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

STATEMENT DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G006	A Building _____ B Wing _____	C 11/30/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE ZIP CODE
SOUTHWESTERN VIRGINIA TRAINING	160 TRAINING CENTER ROAD/HARRISON CIRCLE HILLSVILLE, VA 24343

(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	W000		

An unannounced Medicaid abbreviated survey was conducted on 11/28/16 through11/29/16 The facility was not in compliance with the following Federal ICF/ID regulations. The Life Safety Code will follow.

The census in this 223 certified bed facility was 80 Individuals at the time of survey. The survey sample consisted of 1 current Individual reviews (Individuals #1) and 1 closed record review (Individual #2)

W 159 483.430(a) QIDP

Each client's active treatment program must be integrated. coordinated and monitored by a qualified intellectual disability professional This Standard is not met as evidenced by:
Based on staff interview, Individual record review and in the course of a complaint investigation the QIDP (qualified intellectual disabilities professional) failed to ensure a medical protective device was used in accordance with manufacturer's specifications for 1 of 2 Individuals. Individual #2.
The findings included:
Individual #2 was admitted to the facility on 09/12/89. Diagnoses included profound Intellectual disabilities, osteoporosis, dysphagia, and gastroesophageal reflux disease.
Individual #2's COR (client oriented record) was reviewed on 11/28/16. It contained a signed physician's order summary which read in part "increase HOB (head of bed) with wedge pillow to 30 degree" and "medical protective devices as outlined on BCL (basic care list)". The COR contained BCL which read in part "Use full side rails with padding to prevent falls due to osteoporosis and degenerative disc disease. Monitor ...(name omitted) q (every) 15 minutes

W 159

1. The bed rails will be removed from the bed of the individual affected by the deficient practice, placed in storage, and sent to surplus by 1/13/2017.

2. **A)** The Physical Therapist (PT) and Adaptive Equipment Specialist will evaluate all hospital beds to identify beds with this particular rail system and replace them with four rail systems appropriate for hospital beds by 1/13/2017.

B) The Physical Therapist will evaluate mattresses and padding on all hospital beds by 1/13/2017.

C) Medline mattresses with a firm foam border will be obtained and installed to replace regular mattresses on hospital beds used with individuals who are small in stature or tend to move around in bed by 1/13/2017.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Donna C. Mullaney	Facility Director	1/3/2017

Any deficiency statement ending with an asterisk (*) denotes a def1c1ency wh1ch the institution may be excused from correcting providmg 1t is determined that other safeguards prov1de sufficient protection to the pat1ents. (See instructions) Except for nurs1ng homes. the findmgs stated above are d1sclosable 90 days following the date of survey whether or not a plan of correction is prov1ded For nursing homes. the above findings and plans of correction are d1sclosable 14 days following the date these documents are made available to the facility If def1c1enc1es are c1ted. an approved plan of correction is requisite to continued participation.

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W 159	Continued From page 1 while device is in place for skin integrity, respiratory compromise physiological and psychological needs" . The COR contained a "Physical Management Plan/Fall Precaution Plan" which read in part "full bed rails with padding, bed wedge..." and "...(name omitted) uses a hospital bed/full bed rails with padding, a mat beside her bed and gel-foam mattress overlay is added to her bedding". Surveyor spoke with the risk manager on 11/28/16 regarding the incident involving Individual #2. Risk manager stated that the use of improper bed rails contributed to the incident. Risk manager stated that the bed rails in use on Individual #2's bed were for use with a home bed, rather than a hospital type adjustable bed. Surveyor spoke with the Risk Manager on 11/28/16 regarding the incident involving Individual #2. Risk Manager stated that the use of improper bed rails contributed to the incident in which Individual #2 became entangled in the bed rail, asphyxiated and subsequently died. Risk manager stated that the bed rails in use on Individual #2's bed were for use with a home bed, rather than a hospital type adjustable bed. Surveyor was provided a copy of the manufacturer's instructions for the type of bed rail system in use on Individual #2's bed at the time of the incident which read in part "adjustable home style bed rail" and "fits all home style beds". Surveyor spoke with QIDP on 11/29/16 at approximately 1125. Surveyor asked QIDP about Individual #2's use of a hospital bed and the bed rail system. QIDP stated that Individual #2 had used a hospital type bed in the past but had changed to a home bed several years ago. The bed rails were added to the home bed at that time. Also a wedge was used to elevate the head	W 159	Continued from page 1 **D)** Thick wedge type rail pads that fill in space between rails and mattresses will be obtained and installed for individuals who use hospital beds, are small in stature, or tend to move around in bed by 1/13/2017. 3. **A)** Pictures will be taken and illustrate the correct placement of required adaptive equipment or devices on all beds that require them, and will be included in individuals' Physical Management Plans and Bed Check Charts to ensure staff can identify and assure the safe and proper placement of this equipment by 1/13/2017. **B)** Bed symbols will be posted on doors of individuals' rooms who have hospital beds or adaptive equipment/or devices to alert staff that there is a picture available to ensure appropriate placement by 1/13/2017. **C)** Changes to all medical protective devices will be evaluated by the Medical Director (MD), Physical Therapist (PT), or DNP prior to use by individuals; and when a work order is completed and submitted to the Work Control Center the Buildings and Grounds Supervisor will notify the PT, Medical Director, or DNP to evaluate and approve changes. Once the changes or repairs have been evaluated and approved, the Physician/DNP or PT will sign the work	

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W 159	Continued From page 2 of the bed to 30 degrees per the physician ' s order. Individual #2 was changed back to a hospital bed in August 2016 and the rail system from the home bed was added to the hospital bed. Surveyor asked the QIDP why the Individual was changed to a hospital bed and QIDP stated that the physical therapist said that she could benefit from a hospital bed and when one became available it was obtained. The risk manager provided the surveyor with a copy of a "Plan of Correction" on 11/29/16 which read as follows Plan of Correction 1. The bed rails were removed from the bed of the Individual affected by the deficient practice and the bed and rails have been placed in storage and marked to send to surplus. This was completed 11/03/2016. 2. A) The Physical Therapist and Equipment Specialist have evaluated all hospital beds Eight beds were found to have this particular rail system. All of these rails were replaced with the four rail systems made specifically for hospital beds. This was completed 10/13/2016. B) Physical Therapist evaluated mattresses and padding on hospital beds Some beds had Medline mattresses, while others had regular mattresses Medline mattresses with a firm border have been obtained for seven Individuals who were also either small in stature or move around in their beds. This was completed 11/04/2016. C) Thick wedge type rail pads that will fill in space between the mattress and rail have been ordered for the same 7 Individuals. Ordered 10/21/2016. 3. A) Pictures will be taken of all Individuals' beds that have adaptive equipment or devices and included with the Physical Management Plans and bed check charts to ensure that staff can identify	W 159	Continued from page 2 order. This new procedure will be included in revisions to SWVTC Instruction 544, Medical or Protective Restraint, approved by the Policy and Procedures Committee, communicated to all members of the Buildings & Grounds Department, and implemented by 1/13/2017. **D)** QIDPs will update Physical Management Plans (PMPs) as changes are made and annually and train all RLU staff on changes to enable immediate implementation. This process will begin by 1/13/2017. **E)** Training in these procedures will be developed and provided to all medical and programmatic staff by 01/13/2017. **4) A)** QIDPs will evaluate PMPs during quarterly review to determine accuracy with medical orders. This standard operating procedure will be introduced and start by 1/13/2017. **B)** A random sample of observations will be completed monthly by the Risk Manager for six months and quarterly thereafter to check consistency of current orders with protective device configuration in pictures and on each bed. These observations will begin by 1/13/2017. **C)** The Risk Manager (RM) will assign supervisory staff on third shift observations to ensure presence and existing configuration of protective	

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W 159	Continued From page 3 the appropriate placement of this equipment Expected completion date 12/31/2016. B) Changes to all medical protective devices will be evaluated by Medical Director, Physical Therapist, or DNP (doctor of nursing practice) prior to use by Individuals, effective 10/19/2016. When work order is completed and turned in to Work Control Center, the Buildings and Grounds Supervisor will notify PT, Medical Director or DNP to evaluate and approve changes. This process was communicated to all members of B & G department C) ....(facility name omitted) Instruction 544 Medical or Protective Restraint has been revised to include this new procedure and is awaiting approval by Policy and Procedures committee. Expected completion date: 12/13/2016. D) facility name omitted) Instruction 544 Medical or Protective Restraint has been revised to include this new procedure and is awaiting approval by Policy and Procedures committee. Expected completion date 12/13/2016 E) Physical Management Plans will be updated by Service Coordinator annually and as changes are implemented beginning 12/13/2016. All staff assigned to the RLU (residential living unit) are trained on any changes to Physical Management Plans beginning 12/13/2016 F) Bed symbols will be posted on doors of Individuals' room who have hospital beds or adaptive equipment/or devices to alert staff that there is a picture available to ensure proper placement Expected completion date 12/31/2016. G) All programmatic staff will be trained in new procedures by 01/31/2017. 4. Performance will be monitored by the Quality Team that completed the Root Cause Analysis and developed the above preventative action plans. This team is led by the Risk Manager and	W 159	Continued from page 3 equipment on beds match current orders and pictures. These observations will be reported to the Quality Team by the Risk Manager, and will begin by 1/13/2017. **D**) The Quality Consultant (QC) will select a random sample of work orders for changes in medical devices to verify signatures of the MD, PT, or DNP. These checks will be conducted quarterly and begin by 1/13/2017. **E)** The QIDP will perform competency checks to evaluate retention and implementation of these changes for all DSPs responsible for implementation of PMPs. This process will begin by 1/13/2017. **F)** The QC will conduct follow up checks monthly for six months and quarterly thereafter to ensure QIDPs document and communicate changes in PMPs These checks will be reported to the QIC, and will begin by 1/13/2017. **G)** The RM and QC will check quarterly a random sample of restraint review logs to ensure QIDPs document reviews of restraint use and condition as ordered and instructed in Policy 544. These checks will begin by 1/13/2017.	

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W 159	Continued From page 4 incudes the Facility Director, Medical Director, Physical Therapist. Nursing Executive, and a Program Manager. A random sample of observations wil be completed monthly by Risk Manager for six months and quarterly thereafter beginning January 2, 2017 to check consistency of current orders with protective device configuration in pictures and on each bed. The Risk Manager will assign supervisory staff on third shift observations to conduct checks on third shift beginning January 2, 2017 to ensure presence and exisiting configuration of protective equipment on beds match current orders and pictures. Results of these observations will be reported to the Quality Team by the Risk Manager beginning January 10, 2017. The concern of the use of improper bed rails was discussed with the facility director and risk manager on 11/29/16 at approximately 1430. No further information was provide prior to exit. This is a complaint deficiency.	W 159	Continued from page 4 **H)** Performance will be monitored by the Quality Team that completed the Root Cause Analysis and developed the above preventative action plans. This team is led by the Risk Manager and includes the Facility Director, Medical Director, Physical Therapist, Nursing Executive, and Program Manager. The Risk Manager will provide a status report to the Quality Improvement Council (QIC) during weekly meetings and summarize progress toward completing each element of the plan of correction. The reporting process will begin by 1/4/17.	