

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

PRINTED: 10/30/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G025	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/19/2017
NAME OF PROVIDER OR SUPPLIER NEIGHBOURS PLACE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 22501 THOMAS WOODS TRAIL ZUNI, VA 23898	
(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

W 000

The unannounced annual Medicaid survey for Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) was conducted on 10/17/17 through 10/19/17. Corrections are required for compliance with CFR Part 483 Intermediate Care Facilities for Individuals with Disabilities. (ICF/ID) Federal Regulations. The Life Safety Code report will follow.

The census in this 12 bed facility at the time of the survey was 12. The survey sample consisted of 4 current Individual records (Individual #1 through #4).

W 136 483.420(a)(11) PROTECTION OF CLIENTS RIGHTS

The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities.

This STANDARD is not met as evidenced by:
Based on record reviews and staff interview, the facility staff failed to ensure individuals attending community activities were in small groups of three (3) or less.

The findings included:

A review of Community Outings indicated more than three individuals were attending activities in the community at a time.

A Community Outing form dated 10/20/17 indicated that six (6) individuals went on a community outing together.

W 136 136-The facility ensures the rights of all clients to have opportunity to participate in social, religious and community group activities. This right is included on each individuals Person Centered Plan as an outcome addressing individual community outing preferences and use of personal funds to promote choice and independence. In addition the facility provides special outings at least monthly in groups to places such as Busch Gardens, Area Movie Theaters, and Special Olympics Activities such as Bowling. These outings are designed to promote unity and exposure to places that individuals may not experience outside of group rates or other community group interest. Any group outing outside of the individuals Person Centered Plan outcomes must be pre-approved utilizing the Community Outing Form per the facilities Community Outing Policy. The approval ensures adequate staffing, review of chosen location for safety and handicap accessibility, use of transportation and funds. The Community Outing Forms listed on form CMS - 2567 include individuals from other agency operated group homes that may be participating in an agency wide outing that do

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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 136	Continued From page 1 A Community Outing form dated 10/18/17 indicated seven (7) individuals went on a bowling outing together. A Community Outing form dated 8/17/17 indicated five (5) individuals went on a movie outing together. A Community Outing form dated 8/7/17 indicated six (6) individuals went on a community outing together. A Community Outing form dated 8/3/17 indicated six (6) individuals went on a community outing together. A Community Outing form dated 7/5/17 indicated nine (9) individuals went on a community outing together. A Community Outing form dated 7/4/17 indicated six (6) individuals went on a community outing together. A Community Outing form dated 6/8/17 indicated six (6) individuals went on a community outing together. During an interview with the Community Service Coordinator she stated, "We generally carry half the house out on outings."		W 136	not live at the survey site. Individuals enjoy the company of fellow friends at other sites and locations and meet up in the community just as people who live outside of a facility may plan a group outing to hang out. The outing form on 10-18-17 included individuals from two other group homes operated by the CSB and there own staff drove them and supported them to the bowling alley to participate in a team sport. Only five individuals from The Neighbors Place participated in the outing. A review of the individuals person centered plans and data binders would have revealed documentation of individual outcomes in the community for integration but was not requested for review. Current 2015 CMS regulations no longer include the language utilized in this citation "Does the facility arrange for individuals to participate in community integrated activities individually or in small groups (3 or less) at least part of the time. This probe is from regulation 483.420 (a)(11) dated 1988. All individuals plans have been reviewed and all individuals current Person Centered Plans address individual community integration choice , preference and use of personal funds in the community. The facility will continue to maintain policy to scrutinize group outings of three or more individuals utilizing the Community Outing Form for safety purposes as required from a survey audit by the Department of Health in 2002. At this time the facility does not provide services to any one who is court ordered restriction to community integration opportunities or community access. Training to facility staff regarding the 2015 wording of survey tag 483.420(a)(11) was	
W 154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.		W 154		

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W 154	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility staff failed to thoroughly investigate an allegation of abuse.</p> <p>The findings included:</p> <p>During a closed record review of Individual #5 an Incident of Abuse was investigated. An Incident Report dated November 28, 2016, indicated: "An incident of sexual misconduct" was reported to staff " during an OB GYN appointment for Individual #5's yearly check-up. The MD came into the room and began asking Individual #5 questions about her past medical history. The MD explained to Individual that today she would do a visual vaginal exam and she would have to return for a Pap smear. After explaining this, the MD asked Individual #5 to remove her clothing and put on the gown provided. The MD stated she would step out while she did so. Individual #5 asked the MD if she could talk to her first and that she would only talk if staff left the room. After 25 minutes of talking with the MD the MD stated hold on for a few minutes before you (Staff) come in. The MD walked up the hallway and returned 25 minutes later and said you can come in now because Individual #5 needs to tell you something. Individual #5 stated that on Thanks giving Day one of the consumers had raped her before he left with his dad. I asked her why she hadn't informed me of this before arrival to the appointment. Individual stated "Well I didn't want you to know." I also asked if she had said anything to anyone else and she stated she had told one of the girls that was working that morning. The MD stated, she had called the local police department and Individual #5 would have to be taken to a local medical center for further</p>		W 154	<p>provided on October 24, 2017.</p> <p>154 The incident on November 28, 2015 for resident #5 was thoroughly investigated. The staff investigator in her capacity based on the agency's attorney's guidance excludes staff names from final investigative reports. The final investigation was faxed to the Department of Health on 12-16-16. The final report was also entered into the DBHDS CHRIS system as required by the Code of Virginia and accepted. The case was unfounded. The Residential Manager, Clinical Services Administrator and Quality Assurance Director all successfully passed the DBHDS Community Abuse/ Neglect Investigation Training Investigative webinar modules. A review of tag 154 was made with the Clinical Services Administrator and Quality Assurance Director. The template for internal investigations is being revised to include basic information regarding staff interviews. Policy #816 continues to meet State and Federal requirements for documenting and reporting any serious incident jeopardizing the health safety and welfare of individuals served, however revised to include guidance from the DBHDS Community Abuse/ Neglect Investigation Training Webinar modules and use of the CHRIS system for reporting requirements. Further the phrase "The WTCSB Department of Quality Assurance will conduct investigations" will be revised as</p>	<p>10-24-17</p> <p>12-1-17</p> <p>12-1-17</p>

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W 154	<p>Continued From page 3</p> <p>evaluation, where a detective would be waiting on our arrival. The MD also stated if I didn't take Individual #5, she would call for medical transport to escort Individual #5."</p> <p>A review of an Internal Investigation dated December 16, 2016, indicated: The staff who were on duty the morning of the alleged incident were never interviewed. The staff coming off shift during the midnight shift were never interviewed.</p> <p>During an interview on 10/19/17 at 10:03 am with the Residential Administrator she stated the Quality Assurance Investigator who conducted the Incident was on vacation out of the country. A review of available documents from the investigation did not indicate interviews were conducted with the staff on duty during the time period of the alleged incident.</p> <p>The incident was unfounded.</p> <p>A Behavioral Support Plan dated November 3, 2016, indicated: Target Behaviors 1. Making False Reports-Claiming that she has been harmed by staff.</p> <p>Procedures for False Reports: (D). If Individual #5 makes an allegation against one of the staff or against someone living at the facility, staff should give her a neutral response (such as, "All right") and then should report the incidents as required by agency policies and procedures. staff should not continue to question Individual #5 once they have obtained enough information to make the report."</p> <p>Facility staff failed to thoroughly investigate an incident of abuse.</p>		W 154	<p>as "the Quality Assurance Department or designated trained staff will conduct investigations". All future investigations will be reviewed for content regarding staff information not specific to staff names. Additional investigative information was provided to the Dept. on 11-7-17.</p>	

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