

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

PRINTED: 07/11/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/01/2016
NAME OF PROVIDER OR SUPPLIER VERSABILITY RESOURCES HOLLYWOOD HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 41 HOLLYWOOD AVENUE HAMPTON, VA 23661		
(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 55 Fundamental Medicaid certification survey was conducted on 06/30/16 through 07/01/16. 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 206 Staff failed to develop a behavior plan for one individual (Individual #1) for 1:1 staff supervision and the use of fitted gloves to prevent picking of wounds in the survey. 1. The facility failed to follow agency procedures to "seek consultation from the Psychologist when a physically aggressive, self abusive or inappropriate verbal behavior is identified; and to obtain a Behavior Plan for all individuals prescribed psychotropic medications." As a result, a Behavior Assessment was requested and conducted by Rex Walker (Psychologist Consultant) on 7/11/16 (per agreement by the Authorized Representative). In addition, an appointment was scheduled with Dr. Gill (community Psychiatrist) on 7/26/16 to help determine the following: (1) Need for Seroquel medication (2) Need for 1:1 Supervision, as well as, (3) Need for fitted gloves to address "picking" behavior. Upon completion of this appointment and Dr. Gill's recommendations, a Behavior Plan will be developed by Rex Walker. The Behavior Plan will be reviewed and approved by the Interdisciplinary Team (including the Individual and Authorized Representative) on 7/27/16. It will also be submitted to the SCC (Specially Constituted Committee) for approval as well. Note: The Physician's Order may be changed pending Dr. Gill's recommendations and development of the Behavior Plan. A new physician order was obtained for use of fitted gloves on 7/14/16. (See Attachment 1: Physician's Order dated 7/14/16). The order indicates Individual #1 would wear the gloves		
W 206	483.440(c)(1) INDIVIDUAL PROGRAM PLAN Each client must have an individual program plan developed by an interdisciplinary team that represents the professions, disciplines or service areas that are relevant to: (i) Identifying the client's needs, as described by the comprehensive functional assessments required in paragraph (c)(3) of this section; and (ii) Designing programs that meet the client's needs. This STANDARD is not met as evidenced by: Based on observations, record review and staff interview, the facility staff failed to develop a behavior plan for one Individual (Individual #1) for 1:1 staff supervision and the use of fitted gloves to prevent picking of wounds in the survey sample of two residents. The findings included: Individual #1 was admitted to the facility on 5/2/06. This Individual was assessed as being	W 206		7/11/16	7/26/16

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

TITLE

(X6) DATE

Ginda R. Kerns, LCSW Director of Community Living

7-19-16

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 206	Continued From page 1 intellectually disabled at the severe level. The facility staff failed to develop behavior plans for 1:1 staff supervision and the use of fitted gloves to prevent picking of wounds. An Annual Psychological Review dated 5/8/16 indicated: This Individual is diagnosed with cerebral palsy. His gross motor skills are significantly impaired. He does not walk and requires the use of a wheelchair and assistance from others. His fine motor skills are poor. He has contractures in both hands and has limited ability to pick up or manipulate small objects with his fingers. Individual #1 requires physical assistance from others with dressing and undressing. He requires supervision and assistance with personal hygiene and grooming tasks. Individual #1 currently displays no significant challenging or problem social behaviors." During the survey, Individual #1 was observed in bed with one to one staff supervision. As well as one:one staff supervision when he was up in his wheelchair. This Individual was observed to have on fitted gloves. During observations on 7/1/16 from 10:00 A.M. until 12:30 P.M. at Individual #1's Day Support Program, he was observed lying on a bed for positioning. This Individual was observed to have fitted gloves on and one:one staff supervision. A review of the clinical record indicated: Individual #1 has a history of picking at sores or scabs causing them to bleed.	W 206	during all waking hours except for bathing and dining, to aid in the prevention of skin picking. The gloves will be removed every 2 hours for circulation and skin checks. They will also be left off for 5 minutes before replacing. The Physician Order also indicates Individual #1 will need to remain in visual site of staff during all waking hours to aid in prevention of skin picking. SCC approval was obtained on 7/14/16 also for use of gloves and visual observation during waking hours by staff while wearing gloves. (See Attachment #2: Specially Constituted Committee Agreement dated 7/14/16). Nursing Care Plan was revised to add use of fitted gloves and a procedure sheet was developed to track wear/removal of gloves (per the physician's order). ISP was updated to reflect changes/recommendations by the PCP. Note: It will also be updated, as needed, to reflect changes per the recommendation from the Psychiatrist (Dr. Gill) and/or Psychologist (Rex Walker). 2. Hollywood House ICF-IID's Manager and Nurse audited records of each resident to identify if there were behaviors that warranted development of a Behavior Plan (particularly if they were on any psychotropic medications). As a result, it was determined that no other resident at Hollywood House ICF-IID was affected by this deficient practice. 3. A QIDP/Staff meeting was held with Hollywood House ICF-IID staff on 7/11/16 to review policy related to management of an	7/14/16	7/14/16

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W 206	<p>Continued From page 2</p> <p>A review of Nursing Annual Clinical Summary indicated: "On 2/8/16 Individual #1 was seen by Primary care physician and assessed as having cellulitis present at area of knee measuring approximately 15 cm x 10 cm. Individual #1 noted to pick area."</p> <p>On 2/10/16 Individual #1 noted to be seen by Urologist for Catheter change. Lab report from knee wound indicated wound positive for MRSA*. MD (physician) noted infection not to be responding to oral antibiotics and cellulitis was worsening.</p> <p>*MRSA- Methicillin-resistant Staphylococcus aureus infection is caused by a type of staph bacteria that's become resistant to many of the antibiotics used to treat ordinary staph infections. mayoclinic.org</p> <p>On 2/15/16 PICC (peripherally inserted central catheter used for intravenous access) line inserted for long term IV antibiotics. Brace was placed on right arm so he would not pull the PICC out. On 2/23/16 individual #1 pulled PICC line out. On 2/26/16 Individual #1 placed in Long Term Care facility to continue antibiotic therapy. On 3/3/16 Individual #1 removed his PICC line and was transferred to hospital for one final dose of IV (intravenous) antibiotics and transferred back to nursing home and discharged to ICF ID on 3/4/16.</p> <p>During Staff interview on 6/30/16 at 4:30 P.M. and on 7/1/16 at 6:45 A.M. with the Program Manager, she was asked why was Individual #1 on one:one supervision. She stated Individual #1 had picking behavior where he picked his skin</p>	W 206	<p>Individuals' behavior. (See Attachment 3: Policy #40, Management of Inappropriate Individual Behavior). The policy reiterated the need for a behavior consultation if an individual is "self-abusive" and also addressed development of a Behavior Plan if an individual is prescribed psychotropic medications (e.g. Seroquel) This policy will be reviewed with staff at all ICF-IID facilities during QIDP/Staff meetings in July, 2016.</p> <p>CL Managers and CL Nurses will review records at all ICF-IID facilities operated by VersAbility Resources to ensure Behavior Plans have been developed and implemented for individuals currently taking psychotropic medications.</p> <p>4. The Psychologist Consultant will continue to monitor individuals' behavior via behavior tracking sheets, ID Notes, direct observation, etc. for Individual #1 as well as, all other ICF-IID facility residents with behavioral needs and/or concerns monthly. The Interdisciplinary Team will continue to assess need for additional behavior intervention (i.e. Behavior Plan) for all residents.</p> <p>The QA Manager will also conduct audits amongst the ICF-IID facilities at random. The audits will include review of Behavior Plans and/or need for this level of intervention. Results of the audit will be provided to the Director of Community Living for additional review and follow-up.</p>	<p>7/31/16</p> <p>7/31/16</p> <p>7/11/16--ongoing</p> <p>7/11/16 Ongoing</p>

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W 206	<p>Continued From page 3</p> <p>and inflicts wounds as well as pulls his super pubic catheter out." On 7/1/16 at 5:30 P.M. the Program Manager stated Individual #1 needed the gloves to propel his wheel chair. When asked how far could this individual propel his wheelchair, she stated a few feet.</p> <p>When asked why was Individual #1 on one:one staff supervision and wearing the fitted gloves while out of his wheelchair during his positioning program, the Program Manager did not answer.</p> <p>A 6/4/16 Psychologist's Monthly Note indicated: "Individual #1 continues to have to be repositioned on a schedule at his residence and day support program. Individual #1 does not currently display any significant challenging or problem social behaviors and has no need for a behavioral support plan at this time."</p> <p>During an interview on 6/30/16 at 5:00 P.M. Direct Care Staff Professional (DSP#1) stated, "(Individual #1) has a history of pulling out his catheter and needs to be one:one staff supervision. He also picks his skin and causes wounds. So he has gloves on to prevent him from picking his skin."</p> <p>A review of the clinical record indicated Individual #1 has a history of picking at sores or scabs causing them to bleed.</p> <p>The facility staff failed to develop a behavior plan to meet the needs of Individual #1.</p>	W 206		
W 262	<p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE</p> <p>The committee should review, approve, and</p>	W 262		

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W 262	Continued From page 4 monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on observations, record review and staff interview, the facility staff failed to have the Specially Constituted Committee (SCC) to review, approve and monitor for one Individual (Individual #1) for 1:1 staff supervision and the use of fitted gloves to prevent picking of wounds in the survey sample of two residents. The findings included: Individual #1 was admitted to the facility on 5/2/06. This Individual was assessed as being intellectually disabled at the severe level. Individual #1's use of fitted gloves to prevent picking sores and 1:1 Staff supervision were not reviewed and approved by the SCC prior to use. An Annual Psychological Review dated 5/8/16 indicated: "This Individual is diagnosed with cerebral palsy. His gross motor skills are significantly impaired. He does not walk and requires the use of a wheelchair and assistance from others. His fine motor skills are poor. He has contractures in both hands and has limited ability to pick up or manipulate small objects with his fingers. Individual #1 requires physical assistance from others with dressing and undressing. He requires supervision and assistance with personal hygiene and grooming tasks.	W 262	Facility failed to have the Specially Constituted Committee (SCC) to review, approve and monitor for one Individual (Individual #1) for 1:1 staff supervision and the use of fitted gloves to prevent picking of wounds 1. A new physician order was obtained for Individual #1's use of fitted gloves on 7/14/16 and need for 1:1 supervision. (See Attachment 1: Physician's Order dated 7/14/16). SCC approval was obtained on 7/14/16 also for use of gloves 1:1 supervision. (See Attachment #2: Specially Constituted Committee Agreement dated 7/14/16). 2. The CL Nurses and Hollywood House ICF-IID Manager reviewed all SCC approvals for Hollywood House residents to assure appropriate information was submitted, reviewed and approved by the SCC. No other resident at Hollywood House ICF-IID was affected by this deficient practice. 3. CL Managers and CL Nurses at all VersAbility ICF-IID facilities will review all SCC approvals and assess whether or not they are current and concur with the Individual's current physician orders. There was a QIDP/Staff Meeting scheduled on 7/11/16 with all of Hollywood House ICF-IID staff and Nurse. Policy was reviewed regarding SCC needing to review medications used for behavioral modifying purposes. (See Attachment #4: Policy #77, Medication Usage in the ICF/IID Setting)	7/14/16 7/11/16 7/31/16 7/11/16	

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W 262	Continued From page 5 Individual #1 currently displays no significant challenging or problem social behaviors." During the survey, Individual #1 was observed in bed with one:one staff supervision. As well as one:one staff supervision when he was up in his wheelchair. This Individual was observed to have on fitted gloves. During observations on 7/1/16 from 10:00 A.M. until 12:30 P.M. at Individual #1's Day Support Program, he was observed lying on a bed for positioning. This Individual was observed to have fitted gloves on and one:one staff supervision. A review of the clinical record indicated: Individual #1 has a history of picking at sores or scabs causing them to bleed.	W 262	4. The CL Nurses/Nurse Consultant will conduct audits amongst all VersAbility Resources ICF-IID facilities at random. These audits will include review of Physicians Orders for all psychotropic medications and their purposes. SCC approval will be obtained per policy for all psychotropic medications used to modify behaviors. The individual's attending Physician, the Medical Consultant, Pharmacist and Nursing Staff will continue to assess the effectiveness of all medications used in changing targeted behaviors/symptoms and will closely monitor their usage.	7/31/16	ongoing
	A review of the Specially Constituted Committee Approval Request dated 5/10/16 did not include the use of a fitted glove to prevent picking sores, requiring 1:1 staff supervision. During an interview on 7/1/16 at 5:45 P.M. the Community Living Director stated, "Individual #1 was reviewed by the SCC for a fitted glove." When asked how the glove was to be used, when Individual #1 could be free of the glove and who ordered the Glove, the Community Living Director was not able to provide information to support the review, approval and monitoring of the fitted glove or 1:1 Staff Supervision. The facility staff failed to have Specially Constituted Committed (SCC) to review, approve and monitor a fitted glove and 1:1 staff supervision.				

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W 312	Continued From page 6	W 312	W 312	
W 312	483.450(e)(2) DRUG USAGE	W 312	Facility staff failed to use a drug (Seroquel) for the control of inappropriate behaviors as ordered by physician for one Individual (Individual #1).	
	Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.		1. Individual #1 was prescribed Seroquel medication by the Neurologist originally for sleeping difficulties, however, Seroquel is an antipsychotic medication. An appointment was scheduled with Dr. Gill (community Psychiatrist) for 7/26/16 to help determine on-going need for Seroquel medication. To further assess on-going need for this medication, a Behavior Assessment was requested and conducted by Rex Walker (Psychologist Consultant) on 7/11/16 (per agreement by the Authorized Representative). A Behavior Plan will be developed by Psychologist Consultant following the appointment with Dr. Gill. The Physician's Order for Seroquel may be changed pending the Psychiatrist's recommendation.	7/26/16 7/11/16
	This STANDARD is not met as evidenced by: Based on observations, record review and staff interview, the facility staff failed to use a drug (Seroquel) for the control of inappropriate behaviors as ordered by physician for One Individual (Individual #1) in the survey sample of two residents.		2. Hollywood House ICF-IID Manager and Nurse audited records of each resident in order to identify Individuals on psychotropic medications that may be used for managing behaviors. As a result, none of the other residents at Hollywood House ICF-IID were affected by this deficient practice.	7/11/16
	Wolters Kluwer Nursing 2016 Drug Handbook describes the medication Seroquel -"As an Antipsychotics. This medication is used for Bipolar I disorder, acute manic episodes; Depression associated with bipolar disorder, Major depressive disorder, adjunctive therapy; Obsessive compulsive disorder. Monitor patient for tardive dyskinesia, which may occur after prolonged use. Warn Patient - Tell patient and caregivers to be alert for anxiety, agitation, panic attacks, insomnia, irritability, hostility, aggressiveness, impulsivity, motor restlessness, hypomania, mania, other unusual changes in behavior, worsening of depression, and suicidal thoughts."		3. CL Nurses and CL Managers at all VersAbility Resources ICF-IID facilities will audit records of all residents in order to identify if there are any other Individuals that may be affected by this deficient practice.	7/31/16
	The findings included: The facility staff failed to use the drug Seroquel for the control of inappropriate behaviors as ordered by physician.			

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W 312 Continued From page 7

Individual #1 was admitted to the facility on 5/2/06. This Individual was assessed as being intellectually disabled at the severe level. This Individual is diagnosed with Cerebral palsy and records indicate a significant visual impairment with optic nerve atrophy and bilateral cataracts. Individual is also diagnosed with epilepsy, which is controlled with anticonvulsant medication.

An Annual Psychological Review dated 5/8/16 indicated: This Individual is diagnosed with cerebral palsy. His gross motor skills are significantly impaired. He does not walk and requires the use of a wheelchair and assistance from others. His fine motor skills are poor. He has contractures in both hands and has limited ability to pick up or manipulate small objects with his fingers.

Individual #1 requires physical assistance from others with dressing and undressing. He requires supervision and assistance with personal hygiene and grooming tasks.

Individual #1 currently displays no significant challenging or problem social behaviors."

A 6/4/16 Psychologist's Monthly Note indicated: "Individual #1 appears to be doing well in his residential and day support programs. He appears in good spirits and says he is happy. Individual does not currently display any significant challenging or problem social behaviors and has no need for a behavioral support plan at this time."

An Approval form dated 5/6/16 (no name given) A committee of four named persons signed the

W 312 The IDT will meet on 7/27/16 to discuss review medication usage, review Psychiatrist recommendations, review SCC approval, review Behavior Plan, etc. for Individual #1. 7/27/16

4. The CL Nurses/Nurse Consultant will conduct audits amongst all VersAbility Resources ICF-IID facilities at random. These audits will include review of Physicians Orders for all psychotropic medications and their purposes to avoid having this deficiency re-occur. Individuals receiving psychotropic medications and not currently seeing a Psychiatric will be referred for clinical assessment and follow-up care/treatment. 7/31/16 ongoing

The individual's attending Physician, the Medical Consultant, Pharmacist and Nursing Staff will continue to assess the effectiveness of all medications used in changing targeted behaviors/symptoms and will closely monitor their usage. 7/11/16 ongoing

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W 312	Continued From page 8 approved use of the medication Seroquel 25 milligrams (mg). The form indicated: "Neurologist ordered to discontinue Trazadone and Requip medications due to potential side effects: auditory/visual hallucinations and change in sleep patterns. New medication Seroquel 25 mg (generic, Quetiapine Fumarte) one tablet by mouth at night (QHS) and as needed ordered if not sleeping within one hour of standing dose of 25 mg. Nurse to notify MD of medication effectiveness in two weeks, Nurse will continue to monitor closely. (Physician's order, Nurse's note)." A 5/6/16 Nurses note indicated: "Mother notified, was also seen by Neurologist for medication review and possible side effects from Requip/Trazodone Medications. Side effects to include: Auditory/Visual Hallucinations, Change in Sleep Pattern. The Requip/Trazadone Medications were discontinued and New Medication Seroquel 25 mg (QHS) and PRN, if not sleeping within one hour, were added to Medication list and physician's order. These medications were discontinued/added by MD to Improve and establish health sleeping patterns. Will notify MD of Medication effectiveness in two weeks. Will continue to Monitor closely." A Nursing Note dated 5/24/16 indicated: "5/22/16 received a report of not sleeping, Individual #1 was given PRN Quetiapine. No other concerns." A May 2016 PRN Medication Sheet Indicated: 5/18/16 at 9:23 P.M. given Quetiapine 25 mg one tab, help with sleep. 5/22/16 at 8:50 P.M. given Quetiapine 25 mg one tab, help with sleep.	W 312			

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NAME OF PROVIDER OR SUPPLIER VERSABILITY RESOURCES HOLLYWOOD HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 41 HOLLYWOOD AVENUE HAMPTON, VA 23661
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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 312 Continued From page 9

W 312

A 6/7/16 Nurses note indicated: Individual #1 was seen by Neuro (neurologist) for follow up with new medication Seroquel. MD was informed that medication was not effective. MD discontinued Seroquel 25 mg before bed PRN for sleep if not sleeping within an hour of standing dose of 25 mg. Seroquel 25 mg QHS was increase to Seroquel 100 mg One tab by mouth every night for one week, then increase to one/half tab by mouth every night for Sleep. MD was also informed of new visual hallucinations of monkeys, and man jumping on him at night. MD gave referral for Psychiatrist due to auditory and Visual hallucinations. Individual denied having any pain and discomfort in legs. MD stated to continue to 1:1 staff until seen by Psychiatrist."

During the survey, Individual #1 was observed in bed with one:one staff supervision. As well as one:one staff supervision when he was up in his wheelchair. This Individual was observed to have on fitted gloves.

During observations on 7/1/16 form 10:00 A.M. until 12:30 P.M. at Individual #1's Day Support Program, he was observed lying on a bed for positioning. This Individual was observed to have fitted gloves on and one:one staff supervision.

During Staff interview on 6/30/16 at 4:30 P.M. and on 7/1/16 at 6:45 A.M. with the Program Manager, she was asked why was Individual #1 on one:one supervision. She stated, Individual #1 had picking behavior where as he picked his skin and inflicts wounds as well as pull his super pubic catheter out." On 7/1/16 at 5:30 P.M. the Program Manager stated, Individual #1 needed the gloves to propel his wheel chair. When asked how far could this individual propel his wheelchair, she

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

PRINTED: 07/11/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/01/2016
NAME OF PROVIDER OR SUPPLIER VERSABILITY RESOURCES HOLLYWOOD HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 41 HOLLYWOOD AVENUE HAMPTON, VA 23661		
(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 312	<p>Continued From page 10 stated a few feet.</p> <p>A Medication Usage Policy and Procedure in the ICF/IID Setting indicated: Policy: "It is the policy of the facility to ensure that medications are used safely and appropriately administered, as per physician's orders.</p> <p>2. Medications will not be used in doses that interfere with the individuals' daily living activities, unless a well documented condition warrants the use of medication in sedating quantities to adequately manage that condition.</p> <p>5. The physician will prescribe medication used for control of inappropriate behaviors with the collaboration of the Facilities Interdisciplinary Team (IDT). Whenever possible, the IDT should develop and implement effective non-drug interventions to address the targeted behaviors. The use of drugs with potentially harmful effects will not be used until the benefits are justified and out weigh the potentially harmful effects."</p> <p>The facility staff failed to administer medications for the control of inappropriate behaviors as a part of the Individual Program Plan.</p>	W 312		

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ATTACHMENT

#1

PHYSICIAN'S
ORDER

7/14/16

(2pg)

Physician's Orders:

Name: ██████████ Individual #1

Date: 9-14-16

Discontinue all previous orders and continue with:

May have wheelchair with a seatbelt for safety, postural harness for improved sitting posture in wheelchair, and wheelchair repair as needed
May have back support if needed and may have a pressure reducing cushion for wheelchair

Continue use of thigh high TED stockings – wear at night and remove during the day during warm weather May – Oct.

Continue use of thigh high TED stockings wear during the day and remove at night. Oct. – May

May use gait belt and the Betsy Glider for safety

May use High/Low bed for easier transfers with Joerns mattress for pressure relief and built up side walls for safety

May use shower/toilet chair with belt for safety

Wear gloves during all waking hours except for bathing and dining, to aid in prevention of skin picking, remove gloves every 2 hours for

Circulation and skin check. Leave gloves off for five minutes before placing them back on.

Must remain in visual observation of assigned staff during all waking hours to aid in prevention of skin picking

May have new back for wheelchair and tray for wheelchair for postural support

John

ATTACHMENT #2

SPECIALLY CONSTITUTED COMMITTEE AGREEMENT

7/14/16

FOR
GLOVES AND 1:1 SUPERVISION

(1 pg.)

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**Specially Constituted Committee
Hollywood House ICF-IID
VersAbility Resources
11830 Fishing Point Drive Suite 213
Newport News, VA 23602**

Date: July 14, 2016

Approval being sought for: ~~██████████~~ Individual # 1

New Order: Wear gloves during all waking hours except for bathing and dining, to aid in prevention of skin picking. Remove gloves every 2 hours for Circulation and skin check. Leave gloves off for 5 minutes before placing them back on.

Must remain in visual observation of assigned staff during all waking hours to aid in prevention of skin picking. (Physicians Order, Photo) Hollywood and Envisions staff were trained on the procedure for removal of glove.

Name	Signature	Approved	Not Approved
██████████	██████████	✓	
██████████	██████████	✓	
██████████	██████████	✓	

ATTACHMENT

#3

POLICY #40

MANAGEMENT OF
INAPPROPRIATE
INDIVIDUAL
BEHAVIORS

(3 pgs)

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Division: Community Living

Category: Individual Behavior and Facility Practices

Subject: Management of Inappropriate Individual Behavior

Versability Resources
Hollywood House
ICF/IID
Policy and Procedures

SUBJECT: Management of Inappropriate Individual Behavior

NUMBER: 40

POLICY: It is the policy of the Hollywood House staff to ensure the safety and protection of residents when addressing their behavioral needs at all times. Staff will also follow VersAbility Resources' policies (such as *Human Rights 1.00.000.55*, *Behavior Management 1.00.00.42*, *Restraint Restriction and Seclusion 1.00.000.39*) to address an individual's behavior. See *Appendix A*

PROCEDURES:

1. The use of seclusion and time out rooms are prohibited.
2. Staff will utilize behavior management techniques directed toward maximizing the growth and development of each individual, emphasizing a positive problem solving approach.
3. Staff will seek consultation from the psychologist when a physically aggressive, self abusive or inappropriate verbal behavior is identified. Individuals who are prescribed psychotropic medications must have a Behavioral Support Plan. The Behavioral Support Plan will be developed by the psychologist using observations and input provided by the Authorized Representative, HollywoodHouse, day support staff, nurses and the individual as fully as possible. Contributing factors such as physical or medical conditions, social, cultural, environmental influences and inappropriate programming are addressed prior to implementation of a behavior support plan. The Behavior Support Plan will focus on positive, non-restrictive approaches that modify, redirect or eliminate inappropriate behaviors of the individual. The Behavioral Support Plan will be identified in the individual's Crisis Plan.

The Director of Community Living and/or the Support Coordinator are responsible for submitting the Behavioral Support Plans to the Specially Constituted Committee following approval of the Authorized Representative and individual. The plan will be presented to the Local Human Rights Committee for re view at the next quarterly meeting. Behavior Support Plans which do not obtain any restrictive techniques do not need to be approved by the LHRC.

The Behavioral Support Plan and Data Sheet for Challenging Behavior are located in the Support Binder for each individual. The Behavioral Support Plan and SCC approvals are located in the Medical Binder. Community Living staff who are not available to meet with the Psychologist are required to read the plan and sign the implementation sheet prior to supporting the individual.

All targeted behaviors must be documented on the behavioral data sheet located in the Support Binder.

4. Staff will follow interventions as endorsed by the Crisis Prevention Institute (CPI), Non-Violent Crisis Intervention training, approved by the Specially Constituted Committee (SCC) and Local Human Rights Committee and Regional Advocate. Staff will remain CPI certified.
5. All interventions will be specified in the Individual Support Plan/ISP and approved by the Individual, the ID Team, Authorized Representative and the Specially Constituted Committee. Interventions will be identified in a hierarchy range.

6. The least restrictive and most positive techniques including verbal de-escalation will be attempted and documented prior to the use of any non-violent physical hold techniques. Physical restraints and Drugs are not used to manage inappropriate behavior, however, may be used to protect the individual, or other individuals, from any hurt, harm or dangerous situations. This will be based on individual need and the individual's presenting problem; and it is determined that the problem/situation cannot be addressed by any other means. Drug therapy is used to treat diagnosed organic brain illnesses. (See Chemical/Physical Restraint Policy #42.) Non-violent physical hold techniques are used only as a last resort to prevent harm or injury to the Individual or others. Previous attempts to manage the behavior using less restrictive interventions are documented in the record.
7. Only those staff certified by the Crisis Prevention Institute and the SCC may authorize the use of physical hold as identified in the crisis plan. The Manager is paged immediately to provide further guidance and direction. An Incident Report is to be written by the staff person employing the non-violent physical crisis technique. This report is submitted to the Incident Review Committee Chair. Individuals and their representatives receive a review of the Crisis Prevention Institute materials during the orientation to the facility and annually.

**Procedure on Staff Use of Crises Prevention
Institute, Inc. (CPI) Nonviolent Crises Intervention
HollywoodHouse**

This procedure for using physical controls is required by the Versability Resources-wide Procedure on Nonviolent Crises Intervention and the CPI training workbook.

TEAM LEADER PROCEDURES:

The first staff person encountering an inappropriate Individual behavior is automatically the "Team Leader" whether or not that staff person is trained in physical controls. Leadership can only be transferred by the Team Leader asking another staff member if they will take over as Team Leader and the other staff member agree. Leadership should be only turned over to a staff person trained and authorized to use physical controls and able to communicate with individuals and staff. Status within the organizational chart is not the criteria for Team Leader. The Team Leader's responsibilities are to assess the situation, plan the intervention, direct staff and communicate with the Individual who is having an inappropriate behavior.

If the Team Leader believes physical controls might be needed, or if staff is needed to assist with non-physical interventions, the Team Leader shouts, "**staff assists**". To direct the use of the team control position, the Team Leader says "**team control**".

The Team Leader decides which, if any, intervention is appropriate based on the behavior, people involved (individual, staff and others) and the circumstances. In general, verbal and para-verbal interventions are preferred. Another option is to block/deflect and escape. Physical controls are to be used only as a last resort to protect the health and safety of individuals, staff and others or to prevent substantial damage to the property or programs. The Team control positions require a minimum of two trained staff members. This technique should not be attempted without another staff person.


The Team Leader may choose not to intervene if the intervention could create more danger than the crisis behavior. For instance, if the behavior includes a weapon such as a knife, gun or baseball bat it is perfectly acceptable to dial 911 or direct another staff person to do so. If physical intervention is necessary, and on-site staff are unavailable, untrained or physically incapable of physical intervention then it is acceptable to call another house for assistance. If assistance is not available in another, follow the Community Living Services On-Call Procedure. The Team Leader may need to ask staff present if they are certified to use physical controls. HollywoodHouse staff are trained and authorized to use physical controls.

The Team Leader will ask any additional staff or other capable person(s) present to remove other individuals from the crises area if at all possible. The Team Leader may also release some staff from the intervention, if

more people respond than are needed to handle the situation. The Team Leader directs when to release the individual from the team control position, if used. Release should be gradual, supervised and only after the individual vents their physical energy and regains control of their actions.

The Team Leader establishes or ensures that therapeutic rapport is re-established between individual and staff before the individual is integrated into their normal routine (such as work or residential activities) and before leaving the Individual alone. The Team Leader leads the post-intervention assessment and ensures the proper forms are completed. A restraint report is required if a physical control was used. An incident report is required on the crisis behavior. An injury report is required if an injury resulted from the behavior intervention.

8. The use of time out rooms and painful or noxious stimuli or any technique for the purpose of punishment or the convenience of staff or as a substitute for active treatment is prohibited.
9. Mechanical restraints are prohibited.
10. Individuals must not discipline the other individuals.
11. Standing or as needed programs to control inappropriate behavior are not permitted.
12. Any action that is humiliating, degrading or abusive is prohibited.

483.440, 483.450 12VAC 35-105-800, 12VAC 35-105-810, 12VAC 35-105-820, 12VAC 35-105-830, 12VAC 35-105-840	W 238 – 241, W266, W273 – 290, W295 - 296
DATES	SIGNATURE
Issued Date: 12/06	
Reviewed Date: 1/15; 9/15	
Revised Date: 02/06; 06/07; 4/10; 11/10; 1/15; 9/15	<div style="text-align: center;">  Linda R. Kerns, LCSW Director of Community Living Versability Resources </div>

ATTACHMENT

#4

POLICY #77

MEDICATION
USAGE IN THE
ICF-IID
SETTING

(3pgs)

Division: Community Living

Category: Health Services

Subject: Medication Usage

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Versability Resources
Hollywood House
ICF/IID
Policy and Procedures

SUBJECT: Medication Usage in the ICF/IID Setting

NUMBER: 77

POLICY: It is the policy of the Hollywood House to ensure that medications are used safely and appropriately administered, as per physician's orders.

PROCEDURES:

I. The Hollywood House will follow Medication Administration Policy for Medication Management to include:

- Medication Administration
- Medication Inventory
- Medication Storage
- Medication Documentation
- Medication Disposal
- Physician Orders
- Medication Adverse Reactions which may include but not limited to; tardive dyskensia, parkinsonian symptoms
- Medication Errors

1. The physician will determine the use of medication for the individual in the Hollywood House. The physician will make this decision in collaboration with the Interdisciplinary Team and the AR/guardian.
2. Medication will not be used in doses that interfere with the individuals' daily living activities, unless a well-documented condition warrants the use of medication in sedating quantities to adequately manage that condition.
3. Any use of medication to include medical and/or behavioral interventions requires inclusion within the active treatment program and the Individual Support Plan. The Specially Constituted Committee will review medication used for behavioral modifying purposes.
4. The individual's attending physician, the Medical Consultant, Pharmacist and Nursing Staff will assess for its effectiveness in changing the target behaviors/symptoms and will closely monitor medication usage. The individual will also be monitored for any adverse side effects and contraindications for continued use. This information will be communicated to the Interdisciplinary Team and to the program Direct Support Professionals.
5. The physician will prescribe medication used for control of inappropriate behaviors with the collaboration of the Hollywood House Interdisciplinary Team. In an emergency, the physician may authorize the use of a medication to control inappropriate behaviors. Continued use requires the approval of the Interdisciplinary Team and is to be included in the Individual Support Plan. Whenever possible, the Interdisciplinary Team should develop and implement effective non-drug interventions to address the targeted behaviors. The use of drugs with potentially harmful effects will not be used until the benefits are justified and out weigh the potentially harmful effects.
6. The physician in collaboration with other members of the Interdisciplinary Team will determine the need for any changes to the medication regimen to include increases in dosage and frequency, reductions in dosage and frequency, use of other medications and any

discontinuation of drugs. Any changes will be incorporated into the Individual Support Plan. Medication will not be administered until the Interdisciplinary Team concurs with the recommendations.

7. The attending physician (primary care physician), pharmacist and the Hollywood House Medical Consultant (s) will review prescribed medication quarterly. These reviews will be documented and filed in the individual's medical record.
8. Individuals are to be taught self-administration of their own medications, based on their function assessment.
9. Nursing staff will conduct an assessment of the individuals' ability to self-administer medication during the trial visit, the first 30 days after admission, and at least annually thereafter. Results of this assessment will be presented to the Interdisciplinary Team and included in the ISP.
10. Nursing staff will provide periodic training and education to direct care staff on medication use, side effects, contraindications, etc.


II. Medication Administration Policy

1. It is the policy of Versability Resources to ensure prescribed and over the counter medications are handled, stored, and administered safely, securely, and in conformance with doctors' orders.
2. Within Versability Resources programs, medications are only administered by individuals capable of independent self-administration, by licensed health care professionals, or by Direct Support Professionals who are currently certified in Medication Administration. After initial completion of the medication certification course, staff is required to take refresher training annually.
3. It is the policy of Versability Resources to respect individuals' right to refuse any medication. Staff will document any refusal to take a medication. The Community Living Nurse will be contacted and will then notify the physician.

III. General Provisions

1. Medication is only administered by the order of a licensed physician or health care professional permitted by law in the state of Virginia.
2. Medication to modify or control a behavior(s) may be used only when a prescription for its use and an approved Local Human Rights Committee behavior modification plan that addresses the need are in place.
3. Medications may not be administered or withheld as a punishment or as a reward, or for the convenience of staff. To do so is potentially abuse or neglect of the individual.
4. Off-site Medication
 - a. Only trained staff (at Day Program or on an outing) will administer medication.
 - b. The MAR (Medication Administration Record) and medication will be kept locked until administered and recorded.
5. PRN (as needed) medications can only be given for the purpose as defined on the physician's order.
6. The staff member administering medications will positively identify all individuals prior to the administration. In general, photographs in the individual's records will assist a staff member unfamiliar with the specific individual.
7. All staff that are certified for medication administration have current documentation on file with Versability Resources Department of Human Resources. Each house manager supervises the procedure of getting every staff member certified and that they are kept current.
8. The nurse offers ongoing medication certification classes as often as necessary.

9. The nurse is responsible for ordering all medication. The Community Living Manager, Community Living Manager designated staff on duty is responsible for medication receipt and storage when nurse is not available.
10. All medications shall be completely documented.
 - a. Each Versability Resources program will develop a system to maintain control of the medication from the time it comes into The Versability Resources possession until it is administered, disposed of, or turned over to an authorized person or entity.
 - b. Documentation must include the individual's name, name of medication, dosage, route, time to administer, and staff who administered, witnessed, or assisted with the administration of the medication.
11. Allergies should be clearly noted on the individual's medication record, in a manner that draws attention to the allergy.
12. All entries to medication records are to be made in black ink.
13. Corrections are to be made by a single ink line through the incorrect entry with no obliteration of the incorrect entry.
14. Certain classes of drugs are designated "controlled substances" by the state and federal governments because of the possibility of abuse and the significant danger these drugs could present to unknowing person. As such, it is the policy of The Versability Resources to maintain and document continuous physical control of all "controlled substances." This record is to include the quantity on hand and the staff person who has custody and control of the medication.
15. All The Versability Resources programs are to provide safe, secure, appropriate and adequate storage space for each individual's medication.
 - a. The location of the Medication Room at Hollywood House is the located behind the kitchen.
 - b. The key to open the Medication Room is kept in a locked metal box.
 - c. The Medication Reference Manual is kept in the locked medication room.
16. All discontinued, outdated, or contaminated medications are to be disposed of in a manner so as not to be recoverable and to offer no danger to others.
17. Errors in medication administration will be reported in accordance with the Versability Resources Abuse and Neglect Reporting Policy (# 1.00.000.7) (see Appendix A for Versability Resources Corporate policies).

483.450 12VAC35-105-770; 12VAC35-105-780 12VAC35-105-790	W310-315, W365, W 367-376
DATES	SIGNATURE
Issued Date: 12/06	
Reviewed Date: 1/15	
Revised Date: 02/06; 06/07, 10/10	<div style="text-align: center;">  Linda R. Kerns, LCSW Director of Community Living Versability Resources </div>

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