

# WESTERN TIDEWATER COMMUNITY SERVICES BOARD

*Serving the cities of Franklin and Suffolk and the counties of Isle of Wight and Southampton*

**Executive Director**  
5268 Godwin Blvd.  
Suffolk, VA 23434  
Phone (757) 255-7136  
Fax (757) 255-7142

**Human Resources**  
Phone (757) 255-7100  
Fax (757) 255-7115

**Finance Office**  
Phone (757) 255-7118  
Fax (757) 255-7139

**Quality Assurance**  
Phone (757) 255-7125  
Fax (757) 255-7138

**Franklin Services**  
200 E. Second Avenue  
Franklin, VA 23851  
Phone (757) 562-2208  
Fax (757) 925-2296

**Smithfield Services**  
1801 S. Church Street  
Suite 6  
Smithfield, VA 23430  
Phone (757) 357-7458  
Fax (757) 356-1808

**Suffolk Center**  
Northgate Building  
Godwin Commerce Park  
1000 Commercial Lane  
Suffolk, VA 23434  
Phone (757) 942-1069  
Fax (757) 925-2213

**Pathways**  
Northgate Building  
Godwin Commerce Park  
1000 Commercial Lane  
Suffolk, VA 23434  
Phone (757) 942-1099  
Fax (757) 925-2210

**Main St. Opportunities**  
22229 Main Street  
Courtland, VA 23938  
Phone (757) 653-0257  
Fax (757) 653-0805

**Tidewater House**  
5268 Godwin Blvd.  
Suffolk, VA 23434  
Phone (757) 255-7131  
Fax (757) 255-7128

**Saratoga**  
135 S. Saratoga Street  
Suffolk, VA 23434  
Phone (757) 925-2222  
Fax (757) 925-3569

March 24, 2017

Ms. Elizabeth Hudnall, LTC Supervisor  
Division of Long Term Care Services  
Virginia Department of Health  
9960 Mayland Drive, Suite 401  
Henrico, Virginia 23233-1485

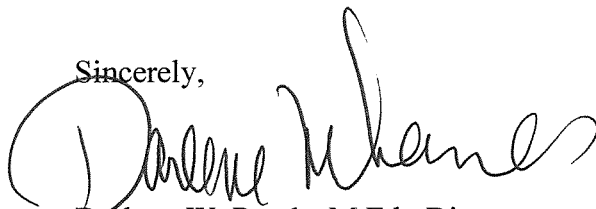
RE: Vince's Place/Chase's Way  
Suffolk, VA  
ICF/ID 49G056

Dear Ms. Hudnall:

Enclosed please find Western Tidewater Community Services Board's corrected Plan of Correction addressing the deficiencies cited as a result of the unannounced Medicaid survey at Vince's Place/Chase's Way ICF/ID ending March 9, 2017.

If you have questions or comments, please contact me at 757-255-7122; by fax at 757-255-7141; or drawls@wtcsb.org.

Sincerely,



Darlene W. Rawls, M.Ed., Director,  
Community Integration and Rehabilitation Services  
Western Tidewater Community Services Board

Enclosure(s)

DWR:rm

cc: Demetrios Peratsakis, Executive Director, WTCSB  
Cheryl Collier, QA Director, WTCSB

RECEIVED

MAR 27 2017

VDH/OLC

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

PRINTED: 03/16/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>49G056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/09/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>VINCES PLACE/CHASES WAY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>PO BOX 976, 4373/4395 PRUDEN BOULEVARD SUFFOLK, VA 23439</b>	
(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  An unannounced Fundamental Medicaid survey was conducted on 03/07/17 through 03/09/17. 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 10 bed facility at the time of the survey was 10. The survey sample consisted of 5 current Individual records (Individual #1 through #4 and Individual #6) and one closed record Individual #5.	W 000		
W 476	483.480(b)(3) MEAL SERVICES  Food served to clients individually and uneaten must be discarded.  This STANDARD is not met as evidenced by: Based on observations, and staff interviews the facility staff failed to discard uneaten food.  The findings included:  During observations of the lunch meal served to Individual #1 and Individual #6, the facility staff served leftover food to these individuals.  1. Individual #1 was admitted to the facility on 11/15/12 with diagnoses of cataracts, anxiety, osteoporosis depression, epilepsy, and degenerative joint disease. A Person Centered Assessment, in the area of Dietary Guidelines, assessed this Individual as receiving support with dietary needs as prescribed by the physician and recommended by Dietician and Speech	W 476	1) The facility Program Manager instructed all DSPs during staff meeting on 3/16/17 to discard all food served to clients individually and uneaten. A follow up memo will be distributed for any staff not present to review and initial. Lunch meals for those individuals eating lunch at the facility will be freshly prepared.  2) The facility Registered Dietitian consultant will review and revise menus for all residents with input from residential staff regarding individuals' preferences. Leftovers will not be included as a food offering for any meal/snack.  3) A review of facility policy #903 Food Service, determined that it continues to meet federal and state requirements for heading Storing and Handling, the procedure includes: "Food served to individuals and not consumed shall be discarded."	3/16/17 4/22/17 4/22/17 3/22/17

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

*Doreen Williams*

TITLE

*Director*

(X6) DATE

*3/24/17*

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.

RECEIVED

MAR 27 2017

VDH/OLC

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

PRINTED: 03/16/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  49G056	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  03/09/2017
NAME OF PROVIDER OR SUPPLIER  VINCES PLACE/CHASES WAY		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 976, 4373/4395 PRUDEN BOULEVARD SUFFOLK, VA 23439		
(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 476	<p>Continued From page 1 Therapist.</p> <p>The Individual Meal Plan dated 2/4/17 indicated: Regular house diet with portions to provide 12 calories, soft chopped (&lt;1/2" pieces); Double portions vegetables lunch &amp; dinner, low fat/low cholesterol, high fiber, no grapefruit juice. Thin liquids. Allow two servings coffee daily. Non-alcohol beer if requested. In diet supervision. may have diet holiday 3 X (times) month. No food allergies noted.</p> <p>Individual #1 was observed on 3/7/17 at approximately 12:37 P.M. having lunch at the residential site. Individual #1 was observed to be eating a mixed vegetable melody. During the tour of the facility food from the previous night dinner meal (3/6/17) was observed in the refrigerator. The food was un-labeled and un-dated.</p> <p>A review of the Week #1 menu for Monday (3/6/17) indicated: "Stuff Potato (Choose: meat &amp; vegetable) 1 small potato (5 oz) (the size of a light bulb) 3/4 mixture, 3/4 non-starch vegetable.</p> <p>During an interview with Direct Support Staff they stated the food was left over from last nights dinner and Individual #1 was eating the food for her lunch.</p> <p>2. Individual #6 was admitted to the facility on 1/15/14. Diagnoses for this individual included convulsive disorder, chronic constipation, Spasticity with hemiplegia and unsteady gait, Hypercholesterolemia, Hypertriglyceridemia anemia and Colon Cancer. A Quarterly Nutritional Assessment dated 10/10/16 indicated: Diet- 2500 soft solid, ground thin liquids, low</p>	W 476		

RECEIVED  
MAR 27 2017  
VDH/OLC

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

PRINTED: 03/16/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>49G056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/09/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>VINCES PLACE/CHASES WAY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>PO BOX 976, 4373/4395 PRUDEN BOULEVARD SUFFOLK, VA 23439</b>		
(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 476	Continued From page 2 fat/cholesterol; low simple carbohydrates. Avoid juices (other than RX'sd and regular sodas). Low Fat snack BID (twice a day). 8 oz. fluid x 10 daily. 8 oz prune juice before bed daily. No known food allergies. Requires verbal and /or physical support from staff for at least half the meal.  Individual #6 was observed having lunch on 3/8/17 at 11:38 A.M. at the Day Program. Individual #6 was observed eating macaroni and cheese mixed with vegetables.  A review of the Week #1 dinner menu for Tuesday (3/7/17) indicated: "3/4 cup baked macaroni and cheese 1/2-3/4 cup non-starchy cooked vegetable".  During an interview with the Program Manager on 3/8/17 at 2:30 P.M. she stated, "Resident #6 had left over dinner for her lunch."  During an interview on 3/9/17 with the Residential Coordinator she stated, "The Individuals eat the left over food because they need soft food."  There was no facility policy for discarding food.	W 476		
W 478	The facility staff failed to discard uneaten food. 483.480(c)(1)(ii) MENUS  Menus must provide a variety of foods at each meal.  This STANDARD is not met as evidenced by: Based on observations, clinical record reviews and staff interviews, the facility staff failed to provide a variety of foods at each meal for two	W 478	1) The facility Program Manager will post a memo with the menus reminding DSPs that lunch meals for those individuals eating lunch at the facility must be freshly prepared and per the individual's planned menu. For those individuals who pack lunch for work the next day, meals shall be prepared as indicated on the menu based on their dietary plans. continued on page 4	4/1/17

**RECEIVED**  
**MAR 27 2017**  
**VDH/OLC**

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

PRINTED: 03/16/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>49G056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/09/2017</b>	
NAME OF PROVIDER OR SUPPLIER  <b>VINCES PLACE/CHASES WAY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>PO BOX 976, 4373/4395 PRUDEN BOULEVARD SUFFOLK, VA 23439</b>		
(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 478	<p>Continued From page 3</p> <p>Individuals (Individual #1 and #6) in the survey sample of six (6) individuals.</p> <p>The findings included:</p> <p>1. Individual #1 was admitted to the facility on 11/15/12 with diagnoses of cataracts, anxiety, osteoporosis, depression, epilepsy, and degenerative joint disease. A Person Centered Assessment, in the area of Dietary Guidelines, assessed this Individual as receiving support with dietary needs as prescribed by the physician and recommended by Dietician and Speech Therapist.</p> <p>The Individual Meal Plan dated 2/4/17 indicated: Regular house diet with portions to provide 12 calories, soft chopped (&lt;1/2" pieces); Double portions vegetables lunch &amp; dinner, low fat/low cholesterol, high fiber, no grapefruit juice. Thin liquids. Allow two servings coffee daily. Non-alcohol beer if requested. In diet supervision. may have diet holiday 3 X (times) month. No food allergies noted.</p> <p>Individual #1 was observed on 3/7/17 at approximately 12:37 P.M. having lunch at the residential site. Individual #1 was observed to be eating a mixed vegetable melody. During the tour of the facility food from the previous night dinner meal (3/6/17) was observed in the refrigerator. The food was un-labeled and un-dated.</p> <p>A review of the Week #1 menu for Monday (3/6/17) indicated: "Stuff Potato (Choose: meat &amp; vegetable) 1 small potato (5 oz) (the size of a light bulb) 3/4 mixture, 3/4 non-starch vegetable."</p> <p>The Week #1 lunch menu for Tuesday (3/7/17)</p>	W 478	<p>2) A review of resident weekly menus determined that each meal includes offerings from each of the food groups. The facility Registered Dietitian consultant will develop alternate lunch menus for those individuals who have lunch in the home and those who pack lunch for work the next day.</p> <p>3) A review of facility policy #901 Menu Planning determined that it continues to meet federal and state requirements for menu planning, specifically to provide a sufficient variety of foods at each meal.</p>	<p>3/22/17</p> <p>4/22/17</p> <p>3/22/17</p>

**RECEIVED**  
**MAR 27 2017**  
**VDH/OLC**

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

PRINTED: 03/16/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>49G056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/09/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>VINCES PLACE/CHASES WAY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>PO BOX 976, 4373/4395 PRUDEN BOULEVARD SUFFOLK, VA 23439</b>	
(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 478	<p>Continued From page 4</p> <p>indicated: "2 slices Turkey (low sodium) warmed with 1 T. (tablespoon) gravy 1/2 cups cooked noodles or mashed potatoes, 1/2 cup cooked non- starchy vegetable, 1/2 peaches."</p> <p>2. Individual #6 was admitted to the facility on 1/15/14. Diagnoses for this individual included convulsive disorder, chronic constipation, Spasticity with hemiplegia and unsteady gait, Hypercholesterolemia, Hypertriglyceridemia anemia and Colon Cancer. A Quarterly Nutritional Assessment dated 10/10/16 indicated: Diet- 2500 soft solid, ground thin liquids, low fat/cholesterol; low simple carbohydrates. Avoid juices (other than RX'sd and regular sodas). Low Fat snack BID (twice a day). 8 oz. fluid x 10 daily. 8 oz prune juice before bed daily. No known food allergies. Requires verbal and /or physical support from staff for at least half the meal.</p> <p>Individual #6 was observed having lunch on 3/8/17 at 11:38 A.M. at the Day Program. Individual #6 was observed eating macaroni and cheese mixed with vegetables.</p> <p>A review of the Week #1 dinner menu for Tuesday (3/7/17) indicated: "3/4 cup baked macaroni and cheese 1/2-3/4 cup non-starchy cooked vegetable."</p> <p>The Week #1 lunch menu for Wednesday (3/8/17) indicated: "1 small sweet potato- baked-mashed, 1/2 cup flavored applesauce, 8 Animal Crackers or 4 Vanilla Wafers."</p> <p>During an interview on 3/9/17 at 2:35 P.M. with the Residential Coordinator she stated, "The Individuals eat the left over food because they need soft food."</p>	W 478	

RECEIVED  
MAR 27 2017  
VDH/OLC

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

PRINTED: 03/16/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>49G056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/09/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>VINCES PLACE/CHASES WAY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>PO BOX 976, 4373/4395 PRUDEN BOULEVARD SUFFOLK, VA 23439</b>		
(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 478	Continued From page 5  The facility staff failed to provide a variety of foods at each meal.	W 478		

**RECEIVED**

**MAR 27 2017**

**VDH/OLC**