

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

Printed: 08/25/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VAICFID83	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2016
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NAME OF PROVIDER OR SUPPLIER MOUNT HERMON MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 4769 FRANKLIN TURNPKE DANVILLE, VA 24540
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W 000 INITIAL COMMENTS

W 000

An unannounced Medicaid initial survey was conducted on 8/23/16 through 8/24/16. The facility was not in compliance with the following Federal ICF/ID regulations. The Life Safety Code will follow.

The census in this 5 bed waiver certified facility was 2 individuals at the time of survey. The survey sample consisted of 2 current individual reviews (Individuals #1 through #2).

W 159 483.430(a) QIDP

W159

09/01/2016

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: Based on staff interview and clinical record review, it was determined that the facility failed to provide a full time, facility dedicated Qualified Intellectual Disability Professional (QIDP) for 2 of 2 individuals in the sample survey, Individual #1 and Individual #2.

The Findings Included:

Individual #1 was a 73 year old female who was admitted on 6/20/16. Admitting diagnoses included, but were not limited to: profound intellectual disability, hyperthyroidism, mood disorder, dysphagia and constipation.

Individual #2 was a 52 year old female who was admitted on 6/8/16. Admitting diagnoses included, but were not limited to: profound intellectual disability, seizures, right hemiparesis with spasticity and probable mild bilateral hearing loss.

On August 23, 2016 at 2:15 p.m. the survey team interviewed the ICF Director regarding the QIDP for the facility/home. The ICF Director stated that the QIDP was shared with the other facility that was located across town.

The home manager (ICF Residential Manager) qualifies as a QDIP and will assume the responsibilities of the QIDP immediately. This will be a facility dedicated QIDP.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Handwritten Signature]

Executive Director

9/1/16

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 159 Continued From page 1
On August 24, 2016 at 8:10 a.m. the survey team met with the ICF Director. The surveyor notified the ICF Director that the facility was supposed to employ a full time, facility dedicated QIDP. The surveyor informed the ICF Director that the QIDP could not be shared between multiple facilities/homes/areas. No additional information was provided prior to exiting the facility as to why the facility failed to provide a full time QIDP for the ICF ID home, for Individuals #1 and #2.

W 159

W 226 483.440(c)(4) INDIVIDUAL PROGRAM PLAN

W226

09/01/2016

Within 30 days after admission, the interdisciplinary team must prepare, for each client, an individual program plan.

The facility will complete the assessment process and implement the individual program plan within 30 days of admission for all new admissions.

The affected individual's plan is currently in place.

This Standard is not met as evidenced by: Based on staff interview and facility document review it was determined the facility staff failed to complete assessments and implement the ISP (Individual Support Plan) within 30 days of admission for 1 of 2 individuals (Indiv. #1.)

The home manager (ICF Residential Manager) will ensure that all assessments are completed and all program plans are in place within 30 days of admission to the program.

Findings:

The Director of Residential Services will ensure the plan is in place within 30 days.

Individual #1 was admitted to the facility on 6/22/16. The diagnoses included profound mental retardation, and mood disorder NOS.

Indiv. #1 had a a current physician order electronically dated 7/27/16 . It included the following psychotropic medication: "Thioridazine 10 milligram tablet: Take 2 tablets (20 milligrams) by mouth at bedtime."

According to documentation in the clinical record, Indiv. #1 was seen by a psychologist on 7/2/16.

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W 226 Continued From page 2 W 226

His documentation included the diagnoses "Profound Intellectual Disabilities and Mood Disorder NOS. The documentation included, ".....has a behavior plan to target reducing agitated behaviors.....grabs at others and /or vocalizes loudly [moans and/or occasionally screams]. Other provided documentation indicated that she may bite herself more so than grabbing at others...."

Indiv. #1's clinical record contained an ISP (including a Behavior Modification Program) that was implemented on 8/1/16.

Employee #1 was asked on 8/23/16 at 10:00 AM about the documented dates for the implementation of the ISP and Behavior Monitoring program.

Employee #1 said the home was currently classified as a "Waiver Home" and the facility had 60 days in which to do assessments and implement the ISP and Behavior Modification Plan. She said she was aware, for purposes of ICF/MR certification, that the assessments and plans needed to be completed within a 30 day period.

No additional information was provided prior to exit.

W 262 483.440(f)(3)(i) PROGRAM MONITORING & CHANGE W 262

The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.

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W 262 Continued From page 3

This Standard is not met as evidenced by:
Based on staff interview, facility document review, and clinical record review, the facility staff failed to obtain a review and approval from the specially constituted committee prior to the implementation of a behavior monitoring program and the use of psychotropic medications for 1 of 2 individuals (Indiv. #1.)

The findings include:

Individual #1 was admitted to the facility on 6/22/16. The diagnoses included profound mental retardation, and mood disorder NOS.

Indiv. #1 had a current physician order electronically dated 7/27/16. It included the following psychotropic medication: "Thioridazine 10 milligram tablet: Take 2 tablets (20 milligrams) by mouth at bedtime."

According to documentation in the clinical record, Indiv. #1 was seen by a psychologist on 7/2/16. His documentation included the diagnoses "Profound Intellectual Disabilities and Mood Disorder NOS. The documentation included, ".....has a behavior plan to target reducing agitated behaviors.....grabs at others and /or vocalizes loudly [moans and/or occasionally screams]. Other provided documentation indicated that she may bite herself more so than grabbing at others...."

Indiv. #1's clinical record contained a Behavior Modification Program that was implemented on 7/2/16. The targeted behaviors included: Agitated behaviors to include loud vocalizations, grabbing at others and biting her hand with force.

There was no documentation in the clinical record

W262 08/25/2016

The facility will obtain approval from the Specially Constituted Committee prior to the implementation of a behavior monitoring program for all new admissions.

The affected individual's behavior monitoring program has been reviewed and approved by the Specially Constituted Committee.

The home manager (ICF Residential Manager) will ensure that all behavior monitoring programs are reviewed and approved by the Specially Constituted Committee prior to implementation.

The Director of Residential Services will ensure the program is reviewed and approved prior to implementation.

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W 262	Continued From page 4 that the medication/ behavior modification program had been reviewed or approved by the specially constituted committee. Employee #1 was asked on 8/23/16 at 10:00 AM about the documentation for the the specially constituted committee (SCC) review and approval for the individual's behavior modification program. She said Ind. #1's behavior modification program was implemented on 7/2/16, but the SCC meeting had not yet been held. It was scheduled for Thursday 8/25/16. Employee #1 said the home was currently classified as a "Waiver Home" and the facility had 60 days in which to do assessments and implement the Individual Support Plan (ISP) and Behavior Modification Plan. She said she was not aware the Behavior Modification Plan had to be approved by the SCC and the Human Rights Committee prior to implementation. A review of the facility policies " Active Treatment " with a subject of " Specially Constituted Committee/Psychotropic Review Federal Regulations W261-264 " was reviewed. Procedures # 1-3 stated in part " The specially constituted committee will be appointed by the Residential Director to review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs which may involve risks to individual rights and protections.....Any programs which incorporate restrictive techniques are reviewed by the committee prior to implementation.....committee will ensure that written consent is present prior to implementation of any program which incorporates restrictive techniques....." There was no documentation in the clinical record	W 262			

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W 262	Continued From page 5 that the medications listed above had been reviewed or approved by the specially constituted committee.	W 262		
W 263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE	W263		08/30/2016
	<p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>This Standard is not met as evidenced by: Based on staff interview and clinical record review, the facility staff failed to obtain a detailed informed consent containing specific treatment prior to the implementation of a behavior monitoring program for 1 of 2 individuals (Indiv. #1.)</p> <p>The findings include:</p> <p>Individual #1 was admitted to the facility on 6/22/16. The diagnoses included profound mental retardation, and mood disorder NOS.</p> <p>Indiv. #1 had a a current physician order electronically dated 7/27/16 . It included the following psychotropic medication: "Thioridazine 10 milligram tablet: Take 2 tablets (20 milligrams) by mouth at bedtime."</p> <p>According to documentation in the clinical record, Indiv... #1 was seen by a psychologist on 7/2/16. His documentation included the diagnoses "Profound Intellectual Disabilities and Mood Disorder NOS. The documentation included, ".....has a behavior plan to target reducing agitated behaviors.....grabs at others and /or vocalizes loudly [moans and/or occasionally</p>		<p>The facility will obtain a detailed informed consent containing specific treatment prior to the implementation of a behavior monitoring program for all new admissions.</p> <p>The affected individual's authorized representative has signed the detailed informed consent.</p> <p>The home manager (ICF Residential Manager) will ensure that a detailed informed consent is signed by the authorized representative/legal guardian prior to implementation of the behavior monitoring program.</p> <p>The Director of Residential Services will ensure the form is completed and signed by the authorized representative/legal guardian prior to implementation of the behavior monitoring program.</p> <p>A new detailed informed consent has been developed.</p>	

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W 263	<p>Continued From page 6</p> <p>screams]. Other provided documentation indicated that she may bite herself more so than grabbing at others...."</p> <p>Indiv. #1's clinical record contained a Behavior Modification Program that was implemented on 7/2/16. The targeted behaviors included: "Agitated behaviors to include loud vocalizations, grabbing at others and biting her hand with force."</p> <p>Documentation in the clinical record included a signed authorization for treatment of Indiv. #1 by the guardian on record. The consent was signed on 7/5/16--after the implementation of the behavior monitoring program. The consent was for "blanket coverage" of services to include counseling, psychological testing, group activities, medication, and similar procedures.</p> <p>The document did NOT contain the requirements for specificity for informed consent: Consent is informed when the person giving consent is fully aware of the:</p> <ul style="list-style-type: none"> o specific treatment; o reason for treatment or procedure;; o the attendant risks vs. benefits; o alternatives; o right to refuse; and o the consequences associated with consent or refusal of the program. <p>Employee #1 was asked on 8/24/16 at 8:00 AM about the lack of a informed consent with the required detailed information prior to the implementation Indiv. #1's behavior modification program and the use of psychotropic medication.</p> <p>Employee #1 said she thought the consent model used was sufficient. She said they would be updating their consent forms to include the</p>	W 263	

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W 263	Continued From page 7 required information. No additional info was provided prior to exit.	W 263		
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