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

PRINTED: 09/08/2016 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  49G042  NAME OF PROVIDER OR SUPPLIER |   |   | 1 ' '              | TIPLE CONSTRUCTION DING   |                   | (X3) DATE SURVEY<br>COMPLETED |  |
|--|---|---|--------------------|---|-------------------|-------------------------------|--|
|  |   | 49G042  | B. WING            |   | 09/01             | 09/01/2016                    |  |
|  |   | ₹   | 1                  | STREET ADDRESS, CITY, STATE, ZIP COL                              |                   | 72010                         |  |
| VERSABILITY RESOURCES HILTON HOUSE   |   |   | 703 HILTON BLVD    |   |                   |                               |  |
| VERSAB   | ILLIT RESOURCES                         | HILION HOUSE  |                    | NEWPORT NEWS, VA 23605  |                   |                               |  |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENC                         | TATEMENT OF DEFICIENCIES<br>CY MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION) | ID<br>PREFI<br>TAG |   | HOULD BE C        | (X5)<br>COMPLETIO<br>DATE     |  |
| W 000  | INITIAL COMMEN                          | NTS   | W                  | Facility staff failed to immedi                                   | ately report an   |                               |  |
|  | The unannounced                         | d annual 55 Fundamental   |                    | allegation of abuse.  |                   |                               |  |
|  | Medicaid Certifica                      | tion survey was conducted on  |                    | 1 D W + 00 (D OD W) 0 11  | 1                 |                               |  |
|  |   | 09/01/16. Corrections are   |                    | 1. Facility staff (DSP #1) fail                                   |                   | 0/1 4/                        |  |
|  |   | liance with CFR Part 483  |                    | agency policy and procedures allegations of abuse. As a res       |                   | 9/14/1                        |  |
|  |   | Facilities for Individuals with   |                    | reviewed and updated to highl                                     |                   |                               |  |
|  |   | D) Federal Regulations. The   |                    | "immediate" reporting of abus                                     | e allegations, as |                               |  |
|  | Life Safety Code r                      | eport will follow.  |                    | well as, other incidents of neg                                   |                   |                               |  |
|  | The census in this                      | 5 bed facility at the time of the   |                    | exploitation. DSP #1, along w                                     |                   |                               |  |
|  |   | survey sample consisted of 2  |                    | Staff were re-trained on policy                                   |                   |                               |  |
|  |   | ecords (Individual #1 through   |                    | related to reporting incidents a                                  | nd/or             |                               |  |
|  | #2).                                    | ·   |                    | allegations of abuse, neglect a (Reference Attachment # 1: Po     |                   |                               |  |
| W 153  | 483.420(d)(2) STA                       | FF TREATMENT OF CLIENTS   | W 1                | #17Individual Abuse, Negle  |                   |                               |  |
|  | The feetile                             |   |                    | Attachment #2: Policy #89 I                                       | ncident           |                               |  |
|  |   | nsure that all allegations of lect or abuse, as well as                                 |                    | Reporting; and Attachment #3                                      | : VersAbility     |                               |  |
|  |   | n source, are reported  |                    | Resource administrative policy                                    |                   |                               |  |
|  |   | administrator or to other   |                    | #1.00.000.07Abuse, Neglect Exploitation.)                         | and               |                               |  |
|  |   | nce with State law through  |                    | Exploitation.)  |                   |                               |  |
|  | established proced                      |   |                    | 2. No other residents were affe                                   | ected by this     | 9/1/1                         |  |
|  |   |   |                    | deficient practice and upon ob                                    |                   | J, 1, 1                       |  |
|  |   |   |                    | Hilton House CL Manager, al                                       |                   |                               |  |
|  |   | is not met as evidenced by:   |                    | considered safe.  |                   |                               |  |
|  |   | eview and staff interviews, the oimmediately report an                                  |                    | Note: Also, following this inc                                    |                   |                               |  |
|  | allegation of abuse                     |   |                    | Hygienist provided training to<br>Facility Staff on proper toothb |                   |                               |  |
|  | anoganori or abacc                      | •   |                    | techniques and Tips.  | rusning           |                               |  |
|  | The findings includ                     | ed:   |                    | q   |                   |                               |  |
|  |   |   |                    | 3. On 9/14/16 Hilton House st                                     |                   | 9/14/1                        |  |
|  |   | dent/Injury Report dated  |                    | re-trained on the revised polici                                  |                   |                               |  |
|  | 2/17/16 indicated fa                    |   |                    | abuse, neglect and exploitation                                   |                   |                               |  |
|  | immediately report administrator or oth | an allegation of abuse to the   |                    | QIDP/Staff Meetings in Septer<br>Emphasis was placed on repor     |                   |                               |  |
|  | aummotrator or oth                      | ioi Uniciais.   |                    | suspicion thereof, "immediate                                     | lv" Staff were    |                               |  |
|  | The Incident Repor                      | t dated 2/17/16 indicated:  |                    | informed of disciplinary action                                   |                   |                               |  |
|  |   | on of 2/17/16 three staff   |                    | occur as a result of violating the                                |                   |                               |  |
|  |   | ving from Day Program at  |                    | (Reference Attachment # 1: P                                      |                   |                               |  |
|  |   | -   |                    |   |                   |                               |  |
| 1 // .   |   | DER/SUPPLIER REPRESENTATIVE'S SIGN  |                    | TITLE   |                   | DATE                          |  |
| XUNdi  | a R. Kerns.                             | cesw Di   | rects              | of Communicy Leven  | 9-14              | 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 that the correction is requisite to continued program participation.

Facility ID: VAISTMESS 1 6 2016

VDH/OLC

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

PRINTED: 09/08/2016 FORM APPROVED OMB NO. 0938-0391

| CENTER                   | RS FOR MEDICARE  | & MEDICAID SERVICES   | -                   | <u> </u>   | <u>MB NO. 0938-0391</u>   |
|--------------------------|--|---|---------------------|--|---|
|                          | OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | 1 ' '               | TIPLE CONSTRUCTION NG  | (X3) DATE SURVEY<br>COMPLETED                                     |
|                          |  | 49G042  | B. WING             |  | 09/01/2016  |
| NAME OF F                | PROVIDER OR SUPPLIER   |   |                     | STREET ADDRESS, CITY, STATE, ZIP CODE 703 HILTON BLVD  | •   |
| VERSAB                   | ILITY RESOURCES H  | IILTON HOUSE  |                     | NEWPORT NEWS, VA 23605   |   |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>' MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)                                 | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION ( (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)   | BE COMPLETION   |
| W 153                    | Continued From pa  | ge 1  | W 1:                | 53   |   |
|                          | (Approximately 3:45 P.M.). Individual #1 was the first to get on the van. Staff noticed an odor coming from Individual #1's mouth. Staff (Direct Support Staff) DSP #1 stated Individual #1 will have an odor at times because she holds saliva in her mouth and over time, this creates an odor.  As the conversation continued, DSP #2 wondered if Individual #1's toothbrush was contributing to the odor and other staff responding that the Community Living Manager replaces toothbrushes very frequently. DSP #1 stated the odor was coming from Individual 31 holding the saliva. At that point, DSP #3 said "She brushes Individual #1's teeth in the shower, saying she, "holds the water hose on her face until it takes her breath and then Individual #1 will open her mouth." DSP #1 was shocked she (DSP #3) said that, as she has never known anyone to have trouble with Individual #1 and brushing her teeth, and knew right then that was abuse.  DSP #1 knew that DSP #3 would not be working with Individual #1 that evening since she was one-to-one with someone else, so at the conclusion of her shift, she went into her car and called (approximately 11:11 P.M.) the Community Living Manager and reported the allegation of abuse." |   |                     | #17Indiv. Abuse, Neglect, Exploitation Attachment #2: Policy #89Incident Rep Policy #1.00.000.07Abuse, Neglect &Exploitation.) All other ICF-IID staff on the same policies at their QIDP/Staff in September, 2016.  | orting; and<br>were trained                                       |
|                          |  |   |                     | 4. The CL Manager will continue to educ<br>on the proper procedures for reporting all<br>and/or incidents of abuse, neglect and exp<br>during new Employee Orientation and as<br>ongoing staff training. The CL Manager<br>continue to monitor staff performance mo-<br>random) and document compliance with procedures. | egations 9/14/16<br>oloitation<br>a part of<br>will<br>onthly (at |
|                          |  |   |                     |  |   |
|                          |  | Administrative Leave<br>It morning and scheduled for  |                     |  |   |
|                          | does brush individua<br>She does this becau  | with DSP #3 she stated, she al #1's teeth in the shower. use Individual #1 doesn't spit se well, so she has noticed |                     |  |   |

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when she (DSP #3) sprays water on her hair to

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Facility ID: VAICFMR39

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### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

PRINTED: 09/08/2016 FORM APPROVED OMB NO 0938-0391

| CENTE   | RS FOR MEDICARE   | & MEDICAID SERVICES  |                    |     | 0   | MB NO. 0938-0391              |
|---|---|--|--------------------|-----|---|-------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | 1 ` '              |     | CONSTRUCTION  | (X3) DATE SURVEY<br>COMPLETED |
|   |   | 49G042   | B. WING            |     | ***************************************   | 09/01/2016                    |
| NAME OF PROVIDER OR SUPPLIER                        |   |  | <u>'</u>           | STF | REET ADDRESS, CITY, STATE, ZIP CODE   |                               |
| VERSABILITY RESOURCES HILTON HOUSE                  |   |  |                    |     | S HILTON BLVD<br>WPORT NEWS, VA 23605   |                               |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENC)  | TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  | ID<br>PREFI<br>TAG | ×   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROPE<br>DEFICIENCY) | BE COMPLETION                 |
|   | she opens her mou "pulse the water in I washes her hair, he Findings: There is ff DSP #3. DSP #1 re shift to the Commun heard. DSP #1 and their written reports DSP #3 freely admir #1's teeth in the sho in her face to trigger Individual #1 was ac with diagnoses of co (sideways curvature profound intellectual A review of Individual Program indicated: I while in the bathroom what you are doing. specific place with o to use a soft bristled Only use a Pea-Size brush for 2 minutes, become agitated between the profound intellectual program indicated: I while in the bathroom what you are doing. | the water goes on her face and the DSP #3 said she does not the face" but when she is mouth pops open.  Inding of abuse on the part of ported immediately after her nity Living Manager what she DSP #2 were consistent in as well as during interviews. It was a during interviews at the she brushes Individual over and uses the water to fall ther to open her mouth.  Idmitted to the facility on 9/5/06 perebral palsy, mild scoliosis of the spine), depression and I disability.  In #1's tooth brushing the sheet to do oral hygiene metals or relates being in a ral hygiene routines, Be sure | W 1                | 53  | DEFICIENCY)   |                               |
|   | undesirable. Brush in the PM. If at any time a concindividual's oral heal concerns to a nurse then contact the denindividuals's dentist for the PM.   | ern arises regarding an th, be sure to relay your or house manager, who can tal hygiene consultant or the for further evaluation.  |                    |     |   |                               |

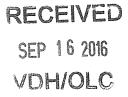
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the Community Living Manager, she stated, "I

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

PRINTED: 09/08/2016 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | 1                  | TIPLE CONSTRUCTION<br>ING   | (X3) DATE SURVEY<br>COMPLETED   |                            |
|---|--|---|--------------------|---|---|----------------------------|
|   |  | 49G042  | B. WING            |   | 09/01   | /2016                      |
| VERSAE  | PROVIDER OR SUPPLIER  SLIMMARDY STA  | IILTON HOUSE  |                    | STREET ADDRESS, CITY. STATE, ZIP CODE 703 HILTON BLVD NEWPORT NEWS, VA 23605  |   |                            |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY   | MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  | ID<br>PREFI<br>TAG | PROVIDER'S PLAN OF CORRECTION  X (EACH CORRECTIVE ACTION SHOULD  CROSS-REFERENCED TO THE APPROPORTION OF THE PROPORTION OF THE PROP   | BE C  | (X5)<br>COMPLETION<br>DATE |
| W 153   | after the shift was of abuse. I was in the she could have reportime."  A review of the facilial allegations of abuse immediately to the simmediately staff failed to allegation of abuse. 483.430(e)(1) STAF   | od why DSP #1 waited until over to report the allegation of home until late that evening, orted the incident to me at that ity policy indicated: "All     | W 1                | Staff failed to provide continuing training immediately report an allegation of abuse  1. DSP #1, along with all ICF-IID Staff, re-trained on policy/procedures related to incidents and/or allegations of abuse, negl exploitation. (Reference Attachment #1: #17Individual Abuse, Neglect, Exploitat Attachment #2: Policy #89 Incident Rep Attachment #3:VersAbility Resource adm policy #1.00.000.07Abuse, Neglect and 89 Exploitation.)  | were reporting lect and Policy tion; orting; and ainistrative                         | 9/14/16                    |
|   | initial and continuing   | g training that enables the m his or her duties effectively,  |                    | 2. Following this deficient practice, the De Hygienist provided training to Hilton Hou ICF-IID staff, as well as, all VersaAbility ICF-IID Facility Staff on proper toothbrus techniques and Tips.  | ise<br>Resources  |                            |
|   | Based on record refacility staff failed to immediately report at The findings include A review of an Incide 2/17/16 indicated facilimmediately report a administrator or other were not provided coallegations of abuse An Incident Report of "During the afternoom members were leavi | ent/Injury Report dated<br>cility staff failed to<br>in allegation of abuse to the<br>er officials. The facility staff<br>ontinuing training for handling |                    | 3. On 9/14/16 Hilton House ICF-IID staff re-trained on the revised policies related to neglect and exploitation at their QIDP/Staff Meetings in September 2016. Emphasis on reporting incidents, or suspicion thereof "immediately". Staff were informed of diactions which may occur as a result of vio these policies.  (Reference Attachment # 1: Policy #17-IA buse, Neglect, Exploitation; Attachment #89-Incident Reporting; and Policy #1.00.000.07-Abuse, Neglect &Exploitation other ICF-IID staff were trained on the saf at their QIDP/Staff Meetings in September | o abuse, fff was placed f, isciplinary lating Indiv. #2: Policy ion.) All me policies | 9/14/16                    |



### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

PRINTED: 09/08/2016 FORM APPROVED OMB NO. 0938-0391

|                          | 10 I ON MEDICANE  | & MEDICAID SERVICES  |                     |   | <u>)MB NO. 0</u>                                | 938-0391                                |
|--------------------------|---|--|---------------------|---|---|---|
|                          | OF DEFICIENCIES<br>OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | 1                   | IPLE CONSTRUCTION NG  | (X3) DATE S<br>COMPL                            |   |
|                          |   | 49G042   | B. WING             |   | 09/01   | /2016                                   |
| NAME OF                  | PROVIDER OR SUPPLIER  |  | 'T                  | STREET ADDRESS, CITY, STATE, ZIP CODE   | , , , , , , ,                                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| VERSAE                   | ILITY RESOURCES H   | IILTON HOUSE   |                     | 703 HILTON BLVD   |   |   |
|                          |   |  |                     | NEWPORT NEWS, VA 23605  |   |   |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPERTIES OF T   | DBE 0   | (X5)<br>COMPLETION<br>DATE              |
| W 189                    | Continued From pa   | ge 4   | W 18                | 39  |   |   |
|                          | first to get on the van. Staff noticed an odor coming from Individual #1's mouth. Staff (Direct Support Staff) DSP #1 stated Individual #1 will have an odor at times because she holds saliva in her mouth and over time, this creates an odor.  As the conversation continued, DSP #2 wondered if Individual #1's toothbrush was contributing to the odor and other staff responding that the Community Living Manager replaces toothbrushes very frequently. DSP #1 stated the odor was coming from Individual #1 holding the saliva. At that point, DSP #3 said "She brushes Individual #1's teeth in the shower, saying she, "holds the water hose on her face until it takes her breath and then Individual #1 will open her mouth". DSP #1 was shocked she (DSP #3) said that, as she has never known anyone to have trouble with Individual #1 and brushing her teeth, and knew right then that that was abuse.  DSP #1 knew that DSP #3 would not be working with Individual #1 that evening since she was one-to-one with someone else, so at the |  |                     | 4. The CL Manager will continue to edu on the proper procedures for reporting all and/or incidents of abuse, neglect and ex during new Employee Orientation and as ongoing staff training. Signature sheets maintained for all trainings. The CL Manager will continue to monito performance monthly (at random) and do compliance as well. | legations ploitation a part of will be or staff | 9/1/16                                  |
|                          | Living Manager and abuse."  DSP #3 was put on immediately the nex an interview.  During the interview does brush individual She does this because   | ly 11:11 P.M.) the Community reported the allegation of  Administrative Leave the morning and scheduled for with DSP #3 she stated she all #1's teeth in the shower. Use Individual #1 doesn't spit the well, so she has noticed |                     |   |   |   |

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get shampoo out, the water goes on her face and

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Facility ID: VAICFMR39

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SEP 16 2016 VDH/OLC

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

PRINTED: 09/08/2016 FORM APPROVED OMB NO. 0938-0391

| CENTER  | 19 LOV MEDICAVE  | & MEDICAID SERVICES   |                     |  | OMB NO. 0930-039 I            |
|---|--|---|---------------------|--|-------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | 1 ' '               | TIPLE CONSTRUCTION   | (X3) DATE SURVEY<br>COMPLETED |
|   |  | 49G042  | B. WING             |  | 09/01/2016                    |
|   | PROVIDER OR SUPPLIER  ILITY RESOURCES H  | IILTON HOUSE  |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br>703 HILTON BLVD<br>NEWPORT NEWS, VA 23605 |                               |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)   | ID<br>PREFI)<br>TAG | PROVIDER'S PLAN OF CORREC  | OULD BE COMPLETION            |
| W 189   | "pulse the water in washes her hair, he Findings: There is f DSP #3. DSP #1 re shift to the Commu heard. DSP #1 and their written reports DSP #3 freely admi #1's teeth in the she in her face to trigge Individual #1 was a with diagnoses of c (sideways curvature profound intellectual During an interview the Community Livic could not understar after the shift was on abuse. I was in the she could have reportime."  The Community Livic staff received training following this incide had training on Individual #1 was a with diagnoses of c (sideways curvature profound intellectual During an interview the Community Livic could not understar after the shift was on abuse in the she could have reporting."  The Community Livic staff received training following this incide had training on Individual #1 was a with diagnoses of abuse immediately to the service was a staff failed to the same staff fail | oth. DSP #3 said she does not her face" but when she er mouth pops open.  Inding of abuse on the part of ported immediately after her nity Living Manager what she DSP #2 were consistent in as well as during interviews. Ited she brushes Individual ower and uses the water to fall r her to open her mouth.  Idmitted to the facility on 9/5/06 prebral palsy, mild scoliosis of the spine), depression and all disability.  In 8/31/16 at 10:30 A.M. with the Manager, she stated, "I had why DSP #1 waited until over to report the allegation of thome until late that evening, orted the incident to me at that the ing Manager was asked if the on reporting abuse and the stated, "No." We only widual #1's tooth brushing  Ity policy indicated: "All the must be reported supervisor or an Administrator.  In provide continuing training | W 1                 | 89   |                               |
|   | on issues of reporting   | ng immediately an allegation  |                     |  |                               |

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of abuse.

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

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA (X2) N  |                     | IPLE CONSTRUCTION<br>NG   | (X3) DATE SURVEY<br>COMPLETED |  |
|---|---|---------------------|---|-------------------------------|--|
|   | 49G042  | B. WING             |   | 09/01/2016                    |  |
| NAME OF PROVIDER OR SUPPLIE VERSABILITY RESOURCES   |   |                     | STREET ADDRESS, CITY. STATE, ZIP CODE<br>703 HILTON BLVD<br>NEWPORT NEWS, VA 23605                              |                               |  |
| PREFIX (EACH DEFICIE                                | STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTIO<br>(EACH CORRECTIVE ACTION SHOULE<br>CROSS-REFERENCED TO THE APPROP<br>DEFICIENCY) | BE COMPLÉTION                 |  |
|   |   |                     |   |                               |  |
|   |   |                     |   |                               |  |
|   |   |                     |   |                               |  |
|   |   |                     |   |                               |  |
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|   |   |                     |   |                               |  |

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