FACSIMILE TRANSMITTAL

PIEDMONT COMMUNITY SERVICES
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PIEDMONT COMMUNITY SERVICES
24 CLAY STREET
MARTINSVILLE, VA 24112
Telephone: 276-632-7128
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RECEIVED
AUG 05 2016
VDH/OLC

TO: Rodney L Miller, LIC Supervisor **From:** Debra Wilcher

Fax Number: 1 804 527 4502 **Telephone:** 276 632 2595

Date: 8-5-16 **Time:** 3 25 pm **Number of pages (Including Cover):** ___

Comments/Instructions: Please see attached survey corrective action plan for Piedmont Home ICF. Original has been mailed.

IMPORTANT WARNING

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PRINTED: 07/28/2016
FORM APPROVED
OMB NO. 0938-0391

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
	49G054	A. BUILDING ______ B. WING ______	06/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT ICF/ID HOME	26 BOOKER ROAD MARTINSVILLE, VA 24112

(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 annual Medicaid ICF/ID Certification survey was conducted 6/28/16 through 6/29/16. 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 8 certified bed facility was 7 Individuals at the time of survey. The survey sample consisted of 4 current Individual reviews (Individuals #1 through #4)	W 000	RECEIVED AUG 05 2016 VDH/OLC	
W 111	483.410(c)(1) CLIENT RECORDS The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. This STANDARD is not met as evidenced by: Based on clinical record and staff interview, the facility staff failed to maintain a complete and accurate clinical record for 1 of 4 Individuals (Individual #4). The findings include: 1 a. The facility staff failed to maintain a complete clinical record for Individual (Ind) #4 by failing to document the intervention for active treatment program for behaviors. Individual #4 was admitted to the facility on 6/1/12 with diagnoses of severe intellectual disability, anxiety, and hypertension.	W 111	1 a. On August 5, 2016. The QIDP met with the facility staff who fails to maintain a complete and accurate clinical record for Individual # 4. The facility staff was trained on how to document staff responses and action in the provision of active treatment in progress notes. The facility staff completed an addendum progress note stating her action in the provision of active treatment with Individual #4 on 6/14/16, All individual residents have the potential to be affected by the same deficient practice. **On 8/10/16**, the QIDP will review the past 3 months of progress notes for all Individuals served to ensure appropriate documentation of active treatment. To prevent future occurrences, the QIDP will retrain all staff on all individual's most current behavior plan and instruct staff on how to document staff responses and action in the provision of active treatment in progress notes on **8/11/2016**. All Staff will be trained on any active treatment plan changes as they occur. A quality assurance review all individual's records will be completed monthly and reviewed, signed, and dated by the QIDP. This corrective action will be completed by **8/11/16.**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] Program Mgr II
TITLE
(X6) DATE: 8-5-16

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W 111	Continued From page 1 The clinical record was reviewed. The record contained an individualized active treatment program the individual would not display self injurious behaviors and staff would verbally encourage Ind. #4 to not display the behaviors. The daily progress notes were reviewed. A note dated 6/14/16 documented the Ind. was "screaming and yelling and smacking herself at the table". There was no documentation the active program was carried out for verbal encouragement. The program coordinator (QMRP) stated there should have been documentation of the active treatment program in that note. 1b. The facility staff failed to maintain an accurate clinical record for diet orders for Ind. #4 The clinical record was reviewed. The record contained a diet order for a 1200 calorie diet. The clinical record contained the monthly nursing assessments for February, March, April, and May 2016. The nurse documented Ind #4 was on a 1500 cal diet. The discrepancy was brought to the attention of the QMRP on 6/28/16 at 4:00 p.m. The QMRP provided the current diet order for a 1200 calorie diet. The QMRP stated the nurse would be informed of the discrepancy.	W 111	1 b. On July 1, 2016, The QIDP met with the ICF Nurse and reviewed Individual #4 Physician's Orders. The ICF Nurse corrected the February, March, April, and May 2016 Monthly assessments for Individual #4 to reflect the accurate 1200 calorie diet order. All individual residents have the potential to be affected by the same deficient practice. On July 1, 2016, the QIDP reviewed all remaining individual's monthly assessments to ensure their accuracy. To prevent future occurrences, the Nurse was instructed to review all Resident's Physician's Consultation forms to be aware of changes in Physician's orders and to sign and date when review is completed. The QIDP will also review each form, date, and sign the Resident's Physician's Consultation form to ensure that the Nurse has reviewed. The QIDP will review all Resident's Nursing monthly assessments to ensure accuracy. This corrective action will be completed by **8/10/16.**	
W 159	483.430(a) QIDP Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional This STANDARD is not met as evidenced by	W 159		

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W 159	Continued From page 2 Based on staff interview and clinical record review, the facility QMRP failed to coordinate and monitor the active treatment program for 1 of 4 facility Individuals (Individual#4). The findings include 1 a. The facility staff failed to coordinate the active treatment program for Individual (Ind) #4 by failing to document the intervention for active treatment program for behaviors. Individual #4 was admitted to the facility on 8/1/12 with diagnoses of severe intellectual disability, anxiety, and hypertension. The clinical record was reviewed. The record contained an individualized active treatment program the individual would not display self injurious behaviors and staff would verbally encourage Ind. #4 to not display the behaviors. The daily progress notes were reviewed. A note dated 6/14/16 documented the Ind. was "screaming and yelling and smacking herself at the table". There was no documentation the active program was carried out for verbal encouragement. The program coordinator (QMRP) stated there should have been documentation of the active treatment program in that note. 1b. The facility staff QMRP failed to monitor an active treatment program for a healthy diet for Ind. #4. by failing to ensure the facility nurse was aware of the correct current diet. The clinical record was reviewed. The record	W 159	2 a. On August 5, 2016. The QIDP met with the facility staff who fails to maintain a complete and accurate clinical record for Individual # 4. The facility staff was trained on how to document staff responses and action in the provision of active treatment in progress notes. The facility staff completed an addendum progress note stating her action in the provision of active treatment with Individual #4 on 6/14/16, All individual residents have the potential to be affected by the same deficient practice. **On 8/10/16**, the QIDP will review the past 3 months of progress notes for all Individuals served to ensure appropriate documentation of active treatment. To prevent future occurrences, the QIDP will retrain all staff on all individual's most current behavior plan and instruct staff on how to document staff responses and action in the provision of active treatment in progress notes on **8/11/2016**. All Staff will be trained on any active treatment plan changes as they occur. A quality assurance review all individual's records will be completed monthly and reviewed, signed, and dated by the QIDP. This corrective action will be completed by **8/11/16.** 2 b. On July 1, 2016. The QIDP met with the ICF Nurse and reviewed Individual #4 Physician's Orders. The ICF Nurse corrected the February, March, April, and May 2016 Monthly assessments for Individual #4 to reflect the accurate 1200 caloric diet order.	

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W 159	Continued From page 3 contained a diet order for a 1200 calorie diet. The clinical record contained the monthly nursing assessments for February, March, April, and May 2016. The nurse documented Ind #4 was on a 1500 cal diet. The discrepancy was brought to the attention of the QMRP on 6/28/16 at 4.00 p.m. The QMRP provided the current diet order for a 1200 calorie diet. The QMRP stated the nurse would be informed of the discrepancy.	W 159	All individual residents have the potential to be affected by the same deficient practice. On July 1, 2016, the QIDP reviewed all remaining individual's monthly assessments to ensure their accuracy. To prevent future occurrences, the Nurse was instructed to review all Resident's Physician's Consultation forms to be aware of changes in Physician's orders and to sign and date when review is completed. The QIDP will also review each form, date, and sign the Resident's Physician's Consultation form to ensure that the Nurse has reviewed. The QIDP will review all Resident's Nursing monthly assessments to ensure accuracy. This corrective action will be completed by **8/10/16.**	
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 staff interview and clinical record review, the facility failed to implement the active treatment program for 1 of 4 facility Individuals (Individual#4). The findings include: 1 a. The facility staff failed to implement the active treatment program for Individual (Ind) #4 by failing to perform the intervention for active treatment program for behaviors.	W 249		

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	49G084	A. BUILDING _____ B. WING _____	06/29/2016

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W 249	Continued From page 4 Individual #4 was admitted to the facility on 8/1/12 with diagnoses of severe intellectual disability, anxiety, and hypertension. The clinical record was reviewed. The record contained an individualized active treatment program the individual would not display self injurious behaviors and staff would verbally encourage Ind. #4 to not display the behaviors. The daily progress notes were reviewed. A note dated 6/14/16 documented the Ind. was "screaming and yelling and smacking herself at the table". There was no documentation the active program was carried out for verbal encouragement. The program coordinator (QMRP) stated there should have been documentation of the active treatment program in that note.	W 249	3 On August 5, 2016. The QIDP met with the facility staff who fails to maintain a complete and accurate clinical record for Individual # 4. The facility staff was trained on how to document staff responses and action in the provision of active treatment in progress notes. The facility staff completed an addendum progress note stating her action in the provision of active treatment with Individual #4 on 6/14/16, All individual residents have the potential to be affected by the same deficient practice. **On 8/10/16**, the QIDP will review the past 3 months of progress notes for all Individuals served to ensure appropriate documentation of active treatment. To prevent future occurrences, the QIDP will retrain all staff on all individual's most current behavior plan and instruct staff on how to document staff responses and action in the provision of active treatment in progress notes on **8/11/2016**. All Staff will be trained on any active treatment plan changes as they occur. A quality assurance review all individual's records will be completed monthly and reviewed, signed, and dated by the QIDP. This corrective action will be completed by **8/11/16.**	

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W 000	INITIAL COMMENTS	W 000		

An unannounced annual Medicaid ICF/ID Certification survey was conducted 6/28/16 through 6/29/16. 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 8 certified bed facility was 7 Individuals at the time of survey. The survey sample consisted of 4 current Individual reviews (Individuals #1 through #4).

W 111 483.410(c)(1) CLIENT RECORDS — W 111

The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.

This STANDARD is not met as evidenced by:
Based on clinical record and staff interview, the facility staff failed to maintain a complete and accurate clinical record for 1 of 4 Individuals (Individual #4).

The findings include

1 a. The facility staff failed to maintain a complete clinical record for Individual (Ind) #4 by failing to document the intervention for active treatment program for behaviors.

Individual #4 was admitted to the facility on 8/1/12 with diagnoses of severe intellectual disability, anxiety, and hypertension.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

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 111	Continued From page 1 The clinical record was reviewed. The record contained an individualized active treatment program the individual would not display self injurious behaviors and staff would verbally encourage Ind #4 to not display the behaviors. The daily progress notes were reviewed. A note dated 6/14/16 documented the Ind. was "screaming and yelling and smacking herself at the table". There was no documentation the active program was carried out for verbal encouragement. The program coordinator (QMRP) stated there should have been documentation of the active treatment program in that note 1b. The facility staff failed to maintain an accurate clinical record for diet orders for Ind. #4. The clinical record was reviewed. The record contained a diet order for a 1200 calorie diet. The clinical record contained the monthly nursing assessments for February, March, April, and May 2016. The nurse documented Ind #4 was on a 1500 cal diet. The discrepancy was brought to the attention of the QMRP on 6/28/16 at 4:00 p.m. The QMRP provided the current diet order for a 1200 calorie diet. The QMRP stated the nurse would be informed of the discrepancy.	W 111		
W 159	483.430(a) QIDP Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. This STANDARD is not met as evidenced by:	W 159		

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W 159	Continued From page 2	W 159		

Based on staff interview and clinical record review, the facility QMRP failed to coordinate and monitor the active treatment program for 1 of 4 facility individuals (individual#4).

The findings include:

1 a. The facility staff failed to coordinate the active treatment program for Individual (Ind) #4 by failing to document the intervention for active treatment program for behaviors.

Individual #4 was admitted to the facility on 8/1/12 with diagnoses of severe intellectual disability, anxiety, and hypertension.

The clinical record was reviewed. The record contained an individualized active treatment program the individual would not display self injurious behaviors and staff would verbally encourage Ind. #4 to not display the behaviors.

The daily progress notes were reviewed. A note dated 6/14/16 documented the Ind. was "screaming and yelling and smacking herself at the table". There was no documentation the active program was carried out for verbal encouragement. The program coordinator (QMRP) stated there should have been documentation of the active treatment program in that note.

1b. The facility staff QMRP failed to monitor an active treatment program for a healthy diet for Ind. #4 by failing to ensure the facility nurse was aware of the correct current diet.

The clinical record was reviewed. The record

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W 159	Continued From page 3 contained a diet order for a 1200 calorie diet. The clinical record contained the monthly nursing assessments for February, March, April, and May 2016. The nurse documented Ind #4 was on a 1500 cal diet. The discrepancy was brought to the attention of the QMRP on 6/28/16 at 4:00 p.m. The QMRP provided the current diet order for a 1200 calorie diet. The QMRP stated the nurse would be informed of the discrepancy.	W 159		
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 staff interview and clinical record review, the facility failed to implement the active treatment program for 1 of 4 facility Individuals (Individual#4). The findings include: 1 a. The facility staff failed to implement the active treatment program for Individual (Ind) #4 by failing to perform the intervention for active treatment program for behaviors.	W 249		

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W 249	Continued From page 4 Individual #4 was admitted to the facility on 8/1/12 with diagnoses of severe intellectual disability, anxiety, and hypertension. The clinical record was reviewed. The record contained an individualized active treatment program the individual would not display self injurious behaviors and staff would verbally encourage Ind. #4 to not display the behaviors. The daily progress notes were reviewed. A note dated 6/14/16 documented the Ind. was "screaming and yelling and smacking herself at the table". There was no documentation the active program was carried out for verbal encouragement. The program coordinator (QMRP) stated there should have been documentation of the active treatment program in that note	W 249		