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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G038	A. BUILDING _____ VDH/OLC B. WING _____	11/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILKINS, THE	437 JACKSON STREET SUFFOLK, VA 23434

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS The unannounced annual 55 Fundamental Medicaid Certification survey was conducted on 11/15/16 through 11/16/16. Corrections are required for compliance with CFR Part 483 Intermediate Care Facilities for Individuals with Disabilities. (ICF/ID) Federal Regulations. The Life Safety Code report will follow. The census in this 4 bed facility at the time of the survey was 4. The survey sample consisted of 2 current Individual records (Individual #1 through #2).	W 000		
W 108	483.410(b) COMPLIANCE W FEDERAL, STATE & LOCAL LAWS The facility must be in compliance with all applicable provisions of Federal, State and local laws, regulations and codes pertaining to safety. This STANDARD is not met as evidenced by: Based on observations, staff interviews and facility policy, the facility staff failed to ensure all staff maintained State Food Services and Handling Certification. The findings included: During morning breakfast on 11/16/16 at 6:30 A.M. facility staff were observed serving four individuals food. During this observations staff were observed training individuals in independent living skills for food preparation. A review of staff certifications in Food Certification indicated three employees had expired Food Handlers Certification.	W 108	1) Employee #1 obtained a Food Handler certification card on 11/16/16. It is valid for 3 years and expires on 11/16/19. Employee #2 obtained a Food Handler certification card on 11/28/16. It is valid for 3 years and expires on 11/28/19. Employee #3 obtained a Food Handler certification card on 11/29/16. It is valid for 3 years and expires on 11/29/19. Copies of each DSP's Food Handler certification cards are posted in the facility. The Utilization Review Supervisor verified that all other facility DSPs have current Food Handler certifications. 2) Facility Program Manager reminded all DSP's during staff meeting 11/18/16 to keep Food Handler certification current. Facility Policy #903 Food Service, related to Sanitation will be reviewed during the next staff meeting 12/16/16. Facility staff will be provided a list of acceptable and available certification sources including Health Departments and web-based training. The Utilization Review Supervisor will continue to maintain a monthly Food Handler certification report that lists all due/overdue/coming due certifications for a 3 month period. The report will continue to be provided to the facility Program manager and Continued on page 2	11/16/16 11/28/16 11/29/16 11/29/16 11/18/16 12/16/16

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

Director 12/1/16

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

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W 108	Continued From page 1 An email dated October 5, 2016 Indicated: Subject: October Monthly Food Handler's Certification report. Here is the Due/Overdue list for October. Overdue Employee #1 (Expired-9/20/16). Employee #2 (Expired 10/4/16). Employee #3 (Expired 10/30/16). Virginia Food Regulations 12 VAC-5-421-70-12 states "Employees are properly trained in Food Safety as it relates to their assigned duties." A Review of the Facilities Food Service Policy indicated: Policy: It is a policy that the facility food services are provided in accordance with the following procedures to ensure appetizing and nourishing meals, systematic methods in purchasing, storing and handling, preparation, serving, and sanitation. Preparation: Food will be prepared by Direct Support Professionals (DSP) or with the assistance of DSP members suitably trained and experienced in food preparation. For the purpose of training in independent living skills and in the service of the principle of normalization, individuals will participate in the preparation of food in accordance with their developmental level. Sanitation: All DSPs will be required to obtain a Food Handlers Card issued by the Local Health Department. The program supervisor is responsible for the implementation of this policy and its procedures and the nurse will serve as the food services director. During an interview with the Program Manager on 11/16/16 at 1:30 P.M. he stated, he "just did not go and get his Food Handler's Certification	W 108	Continued from page 1 Clinical Services Administrator monthly. The report will be reviewed during each monthly staff meeting and posted in a location where all staff have access to review and monitor Food Handler expiration dates. The Program Manager will consult the Food Handler certification report when developing the staff schedule each month to ensure that any DSP scheduled to work has a current Food Handler certification. The Program Manager will confirm that certification courses are scheduled for any DSP whose certification is coming due. 3) A review of facility Policy #903 Food Service, determined that it continues to meet federal and state requirements for providing food services. However, it will be revised to specify maintenance of certification and to reflect additional training resources. It shall state: All DSPs will be required to obtain and maintain current Food handler certification of class completion issued by local Health Departments or acceptable web-based certification sources.	12/16/16 12/1/16 11/29/16 12/30/16

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W 108	Continued From page 2 renewed." The Program Manager is listed in this report as Employee #1. The facility staff failed to ensure all staff maintained Food Safety Certification.	W 108		
W 154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility staff failed to investigate an incident of Resident to Resident altercation for one Individual (Individual #2) in the survey sample of two individuals. The findings included: Individual #2 was admitted to the facility on 12/05/07 with diagnoses of intellectually disabled at the moderate level. Facility staff failed to thoroughly investigate an incident to resident to resident altercation. A 12/01/15 annual Psychological Evaluation indicated this individual had been adjudicated as an incapacitated person. Individual #2 was assessed as needing little or no assistance with basic activities of daily living. The Adaptive Behavior Composite of the evaluation assessed this individual as needing safety skills in the community. A Nursing note dated 5/26/16 indicated: "Individual #1 presented to nursing office by DSP (Direct Support Staff) for Skin assessment	W 154	1) Per facility Policy #816 Reporting Requirements, any incident jeopardizing the health, safety and welfare of the individual, including injuries of unknown origin, is to be documented and reported to the Director of Community Support Services, the Quality Assurance Director, and appropriate reporting authorities as established by state and federal laws and regulations. The incident occurred at the Day Support Program 5/26/16. A CHRIS report was completed 5/26/16, meeting specific reporting requirements and time frames. Policy #816 also states "the WTCSB Department of Quality Assurance will conduct investigations of a suspected crime, mistreatment, abuse or neglect, as well as complaints of Human Rights violations and will submit the finding according to state and federal laws and regulations". The CHRIS report completed 5/26/16 indicates the Day Support Program Supervisor, Director, and QA Director immediately investigated the incident, per facility Policy #816 and Policy #805 Abuse/Neglect of Individuals. The CHRIS report included the written investigation as well as intervention put in place for protection of individual #2 to prevent recurrence. The Incident Report and CHRIS report have been filed on site. An entry in the staff log dated 5/16/16 was made by the facility Residential Counselor stating a call was received from Day Support Program staff informing of the peer to peer altercation. 2) All facility staff received the mandatory training: "Incident Reporting How To: Professionalism Matters" on various dates offered. All Day Support and Nursing staff received the same training. Training content included reporting requirements and time lines, required information, documenting and communicating critical and non-critical information, and developing follow up interventions. Continued on page 4	5/26/16 10/12/16 10/18/16 10/19/16 10/21/16 11/4/16

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W 154	Continued From page 3 secondary to an altercation with a peer. Skin assessment completed by nurse and noted two finger size purple bruises to right upper arm. Individual #2 denied pain to right arm at present. Full range of motion noted to said arm. No swelling or open areas noted at present. Informed staff to monitor for swelling, redness, or guarding of right arm." A review of the clinical records did not include an investigation of a peer to peer altercation involving Individual #2. During an interview on 11/16/16 at 2:15 P.M. with the House Manager, he stated, "Given the name of the DSP staff the incident likely took place at Individual #2's Day Support Program. When asked where was the incident report and follow-up to keep Individual #2 safe, he stated, he would have the Day Support staff to fax over an incident report. Upon review of the incident report with the Residential Coordinator on 11/16/16 at 2:30 P.M. the report was not signed nor dated. There was no indication that specific reporting requirements and time frames had been adhered to. The Residential Coordinator stated, this is "unacceptable." A Policy dated 9/12 Abuse/Neglect of Individuals indicated: It is the policy of the facility to prohibit any form of abuse/neglect of individuals. Abuse or mistreatment is defined as any act or omission inconsistent with prescribed treatment and care which results in physical or emotional pain or distress to individuals, or any person receiving services from this agency. The facility staff for Quality Assurance will	W 154	Continued from page 3 Internal record reviews will be conducted annually by the Utilization Review Supervisor to ensure all documentation of peer to peer altercations were thoroughly investigated. 3) A review of the facility's incident reports and nursing notes for each resident indicated there were no other incidents of peer to peer altercations requiring investigation. A review of facility Policy #816 Reporting Requirements determined that it continues to meet state and federal requirements for reporting and investigating any incidents jeopardizing the health, safety and welfare of individuals served. A review of facility Policy #805 Abuse/Neglect of Individuals determined that it continues to meet state and federal requirements for prohibiting any form of abuse/neglect of individuals served.	11/29/16 11/29/16 11/29/16

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W 154	Continued From page 4 complete investigations regarding a suspected crime, mistreatment, abuse, or neglect and submit the findings according to agency reporting requirements. The Director, QA Director, and Program Supervisor shall immediately investigate the incident. The facility staff failed to thoroughly investigate an incidence of resident to resident altercation.	W 154		
W 440	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility staff failed to hold evacuation drills at least quarterly for each shift. The findings included: A review of the facility's evacuation drills did not indicate an evacuation drill was held at least quarterly for each shift. A review of the drills dated for one year since the last survey (11/6/16 through 11/8/15) indicated: Only one drill was held on the evening shift (3 PM-11 PM). A drill was held on 7/22/16 at 4:26 P.M. no other fire drill information was presented during the survey. The House Manager stated that a drill should have occurred on all three shifts. The facility staff failed to hold an evacuation drill each shift at least once in each 3 month period.	W 440	1) A fire drill was performed on 11/29/16 during the evening shift at 3:33pm, and documented on the Evacuation Drill Record. 2) Facility Program Manager will review facility Policy #922 Fire Drill Evacuation at the next staff meeting 12/16/16. The facility Residential Counselor will revise the current method for scheduling fire drills to clearly identify shift times and ensure a drill is scheduled for each shift quarterly. The revised method will be reviewed at the next staff meeting 12/16/16. The Residential Counselor will monitor the fire drill schedule monthly to ensure a drill is held each shift at least once in each 3 month period. In the event a drill is missed, the Residential Counselor will reschedule it to occur within the next 24 hours. 3) A review of facility Policy #922 Fire Drill Evacuation, determined that it continues to meet state and federal requirements for client and staff participation in evacuation drills.	11/29/16 12/16/16 12/16/16 12/30/16 11/29/16

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