for the facility was not in confidence for the facility will follow.	Medicaid re-certification survey 4/11/17 through 4/13/17. The ampliance with the following ulations. The Life Safety Code				
	75 individuals at the sample consisted of (Individuals #1 thro					
W 111	483.410(c)(1) CLIE	NT RECORDS		111 Client Records	•	1 . 1
	The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. This STANDARD is not met as evidenced by: Based on staff interview and client oriented record (COR), the facility staff failed to ensure 1 of 11 individuals (Individual #6) was accurate.			Physician to discontinu 28/13 for t-shirt pad to client #6 to protect from the second discontinuation of the second orted incidents. Qualified Intelectual Intelec	to right rom hand e to lad	t clavicle d pressure; ck of 5-26-17
				fessional (QIDP) to revision individuals receiving medical problems and if ify nurse of clients a) tatment that is no longer	view red treatme identify) receiver neede	cord of ent y and ving ed, and
	The findings include	ed:		receiving treatment that not currently listed of		
	The client oriented record for Individual #6 had a physician order dated 10/28/13 for a t-shirt pad to right clavicle to protect from pressure from hand. The order of the wording of the physician order was not corrected from 10/28/13 through 4/12/17.		or rec rem and tio 3.	plan implementation she eiving notification the love items no longer need establish treatment and on sheets for items need RN to review medical su	eets. (e nurse eded frond impleded.	On will om list, ementa- 5-26-1 s every
	5/3/1976 with diagn retardation, gastroe Parkinson's disease	dmitted to the facility on loses of profound mental esophageal reflux disease, e, Vitamin D deficiency, and allergic conjunctivitis.	men be dis	days to determine if cut for medical problems needed. The RN reviews continuation or relist DNP to re-evaluate new	continuer will as indi	ues to request icated.

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

taxility Wirester, SWYTC 5/5/2017

in 2-6 weeks after entry, and document

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.

		AND HUMAN SERVICES & MEDICAID SERVICES			PRINTED: 04/27/2017 FORM APPROVED DMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (2)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		49G006	B. WING		04/13/2017
	PROVIDER OR SUPPLIER VESTERN VIRGINIA T	RAINING		STREET ADDRESS, CITY, STATE, ZIP CODE 160 TRAINING CENTER ROAD/HARRISON HILLSVILLE, VA 24343	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		D BE COMPLETION
W 111	4/12/17 and 4/13/17 from 3/21/17 through that read "10/28/13 protect from pressure The surveyor intervi#1 and direct service 8:30 a.m. about the Both the medication checked Individual a unable to find the particular than the surveyor intervife 4/12/17 at 11:08 a.m. activity instructor was either and state physical therapist.	of Individual #6 was reviewed 7. The signed physician order th 4/18/17 contained an order T-Shirt pad to right clavicle to re from hand." Tewed medication technician e provider #1 on 4/12/17 at "T shift pad" for Individual #6. In technician #1 and DSP #1 #6 for the pad and were	pro 4. (QA new or mer will hav mer use tio qua new and in as ter che	discontinuation or extension or extension. The Quality Assurance/Risk Max/RM) will schedule audits to orders are reviewed, discont extended with corresponding or extended with corresponding or extended with corresponding treatment and the corresponding treatment and extension sheets filed and consider to document treatment administration. The QIDP summary the date or order was entered, the treat implementation sheets were or place, and treatment administration or extension of the Physician was extly documented. The Senior Quarterly QIDP summaries to eck quarterly QIDP summaries to eck for new orders were complete.	5-26-17 anager verify tinued, docu- ne QIDP rders d imple- istently nistra- e next the tment checked, tration s consis- QIDP will

Ine surveyor met the activity instructor during Individual #6's outing to a local park on 4/12/17 at 1:55 p.m. The activity instructor stated part of Individual #6's ISP (Individual Support Plan) for the period 9/12/2016 through 9/30/17 was the use of a Tee shirt to be worn to protect the right shoulder from the hand pressure. The activity instructor stated the wording on the physician order was out of sequence. The activity instructor provided the surveyor with a corrected physician order dated 4/12/17 that read to discontinue (D/C) order M16. T-shirt pad to right clavicle @ (at) this time 2° (secondary) no reported incidents. Clarification-Wedge to bend of right upper extremity (UE) to ? (decrease) tone pattern and right clavicle /AC (antecubital) against pressure."

The activity instructor stated the order should have been updated.

W159 QIDP

and documented.

1. The QIDP will coordinate with the Interdisciplinary Team (IDT) to develop an active treatment program for client #11 that specifies the rationale, location, schedule, and methods for use of geri chair lap top table for activities. Physical Therapist to evaluate client #11 for ways to reduce and eliminate reliance on the lap top table such as obtaining shoes and developing an ambulation plan.

5-26-17

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Event ID: 4DCM11

Facility ID: VAICFMR20

If continuation sheet Page 2 of 17

5-26-17



DEPAR?	TMENT OF HEALTH	AND HUMAN SERVICES			FORM APPROVED		
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES	·····		OMB NO. 0938-0391		
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1 ' '	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED		
	!	49G006	B WING		04/13/2017		
NAME OF F	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP C			
SOUTHW	WESTERN VIRGINIA T	RAINING		160 TRAINING CENTER ROAD/HAR HILLSVILLE, VA 24343	RISON CIRCLE		
(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 CO IX (EACH CORRECTIVE ACTION	N SHOULD BE COMPLETION		
W 159	Continued From page	age 2	W	159			
	483.430(a) QIDP	30	W ²				
	, ,		2.	MD/DNP to review all inc			
		treatment program must be		ute changes in medical co			
		ated and monitored by a		quiring protective measur			
		I disability professional. s not met as evidenced by:		ose who need an active to			
		tion, staff interview, and clinical	The QIDP will coordinate with the IDT to ensure a plan is developed and implemented				
		facility QIDP failed to develop		sure a plan is developed needed for the individua			
	an active treatment	program for 2 of 11		Each individual who expe			
		urvey sample (Individual #11		ange in medical status th			
	and #6).			ange in treatment will be			
	The findings include	o.'		e MD/DNP and IDT. The QI			
	THE IIIIumga moiduc	3.		ordinate the development			
	1. The QIDP failed t	to develop an active treatment	ta	tion of a plan to continu	ue active		
	program for Individu	ual (Ind) #11 for the use of a		eatment and facilitate re			
	geri chair lap top tab			The QA/RM will monitor e			
				identify individuals exp			
		ed to facility on 9/30/86 with		change in medical status,			
		c cerebral palsy, profound	_	to assure the IDT has de	eveloped 5-26-1		
		y, epilepsy, autism, bipolar sive -compulsive disorder.	am	d implemented a plan.	J-20-1		
	uiscase, and usus	Sive -compainte aloctadi.	Pa:	rt A - Failed to ensure f	fleet enema		
	Ind #11 was observe	ed on 4/11/17 at 4:40 p.m.		r client #6 after 3 days			
		m of the cottage where he		The Bowel Movement (BM)			
		s sitting in a geri chair with a		ient #6 will be checked of			
		ached to the geri chair. The		es to ensure BM status is			
		ed the table top was there ual falls and the Ind. was to be	If	"no BM" is recorded for	two conse-		
		by staff. Ind #11 was walked		tive days the DSP will no			
		inner by 2 staff and also		d an ID note entered docu			
		oom by 2 staff with use of a		tification. The nurse wi			
		e geri chair , the staff sat near		eet enema is provided bef			
	the Ind. and supplied	d him with "toys" consisting of	or	the third day of no BM,	and this		
	balls, plastic toys and	nd an Ipad so he could punch					
	the buttons and lister	n to music.					

Ind #11 was observed on 4/12/17 at 7:15 a.m. sitting in the geri chair listening to music on his

DEPARTMENT OF HEALTH AND HUMAN SERVICES.

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CENIE	RS FOR MEDICARE	& MEDICAID SERVICES	т		OMB NO. 0938-039
	T OF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G006	B WING		04/13/2017
NAME OF	PROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP C	
COUTU	MEGTERNI VIRGINIA T	DAINING	1	60 TRAINING CENTER ROAD/HAR	RISON CIRCLE
SOUTHV	VESTERN VIRGINIA T	RAINING		ILLSVILLE, VA 24343	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETIO
W 159	wheel chair and wa member to sit in the treatment service stop was to be used kept his lpad in his floor and he would I resulting in injury. T staff member stated chair all the time an assistance. The act member stated the December and becageri chair helped hir seen by physical the strengthening. The QIDP was ill and this time. The Individual Suppreviewed. There was the use of the gerical treatment coordinate support plan and ag developed. The activated he knew the discharge plan meeting the plan. The physician was in p.m. and stated he was and a written or 16 for "Lap tray to gactivities". The physician was gactivities". The physician was gactivities.	The Ind asked to sit in his s ambulated by 1 staff wheel chair. The active taff member stated the table for activities because the Ind. Iap and it would slide to the ean over to pick it up and fall he active treatment service if he was not to stay in the d was to ambulate with ive treatment service staff Ind had been very sick in ame weak and sitting in the m to not fall. The Ind was also	action medical The result administration and the DS and ID The nutreatm of the specifiand the PR ID not ment in third MD/DNF The result administration administration administration administration where the properties of the prop	(cont.) will be documented on tion record and in the sults will be document and in the ID notes outs the MD/DNP will be documented, and documented and documented are obtained and documented are obtained and documented. If "no BM" is so consecutive days (or order specified "ever P will notify the nurs note to document notifies will ensure constituent is provided before third day (or second ies "every other day") is action will be document notifies action will be document notifies ordered before the eday, the nurse will constipation of the sults will be document and in the ID notes the sults, the MD/DNP will structions provided, as are obtained and documented, are obtained and documented in the instipation treatment be	ted on the s. If no be contacted, treatments, until cumented. 5-26-17 dividual rect Support re BM status recorded r for one ry other day") se and enter fication. ipation e the end day if order of no BM, umented on and in the contact the endations. Sed on the s. If no be contact—and treatment, until cumented. 5-26-17 ed of need

ambulated often to regain his strength and was

not to be just kept in the chair all the time. He

stated this was temporary and planned to

physician's orders, the nurse will

administer the treatment and ensure

the results of the treatment are written



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		AND HUMAN SERVICES				1 APPROVE
f	3 - 33 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	& MEDICAID SERVICES			T T	0. 0938-039
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION		TE SURVEY MPLETED
		49G006	B. WING		04	/13/2017
NAME OF	PROVIDER OR SUPPLIER		9	STREET ADDRESS, CITY, STATE, ZIP C		***************************************
SOUTHV	VESTERN VIRGINIA T	PAINING	1	60 TRAINING CENTER ROAD/HAR	RISON CIRCLE	
3001111	VESTERNI VIIVOINIA I	MAINING	1	HILLSVILLE, VA 24343		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
W 159	Continued From pa	ge 4	W 159	(cont.)		
	•	of the geri chair and table top		E ID notes and on the l	PRN record.	
	as the Ind. regained			s are to be reminded th		
		fied intellectual delayed		cceptable to leave blan		
		to integrate and co-ordinate	enema	entries on the PRN red	cord.	
		6 by failing to ensure a fleet	Health	n Services Instruction	#84-Enemas	
		stered per the physician order did not have a bowel		be revised to reflect u	-	
		vs. Individual #6 did not have		s #6. The nurse will a		
		for 4 days. He was not		the results of any cor		
		eduled fleet enema (for		nent in the ID Notes ar		
		ysician orders. The QIDP		ecord. SWVTC Instructi		
		physician ordered laboratory		al Care Guidelines, wil		
		ined. The QIDP also failed to		ed to clarify requirement oring, notification, tr		
		ented record was accurate for		ocumentation of BMs. A		
	a current treatment	for Individual #6.		SPs will be retrained i		
	Individual #6 was ac	dmitted to the facility on		detecting, and respond		
		oses of profound mental		ns and the rationale a		
		sophageal reflux disease,	_	ompt treatment as pres		-26-17
		, Vitamin D deficiency,		RM will develop and im		
	disruptive behavior,	and allergic conjunctivitis.	an aud	it system to assure th	e protocol	
				ed in $A1-A3$ is followe		
	. ,	rd was reviewed and		process will consist o		
		physician order signed er a phosphate enema (fleet		ng individuals, checki		
		powel movement) x 3 days		for actual BM frequen	•	
	(order date 07/11/11			of ID notes and PRN m		
	1	,		s to verify the docume		
	The January 2017, F	ebruary 2017, and March		ifications, treatments	•	E 06 17
	2017 bowel moveme	ent chart was reviewed. The	result	sl - Failed to obtain		5-26-17
	January 2017 bowel			sults in COR for urina		
		ual #6 did not have a bowel		10/17/16)	TARIR	
		nift on 1/2/17 through 1/5/17		s order for client #6	was roforr	ad
		on 1/6/17, 1/8/17 through rst shift on 1/12/17, 1/20/17		Physician on $4/14/201$		-u
	THE AND OF THE R	TOCOTHE OF THE LITE HEALTH		, /		

through 1/23/17 and on the first shift on 1/24/17,

3/9/17. For the days Individual #6 had no bowel movement, a "0" was documented for every shift

and 3/5/17 through 3/8/17 and on the first shift on

longer indicated.

order was discontinued as it was no

individuals will be reviewed by the

2) By 5-26-17 Medical Summaries for all



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DEPAR	INIENT OF HEALTH	AND HUMAN SERVICES			FORM APPROVE
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-039
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED
		49G006	B. WING		04/13/2017
NAME OF I	PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	
SOUTHV	VESTERN VIRGINIA T	RAINING		160 TRAINING CENTER ROAD/HARRIS HILLSVILLE, VA 24343	ON CIRCLE
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
W 159	bowel record, Indivimovement for 4 day to administer a fleet A review of the Januareded) medication "Phosphate enema as directed if neede All boxes on the Jarform were blank in the There was no docur primedication recordinated a fleet enember of the Individual Supp 9/12/2016 -9/30/201 noted under Health included fleet enember of the surveyor interviment of the surveyor interviment of the surveyor interviment of the surveyor interviment of the note of the surveyor interviment of the surveyor intervimen	movement. According to the dual #6 did not have a bowel vs. The physician order read enema if no BM for 3 days. Jury 2017 prn (whenever sheet had an entry that read (fleet enema) 07/11/11 Use d for no BM x 3 days 8a.m." nuary 2017 prn medication he entry about the enemas. mentation on the March 2017 rd that Individual #6 had ma on 3/8/17. ort Program (ISP) for 7 was reviewed. The ISP and Safety that the plan a so directed if needed for no ery three days. ewed the Service Coordinator 0 a.m. The Service he direct service providers rese when an individual had as for three days. The nurses findings in the est as well as in the nurses' of the data base for 1/5/17, I 3/8/17 had no Individual #6 had received the eet enemas.	ording sing special sp	mary RN to ensure all one- ers have been obtained and more than 2-3 weeks have pay ce the order was written and cimen has not been obtained se will contact the MD/DNP ommendations. The nurse will note laborate ers. For laboratory specific t will be collected by dire port staff, the nurse will lab requisition, keep it ice until the speciment is place the order as well as inders to staff on the Medi inistration Record (MAR). se will place a note to the ion book on the unit, leave ded specimen collection con the unit, and verbally rem t a specimen is needed. On cimen is obtained, it will cessed as outlined in Healt truction #101. If the spec been obtained one week aft er was written and noted, to l remind staff again and er ded specimen containers are t. Nurse will continue to ff weekly for 2-3 weeks in a in the specimen. All rem l be documented in the MAR.	completed. assed and the d, the for 5-26-17 tory mens ect complete in the nursing obtained, s any needed ication The communi- e any ntainers ind staff ace the be ch Services cimen has ter the the nurse aster the the nurse aster the che nurse a
		n Individual #6 needs. The		of this time period, if the not been obtained, the num	

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responsibility for this."

service coordinator stated "I take full

(b) The surveyor reviewed the client oriented

Event ID: 4DCM11

Facility ID: VAICFMR20

notify the MD/DNP of the outstanding

the need for the specimen and write

order and MD/DNP notified will re-evaluate

If continuation sheet Page 6 of 17



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

PRINTED: 04/2//2017 FORM APPROVED OMB NO. 0938-0391

CENTE	NO FOR MEDICARE	. A MEDICAID SELVICES		Olv	ID 140. 0330-033	/ 1
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	ILTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED	
		49G006	B. WING	3	04/13/2017	
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	in 2006 die der Gebruik von Australieren von der Heilen der Australieren VII die beschieb die der Australieren der Australier	
SOUTHV	VESTERN VIRGINIA T	RAINING		160 TRAINING CENTER ROAD/HARRISON CIF HILLSVILLE, VA 24343	RCLE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	(EACH CORRECTIVE ACTION SHOULD B		1
W 159	revealed a signed p 10/17/16. The sign an order to obtain a UA (urinalysis) and metabolic panel) as note dated 10/17/16 physical examinatio medical problems in hemoptysis, fever, v	17 and 4/13/17. The COR ohysician order dated ed physician orders included a CBC (complete blood count), a CMP (comprehensive well as an interdisciplinary 6 that read "APE (annual on) computed. No new dentified. No cough, wt (weight) loss, pm (evening)	ord tio est 4) ver as app Ori not	159 (cont.) Hers regarding the specimen collon. These procedures will be sablished and implemented by The QIDP will schedule audits the tify that labs have been complet ordered and the results are propriately filed in the Client ented Record (COR). If labs are in place when audited, the QID of the total verify that the MD/DNP has	5-26-1 co ed	7
	Needs screening C Needs Prevnar 13 p control) recs (recom The surveyor review the COR and found 10/25/16. The surv	B (tuberculosis) exposures. BC, UA, CMP, hemoccult. Der CDC (center for disease inmendations)." Wed the laboratory section of results of the CBC and CMP eyor was unable to locate the visis ordered 10/17/16.	bee the wri DNP are 5)	n notified and has re-evaluated need for the lab, and that tten recommendations by the MD/ regarding the specimen collect in the COR. The Chief Nursing Executive (CN l in-service the nursing staff the Program Managers will in-	ion 5-26-17	
	professional #1 on 4 inability to locate the active treatment spe	ned the active treatment 4/13/17 at 7:18 a.m. of the e results of the urinalysis. The ecialist #1 stated when ened at 8:00 a.m., the thinned cked.	ling Paracci on 1) che	vice the QIDPs on the steps out ed in steps 2-4 above. t B.2 - Failed to ensure COR urate for treatment (blank boxe PRN Form for enemas). The BM Chart for client #6 will ecked daily by DSPs to ensure BM	5-26-17 s . be	
	were no results for a The surveyor then in #1 on 4/13/17 at 8:2 the staff had a difficient on Individual #6 becomes The surveyor asked informed that the unobtained. R.N. #1 s be informed today the October 2016 had not a surveyor asked informed today the october 2016 had not a surveyor asked informed that the unit obtained.	It specialist #1 stated there a urinalysis in October 2016. Interviewed registered nurse 0 a.m. R.N. #1 stated that ult time obtaining a urinalysis ause of the contractures. If the physician had been inalysis had not been tated that the physician would nat the urinalysis ordered in ot been obtained. R.N. #1 is still current; however, the	rec DSP an The pro day doc and be the	atus is recorded. If "no BM" is corded for two consecutive days, will notify the nurse and enter ID note documenting notification and enter will ensure a fleet enemed of the third of no BM, and this action will cumented on the PRN medication relation to the ID notes. The results documented on the BM Chart and ID notes. If no BM results the ID notes. If no BM results the ID notes, instruct	the er on. a is rd be record will in se	



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		AND HUMAN SERVICES & MEDICAID SERVICES			FORM APPROVI
STATEMENT OF DEFICIENCIES (X1) P		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION	OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED
		49G006	B. WING		04/13/2017
NAME OF	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CO	
SOUTHV	VESTERN VIRGINIA T	RAINING		160 TRAINING CENTER ROAD/HARR HILLSVILLE, VA 24343	ISON CIRCLE
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORF X (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE COMPLETIC
W 159	through 4/18/17 had urinalysis. (c) The client orients a physician order day to right clavicle to phand. The order of order was not corresponded to right clavicle to phand. The order of order was not corresponded to right clavicle to phand. The clinical record of 4/12/17. The clinical record of 4/12/17 and 4/13/17 from 3/21/17 through that read "10/28/13" protect from pressure the surveyor interviews and the medication checked Individual # unable to find the paractivity instructor was either and state physical therapist. The surveyor met the Individual #6's outing 1:55 p.m. The activity Individual #6's ISP (If the period 9/12/2016 of a Tee shirt to be well as the physical therapist.	ders in the COR dated 3/21/17 d no current orders for a ded record for Individual #6 had ated 10/28/13 for a t-shirt pad rotect from pressure from the wording of the physician order from 10/28/13 through of Individual #6 was reviewed. The signed physician order h 4/18/17 contained an order T-Shirt pad to right clavicle to be from hand." The wed medication technician a provider #1 on 4/12/17 at "T shift pad" for Individual #6. The pad and were sid. The signed physician order the provider #1 and DSP #	pro and obt 2) will BM is (or "ev not nur tre of spe BM, on the tre of the tion on If contre unt men 3) I for ordo and in 1	59 (continued) vided, and treatments adm documented, until result ained and documented. The BM Chart for each ind l be checked daily by DSP status is recorded. If " recorded for two consecut for one day if order spe ery other day") the DSP w ify the nurse and enter a e documenting notificatio se will ensure constipati atment is provided before the third day (or second cifies "every other day") and this action will be the PRN medication record ID notes, if no constipa atment is ordered before the third day, the nurse MD/DNP for treatment rec ns. The results will be the BM Chart and in the II no BM results the MD/DNP tacted, instructions prov atments administered and il results are obtained at ted. Whenever nurse is notified an enema based on physic ers she/he will administer ensure results are both v ID notes and on the PRN reses are to be reminded the	s are 5-26-1 lividual s to ensure no BM" ive days cifies fill n ID n. The on the end day if order of no documented and in tion the end will contact ommenda- documented D notes. will be ided, and documented, nd docu- 5-26-17 d of need ian's r enema written ecord.
		nd pressure. The activity wording on the physician		acceptable to leave blan	

order was out of sequence. The activity instructor

provided the surveyor with a corrected physician

enema entries on the PRN record.

Health Services Instruction #84-Enemas

PRINTED: 04/27/2017

		AND HUMAN SERVICES				APPROVE
		& MEDICAID SERVICES	-		OMB NO.	
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LTIPLE CONSTRUCTION DING		SURVEY PLETED
		49G006	B. WING		04/1	13/2017
NAME OF	PROVIDER OR SUPPLIER	Control of the Contro		STREET ADDRESS, CITY, STATE, ZIP		
SOUTH	WESTERN VIRGINIA T	DAINING		160 TRAINING CENTER ROAD/HAI	RRISON CIRCLE	
300111	WESTERN VIRGINIA I	RAINING		HILLSVILLE, VA 24343		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE	(X5) COMPLETION DATE
	order M16. T-shirt prime 2° (secondary) Clarification-Wedge extremity (UE) to ? right clavicle /AC (and The activity instructor have been updated. In an interview with a 4/12/17 at 8:50 a.m. responsible for all as 483.440(d)(1) PROCEAS soon as the interformulated a client's each client must reconstructed treatment program of interventions and se and frequency to support the secondary of the se	that read to discontinue (D/C) pad to right clavicle @ (at) this no reported incidents. to bend of right upper (decrease) tone pattern and intecubital) against pressure." or stated the order should service coordinator #1on , SC #1 stated she was spects of Individual #6's care. GRAM IMPLEMENTATION disciplinary team has individual program plan, eive a continuous active	will poi any bot SWV to not tic be and rat as 4) aud out aud sam cha aud rec not	159 (cont.) 11 be revised to reflect ints #6 to always chart of these procedures (extraction 414 will clarify requirements for iffication, treatment, as retrained in documenting tresponding to BM patterionale and need for properties of the system to assure the clined in 1-3 is followed in process will consist applies individuals, checked the state of ID notes and PRN cords to verify documents, and correct in the clined	results of nemas) in he PRN record be revised r monitoring, nd documenta- nd DSPs will g, detecting, rns and the mpt treatment plement an protocol d. The of randomly king BM ency, and medication ation of and results.	5-26-17
	Based on observation record review, the farm an active treatment pundividuals in the sur The findings include: 1. The QIDP failed to	vey sample (Individual #11). develop an active treatment al (Ind) #11 for the use of a	1) 10/ cla han due 2) rev rec and a) nee	shirt pad Physician to discontinuo 28/13 for t-shirt pad to vicle of client #6 to produce to lack of reported incompleted individual ceiving treatment for med identify and notify numbered in the ceiving treatment that eded, and b) receiving treatment that needed but not currently	o right rotect from nger needed cidents. IDT to nals dical problem rse of client t is no longe	ns s:

treatment or plan implementation sheets. On receiving notification the nurse will



DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS FOR MEDICARE & MEDICAID SERVICES ON					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		(X3) DATE SURVEY COMPLETED	
	49G006	B. WING		04/13/2017	
NAME OF PROVIDER OR SUPPLIE	?		STREET ADDRESS, CITY, STATE, ZIP CODE		
SOUTHWESTERN VIRGINIA	TRAINING		160 TRAINING CENTER ROAD/HARRISON HILLSVILLE, VA 24343	I CIRCLE	
1 1/C1 1/4 / / / / / / / / / / / / / / / / /				LD BE COMPLETION	
W 249 Continued From p	age 9		9 (cont.)	rom	

Ind #11 was admitted to facility on 9/30/86 with diagnoses of spastic cerebral palsy, profound intellectual disability, epilepsy, autism, bipolar disease, and obsessive -compulsive disorder.

Ind #11 was observed on 4/11/17 at 4:40 p.m. sitting in the dayroom of the cottage where he resides. Ind #11 was sitting in a geri chair with a locked table top attached to the geri chair. The direct care staff stated the table top was there because the Individual falls and the Ind. was to be kept in line of sight by staff. Ind #11 was walked to dining room for dinner by 2 staff and also walked to the bathroom by 2 staff with use of a gait belt. While in the geri chair, the staff sat near the Ind. and supplied him with "toys" consisting of balls, plastic toys and an Ipad so he could punch the buttons and listen to music.

Ind #11 was observed on 4/12/17 at 7:15 a.m. sitting in the geri chair listening to music on his lpad with staff near. The Ind asked to sit in his wheel chair and was ambulated by 1 staff member to sit in the wheel chair. The active treatment service staff member stated the table top was to be used for activities because the Ind. kept his Ipad in his lap and it would slide to the floor and he would lean over to pick it up and fall resulting in injury. The active treatment service staff member stated he was not to stay in the chair all the time and was to ambulate with assistance. The active treatment service staff member stated the Ind had been very sick in December and became weak and sitting in the geri chair helped him to not fall. The Ind was also seen by physical therapy weekly for strengthening.

The QIDP was ill and unavailable for interview at

list and establish treatment and implementation sheets for items needed. 5-26-17 3) RN to review medical summaries every 30 days to determine if current treatment for medical problems continues to be needed, and request discontinuation or relist as indicated. MD/DNP to re-evaluate new orders within 2-6 weeks after entry, and document discontinuation or extension in progress 5-26-17

4) The QIDP will check CORs to verify new orders have corresponding treatment and implementation sheets filed and consistently used to document treatment administration. The OIDP will note in the next quarterly QIDP summary the date the new order was entered and treatment and implementation sheets were checked, in place, and consistenly document treatment administation as required by the MD/DNP. The Senior QIDP will review quarterly QIDP summaries to verify checks for new orders were completed and documented. 5-26-17

W249 Program Implementation 1. QIDP to coordinate with IDT to develop an active treatment program for client #11 that specifies the rationale, location, schedule, and methods for use of geri chair laptop table for activities. Physical Therapist to evaluate client #11 for ways to reduce and eliminate reliance on the lap top table, obtain shoes, and develop

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		E & MEDICAID SERVICES		FORM APPROVED
		1	T	OMB NO. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
		49G006	B. WING	04/13/2017
NAME OF	PROVIDER OR SUPPLIER		STREET ADDRESS, CI	
SOUTHV	WESTERN VIRGINIA T	RAINING		ER ROAD/HARRISON CIRCLE
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX (EACH CORE	R'S PLAN OF CORRECTION (X5) RECTIVE ACTION SHOULD BE COMPLETION RENCED TO THE APPROPRIATE DATE DEFICIENCY)
W 249	reviewed. There was the use of the geri treatment coordinat support plan and acceptance of the developed. The activated he knew the discharge plan meet the plan. The physician was in p.m. and stated he was the plan.	ge 10 port Plan for Ind #11 was as no active treatment plan for chair table top. The active or came in and reviewed the greed there was no plan we treatment coordinator table top was discussed in tings, but failed to include it in interviewed on 4/12/17 at 2:00 was aware of the table top der was obtained on 12/27	in the IPP. The oresponsibility and persons are trained active treatment of training will be oring log, which will the Staff Develope The QIDP will obsequence tion of table top bulation plans, in	O Team and documented QIDP will assign d ensure all responsible ed to implement the program for client #11. documented on the train- ll be forwarded to ment Department.
W 325	/16 for "Lap tray to geri chair for table top activities". The physician stated he expected and discussed with staff that the Ind. was to be ambulated often to regain his strength and was not to be just kept in the chair all the time. He stated this was temporary and planned to discontinue the use of the geri chair and table top as the Ind. regained his strength. 483.460(a)(3)(iii) PHYSICIAN SERVICES		plan rationale, and plan delivery. 2) The MD/DNP will for acute changes requiring protects specialized equipments and ensure the QII	ond verify consistent 5-26-17 I review all individuals in medical condition ive measures such as ment, identify those e treatment program,
VV 325	examinations of each includes routine screen	vide or obtain annual physical h client that at a minimum eening laboratory ermined necessary by the	step l above. 3) QIDPs will coor to develop an acti for all individual changes in medical protective measure	dinate with the IDT ve treatment program s experiencing acute condition requiring as as identified by
	Based on record re- facility staff failed to	not met as evidenced by: view and staff interview, the obtain a laboratory test as cian for 1 of 11 Individuals in ndividual #6.	methods for implem QIDP will ensure of person is trained 4) The QIDP will o	etion, schedule, and mentation, and the



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		AND HUMAN SERVICES				MAPPROVE D. 0938-039
STATEMENT	TOF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION	(X3) DA	ATE SURVEY OMPLETED
		IDENTIFICATION TO MODELLA	A. BUILD	ING		
		49G006	B. WING		04	4/13/2017
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	initi jinit himi	
COLITAN	VESTERN VIRGINIA T	DAINING		160 TRAINING CENTER ROAD/HARRIS	ON CIRCLE	
SOUTHV	VESTERN VIRGINIA I	RAINING	1	HILLSVILLE, VA 24343		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRE X (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 325	Continued From pa		W24	9 (cont.)		
	The findings include	ed:				
	5/3/1976 with diagn retardation, gastroe Parkinson's disease disruptive behavior, The surveyor review (COR) 4/12/17 and signed physician or obtain a CBC (comp (urinalysis) and a Cipanel) as well as an 10/17/16 that read "examination) computers identified. fever, wt (weight) loss	dmitted to the facility on oses of profound mental sophageal reflux disease, e., Vitamin D deficiency, and allergic conjunctivitis. Wed the client oriented record 4/13/17. The COR revealed a der dated 10/17/16. The ders included an order to blete blood count), UA MP (comprehensive metabolic interdisciplinary note dated APE (annual physical uted. No new medical No cough, hemoptysis, ss, pm (evening) sweats, or	int corrat del in The QID are the com Dev has	erview caregivers to ensure rect understanding of the cionale, verify consistent privery, and document observed the next quarterly QIDP resonance of the completed and documented, and completed and documented, and confirm with the relopment Department that the been received and documented. This order for client #6	plan lan ations view. uarterly rvations check an e Staff raining ted.	5-26-17
	screening CBC, UA	osis) exposures. Needs , CMP, hemoccult. Needs C (center for disease control) ions)."	and was 2.	the order was discontinue no longer indicated. Medical Summaries for all	d as it	5-26-17
	the COR and found 10/25/16. The surve	red the laboratory section of results of the CBC and CMP eyor was unable to locate the rsis ordered 10/17/16.	pri lab com	uals will be reviewed by to mary RN to ensure all one- orders have been obtained upleted. If more than 2-3 repassed since the order w	time and weeks	en
	professional #1 on 4 inability to locate the active treatment spe	ed the active treatment 1/13/17 at 7:18 a.m. of the results of the urinalysis. The ecialist #1 stated when ened at 8:00 a.m., the thinned cked.	the rec 3. ord wil	the specimen has not been nurse will contact the MD ommendations. The nurse will note labora ers. For laboratory special be collected by direct soff, the nurse will complete	/DNP for tory mens tha upport	5-26-17

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The active treatment specialist #1 stated there were no results for a urinalysis in October 2016.

The surveyor then interviewed registered nurse

Event ID: 4DCM11

Facility ID: VAICFMR20

lab requisition, keep it in the nursing

and place the order and needed reminders

office until the specimen is obtained,

If continuation sheet Page 12 of 17



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DEPAR ⁻	TMENT OF HEALTH	I AND HUMAN SERVICES			FORM APPROVE			
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-039			
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		49G006	B. WING		04/13/2017			
NAME OF I	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CO	ODE			
COUTIN	VECTEDAL VIDOINIA T	CDAINING		160 TRAINING CENTER ROAD/HARF	RISON CIRCLE			
SOUTHV	VESTERN VIRGINIA T	KAINING		HILLSVILLE, VA 24343				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF COR X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETION			
W 325	Continued From pa	nge 12	W 3	25 (cont.)				
VV 02.0		20 a.m. R.N. #1 stated that		staff on the Medication A	dministration			
		cult time obtaining a urinalysis	Record (MAR). The nurse will place					
	on Individual #6 because of the contractures.			a note in the communication book on				
	The surveyor asked if the physician had been			the unit, leave any needed specimen				
	informed that the urinalysis had not been			collection containers on the unit, and				
	obtained. R.N. #1 stated that the physician would			verbally remind staff that a specimen				
	be informed today that the urinalysis ordered in			is needed. Once the specimen is obtained,				
	October 2016 had not been obtained. R.N. #1 stated the order was still current; however, the			it will be processed as outlined in				
	signed physician orders in the COR dated 3/21/17		Health Services Instruction #101. If					
	through 4/18/17 had no current orders for a			the specimen has not been obtained one				
	urinalysis.		week after the order was written and noted, the nurse will remind staff					
W 339	483.460(c)(4) NURSING SERVICES			in and ensure the needed				
			_	ainers are on the unit.	-			
	Nursing services must include other nursing care as prescribed by the physician or as identified by client needs.			will continue to remind staff weekly				
				for 2-3 weeks in order to obtain the				
	chefit fleeds.		specimen. At the end of this time					
			peri	lod, if the specimen has	not been			
	This STANDARD is	s not met as evidenced by:		nined, the nurse will not	•			
	Based on observation, staff interview and clinical record review it was determined that the facility			MD/DNP notified will re-evaluate the				
	staff failed to provide care and services as prescribed by the physician or as identified by		need for the specimen and write orders					
		f 11 Individuals in the sample	_	arding the specimen collections of the collection of the collectio				
		7 and Individual #6.		The QIDP will schedule thereify that labs have been				
	ourvey, marriada n			ordered and the results a	-			
	1. For Resident #	7 the facility staff failed to		copriately filed in the C				
	ensure that a physic	cian's order to crush		ented Records (COR). If	•			
		ontained in the clinical record.	QIDP will verify that the MD/DNP has					
		6 the facility staff failed to	been notified and re-evluated the need					
	follow a physician o	rdered bowel protocol.		the lab, and that written				
	min a min attache to stood	(d.	dati	ons by the MD/DNP regard:	ing the			

The Findings included:

1. Individual #7 was a 62 year old female who

was admitted on 2/26/1980. Admitting diagnoses

included, but were not limited to: profound mental

specimen collection are in the COR.

staff and the program managers will

in-service the QIDPs on the steps

outlined in steps 3 and 4 above.

5. The CNE will in-service the nursing

5-26-17

5-26-17

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					NO. 0938-039
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		LE CONSTRUCTION	(X3)	DATE SURVEY COMPLETED
		49G006	B. WING	·			04/13/2017
NAME OF	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
COLITUV	VECTEDNI VIDOINIA T	DAINING		1	60 TRAINING CENTER ROAD/HARRISO	N CIRCL	-E
SOUTHV	VESTERN VIRGINIA T	RAINING		ŀ	HILLSVILLE, VA 24343		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 339	Continued From pa	_	W	339	Nursing Services		
	retardation, Schizophrenia, oral phase dysphagia, seizures and Barrett's esophagus. On April 12, 2017 at 7:35 a.m. the surveyor observed Individual #7 sitting in a merry walker in the hallway just outside of the dining area. The surveyor heard the facility staff tell Individual #7 it was time to go get her medications. The		1. Obtain order to crush oral medications for client #7 on 4-1-17. Two of her oral medications (one seizure medication and Prilosec) cannot be crushed for administration. These medications are in capsule form. The capsules are taken apart				
	to a doorway located where the medication	ndividual #7 stand and walk d in the dining room area, on nurse was waiting. The ld Individual #7 that it was	and cru 2.	l tl ishe The	he granules given food bu ed. e CNE discused the need t	t not o have	
	nurse stated that Inccrushed. The survey	dicines. The medication dividual #7's medications were vor observed the medication emedications crushed and in	wit be	h tobt	P orders to crush oral me the staff nurses. Orders tained on all residents w re the crushing of oral m	are t ho	CO
	applesauce.				for administration. ytime a resident requires	the	5-5-17
	reviewed Individual a	8:15 a.m. the surveyor #7's clinical record. Review of oduced the Individual The ISP identified the	adm obt	nini air	ing of oral medications for istration, an order will interest med from MD/DNP. Nurses we have a second or make the control of	oe will	
	following areas "M Administration of Re place the crushed m		cru 4. nur	shi The	dated on information relaing. QIDP will coordinate wis and check CORs and genest of individuals receiving	th rate	5-19-17
	signed physician ord 4/11/17. Signed Phys included, but were no mg tablet 6971248 L	the clinical record produced er sheets signed and dated sician Order Sheets (POS's) of limited to: "Furosemide 20 asix 20 mg tablet take 1 , Carbamazepine ER200mg	cru for ora is to ist	ishe ir il m a c cru	ed oral medications. The addividuals receiving crush medications will ensure the current MD/DNP order ash oral medications for a cion and all related documents.	QIDP ned nere admin- nents	
	Cap (capsule) 69724 capsule s take 1 cap	35 Carbatrol 200 mg sule by mouth two times a mg 6971743 Prilosec 20mg	(MA	Rs,	e COR consistently convey , self-administration of ation plans, service plans		

capsule take 1 capsule by mouth two times a day, Fiber-Lax Captabs 6971742 Fibercon 625mg tablet take 1 tablet by mouth four times a day. "

discharge plans). This will be noted

in the QIDP quarterly review and verified by the Senior QIDP during

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DEPAR'	TMENT OF HEALTH	AND HUMAN SERVICES		P	RINTED: 04/27/20		
		& MEDICAID SERVICES		C	FORMAPPROV MB NO. 0938-03		
	T OF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A BUILE	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		49G006	B WING		04/13/2017		
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
SOUTHV	VESTERN VIRGINIA T	RAINING .		160 TRAINING CENTER ROAD/HARRISON (HILLSVILLE, VA 24343	CIRCLE		
(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 X (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION		
W 339	Continued From page 14 (sic) The surveyor noted that the signed physician		W3 rev	339 (cont.) iew of quarterly QIDP summario	es. 5-26-1		
	orders did not include a physician's order to crush Individual #7's medications.			W339 (cont.) No documentation of enema for client #6 on PRN medication record			
	notified the Qualified Intellectual Disability Professional (QIDP) that the surveyor had observed Individual #7 receive her medications crushed and in applesauce. The surveyor notified the QIDP that review of the clinical record produced the ISP that documented that Individual #7 was to receive her medications crushed. The surveyor notified the QIDP that a physician's order to crush Individual #7's medications could not be located in the POS's signed and dated 4/11/17. The surveyor reviewed the clinical record with the QIDP. The QIDP could not locate a physician's order to crush Individual #7's medications.		1) The Bowel Movement (BM) Chart for client #6 will be checked daily by DSPs to ensure BM status is recorded. If "no BM" is recorded for two consecutive days, the DSP will notify the nurse and enter an ID note documenting notification. The nurse will ensure a fleet enema is provided before the end of the third day of no BM, and this action will be documented on the PRN medication record and in the ID notes. The results will be documented on the BM Chart and in the ID notes. If no BM results the MD/DNP will be contacted,				
	On April 12, 2017 at 10:20 a.m. the surveyor notified the QIDP and the Director of Nursing Services (DNS) that Individual #7 had a diagnoses of oral phase dysphagia and was observed received her medications crushed and in applesauce. The surveyor notified the QIDP and DNS that a physician's order to crush Individual #7's medications could not be located in the clinical record. No additional information was provided prior to exiting the facility as to why the facility staff and physician failed to ensure that a physician order to crush Individual #7's medications was contained in the clinical record.			instructions provided, and treatments administered and documented, until results are obtained and documented. 5-26-2) The BM Chart for each individual will be checked daily by Direct Support Professionals (DSP) to ensure BM status is recorded. If "no BM" is recorded for two consecutive days (or for one day if order specifies			
				ery other day") DSP staff l notify the nurse and enter a note in the COR documenting ification. The nurse will ens stipation treatment is provide	ure		

FORM CMS-2567(02-99) Previous Versions Obsolete

orders.

2. Individual #6 did not have a bowel movement

fleet enema (for constipation) per physician

for 4 days. He was not administered a scheduled

Event ID: 4DCM11

Facility ID: VAICFMR20

before the end of the third day of no

BM (or second day if order specifies

be documented on the PRN medication

"every other day"). This action will

If continuation sheet Page 15 of 17



DEPARTMENT OF HEALTH AND HUMAN SERVICES.

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L/LLI/III	TWENT OF THE TETT	THE HOW IN CERVICES			FORM APPROVE		
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES		(DMB NO. 0938-039		
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		49G006	B. WING		04/13/2017		
NAME OF	PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE			
000000		DAINING		160 TRAINING CENTER ROAD/HARRISON	CIRCLE		
SOUTHV	VESTERN VIRGINIA T	RAINING		HILLSVILLE, VA 24343			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLÉTION		
W 339	Continued From pa		reco	39 (cont.) rd and in the ID notes. The			
	Individual #6 was admitted to the facility on 5/3/1976 with diagnoses of profound mental retardation, gastroesophageal reflux disease, Parkinson's disease, Vitamin D deficiency, disruptive behavior, and allergic conjunctivitis. The clinical record was reviewed and contained a current physician order signed 3/21/17 to administer a phosphate enema (fleet enema) for no BM (bowel movement) x 3 days (order date 07/11/11). The January 2017, February 2017, and March 2017 bowel movement chart was reviewed. The January 2017 bowel movement chart documented Individual #6 did not have a bowel movement on any shift on 1/2/17 through 1/5/17 and on the 1st shift on 1/6/17, 1/8/17 through 1/11/17 and on the first shift on 1/12/17, 1/20/17 through 1/23/17 and on the first shift on 1/24/17, and 3/5/17 through 3/8/17 and on the first shift on 3/9/17. For the days Individual #6 had no bowel movement, a "0" was documented for every shift indicating no bowel movement. According to the bowel record, Individual #6 did not have a bowel movement for 4 days. The physician order read to administer a fleet enema if no BM for 3 days. A review of the January 2017 prn (whenever needed) medication sheet had an entry that read "Phosphate enema (fleet enema) 07/11/11 Use as directed if needed for no BM x 3 days 8a.m." All boxes on the January 2017 prn medication form were blank in the entry about the enemas. There was no documentation on the March 2017 prn medication record that Individual #6 had received a fleet enema on 3/8/17.		3) Steps 1 and 2 above will be instituted and follwed daily for each individual to ensure BMs are documented and failure to have a BM				
			every The reference on the wind reference of the construction of t	ddressed in a timely manner of occurrence of constipation record of every individual watipation identified as a proper problem List will be revisif none exist, MD/DNP orders witten to document the maximum of time allowed without a refore treatment. This will led on the BM Chart for the interconvenient and expedient gence. All nursing and DSP	. ith blem ewed will um be docu- ndivid-		
,			detect patter for patt	be retrained in documenting eting, and responding to BM erns and the rationale and normpt treatment as prescribed/RM to develop and implement dit system to assure the product in 1-3 is followed. It process will consist of rating individuals with constitution as a problem, checking ence of MD/DNP orders specifications.	eed ed. 5-26-17 t otocol The ndomly pation g for		

FORM CMS-2567(02-99) Previous Versions Obsolete

The Individual Support Program (ISP) for

Event ID: 4DCM11

Facility ID: VAICFMR20

minimum BM frequency, cross checks of

BM Charts for actual BM frequency,

If continuation sheet Page 16 of 17

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WAY 08 2017

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

PRINTED: 04/27/2017 FORM APPROVED OMB NO. 0938-0391

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OMB N	O. 0938-039
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	ILTIPLE CONSTRUCTION DING		ATE SURVEY DMPLETED
		49G006	B. WINC	<u> </u>	0.	4/13/2017
	PROVIDER OR SUPPLIER VESTERN VIRGINIA T	RAINING		STREET ADDRESS, CITY, STATE, ZIF 160 TRAINING CENTER ROAD/H/ HILLSVILLE, VA 24343	P CODE	711012011
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
W 339	noted under Health included fleet enem bowel movement ev	17 was reviewed. The ISP and Safety that the plan a as directed if needed for no very three days.	and med doc	339 (cont.) audits of ID notes and ication records to veri umentation of notificat atments, and results.	fy the	5-26-17
	#1 on 4/12/17 at 8:5 coordinator stated the were to notify the number of their document their interdisciplinary noted data base. A review 1/11/17, 1/23/17 and	ne direct service providers urses when an individual had ts for three days. The nurses findings in the es as well as in the nurses' of the data base for 1/5/17, if 3/8/17 had no Individual #6 had received the				
	had different staff the				·	