



WHERE ABILITY MEETS OPPORTUNITY

October 31, 2017

Elizabeth Hudnall, LTC Supervisor
Division of Long Term Care Services
Office of Licensure and Certification
Virginia Department of Health
9960 Mayland Drive, Suite 401
Henrico, Virginia 23233-1485

RE: Versability Resources
Hilton House
703 Hilton Blvd
Newport News, Virginia
Provider Number: ICF/ID 49G042

Dear Ms. Hudnall:

Enclosed is the Plan of Correction for Hilton House including the completed form CMS-2567 which was received on October 25, 2017.

Please contact me at (757) 896-8431 if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Linda R. Kerns, LCSW".

Linda R. Kerns, LCSW
Chief Community Living Officer

cc: Kasia Grzelkowski, President CEO
Joyce Cofield, Assistant Director Community Living
Charisse Vann, Community Living Manager

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

PRINTED: 10/24/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/13/2017
NAME OF PROVIDER OR SUPPLIER VERSABILITY RESOURCES HILTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 703 HILTON BLVD NEWPORT NEWS, VA 23605		
(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 Medicaid survey for Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) was conducted on 10/12/17 through 10/13/17. 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 5 bed facility at the time of the survey was 5. The survey sample consisted of 2 current Individual records (Individual #1 through #2).	W 000	W 149 The facility staff failed to ensure Individual #1 was free of abuse. 1. Facility staff failed to report immediately an incidence of verbal abuse (per policy) as it related to Individual #1. (Reference Attachment # 1: Policy # 89-- Incident Reporting) However, after being notified of the abuse by DSP #2 on 8/1/17, DSP #1 was immediately placed on administrative leave pending an investigation. The investigation revealed that the incident did in fact occur as reported and DSP #1's employment was terminated effective 8/3/17. DSP #2 also received disciplinary action on 8/1/17 (date reported) due to not reporting the incident immediately, and the Incident Review Policy was reviewed with DSP #2. 2. During the investigation of the abuse allegation, staff revealed that this was an isolated incident and had not occurred prior to this date, nor had other residents been subjected to abuse. 3. All staff at Hilton ICF-IID will be re-trained on Policy # 89: Incident Reporting and the agency's Human Rights policy (Reference Attachment #2: Policy # 1.00.000.55--Human Rights, pgs. 3,5, and 32). Training is scheduled for 11/8/17 and is mandatory. All other ICF-IID facilities operated by	8/3/17 8/1/17 8/1/17 11/8/17	
W 149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: The facility staff failed to ensure one Individual (Individual #1) was free of abuse in the survey sample of two individuals. The findings included: Individual #1 was admitted to the facility on 1/3/14 with diagnoses of cerebral palsy, profound intellectual disability, seizures and Lennox Gastaut Syndrome. Facility staff physically abused Individual #1 on 7/29/17. An incident report dated 8/2/17 indicated: "It was reported to management on 8/1/17 that on 7/29/17 Facility staff (DSP #1) was seen walking Individual #1 down the hall at home. Individual #1	W 149			

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

TITLE

(X6) DATE

Heida R. Kern, LCSW Chief Community Living Officer 10-31-17

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.

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

PRINTED: 10/24/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/13/2017
NAME OF PROVIDER OR SUPPLIER VERSABILITY RESOURCES HILTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 703 HILTON BLVD NEWPORT NEWS, VA 23605		
(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 149	Continued From page 1 only walks with tremendous support from her (PT) Physical Therapist and equipment. DSP #1 was overheard by DSP #2 and Dental Hygienist telling Individual #1 "this is what you do when you act up" (meaning she walks her). Individual #1 was not wearing her braces, gait belt or using her walker, as she does with the PT." The Dental Hygienist who does not work for the agency confirmed the DSP #1 was walking individual #1 without her equipment and made the statement, "This is what happens when you act up." A Behavioral Support Plan dated 12/01/16 indicated Individual #1 had the following Target Behaviors: Disruptive Behaviors: of Shouting, crying, throwing. Self-Injurious Behaviors: of hitting, slapping self, biting self. Aggression: Hitting or scratching others. A Physical Therapy Progress Note dated 8/2/17 indicated: On 8/2/17 that he was asked by the primary nurse to assess Individual #1 left knee for swelling and for any changes in gait. The PT noted: inspected both knees and she had some mild swelling around the patellas of both knees (R>L). Her knees were not warm to touch nor did she display any discomfort with palpation or passive range of motion. The Physical Therapist did note that the swelling could come from her valgus knee deformities which cause increased wear on the lateral side of the joint. No changes in her gait, musculoskeletal were noted. Individual #1's ambulatory skills remain functional and uncompromised." A facility policy on Abuse indicated: It is the policy of the facility to ensure the safety and protection	W 149	W149 continued... VersAbility Resources will be re-trained as well by Nov. 15, 2017. The importance of reporting incidents of abuse, or suspicion thereof, "immediately" will be emphasized at each meeting. 4. Staff will continue to be subject to disciplinary action for all incidents of abuse, or suspicion thereof, that have been substantiated and/or incidents that they do not report immediately. Hilton's CL Manager will continue to monitor and provide on-going supervision and training to staff as necessary to understand their obligation to report in a timely manner. Ultimately, this will eliminate or deter any abusive behaviors by staff.	11/15/17	

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

PRINTED: 10/24/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/13/2017
NAME OF PROVIDER OR SUPPLIER VERSABILITY RESOURCES HILTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 703 HILTON BLVD NEWPORT NEWS, VA 23605		
(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 149	Continued From page 2 of residents when addressing their behavioral needs at all times. Abuse, neglect seclusion and time out rooms are prohibited. During an interview on 10/13/17 at 11:00 A.M. with the Program Manager, she stated staff are trained and know that abuse in any form will not be tolerated. We had abuse training less than a month ago for all staff.	W 149	W153 Facility staff failed to report immediately an incident of abuse to Individual #1 on 7/29/17. 1. Facility staff failed to report immediately an incidence of verbal abuse (per policy) as it related to Individual #1. (Reference Attachment # 1: Policy # 89-- Incident Reporting) However, after being notified of the abuse by DSP #2 on 8/1/17, DSP #1 was immediately placed on administrative leave pending an investigation. The investigation revealed that the incident did in fact occur as reported and DSP #1's employment was terminated effective 8/3/17. DSP #2 also received disciplinary action on 8/1/17 (date reported) due to not reporting the incident immediately, and the Incident Review Policy was reviewed with DSP #2.	8/3/17	
W 153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility staff failed to report immediately an incident of abuse to Individual #1 on 7/29/17 in a survey sample of two Individuals. The findings included: Individual #1 was admitted to the facility on 1/3/14 with diagnoses of cerebral palsy, profound intellectual disability, seizures and Lennox Gastaut Syndrome. Facility staff failed to report immediately an incident of physical abuse to Individual #1 on 7/29/17. An incident report dated 8/2/17 indicated: "It was reported to management on 8/1/17 that on 7/29/17 Facility staff (DSP #1) was seen walking	W 153	2. During the investigation of the abuse allegation, staff revealed that this was an isolated incident and had not occurred prior to this date, nor had other residents been subjected to abuse. 3. 3. All staff at Hilton ICF-IID will be re-trained on Policy # 89: Incident Reporting and the agency's Human Rights policy (Reference Attachment #2: Policy # 1.00.000.55--Human Rights, pgs. 3,5, and 32) Training is scheduled for 11/8/17 and is mandatory. All other ICF-IID facilities	8/1/17	11/8/17

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

PRINTED: 10/24/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/13/2017
NAME OF PROVIDER OR SUPPLIER VERSABILITY RESOURCES HILTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 703 HILTON BLVD NEWPORT NEWS, VA 23605		
(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 153	Continued From page 3 Individual #1 down the hall at home. Individual #1 only walks with tremendous support from her (PT) Physical Therapist and equipment. DSP #1 was overheard by DSP #2 and Dental Hygienist telling Individual #1 "this is what you do when you act up" (meaning she walks her). Individual #1 was not wearing her braces, gait belt or using her walker, as she does with the PT. During an interview with the Program Manger on 10/13/17 at 11:45 A.M. she stated all incidents of abuse should be reported immediately to the Administrator or supervisor on duty. The facility staff failed to report immediately to the administrator or other Supervisor an incident of abuse.	W 153	W153 (cont.) operated by VersAbility Resources will be re-trained as well by Nov. 15, 2017. The importance of reporting incidents of abuse, or suspicion thereof, "immediately" will be emphasized at each meeting. 4. Staff will continue to be subject to disciplinary action for all incidents of abuse, or suspicion thereof, that have been substantiated and/or incidents that they do not report immediately. Hilton's CL Manager will continue to monitor and provide on-going supervision and training to staff as necessary to understand their obligation to report in a timely manner. Ultimately, this will eliminate or deter any abusive behaviors by staff.	11/15/17	
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 record review and staff interview, the facility staff failed to hold evacuation drills under varied conditions and identify individuals who were being trained/assisted or supported to evacuate. The findings included: The facility staff failed to hold fire drills under varied conditions and identify individuals who needed assistance. A review of the fire drills from 9/23/16 through 9/24/17 across the 7-3, 3-11, 11-7 shifts did not	W 441	W441 Facility staff failed to hold fire drills under varied conditions and identify individuals who needed assistance. 1. The agency's Fire Drill report (Reference Attachment #3: Emergency Drill Response Record) did not identify varied weather conditions, nor specify type of support/assistance required for each individual to evacuate the premises. The Fire Drill report be revised to reflect changes as noted on	11/15/17	

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

PRINTED: 10/24/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/13/2017
NAME OF PROVIDER OR SUPPLIER VERSABILITY RESOURCES HILTON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 703 HILTON BLVD NEWPORT NEWS, VA 23605		
(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 441	Continued From page 4 address varied conditions or which individuals required assistance and training. During an interview on 10/13/17 at 11:54 A.M. with the Program Manager, she stated the facility staff did not hold evacuation drills under varied conditions or identify Individuals needs. An Emergency/Emergency Drill Response Record policy indicated: "When feasible drills are not just asking "what if ?" or reviewing procedures. Drills are physical simulations of an emergency events. meaning participants actually perform the actions they would during an actual emergency."	W 441	W441 continued..... attachment # 3. (Reference Emergency Response Record form) This will be completed by Nov. 15, 2017. 2. All other residents were found to be affected by this deficient practice also. As a result, the Fire Drill form will be revised. The type of support each resident requires during fire drills will be also be identified in the ISP. 3. Hilton, as well as, all other ICF-IID facilities operated by VersAbility Resources, will use the updated Fire Drill form upon completion. Also, the QIDP will assess the level of support needed for each individual to participate and/or evacuate the premises during a fire drills and will add a formal outcome to their ISPs. 4. The revised Fire Drill form (Emergency Drill Response Form) will be reviewed upon completion monthly by the CL Manager and then submitted to the Safety Committee for review. The CL Manager will be responsible for making sure all required elements are included. A copy of the Fire Drill will also be submitted to the QIDP monthly for review. ISP outcomes will be adjusted as necessary if additional or less support is required during evacuation.	11/15/17	11/15/17

Attachment #1

Policy #89

Incident Reporting

2pgs

VersAbility Resources
Rich Road House
ICF/IID
Policy and Procedures

SUBJECT: Incident Reporting

NUMBER: 89

POLICY: It is the Policy of Rich Road House to complete an Incident/Injury Report Form when an incident/injury or changes in condition occurs, in accordance with the overarching policies of VersAbility Resources.

PROCEDURES:

1. The original Incident/Injury report shall be maintained at the administration building in a locked cabinet.
2. The nursing staff will be contacted initially when any medical incident/injury or changes in condition occur. When direct care staffs are uncertain about a condition the nurse will be contacted.
3. The nursing staff will review the incident report. Nursing staff will document any comments, recommendations and/or actions taken on the Incident/Injury Report / or Incident Addendum form.
4. Nursing staff will notify the attending physician and Medical Consultant of incident and follow through as appropriate.

After an incident/injury occurs, all staff members involved or witnessing the incident/injury, change in condition, act or suspicion of abuse/neglect or exploitation must complete an Incident/Injury Report as applicable. This procedure also applies to trial visits.

- All sections of the report must be completed or marked as "not applicable (N/A)". The report should reflect only what was witnessed and the circumstances that actually took place. Inferences or hearsay should not be included anywhere on the report.
- If the staff member enters the scene of the incident after it originated, the staff member should only report what they witnessed from the time that they entered the situation.
- The report must be legibly written in ink or typed.
- Use appropriate grammar and spelling when completing an Incident/Injury Report.
- Injuries of unknown origin must be noted on the Incident Report and possible reason for injury indicated. Injuries of unknown origin will be investigated within 5 working days.

Blank Incident/Injury Report Forms can be found at Hilton House and at the main office of The Versability Resources. It is the Community Living Managers' responsibility to maintain a supply of blank forms. Inability to find a blank form does not relieve a staff member of the duty to report on all incidents and injuries. In the event a form cannot be located, the report must be made on blank paper until a formal form can be obtained. The original blank paper report will be attached to the formal report.


Copies of discharge reports from hospital visits will be attached to the report.

Staff should proofread the Incident/Injury Report for errors, sign it and submit it to the Community Living Manager immediately. The Community Living Manager is responsible for notifying the family/authorized representative as soon as possible when an incident, injury or change occurs. The nurse is responsible for communicating information with family/authorized representative if medical treatment is required. This should be documented on the Incident/Injury Report. The Community Living Manager must submit the Incident/Injury Report to the Director of Program and Quality Services immediately. Or, a report will be submitted the morning of the next working day if the report is written after normal working hours. The staff person completing the Incident Report will be responsible for recording the incident in the ID notes.

Incident Review Committee:

The Director of Program and Quality Services (Local Human Rights advocate) is responsible for reviewing the Incident/Injury Reports, and determining whether the Incident/Injury must be reported to licensing, police, Social Services, etc. The Director of Program and Quality Services will also route as necessary, maintain data as required, and report to the appropriate agencies.

Incident reports will be reviewed by the QIDP/Support Coordinator, RN Consultant, Community Living Nurse, Community Living Manager, Director of Community Living, and/or designee and signatures obtained.

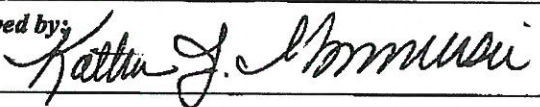
483.470	W148, W456, W457
DATES	SIGNATURE
Issued Date: 5/07	
Reviewed Date: 10/13, 3/14, 1/15	
Revised Date: 5/07; 7/10; 10/10; 3/11, 10/13 3/14	 Linda R. Kerns, LCSW Director of Community Living Versability Resources

Attachment #2

Policy #1.00.000.55

Human Rights

Pgs. 1-5, and 32

Policy Title: Human Rights Policy		Policy #: 1.00.000.55
Approval Date: 1-June-17	Effective Date: 1-June-17	Date(s) Revised: August 7, 2003; March 7, 2008; April 4, 2012, May 4, 2017; June 1, 2017
Scope: All Employees		Version: 2
Policy Owner: Administration		Approved by: 

1.0 Purpose

To assure the rights of individuals receiving services from VersAbility Resources, Inc., in accordance with applicable state and federal legislation, regulations and licensure requirements.

2.0 Policy

SECTION I. GENERAL POLICY

VersAbility Resources, Inc., will define and protect the rights of individuals receiving services. VersAbility supports and follows both the letter and the spirit of the regulations as set forth in 12VAC35-115. This policy applies to individuals receiving services under VersAbility's programs funded or licensed by the Department of Behavioral Health and Development Services (DBHDS).

Each Individual who receives services will be assured:

1. Protection to exercise his or her legal, civil, and human rights related to the receipt of those services
2. Respect for basic human dignity
3. Services that are provided consistent with sound therapeutic practice

VersAbility will not deny any individual his or her legal rights. These legal rights include the right to:

1. Acquire, retain, and dispose of property
2. Sign legal documents
3. Buy or sell
4. Enter into contracts
5. Register and vote
6. Get married, separated, divorced, or have a marriage annulled
7. Hold a professional, occupational, or vehicle operator's license
8. Make a will and execute an advance directive
9. Have access to lawyers and the courts

SECTION II. ASSURANCE OF RIGHTS

Individuals are entitled to know what their rights are under this policy and state regulations; therefore, VersAbility will take the following actions:

1. Display, in areas most likely to be noticed by the individual, a document listing the rights of individuals under the state regulations and how individuals can contact a human rights advocate. The document will be presented in the manner, format, and languages most frequently understood by the individuals receiving services.
2. Notify each individual and his or her authorized representative about these rights and how to file a complaint. The notice will be in writing and in any other form most easily understood by the individual. The notice will provide the name and phone number of the human rights advocate and give a short description of the human rights advocate's role. VersAbility will give this notice to, and discuss it with, the individual at the time services begin and every year thereafter.
3. Ask the individual or authorized representative to sign the notice of rights. File the signed notice in the individual's services record. If the individual or authorized representative cannot or will not sign the notice, the person who gave the notice will document that fact in the individual's services record.
4. Give a complete copy of the state human rights regulations to anyone who asks for one.
5. Display and provide information as requested by the protection and advocacy agency director that informs individuals of their right to contact the protection and advocacy agency.

Every individual has a right to seek resolution of a complaint and make a human rights complaint. Any individual or anyone acting on the individual's behalf who thinks that VersAbility or any other provider has violated any of the rights under this policy or the applicable state human rights regulations may make a complaint and get help in making the complaint in accordance with this policy.

Other rights and remedies may be available. Neither this plan nor the state regulations will prevent any individual from pursuing any other legal right or remedy to which he or she may be entitled under federal or state law.

SECTION III. DIGNITY

Each individual has a right to exercise his or her legal, civil, and human rights, including constitutional rights, statutory rights, and the rights contained in this policy and the applicable state human rights chapter, except as specifically limited in the human rights regulatory chapter. Each individual has a right to have services that he or she receives respond to his or her needs and preferences and be person-centered. Each individual also has the right to be protected, respected and supported in exercising these rights. VersAbility will not partially or totally take away or limit these rights solely because an individual has a mental health, intellectual disability or substance use disorder and is receiving services for these conditions or has any physical or sensory condition that may pose a barrier to communication or mobility.

In receiving all services, each individual has the right to:

1. Use his or her preferred or legal name. The use of an individual's preferred name may be limited when a licensed professional makes the determination that the use of the name

will result in demonstrable harm or have significant negative impact on the program itself or the individual's treatment, progress, and recovery. The director or designee will discuss the issue with the individual and inform the human rights advocate of the reasons for any restriction prior to implementation and the reasons for the restriction will be documented in the individual's services record. The need for the restriction will be reviewed by the team every month and documented in the services record.

2. **Be protected from harm including abuse, neglect and exploitation.**
3. Have help in learning about, applying for, and fully using any public service or benefit to which the individual may be entitled. These services and benefits include educational or vocational services, housing assistance, services or benefits under Titles II, XVI, XVIII and XIX of the Social Security Act, United States Veterans Benefits, and services from legal and advocacy agencies.
4. Have opportunities to communicate in private with lawyers, judges, legislators, clergy, licensed health care practitioners, authorized representatives, advocates, the inspector general and employees of the protection and advocacy agency.
5. Be provided with general information about program services, policies and rules in writing and in the manner, format and language easily understood by the individual.

In services provided in our residential settings, each individual will have the right to:

1. Have sufficient and suitable clothing for his or her exclusive use.
2. Receive nutritionally adequate, varied and appetizing meals that are prepared and served under sanitary conditions, are served at appropriate times and temperatures and are consistent with any individualized diet program.
3. Live in a humane, safe, sanitary environment that gives each individual, at a minimum:
 - a. Reasonable privacy and private storage space
 - b. An adequate number of private, operating toilets, sinks, showers and tubs that are designed to accommodate the individuals' physical needs
 - c. Direct outside air provided by a window that opens or by an air conditioner
 - d. Windows or skylights in all major areas used by the individuals
 - e. Clean air, free of bad odor
 - f. Room temperatures that are comfortable year round and compatible with health requirements
4. Practice a religion and participate in religious services subject to their availability, provided that such services are not dangerous to the individual or others and do not infringe on the freedom of others.
 - a. Religious services or practices that present a danger of bodily injury to any individual or interfere with another individual's religious beliefs or practices may be limited. The director or designee will discuss the issue with the individual and inform the human rights advocate of the reasons for any restriction prior to implementation. The reasons for the restriction will be documented in the individual's services record.
 - b. Participation in religious services or practices may be reasonably limited by VersAbility in accordance with other general rules limiting privileges or times or places of activities.

5. Have paper, pencil and stamps provided free of charge for at least one letter every day upon request. However, if an individual has funds to buy paper, pencils and stamps to send a letter every day, VersAbility does not have to pay for them.
6. Communicate privately with any person by mail and have help in writing or reading mail as needed.
 - a. An individual's access to mail may be limited only if VersAbility has reasonable cause to believe that the mail contains illegal material or anything dangerous. If so, the director or designee may open the mail, but not read it, in the presence of the individual.
 - b. An individual's ability to communicate by mail may be limited if, in the judgment of a licensed professional, the individual's communication with another person or persons will result in demonstrable harm to the individual's mental health.
 - c. The director or designee will discuss the issue with the individual and inform the human rights advocate of the reasons for any restriction prior to implementation and the reasons for the restriction will be documented in the individual's services record. The need for the restriction will be reviewed by the team every month and documented in the individual's services record.
7. Communicate privately with any person by telephone and have help in doing so. Use of the telephone may be limited to certain times and places to make sure that other individuals have equal access to the telephone and that they can eat, sleep or participate in an activity without being disturbed.
 - a. An individual's access to the telephone may be limited only if, in the judgment of a licensed professional, communication with another person or persons will result in demonstrable harm to the individual or significantly affect his or her treatment.
 - b. The director or designee will discuss the issue with the individual and inform the human rights advocate of the reasons for any restriction prior to implementation and the reasons for the restriction will be documented in the individual's services record. The need for the restriction will be reviewed by the team every month and documented in the individual's services record.
8. Have or refuse visitors.
 - a. An individual's access to visitors may be limited or supervised only when, in the judgment of a licensed professional, the visits result in demonstrable harm to the individual or significantly affect the individual's treatment or when the visitors are suspected of bringing contraband or threatening harm to the individual in any other way.
 - b. The director or designee will discuss the issue with the individual and inform the human rights advocate of the reasons for any restriction prior to implementation and the restriction will be documented in the individual's services record. The need for the restriction will be reviewed by the team every month and documented in the individual's services record.
9. Nothing in these provisions will prohibit VersAbility from stopping, reporting, or intervening to prevent any criminal act.

VersAbility will:

1. Recognize, respect, support and protect the dignity rights of each individual at all times. In the case of a minor, VersAbility will take into consideration the expressed preferences of the minor and the parent or guardian.
2. Develop, carry out and regularly monitor policies and procedures that assure the protection of each individual's rights.
3. Assure the following relative to abuse, neglect and exploitation:
 - a. Policies and procedures governing harm, abuse, neglect, and exploitation of individuals receiving their services will require that, as a condition of employment or volunteering, any employee, volunteer, consultant, or student who knows of or has reason to believe that an individual may have been abused, neglected, or exploited at any location covered by this policy or the applicable state human rights chapter, will immediately report this information directly to the director.
 - b. The director will immediately take necessary steps to protect the individual until an investigation is complete. This may include the following actions:
 - i. Direct the employee or employees involved to have no further contact with the individual. In the case of incidents of peer-on-peer aggression, protect the individuals from the aggressor in accordance with sound therapeutic practice, this policy and the applicable state human rights chapter.
 - ii. Temporarily reassign or transfer the employee or employees involved to a position that has no direct contact with individuals receiving services.
 - iii. Temporarily suspend the involved employee or employees pending completion of an investigation.
4. VersAbility shall afford the individual the opportunity to have an individual of his or her choice notified of his or her general condition, location, and transfer to another facility.

SECTION IV. SERVICES

Each individual receiving services will receive those services according to law and sound therapeutic practice.

VersAbility will:

1. Develop, carry out and regularly monitor policies and procedures prohibiting discrimination in the provision of services. VersAbility will comply with all state and federal laws, including any applicable provisions of the Americans with Disabilities Act of 1990 (104 Stat. 327), that prohibit discrimination.
2. Ensure that all services, including medical services and treatment, are at all times delivered in accordance with sound therapeutic practice. VersAbility may deny or limit an individual's access to services if sound therapeutic practice requires limiting the service to individuals of the same sex or similar age, disability, or legal status.
3. Develop and implement policies and procedures that address emergencies. These policies and procedures will:
 - a. Identify what caregivers may do to respond to an emergency.

2. VersAbility Resources will require our employees to:
 - a. Become familiar with this chapter, comply with it in all respects, and help individuals understand and assert their rights;
 - b. Protect individuals from any form of abuse, neglect, or exploitation by:
 - i. Not abusing, neglecting, or exploiting any individual;
 - ii. Using the minimum force necessary to restrain an individual;
 - * iii. Not permitting or condoning anyone else abusing, neglecting, or exploiting any individual; and
 - iv. Reporting all suspected abuse, neglect, or exploitation to the director; and
 - c. Cooperate with any investigation, meeting, hearing, or appeal held under this chapter. Cooperation includes giving statements or sworn testimony
3. Department human rights advocates shall:
 - a. Represent any individual making a complaint or, upon request, consult with and help any other representative the individual chooses;
 - b. Provide training to individuals, family members, and providers on this chapter;
 - c. Investigate and try to prevent or correct any alleged rights violation by interviewing, mediating, negotiating, advising, or consulting with providers and their respective governing bodies, directors, and employees;
 - d. Provide orientation, training, and technical assistance to the LHRCs for which he is responsible; and
 - e. Investigate and examine all conditions or practices that may interfere with the free exercise of individuals' rights.

3.0 Procedure

None

4.0 Definitions

Individual means a person who is receiving services. This term includes the terms "consumer," "patient," "resident," "recipient," and "client."

Restraint is the use of a mechanical device, medication, physical intervention or hands-on hold to prevent an individual from moving his or her body to engage in a behavior that places him or her or others at imminent risk.

Restriction is anything that limits or prevents an individual from freely exercising his or her rights and privileges.

Seclusion is the involuntary placement of an individual alone in an area secured by a door that is locked or held shut by a staff person, by physically blocking the door, or by any other physical or verbal means, so that the individual cannot leave it.

Time out is the involuntary removal of an individual by a staff person from a source of

Attachment #3

Emergency Drill Response Record (Fire Drill Report proposed revisions)

1 pg.

[Home](#)[Admin](#)[Board of Directors](#)[Business Development](#)[Community Living](#)[EPIC](#)[Executive](#)[Facilities](#)[Finance](#)[GOVCON](#)

Emergency Drill Response Record



Emergency/Emergency Drill Response Record

Use this form to document VersAbility Resources response to an emergency event or emergency drill. When feasible drills are not just asking "what if?" or reviewing procedures. Drills are physical simulations of an emergency event, meaning participants actually perform the actions they would during an actual emergency.

Date	10/29/2017	<input type="radio"/> Drill	Type	Select...	Department	
		<input type="radio"/> Event	Shift	Select...	Location	Drop down box with Weather here
Headcount		# Evacuated		Initiated by:	See above: (ex. Rain/Snow/Sunny/Cold/Other)	
StartTime	<input type="radio"/> AM			End Time	<input type="radio"/> AM	
	<input type="radio"/> PM				<input type="radio"/> PM	
Describe how the event/drill was initiated and the parameters of the drill. <i>Example: (Initiated by drill card, initiated by fire alarm, smoke coming from the bathroom, Entrance A blocked, intruder at Entrance C, etc)</i>						
Describe participant actions during event/drill. <i>Example: (Staff called 911, individuals were rerouted to evacuate through Entrance B, etc.)</i> CL Residential Only: Describe type of support staff provided to help each individual evacuate.						
Areas for Improvement						
Actions Taken For Improvement						
Select Reviewer:						
Form Completed by:						
<input type="button" value="Submit"/>						