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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G048	A. BUILDING ______ B. WING ______	C 10/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINBURN PLACE	71 BROGDEN LANE HAMPTON, VA 23666

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W 000	INITIAL COMMENTS The unannounced annual Medicaid survey for Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) was conducted on 10/10/17 through 10/11/17. One complaint was investigated during the survey. 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 6 bed facility at the time of the survey was 6. The survey sample consisted of 3 current Individual records (Individual #1 through #3).	W 000		
W 104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility staff failed to ensure the necessary repairs were made to provide for a safe environment. The findings included: The facility staff failed to make the necessary repairs to the door sensors of the facility. A review of emails sent to the Maintenance staff dated January 26, 2017 indicated: "There is an intermittent problem with the back door and side maintenance door for staff where the door chimes do not always work. An email dated March 17, 2017, indicated: "The chime near the Living room	W 104	A Maintenance Work Order form has been created which will be used to track all service requests (see attachment A). The form requires that the Maintenance staff responding to the request complete the form and provide detail about the repair, specifically, the time at which the repair was made in order to track the length of time between reporting a repair need and having the problem corrected. The implementation of the Maintenance Work Order will allow for more thorough tracking of all requests as requests are currently tracked via email communication. The Maintenance Work Order will be kept on site in the facility's safety book.	11/1/2017

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Residential Services Manager (X6) DATE: 11/6/17

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.

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W 104	Continued From page 1 that plugged was going off and there was no door open. An email dated March 20, 2017, indicated: "The door chimes are continued (sic) to go off without anyone exiting or entering the house. It's the back door and the front door." An email dated March 21, 2017, indicated: The door chimes are continued (sic) to go off without anyone exiting or entering the house. It's the back door and the front. door." The door chime system was updated to a wireless system on June 1, 2017. Individual #1 Eloped from the facility on April 21, 2017. An incident report dated April 21, 2017, indicated: Individual #1 eloped from the facility around 8:00 P.M., the door alarms did not go off. Facility staff called emergency maintenance to report that the door alarms did not go off. Maintenance staff informed facility staff they would be out to the home Saturday April 22, 2017. During an interview on 10/101/17 at 1:30 P.M. the QIDP (Qualified Intellectual Disability Professional) stated, "We had asked Maintenance for repair or replacing the door chime system. The door chimes would work some times and some times they did not. We finally got a new system in June 2017."	W 104	All malfunctions of the door chimes will be handled by the company that installed the door chimes in order to prevent any delay in determining and swiftly addressing the root cause of the malfunction. Repairs will be made as soon as possible after the malfunction is reported. Policy 91-1 (see attachment B) details the procedures to ensure that Maintenance staff contact the contractor responsible for installing the equipment for malfunctions in the chime system. The same process will be followed for any safety equipment malfunctions and repairs. In the event the door chime system experiences a malfunction, a Door Watch plan will be implemented until the malfunction is corrected (see Attachment C). The plan will require staff to be positioned in the common areas in order to monitor the doors.	11/01/2017 11/22/2017
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: Based on record review and staff interview, the facility staff failed to implement policies and procedures that prohibit neglect for one individual	W 149	All staff will be trained on the Door Watch policy and plan, Policy 91-2.	11/22/2017

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W 149	Continued From page 2 (Individual #1) in the survey sample of three individuals. The findings Included: Individual #1 was admitted to the facility on 7/14/11 with diagnoses of insomnia, nightmare disorder, down's syndrome and profound intellectual disability. Individual #1, eloped from the facility. Individual #1 was out of the facility without the knowledge of staff for an estimated 31 minutes on April 21, 2017. Individual #1 was assessed as able to walk and use wheelchair for long distances. He responds to his name. He has fine and gross motor skills. This individual was assessed as needing assistance to handle medications. He was assessed as needing assistance to maintain his health/safety. An incident report dated 4/22/17 indicated: "On Friday April 21, 2017 around 8:00 p.m. a call was received to the facility that Individual #1 was seen down the street an estimated one mile from the facility. There were four staff on duty at the facility when this occurred. One staff was giving meds. One staff was in the bathroom with an individual, one in the staff office "On break", and one in the common area. The staff in the common area was assigned to be Individual #1's 1:1 support as he is supposed to be at arm's length or visual contact at all times during waking hours." An incident report dated May 19 2017, indicated: "A staff from another facility called Winburn staff to inform them that Individual #1 was found by some neighbors walking down the street with no shirt on near a main road. Individual #1 was	W 149	Policy #16, Suspected Abuse/Neglect, has been updated to reflect that staff assigned to an individual as a 1:1 at such time that the individual elopes from the facility or otherwise experiences an incident due to failure to be monitored by staff, will be immediately removed from the premises prior to the implementation of the investigation into the allegation in order to protect the individual and all individuals in the facility from possible future incidents of neglect (see Attachment D). Policy # 19 was updated to define the levels of supervision to include the parameters for individuals who have a 1:1 within arm's length at all times, those who are to be in the sight of the staff at all times, and those who are to be visually monitored intermittently, but who do not require constant supervision. See Attachment E. Staff will receive refresher training on the procedures for taking a break during their shift. These procedures have been added to Policy #36 Work Hours and include that no staff are come off the floor to take a break during peak activity hours such as when medication administration duties are being performed (see Attachment F).	11/01/2017 11/01/2017 11/22/2017

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W 149	Continued From page 3 escorted by a woman who identified herself as a Mental Health Services Worker. Individual #1 was escorted back to the facility. The house door alarms did not go off. The alarms did not go off when he left the house and all the doors where closed when checked by staff. The QIDP called emergency maintenance and was informed the maintenance would be out to the home on Saturday April 22, 2017 in the morning to look at the door alarms. When QIDP opened the door to the home the door appeared to be working as indicated by the chiming sound it made."	W 149	The Shift Change Report has been updated to reflect that staff assigned as 1:1 for an individual is not to be assigned any duties that will preclude that staff person from providing the assessed level of supervision to the individual to whom he/she is assigned (see Attachment G). The Shift Change Report denotes the staff assigned to Individual #1 with an asterisk and specifies that staff are not to complete other duties when assigned to Individual #1.	11/1/2017
	A Behavioral Support Plan dated 4/11/17 indicated Target Behavior self-injurious behavior; hitting himself in the head. Strategies: He enjoys walking and should have the opportunity to walk with staff from time to time.		The Behavior Support Plan for Individual #1 will be reviewed by the consulting Psychologist in order to develop prevention strategies for his history of walking away from caregivers. Changes to the BSP will be approved by the Individual's guardian and the SCC prior to implementation.	11/6/2017
	A Physical Management Plan dated 5/1/16 indicated: Individual requires continuous supervision in the residential and community setting During sleep hours 30 minute "bed checks" are required. Individual #1 requires with-in arm's length supervision during awake hours to ensure his safety and to prevent him from walking unsupervised by staff in all settings.		All staff will be trained on the revised Behavior Support Plan.	11/22/2017
	A review of the Video Surveillance Footage indicated: "April 21 at 7:28 P.M. Individual #1 walks out of his bedroom, walks to front door, and walks out through the front door. At 7:59 P.M. Individual #1 is observed to re-enter the house with staff. Individual was outside of the house unsupervised for approximately 31 minutes." During an interview on 10/10/17 at 1:30 P.M. with the QIDP, she stated the door chimes are not		Staff will receive refresher training on Individual #1's Physical Management Plan which has been updated to reflect that he is not to be left alone at any time, including during hours of sleep (see Attachment H). During hours of sleep, staff will be positioned outside of Individual #1's door in order to ensure that he does not wander out of the building or out of the sight of the staff assigned to him.	11/22/2017

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W 149	Continued From page 4 substitute for insight supervision as his plan requires. A facility Missing Individual Policy revised June 2010 indicated: "Policy: It is the policy of Residential Service to ensure the safety of all Individuals. Procedures: Missing individual procedures will include: What individual was wearing? level of consciousness? When last seen and by whom?" A facility Abuse and Neglect Policy dated 7/2/09 indicated: "It is the policy of the facility to ensure that all individuals are free from verbal, physical, sexual or psychological abuse or punishment." Facility staff failed to provide Individual #1 with Supervision to prevent elopement.	W 149	Policy #20, formerly titled "Missing Individuals" has been renamed "Elopement and Missing Persons" and has been updated to reflect procedures for both Missing Individuals and Individuals with a history or predisposition to wander or leave the premises or caregiver (See Attachment I). All staff will be trained on the revised Missing Persons/Elopement Policy. Policy #16, Suspected Abuse/Neglect, has been updated to reflect that staff assigned to an individual as a 1:1 at such time that the individual elopes from the facility or otherwise experiences an incident due to failure to be monitored by staff, will be immediately removed from the premises prior to the implementation of the investigation into the allegation in order to protect the individual and all individuals in the facility from possible future incidents of neglect (see Attachment D).	11/01/2017 11/22/2017 11/01/2017
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility staff failed to implement policies and procedures that prohibit neglect for one individual (Individual #1) in the survey sample of three individuals.	W 249		

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W 249	Continued From page 5	W 249		

W 249 — Summary statement of deficiencies:

The findings Included:

Individual #1 was admitted to the facility on 7/14/11 with diagnoses of insomnia, nightmare disorder, down's syndrome and profound intellectual disability. Individual #1 eloped from the facility. Individual #1 was out of the facility without the knowledge of staff for an estimated 31 minutes on April 21, 2017.

Individual #1 was assessed as able to walk and use wheelchair for long distances. He responds to his name. He has fine and gross motor skills. This individual was assessed as needing assistance to handle medications. He was assessed as needing assistance to maintain his health/safety.

An incident report dated 4/22/17 indicated: "On Friday April 21, 2017, around 8:00 p.m. a call was received to the facility that Individual #1 was seen down the street an estimated one mile from the facility. There were four staff on duty at the facility when this occurred. One staff was giving meds. One staff was in the bathroom with an individual, one in the staff office "On break", and one in the common area. The staff in the common area was assigned to be Individual #1's 1:1 support as he is supposed to be at arm's length or visual contact at all times. during waking hours."

A Behavioral Support Plan dated 4/11/17 indicated Target Behavior self-injurious behavior; hitting himself in the head.
Strategies: He enjoys walking and should have the opportunity to walk with staff from time to time.

W 249 — Provider's plan of correction:

Corrective action	Completion date
Policy # 19 was updated to define the levels of supervision to include the parameters for individuals who have a 1:1 within arm's length at all times, those who are to be in the sight of the staff at all times, and those who are to be visually monitored intermittently, but who do not require constant supervision. See Attachment E.	11/01/2017
Individual #1's IPP will be reviewed with staff in order to emphasize his walking schedule and the cues that he uses to communicate with staff that we would like to take a walk.	11/22/2017
Staff will receive refresher training on the procedures for taking a break during their shift. These procedures have been added to Policy #36 Work Hours and include that no staff are come off the floor to take a break during peak activity hours such as when medication administration duties are being performed (see Attachment F).	11/22/2017
The Behavior Support Plan (BSP) for Individual #1 will be reviewed by the Psychologist in order to develop prevention strategies for his history of walking away from caregivers.	11/06/2017
All staff will be trained on the revised Behavior Support Plan.	11/22/2017

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W 249	Continued From page 6	W 249		
	A Physical Management Plan dated 5/1/16 indicated: Individual requires continuous supervision in the residential and community setting. During sleep hours 30 minute "bed checks" are required. Individual #1 requires with-in arm's length supervision during awake hours to ensure his safety and to prevent him from walking unsupervised by staff in all settings.		Staff will receive refresher training on Individual #1's Physical Management Plan which has been updated to reflect that he is not to be left alone at any time, including during hours of sleep (see Attachment H).	11/22/2017
	A review of the Video Surveillance Footage indicated: "April 21 at 7:28 P.M. Individual #1 walks out of his bedroom, walks to front door, and walks out through the front door. At 7:59 P.M. Individual #1 is observed to re-enter the house with staff. Individual was outside of the house unsupervised for approximately 31 minutes."		The Shift Change Report has been updated to reflect that staff assigned as 1:1 for an individual is not to be assigned any duties that will preclude that staff person from providing the assessed level of supervision to the individual to whom he/she is assigned (see Attachment G). The Shift Change Report denotes the staff assigned to Individual #1 with an asterisk and specifies that staff are not to complete other duties when assigned to Individual #1.	11/01/2017
	During an interview on 10/10/17 at 1:30 P.M. with the QIDP, she stated the door chimes are not substitute for insight supervision as his plan requires.			
	A facility Missing Individual Policy revised June 2010 indicated:" Policy: It is the policy of Residential Service to ensure the safety of all Individuals."		In the event the door chime system experiences a malfunction, a Door Watch plan will be implemented until the malfunction is corrected (see Attachment C). The plan will require staff to be positioned in the common areas in order to monitor the doors.	11/22/2017
			Policy #20, formerly titled "Missing Individuals" has been renamed "Elopement and Missing Persons" and has been updated to reflect procedures for both Missing Individuals and Individuals with a history or predisposition to wander or leave the premises or caregiver (See Attachment I).	11/22/2017