

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

PRINTED: 06/03/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G030	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/31/2019
NAME OF PROVIDER OR SUPPLIER JAY'S PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1406 BLYTHEWOOD LANE SUFFOLK, VA 23434		
(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	E 000			
	An unannounced Emergency Preparedness survey was conducted 05/29/19 through 05/31/19. 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 emergency preparedness complaints were investigated during the survey.				
W 000	INITIAL COMMENTS	W 000			
	An unannounced Fundamental Medicaid re-certification survey was conducted 05/29/2019 through 05/31/2019. 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.				
	The census in this 4 certified bed facility was 3 at the time of the survey. The survey sample consisted of 2 Individual reviews (Individuals #1 and #2).				
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1)	W 454			
	The facility must provide a sanitary environment to avoid sources and transmission of infections.				
	This STANDARD is not met as evidenced by: Based on observation, staff interviews and facility document review the facility staff failed to ensure perishable food was stored in a safe, sanitary manner.				
	The facility staff stored perishable food in		1) The facility staff removed all food items from the plastic containers on the screened in porch. All perishable food items and any items that were opened or damaged by the heat were thrown away. All remaining food items including unexpired dry goods and canned items were moved into indoor pantry cabinets. Upon further consideration those items were also thrown away based on Storage and Handling procedures per Policy #903		05/29/19 06/07/19

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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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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: 45EZ11 Facility ID: VAICFMR10 If continuation sheet Page 2 of 4

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W 454	Continued From page 2 removed today. Food should be stored inside of the house. On 5/30/19 at 11:30 A.M. the 3 porch containers were re-inspected and there were no food items noted in any container. On 5/31/19 at 12 noon an interview was conducted with the Residential Program Supervisor and the QIDP (Qualified Intellectual Disability Professional) regarding the food that was being stored on the facility's screened in porch. The Residential Program Supervisor stated, "The food should have been stored in a controlled climate area, free of extreme heat, clear of debris, rodents and pests. We threw away anything that was opened or damaged by the heat. We have moved all of the food inside into the pantry." The facility policy titled "Food Service" revised 11/17 was reviewed and is documented in part, as follows: POLICY: It is a policy of Jay's Place ICF/IID that food services are provided in accordance with the following procedures to ensure appetizing and nourishing meals, systematic methods in purchasing, storing and handling, preparation, serving, and sanitation. Storage and Handling: All foods will be stored under conditions to ensure sanitation and preservation. Dry or staple foods shall be stored at least 12 inches above the floor in a ventilated room not subject to sewage or waste water back-flow, or contamination by condensation, leakage, rodent, or vermin.	W 454	meet federal and state requirements to ensure food is stored in a sanitary manner to prevent food borne illness. Routine unannounced site observations conducted by the Residential Services Supervisor and/or the Utilization Review Supervisor at least annually, will include ensuring food is not stored on the back screened in porch and is stored appropriately in the kitchen pantry.	07/12/19	

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W 454	Continued From page 3 Perishable foods shall be stored at the proper temperatures to conserve nutritive values. Foods will be stored in areas separate from cleaning supplies and any poisonous items. Prior to exit no further information was provided.	W 454		

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