PRINTED: 06/03/2019 FORM APPROVED

DEPARTM	MENT OF HEALTH	AND HUMAN SERVICES			OMB NO.		
CENTERS FOR MEDICARE TATEMENT OF DEFICIENCIES IND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	COMF	(X3) DATE SURVEY COMPLETED	
IND FLAN OF	001.11.2	49G030	B. WING _			31/2019	
NAME OF PR	ROVIDER OR SUPPLIES			STREET ADDRESS, CITY STATE, ZIP COU 1406 BLYTHEWWOOD LANE	JΕ		
JAY'S PL	ACE			SUFFOLK, VA 23434		.061	
(X4) ID PREFIX TAG	THE PRESCRIPTION	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	COMPLET C DATE	
E 000	Initial Comments		ΕO	000			
W 000	survey was cond 05/31/19. The fa compliance with Condition of Part Facilities for Indi Disabilities. No	d Emergency Preparedness ucted 05/29/19 through acility was in substantial 42 CFR Part 483.73, 483.475, ticipation for Intermediate Care viduals with Intellectual emergency preparedness investigated during the survey.		000			
	An unannounced Fundamental Medicaid re-certification survey was conducted 05/29/through 05/31/2019. The facility was not in compliance with 42 CFR Part 483 Requirem for Intermediate Care Facilities for Individual with Intellectual Disabilities (ICF/IID). The Li Safety Code survey/report will follow. No complaints were investigated during the survey.		ds	REG JUN VDI	CEIVEL 112019 H/OLC		
	the time of the s	nis 4 certified bed facility was 3 aurvey. The survey sample dividual reviews (Individuals #1			"OLC		
W 454	INFECTION CO		W	454			
		o(l)(1) provide a sanitary environmen and transmission of infections.		 The facility staff removed all f from the plastic containers on th screened in porch. All perishab items and any items that were o damaged by the heat were throw 		05/29/19	
	Based on obser document review perishable food manner.	is not met as evidenced by: vation, staff interviews and faci v the facility staff failed to ensur was stored in a safe, sanitary		All remaining food items include unexpired dry goods and cannot were moved into indoor pantry Upon further consideration the were also thrown away based and Handling procedures per	ned items cabinets. ose items on Storage	06/07/19	
		stored perishable food in					
ABORATOR	Y DIRECTOR'S ON PRO	VIDERSUPPLIER REPRESENTATIVES	SIGNATURE	TITLE		(XB) 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.

QUIDER SUPPLIER REPRESENTATIVE S SIGNATURE

(XB) DATE

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

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

CENTER	RS FOR MEDICARE	& MEDICAID SERVICES		OMB NC	. 0938-0391	
	OF DEFICIENCIES F CORRECTION				(X3) DATE SURVEY COMPLETED	
		49G030	B. WING	05	/31/2019	
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS CITY, STATE, ZIP CODE		
JAY'S PL	ACE			1406 BLYTHEWWOOD LANE SUFFOLK, VA 23434		
(X4) ID PREFIX TAG	IEACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETICN DATE	
W 454	Continued From page 1 containers in the back screened porch which was exposed to extreme temperatures, outside elements and bugs.		Food Service. Residential management W 454 verbally informed facility staff present not to store any food on the screened in porch, and informed all facility staff via email memo, which was also posted in the communication log.			
	The findings included: On 5/29/19 at 11:45 A.M. 3 large plastic containers were observed on the facility's back screened in porch. The Direct Support Staff (DSP) #1 was asked to open the containers. Container #1 was noted to have 3 boxes of Little			2) A total review of all facility food storage was performed by the facility manager and it was determined that all other foods were stored appropriately and no residents were affected by food storage practices.		
	Bars, 7 boxes of C	es, 2 boxes of Nutra-Grain Carnation Breakfast mix, 4 Ily, 2 bottles of strawberry jelly,		Additional cabinets were moved into the kitchen pantry for additional food storage.	05/30/19	
	The 2 cases of Gli warning on the bo Temperatures). T Suffolk, VA on 5/2: container #2 there	rs and 2 cases of Glucerna. ucerna had the following x; (Do Not Expose To Extreme he outside temperature in 9/19 was 97 degrees. In were 4 bottles of pancake barbecue sauce, I box of sugar		Facility manager will provide a refresher training for all facility staff on Policy #903 Food Service, emphasizing Storage and Handling procedures. Facility manager wi ensure all new employees complete required training at hire.	07/12/19	
	soda and 2 bottles Container #3 cont large package of p soup cans. The s webs and was exp DSP #1 was aske outside exposed to #1 stated. "No, the	of noodles, 2 boxes of baking of Italian salad dressing. ained 15 cases of fruit cups, 1 bancake mix and 2 cases of creen in porch also had spider bosed to outside elements. If food should be stored of uncontrolled elements. DSP of food should be stored where an be controlled and where it		Per facility Policy #934 Physical Plan, the QIDP will ensure a weekly inspection of th facility is completed, filed and forwarded for review by the Director of Community Support Services. Correlating form #1934 Building Inspection Report requires the QIDP to perform a "Food Storage Room Check (check for signs of pests & food/drinks at least at least 12 inches off	or	
	isn't exposed to ro On 5/29/19 at app			the floor". This form will be amended to add "All food stored indoors in the pantry". Facility manager will review the revised form with all facility staff.	07/12/19	
	aware of the food containers on the Director stated "I	that was stored in the screened in porch. The was not aware the food was ose containers. The food will be		4) A review of facility Policy #903 Food Service determined that it continues to	06/5/19	





Facility ID. VAICEMR10

If continuation sheet Page 2 of 4



DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 06/03/2019 FORM APPROVED

CENTER	S FOR MEDICARE	& MEDICAID SERVICES			OMB NO	. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G030	B. WING _		05	/31/2019
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS CITY, STATE, ZIP C	ODE	
JAY'S PL	ACE			1406 BLYTHEWWOOD LANE SUFFOLK, VA 23434		
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG		SHOULD BE	(X5; COMPLET ON DATE
W 454	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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,		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.			
	serving, and sanita Storage and Hand					
	sanitation and pre shall be stored at	ored under conditions to ensure servation. Dry or staple foods least 12 inches above the floor m not subject to sewage or	e			

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

waste water back-flow, or contamination by condensation, leakage, rodent, or vermin.

Event ID: 45EZ11

Facility ID VAICEMR10

If continuation sheet Page 3 of 4



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		(X1) PROVIDER:SUPPLIER:CLIA IDENTIFICATION NUMBER:	(X2) MUL A BUILDI	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		49G030	B WING		05/31/2019		
NAME OF PROVIDER OR SUPPLIER JAY'S PLACE				STREET ADDRESS, CITY, STATE, ZIP CO 1406 BLYTHEWWOOD LANE SUFFOLK, VA 23434			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF COR X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ORIGINAL DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
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.		W 4	54				
	Prior to exit no furt	her information was provided.					
		,					





Facility ID VAICEMR10

If continuation sheet Page 4 of 4

