

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

PRINTED: 03/18/2019
FORM APPROVED
OMS NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/13/2019
NAME OF PROVIDER OR SUPPLIER POWELL AND PEARSON		STREET ADDRESS, CITY, STATE, ZIP CODE 722 A AND B OLD GRAVES MILL ROAD LYNCHBURG, VA 24502		
(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 Emergency Preparedness survey was conducted 03/12/19 through 03/13/19. The facility was in substantial compliance with 42 CFR Part 483.73, 483.475, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities. No complaints were investigated during the survey.	E 000	W 254 Program Documentation 1.) Address the corrective action taken for the problem. a. The Person Centered Plan for individual number one will be modified to include the components of the Nursing Care Plan that includes the supports provided to ensure/improve skin integrity by 3/26/19. b. Individual number one will have his Daily Schedule modified by 3/26/19. c. All staff will be in-serviced on the changes and methods of documentation at the team meeting on 3/27/19.	3/26/19
W 000	INITIAL COMMENTS An unannounced Focused Fundamental Medicaid re-certification survey was conducted 03/12/19 through 03/12/19. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). The Life Safety Code survey/report will follow. No complaints were investigated during the survey.	W 000	2.) Address how the facility will identify similar occurrences of the problem. a. All Person Centered Plans will be modified to incorporate Nursing Care Plans by 4/15/19. b. The in-services will be coordinated by the QIDP.	3/26/19 3/27/19 4/15/19
W 254	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(2) The facility must document significant events that contribute to an overall understanding of the client's ongoing level and quality of functioning. This STANDARD is not met as evidenced by: Based on staff interview and clinical record review, the facility failed to ensure the Active Treatment Plan (ATP) was reviewed and revised for one of 3 Individuals in the survey sample, Client #1.	W 254	3.) Identify measures/systemic changes to ensure deficient practices will not recur. a. The QIDP will update each individual's Person Centered Plan if there is a change to their medical conditioning requiring a Nursing Care Plan by 4/15/19 and then ongoing. b. The QIDP will update each individual's Daily Schedule if there is a need by 4/15/19 and then ongoing.	4/15/19 4/15/19

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

TITLE

(X6) DATE

L.H. 072 *Rayne Mager Horizon* *3/26/19*

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 254	Continued From page 1 Client #1's ATP was not revised to include provisions for skin integrity. The findings include: Client #3 was admitted to the facility on 8/6/2012 with an intellectual development of severe and a medical diagnoses of dermatitis, eczema, and open wound to buttocks. On 3/12/19 Client #1's daily schedule was reviewed and indicated that Client #1 attended a day program Monday through Friday from 9:30 AM until 2:00 PM. On 3/12/19 Client #1 was observed at the day program from 11:15 AM until 12:05 PM. At this time Client #1 was picked up by the facility van and transported back to the facility. On 3/12/19 at 12:30 PM, Client #1's physician orders, individual service plan and physical care plan (ATP), were reviewed and did not indicate why Client #1 was returning back to the facility earlier than scheduled. On 3/12/19 at 1:00PM, the Residential Instructor counselor (Other Staff, OS #1) was interviewed regarding Client #1 coming back from day program early. OS #1 verbalized that Client #1 had a open sore to the buttocks since November 2018 and Client #1 had just recently started going back to the day program since the wound had gotten better, but was only going for a limited amount of time to allow for proper healing. OS #1 was asked if the active treatment plan had been updated to reflect new interventions and	W254	4.) Indicate how facility will monitor its performance. a. The Residential Manager will audit the Person Centered Plans, Nursing Care Plans, and Daily Schedules at least once quarter. b. The QIDP will review the documentation of the RN and Direct Care Staff quarterly and make any corrections as needed. c. The Lead RN will perform random audits to ensure medical issues are being treated and documented as a part of the Person Centered Plan.
			4/15/19

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W 254	Continued From page 2 was also asked to present a physician order to indicate the care of the open wound. OS #1 reviewed the ATP and verbalized that interventions for the skin concern were not put on the plan. OS #1 then reviewed the physician's orders and verbalized that the order was not showing up and that maybe the order had not been scanned in, but would make a call and have the order scanned. On 3/12/19 the physician order was presented. The order was dated 2/19/19 and indicated that Client #1 could return to day programming from 9:00AM to 12:00 PM, staff must tilt Client #1's wheel chair 4 to 5 times per hour for pressure relief and when Client #1 returned back home, Client #1 would be on bed rest for 2 hours then was allowed up for 2 hours and bed rest for 1 hour for the rest of the day. On 3/12/19 at 2:30PM, OS #1 was asked to review the physician's orders and was asked how staff know how to take care of Client #1's care issues without the care issues being updated on the ATP. OS #1 verbalized that the staff are communicating the instructions verbally to each other. On 3/13/19 at 9:30AM, the administrative staff were made aware of the above finding. The ICF director verbalized understanding. No other information was provided prior to exit conference on 3/13/19.	W254		

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