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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G069	A. BUILDING _____ B. WING	09/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOWYER JCF	529 RIVERVIEW ROAD MADISON HEIGHTS, VA 24572

(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
E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 9/4/18 through 9/5/18. The facility was in substantial compliance with 42 CFR Part 483.73, Requirements for Long-Term Care Facilities. No complaints were investigated during the survey.	E 000	1.) #1 Address the corrective action taken for the problem. a. Resident #2's IPP was changed on 9/12/18 to reflect that oral hygiene is to be completed twice daily. 2.) Address how the facility will identify similar occurrences of the problem a. All individuals' IPPs will be reviewed for similar issues by 9/14/18 by the QIDP. b. If any care is indicated during the day while the individual is at day support or other activity, it will be amended as needed by 9/14/18 by the QIDP. 3.) Identify measures/systemic changes to ensure deficient practices will not recur. a. The IPPs, Flow Sheets and Nursing Care Plans will be reviewed and compared monthly by the RN and QIDP to ensure they are in agreement with one another. b. If an order changes during the month, the IPPs, Flow Sheets and Nursing Care Plans will be amended to reflect the change within 48 hours. c. If the plan requires drastic change, training of the staff will occur during their next working shift by the Residential Manager or Instructor-Counselor.	9/14/18
W 000	INITIAL COMMENTS An unannounced Fundamental Medicaid re--certification survey was conducted 09/4/18 through 09/5/18. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/110). The Life Safety Code survey/report will follow. No complaints were investigated during the survey. The census in this 4 certified bed facility was 4 at the time of the survey. The survey sample consisted of 2 Individual reviews (Individuals one and two).	WOO		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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 observation, record review and staff	W249		

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[signature] Program Manager Horizon ICF 9/13/18

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 249	Continued From page 1 interview, the facility failed to implement the active treatment plan for one of 2 Individuals in the survey sample, Resident #2. The facility did not provide oral care after each meal as indicated in Resident #2's active treatment plan. The findings includes: Resident #2 was admitted to the facility on 8/26/2014 with an intellectual development of profound and a medical diagnoses that included periodontal disease with gingivitis. On 9/4/18 at 11:15 A.M., Resident #2 was observed at the day program eating lunch with the total assistance of one staff member. Resident #2's active treatment record was also being reviewed at the time of the observation and documented to provide "oral hygiene after each meal of [sic] tooth preservation." After the completion of lunch, Resident #2 began to engage in tactile activities. After five minutes of activities this surveyor interviewed the direct care person (DCP #1) that had been feeding Resident #2. When asked about oral care for Resident #2, DCP #1 verbalized that the staff at the day program do not provide oral care. Review of Resident #2's last dental exam dated 7/23/18 documented that Resident #2 had a fitting placed during the exam. On 9/5/18 at 9:45A.M. the above information was presented to the facility's resident manager and administrator.	W249	4.) Indicate how facility will monitor its performance. a. The IPPs, Flow Sheets and Nursing Care Plans will be reviewed and compared monthly by the RN and QIDP to ensure they are in agreement with one another. b. If an order changes during the month, the IPPs, Flow Sheets and Nursing Care Plans will be amended to reflect the change within 48 hours. c. If the plan requires drastic change, training of the staff will occur during their next working shift by the Residential Manager or Instructor-Counselor.	9/14/18

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W 249	Continued From page 2 No other information was presented prior to exit conference on 9/5/18.	W249		

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WARREN ICF	527 RIVERVIEW ROAD MADISON HEIGHTS, VA 24572

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E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 09/04/2018 through 09/05/2018. The facility was in substantial compliance with 42 CFR Part 483.73, Requirements for Long-Term Care Facilities. No complaints were investigated during the survey.	E 000	1.) #1 Address the corrective action taken for the problem. a. Retraining for all staff related to properly securing residents into all wheelchair-accessible vehicles was completed on 7/26/18. b. Inservice for all staff related to proper medical follow up regarding falls and vehicle incidents/accidents was completed on 7/26/18. c. The internal investigation into the incident found neglect and identified performance issues related to two staff. Staff A resigned pending discipline and Staff B's performance issues were addressed and documented. 2.) Address how the facility will identify similar occurrences of the problem a. Staff will receive training related to properly buckling residents into all wheelchair-accessible vehicles upon hire and at least annually thereafter by the Residential Manager and Instructor-Counselor. b. Staff will receive training related to proper medical follow up regarding falls and vehicle incidents/accidents upon hire and at least annually thereafter by the Registered Nurse. c. Horizon Behavioral Health policy prohibits abuse, neglect and/or maltreatment. Both staff involved had been trained upon hire and annually. The reporting mechanism and investigation procedure was effective in determining neglect in this instance.	10/21/18
W 000	INITIAL COMMENTS An unannounced Fundamental Medicaid re-certification survey was conducted 09/04/2018 through 09/05/2018. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). The Life Safety Code survey/report will follow. No complaints were investigated during the survey. The census in this 4 certified bed facility was 4 at the time of the survey. The survey sample consisted of 2 Individual reviews (Individual #1 and Individual #2).	W000		
W 149	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1) 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 staff interview, clinical record review and facility document review, the facility staff failed to ensure that one of two individuals was free from neglect, Individual#1. Individual#1 was not properly buckled in the facility van during an outing. When a U-turn was	W149		

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Program Manager Horizon ICF

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TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDERISUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G068	A. BUILDING _____ B. WING	09/05/2018

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W 149	Continued From page 1 made Individual#1 feU from her wheelchair and sustained an injury. Findings were: As part of the entrance conference on 09/04/2018 the Residential Manager and the Program Manager were asked for information including but not limited to: New admissions within the previous six months and any investigations/allegations of abuse or neglect since the last survey. One indivudal was identified as a new admission as of 04/19/2018 and a substantiated allegation of neglect as of June 18, 2018. This individual was added to the survey sample and identified as Individual #1. Individual #1 had the following diagnoses, but not limited to: Profound Intellectual disability, osteoporosis, dysphagia, and diverticulosis. The facility investigation was reviewed on 09/04/2018 and contained the following information: "Brief statement of the problem or complaint: [Employee names] were transporting [Individual #1] and two other clients on an outing to [place] on June 17, 2018. [Name] was driving and when she made a u-turn they heard a "thump" and looked back to see that [Individual #1] came out of her wheelchair and was on the floor of the van. [Name] pulled over and [name] assisted [Individual #1] back in her wheelchair....Staff Interviews: [Name] reported that she and [name] were taking clients on an outing to [place] when [Individual #1] fell from her wheelchair. She stated that she put [Individual #1] in the van and hooked her up. She reported that [name] was working the lift. [Name] reported that [Individual #1) has a seat belt on her wheelchair	W 149	3.) Identify measures/systemic changes to ensure deficient practices will not recur. a. a.Staff at all Horizon ICF Housing programs will receive training related to properly buckling residents into all wheelchair-accessible vehicles upon hire and at least annually thereafter by the Residential Manager and Instructor-Counselor. b. b. Staff at all Horizon ICF Housing programs will receive training related to proper medical follow up regarding falls and vehicle incidents/accidents upon hire and at least annually thereafter by the Registered Nurse. 4.) Indicate how facility will monitor its performance. a. Assistant Manager and Residential Manager will track trainings to ensure all staff receives training related to properly buckling residents into all wheelchair-accessible vehicles upon hire and at least annually thereafter. b. Assistant Manager and Residential Manager will track trainings to ensure all staff receives training related to proper medical follow up regarding falls and vehicle incidents/accidents upon hire and at least annually thereafter.	10/21/18

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	49G068	A. BUILDING-------- B. WING	0910512018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIPCODE
WARRENICF	527 RIVERVIEW ROAD MADISON HEIGHTS, VA 24572

(X4) 1D PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 149	Continued From page 2 that is not secured while she is in the home but it should be secured while being transported. [Name} reported that she forgot to secure that belt but she recalls securing the other belts in the van and doesn't know how she fell from her wheelchair to the floor of the van. [Name] reported that [Individual #1] may have been able to unhook the belt on her own... [Name] reported that when staff are taking clients out on an outing that one staff works the lift and the other buckles the clients in the van...[Name] stated that she didn't know if [Individual #1's] wheelchair strap was buckled and she doesn't know if [name] hooked her up appropriately in the van... Conclusion: [Name] admitted to forgetting to buckle [indivudal #1] wheelchair belt...It is the conclusion of this writer that [Individual#1] was not secure while in the van. This is a founded human rights violation of neglect. While transporting [Individual#1] in the agency van staff failed to buckle her in appropriately. [Individual #1} wheelchair belts were not buckled nor were the van straps secured. Due to this [Individual #1} fell out of her wheelchair and sustained bruising and fractures in her left foot." On 09/05/2018 at approximately 11:45 a.m. the program manager was interviewed regarding the above information. She stated that one of the employees involved had resigned after the incident and the other was not working that day (09/05/2018). She stated that following the incident staff training had been done regarding how to secure individuals in the van prior to transporting and a new system had been implemented to have two employees check behind each other to make sure all indivudalls were securely buckled prior to transporting them. She also stated that initially they didn't think	W149		

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W 149	Continued From page 3 [Individual #1] had a fracture. The facility notes from time period of the incident were requested and reviewed. The following information was included: "06/17/2018 She obtain [sic) a fall this afternoon while on an outing approx. 1:40 p.m. Bruise noted to the right outer corner of eye. Abrasion noted to right arm near elbow and red mark noted to the right lower leg...She was transported to [hospital] for evaluation..." "06/17/2018 [Individual #1) arrived back from [hospital)@ [at] 8:15p.m. transported by staff worker...bruises to the right side of her eye, bottom of left foot bruised, left ankle swollen, also bruise to the right side of back. No broken bones..." "06/19/2018 Observed bruising to bottom of left foot and swelling on top of foot and around ankle..taken to ER for evaluation..." "06/20/2018 Accompanied [Individual #1] to [hospital] to evaluate bruising and swelling to left foot. [Individual #1] was seen first in radiology for a 3 view X-ray of the left foot. She was moved to the X-ray table via two person lift and tolerated the X-rays weii..She was seen by [Doctor's name] who stated that her "bones were like paper" but that he didn't observe any breaks. He did say that it was possible that she may have a tiny fracture, but that he did not see it, and planned to pass her X-rays to Radiology for those doctors to look at and he added that we would be notified of anything they found...he diagnosed her with a contusion to the foot and advised her to follow-up with her primary care physician..." The facility policy regarding abuse and neglect contained the following statement: In receiving all services at [company name], each indivudal had	W149		

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W 149	Continued From page 4 the right to: ...Be protected from harm including, abuse, neglect and exploitation." No further information was obtained prior to the exit conference on 09/05/2018.	W149		