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 _____	07/11/2018

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
E 000	Initial Comments An unannounced Medicaid re-certification survey was conducted on 7/10/18 through 7/11/18. The facility was in substantial compliance with Federal ICF/ID regulations for Emergency Prepardness. The Life Safety Code will follow. The census in this 8 certified bed facility was 8 individuals at the time of survey. The survey sample consisted of 3 current individual reviews (Individuals #1, Individual #2 and Individual #3).	E 000		
W 000	INITIAL COMMENTS An unannounced Medicaid re-certification survey was conducted on 7/10/18 through 7/11/18. The facility was not in compliance with the following Federal ICF/ID regulations. The Life Safety Code will follow. The census in this 8 certified bed facility was 8 individuals at the time of survey. The survey sample consisted of 3 current individual reviews (Individuals #1, Individual #2 and Individual #3).	W 000		
W 111	CLIENT RECORDS CFR(s): 483.410(c)(1) 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 staff interview and clinical record review it was determined that the facility staff failed to ensure a complete and accurate clinical record for 1 of 3 individuals in the sample survey, Individual #2.	W 111		

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	W 111		

The Findings Included:

For Individual #2 the facility staff failed to ensure complete and accurate physician orders and July 2018 Medication Administration Records (MAR's).

Individual #2 was a 75 year old male who was admitted in 9/11/12. Admitting diagnoses included, but were not limited to: moderate mental retardation, psychotic disorder nonspecific, cataracts, anxiety and Parkinson's disease.

On July 11, 2018 at 10:15 a.m., the surveyor interview a female Intermediate Care Facility Technician (ICFT) regarding Individual #2's care and treatment. The ICFT (#1) stated that Individual #2 received all nutrition and medications through his G (gastrostomy) tube.

On July 11, 2018 at 11:05 a.m., the surveyor reviewed Individual #2's clinical record. Review of the clinical record produced physician orders dated 3/26/18. Physician orders included but were not limited to: "(name of Individual #2 withheld) has a G Tube in place nothing my mouth. OLANZapine 5 mg disintegrating tablet Place 1 tablet (s) 3 times a day by translingual route." (sic)

Continued review of the clinical record produced a physician prescription dated 4/11/18 that read ... "Drug: loratadine 10 mg ...take1 tablet (s) every day by oral route ..." (sic)

The surveyor noted that all other physician ordered medications were ordered to be administered by G tube.

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W 111	Continued From page 2	W 111		

Further review of the clinical record produced the July 2018 Medication Administration Records (MAR's). Review of the July 2018 MAR's documented that the facility staff were administering the Loratadine and Olanzapine by mouth.

On July 11, 2018 at 12 p.m., the surveyor observed the facility staff in the kitchen area. The facility staff were preparing the individuals lunch. The surveyor asked if Individual #2 would be eating lunch. A male ICFT (#2) stated that Individual #2 did not eat. The male ICFT stated that Individual #2 received feedings and medications through his tube.

On July 11, 2018 at 12:15 p.m., the surveyor notified the ICFT (#1) that Individual #2's clinical record was inaccurate. The surveyor reviewed the clinical record with the ICFT (#1). The surveyor specifically pointed out that Individual #2's physician orders. The surveyor pointed out that the physician ordered Loratadine and Olanzapine were ordered to be administered by mouth. The surveyor then reviewed the July 2018 MAR's with the ICFT (#1). The surveyor pointed out that the facility staff were documenting that the Loratadine and Olanzapine were being administered by mouth. The ICFT (#2) stated that that was wrong because Individual #2 received all of his medications by his feeding tube. The ICFT (#2) stated she would let the physician know and get the orders corrected.

On July 11, 2018 at 12:25 p.m., the surveyor notified the Qualified Intellectual Disabilities Professional (QIDP) that Individual #2's clinical record was inaccurate. The surveyor and QIDP

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W 111	Continued From page 3 reviewed Individual #2's clinical record. The surveyor reviewed the physician orders and the July 2018 MAR's with the QIDP. The surveyor pointed out that Individual #2 had a physician order for nothing by mouth. The surveyor then pointed out that Individual #2's physician orders and July 201 MAR's were incorrect as they documented that Individual #2 was receiving Loratadine and Olanzapine by mouth. No additional information was provided prior to exiting the facility as to why the facility staff failed to ensure a complete and accurate clinical record for Individual #2.	W 111		
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on a medication observation and staff interview, it was determined that the facility staff failed to ensure that medications and biologicals were secured and locked in the facility. The Findings Included: On July 10, 2018 at 3 p.m., the surveyor made a medication observation with an Intermediate Care Facility Technician (ICFT). The surveyor entered the medication room with the ICFT. An individual came into the medication room and sat down. The ICFT poured the individuals medications and administered the medications to the individual. The individual stood and left the medication room.	W 382		

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The ICFT stated she would get the next individual and left the room. The surveyor observed that the ICFT left the medication cart unlocked and the medication room door open. Within a few minutes, the ICFT returned to the medication room with another individual. The ICFT poured the individuals medications and administered the medications to the individual. The individual stood and left the medication room. The ICFT informed the surveyor that she would get the next individual. The ICFT left the medication room leaving the medication cart unlocked and the medication room door open. Within a few moments, the ICFT escorted another individual into the medication room. The ICFT poured and administered the medications to the individual. Once again, the ICFT stated she would get the next individual and left the medication room. The ICFT left the medication cart unlocked and the medication room door open. Within a few moments, the ICFT returned with the next individual. The ICFT poured and administered the individual's medications.

On July 10, 2018 at 4 p.m., the surveyor notified the Qualified Intellectual Disabilities Professional (QIDP) that during the medication pass and pour observation the surveyor observed that the ICFT left the medication cart unlocked and the medication room door open on three (3) separate occasions.

No additional information was provided as to why the facility staff failed to ensure that medications and biologicals were secured and locked in the facility.