

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

PRINTED: 07/24/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2017
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NAME OF PROVIDER OR SUPPLIER ST MARY'S HOME FOR DISABLED CH	STREET ADDRESS, CITY, STATE, ZIP CODE 6171 KEMPSVILLE CIRCLE NORFOLK, VA 23502
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(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
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W 000 INITIAL COMMENTS

W 000

The unannounced annual 55 Fundamental Medicaid survey was conducted on 07/11/17 through 07/13/17. 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 100 bed facility at the time of the survey was 98. The survey sample consisted of 9 current Individual records (Individual #1 through #8 and #10) and one closed record (Individual #9).

W 149 483.420(d)(1) STAFF TREATMENT OF CLIENTS

W 149

The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.

The guardian of Individual #4 and CPS (Child Protective Services) was notified; and the incident was entered into CHRIS (Comprehensive Human Rights Information System).

7/20/17

This STANDARD is not met as evidenced by:
Based on staff interviews, clinical record review, and facility document review the facility staff failed to implement its policy and procedure that prohibits sexual abuse for 1 Individual, Individual #4, in the survey sample of 10 Individuals.

The alleged perpetrator was not allowed to visit Individual #4 during the investigation. All other individuals who may be at risk of similar abuse have been identified.

7/20/17

The facility staff failed to implement its policy and procedure that prohibits sexual abuse for Individual #4 after an Allegation of Sexual Abuse on 5/13/17.

A new policy will be initiated and communicated to all parents, restricting visiting during any type of personal care to guardians, authorized representatives and parents or their designees.

7/20/17

The findings included:

Individual #4 is a 12 year old admitted to the facility on 4/30/12 with diagnoses to include: Severe Intellectual Disability (1) and Cerebral

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TITLE

(X6) DATE

H. Wayne Jones

CEO

8/9/17

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 149 Continued From page 1
Palsy (2).

On 7/11/17 a facility "Event Form" completed by Direct Support Person #1 for Individual #4, dated 5/13/17, was reviewed and documented in part, as follows:

"Upon returning from my lunch break I went to go provide personal care to (Name of Individual #4). His grandmother was visiting him. While changing his brief the grandmother examined his private area and saw the open areas on his scrotum so she grabbed the tube of A&D ointment and told me to apply it liberally. I then told her he was prescribed the zeasorb powder. She said, "Don't put that on his, that stuff don't work." So she watched as I applied it on his scrotum. She also took his hand and made him feel his penis, saying "You feel that?, it's yours, you need to know what it feels like." After she left I did go back and apply the zeasorb powder."

On 7/12/17 at 9:15 a.m. an interview was conducted with the Social Worker Director in the presence of the facility Chief Executive Officer (CEO) and the Director of Compliance. The Social Worker Director was asked if she had been made aware of the Facility Event Form dated 5/13/17 for Individual #4 and if an investigation been completed. The Social Worker Director stated, "I believe I was, I didn't feel it was to the point to do an investigation on it. I didn't do an investigation."

On 7/12/17 at 9:45 a.m. an interview was conducted with Direct Support Person #1(DSP#1) regarding the Facility Event Form that she completed on 5/13/17 for Individual #4. The DSP #1 stated, "His (Individual #4's) grandma came

W 149

Random checks of visitors will be made by the QI nurse or designee to ensure that the new policy is being adhered to. A report will be given to the QI Committee.

8/24/17

All employees will receive training regarding abuse, neglect exploitation and injuries of unknown origin and this will be updated annually.

7/20/17

The CEO or designee will ensure that reported incidents, that are not immediately discernible as abuse or neglect, are fully discussed 5 days per week with the social worker and the QI nurse, thereby ensuring that the facility policy is followed, and abuse, neglect, exploitation and injury will be prevented from occurring again.

7/20/17

A small committee will meet 2 x week to review the content of all reports.

7/17/17

The Abuse reporting policy was updated to reflect the above additional steps to assist with decision making, and was disseminated to all staff.

7/20/17

The Quality Improvement Committee will review reporting timelines to ensure compliance with the regulations.

8/24/17

Selected facility staff will be enrolled in further training on how complete investigations.

8/27/17

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W 149 Continued From page 2 W 149

and said he needed to be changed and he needs to be lubed up. She grabbed the A&D ointment and squeezed it on my hand and asked me to put it on his penis area. She (the grandmother) put her hand on his (Individual #4's) hand and she was making him feel himself. I thought it was weird so I reported it to the nurse. No one ever asked me about the incident."

On 7/12/17 the Social Worker Director provided the surveyor a CHRIS (Comprehensive Human Rights Information System) report for Individual #4 which is documented in part, as follows:

Report Date: 7/12/17
Alleged Abuse Date: 5/13/17
Abuse Alleged: Sexual
Advocate Notified: 7/12/17 at 10:29 a.m.
Department of Social Services notified: 7/12/17 at 11:00 a.m.

The facility policy titled, "Reporting of Abuse, Neglect, Exploitation and Injuries of Unknown Origin" revised 7/2017 is documented in part, as follows:

Purpose: To provide a system for ensuring that all individuals are protected from abuse and mistreatment, the individual, Authorized Representative or legal guardian knows how to file a complaint, and staff report all suspected incidents of abuse, neglect, exploitation, or injuries from an unknown source relating to any individual living at the facility.

C. All staff will complete an annual Human Rights review that includes information about abuse.

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W 149 Continued From page 3

D. Reporting Process

2. Staff will immediately report any event, including complaints, by speaking to the nurse on duty, completing an Event form, even if no injury occurred and placing it in the locked box at the nurse's station.

If the event involves suspected abuse, neglect, exploitation, or injuries that appeared from an unknown source, the Nurse will:

1. Take all necessary steps to prevent further harm.
2. Notify Social Workers (via email if on the weekend).
3. Attach any more detailed information to the Event report.
4. Serious events will also be reported to the CNO (Chief Nursing Officer), who will involve other department heads if necessary.
5. Complete nursing assessment and seek medical attention if necessary.
6. The Charge Nurse with Security will request the alleged perpetrator to leave the building unless APS (Adult Protective Services)/CPS(Child Protective Services) or Police are already involved.

The Social Worker will:

1. Notify the Director of Medical Record and compliance by phone or email.
2. Report to Police and/or CPS or APS if indicated, and cooperate fully with an investigation.
3. Ensure that the parent/AR (authorized representative)/Legal Guardian has been informed, if they did not make the complaint, and enter initial data in the state (CHRIS) system within 24 hours.
4. Initiate an internal investigation with the

W 149

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W 149	<p>Continued From page 4</p> <p>assistance of the QI (Quality Issuance) Nursing and Compliance staff, to be completed in 5 working days.</p> <p>5. Submit the report and action plan to the CEO or designee. Once approved, send to the individual, AR or legal guardian and the Human Rights Advocate.</p> <p>The CEO or designee will:</p> <ol style="list-style-type: none"> 1. Work with the Social Worker to determine if abuse, neglect or exploitation occurred, and take the correct personnel action. 2. Ensure that the corrective action found to be appropriate, will prevent the abuse, neglect, mistreatment or injury from occurring again. <p>On 7/13/17 at 2:35 p.m. a pre-exit interview was conducted with CEO, the Director of Compliance and the Social Worker Director and the above information was reviewed. The surveyor asked the CEO what would he have expected to have occurred regarding Individual #4's Event of alleged sexual abuse on 5/13/17. The CEO stated, "We should have put it into CHRIS, notified the appropriate authorities, and completed a thorough investigation." The CEO shared that a plan of correction and employee training had already begun in the facility.</p> <p>Prior to exit no further information was provided.</p> <p>(1) Severe Intellectual Disability: a disorder characterized by subaverage general intellectual function with IQ under 20 with deficits or impairments in the ability to learn and to adapt socially.</p> <p>(2) Cerebral Palsy: a motor function disorder caused by a permanent, nonprogressive brain</p>	W 149	

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W 149 Continued From page 5
deficit or lesion present at birth or shortly thereafter.

The above definitions are derived from Mosby's Dictionary of Medicine, Nursing, and Health Professions 8th Edition.

W 154 483.420(d)(3) STAFF TREATMENT OF CLIENTS W 154

The facility must have evidence that all alleged violations are thoroughly investigated.

This STANDARD is not met as evidenced by:
Based on record review and staff interviews the facility staff failed to thoroughly investigate an allegation of sexual abuse for Individual #4 and a fall with injury for Individual #5 in the survey sample of 10 individuals.

The findings included:

1. Individual #5 was admitted to the facility on 1/14/14 with diagnoses which included Profound Intellectual Disabilities, Microcephaly, spastic diplegic cerebral palsy, abnormal involuntary movements, Autoimmune thyroiditis, Contracture of muscle, and anxiety disorders. Facility staff failed to thoroughly investigate a fall with injury for individual #5.

An event report dated 4/19/17 at 12:30 P.M. indicated: "Staff was brushing Individual 5's hair and found blood and a scrape on the left side of her head. Individual #5 previously slipped out of a chair in the classroom. Reported to nurse at 2:55 P.M. 4/19/17 upon assessment noted a small hematoma with a 1 cm (centimeter) laceration. VS (vital signs) - 36, 81, 20 96/54."

Documentation regarding the investigation of the fall for Individual #5 will be completed.

7/20/17

Individual #5 will no longer use the chair from which the fall occurred.

7/20/17

All other individuals, who may possibly experience a similar fall within the facility will be reassessed and corrections made if appropriate.

8/27/17

Discussion will be held with school staff about receiving detailed reports when serious incidents occur in the classroom. The school principal will provide training to staff at the beginning of the new school year regarding timely completion and communication with facility staff.

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W 154 Continued From page 6

W 154

A nursing note dated 4/19/17 at 4:04 P.M. indicated: " 1455 (2:55 P.M.) this nurse was called to the classroom because the classroom staff noted blood in her hair. Upon assessment noted a small laceration and hematoma to the left side of child head just above/behind ear. No active bleeding noted, but blood was noted in hair. Classroom staff reports that child slid out of her chair earlier.
1500 (3:00 P.M.) child returned to unit, attempted to apply ice to the area but child would not tolerate. VS-36.8 c (Celsius) ax (axillary), HR (heart rate) 81, RR (respiratory rate) 20, BP (blood pressure) 96/54. Area cleaned with NS (normal saline). MD (medical doctor) called. Call placed to mother, msg. (message) left to call facility."

During an interview on 7/12/17 at 3:15 P.M. with the Qualified Intellectual Disability Professional (QIDP) she stated, "Individual #5 slid out of her chair in school and hit her head. Staff placed her back in chair." No time was given when the fall occurred. No follow up to the fall or investigation was documented.

There was no documentation of the staff assessing this individual after the fall. Also, there was no documentation that an investigation had been conducted as to how this individual fell.

The facility staff failed to collect interviews, statements, physical evidence, have a summary of conclusions and recommendation to safeguard this individual in the future.

2. The facility staff failed to thoroughly investigate an allegation of sexual abuse on 5/13/17 for one individual, Individual #4.

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<p>W 154 Continued From page 7</p> <p>Individual #4 is a 12 year old admitted to the facility on 4/30/12 with diagnoses to include: (1) Severe Intellectual Disability and (2) Cerebral Palsy.</p> <p>On 7/11/17 a facility "Event Form" completed by Direct Support Person #1 dated 5/13/17 for Individual #4 was reviewed and is documented in part, as follows:</p> <p>"Upon returning from my lunch break I went to go provide personal care to (Name of Individual #4). His grandmother was visiting him. While changing his brief the grandmother examined his private area and saw the open areas on his scrotum so she grabbed the tube of A&D ointment and told me to apply it liberally. I then told her he was prescribed the zeasorb powder. She said, "Don't put that on his, that stuff don't work." So she watched as I applied it on his scrotum. She also took his hand and made him feel his penis, saying "You feel that?, it's yours, you need to know what it feels like." After she left I did go back and apply the zeasorb powder."</p> <p>On 7/12/17 at 9:15 a.m. an interview was conducted with the Social Worker Director in the presence of the facility Chief Executive Officer (CEO) and the Director of Compliance. The Social Worker Director was asked if she had been made aware of the Facility Event Form dated 5/13/17 for Individual #4 and if an investigation had been completed. The Social Worker Director stated, "I believe I was (aware). I didn't feel it was to the point to do an investigation on it. I didn't do an investigation."</p>	<p>W 154</p> <p>The guardian of Individual #4 and CPS (Child Protective Services) was notified; and the incident was entered into CHRIS (Comprehensive Human Rights Information System) 7/20/17</p> <p>The alleged perpetrator was not allowed to visit Individual #4 during the investigation. 7/20/17</p> <p>All other individuals who may be at risk of similar abuse have been identified. A new policy will be initiated and communicated to all parents, restricting visiting during any type of personal care to guardians, authorized representatives and parents or their designees. 7/20/17</p> <p>Random checks of visitors will be made by the QI nurse or designee to ensure that the new policy is being adhered to. A report will be given to the QI Committee. 8/24/17</p>
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W 154 Continued From page 9

W 154

D. Reporting Process

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1. Take all necessary steps to prevent further harm.
2. Notify Social Workers (via email if on the weekend).
3. Attach any more detailed information to the Event report.
4. Serious events will also be reported to the CNO (Chief Nursing Officer), who will involve other department heads if necessary.
5. Complete nursing assessment and seek medical attention if necessary.
6. The Charge Nurse with Security will request the alleged perpetrator to leave the building unless APS (Adult Protective Services)/CPS (Child Protective Services) or Police are already involved.

The Social Worker will:

1. Notify the Director of Medical Record and compliance by phone or email.
2. Report to Police and/or CPS or APS if indicated, and cooperate fully with an investigation.
3. Ensure that the parent/AR/Legal Guardian has been informed, if they did not make the complaint, and enter initial data in the state (CHRIS) system within 24 hours.
4. Initiate an internal investigation with the

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W 154 Continued From page 10
assistance of the QI (Quality Issuance) Nursing and Compliance staff, to be completed in 5 working days.
5. Submit the report and action plan to the CEO or designee. Once approved, send to the individual, AR (authorized representative) or legal guardian and the Human Rights Advocate.

W 154

The CEO or designee will:
1. Work with the Social Worker to determine if abuse, neglect or exploitation occurred, and take the correct personnel action.
2. Ensure that the corrective action found to be appropriate, will prevent the abuse, neglect, mistreatment or injury from occurring again.

On 7/13/17 at 2:35 p.m. a pre-exit interview was conducted with CEO, the Director of Compliance and the Social Worker Director and the above information was reviewed. The surveyor asked the CEO what would he have expected to have occurred regarding Individual #4's Event of alleged sexual abuse on 5/13/17. The CEO stated, "We should have put it into CHRIS, notified the appropriate authorities, and completed a thorough investigation." The CEO shared that a plan of correction and employee training had already begun in the facility.

Prior to exit no further information was provided.

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(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
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W 154 Continued From page 11
deficit or lesion present at birth or shortly thereafter.

The above definitions are derived from Mosby's Dictionary of Medicine, Nursing, and Health Professions 8th Edition.

W 441 483.470(i)(1) EVACUATION DRILLS

The facility must hold evacuation drills under varied conditions.

This STANDARD is not met as evidenced by:
Based on review of the fire drills and staff interviews the facility staff failed to hold fire evacuation drills in various weather conditions.

The Findings included:

Review of the facility's fire drill records revealed the facility was holding drills on various shifts and at various times but not in various weather conditions. One document provided by the Quality Improvement Specialist (QIS) dated 5/26/17 recorded the weather condition as warm and sunny with calm winds. No other fire drills recorded the weather conditions.

An interview was conducted with the facility's Chief Executive Officer (CEO), Compliance Officer (CO), and Quality Improvement Specialist (QIS) and Social Worker on 7/13/17 at 2:35 p.m. The QIS stated the requirement is that fire drills are held monthly on all three shifts at various times and under various conditions to familiarize the staff with actions they may be required to perform. The CEO stated they have conducted all

W 154

W 441

The facility will hold a fire drill on a day that is not warm and sunny with calm winds, and will be documented as such.
8/27/17

All monthly fire drill forms will be altered to add various weather conditions, and will require a second supervisory signature to verify the facts.
8/27/17

Weather condition criteria will be added to the fire drill policy.
8/10/17

The Quality Improvement specialist will monitor all fire drill documentation and report to the Safety Committee monthly.
8/27/17

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

PRINTED: 07/24/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2017
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W 441	Continued From page 12 drills under clear weather which was pre-planned because of the fragile status of their clients. No further information was provided.	W 441		
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