

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

PRINTED: 06/06/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 48G007	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/26/2016
NAME OF PROVIDER OR SUPPLIER VERSABILITY RESOURCES SAUNDERS HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 149 SAUNDERS AVE HAMPTON, VA 23666	
(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)

W 000 INITIAL COMMENTS

An unannounced annual 55 Fundamental Medicaid Certification survey for Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) was conducted 05/25/16 through 05/26/16. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for the Intellectually Disabled. The Life Safety Code survey report will follow. The census in this 6 bed facility was 5 at the time of the survey. The survey sample consisted of 3 individual reviews (Individuals #1 through #3).

W 455 483.470(i)(1) INFECTION CONTROL

There must be an active program for the prevention, control, and investigation of infection and communicable diseases.

This STANDARD is not met as evidenced by: Based on observations, staff interviews and facility documentation, the facility staff failed to ensure that the proper technique for hand washing to prevent infection was performed by one staff member.

During a Medication Pass and Pour Task Observation one staff member, DSP I/Med Tech (direct support professional/medication technician) #1, did not wash her hands in accordance with acceptable hand washing techniques after removing disposable gloves and putting another pair of gloves on to complete a treatment after administering medication to Individual #3.

The findings included:

W 000

483.470(i)(1) Infection Control
Facility staff failed to ensure that the proper technique for hand washing to prevent infection was performed by one staff member

1. Immediately following this Medication procedure error, DSP #1 was not allowed to administer medications to Individual #3 (or any of the other residents) until retrained by the CL Nurse. The CL Nurse met with DSP #1 on 5/26/16 to review Hand Hygiene procedures. Emphasis was placed on making sure hands were washed between changing of gloves. A copy of signature sheet was obtained indicating completion of this training and has been maintained on file. (Reference Attachment #1: Medication In-Service Training dated 5/26/16; Attachment #2: Hand Hygiene procedures signed/dated 5/26/16).

5/26/16

W 455

2. Saunders House CL Manager will monitor administration of medication by the DSPs, at random, to assure compliance with "all" proper hand washing procedures in order to ensure other residents are protected from re-occurrence of this deficiency. Any Saunders House employee who commits a procedure or medication error will not be allowed to administer medications to any resident. This will occur immediately following discovery of the procedure/medication error. They may resume administering medication following re-training by the CL Nurse.

6/30/16

3. All employees of Saunders House, as well as, employees at all VersAbility Resources ICF-ID facilities will participate in Hand

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

Spinda K. Kellogg

TITLE

Director of Compliance

(X5) DATE

6-13-16

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 455	Continued From page 1 Individual #3 was originally admitted to the facility on 03/20/2001. Diagnoses included Moderate Mental Retardation, Cardiac Murmur and Anxiety. On 05/26/16 at approximately 7:30 a.m., observations were made of DSP I/Med Tech #1 during the Medication Pass and Pour Task administering medications and treatments to Individual #3. The following was observed: Individual #3 was in the closed off community bathroom sitting on a chair. DSP I/Med Tech #1 administered 2 oral medications to the individual and then proceeded to administer ear drops in both ears, flushed both ears with tap water and disposed of the used tap water into the bathroom sink. DSP I/Med Tech #1 then proceeded to remove her gloves, did not wash or sanitize her hands and donned clean, disposable gloves. DSP I/Med Tech #1 then proceeded to administer a physician ordered treatment of Triple Antibiotic Ointment to a skin abrasion for Individual #3's left forearm. She administered the treatment to the left forearm and placed a band-aid over the area. DSP I/Med Tech #1 then proceeded to remove her disposable gloves, washed her hands, directed Individual #3 to go and eat his breakfast and stored her supplies appropriately. An interview was conducted on 05/26/16 at approximately 7:45 a.m., with DSP/Med Tech #1. DSP I/Med Tech #1 was informed that she had not washed her hands after removing the first pair of disposable gloves she had worn during administering two medications and a treatment to the individuals ears before putting on a new pair to do Individual #3's treatment to his arm. She stated: "Oh, I guess I was nervous. I know I				
W 455	Hygiene training by the CL Nurses during their monthly QIDP/Support Coordinator staff meetings in June, 2016. This will include review of a power point presentation developed by the CL Nurses and Nurse Consultant on Hand Hygiene and the "Hand Hygiene" procedures handout (Reference Attachment #2: Hand Hygiene Procedures). Also, Policy #92: Infectious/Communicable Disease (For Staff/Visitors) was revised to include staff responsibility in avoiding exposure by washing hands before, in between, and after using gloves to administer medication. (Reference Attachment #3: Policy 92: Infectious and Communicable Disease (For Staff/Visitors) In addition, Saunders CL Manager will complete a maintenance request/order to have a hand sanitizer mounted on the upstairs bathroom wall at Saunders House as an alternative to washing hands during administration of medication (Note: sanitizer can be used by between glove changes). CL Nurses will also check areas/rooms used for medication administration at each ICF-IID facility to assure hand sanitizer are available for use. 4. a) Saunders House CL Manager will conduct monthly unannounced observations of DSPs during medication administration to assure compliance with proper Hand Washing procedures are occurring, as well as, other regulated guidelines involving medication administration. b) The Quality Assurance Manager will conduct random audits (which will include all VersAbility Resources ICF-IID facilities) at least quarterly to assure staff observations are being performed per policy.			6/30/16 6/13/16 6/13/16 ongoing	

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W 455	Continued From page 2 have to wash my hands after taking off the disposable gloves every time."	W 455		
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An interview was conducted on 05/26/16 at approximately 9:10 a.m., with the House Manager. When informed the House Manager of the observations of DSP 1/Med Tech #1 not washing her hands after removing her first pair of gloves and applying another pair to complete a treatment, she stated: "She told me she was nervous." The House Manager was then asked to submit the facility policy for hand washing.

Review of the Hand Washing Policy dated 07/08/13 noted the following:

"Hand Hygiene - 2. When do we need to perform handwashing. When first arriving to your work area and upon leaving. Before pouring medications. Between giving medication/care of each individual. Before and after removal of gloves and other personal protective equipment."

An interview was conducted on 05/26/16 at approximately 10:30 a.m., with Administration #1. She stated that she had been informed by the House Manager of the observation made of the lack of handwashing during the Medication Pour and Pass task. No additional information was submitted for review.