PRINTED: 09/12/2018 **FORM APPROVED** OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BLIDYS	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G062	8 WING_		09/06/2018	
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E 000	Initial Comments		E 0	00		
E 004	survey was conducted 09/06/18. Corrections compliance with 42 Condition of Participal Care Facilities for Inc. Disabilities. No compliance with 42 Condition of Participal Care Facilities for Inc. Disabilities. No compliance of the Section of Participal Care Facility of Plan, Responsible of Plan, and Participal Care of Plan, and	s are required for CFR Part 483.73, 483.475, ation for Intermediate dividuals with Intellectual slaints were investigated eview and Update 3.475(a) mply with all applicable cal emergency preparedness cility] must develop establish rehensive emergency methat meets the section.] 82.15 and CAHs at espital or CAH] must comply deral, State, and local ness requirements. The st develop and maintain a regency preparedness he requirements of this li-hazards approach. aredness program must entitled to, the following The [facility] must develop ergency preparedness planed], and updated at least sat §494.62(a):] Emergency lity must develop and	EO	Preparedness Plan; however, a risassessment and associated strategore were not completed on January strom. The Emergency was reviewand revised on 9/19/18. The emergency was reviewand revised on 9/19/18. The emergency disruption or has the potential to disruption or has the potential to disruption in the normal operations services of Highlands Place. The Emergency Plan will be reviewed updated in accordance with the rianalysis of each event." A risk and associated strategies were conducted on September 2018 Hurricane / Tropical Storm result the update of Emergency Plan on 9/17/18. Staff will be trained on updates by 10/05/18. AOC Date – 10/15/18	y sk pies now ewed ergency will ciated cause nal e I and sk nalysis	
LABORATORY	DIRECTOR'S OB ROVIDER	SUPPLIER REPRESENTATIVE'S SIGNAT	URE Pr	Stom Supervisor	9/21/18	

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.

Event ID:BN7D11

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E 004	maintain an emergen must be [evaluated], annually. This STANDARD is not be a seed on record revision facility staff failed to he facility's risk assessment and strategies. The findings included buring an interview of with the Program Main Residential Service of for documentation for assessment and strategies assessment and strategies are facilities Emergency included the risk of a Intellectual Residential the facility had not conthe Emergency Program All Hazards Risk Assessand Hazards Risk Assessand maintain an emethat must be reviewed annually. The plan most of the program of the plan most of	cy preparedness plan that and updated at least of met as evidenced by: ew and staff interview, the lave documentation of the lent and associated of the facility based risk regies for addressing the Program Plan which January snow storm. The last Service Director stated, inducted a risk analysis of fam Plan. Plan Based on lessment CFR(s): The [facility] must develop regency preparedness plan d, and updated at least lust do the following:] include a documented,	E 004	An all Hazardous Risk Assessment associated strategies listed under Annex-Response Types was compass stated in Emergency Prepared Plan; however, a risk assessment associated strategies were no compon January snow storm. The Emergency was reviewed and revon 9/19/18. The emergency plandelineates "Highlands Place will conduct a risk analysis with associated strategies on any event causing disruption or has the potential to disruption in the normal operation services of Highlands Place.	pleted ness and npleted rised ciated

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28-45-500-4-10-21-25: - 24-00	ROVIDER OR SUPPLIER DS PLACE EAST			STREET ADDRESS. CITY, STATE, ZIP CODE 1829 ROKEBY AVENUE CHESAPEAKE, VA 23320	
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E 006	on and include a doccommunity-based rist all-hazards approach (2) Include strategies events identified by the fisher address identified by the risk armanagement of the confailures, natural disast that would affect the locare. This STANDARD is a Based on record revisalling all-records.	3.475(a)(1):] (1) Be based umented, facility-based and a assessment, utilizing an including missing clients. for addressing emergency me risk assessment. 18.113(a)(2):] (2) Include sing emergency events assessment, including the onsequences of power ters, and other emergencies hospice's ability to provide that as evidenced by: ew and staff interview, the nave documentation of the	E	The Emergency Plan will be rev 006and updated in accordance with analysis of each event." A risk a and associated strategies were conducted on September 2018 Hurricane / Tropical Storm result the update of Emergency Plan of 9/17/18. Staff will be trained on updates by 10/05/18. AOC Date – 10/15/18	the risk inalysis Iting in
	interview with the Pro Intellectual Residenti asked for documenta assessment and stra emergency events id	on 09/06/18 at 10: 15 A.M. Ogram Manager and al Service Director they were stion for the facility based risk tegies for addressing entified by the risk	e e		
E 007	Director stated, the faidentified any strateg The facility staff faile addressing emergentisk assessment.	d document strategies for cy events identified by the Population	. E	Highlands Place Emergency Preparedness Plan identified the oo7affected by the plan, delegation authority and services provided	of

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E 007	Continued From page [(a) Emergency Plan. and maintain an emerithat must be reviewed annually. The plan me (3) Address patient/cl but not limited to, perservices the [facility] han emergency; and cincluding delegations succession plans.** *Note: ["Persons at ri ASC, hospice, PACE RHC, FQHC, or ESR This STANDARD is ribased on record revifacility staff failed to hacility's patient popularing an emergency facility have in place Also, the facility failed of authority and how	The [facility] must develop gency preparedness plan it, and updated at least ust do the following:] The population, including, sons at-risk; the type of least the ability to provide in continuity of operations, of authority and Sk" does not apply to: HHA, CORF, CMCH, D facilities.] For met as evidenced by: Few and staff interview the least of the strategies the least of the strategies the to address their needs. It to have written delegation the facility plan to continue		an emergency; however, a detailed description of population at risk, specific needs required by at risk population and a description of E Staff required to work during emergency were not identified in plan. The Emergency Preparedne Plan was reviewed and updated of 9/19/18. Section labeled Person Affected was updated to include Highlands Place serves Individual are severe to profound Intellectual Disable with severe speech impair and limited physical mobility. Highlands Place identifies individual and Place identifies individual and Place identifies individual and limited physical with person section of the providing with severely limited mobility (nambulatory) while providing verigestural support to ambulatory individuals on point of exit from	ed ssential the ess on ds who ally irments duals chose upport. viduals on- bal and
	to operate during an			building. Adaptive equipment (wheelchairs, gait belts, mobility will be utilized to support transport transport)	Section 19
	with the Program Mar Residential Service D documentation that In been identified who w services needed. The	d to identify at		out of building and providing continuation of services. In additional adaptive equipment listed in each individuals' PCP will be made at for continuation of services. Staff be trained on updates by 10/05/1 AOC Date – 10/15/18	tion, n vailable f will

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BLIDY:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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policies and procedures plan set forth in paragra and the communication this section. The policie reviewed and updated "Additional Requirem ESRD Facilities: "[For PACE at §460.84 procedures. The PACE and implement emerge and procedures, based forth in paragraph (a) cassessment at paragra and the communication this section. The policic address management emergencies; and natu threaten the health or staff, or the public. The must be reviewed and "[For ESRD Facilities procedures, based on forth in paragraph (a) assessment at paragra and the communication this section. The policies procedures, based on forth in paragraph (a) assessment at paragrand the communication this section. The policies and the communication this section. The policies communication this section. The policies and the communication that the paragraph that the par	dures. [Facilities] must t emergency preparedness s, based on the emergency aph (a) of this section, risk uph (a)(1) of this section, n plan at paragraph (c) of es and procedures must be at least annually. The procedures and E organization must develop ency preparedness policies d on the emergency plan set of this section, n plan at paragraph (c) of es and procedures must of medical and nonmedical g, but not limited to: Fire; water failure; care-related ural disasters likely to safety of the participants, a policies and procedures updated at least annually. at §494.62(b):] Policies and ty preparedness policies and the emergency plan set	E 01:	Annex C-Communication of the Emergency was not updated to incall methods utilized by Highlands to communicate and coordinate cawith emergency management servannex C—Communication of the Emergency Plan was reviewed an updated on 9/19/18. The plan sta "Highlands Place will follow procedures of the Chesapeake Integrated Behavioral Healthcare dissemination of information by telephone, fax, intranet posting, in mailing, Chesapeake Alert System Facebook, City Employee Alert Itelevision, radio broadcasting and satellite radio with two way radio communications with Emergency Operation Center (EOC) for Chesapeake for periodic reports of status on Highlands Place." The communication plan was updated include use of panic button as more communication. The plan states "Highlands Plane has a panic alar system that provides a quick way alert emergency personnel. If emergency occurs, staff will presonnic button to activate emergency services. All staff at the beginning shift will check out a panic button will return it at end of shift. Panishift will check out a panic button will return it at end of shift. Panishift will check out a panic button will return it at end of shift. Panishift will check out a panic button will return it at end of shift. Panishift will check out a panic button will return it at end of shift. Panishift will check out a panic button button is a wireless system with the SVDC lithium batteries.	for the email, internal m, Hotline, if to ode of orm of to ss the cy ing of in and ic		

	DE DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMPL		
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E 013	fire, equipment or po- emergencies, water s natural disasters likel geographic area. This STANDARD is r Based on record revi- facility staff failed revicommunication plan. During an interview of with the Program Mair Residential Service Disabethal Service Dis	but are not limited to, wer failures, care-related supply interruption, and by to occur in the facility's not met as evidenced by: ew and staff interview the riew and update the no 09/06/18 at 10:35 A.M. nager and the Intellectual birector they were asked for ne facility's communication and updated. The	E	013	Panic button will be tested quarte ensure functioning properly." Al communication plan was updated include tracking system and occu Staff will be trained on updates b 10/05/18. AOC Date – 10/15/18	so, to pancy.	
E 015	its communication plan Subsistence Needs in CFR(s): 483.475(b)([(b) Policies and procedure plan set forth in para assessment at paragand the communication this section. The policies address the following (1) The provision of and patients whethe place, include, but a	for Staff and Patients 1) cedures. [Facilities] must ent emergency preparedness res, based on the emergency graph (a) of this section, risk graph (a)(1) of this section, ion plan at paragraph (c) of cies and procedures must be end at least annually.] At a s and procedures must	E	015	Highlands Place emergency plan hotel accommodations will be ut when sheltering outside of facilit however, no written agreement for accommodations has been secure Program Supervisor will work we Director of Administration Servisecure a written RFP for hotel accommodation when sheltering of facility. If emergency situation occurs prior to final approval of Highlands Place will utilize the inagreement for hotel accommodation with Holida	ilized y."; or hotel ed. The ith the ces to outside on RFP, nformal itions	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BLIDIC			(X3) DATE SURVEY COMPLETED	
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E 015	the following: (A) Temperatures and safety and for the of provisions. (B) Emergency light (C) Fire detection, alarm systems. (D) Sewage and which is a system i	to protect patient health e safe and sanitary storage hiting. extinguishing, and vaste disposal. ce at Policies and procedures. additional requirements for patient care facilities only. cedures must address the subsistence needs for and patients, whether they in place, include, but are owing: medical, and pharmaceutical reces of energy to maintain imperatures to protect afety and for the safe and provisions. I lighting. e detection, extinguishing, waste disposal. not met as evidenced by: view and staff interview, the provide documentation for tence when evacuating to a	E	Express in Ashland. Va., Erossuites, Inc. and Delta in Ch Va. AOC Date-10/15/18			

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During an interview o	n 09/06/18 at 11:05 A.M. nager and the Intellectual	E 015			
documentation that the with hotels in the even Program Manager and Service Director state securing hotel contrastaff stated, the facilit agreement for hotel and the securing hotel and the securing hotels are staff stated.	ne facility had the contracts int of evacuation. The id the Intellectual Residential and they were working on icts with various vendors. The iy did not have a written iccommodations.				
agreement for hotel a subsistence needs. Procedures for Track	ccommodations including	E 018	Highlands Place Emergency Plan	og the	
develop and implement policies and procedure plan set forth in parasassessment at paragand the communication this section. The policies address the following (2) A system to track and sheltered patients are relocated [facility] must document to the receiver the policies and sheltered patients are relocated [facility] must document to the receiver the policies are relocated [facility] must document to the receiver the policies and the patients are relocated [facility] must document the policies are relocated [facility] must document the policies are relocated to the policies and paragraphs are relocated to the policies and procedure the procedu	ent emergency preparedness res, based on the emergency graph (a) of this section, risk raph (a)(1) of this section, on plan at paragraph (c) of cies and procedures must be ad at least annually.] At a s and procedures must be: the location of on-duty staff is in the [facility's] care during duty staff and sheltered d during the emergency, the ent the specific name and ing facility or other location. .184(b), LTC at §483.73(b),		location of staff and Individuals I during and after an emergency exhowever, the emergency plan not describe the process of utilization form. The Emergency Preparedr Plan of Highlands Place was revi and updated on 9/19/18. The plan "Tracking Form (attachment C3) initiated at onset of emergency exupon the closing of City of Chestor the activation of Emergency Operation Center (EOC). The Tracking Form will include documentation Individuals and on-duty staff locations, during and after emergence	pefore vent; n of the less ewed in states will be vent apeake racking in of cations cy	
	CORRECTION COVIDER OR SUPPLIER SPLACE EAST SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page During an interview or with the Program Mar Residential Service D documentation that th with hotels in the ever Program Manager an Service Director state securing hotel contra staff stated, the facilit agreement for hotel a subsistence needs. Procedures for Track Patients CFR(s): 483 [(b) Policies and procedurels and pr	CORRECTION A9G062 COVIDER OR SUPPLIER SPLACE EAST SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 7 During an interview on 09/06/18 at 11:05 A.M. with the Program Manager and the Intellectual Residential Service Director, they were asked for documentation that the facility had the contracts with hotels in the event of evacuation. The Program Manager and the Intellectual Residential Service Director stated they were working on securing hotel contracts with various vendors. The staff stated, the facility did not have a written agreement for hotel accommodations. The facility staff failed to have a written agreement for hotel accommodations including	A BLIDCLEAST SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 7 During an interview on 09/06/18 at 11:05 A.M. with the Program Manager and the Intellectual Residential Service Director, they were asked for documentation that the facility had the contracts with hotels in the event of evacuation. The Program Manager and the Intellectual Residential Service Director stated they were working on securing hotel contracts with various vendors. The staff stated, the facility did not have a written agreement for hotel accommodations. The facility staff failed to have a written agreement for hotel accommodations including subsistence needs. Procedures for Tracking of Staff and Patients CFR(s): 483.475(b)(2) [(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a) of this section, risk assessment at paragraph (a) of this section, risk assessment at paragraph (a) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually.] At a minimum, the policies and procedures must be reviewed and updated at least annually.] At a minimum, the policies and procedures must address the following:] (2) A system to track the location of on-duty staff and sheltered patients are relocated during the emergency, the [facility] must document the specific name and location of the receiving facility or other location. "[For PRTFs at §441.184(b), LTC at §483.73(b),	CORRECTION IDENTIFICATION NUMBER 490062 STREET ADDRESS, CITY, STATE, ZIP CODE 1983 ROKEBY AVENUE CHESAPAKE, VA 23320 PROVIDER OR SUPPLIER SPLACE EAST SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQUATORY OR LSC DENTIFYING INFORMATION) Continued From page 7 During an interview on 09/06/18 at 11:05 A.M. with the Program Manager and the Intellectual Residential Service Director, they were asked for documentation that the facility had the contracts with hotels in the event of evacuation. The Program Manager and the Intellectual Residential Service Director stated they were working on securing hole contracts with various vendors. The staff stated, the facility did not have a written agreement for hotel accommodations. The facility staff falled to have a written agreement for hotel accommodations. The facility staff falled to have a written agreement for hotel accommodations. The facility staff falled to have a written agreement for hotel accommodations, The facility staff falled to have a written agreement for hotel accommodations, The facility staff falled to have a written agreement for hotel accommodations, The facility staff falled to have a written agreement for hotel accommodations, The facility staff falled to have a written agreement for hotel accommodations, The facility staff falled to have a written agreement for hotel accommodations, The facility staff falled to have a written agreement for hotel accommodations, The facility staff falled to have a written agreement for hotel accommodations, The facility staff falled to have a written agreement for hotel accommodations, The facility staff falled to have a written agreement for hotel accommodations, The facility staff falled to have a written agreement for hotel accommodations The facility staff falled to have a written agreement for hotel accommodations The facility staff falled to have a written agreement for hotel accommodations The facility staff falled to have a written agreement for hotel accommo	A BINITED AND PROPERTY OF DEFICIENCIES BY PACK EAST SPLACE EAST SUMMANY STATEMENT OF DEFICIENCIES (EXCHORGED BY PULL RECOLATION OR LSC DENTIFYING INFORMATION) COntinued From page 7 During an interview on 09/06/18 at 11:05 A.M. with the Program Manager and the Intellectual Residential Service Director, they were asked for documentation that the facility had the contracts with hotels in the sent of evacuation. The Program Manager and the Intellectual Residential Service Director stated they were working on securing hotel contracts with various vendors. The staff stated, the facility staff failed to have a written agreement for hotel accommodations. The facility staff failed to have a written agreement for hotel accommodations including subsistence needs. The facility staff failed to have a written agreement for hotel accommodations including subsistence needs. The facility staff failed to have a written agreement for hotel accommodations, and the communication plan at paragraph (a) of this section, and the communication plan at paragraph (a) of this section, has paragraph (a) of this section, the policies and procedures must be reviewed and updated at least annually.] At a minimum, the policies and procedures must be reviewed and updated at least annually.] At a minimum, the policies and procedures must be reviewed and updated at least annually.] At a minimum, the policies and procedures must be reviewed and updated at least annually.] At a minimum, the policies and procedures must be reviewed and updated of on-duty staff and sheltered patients in the [facility or other location.] (2) A system to track the location of on-duty staff and sheltered patients in the facility or other location. (3) The facility staff all paragraph (a) of the facility or other location. (4) A system to track the location of on-duty staff and sheltered patients in the [facility or other location.] (4) A system to track the location of on-duty staff and sheltered patients in the [facility or other location.] (5) A system to tr

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E 018	location of on-duty stathe [PRTF's, LTC, ICF and after an emergen sheltered residents are emergency, the [PRT must document the specific policies and procedured (ii) Safe evacuation from the specific procedured of exacues; specific policies and procedured of evacues; specific procedured of exacues; specific procedured of exacues; specific procedures of evacues; specific procedures of exacues; specific procedure	res. (2) A system to track the lift and sheltered residents in F/IID or PACE] care during cy. If on-duty staff and re relocated during the F's, LTC, ICF/IID or PACE] pecific name and location of or other location. The at §418.113(b)(6):] res. From the hospice, which are of care and treatment staff responsibilities; fication of evacuation and alternate means the external sources of the location of hospice and sheltered patients in the gran emergency. If the onheltered patients are emergency, the hospice specific name and location of or other location. 5.920(b):] Policies and evacuation from the CMHC, ideration of care and evacuees; staff sportation; identification of s); and primary and alternate lation with external sources.	€ 01	Authorized Representative / Legas Guardian, staff, Emergency Oper Center, DBHDS, Emergency Res Agencies and American Red Cros Southeastern Virginia. The track form will be updated with each clof location. In accordance with Highlands Place Policies and Procedures, an identification card be placed on the individual via strocket, pant pocket or any garme consisting of pockets whenever individual exits the facility." Stabe trained on updates by 10/05/13	ation ponse ss of ing hange I will int ent		

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E 018	potential and actual disecures and maintain. *[For ESRD at § 494.6 procedures. (2) Safe of facility, which includes needs of the patients. This STANDARD is in Based on record reviet facility staff failed to hemergency Prepared The findings included During an interview of with the Program Maintain to the security of	stects confidentiality of conor information, and is the availability of records. 62(b):] Policies and evacuation from the dialysis is staff responsibilities, and cot met as evidenced by: ew and staff interview, the lave documentation of an iness tracking system.	ΕO	18			
E 029	preparedness trackin Individuals and staff a emergency. The staff tracking system. The facility staff failed during an emergency Development of Com CFR(s): 483.475(c) (c) The [facility] must emergency prepared that complies with Fellaws and must be revileast annually.	g system in the event are relocated during an stated, they did not have a did to have a tracking system develop and maintain an ness communication plan deral, State and local viewed and updated at	ΕC	Annex C-Communication of the Emergency was not updated to in all methods utilized by Highlands to communicate and coordinate c with emergency management ser Annex C -Communication of the Emergency Plan was reviewed ar	s Place are vices.		
	Based on record revi	not met as evidenced by: ew and staff interview, the update the communication ination with emergency		updated on 9/19/18. The plan sta Highlands Place will follow proce of the Chesapeake	ites "		

FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	REMUTE CONSTRUCTION A BLONG		(X3) DATE SURVEY COMPLETED	
		49G062	B WING_		09/0	5/2018
e sometimena eva	ROVIDER OR SUPPLIER			STREET ADDRESS. CITY, STATE. ZIP CODE 1825 ROKEBY AVENUE CHESAPEAKE, VA 23320	8	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	(X5) COMPLETION DATE
	with the Program Mai Residential Service D documentation of core coordination of care wanagement agencie stated, they had not a communication plant care with Emergency The facility staff failed the communication plant CFR(s): 483.475(c)(1 [(c) The [facility, excet transplant centers, and and maintain an eme communication plant State and local laws updated at least annu- plan must include all (1) Names and contat the following: (i) Staff. (ii) Entities providing (iii) Patients' physicial (iv) Other [facilities]. (v) Volunteers.	in 09/06/18 at 12:10 P.M. Inager and the Intellectual Director they were asked for inmunication for the with emergency as and services. The staff apdated there is include the coordination of Management Service. If to update lan. Information Put RNHCIs, hospices, and HHAs] must develop argency preparedness that complies with Federal, and must be reviewed and usally. The communication of the following: Interctor they were asked for information for the services under arrangement.		Integrated Behavioral Healthcare dissemination of information by telephone, fax, intranet posting, i mailing, Chesapeake Alert Syster Facebook, City Employee Alert Itelevision, radio broadcasting and satellite radio with two way radio communications with Emergency Operation Center (EOC) for Chesapeake for periodic reports of status on Highlands Place." The communication plan was updated include use of panic button as more communication. The plan states "Highlands Plane has a panic ala system that provides a quick way alert emergency personnel. If emergency occurs, staff will prespanic button to activate emergency services. All staff at the beginning shift will check out a panic button will return it at end of shift. Pan button is a wireless system with 3VDC lithium batteries. Panic be will be tested quarterly to ensure functioning properly." Also, communication plan was updated include tracking system and occurs staff will be trained on updates to 10/05/18. AOC Date — 10/15/18	email, nternal m, Hotline, d of d to ode of rm r to ss the cy ng of n and ic two utton d to upancy.	
	lollowing.					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BLIDG		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G062	B WING	<u> </u>		09/0	6/2018
	ROVIDER OR SUPPLIER DS PLACE EAST		* 1000 m	c	TREET ADDRESS, CITY, STATE, ZIP ODE 1829 ROKEBY AVENUE HESAPEAKE, VA 23320		
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
E 030	(iii) Next of kin, guar (iv) Other RNHCls. (v) Volunteers. *[For ASCs at §416.4 plan must include all (1) Names and conta the following: (i) Staff. (ii) Entities providing (iii) Patients' physici. (iv) Volunteers. *[For Hospices at §4 communication plan following: (1) Names and conta the following: (i) Hospice employ (ii) Entities providing (iii) Patients' physici. (iv) Other hospices. *[For OPOs at §486.3 plan must include all (1) Names and conta the following: (i) Staff. (ii) Entities providing (iii) Volunteers. (iv) Other OPOs. (v) Transplant and opPO's Donation Ser This STANDARD is series.	g services under arrangement. dian, or custodian. 5(c):] The communication of the following: act information for g services under arrangement. ans. 18.113(c):] The must include all of the act information for ees. g services under arrangement. ans. 360(c):] The communication of the following: act information for g services under arrangement. ans.	E		The Emergency Preparedness Platannex C-Communication was up to include coordination of care we emergency management services. Annex C-Communication Plan were viewed and updated on 9/19/18 include an Emergency Directory. plan states "The CIBH's communication resources will be utilized to communicate and coordare with Emergency Management Services. Emergency Contact information for staff, entities proservices under agreement, Individually included in Emergency Directory (attachment C1)." Staff will be non updates by 10/05/18. AOC Date-10/15/18	dated ith as to The dinate nt viding luals' ties is	

FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BLIDNC	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G062	B WING_		09/0	6/2018
NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE EAST			•	STREET ADDRESS, CITY, STATE, ZIP CODE 1829 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	The findings included with the Program Ma Residential Service I documentation of the review and updated. not updated there Coinclude the coordinat Management Service I the facility staff failits Communication P Emergency Officials CFR(s): 483.475(c)(2 [(c) The [facility] muse mergency prepared that complies with Fe and must be reviewe annually.] The commall of the following: (2) Contact information: (i) Federal, State, local emergency prepared that complies with Fe and must be reviewe annually.] The commall of the following: (2) Contact information: (ii) Federal, State, local emergency prepared that complies with Fe and must be reviewe annually.] The commality of the following: (iii) Contact information: (iiii) Federal, State, local emergency prepared that complies with Fe and must be reviewed annually.] The commality of the following:	eview and update its to include coordination of management agencies. I: In 09/06/18 at 12:28 P.M. Inager and the Intellectual Director they were asked for Communication Plan being The staff stated, they had be munication Plan to ion of care with Emergency It develop and maintain an mess communication plan rederal, State and local laws Id and updated at least funication plan must include In for the following: It tribal, regional, and paredness staff. In of assistance. It is a significant to the following: It is a signi	EO	Highland Place Emergency Plan include an emergency officials' of list. Annex C-Communication Previewed and updated on 9/19/18 include an Emergency Directory. plan states "The CIBH's communication resources will be utilized to communicate and coorcare with Emergency Manageme Services. Emergency contact information for staff, entities proservices under agreement, Individualities is included in Emergency Directory (attachment C1)." State trained on updates by 10/05/18	contact lan was to The rdinate nt viding dual's aboring cy ff will	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BLIDG		COMPL	O9/06/2018	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION SHOULD		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	D BE COMPLE	
E 031	Continued From page 13 Ombudsman. (iv) Other sources of assistance. *[For ICF/IIDs at §483.475(c):] (2) Contact information for the following: (i) Federal, State, tribal, regional, and local emergency preparedness staff. (ii) Other sources of assistance. (iii) The State Licensing and Certification Agency. (iv) The State Protection and Advocacy Agency. This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility staff failed to document emergency officials contact Information in the communication plan.		E	031			
E 034	with the Program Ma Residential Service I for documentation of Emergency Officials staff stated, they had Communication Plar Officials contact info The facility staff failed Management Official Information on Occup CFR(s): 483.475(c)(fill) [(c) The [facility] must emergency prepared that complies with Frand must be reviewed	on 09/06/18 at 12: 41 P.M. Inager and the Intellectual Director they were asked If the Communication Plan contact information. The Intellectual Intellectual Director they were asked If the Communication Plan contact information. The Intellectual Intell	E	034	Occupancy policy was not includ communication plan. The Emerg Preparedness Plan was reviewed updated on 9/19/18. Annex C-Communication was updated to i Highlands Place's occupancy pol The plan states "In compliant wit federal, state and local regulation	ency and nclude icy.	

FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BLIDY:	CONSTRUCTION	(X3) DATE COMPL	
		49G062	B WING		09/0	6/2018
	ROVIDER OR SUPPLIER DS PLACE EAST			TREET ADDRESS, CITY, STATE, ZIP CODE 1829 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(X4) 1D PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 034	about the [facility's] or ability to provide assist having jurisdiction, the Center, or designee. *[For ASCs at 416.54 providing information its ability to provide a having jurisdiction, the Center, or designee. *[For Inpatient Hospic of providing informati inpatient occupancy, provide assistance, to jurisdiction, the Incide designee. This STANDARD is in Based on record revifacility staff failed to the facility's occupant provide assistance. The findings included with the Program Ma Service Director, the documentation for id facility, including the facility's ability to pro Incident Command C Service Director statilidentified the needs identified the needs.	is of providing information occupancy, needs, and its stance, to the authority is Incident Command (c): (7) A means of about the ASC's needs, and ssistance, to the authority is Incident Command (c): (7) A means of about the ASC's needs, and ssistance, to the authority is Incident Command (c): (7) A means of about the ASC's needs, and ssistance, to the authority is Incident Command Com	E 034	Occupancy reporting, Highlands will provide information to the ci Chesapeake Health department, I Chesapeake, Emergency Respons Agencies, DBHDS and neighborifacilities of the policy of Highland Place. Highlands Place is a licen five bed ICF; however, the occup capacity of Highlands Place is six Highlands Place Policies and Procedures states "that due to Highlands Place is unable to provassistance to neighboring facilities housing transfer individuals." St be trained on updates by 10/05/13	ety of EOC of se ing ids sed oancy x. ghlands city vide es in aff will	

FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BLIDE		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE EAST			С	TREET ADDRESS, CITY, STATE, ZIP DDE 1829 ROKEBY AVENUE HESAPEAKE, VA 23320	22/200	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	and have means of pr the facility's needs and assistance. EP Training and Test	to provide documentation oviding information about d its ability to provide	E 034			
	based on the emerge paragraph (a) of this paragraph (a)(1) of the procedures at paragraph the communication placetion. The training be reviewed and updates in the communication program that is based forth in paragraph (a) assessment at paragraphicies and procedures and proced	an emergency and testing program that is ncy plan set forth in section, risk assessment at is section, policies and aph (b) of this section, and an at paragraph (c) of this and testing program must ated at least annually. 3.475(d):] Training and must develop and maintain redness training and testing d on the emergency plan set of this section, risk raph (a)(1) of this section, res at paragraph (b) of this munication plan at section. The training and be reviewed and updated of ICF/IID must meet the cuation drills and training at at §494.62(d):] Training, n. The dialysis facility must an emergency testing and patient		Preparedness Plan did not include testing program. The Emergency Preparedness Plan was reviewed a updated on 9/19/18. Annex F- Tr and Testing was updated to a competency test. The plan states "Highlands Place conducts drills mandated by DBHDS regulations including training, exercising the reporting the drill outcomes, reviet those reports and making modific to the drill and procedures as nece Changes will be shared with all st well as quarterly trainings on the Emergency Preparedness Plan inca competency test (attachment T1 Staff will be trained on updates by 10/05/18. AOC Date-10/15/18	and aining as drill, ewing ations essary. aff as cluding	

FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BLUNE		(X3) DATE SURVEY COMPLETED	
	49G062		8 WING		09/06/2018	
NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE EAST			c	TREET ADDRESS, CITY, STATE, ZIP ODE 1829 ROKEBY AVENUE HESAPEAKE, VA 23320		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 036	this section, policies at (b) of this section, and paragraph (c) of this s and orientation prograupdated at least annual This STANDARD is in Based on record revide facility staff failed to horeparedness training. The findings included During an interview of the Program Manager Director, they were as facility's Emergency Program. The Resides the facility did not have Preparedness testing. The facility staff failed Preparedness testing EP Testing Requirem.	ent at paragraph (a)(1) of and procedures at paragraph at the communication plan at ection. The training, testing am must be reviewed and ally. ot met as evidenced by: aw and staff interview the lave an emergency grand testing program. : 109/06/18 at 1:27 P.M. with and Residential Service deed for documentation of the dreparedness testing initial Service Director stated, e a Emergency program. to have a Emergency program.	E 036			
	RNHCIs and OPOs] I test the emergency p [facility, except for Rh all of the following: "[For LTC Facilities at The LTC facility must the emergency plan a unannounced staff dr	ity, except for LTC facilities, must conduct exercises to lan at least annually. The lithCls and OPOs] must do §483.73(d):] (2) Testing, conduct exercises to test annually, including the emergency facility must do all of the		A full scale evacuation was compon June 14, 2018 due to failure of units. A risk analysis was not completed on drill. The Emergen Preparedness Plan was reviewed updated on 9/19/18. The Plan sta Highlands Place will conduct a rianalysis with associated strategies any event causing disruption or h potential to cause disruption in th normal operational services of Highlands Place. The Emergence	AC acy and ates " sk s in as the	

FORM CMS-2567(02-99) Previous Versions Obsolete

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BLIDE		(X3) DATE SURVEY COMPLETED	
		49G062	B WING		09/06/2	018
NAME OF PROVIDER OR SUPPLIER HIGHLANDS PLACE EAST			•	STREET ADDRESS, CITY, STATE, ZIP CODE 1829 ROKEBY AVENUE CHESAPEAKE, VA 23320		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	Ti	(X5) XMPLETION DATE
E 039	(i) Participate in a ful community-based or exercise is not access facility-based. If the actual natural or mar requires activation of [facility] is exempt from community-based or full-scale exercise for onset of the actual error (ii) Conduct an addition include, but is not limit (A) A second full-scommunity-based or (B) A tabletop exercise for onset of the actual error (B) A tabletop exercise for onset of the actual error (B) A tabletop exercise for onset of problem statement prepared questions demergency plan. (iii) Analyze the [facili maintain documentate exercises, and emergency plan. (iii) Analyze the [facili maintain documentate exercises, and emergency plan. The [facility's] emerger (For RNHCls at §486.360] (d)(2) Test must conduct exercise plan. The [RNHCl and following: (i) Conduct a paper-bleast annually. A table discussion led by a facilinically relevant emorf problem statements.	Il-scale exercise that is when a community-based sible, an individual, [facility] experiences an in-made emergency that if the emergency plan, the omengaging in a individual, facility-based or 1 year following the vent. In all exercise that may ted to the following: cale exercise that is individual, facility-based. In the community is a narrated, ergency scenario, and a set is, directed messages, or esigned to challenge an inty's response to and ion of all drills, tabletop gency events, and revise incy plan, as needed. 3.748 and OPOs at ing. The [RNHCI and OPO] is to test the emergency	E	will be reviewed and updated in 039 accordance with the risk analysis each event." AOC Date-10/15/18	of	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BLON		(X3) DATE SURVEY COMPLETED	
		49G062	B WING		09/0	6/2018
[604294544 RMS 120444	NOVIDER OR SUPPLIER		c	STREET ADDRESS, CITY, STATE, ZIP CODE 1829 ROKEBY AVENUE CHESAPEAKE, VA 23320	1943 - Ga	
(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 APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 039	Based on record reverse the facility staff failed of the facility's full so analysis and responsions. The findings include: During an interview of the program Manage Director, they were as facilities full evacuation. Service Director state conducted an analysis. The facility staff fail documentation of the evacuation exercises. INITIAL COMMENT. An unannounced Funcertification survey withrough 9/6/18. The facility was additionabilities for Individual Disabilities (ICF/IID).	not met as evidenced by: iew and staff interview if to have documentation ale evacuation exercise se. d: in 09/06/18 at 1:43 P.M. with ir and Residential Service sked for the analysis of the in exercise. The Residential id, the facility had not is of the exercise. ied to have ine facility's full scale ie analysis and response. TS indamental Medicaid re- itals conducted 9/4/18 in compliance with 42 CFR ints for Intermediate Care	E 039			
	time of the survey. 1	bed facility was5 at the	The state of the s			