

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

PRINTED: 05/10/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/29/2019
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NAME OF PROVIDER OR SUPPLIER HOLIDAY HOUSE OF PORTSMOUTH INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707
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E 000	Initial Comments	E 000		
E 006	<p>An unannounced Emergency Preparedness survey was conducted 04/23/19 through 04/26/19 and 4/29/19. The facility was not in substantial compliance with 42 CFR Part 483.73, Requirements for Intermediate Care Facilities for Individuals with Disabilities (ICF/ID). No emergency preparedness complaints were investigated during the survey. The Life Safety Code report will follow.</p> <p>Plan Based on All Hazards Risk Assessment CFR(s): 483.475(a)(1)-(2)</p> <p>[(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:]</p> <p>(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.*</p> <p>*[For LTC facilities at §483.73(a)(1):] (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents.</p> <p>*[For ICF/IIDs at §483.475(a)(1):] (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing clients.</p> <p>(2) Include strategies for addressing emergency events identified by the risk assessment.</p> <p>* [For Hospices at §418.113(a)(2):] (2) Include strategies for addressing emergency events identified by the risk assessment, including the</p>	E 006	<p>The facility has developed and maintained an Emergency Plan that is reviewed at orientation and updated at least annually at the Emergency Operations Plan meeting. All current staff have been re-trained on the updated plan on 5/22/19. Evidence of compliance is on the facility's training log. The facility uses Virginia Hospital Alerting & Status System (VHASS) a secure, web-based emergency management system to coordinate and streamline individual and regional healthcare response to all hazards. The CAO, Safety Officer, Social Worker, and Residential Team will be responsible for reporting and updating information in VHASS before, during, and following an emergency event. Based on the Hazard Vulnerability Assessment which is facility and community based these are the top 5 risk: Hurricane, IT System Outage, Nor'easter, Supply Chain Shortage/Failure. The Hazard Vulnerability Assessment also identified that missing individuals is a greater risk due to two occurrences; however it is not ranked in the top ten hazards; but rather ranks at number 19 with a 17% risk relativity. These strategies have been put into place to address this risk of a missing individual:</p> <p>Project lifesaver (a gps device placed on the child in the event they elope and or are missing) is in place. During an evacuation, staff will accompany the individuals at all times. Staff will follow the missing individual policy if a child is missing. If an evacuation is required off-site, the individuals will be accounted for on the vehicle prior to departure and upon arrival to the evacuation site. If an individual is missing at an evacuation location, The Chief Administrative Officer or designee and the supervisor on site will be notified immediately to coordinate a search. The Chief Administrative Officer or designee will implement the missing individual procedures and assist with notification of appropriate local</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Chief Administrative Officer	(X6) DATE 5/23/19
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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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E 006	Continued From page 1 management of the consequences of power failures, natural disasters, and other emergencies that would affect the hospice's ability to provide care. This STANDARD is not met as evidenced by: Based on record review, and staff interview, the facility staff failed to have documentation of the facilities Emergency Preparedness Plan identified risk assessment and associated strategies. The findings included: During an interview on 04/29/19 at 10:12 A.M. with the Administrator, he was asked for documentation of the facilities community-based risk assessments and strategies that will assist the facility in addressing the needs of their patients. The administrator stated the facility had not developed strategies of it's risk assessment emergency preparedness plan. The facility staff failed to have documentation of identified risk assessments and strategies of the emergency preparedness plan.	E 006	authorities. If there is a missing individual during the month, the strategies and missing individual policy will be reviewed and updated during the monthly Risk Management Meeting. Policy It is the Holiday House of Portsmouth Policy that all staff understand how to respond and who to inform should they discover an individual is missing. This policy will provide a clear procedure that staff can effectively implement in the event of this emergency. Procedures In the event than an Individual has been identified "missing" or unable to be located, the following procedures must take place: Call Code " BLACK" = MISSING All available staff must thoroughly search the ENTIRE Campus; ensure to look in small-enclosed spaces and places that interest the individual. Time is a vital factor in a safe recovery; if attempts of locating the individual continue to be unsuccessful, immediately call your local law enforcement agency (911). Provide law enforcement with the individual's name, photo, DOB, height, weight, and description of clothing last seen wearing; last time seen, diagnosis of the Individual, and any other unique identifying information. Request law enforcement authorities to immediately enter the child's name and identifying information into the FBI National Crime Information Center Missing Person File If search is unsuccessful; All available staff must search surrounding areas and neighborhoods; pay close attention to roadways, nearby highways, parks, lakes, pools, vehicles, inside large appliances etc. The Residential Supervisor shall coordinate a "SEARCH TEAM" with available HHP staff to continue the search to include knocking on neighborhood doors (door to door). If the child is found; have them assessed by HHP Nursing Department as soon as possible. The Residential Supervisor shall notify the Chief Administrative Officer immediately of the situation	
E 007	EP Program Patient Population CFR(s): 483.475(a)(3) [(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:] (3) Address patient/client population, including, but not limited to, persons at-risk; the type of services the [facility] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.**	E 006		

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E 007	<p>Continued From page 2</p> <p>*Note: ["Persons at risk" does not apply to: ASC, hospice, PACE, HHA, CORF, CMCH, RHC, FQHC, or ESRD facilities.] This STANDARD is not met as evidenced by: Based on record review, and staff interview, the facility staff failed to have documentation of the facility's identified population at risk during an emergency.</p> <p>The findings included:</p> <p>During an interview on 4/29/19 at 10:18 A.M. with the Administrator, he was asked for documentation of the facility's identified population at risk during an emergency and delegation of authority during an emergency. The administrator stated the facility had not conducted a risk assessment of it's resident population at risk during an emergency. The facility did not have documentation of delegation of authority during an emergency.</p> <p>The facility staff failed to have documentation of the facility's identified population at risk and documentation of delegation of authority during an emergency.</p>	E 006	<p>whether the individual was found or continues to remain "missing" The Chief Administrative Officer or designee shall notify the Social Worker and any other pertinent team members of his discretion. The Social Worker shall notify the Individual's Parent, Legal Guardian, and/or Authorized Representative and provide the "known" information immediately. The Social Worker will initiate an investigation; quickly gather information, interview caregivers (DSP), etc. The Chief Administrative Officer will access CCTV camera footage to gather as much information as possible for law enforcement. The Social Worker will complete the CHRIS Report using the delta portal www.dbhds.virginia.gov within 24 hours of the occurrence. The Social Worker will also notify Child Protective Services if needed. It is the responsibility of the Social Worker to ensure the CHRIS reports are completed within a 5-day period; with the resolution of the emergency. Holiday House of Portsmouth will actively work with outside agencies involved in the missing person case. The Chief Administrative Officer and Social Worker will send written notification to the Individual, Parent, Authorized Representative involved with investigative findings, and corrective actions taken (if applicable) and the Right to appeal the final disposition.</p>	5.22.19
E 015	<p>Subsistence Needs for Staff and Patients CFR(s): 483.475(b)(1)</p> <p>[(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually.] At a</p>	E 006		5.22.19

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E 015	<p>Continued From page 3</p> <p>minimum, the policies and procedures must address the following:</p> <p>(1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following:</p> <p>(i) Food, water, medical and pharmaceutical supplies</p> <p>(ii) Alternate sources of energy to maintain the following:</p> <p>(A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.</p> <p>(B) Emergency lighting.</p> <p>(C) Fire detection, extinguishing, and alarm systems.</p> <p>(D) Sewage and waste disposal.</p> <p>*[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures.</p> <p>(6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following:</p> <p>(iii) The provision of subsistence needs for hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following:</p> <p>(A) Food, water, medical, and pharmaceutical supplies.</p> <p>(B) Alternate sources of energy to maintain the following:</p> <p>(1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.</p> <p>(2) Emergency lighting.</p> <p>(3) Fire detection, extinguishing, and alarm systems.</p>	E 007	<p>Continued from page 3</p> <div style="border: 1px solid black; padding: 5px;"> <p>The facility completed a worksheet for rating risk factors (form CMS-2786M) it determines evacuation capability of all twenty-eight individuals. The worksheet determined the resident's overall need for assistance. The Safety Officer and the Director of Residential Services complete this form for all twenty-eight children annually. All current staff has been re-trained on the updated plan on 5/22/19. Evidence of compliance is on the facility's training log.</p> <p>The facility has a developed a Chain of Communication Plan in case of an emergency. Chain of Communication: In the event of a emergency , the City of Portsmouth Emergency Management Office (EMO) will communicate with the facilities Emergency Coordinator (Chief Administrative Officer) or designee. The Emergency Coordinator will communicate to the Director of Residential Services who will relay the information to the Residential Supervisor and staff. In the absence of the Emergency Coordinator, and his designee, The Director of Residential Services will assume communications with the Portsmouth Emergency Management Office leadership and responsibility for the operations of the facility. In the absence of the Director of Residential Services, the Residential Supervisor will assume the role. The Residential Supervisor is assigned to the facility after 5pm and on weekends.</p> <p>Communication will occur through landline phone calls and/or emails. In the case of a cyber-attack or internet failure, communication will occur via cellular phones. The Emergency Coordinator (Chief Administrative Officer) and his designees, Director of Residential Services and Residential Supervisors are also available for each facility cellular phones. Cellular phones are also available for each facility vehicle. The Secretary maintains a phone list of all employee's home and cellular numbers.</p> </div>	5.22.19

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E 015	<p>Continued From page 4</p> <p>(C) Sewage and waste disposal. This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility staff failed to provide documentation that the emergency preparedness plan addressed vendor contracts for sewage and waste disposal services.</p> <p>The findings included:</p> <p>The facility emergency preparedness plan failed to have documentation of contract agreements for the provision of sewage and waste disposal services during an emergency.</p> <p>During a review of the emergency preparedness plan with the administrator on 4/29/19 at 10:31 A.M. he was asked for documentation for vendor contracts for sewage and waste disposal services. The administrator stated "He did not have documentation of the facility having contract agreements for sewage and waste disposal services." The administrator was also asked for the facility's emergency fire detection system.</p> <p>The facility staff failed to provide documentation of vendor contracts for sewage and waste disposal services. Also, the facility staff failed to determine the best method for emergency fire detection.</p>	E 007	<p>Continues from Page 4</p> <p>The activation of the Emergency Preparedness Plan will be activated by the Emergency Coordinator (Chief Administrative Officer) or his designees. This decision would be made by the Emergency Coordinator, or his designees, who will then meet with the Director of Residential Services, who would then meet with the Residential Supervisor to prepare for the potential hazard. The Emergency Coordinator (Chief Administrative Officer) or his designee and the Director of Residential Services would decide which of part of the Emergency Preparedness Plan needs to be initiated and communicate the plan and procedures to be followed by the Residential Supervisors and the facility staff.</p> <p>Virginia Hospital Alerting and Status System (VHASS) is a secure, web-based emergency management system to coordinate and streamline individual and regional health care response to all hazards. The Emergency Coordinator (Chief Administrative Officer) and his designee, Director of Residential Services and/or Residential Supervisors will be responsible for reporting and updating information in VHASS before, during and following an emergency event.</p> <p>If approached by the press or other media outlets, the staff will adhere to guidelines set forth in the facilities media policy.</p>	5.22.19
E 023	<p>Policies/Procedures for Medical Documentation CFR(s): 483.475(b)(5)</p> <p>[(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section,</p>	E015	<p>The facility has a service agreement to provide portable restrooms and water in the event of a water and or sewage emergency. Elite Seats will provide 26 portable restrooms and Sysco will supply the water. This Sewage and Water Policy will be reviewed during orientation, updated, and reviewed annually at the Emergency Operations Plan meeting. All current staff have been re-trained on the updated plan on 5/22/19. Evidence of compliance is on the facility's training log.</p>	

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E 023	<p>Continued From page 5</p> <p>and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:]</p> <p>(5) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records. [(5) or (3),(4),(6)] A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records.</p> <p>*[For RNHCIs at §403.748(b):] Policies and procedures. (5) A system of care documentation that does the following:</p> <ol style="list-style-type: none"> (i) Preserves patient information. (ii) Protects confidentiality of patient information. (iii) Secures and maintains the availability of records. <p>*[For OPOs at §486.360(b):] Policies and procedures. (2) A system of medical documentation that preserves potential and actual donor information, protects confidentiality of potential and actual donor information, and secures and maintains the availability of records. This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility staff failed to have verification for preserving patient information.</p> <p>The findings included:</p> <p>During an interview on 4/29/19 at 1:12 P. M. with the administrator, he was asked for documentation the emergency preparedness plan</p>	E 015	<p>Continued from page 5</p> <p>Water and sewage is vital to maintain daily operations and services. Water supply interruption can be caused by several types of events, such as natural disaster, failure of the community water system, construction damage, or even terrorism. In the event there is a water or sewage issue, public utilities would be contacted and individuals or staff would be temporarily moved to a part of the building not affected if the disruption is expected to be under 8 hours. Up to four days of bottled drinking water is kept in stock for use, which could be used for drinking and large containers of water can be utilized for cooking. Water is kept on hand and can be used for toilet flushing and hand sanitizers are available for use; but must be supervised, if used by individuals. Laundry will be completed in another area at the facility, if able, or off ground if necessary. Dishwashing would be completed in another area at the facility, if able, or consideration of the use of disposable plates and items would be utilized. If there are widespread, water issues at the facility and or for the region for a period greater than 8 hours, evacuation will need to be considered. If sewage issue is isolated to a single location, individuals will be temporarily relocated at the facility, as needed if it is expected to last under 8 hours. If it is a Facility-wide issue expected to exceed 24-hours, evacuation will need to be considered.</p> <p>Potential Problems: No water available for drinking, cooking, or medical usage. *Evacuation would be considered if facility wide water interruption was expected to exceed 8 hours.</p> <p><u>Drinking Water:</u> Alternatives: Utilize current supply and/or purchase bottled water, four liters of water per resident and staff per day, for drinking, cooking, medical use and taking medications.</p> <p><u>Hand Washing/Laundry/Dishwashing:</u> Alternatives: Linen is contracted out, consider laundromat for clothing, utilize wipes or hand sanitizer under supervision and utilize disposable</p>	5.22.19

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E 023	Continued From page 6 to protect confidentiality of patient information and maintain the availability of resident records. The administrator stated, he did not have documentation to ensure patient records were secure and readily available to support the continuity of care for residents during an emergency.	E 015	<p>plated and utensils.</p> <p><u>Bathing Individuals:</u> Alternatives: A sponge bath could be initiated for a short-term outage, if necessary.</p> <p><u>Flushing Toilets:</u> Alternative: Use non-potable water for use with flushing, agreement with Elite Seats</p> <p><u>Sprinkler Fire System –</u> The facility has a contract with VSC Fire and Security Company to provide fire monitoring services 24/7, conduct inspections on the alarm system, sprinkler system, and fire extinguishers. Fire Teck in the backup service for VSC.</p> <p><u>Alternative:</u> Fire Extinguishers are available</p>	5.22.19
E 024	<p>Policies/Procedures-Volunteers and Staffing CFR(s): 483.475(b)(6)</p> <p>[(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:]</p> <p>(6) [or (4), (5), or (7) as noted above] The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.</p> <p>*[For RNHCIs at §403.748(b):] Policies and procedures. (6) The use of volunteers in an emergency and other emergency staffing strategies to address surge needs during an emergency.</p> <p>*[For Hospice at §418.113(b):] Policies and</p>	E 023	<p>The facility developed policies and implemented procedures addressing emergency preparedness to protect confidentiality of individual information and maintain the availability of the individual's record to support continuity of care for individuals during an emergency.</p> <p>Policy Title: Policies and Procedures for Medical Documentation</p> <p>Purpose: it is the policy of Holiday House to Preserve individual information, confidentiality protection of individual information, secure, and maintain availability of records- paper and electronic during a crisis/emergency situation, manmade or natural. Holiday House staff was trained on this procedure on 05/22/19 by the Director of Nursing and Medical Records Manager. This policy and procedure will be reviewed at employee orientation. This policy and procedure will also be reviewed and updated annually at the Emergency Operation Plan meeting and at the yearly all staff meeting. Evidence of compliance will be on the facility's training log.</p> <p>Procedure: Paper records are stored and locked in fire retardant, FM-200 fire protection system file cabinets, behind a steel fire rated locked door. Computer generated individual records are backed up by the facility's IT</p>	

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E 024	<p>Continued From page 7</p> <p>procedures. (4) The use of hospice employees in an emergency and other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility staff failed to develop policies and procedures for the use of volunteers during an emergency.</p> <p>The findings included:</p> <p>During an interview on 4/29/19 at 1:25 P.M. with the Administrator he stated, the facility had some volunteers who assist residents, however, the facility had not developed policies and procedures for the use of volunteers during emergency preparedness activities.</p> <p>The facility failed to develop policies and procedures for the use or non use of volunteers during an emergency.</p>	E 023	<p>Continues from Page 7</p> <p>staff -on the facility server every week, month and yearly should we need data from different time periods.</p> <p>In the event of a catastrophic disaster and Holiday House is not operational, Protected Health Information and individual data is securely encrypted to an external hard drive and be overnighted to get us operational as soon as we have the equipment to restore data to a Server. The help desk would assist with that procedure.</p> <p>Individual Identifiable information, family, legal guardian, authorized representative, next of kin contact information and physician information, i.e. face sheets and the emergency authorization treatment forms are stored on a flash drive and are located in the nursing department.</p> <p>Nursing staff will take with them to the designated location the flash drive. The Nurse will ensure all information in the Emergency Medical Information book is current and up-dated by the Dir. Of Nursing or her designee (prescribed medications, labs, physicals, insurance cards and other pertinent Book is current and updated by the Dir. Of Nursing or designee (emergency evacuation treatment authorization form, prescribed medications, labs, physicals, insurance cards and other pertinent Health information). In the event, we have no electricity for computers/ internet connection to access (remotely) medical information by using the PCC Electronic Health Record. The Nursing Staff will secure all records evacuated with the individual to maintain confidentiality.</p> <p>Point Click Care (POC) Electronic Health Records: is a Cloud based software; physical, administrative and technical security measures are in place to protect against the loss, misuse, unauthorized access and alteration of Protected Health Information and Personal Information. When the Services are accessed using current browser technology, Secure Socket Layer ("SSL") technology protects information using both server authentication and data encryption to help ensure that data is safe, secure, and</p>	5.22.19
E 026	<p>Roles Under a Waiver Declared by Secretary CFR(s): 483.475(b)(8)</p> <p>[(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:]</p>	E 023		

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NAME OF PROVIDER OR SUPPLIER HOLIDAY HOUSE OF PORTSMOUTH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707		
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E 026	<p>Continued From page 8</p> <p>(8) [(6), (6)(C)(iv), (7), or (9)] The role of the [facility] under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.</p> <p>*[For RNHCIs at §403.748(b):] Policies and procedures. (8) The role of the RNHCI under a waiver declared by the Secretary, in accordance with section 1135 of Act, in the provision of care at an alternative care site identified by emergency management officials.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview the facility staff failed to have documentation describing the facility's role in providing care at an alternate care site.</p> <p>The findings included:</p> <p>During an interview with the administrator on 4/29/19 at 1:37 p.m. the administrator was asked for documentation describing the facility's role in providing care at an alternate care site. The administrator stated, he did not have any documentation describing the facility's role or the care that would be provided at an alternate care site.</p> <p>The facility staff failed to have documentation describing the facilities role in providing care in an alternate care site.</p>	E 023	<p>available only to authorized users. Advanced security implementation based on encoded session identifications, and hosts the Services in a secure server environment, which uses a firewall and other advanced technology to prevent interference or access from outside intruders. Unique user names and passwords also are required and must be entered each time a staff logs into the services. Essential personnel has remote access privileges that are role or user based- access controlled. The facility Medical Director will be issued a temporary remote log in access during the emergency crisis situation, man-made or of natural disaster. All emails sent to parents, legal guardians, authorized representative, and all others authorized to receive and send information containing Protected Health and information of a personal nature during an emergency/crisis situation are encrypted. Health Insurance Portability and Accountability Act of 1996</p>	5.22.19
E 030	<p>Names and Contact Information</p> <p>CFR(s): 483.475(c)(1)</p> <p>[(c) The [facility] must develop and maintain an emergency preparedness communication plan</p>	E 024	<p>The facility has developed policies and procedures for the use and or nonuse of volunteers during an emergency. It will be reviewed during orientation as well as annually at the Emergency Operations Plan meeting. All current staff have been re-trained on the updated plan on 5/22/19. Evidence of compliance will be on the facility's training log.</p> <p>Policy: Use of Visitor/Volunteers for Emergencies Policy</p> <p>Purpose: The purpose of the policy is to provide clarity and guidance for Holiday House of Portsmouth staff in regards to the use of volunteers/visitors during an emergency situation. Holiday House of Portsmouth welcomes volunteers for emergencies and evacuations.</p> <p>Procedure</p> <p>The Chief Administrative Officer must approve all visitors prior to providing supportive help during the emergency.</p>	5.22.19

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E 030	<p>Continued From page 9 that complies with Federal, State and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:]</p> <p>(1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians (iv) Other [facilities]. (v) Volunteers.</p> <p>*[For RNHCIs at §403.748(c):] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Next of kin, guardian, or custodian. (iv) Other RNHCIs. (v) Volunteers.</p> <p>*[For ASCs at §416.45(c):] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians. (iv) Volunteers.</p> <p>*[For Hospices at §418.113(c):] The communication plan must include all of the following: (1) Names and contact information for the following:</p>	E 024	<p>Continued From page 9</p> <p>Volunteer/Visitor Guidelines: Interaction with Individuals is prohibited at all times during the emergencies. Volunteers will not interact with the individuals in the program during emergencies. Volunteers will be prohibited from providing any care and providing support to the individuals in the program during an emergency. Only in threatening emergencies can PHI be released in the presence of a volunteer/visitor. (Harm to self, others, severe property destruction) (Prescriptions and medical supplies) Volunteers will be prohibited from an individual's Personal Health Information and will not have access to health records, prescriptions and medications during an emergency. During emergency situations, Volunteers will be able to help load urological supplies, items that help transfer people with disabilities, and simple mobility equipment like canes, walkers, and wheelchairs. During emergency situations, Volunteers will be allowed to help around buildings and residence. Disasters such as fire can be exacerbated by brush, grass, and debris can be cleaned up. Notification and Evacuation Volunteers will be able to assists with making sure that all emergency announcements are provided to Holiday House of Portsmouth Staff. Volunteers can help educate Holiday House of Portsmouth staff about emergency announcements on local television stations whenever a real-time emergency announcement is made. Shelter in Place Holiday House of Portsmouth will utilize visitors while sheltering in place Volunteers can help Holiday House of Portsmouth staff stock items needed for the emergency for evacuation purposes. Volunteers can ensure, walkways and other features should remain clear from debris and other hazardous potential. Before an emergency occurs, Holiday House of</p>	5.22.19
		E024		5.22.19
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E 030 Continued From page 10
(i) Hospice employees.
(ii) Entities providing services under arrangement.
(iii) Patients' physicians.
(iv) Other hospices.

*[For HHAs at §484.102(c):] The communication plan must include all of the following:
(1) Names and contact information for the following:
(i) Staff.
(ii) Entities providing services under arrangement.
(iii) Patients' physicians.
(iv) Volunteers.

*[For OPOs at §486.360(c):] The communication plan must include all of the following:
(1) Names and contact information for the following:
(i) Staff.
(ii) Entities providing services under arrangement.
(iii) Volunteers.
(iv) Other OPOs.
(v) Transplant and donor hospitals in the OPO's Donation Service Area (DSA).
This STANDARD is not met as evidenced by:
Based on record review and staff interview, the facility staff failed to have all facility contact information in the communication plan.

The findings included:

During an interview on 4/29/19 at 1:33 p.m. with the administrator, he was asked for names and contact information for all facility staff, as well as entities providing services under agreement during an emergency. A review of the communications plan did not include the name of all staff and their contact information. Nor did the plan include vendors providing services to the

E 024 Continued from page 10

Volunteers can ensure, walkways and other features should remain clear from debris and other hazardous potential.
Before an emergency occurs, Holiday House of Portsmouth management staff should educate the volunteer of the policy and the extent of their support that can be received.

E026 Policy Title: 1135 Waiver, During and Emergency or Disaster
Purpose: To provide information related to the use of the 1135 Waiver, during an emergency/disaster.
Applicability: All HHP staff
1135 Waiver General Information:

When the President declares a disaster or emergency, under the Stafford Act or National Emergencies Act, and the Health and Human Services (HHS) Secretary declares a public health emergency, under section 319 of the Public Health Services Act, the HHS Secretary is authorized to take certain actions in addition to their regular authorities. Under section 1135 of the Social Security Act, they may temporarily waive or modify certain Medicare, Medicaid, and Children's Health Insurance Program (CHIP) requirements to ensure that sufficient health care items and services are available to meet the needs of individual in the emergency area and time periods and that providers who provide such services in good faith can be reimbursed and exempted from sanctions (absent any fraud or abuse).

Examples of 1135 Waivers or modification include:

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E 030	Continued From page 11 facility during an emergency.	E 026	Continued From page 11 Conditions of participation or other certification requirements Program participation and similar requirements Preapproval requirements	5.22.19
E 033	<p>Methods for Sharing Information CFR(s): 483.475(c)(4)-(6)</p> <p>[(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.] The communication plan must include all of the following:</p> <p>(4) A method for sharing information and medical documentation for patients under the [facility's] care, as necessary, with other health providers to maintain the continuity of care.</p> <p>(5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii). [This provision is not required for HHAs under §484.102(c), CORFs under §485.68(c), and RHCs/FQHCs under §491.12(c).]</p> <p>(6) [(4) or (5)]A means of providing information about the general condition and location of patients under the [facility's] care as permitted under 45 CFR 164.510(b)(4).</p> <p>*[For RNHCIs at §403.748(c):] (4) A method for sharing information and care documentation for patients under the RNHCI's care, as necessary, with care providers to maintain the continuity of care, based on the written election statement made by the patient or his or her legal representative.</p>	<p>E 026</p> <p>E026</p> <p>E026</p>	<p>Requirements that physicians and other health care professionals be licensed in the State, in which they are providing services, so long as they have equivalent licensing in another State (this is for Medicaid, Medicare and CHIP reimbursement only). State law governs whether a non-Federal provider is authorized to provide services in the state without state licensure</p> <p>Emergency Medical Treatment and Labor Act (EMTALA) sanctions for direction or relocation or of an individual to receive a medical screening examination in an alternative location pursuant to an appropriate state emergency preparedness plan or transfer of an individual, who has not been stabilized, if the transfer is necessitated by the circumstances of the declared emergency. A waiver of EMTALA requirements is effective only if actions under the waiver do not discriminate on the basis of a patient's source of payment or ability to pay. Performance deadlines and timetables may be adjusted</p> <p>Health Insurance Portability and Accountability Act of 1996 (HIPAA)</p> <p>1135 waivers end no later than the termination of the emergency period, or 60 days from the date the waiver or modification is first published, unless the secretary of HHS extends the waiver by notice for additional periods of up to 60 days, up to the end of the emergency period. Waivers for EMTALA and HIPAA requirements are limited to a 72 hour period beginning upon implementation of a hospital disaster protocol. Waiver of EMTALA requirements for</p>	

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E 033	Continued From page 12 *[For RHCs/FQHCs at §491.12(c):] (4) A means of providing information about the general condition and location of patients under the facility's care as permitted under 45 CFR 164.510(b)(4). This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility staff failed to have documentation that the communication plan included a method for sharing information and medical documentation to maintain continuity of care. The findings included: During an interview on 4/29/19 at 1:48 p.m. with the administrator, he was asked for evidence that the facility had a method for sharing information and medical care for residents with other health care providers to maintain continuity of care. The administrator stated, he did not have documentation for sharing information and medical care needs for residents in an alternate care site. The facility staff failed to have documentation that the communication plan included methods for sharing information and medical care with other health care providers.	E 026	Continued from page 12 1135 waivers end no later than the termination of the emergency period, or 60 days from the date the waiver or modification is first published, unless the secretary of HHS extends the waiver by notice for additional periods of up to 60 days, up to the end of the emergency period. Waivers for EMTALA and HIPAA requirements are limited to a 72 hour period beginning upon implementation of a hospital disaster protocol. Waiver or EMTALA requirements for emergencies that involve a pandemic diseases last until the termination of the pandemic related public health emergency. The 1 135 Waiver authority applies only to Federal requirements and does not apply to state requirements for licensure or conditions of participation. <u>Procedures:</u> The Facility's Chief Administrative Officer is responsible for requesting to operate under an 1135 waiver authority or for other relief that may be possible outside the authority to the CMS regional office with a copy to the state survey agency. The request should include the provider name, address, a summary of why the waiver is needed, and the type of relief being requested. The request should be sent to the regional GMS office email ROPHIDSC@cms.hhs.gov with a Copy to VDH/Long Term Care section 1-800-955-1819 or www.vdh.virginia.gov/licensure-and-certification/contract-us/ . The Facility CAO will notify DBHDS Emergency coordinator of the intent to submit a waiver. Holiday House staff will review this policy at orientation and it will be reviewed and updated annually at the Emergency Operation Plan meeting. <u>Providing Care at an Alternate Care Setting:</u> Active Treatment during an Evacuation If evacuation occurs, active treatment will continue to be provided to all individuals. Active treatment may	5.22.19
W 000	INITIAL COMMENTS An unannounced Fundamental Medicaid re-certification survey was conducted 04/23/2019 through 04/26/2019 and 04/29/2019. 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. 1	E026		

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W 000	Continued From page 13 complaint was investigated during the survey.	E 026	Continued from page 13	5.22.19
W 104	<p>The census in this 28 certified bed facility was 28 at the time of the survey. The survey sample consisted of 3 current Individual records (Individuals #1 through #3) and one closed record (Individual #4).</p> <p>GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>This STANDARD is not met as evidenced by: Based on observations and staff interview, the facility staff failed to ensure the environment remained in a safe and sanitary manner.</p> <p>The findings included:</p> <p>During an environmental inspection on 4/25/19 at 11:48 A.M., the facility's play ground area was observed to have tree limbs, leaves, 12 feet plus steel rods, a swing kit in disrepair, broken toys, and a tent frame. A staff and an Individual were observed on the playground utilizing the slide. A storage shed next to the playground was observed to have storm shutters metal sheets. An old stroller and aluminum cans were observed to be stored next to the storage shed. A discarded ice machine was observed next to the storage shed. A spare donut car tire was observed to be stored next to the shed.</p> <p>A wooden fence around the recreation center air conditioner units was observed to be loose and</p>		<p>be modified and focus on activities of daily living, choice making, leisure activities, and participating in medication administration to the extent possible. This is not an all-inclusive list of active treatment. Therapy programs and will continue on a modified schedule and to the extent possible at the evacuation site.</p> <p>Employees may be assigned to Alpha Team or Beta Team and should report to duty as follows:</p> <p>Alpha Team will report to the facility as scheduled once an emergency is declared, and travel is safe. Alpha Team will remain at the facility for the duration of the disaster event and its effects, and until relieved by Beta Team.</p> <p>Beta Team members are expected to report to duty to their department when an all-clear is called by the Chief Administrative Officer.</p> <p>Employees who do not provide direct individual care and whose departmental functions can be halted until the emergency situation is over will be designated as either Alpha Team or Beta Team. Those employees will report directly to their department for further instructions and assignments from the Chief Administrative Officer or designee.</p> <p>Staff Responsibility</p> <p>Alpha and Beta employees will be deployed and rotated, as deemed appropriate by the CAO during the duration of the disaster; work in various assigned shifts; and/or provide no routine duties. Alpha and Beta employees will report in when an "All Clear" is called and/or it is safe to travel. All current staff have been re-trained on the updated plan on 5/22/19 at the Emergency Operation Plan meeting. Evidence of compliance will be on the facility's training log.</p>	5.22.19

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W 104	<p>Continued From page 14</p> <p>not attached with missing boards. The Cottage II screened porch post was observed to be rotten and unattached to the porch.</p> <p>Cigarette butts were observed in the parking lot where individuals were observed entering and exiting school buses.</p> <p>An Incident Report dated 9/16/18 at 12:30 P.M. indicated: "In doing rounds in the recreation room observed a baby snake in hallway of recreation room. The report included on Saturday 9/15/18 around 11:50 A.M., the Security Guard came into the Residential supervisor's office and stated that there was a snake inside the recreation room hallway. The Security Guard completed an incident report. The Security Guard got a box and covered the snake.</p> <p>The Security Guard called the city police department because animal control is closed on the weekends. The Residential Supervisor called the Director of Residential Services and informed him of the incident. He gave instructions to keep the individuals from the Recreation Building.</p> <p>A review of the camera on 9/16/18 at 8:10 A.M. indicated: The snake was in the Therapy room. Then, the tape showed it going into the hallway by the entrance of the recreation door. the last location of the snake is when the security put a box on it in the hallway. After that, it could only be concluded that the snake went back outdoors. The Maintenance Supervisor, Environmental Services Supervisor, and Chief Administrative Officer (CAO) pulled out all equipment and searched the entire gym and recreation room. They were not able to locate the snake.</p>	E030	<p>Continued from page 14</p> <p>The Facility contact information has been included in the Communication Plan. Contact information will be updated as need and annually at the Emergency Operations Plan meeting. It will also be reviewed at employee orientation. The communication plan includes, names and contact information for the following: Staff, Entities providing services under arrangement, and, Medical Director information.</p>	5.22.19	
		E033	<p>The facility has developed policies and procedures within the Emergency Preparedness Communication Plan as to how information, medical care and documentation will be shared with other health care providers during a crisis/emergency situation, man-made or natural catastrophe to ensure continuity of care for all individuals.</p> <p>The Methods for sharing information, medical care and documentation for individuals under the facility's care as necessary with other healthcare providers to maintain continuity of care to include providing information about the general basic condition and location of the individual's. Holiday House staff was trained on this procedure on 05/22/19 by the Director of Nursing and Medical Records Manager. This policy and procedure will be reviewed at employee orientation. This policy and procedure will also be reviewed an updated annually at the Emergency Operation Plan meeting. Evidence of compliance will be on the facility's training log.</p> <p>The Director of Nursing (DON) or designee will</p>		

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W 104	<p>Continued From page 15</p> <p>A review of the Maintenance Services Policy indicated: "Purpose-The primary purpose of the maintenance policies and procedures is to provide a uniform set of guidelines for all personnel to follow in assuring that the facility is maintained in a safe and sanitary manner.</p> <p>Objective: (A). Provide a safe and sanitary environment for all residents, personnel, and visitors.</p> <p>(C). Maintain the facility and its equipment in a safe and operable manner;</p> <p>During an interview on 4/26/19 at 1:45 P.M. with the CAO, he was asked if the facility playground and other areas of the facility were being maintained in a safe and home like environment? The CAO stated, the maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times."</p>	E033	<p>provide the individuals information and medical documentation. The Chief Administrative Officer, Social Work or their designee will inform the individual's parents, legal guardians or authorized representative of the individual's location.</p> <p>Procedure: Verbal report/phone call from the DON or appointed designee. Verbal report/phone call from the CAO or Social Worker or appointed designee. Paper record- information from the Emergency Medical Information Book (fax, email, person delivered, scan, etc.,) Remote access via Electronic Health Record The location of the individuals will also be on the facility's website. An Emergency Evacuation Treatment Authorization form will be signed at admission-giving permission from the parent, legal guardian, authorized representative for the individual to receive necessary treatment from a qualified physician/licensed medical professional during a crisis/emergency situation, man-made or natural catastrophe to ensure continuity of care for all individuals.</p>	5.22.2019
W 120	<p>The facility staff failed to maintain the building, grounds and equipment in a safe and operable manner.</p> <p>SERVICES PROVIDED WITH OUTSIDE SOURCES CFR(s): 483.410(d)(3)</p> <p>The facility must assure that outside services meet the needs of each client.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews the facility staff failed to consistently implement speech program in the school and</p>	W 104	<p>W104-Governing Body</p> <ol style="list-style-type: none"> 1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice; <p>The Maintenance Supervisor and Assistants walked the property raking, sweeping up all cigarette butts from around the perimeter of the facility and were discarded in the dumpster. The Maintenance Department will ensure that all cigarette butts were removed from where the individuals load the school bus and ensure that the areas is maintained in a safe and sanitary manner. The Maintenance</p>	

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NAME OF PROVIDER OR SUPPLIER HOLIDAY HOUSE OF PORTSMOUTH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707		
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W 120	<p>Continued From page 16</p> <p>residential settings for one Individual (Individual #2) in the survey sample of four (4) individuals.</p> <p>The Findings included:</p> <p>Individual #2 was admitted to the facility on March 20, 2018 for behavior consultation services for physical aggression, self-injury and property destruction. Diagnoses included autism spectrum disorder, attention deficit with hyperactivity disorder, conduct disorder, celiac disease, PICA and profound intellectual disability. This individuals behavior disorders include self-injury, biting, hitting his head, running away, property destruction. Individual #2 was non-verbal. He communicates mostly through crying, body/facial gestures and a few signs: more, eat, drink and finish.</p> <p>Individual #2 was observed in his day school program on April 24, 2019 at 11:00 A.M. participating in his speech program. Individual #2's teacher was observed using American Sign Language as part of his speech program.</p> <p>A Residential Speech Therapy Annual Evaluation dated 4/7/19 indicated: "Individual #2 is an early communicator who uses vocalizations, pointing and gestures to communicate his wants and needs. Individual #2 continues to struggle completing traditional diagnostic assessments, therefore various screening assessments and scales were attempted to gauge his current level of functioning.</p> <p>ISP (Individualized Service Plan) Goal: Speech Therapy to evaluate and treat as needed and annually.</p>	<p>W 104</p> <p>W104</p>	<p>Continued from page 16</p> <p>Department will ensured that all cigarette butts were removed from where the individuals load the school bus and ensured that the areas is maintained in a safe and sanitary manner. The Maintenance Department also completed the following. Tent frame was removed. Swing kit removed and stored until parts can be ordered. Storm shutter metal sheets have been re-located to safe location. Old strollers and cans have been discarded into dumpster area. Ice Machine, Donut tire. Steel rod on the playground area. Broken toys on the playground. Removed cigarette butts from parking lot. Both Cottage I and Cottage II are being prepared to have rotten post replaced and bug screens replaced. New lower wall panels installed and painted. Wood fencing around Rec A/C units to be replaced.</p> <p>2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice;</p> <p>The Chief Administrative Officer will review the smoking policy with all staff on May 22, 2019. The no smoking policy will indicate that NO smoking is allowed in the front of the facility where the school buses pick up the individuals for school. A receptacle has been placed by the garage for smokers to place the cigarette butts to ensure the facility is maintained in a safe and sanitary manner. Top Guard Security services has been informed by the CAO conduct rounds around the facility to help reinforce the smoking policy. Any Staff observed smoking in the front of the facility will be handled by disciplinary actions. The Maintenance Assistants will conduct daily rounds of facility grounds to ensure that the grounds and equipment is maintained in a safe and operable manner. The Maintenance Supervisor will conduct a weekly monitoring to ensure the grounds are cleared of all cigarette butt, free of old equipment, and that the facility grounds are maintained in a safe and sanitary manner.</p> <p>3. Address what measures will be put into place or systematic changes made to</p>	<p>5.22.19</p> <p>5.22.19</p>

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W 120	<p>Continued From page 17</p> <p>Short Term Goals: Individual #2 will identify core vocabulary needed for communication in the home during ADL's (Activities of Daily Living) by matching objects with pictures in 4 out of 4 trails across 2 consecutive sessions (data collected 3 times a quarter. (Concept list: clothing/mealtime/hygiene).</p> <p>A Speech Therapy Support Plan dated 4/20/19 Indicated: "Individual #2 will identify core vocabulary needed for communication in the home during ADL's by matching objects with pictures in trials across 2 consecutive sessions, data collected monthly (see speech therapy data)."</p> <p>Speech Therapy 30 day Evaluation:</p> <p>Short Term Goals: 1. Individual #2 will use identified core vocabulary needed for communication in the home and school settings. A Speech Daily Note dated April 20, 2019 indicated: "Target Goal: Speech Therapy (ST) evaluate and treat annually). Obj: #1 Use core vocabulary needed for communication in the home and school setting with 80% accuracy.</p> <p>A Individualized Educational Program (ISP) dated 4/18/18 indicated: " Individual #2 pre-speech and general language is at the 15 to 18 month range as he can follow directions, respond to his name, point to familiar objects when requested, food or drink when hungry or thirsty. Individual #2 does not make any pre-speech sounds but will gesture, point. and take an adults hand to make request.</p> <p>A Strengths and Needs of Student area indicated: "Area Considered-Communication (Speech and</p>	W 104	<p>Continued from page 17</p> <div style="border: 1px solid black; padding: 5px;"> <p>ensure that the deficient practice will not recur;</p> <p>The smoking policy was revised and updated by the Chief Administrative Officer to indicate that there is NO smoking in the front of the facility under no conditions. All staff will be trained on the smoking policy at the facility at all staff meeting on 5/22/2019. Evidence of training and compliance will be evidenced by staff signatures of the training roster. Chesapeake Pest Control will come to the facility annually to apply snake-away granule around the perimeter. Chesapeake Pest Control will provide and invoice annually to indicate the snake-away granule has been completed. These files are Evidence of training and compliance will be evidenced by staff signatures of the training roster. Chesapeake Pest Control will come to the facility annually to apply snake-away granule around the perimeter. Chesapeake Pest Control will provide and invoice annually to indicate the snake-away granule has been completed. These files are maintained by the Maintenance Supervisor in the Maintenance Supervisor Office.</p> <p>4. Indicate how the facility plans to monitor it's performance to make sure that solutions are sustained; The Maintenance Supervisor will bring weekly Preventative Maintenance Report to the monthly Risk Management Committee meeting to be reviewed for compliance. Completion Date: 5/22/2019</p> </div>	5.22.19

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W 120	<p>Continued From page 18</p> <p>Language Skills) Strengths- Individual #2 uses gestures and modified sign to indicate his wants and needs when offered an item, he responds by pushing the item away or accepting the item. Individual #2 physically taps staff in order to gain their attention. Needs-His communication skills are impacted by his disabilities. He currently grabs the hand of staff and attempts to move it toward a preferred item in order to request a need or want. Individual #2 needs to learn to use sign and /or modified language to request preferred items."</p> <p>A Short Term Objective indicated: "Communication-description- By the end of this IEP, when taught ASL (American Sign Language) or modified, Individual #2 will use language to request 5 (five) different items at a rate of 10 demands per day, per items for 10 consecutive data days per sign/item."</p> <p>A Data collection procedure indicated: "Manding procedure- Continue to collect data on manding rates for independent and prompted signs throughout the school day, across all settings (classroom, cafeteria, community, etc).</p> <p>Individual #2 was observed during the School Day Program on 4/24/19 at 11:00 A.M. being taught by teacher using sign language for the words eat, hug, string and go. The teacher was observed to sign the word and ask Individual #2 to model the word with a sign or gesture. After each attempt the teacher would reward Individual #2 with a piece of skittle candy.</p> <p>During an interview on 4/25/19 at 10:00 A.M. with the Qualified Intellectually Disability Professional (QIDP), she was asked, why Individual #2 speech</p>	W 120	<p><u>W 120 Services Provided with outside Services- Facility staff failed to consistently implement speech program in the school and residential settings for Individual #2.</u> Point 1: Address how corrective action will be accomplished to address the issue(s), for those individuals found to have been affected by the deficient practice. The Facility QIDP will give HHP Speech Therapist Individual #2's current IEP and progress report to review IEP Speech goal. The Facility QIDP has scheduled an IEP meeting on May 16, 2019 with the school principal and classroom teacher, and HHP Speech Therapist to discuss the continuity of the speech goal in the school and residential setting. The Facility QIDP will amend his Individualized Support Plan speech goal to ensure that the information that is discussed at the meeting is put into place. The Assistant Director of Therapy Services will provide carryover and training to the Direct Support Professionals to implement the amended speech program.</p> <p>Point #2: Address how the facility will identify other individuals having the potential to be affected by the same deficient practice.</p> <p>The Facility QIDP will review all individuals IEP's to determine if that individual has a speech goal. If the individual has a speech goal on their IEP, the Facility QIDP will review the individual's ISP to ensure that the speech goal is the same. If the individual's speech goals are not the same, the Facility QIDP will schedule an Interdisciplinary Team meeting to discuss the continuity of the speech goal in the school and residential setting. The Facility QIDP will amend the individual's Individualized Support Plan speech goal to ensure that the information that is discussed at the meeting is put into place. The</p>	5.16.19
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W 120	<p>Continued From page 19</p> <p>program was not being implemented consistently in the residential and school setting. The QIDP stated, she's "Wondering the same thing after observing Individual #2 perform his speech program."</p> <p>The facility staff failed to implement Individual #2 speech program consistently.</p> <p>CLIENT PROTECTIONS CFR(s): 483.420</p> <p>The facility must ensure that specific client protections requirements are met.</p> <p>This CONDITION is not met as evidenced by: Based on a complaint investigation, medical record review, facility document review and staff interviews the facility staff failed to ensure 2 of 4 individuals in the survey sample were free from abuse and neglect, Individual #2 and Individual #4.</p> <ol style="list-style-type: none"> 1. The facility staff failed to ensure that Individual #4 was free from abuse on 11/12/17. 2. The facility staff failed to ensure one Individual (Individual #2) in the survey sample of 4 (four) individuals was not subject to neglect. <p>The findings included:</p> <ol style="list-style-type: none"> 1. Individual #4 was a 15 year old admitted to the facility on 8/18/16 with diagnoses to include but not limited to *Profound Intellectual Disability, *Autism and Unspecified Behavior and Emotional Disorders and *Optic Nerve Hypoplasia (right eye 	W 120	<p>Assistant Director of Therapy Services will provide carryover and training to the Direct Support Professionals to implement the amended speech program.</p> <p>Point #3: Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>The Facility QIDP will attend the Individual's IEP meeting and ensure that the speech goal is consistent in the school and residential setting. In the event that the individual's Individualized Support Plan and Individualized Education Plan speech goals are not consistent, the Facility QIDP will schedule an Interdisciplinary Team meeting to discuss the continuity of the speech goal in the school and residential setting. The Facility QIDP will amend the individual's Individualized Support Plan speech goal to ensure that the information that is discussed at the meeting is put into place. The Assistant Director of Therapy Services will provide carryover and training to the Direct Support Professionals to implement the amended speech program. The Facility QIDP will amend the Education Collaboration form to include the review of the individual's speech goal (if applicable) to ensure the continuity of the speech goal in the school and residential setting. The Facility QIDP will also address the continuity of the speech goal in the school and residential setting on the QIDP's monthly summary and Individual's quarterly report.</p> <p>Point #4: Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.</p>	6.7.19
W 122				

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W 122	<p>Continued From page 20</p> <p>legally blind). Based on Individual #4's Annual Nursing Summary dated 9/11/17 he weighed 111 pounds and was 63 3/4 inches tall. Individual #4's Annual Nursing Summary dated 9/11/17 also stated that he was 1:1 supervision and is monitored very closely by Holiday House staff to ensure that he is in a safe environment. Individual #4's Annual Evaluation dated 8/14/17 was reviewed and the a Slosson Intelligence Test completed 4/15/16 revealed a mental age of 23 months and an intelligence quotient of 14.</p> <p>Individual #4's Monthly Programming Progress Notes for October 2017 were reviewed and are documented in part, as follows:</p> <p>Progress Note: Name (Individual #4) made stable progress with the support of the direct support professional staff. He continues to require one to one supervision procedures with 2 staff for safety and behavioral issues.</p> <p>On 4/23/19 during the initial entrance conference with the Administrator the question was asked if there were any active abuse investigations with any individuals. The Administrator stated, "No" and left the room. Approximately 15 minutes later the Administrator re-entered the conference room and stated. "After discussing with my staff I want to let you know that we are in an active law suit regarding a case of abuse with an individual (Individual #4). On 11/12/17 the individual was physically abused/assaulted by one of our direct support staff and it also involved our residential supervisor. After reviewing the video footage of the incident we have terminated both employees." The Administrator was asked to allow the survey team to view the incident footage and to bring all facility documents regarding the investigation of</p>	<p>W 120</p> <p>Continued From page 20</p> <p>W122</p>	<p>The Facility QIDP will amend the Education Collaboration form to include the review of the individual's speech goal (if applicable) to ensure the continuity of the speech goal in the school and residential setting. The Facility QIDP will bring the individuals' Education Collaboration Forms to the Risk Management Meeting monthly for review of continuity of the speech goal in the school and residential setting.</p> <p><u>W122: Client Protections: Facility Staff failed to ensure individual #4 was free from abuse</u></p> <p>1. <u>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice</u></p> <p>Individual #4 was discharged from Holiday House of Portsmouth, Inc. on 11/27/2017.</p> <p>2. <u>Address how the facility will identify other residents having the potential to be affected by the same deficient practice:</u></p> <p>Holiday House of Portsmouth Chief Administrative has designated the facility Social Worker to train all staff on Mandatory Reporting, Abuse, Neglect, and Mistreatment policies at the time of initial orientation, monthly at all staff meeting, annually in the month of February, and upon significant incidents that require additional training in the areas abuse and neglect. Upon admission to Holiday House of Portsmouth the facility Social</p>	6.7.19

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W 122	<p>Continued From page 21 the abuse incident for Individual #4.</p> <p>The video footage dated 11/12/17 involving Individual #4 was reviewed by the survey team. The video footage lasted over 2 minutes. In the video Individual #4 was observed crawling/being pushed out of the bathroom on his hands and knees from the gymnasium bathroom followed by 2 adult males. One male was observed kicking forcefully (more than 4 times), dragging and twisting the individual's body by one leg and lying with his whole body on top of individual #4 during the footage of the video. At one point in the video you can only see Individual's arm waving for help. The second male staff member was observed sitting on Individual #4's head and shoulder area while the other staff member was lying on top of him. The second staff member was also observed walking around the gym with his back turned to Individual #4 while he was being physically abused by the other staff member. The only time in the 2 minutes of the video that Individual #4 was on his feet was when he broke free from the support staff and ran towards the exit door with the first staff member following him. The second staff member went back into the bathroom and collected a trash bag then exited the gym. The Administrator was asked who were the 2 staff members. The Administrator stated, "The staff member that was having the physical contact with the individual was his 1:1 Direct Support Staff member and the second person was the Residential Supervisor.</p> <p>After watching the video and reviewing the Comprehensive Human Rights Information System (CHRIS) Abuse Allegation Report for Individual #4, Abuse #20170016 an interview was conducted with the Administrator. The</p>	W 122	<p>Continued from 21</p> <p>Worker will notify the individual of their human right to be free from abuse, neglect mistreatment while residing at the facility. Evidence of notification will be located in the Individual's medical records chart. All current staff will be re-trained on 5/22/2019. The facility will revise the Initial Investigative Report section of the Accident and Incident Report to be completed by the residential supervisor and nurse on duty. The initial investigative report will include, but not limited to the location of injury, type of injury, description of shape and size, how the injury occurred and medical treatment provided. If injuries are inconsistent with the description of how the injury occurred the CAO, SW and DON will be notified immediately. The residential supervisor and nurse on duty will conduct a full body check for signs of abuse on the current individuals by completing a body check form from the revised Accident and Incident Report. Completion Date: June 7, 2019</p> <p><u>3.Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</u></p> <p>Holiday House of Portsmouth has implemented a Mandated Reporter Policy created on 5/6/2019. The policy indicates that all Holiday House of Portsmouth staff report any suspected cases of child abuse/neglect in accordance with the Code of Virginia and Holiday House of Portsmouth established child abuse reporting procedures. This policy emphasizes ALL staff in their professional or official capacity while employed at Holiday House Mandated reporters includes but is not limited to the following: Any person licensed to practice medicine or any of the healing arts; any professional staff person employed by a private or state operated facility,</p>	5.31.19
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W 122	<p>Continued From page 22</p> <p>Administrator was asked if there was any criminal activity in the video. The Administrator stated, "No, (Name of Individual #4) was abused but we didn't feel there was criminal activity. However, the family did file charges against Name (DSP #5) after they viewed the video." The Administrator was asked if someone was repeatedly kicking him in his groin, dragging him by one of his limbs and applying his entire body weight on top of his body what would that be considered. The Administrator stated, "It's assault." The Administrator was asked if assault was a criminal charge and if Individual #4 was assaulted by the staff in the video. The Administrator stated, "Yes, assault is a criminal charge and Individual #4 was assaulted by the staff. In hindsight we should have called the police and pressed charges."</p> <p>The Administrator and the Social Worker provided Court Records for DSP #5 which were reviewed and are documented in part, as follows:</p> <p>Arrest Date: 12/14/17 Charge: Abuse of Child, Serious Injury Charge Type: Class 4 Felony</p> <p>Arrest Date: 3/2/18 Offense Date: 11/12/17 Charge: Assault and Battery Charge Type: Misdemeanor</p> <p>Arrest Date: 3/2/18 Offense Date: 11/12/17 Charge: Contributing to the Delinquency of a minor Charge Type: Misdemeanor</p> <p>Arrest Date: 3/2/18</p>	W 122	<p>Continued From page 22</p> <p>institution or facility where persons have been placed for care and treatment. Any person employed as a social worker Any probation officer, Any teacher or other person employed in a public or private school, kindergarten or nursery school ,Any mental health professional Any person employed to take care of children, Law Enforcement Officers, Any person employed by or contracted with the facility and working with the individuals in an administrative, supportive or direct care capacity. Any guardian or conservatory of an adult Any person providing full, intermittent or occasional care to a child/adult for compensation including, but not limited to homemaker, personal care workers, companion etc. Holiday House of Portsmouth, Inc. expects and enforces that all staff that has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect, or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect, that person shall IMMEDIATELY report or cause a report to be made. Anyone employed at Holiday House of Portsmouth, Inc. Who is mandated to report suspected child abuse or maltreatment-and fails to do so, could be charged with a Class A misdemeanor and subject to criminal penalties. Mandated reported can be sued in a civil court for monetary damages for any harm caused by the mandated reporter's failure to make a report. This new policy will be reviewed at the all staff meeting on 5/22/2019. Holiday House of Portsmouth CAO also revised the Abuse, Neglect and Mistreatment Policies. This policy indicates that: Holiday House of Portsmouth, Inc. ICF/IID prohibits any form of abuse, neglect, and mistreatment of the individuals. Abuse is defined as any negligent act by an employee or other person responsible for the care of an individual receiving services that was performed knowingly, recklessly, or intentionally. Abuse will cause or may have potential to cause physical or psychological harm, injury, or death to a person receiving care or treatment. Holiday House of Portsmouth will not permit individuals to be</p>	5.31.19

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NAME OF PROVIDER OR SUPPLIER HOLIDAY HOUSE OF PORTSMOUTH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707		
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W 122	<p>Continued From page 23</p> <p>Offense Date: 11/12/17 Charge: Child Abuse Charge Type: Felony</p> <p>The facility social worker provided a written description of the video dated 11/12/17 involving an altercation HHP (Holiday House Personnel) staff and Name (Individual #4) which was reviewed and documented in part, as follows:</p> <p>Name (Individual #4) was in a dark gymnasium. He was observed crawling on his hands and knees coming out of the bathroom with two male staff Names (Resident Supervisor (RS) #4 and Direct Support Personal (DSP) #5). He appeared to be in distress attempting to get away from the staff that were in the bathroom with him. Immediately exiting bathroom DSP #5 kicked him two times on his side. Name (Individual #4) was still lying on the gymnasium floor with the two male staff standing over him. Name (Individual #4) began sliding on the floor attempting to get away from the two male staff. DSP #5 then grabs Name (Individual #4) shirt while Name (Individual #4) was still lying on the gymnasium floor. Name (Individual #4) was resisting; DSP #5 pulled Name (Individual #4) by his left leg and dragged him across the gymnasium floor towards the door. DSP #5 grabbed Name (Individual #4's) legs causing him to flip over several times. DSP #5 is now sitting on Name (Individual #4's) side and RS #4 comes and sits on Name (Individual #4's) head. Both Staff are in this position approximately 13 seconds. Name (Individual #4) continues to remain on the floor. DSP #5 continues to pull at Name (Individual #4's) leg in efforts to get him out of the gymnasium. RS #4 is standing over Name (Individual #4) observing the physical grabbing done by DSP #5. DSP #5</p>	W 122	<p>Continued From page 23</p> <p>abused by anyone, including staff members, consultants, volunteers, and staff of other agencies providing service to the individual. Examples of abuse for the purpose of this policy include, but are not limited to, the following: Physical Abuse: Any kind of physical intimidation or intrusion such as pushing, pulling, scratching, hitting, kicking, slapping, throwing things, torturing, burning with cigarettes, pulling hair, unauthorized holds, and cutting. Verbal Abuse: Abuse that is achieved primarily with words. Criticizing an individual, belittling, or making fun of someone. Sexual Abuse: Forced sex or sex that takes unfair advantage of an individual, fondling, or inappropriate touching. Emotional Abuse: Abusive behavior that uses emotions to intimidate the victim. Mistreatment can be defined for the purpose of this policy to include but not limited to: Failure to act/neglect that leads to or is in imminent danger of causing physical injury through negligent omission, treatment, or maltreatment of an individual, including but not limited to failure by staff to provide an individual with adequate food, clothing, shelter, medical care, supervision, or through condoning or permitting abuse of an individual by any other person. Verbal mistreatment: by subjecting the individual to the use of derogatory names, phrases, profanity, ridicule, harassment, coercion, or intimidation and threatening injury or withholding of services or supports, including implied or direct threat of termination of services. Restrictions on an individual's freedom of movement by seclusion in a locked room under any condition. Restriction to an area of the residence or restricting access to ordinarily accessible areas of the residence is not allowed, unless arranged for and agreed to on the Individual's Support Plan. Use of Physical restraint: without a written physician's order, or as part of an Individual Support Plan, unless an individual's actions present an imminent</p>	5.31.19

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W 122	<p>Continued From page 24</p> <p>continues to attempt to drag Name (Individual #4) by his leg. Name (Individual #4) is crawling on his legs and hands to get away from DSP #5. DSP #5 and RS #4 follow him while he is crawling away. DSP #5 grabs Name (Individual #4) around his midsection with both arms and tackles him to the gymnasium floor. RS #4 is walking around the gymnasium failing to intervene pacing the room. DSP #5 then lays on top of Name (Individual #4) while RS #4 paces around the gymnasium and looks away in another room. Name (Individual #4) continues to be on the floor in distress. DSP #5 is applying pressure to Name (Individual #4's) neck and shoulder area. DSP #5 stands up removing body weight from Name (Individual #4) but still stands over him with Name (Individual #4) in the middle of his legs. RS #4 continues to pace around the gymnasium. DSP #5 then swings his legs around Name (Individual #4) to let him loose. Name (Individual #4) begins crawling away on his hands and knees and DSP #5 starts to walk toward Name (Individual #4) again. RS #4 then enters the bathroom. DSP #5 grabs Name (Individual #4) by the neck area one more time. DSP #5 takes his jacket off and walks away from Name (Individual #4). Name (Individual #4) continues to roll around on the floor. After DSP #5 removes his jacket he kicked Name (Individual #4) twice again on his side. Name (Individual #4) rolls to his feet to stand up and begins running out of the gymnasium door. DSP #5 follows him directly out of the door. RS #4 then leaves the bathroom carrying a bag of trash.</p> <p>Total Time of Incident: 2 minutes and 37 seconds.</p> <p>On 4/24/19 at approximately 1:40 PM the Social</p>	W 122	<p>Continued from page 24</p> <p>danger to himself/herself or others, and only until appropriate action is taken by medical, emergency, or police personnel. Financial exploitation which may include, but is not limited to: unauthorized rate increases, staff borrowing from or loaning money to individuals, witnessing wills in which the caregiver is beneficiary, adding caregiver's name to individual's bank accounts, inappropriately expending individual's personal funds, and theft of an individual's personal funds. Neglect: To assist this facility in defining incidents of neglect; neglect is defined as any recent act or failure to act that results in death, serious physical or emotional harm. Examples of neglect for the purpose of this policy include: Abandonment Nutritional neglect (under-nourished); failure to provide food/hydration, inadequate hygiene (wearing soiled clothing) inadequate supervision (sleeping on the job), duration and frequency of unsupervised times. Exposure to hazardous materials Failure to protect by jeopardizing health and safety, any other form of reckless behavior with disregard for the individual's health and safety Failure to implement behavioral support plan procedures, as it relates to safety of the individual. All Holiday House employees are Mandated Reporters and all personnel shall strictly adhere to the following procedures: Any Staff, Individual, Authorized representative, consultant, legal guardian, local or regional advocate, or other interested person who believes that an individual has been harmed, abused, or exploited by any person shall immediately report such to the Chief Administrative Officer and/or their IMMEDIATE SUPERVISOR. It is the supervisor's responsibility to ensure that the alleged abuser is removed from providing any care to the individual immediately after the allegation is made. In the event the</p>	5.31.19

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W 122	<p>Continued From page 25</p> <p>Worker was asked what she thought about the video involving Individual #4 and the facility staff members. The Social Worker stated, "Honestly it made me sick. I wanted to cry. I have a three year old and if anyone every did that to my child I would go crazy. He (Individual #4) should have never been abused like that, we have behavior support plans for all of our Individuals and they should be followed."</p> <p>Individual #4's Nurses Notes were reviewed and are documented in part, as follows:</p> <p>11/12/17 5:30 PM: Focal Assessment to left upper thigh near hip/groin area. Noted large bruised area. Nontender to touch. Activity WNL (within normal limits) without sign/symptoms pf pain/discomfort. Skin intact without swelling. No Tx. (treatment) needed, monitoring continues. PCP (patient care provider) notified. Residential Supervisor will notify parent.</p> <p>11/13/17 7:30 AM: After being showered observed a large bruise to left hip and groin area that was dark blue and green in color, nontender to touch, no signs or symptoms of pain/discomfort noted, no treatment needed</p> <p>On 4/24/19 at 3:30 PM an interview was conducted with LPN (Licensed Practical Nurse) #2 who performed the above focal assessment on Individual #4 on 11/12/17 at 5:30 PM. LPN #2 was asked to describe what she saw when she assessed Individual #4 on 11/12/17. LPN #2 stated, "I was in the nursing office and I was called and asked if I could come over to assess Name (Individual #4's) bruise on his leg. I went over and walked up to the bathroom and said "Oh my God what happened to him?" They (RS #4</p>	W 122	<p>Continued From page 25</p> <p>supervisor does not respond appropriately ANY staff may call 911 to ensure the individuals of the facility are safe. The Chief Administrative Officer, in no case, shall punish or retaliate against a volunteer, consultant, or student for reporting an allegation of abuse, neglect, or exploitation to an outside entity. Any employee who believes or witnesses that an individual has been harmed, abused or exploited, neglected or mistreated by any person shall INTERVENE to prevent further harm to the individual and report such activity immediately to their immediate supervisor. The Immediate Supervisor must IMMEDIATELY suspend the employee who has been alleged to abuse, neglect, or mistreat the individual. The Immediate Supervisor will conduct an initial investigation and submit written statements, conduct interviews, and get as much initial information as possible. This information should be forwarded immediately to the Chief Administrative Officer/Social Worker. The investigator shall include dates, times of interviews and written statements etc. The Immediate Supervisor must ensure that the Individual is assessed immediately by the Nurse on duty and the individual MUST be transported to the emergency room for further medical evaluation and treatment. The Immediate supervisor and the Nurse on duty must NOTIFY the Chief Administrative Officer, Director of Nursing, Social Worker as soon as possible. The Chief Administrative Officer will ensure the facility's Social Worker (Investigator) immediately investigate and report the alleged abuse, neglect, mistreatment in accordance with established state policies and procedures. The Social Worker is responsible for entering all allegations of abuse, neglect, mistreatment, complaints, and suspicious</p>	5.31.19

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W 122	<p>Continued From page 26</p> <p>and DSP #5) said " We don't know". I said, "No one knows what happened?" I was so emotional, we (me and RS #4) did an incident report and called the mom. I told the mom what the area looked like." LPN #2 was asked to describe the area on Individual #4's hip/groin area. LPN #2 stated, "It was a dark purple with a red spot. It was about the size of a pineapple. It didn't need any treatment but I did notify the doctor by fax. LPN #2 was asked if she was a mandated reported and if it ever occurred to her that Individual #4 may have been abused. LPN #2 stated, "Yes I am a mandated reporter but no it never occurred to me he was abused." LPN #2 was then asked if she reviewed the video footage from the monitor in the Nursing Office on 11/12/17 when the bruise of unknown injury was reported to her to see if there was any indications that Individual #4 was abused. LPN #2 stated, "No, I never checked the camera system that day."</p> <p>Individual #4's Interdisciplinary Progress Note date 11/12/17, timed 3 PM-7 PM written by DSP #5 were reviewed and is documented in part, as follows:</p> <p>Staff received Name (Individual #4) in living area. He was watching TV(television). Staff supported with toileting. Name (Individual #4) spent time with his parents. He played in the gym. Staff supported with PM (afternoon) care. Name (Individual #4) received snack and dinner. He ate independently. He watched tv and played with toys until bedtime.</p> <p>The documentation regarding the bruise found on Individual #4's upper thigh and groin were faxed to the Attending Physician's Office on Sunday</p>	W 122	<p>Continued From page 26</p> <p>injuries of unknown origin in accordance with state laws and established procedures. The Social Worker will ensure that incidents are thoroughly investigated. Investigations will consists of monitoring the CCTV camera system, interviewing staff, interviewing the individual, etc.</p> <p>The Social Worker upon receipt of any allegation allegations of abuse, neglect, mistreatment, complaints, and suspicious injuries of unknown origin will conduct an investigation and will be entered into the CHRIS (Comprehensive Human Rights Information System) program within 24 hours of the initial report. The Social Worker will document times, dates, timelines, phone calls regarding the allegation of abuse, neglect, mistreatment investigative findings. Upon completion of the investigation as indicated in the Holiday House of Portsmouth, Inc. Abuse, Neglect, and Mistreatment Policies, the Social Worker will complete a final investigation into CHRIS (Comprehensive Human Rights Information System) within 5 working days (these days also include weekends and holidays). An employee's failure to report or cooperate with an abuse and/or neglect investigation may result in disciplinary action. Any action by an employee that compromises the integrity or outcome of a factual investigation may be cause for disciplinary action and/or immediate termination. Volunteers, contractors, contract employees, student interns and/or consultants who fail to comply with this departmental instruction may be terminated from employment/service.</p> <p>Upon receipt of an allegation of abuse, neglect, and/or mistreatment the protocol is identified as follows: Take steps to protect the safety and welfare of the individuals. Suspend the alleged abuser immediately. Ensure an assessment is completed by the nurse if allegations involve any type of Injury or claim that staff may have injured individual.</p>	5.31.19

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W 122	<p>Continued From page 27</p> <p>11/12/17 at 18:52 (6:52) P.M. was reviewed and is documented in part, as follows:</p> <p>Large bruise to left upper thigh near hip/groin area. Nontender to touch. No swelling, activity WNL (within normal limits). No treatment needed. Monitoring continues.</p> <p>Individual #4's facility Accident Incident Report dated 11/12/17 at 5:33 P.M. completed by DSP #5 was reviewed and is documented in part, as follows:</p> <p>Where did the accident/incident take place? Staff observed in bathroom.</p> <p>Describe any injuries incurred: Staff observed bruise on left hip while supporting with nightly hygiene.</p> <p>Name of any witnesses: Name (RS #4).</p> <p>Staff person's account of what happened: Staff observed bruise while supporting with PM care.</p> <p>Condition of person involved: (Completed by Nurse, LPN #2); Focal assessment to left upper thigh, noted large bruise near hip/groin. skin intact, no swelling, no signs or symptoms of pain/discomfort, no tenderness, activity WNL.</p> <p>Physician notified: Name (Attending Physician) via fax, Time: 5:45 PM, By Whom: Name (LPN #2), Physician's instructions: none given at this time.</p> <p>Name of Parent/Guardian notified: Name (Individual #4's mother), Time Notified: 5:47 P.M., By Whom: Name (RS #4).</p> <p>Summary of response from the Parent/Guardian: Parents were notified of how big the bruise was and said thanks. signed by RS #4.</p> <p>The facility Comprehensive Human Rights Information System (CHRIS) Abuse Allegation</p>	W 122	<p>Continued From page 27</p> <p>The individual involved in the abuse will immediately be transported to the emergency room for medical evaluation and treatment as needed.</p> <p>Ensure that employees are reminded that they are to cooperate with the investigation, Ensure to investigate get written statements, be sure to document thoroughly</p> <p>Immediately contact the local law enforcement in all cases of suspected criminal activity.</p> <p>Notify the Chief Administrative Officer, Director of Nursing, Social Worker.</p> <p>The Social Worker will initiate an impartial investigation within 24 hours of receiving a report of potential abuse or neglect. In the absence of the Social Worker the Chief Administrative Officer will appoint an employee who is not involved in the issues of the investigation to complete the investigation. The facility will use closed circuit cameras to assist with the investigation.</p> <p>In all cases, the Chief Administrative Officer will provide his written decision, including Actions taken as a result of the investigation within completion of the investigation to the individual, individual's parent/guardian. If the individual affected by the alleged abuse or his authorized representative is not satisfied with the Chief Administrative Officer's actions, he or his authorized representative or anyone acting on his behalf, may file a complaint and request for a Local Human Rights Committee (LHRC) hearing under 12VAC 35-115-180.</p> <p>In the event that the investigation is unfounded the facility will complete the following:</p> <p>The employee will be monitored by the supervisor or designee during a 3-month period. He or she shall be supervised closely while assigned to individuals. Daily documentation will occur.</p> <p>The Social Worker will review Holiday House of Portsmouth's Abuse, Neglect, and Mistreatment policies with the staff person.</p> <p>A certified TOVA Trainer will discuss with the staff person the TOVA philosophy and the TOVA technique as it relates to the incident. (If applicable)</p>	5.31.19

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W 122	<p>Continued From page 28</p> <p>Report for Individual #4, Abuse #20170016 was reviewed and is documented in part, as follows:</p> <p>Alleged Abuse Date: 11/12/17 Individual Name: Name (Individual #4) Abuse Alleged: Physical, Seclusion/Restraint Abuse Occurred: Physical, Seclusion/Restraint Type of Restraint: Unnecessary use of seclusion and restraint.</p> <p>Description: Unknown large bruise noted to Name (Individual #4's) upper thigh near his hip groin area. Bruise was observed on November 12, 2017 Video surveillance was reviewed from 4pm-5:30pm it was observed that staff Name (DSP #5) used unnecessary use of restraint and inappropriate TOVA (Therapeutic Options of Virginia) techniques. They were observed coming out of the bathroom and Name (Individual #4) refused to leave the gymnasium area and staff attempted to get him to go to the cottage area. The more Name (Individual #4) refused the more physical staff was observed to get. The unnecessary use of physical techniques were pulling individual by the leg to get him into another room, kicked on the hip area one time, and pressing his body weight on the individual. Name (RS #4) was present and failed to intervene to prevent the unnecessary physical actions that staff were exhibiting. Information was recorded to provide to Child protective services.</p> <p>Injuries: Individual Injured?: Yes Type of Injury: Bruises</p> <p>Reporting: Date Allegation Made: 11/12/2017 Who Made Allegation: Name (RS #4)</p>	W 122	<p>Continued From page 28</p> <p>At the end of the 3-month period, the Director of Residential Services will review the documentation with the staff person. The supervisor will prepare a written report with recommendations to be submitted to the Chief Administrative Officer within ten days. All staff will be informed and review the Abuse of Individuals/Mistreatment/Neglect Policies at the time of orientation, monthly at all staff meetings, and annually in the month of February. Documentation of this review shall be on the orientation sheet and staff training log.</p> <p>This policy and procedure will be reviewed with each employee during the initial employment, monthly at all staff meetings, and annually in the month of February. This policy will be reviewed with all staff on 5/22/2019.</p> <p>The injuries of unknown origin protocol was created and states: it is the policy of Holiday House of Portsmouth that injuries of unknown origin be investigated and reported in accordance with state and federal procedures. Injuries of an unknown origin is defined as follows: The injury wasn't observed by anyone or can't be explained by the individual or staff. The injury is suspicious requiring additional medical evaluation due to the location (and in an area not usually vulnerable to trauma), extent of the injury, number of injuries that occur at the same time, or the number of injuries over time. (Hip, upper chest, back, head, neck (front and back), these body parts are listed as a guide but does not exclude other body parts) In the event of an unknown injury the following must take place: RESIDENTIAL DEPARTMENT PROTOCOL: INITIATE INVESTIGATION IMMEDIATELY. The Residential Supervisor must initiate an Accident/Incident Report and IMMEDIATELY begin the investigation into the injury of unknown origin. (Follow Accident/Incident Report Policy and Procedures). The initial investigation should explore the known cause or probable cause on the Incident Report. The Residential Department Supervisor must notify the Chief Administrative Officer, Social Worker, Director</p>	5.31.19	

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W 122	<p>Continued From page 29</p> <p>Who Reported To Director: Name (Individual #4's Father) Date Reported: 11/12/17 8:45 PM.</p> <p>Investigation: Investigation Begin Date: 11/14/17 Date Investigation Final Report: 11/14/17 Rationale: Failure to Follow Behavior/Management Plan, Failure to Follow Policy, Other. Other Rationale: Video surveillance camera confirmed physical and unnecessary use of force. Reason for Corrective Action: Unauthorized use of restraint techniques, Performance Issue-Substantiated. Corrective Action Taken: Reinforce policy and procedure, increase supervision (change patterns of supervision), Appropriate staff action taken, Appropriate notification to Office of Licensing made.</p> <p>Polices: Suspected Criminal Activity: No Local Police Notification: blank State Police Notification: blank</p> <p>Abused Accused: Name: DSP #5 Actions Taken: Terminated Action Remark: Terminated due to using excessive physical force and using inappropriate TOVA techniques.</p> <p>Name: RS #4 Actions Taken: Terminated Action Remark: Terminated due to failing to intervene while staff was using inappropriate excessive force to transition from one building to another.</p>	W 122	<p>Continued From page 29</p> <p>of Nursing IMMEDIATELY in the event there is <u>NOT</u> a probable cause or known cause of the injury. NURSING ASSESSMENT & PROTOCOL The nurse should be notified immediately upon observation of all injuries and complete the nursing assessment for the individual. This information should be documented on the Accident and Incident Report Form, and in the nursing notes. As licensed professionals the expectation from the Nurse on Duty is to identify injuries that are suspicious in areas that are NOT vulnerable to trauma. If the injury is unexplained, the nurse shall IMMEDIATELY notify the Director of Nursing, Social Worker, Chief Administrative Officer. The Residential Supervisor and Nurse will continue to phone the family together. The Residential Supervisor will continue to notify the family of the incident, and the nurse will then provide the parents with information regarding the assessment and treatment given if any. The nurse will also notify the Individual's primary care physician of injuries and treatment given. The nurse will document this information in the individual's medical chart and on the nursing daily report sheet. If the employee has knowledge or reason to believe the injury involves abuse or neglect, the employee shall immediately report the event to the CAO in accordance with the Holiday House Abuse Prevention Policies and Procedures. The Director of Nursing/Nursing Department will ensure individuals receive the appropriate medical attention for all unexplained injuries. In cases of suspected criminal activity the CAO or designated staff involved must call local law enforcement. All staff will be trained on this protocol in the all staff meeting on 5/22/2019. Staff will be trained by the facility Social Worker on this protocol at initial orientation and annually thereafter. Evidence of compliance will be on the facility's training log. The Chief Administrative Officer will have the CCTV Camera System placed on lap top as well as the facility Social Worker lap top so facility monitoring can be conducted on weekends as well. Live Video Monitoring is conducted by the CAO</p>	5.31.19

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W 122	<p>Continued From page 30</p> <p>The facility letter sent to Individual #4's parents regarding investigation into unknown bruise dated 11/15/17 was reviewed and is documented in part, as follows:</p> <p>This letter is to inform you that we have concluded the investigation regarding the large unknown bruise discovered on November 12, 2017. The surveillance camera was also reviewed.</p> <p>Investigative Findings/Conclusion: Founded; this video had evidence of abuse and neglect and violated Holiday House Abuse of Individuals Policy. The reviewing of the video surveillance disclosed the following:</p> <p>*During transition from the gym area to the residential area after leaving the restroom Name (Individual #4) was observed coming out of the bathroom with a male staff.</p> <p>*The Staff provided unnecessary physical support and did not use ANY appropriate TOVA interventions as trained by Holiday House of Portsmouth.</p> <p>*Evidence revealed male staff placing body weight on Name (Individual #4).</p> <p>*Evidence of a kick to Name (Individual #4's) hip/groin area.</p> <p>*Residential Supervisor was present and failed to intervene which was a violation of Holiday House Policy.</p> <p>*Termination of employee #1 for violation of Holiday House Policy.</p>	W 122	<p>Continued From page 30</p> <p>and/or designee during the weekdays.</p> <p>During an applicant's 3 day trial visit the Interdisciplinary Team (IDT) members will monitor the individual for behaviors of running away from area of supervision and/or elopement and discuss history with the individual and/or individual's family. If the individual exhibits behavior of running away during the trial visit. The IDT will recommend pursuing project lifesaver. If the individual has a history of running away the IDT will pursue the project lifesaver if admitted to the facility. The QIDP will ask the parent during the 3 day meeting if they would like to pursue project lifesaver. Written consent will be obtained if the family decides to pursue project life saver. Parents are also provided the option to decline project lifesaver. Declination forms will be obtained. Upon admission, an authorization to Project Lifesaver will be signed by the parent and the QIDP will complete the Project Lifesaver application. The application is designed for caregivers to provide in advance certain information that will be useful to search teams if the need should arise. In the event the IDT recommends project lifesaver Holiday House of Portsmouth will cover all fees associated with the maintenance of project life saver. The Director of Nursing/Charge Nurse will complete an elopement assessment if the individual has elopement risk. The elopement assessment will be completed upon admission, annually, or when a significant change occur. Holiday House of Portsmouth will make the necessary environmental changes to prevent elopement. These changes may include(latches on gates, changing level of supervision, alarms on doors, visual cues, as well as their effectiveness will be assessed. Failure to adhere to this policy will result in disciplinary action and/or termination of employment. An elopement risks assessment was developed by the facility's Nursing Department and all individuals residing at Holiday House of Portsmouth will be evaluated for elopement risks by May 31, 2019. A copy of the</p>	5.31.19
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/29/2019
NAME OF PROVIDER OR SUPPLIER HOLIDAYHOUSE OF PORTSMOUTH INC			STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707	
(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 122	Continued From page 31 *Termination of employee #2 for failing to intervene and providing oversight to prevent abuse/neglect. *Behavior episodes from this point on must be reported to the CAO (Chief Administration Officer) and SW (Social Worker), All hands on interaction investigated and viewed on surveillance camera. *All staff meeting will be held on November 15, 2017 additional TOVA training will be discussed and trained with all staff. The facility Visitors Sign IN/OUT sheet for the week of November 9th through the 14th was reviewed and revealed that Individual #4's parents and siblings were in the facility on 11/12/17 from 3:20 P.M.-4:20 P.M.. Email correspondence between Individual #4's Father and the Chief Administration Officer(CAO) was reviewed and is documented in part, as follows: Sunday, November 12, 2017 8:45 PM: Hi Name (CAO), We received a call after we left Holiday House this evening. We missed the call and it went to voicemail. A message was left, but apparently Name (RS #4) didn't hang up the phone all of the way and our voicemail continued to record a conversation between Name (RS #4), and what sounded like the nurse about our son that raised a few concerns: *A bruise wasn't noticed all day it seems because it also seems he hadn't been changed all day.	W 122	Continued From page 31 elopement assessment will be filed in the Individual's Nursing Chart. An elopement risks assessment will be completed by the Director of Nursing/Charge Nurse for every individual residing at Holiday House of Portsmouth. If there is a risk for elopement based on the elopement risks assessment tool the QIDP will facilitate an Interdisciplinary Team Meeting to discuss the individual's risk of elopement. During the Interdisciplinary Team (IDT) members will review the completed elopement risks assessment. The IDT will review the level of supervision that the individual is currently on and determine if the level of supervision is appropriate to prevent elopement. If the IDT determines that the individual's level of supervision needs changing the QIDP will make the necessary changes on the Individualized Support Plan. <u>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;</u> Door Chimes Policy was revised and states: It is the policy of Holiday House of Portsmouth that all staff working in the residential wings acknowledge the door chimes each time the alarm sounds. The purpose of this policy is to bring staff awareness of who is entering and exiting the residential wings in efforts to ensure individuals safety. Each time the Door Chimes sound, Staff will look down the hall to observe who is entering and exiting into the residential wings. Holiday House Portsmouth staff should wear and be identified by their ID Badges. Door chimes are located in the nursing office (Right Wing) and in the Director or Residential Services Office. (Left Wing). Individuals without badges should be guided to a Residential Supervisor for guidance and instructions (refer to visitor's policy). Door Chimes are to alarm at all times to ensure safety of the individuals. The Environmental Services Supervisor will inform the Maintenance Department of the scheduled floor cleaning so that	5.31.19

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W 122	<p>Continued From page 32</p> <p>We never saw a bruise ourselves, so I am saying he wasn't changed all day solely based on what was said in the recorded voicemail. Based on the reactions within the conversation that was recorded, the nurse seemed concerned like it is something that should have been noticed sooner.</p> <p>We called back, (we didn't mention the recording) and we were told that the bruise didn't appear too bad, had colored some, but wasn't tender, and that he didn't seem in pain. No one mentioned any of the other information in the recorded voicemail. When you listen to the voicemail, the nurse describes the bruise as sounding worse than the way she described it to us when we returned the call.</p> <p>*Name (RS #4): We didn't hear Name (RS #4) say anything bad and we genuinely like Name (RS #4) and he does good with Name (Individual #4). We still wish he or the nurse would have told us everything when we called back.</p> <p>*Nurse (LPN #2): She should have told us about all of her concerns. She didn't.</p> <p>Their first duty should be to the child, and by extension the parents, not to making sure no one gets in trouble by withholding information. Nor should they be operating in an Us (employee) versus Them (parent) mentality. We just have concerns about our child's care and wanted to discuss the situation with you.</p> <p>Response Email from CAO Sunday, November 12, 2017 8:59 PM:</p> <p>Any concerns from my parents, staff or Name (Individual #4's) care is a concern for me as the</p>	W 122	<p>Continued From page 32</p> <p>the Door Chimes can be turned off. Door Chimes are turned off during that time ONLY because the doors remain open for a long period of time. The Environmental Services Supervisor will inform the Residential Manager on duty that the floors are scheduled to be cleaned. All individuals on grounds will be relocated to the gym and recreation are until the floors are clear and dry. The Maintenance Staff are designated to turn the door chimes off and on. The only time door chimes are off is when the floor contractors are providing service. When Door Chimes are turned off, the Maintenance Supervisor will make an overhead speaker announcement informing all Holiday House Staff that the door alarms have been turned off. The Maintenance Supervisor should also alert Staff via overhead speaker when the Door Chimes are turned back on. In the event Holiday House Staff notices that the Door Chimes are not sounding, Staff should immediately notify Maintenance Supervisor/Safety Officer and the Chief Administrative Officer. Notifications should be done via face to face or telephone. In the event the Door Chimes are not working staff should strategically be locate near the doors to be aware of who is entering and exiting the building. Failure to abide by this policy could result in Disciplinary Action.</p> <p><u>Elopement Policy was developed and reads as follows:</u></p> <p>It is the policy of Holiday House of Portsmouth that individuals who have elopement risks have an elopement plan to prevent leaving the supervised safe area. Elopement can be defined as: an act or instance of leaving a safe area or safe premises, done by a person with a mental disorder or cognitive impairment:</p> <p>During an applicant's 3 day trial visit the Interdisciplinary Team (IDT) members will monitor the individual for behaviors of running away from area of supervision and/or elopement. If the individual exhibits behavior of running away</p>	5.31.19
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W 122	<p>Continued From page 33</p> <p>Administrator. I will call you tomorrow when I get in to work. I will have my social worker follow up with an investigation.</p> <p>The facility document titled "Interview and Discussion with Name (RS #4) in regards to altercation with Name (Individual #4) dated 4/24/19 was reviewed and is documented in part, as follows:</p> <p>Present: CAO, SW, Human Resource Manager. Location: Conference Room</p> <p>The meeting was opened By Name (CAO), he explained to Name (RS #4) that the team is here to investigate a large unknown bruise on Name (Individual #4).</p> <p>Name (RS #4) replied "Yes sir" and explained that an accident and incident report was completed for the bruise.</p> <p>CAO asked Name (RS #4) did he have anything to share with the team in reference to Name (Individual #4's) Care and/or bruise on the evening on 11/12/17.</p> <p>Name (RS #4) responded that Name (Individual #4) had behaviors because he didn't want to leave the gym He expressed the Name (Individual #4) has a hard time transitioning in the evening.</p> <p>CAO then asked Name (RS #4) to review the video footage from the gymnasium on the evening of 11/12/17.</p> <p>The team watched the video of incident which occurred on 11/12/17 in the conference room of</p>	W 122	<p>Continued From page 33</p> <p>during the trial visit. The IDT will recommend pursuing project lifesaver. If the individual has a history of running away the IDT will pursue the project lifesaver if admitted to the facility. The QIDP will ask the parent during the 3 day meeting if they would like to pursue project lifesaver. Written consent will be obtained if the family decides to pursue project life saver. Parents are also provided the option to decline project lifesaver. Declination forms will be obtained. Upon admission, an authorization to Project Lifesaver will be signed by the parent and the QIDP will complete the Project Lifesaver application. The application is designed for caregivers to provide in advance certain information that will be useful to search teams if the need should arise. In the event the IDT recommends project lifesaver Holiday House of Portsmouth will cover all fees associated with the maintenance of project life saver. The Director of Nursing/Charge Nurse will complete an elopement assessment if the individual has elopement risk. The elopement assessment will be completed upon admission, annually, or when a significant change occur. Holiday House of Portsmouth will make the necessary environmental changes to prevent elopement. These changes may include(latches on gates, changing level of supervision, alarms on doors, visual cues, as well as their effectiveness will be assessed. Failure to adhere to this policy will result in disciplinary action and/or termination of employment. All staff will be trained on the Door Chime Policy, Neglect Policy and Procedures, Gate Latching Procedures, Elopement Policy, and Emergency Code Call Policy, and 1:1 Supervision Policy at the all staff meeting on 5/22/2019. All staff will be trained in these policies at initial orientation and annually. <u>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and</u></p> <p>Upon receipt of each individual's elopement assessment the Interdisciplinary Team will identify all</p>	5.31.19

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W 122	<p>Continued From page 34 the administration building.</p> <p>Name (RS #4) was asked by CAO after reviewing the video to explain how he let Name (DSP #5) conduct inappropriate physical interventions to Name (Individual #4). CAO explained to Name (RS #4) that he as a supervisor was there to intervene and ensure Name (Individual #4) was not abused and CAO expressed to Name (RS #4) that he failed as supervisor.</p> <p>CAO also asked Name (RS #4) was Name (DSP #5) techniques considered :TOVA". Name (RS #4) said "No, it wasn't".</p> <p>Name (RS#4) became very upset and expressed to the team that he was uncomfortable that's why he walked around the room so much when Name (DSP #5) was dealing with Name (Individual #4). Name (RS #4) expressed that he has a good rapport with Name (Individual #4) and that he made a really huge mistake.</p> <p>The facility document titled "Interview and Discussion with Name (DSP #5) in regards to altercation with Name (Individual #4) dated 4/24/19 was reviewed and is documented in part, as follows:</p> <p>Present: CAO, SW, Human Resource Manager. Location: Conference Room</p> <p>The meeting was opened By Name (CAO), he explained to Name (DSP #5) that the team is here to investigate a large unknown bruise on Name (Individual #4).</p> <p>CAO asked Name (DSP #5) did he have anything to share with the team in reference to Name</p>	W 122	<p>Continued From page 34</p> <p>individuals who have the risk of elopement. The QIDP will then pursue project lifesaver with the Parent/ Legal Guardian. If the decision is made to add project lifesaver for the individual the QIDP will add the project lifesaver to the individual's Individualized Support Plan. The QIDP will monitor on a quarterly basis. Include dates when the corrective action will be completed: 5/31/2019</p>	5.31.19

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W 122	<p>Continued From page 35</p> <p>(Individual #4's) Care and/or bruise on the evening on 11/12/17.</p> <p>Name (DSP #5) responded that Name (Individual #4) had behaviors but nothing out of the ordinary happened. He was able to say this statement with a blank face without indication of telling the team false information.</p> <p>CAO then asked Name (DSP #5) to review the video footage from the gymnasium on the evening of 11/12/17.</p> <p>Name (DSP #5) and the team watched the video of incident which occurred on 11/12/17 in the conference room of the administration building. Name (DSP #5's) head went down when he noticed that the altercation was on video surveillance. After watching the video CAO asked him to explain his behavior.</p> <p>CAO also asked him was his techniques considered "TOVA." Name (DSP #5) responded "No" by shaking his head side to side. He had no words.</p> <p>Name (DSP #5) in a remorseful manner stated that "he messed up." He stated that Name (Individual #4) was difficult to work with and it's hard to work with someone so difficult over and over.</p> <p>He did realize that his actions were wrong. He apologized for his actions.</p> <p>CAO informed Name (DSP #5) that he violated Holiday House of Portsmouth Abuse Policy and that he will be terminated, and the care is reported to Child Protective Services.</p>	W 122	<p>Continued From page 35</p> <div style="border: 1px solid black; height: 500px; width: 100%;"></div>	5.30.19
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W 122	<p>Continued From page 36</p> <p>Name (DSP #5) accepted the termination and he was escorted off of Holiday House Portsmouth premises.</p> <p>The Critical Incident Report from Individual #4's Day School program dated 11/13/17 at 9:30 Am was reviewed and is documented in part, as follows:</p> <p>Type of incident: Other: arrived to school with large bruise on front of left hip and upper thigh.</p> <p>Incident reported to:</p> <p>Parents: 11/13/17 at 9:45 AM, picture of bruise sent at 10:09 AM Holiday House: 11/13/17 at 10:00 AM</p> <p>Description of incident: Name (Individual #4) arrived at school and transitioned to class. When taken to the bathroom at 9:30, staff noticed bruising on his hip and thigh. Staff called mom and was asked to send pictures. Mom and dad arrived, looked at the bruise, called doctor. Holiday House was called and came to get Name (Individual #4) to transport to the doctor. Parents shared that they had received a call last night from Holiday House that Name (Individual #4) had a behavior and had a bruise on his back. We looked and did not find a bruise on Name (individual #4's) back. Holiday House said they did not see a bruise on Name (Individual #4's) hip when he left for school.</p> <p>Individual #4 was seen at Name (Children's Hospital) on 11/13/17 at 1:25 PM with chief complaint of Bruising and Swelling of Jaw/Lump.</p>	W 122	<p>Continued From page 36</p>	5.30.19
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W 122	<p>Continued From page 37</p> <p>Individual #4's Positive Behavioral Support Plan dated 9/18/17-9/18/18 was reviewed and is documented in part, as follows:</p> <p>Rational::</p> <p>Plan written in accordance to VAC12-200-105 Behavioral treatment Plans with restrictive recommendations.</p> <p>Target Behaviors: Physical Aggression, Self-Injury, Property Destruction, and PICA. It is important to note that Name (Individual #4) seeks out the person who blocked his access to the item he is wanting.</p> <p>Quality Of Life- A quality life for Name (Individual #4) is to be in a safe environment and doing activities that he prefers without displaying behaviors of concern.</p> <p>What is not working-</p> <ul style="list-style-type: none"> -Gently touching him or trying to sooth him when he is displaying behaviors of concern. <p>Recommendations and Procedures for Name (Individual #4):</p> <ul style="list-style-type: none"> -When walking and transitioning to another location offer Name (Individual #4) an object to hold from his clear tote bag to help keep him engaged in an activity. <p>Physical Aggression:</p> <ul style="list-style-type: none"> -When staff is not able to stop Name (individual #4) from physical aggressive behaviors they should follow the agency crisis plan. -Do not hug or pat his back to help calm him down. Do not stare or frown when he is engaging 	W 122	<p>Continued From page 37</p> <div style="border: 1px solid black; height: 500px; width: 100%;"></div>	5.30.19
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W 122	<p>Continued From page 38</p> <p>in target behavior. These actions tend to provoke hostile reaction from Name (Individual #4).</p> <p>remember redirection means ignore the use of disruptive behavior, refocus the person's attention on a preferred activity and reinforce the participation.</p> <p>Crisis Plan: Staff should follow Crisis Plan for Name (Individual #4), Holiday House of Portsmouth, Inc. uses the TOVA techniques for their individuals with behavior support plans.</p> <p>Below is a general crisis plan to be used as a guide. If after all attempts to understand what Name (Individual #4) is communicating has been unsuccessful or you cannot change the environment or address his needs, be prepared for Name (Individual #4) to possibly escalate in aggressive behavior. Understand that now, Name (Individual #4's) behavior is beyond his control.</p> <p>A. If he becomes aggressive or disruptive, clear the area of other individuals.</p> <p>B. If he becomes self injurious, clear the area of objects that may cause him injury.</p> <p>C. If you can leave the area and still monitor Name (Individual #4) safely then do so.</p> <p>D. When communicating with Name (Individual #4) , make sure that you are not using a tone of voice that indicates fear, uncertainty or anger. Name (Individual #4) needs to feel like you are in control of the situation. Remember being in control of the situation does not mean that you must control Name (Individual #4) it means you need to be in control of you and your emotions. DO NOT GET DIRECTIVE-STAY CALM.</p> <p>F. If you are unable to leave, then block any</p>	W 122		5.30.19
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W 122	<p>Continued From page 39</p> <p>attempts that Name (Individual #4) makes to be aggressive or self injurious.</p> <p>G. Call for back up and follow 911 protocols.</p> <p>The facility's Virginia Employment Commission Employer's Report of Separation and Wage for DSP #5 was reviewed and is documented in part, as follows:</p> <p>What date was the claimant first told of discharge or suspension? 11/13/17</p> <p>What reason was given to the claimant? Violation of Abuse to Individual Policy.</p> <p>What was the final incident that led to discharge/suspension? Abuse of an Individual.</p> <p>How was claimant informed of rule/policy? Training/received policy 3/6/17</p> <p>DSP #5 signed the facility Abuse of Individuals Policy revised 3/4/15 on 3/6/17.</p> <p>DSP #5's TOVA Certification was current with an expiration date of 3/3/18.</p> <p>DSP #5's Job Description signed on 5/1/17 was reviewed and is documented in part, as follows:</p> <p>Purpose: The position of Direct Support Professional I is under the direct supervision if the Residential Supervisor. The Direct Support Professional I provides active treatment and training to individuals with disabilities receiving services in a residential setting. Active treatment, training and support services are provided to reflect the identified target goals on the Individual Services Plans. Ay all times compliance with the Virginia Department of Behavioral Health and Developmental Services and the Office of Licensure and Recertification required.</p>	W 122	<p>Continued form page 39</p> <div style="border: 1px solid black; height: 500px; width: 100%;"></div>	5.30.19
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/29/2019
NAME OF PROVIDER OR SUPPLIER HOLIDAY HOUSE OF PORTSMOUTH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707		
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W 122	<p>Continued From page 40</p> <p>Major Duties and Responsibilities:</p> <ol style="list-style-type: none"> 1. Provide services and supports as identified in each individuals' Individualized Service Plan. 2. Interacts with all individuals and staff with appropriate voice tone, language, gestures and physical movements in accordance with Human Rights Policies and Procedures. 13. Ensure a healthy, clean and safe environment, and report any safety concerns to management immediately. 14. Provide behavior support services as identified on the Positive Behavior Support Plan. <p>Physical Demands: Some individuals may become physically aggressive and require the employee to physically redirect. This requires physical flexibility and endurance, emotional calmness and the ability to follow the individuals Crisis Plan, implementing the approved intervention techniques and adhering to policy.</p> <p>On 3/7/17 DSP #5 signed that he had received, read, and understood that he was to comply with the following facility policies while carrying out his responsibilities as an employee:</p> <ol style="list-style-type: none"> 1. Mandated Reporting 2. Human Right Training 4. Child Abuse and Neglect 7. Abuse of Individuals's Harm, Abuse, or Exploitation 8.. Abuse Reporting Policy 11. Examples of Child Abuse and Neglect 12. Causes of Child Abuse <p>DSP #5's Time Card indicated he provided 1:1 care to Individual #4 on 11/12/17 from 3:05 PM to 11:16 PM, indicating that individual remained in</p>	W 122	<p>Continued From page 40</p> <div style="border: 1px solid black; height: 500px; width: 100%;"></div>	5.30.19

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W 122	<p>Continued From page 41</p> <p>the care of his abuser for approximately 5 hours and 46 minutes after he was initially physically abused.</p> <p>The facility's Virginia Employment Commission Employer's Report of Separation and Wage for RS #4 was reviewed and is documented in part, as follows:</p> <p>What date was the claimant first told of discharge or suspension? 11/14/17 What reason was given to the claimant? Failed to provide oversight over staff What was the final incident that led to discharge/suspension? Failed to intervene in an abusive situation. How was claimant informed of rule/policy? Job Description 7/3/2017</p> <p>RS #4's signed Job Description was reviewed and is documented in part, as follows:</p> <p>Purpose: The position of Residential Supervisor is under the direct supervision of the Assistant Residential Manager. The Residential Supervisor is responsible for the provision of care and training of the individuals we support in a manner consistent with behavioral principles. The incumbent has twenty-four hour supervisory responsibilities for staff members and administrative responsibilities for the maintenance and upkeep of the physical plant.</p> <p>Major Duties and Responsibilities:</p> <p>Ensures the monitoring and documenting of program delivery according to the Holiday House of Portsmouth, Inc Policy and Procedures, Virginia Department of Behavioral Health and</p>	W 122	Continued From page 41	5.30.19

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W 122	<p>Continued From page 42</p> <p>Developmental Services, Licensure Guidelines, Medicaid Guidelines, and Department of Public Health Guidelines.</p> <p>Responsible for the management of the cottage in a manner which ensures individuals/staff safety.</p> <p>The Manage directly supervises the Direct Support Professional Staff, Implements and enforces facilities policies and procedures.</p> <p>Ability to supply behavior-modification techniques to assigned training areas.</p> <p>RS #4's TOVA Certification was current with an expiration date of 5/31/18.</p> <p>On 6/10/15 RS #4 signed that he had received, read, and understood that he was to comply with the following facility policies while carrying out his responsibilities as an employee:</p> <ol style="list-style-type: none"> 1. Mandated Reporting 2. Human Right Training 4. Child Abuse and Neglect 7. Abuse of Individuals's Harm, Abuse, or Exploitation 8.. Abuse Reporting Policy 11. Examples of Child Abuse and Neglect 12. Causes of Child Abuse <p>RS #4's Time Card indicated he Supervisory care to Individual #4 on 11/12/17 from 3:07 PM to 11:52 PM, indicating that Individual remained in the care of his abuser for approximately 6 hours and 22 minutes after he was initially physically abused.</p> <p>On 4/25/19 the Administrator was asked what training was provided after the abuse incident</p>	W 122	<p>Continued From page 42</p> <div style="border: 1px solid black; height: 500px; width: 100%;"></div>	5.30.19
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W 122	<p>Continued From page 43</p> <p>with Individual #4 on 11/12/17. The Administrator stated, "We went over TOVA training with our staff and went over Individual #4's new Safety Plan with the staff responsible for his care." The Administrator was asked if all staff were retrained on the Abuse and Neglect Policy and Mandated Reporting of Abuse and Neglect after the abuse incident with Individual #4. The Administrator stated, "No , we did not do training on abuse or neglect or mandated reporting in hindsight we should have."</p> <p>Individual #4's Notice of Individual Right and Grievances signed 4/18/17 was reviewed and is documented in part, as follows:</p> <p>Every individual deserves to be treated with consideration and respect. Every individual of the Holiday House shall:</p> <ol style="list-style-type: none"> 1. Retain legal rights as provided by State and Federal laws; 3. Be treated with dignity as a human being; Be free from abuse, neglect, and exploitation included but not limited to verbal, physical, sexual etc. You can tell a staff if you have been hurt so they can help you. 4. Be free from seclusion and restraint; 7. Be treated under the least restrictive conditions consistent with condition and not be subjected to unnecessary physical restraint and isolation. <p>The facility policy titled Abuse of Individuals revised 3/26/19 was reviewed and is documented in part, as follows: Policy: It is the policy of the Board to prohibit any form of abuse to individuals.</p>	W 122	<p>Continued From page 43</p> <div style="border: 1px solid black; height: 500px; width: 100%;"></div>	5.30.19
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W 122	<p>Continued From page 44</p> <p>Abuse, is defined as any negligent act by an employee or other person responsible for the care of an individual receiving services that was performed knowingly, recklessly, or intentionally. Abuse will cause or may have potential to cause physical or psychological harm, injury, or death to a person receiving care or treatment for mental retardation.</p> <p>All Holiday House personnel shall strictly adhere to the following directives, including part-time and consulting staff:</p> <ol style="list-style-type: none"> 1. Personnel shall, at all times, conduct themselves toward individuals in such a manner that such persons will be free from every form of physical and mental abuse, harassment, or unnecessary (and un-prescribed) restraint, and from any other acts which are demeaning in nature. 2. Examples of abuse for the purpose of this policy include, but are not limited to, the following: <ol style="list-style-type: none"> a. Physical Abuse: Any kind of physical intimidation or intrusion such as pushing, pulling, scratching, hitting, kicking, slapping, throwing things, torturing, burning with cigarettes, pulling hair, unauthorized holds, and cutting. <p>Procedure:</p> <ol style="list-style-type: none"> 2. Any employee who believes or witnesses that an individual has been harmed, abused or exploited by any program shall intervene to prevent further harm to the individual and report such activity immediately to their immediate supervisor (or to the Chief Administrative Officer, if not comfortable reporting to immediate supervisor); then the supervisor will report the incident to the Chief Administrative Officer. The 	W 122	<p>Continued From page 44</p>	

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W 122	<p>Continued From page 45</p> <p>immediate supervisor will start an initial investigation and submit statements and initial information immediately to the Chief Administrative Officer.</p> <p>4. Upon receipt of an allegation of abuse or neglect, the Chief Administrative Officer or his designee shall:</p> <p>a. Take steps to protect the safety and welfare of the individuals.</p> <p>c. The individual involved in the abuse will immediately be transported to the emergency room for medical evaluation and treatment as needed.</p> <p>f. Immediately contact the local law enforcement in all cases of suspected criminal activity.</p> <p>15. If at any time, the Chief Administrative Officer has reason to suspect that the abusive act is a crime, the CAO or his designee shall immediately contact the appropriate law enforcement authorities and cooperate fully with any investigations that result.</p> <p>The facility policy titled "Behavioral Support/Crisis Intervention Policy" prepared 1/1/13 was reviewed and is documented in part, as follows:</p> <p>It is the policy of Holiday House of Portsmouth to employ Therapeutic Options as a behavioral intervention technique.</p> <p>Therapeutic Options is implemented as a crisis intervention using physical interaction as needed to restrict or limit an individual's behavior/ The specific skills must maintain the normal range of motion for the individual (no hyperextension of joints) and minimize bruising, injury, or pain by specific design.</p>	W 122		

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W 122	<p>Continued From page 46</p> <p>The facility policy "Behavioral Intervention Policy" revised 4/4/19 was reviewed and is documented in part, as follows:</p> <p>Policy: It is the policy of Holiday House of Portsmouth, Inc. to develop a behavior intervention plan that provides guidelines for all employees when dealing with individuals who may exhibit verbal and/or physical aggression.</p> <p>* It ensures that all special interventions utilized will be consistent with applicable human rights regulations and emphasizes positive interventions and approaches.</p> <p>*It requires that all employees limit their interventions to the least restrictive and least intrusive intervention possible while ensuring that individuals are treated with dignity and respect at all times</p> <p>Definitions:</p> <p>"Abuse" (37.2-100 of the Code of Virginia) means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department that was performed or was failed to performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, mental retardation (intellectual disability), or substance abuse. Examples of abuse include acts such as:</p> <ol style="list-style-type: none"> 2. Assault and battery. 5. Use of excessive force when placing a person in a physical or mechanical restraint. 6. Use of physical or mechanical restraints on a 	W 122		
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W 122	<p>Continued From page 47</p> <p>person that is not in compliance with federal and state laws, regulations, and policies, professional standards of practice, or the person's individualized services plan.</p> <p>I. Use of Behavior Intervention: Holiday House of Portsmouth, Inc. will appropriately approach all verbal and physical aggression according to behavioral plans and according to the level of intensity. The following are ABSOLUTELY Prohibited Behavioral Intervention Techniques and Actions:</p> <p>PROHIBITED ACTIONS: *Corporal punishment will not be employed or permitted. *Degrading, treating harshly, abusing or humiliating persons served will not be permitted. *Excessive or inappropriate use of permitted behavior interventions.</p> <p>The facility policy titled "Electronic Monitoring and Recording " revised 3/29/13 was reviewed and is documented in part, as follows:</p> <p>V. General Procedures: A. Holiday House of Portsmouth is committed to enhancing the quality of life for its individuals by integrating available technology to increase security and safety. The facility's use of CCTV (closed circuit television) system in common areas is a critical component of its security and safety. The principle objectives of Holiday House of Portsmouth's use of a CCTV system include:</p> <ol style="list-style-type: none"> 1. Enhancing individual's safety. 2. Identifying and gathering of information. 3. Documenting actions to safeguard individuals. <p>J. Any untoward or questionable incidences</p>	W 122		

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W 122	<p>Continued From page 48</p> <p>regarding safety or quality of care discovered as a result of viewing a recording should be reported immediately to the Chief Administrative Officer and to the Virginia Department of Behavioral Health and Developmental Services and the Office of Human Rights.</p> <p>VI. Training, Operations, and Oversight Procedures:</p> <p>B. Operations Procedures:</p> <ol style="list-style-type: none"> 1. CCTV cameras will be monitored at various times by the Social Worker, Chief Administrative Officer and Designated Staff. 2. The Designated Staff shall be responsible for reviewing the monitor located in the Nursing Medical Office from 5:30 PM to 8:30 PM Monday through Friday; and on Saturday and Sunday, from 12 noon to 5 pm. 6. Personnel shall report any concerns observed during monitoring of the CCTV system to the Chief Administrative Officer. <p>C. Oversight Procedures:</p> <ol style="list-style-type: none"> 1. The Chief Administrative Officer is responsible for oversight and coordination of the use of CCTV system. 2. The Chief Administrative Officer has primary responsibility for ensuring adherence to this Policy and for distributing the Policy to persons requesting information on it. <p>On 4/26/19 at 10:30 A.M an interview was conducted with the Chief Administrative Officer. The Chief Administrative Officer was asked if who monitored the CCTV system. The Chief Administrative Officer stated, "I monitor the live video feed during the week and my social worker does as well. On the weekends the therapy staff and nursing the system from their departments." The Chief Administrative Officer was asked if this</p>	W 122		
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W 122	<p>Continued From page 49</p> <p>monitoring was being done should the abuse have been caught and reported at the time the abuse occurred with Individual #4 or at least been reviewed to see if any abuse occurred when the large groin/hip bruise was discovered. The Chief Administrative Officer stated, "Yes, I would have expected the staff who have access to have viewed the video and alerted me of their findings immediately."</p> <p>On 4/29/19 at 4:10 P.M. a pre-exit conference was held with the Chief Administrative Officer, the Social Worker and Medical Records where the above information was shared. The Chief Administrative Officer stated, "We are currently installing software so myself and the social worker will be able to view live camera feeds from our phones when we are not in the facility. This has been a valuable learning experience for us and we plan on making changes to ensure the safety of our individuals so this doesn't happen again.."</p> <p>2. The facility staff failed to ensure one Individual (Individual #2) in the survey sample of 4 (four) individuals was not subject to neglect.</p> <p>Individual #2 was admitted to the facility on March 20, 2018 for behavior consultation services for physical aggression, self-injury and property destruction. Diagnoses included autism spectrum disorder, attention deficit with hyperactivity disorder, conduct disorder, celiac disease, PICA and profound intellectual disability. This individuals behavior disorders include self-injury, biting, hitting his head, running away, property destruction. Individual #2 is non-verbal. He communicates mostly through crying, body/facial gestures and a few signs: more, eat, drink and finish.</p>	W 122		

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W 122	<p>Continued From page 50</p> <p>A Behavior Support Plan dated 4/20/18 Indicated the following:</p> <p>Quality of Life- A quality of life for Individual #2 would be for his medical and social needs to be met in a safe environment and doing the activities he likes.</p> <p>What Works (Strength's) Individual #2 is friendly to people he knows.</p> <p>What Does not work (Antecedents or Triggers). New environment, changes and transitions Being hit or scratched by others Using to too many words talking with him Early warning signs for Individual #2 -trying to escape attention: Crying Running away.</p> <p>An Abuse Allegation Report dated 1/17/19 indicated: "On Thursday January 17, 2019 at approximately 5:00 P.M. an overhead all page was made. The announcement stated that "all residential supervisors are needed in the front yard." The announcement was made twice by the secretary. Once outside it was brought to the attention (sic) that the she observed one of the individuals left out of the facility gate and ran. She also stated that she saw him leaving out of the gate and messing with a staff person's vehicle. Also, outside the gate was Director of Nursing, Chief Administrative Officer and the Human Resource Clerk. At this time, Residential Supervisors found out that Individual #2 had ran off the facility grounds. Staff went in different directions on and off grounds to try and locate Individual #2. Eventually (Direct Support Professional #1 DB) found him across the street. Individual #2 had crossed over a street and was</p>	W 122		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/29/2019
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NAME OF PROVIDER OR SUPPLIER HOLIDAY HOUSE OF PORTSMOUTH INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707
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W 122	<p>Continued From page 51</p> <p>coming up hill behind some brick apartments. (DSP #1) stated, that he was coming up out of the pond behind the apartments. She stated, that Individual #2 was covered with mud and his clothes were soaked, she ran up to him and carried him across the street back to facility. She brought him back to the cottage. Undressed him in the bathroom and started drying him off and cleaning his face. A nurse staff along with a residential staff supported him with checking his body. Staff also stated that mud was in his mouth. He was taken to the room to warm up with a cover.</p> <p>Staff (SH), Licence Practical Nurse, reported as documented on her witness statement that the received Individual #2 from (DSP #2-VB) so she can complete an accident and incident report that was due for another area that she saw on the individual after school. She reported that Individual #2 went into nursing. LPN (SH) reported that while Individual #2 was in nursing he was very busy touching everything. I opened to the door (sic) adjacent to the living room and let him out of the nursing office. Several DSP's were present waiting for dinner to arrive. She proceeded to continue to work inside of the nursing office. She reported moments later she was asked to assess another individual. She wrote she asked her to take him to his room so he can lay down. She then heard the announcement that all supervisors need to come to the front yard. She then heard the individual was found after the elopement was over she noticed someone went out the door but the door alarm didn't sound off. So I opened and shut it again. No alarm sound, Assistant Residential Manager (KL) reached out to Maintenance officer and was instructed how to turn the door alarms</p>	W 122		
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W 122	<p>Continued From page 52</p> <p>back on. She reported she then continued her med pass and Assistant Residential Manager continued to proceed to another area of the building.</p> <p>DSP #2 stated that staff was called to complete the incident report by nursing. Nursing staff took Individual in the office with her. She stated the nurse said "its ok I got him" so staff were to be in Cottage I kitchen to complete the necessary accident and incident report from earlier that day. She reported she then heard the overhead page for all managers to report to the front of the building. She stated she then was told that Individual #2 was observed across the street behind the apartments in front of the church. he was recovered soaking wet from head to toe with mud in his mouth.</p> <p>Assistant Residential Manager spoke to LPN #1 during an investigative interview on 1/17/19 she stated that she did tell (DSP #2) that she would watch Individual #2. The nurse stated that while Individual #2 was in the nurse's office he was rather busy and she took him back to the cottage one living room. The nurse stated she returned him to the living room but did not support him back to DSP #1 nor any staff in particular. The nurse did not stated (sic) that there was a living room full of staff but she did not support him to a particular staff person. A written statement was provided and she had given it to the Director of Nursing. DSP #3 (SW) reported that Individual #2 was in the living room then went into the nursing office with nursing staff and she didn't see him after that.</p> <p>DSP #1 (DB) reported that Individual #1 was coming out of the pond across the street up the</p>	W 122		

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W 122	<p>Continued From page 53</p> <p>hill. Individual #1 was observed covered with mud on clothes soaked. she ran up to him and carried him off and cleaning his face and body removing the dirt out of his mouth. He was then taken to the 3 day room to warm up with a cover.</p> <p>Director of Nursing documented a written statement reporting that "she was in her car ready to depart from the staff parking lot when she noticed Individual #2 laughing and running in the parking lot. Before I could get out of my car he took off running towards the back of the parking lot. I drove my care around to the side of the church that faces (sic) in the direction he was running and parked her car. She stated that she did not see him. She stated that the receptionist and CAO was in the parking lot. CAO was coming towards her and asked has she seen Individual #2. She stated she called the facility to see if the had returned back to the building. DSP #2 (VB) said "yes" she said both are in the building. She told CAO what the staff said and CAO then instructed her to check the building. As she approached the building, it was reported that he was not in the building. DSP #2 (VB) and another DSP reported that information to her. She then was informed that Individual #2 was not in the building. DSP #2 and another DSP reported that information to her. She then was informed that Individual #2 was found.</p> <p>On January 18, 2019 facility Social Worker reviewed the facility's video camera while conducting the investigation it was observed on the camera that nurse (LPN #1) had Individual #2 in the nursing office with her. She was observed to walk him out of the nursing office and leave him in the hallway as she walked back into the nursing office. There were DSP's in the living room area working with other individuals and did</p>	W 122		

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W 122	<p>Continued From page 54</p> <p>not know that Individual #2 was back in the area. The DSP's in the area statements are documented above. As soon as the nurse LPN #1 turned her back Individual #2 closed the door to the nursing office and sprinted out the door leading to the porch. There is a door chime on the door he exited; however it was later discovered during the investigation that the door chime didn't sound off. The investigation revealed that the doors chimes were turned off earlier in the day when the floors were being cleaned and waxed.</p> <p>Individual #2 then ran towards the latched gate and was small enough to exit the gate without taking the latch off. He was seen by the front desk receptionist exiting the premises.</p> <p>The following safeguards and recommendations will be put into place after conclusion of this investigation. Project Lifesaver is being pursued due to his elopement and running away behavior. The Maintenance Supervisor will tighten the gate to prevent individual's small in stature (sic) being able to fit through the gate while latched. Chief Administrative Officer had a meeting with staff about monitoring of individuals. Meeting was held on 1/22/19. Door chime policy was revised to include procedure of turning on chimes when they are turned on (sic). "</p> <p>"Injuries: Individual injured? No Description of Medical Treatment provided & findings: Individual #2 was assessed by nursing; no new areas noted to upper arm and left lower leg small scratch to nose. No treatment was required at this time. Investigation: Reason for Corrective Action: Environmental/physical plant issue</p>	W 122		

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W 122	<p>Continued From page 55</p> <p>Corrective Action taken: Supervisory/Administrative staff change/action"</p> <p>"A Physician's Encounter Summary dated 1/18/19 at 9:42 A.M. indicated: " Patient Demographics Individual #2 Visit Information: 01/18/2019 @ 09:42 AM Chief Complaint: Vomiting History of Present Illness: Fever: None; Onset: Yesterday; Duration: Acute; Severity: Mild; Quality; Unchanged Exposure to ill contacts: suite mates at facility got into mud yesterday and ate a little then vomited once, no other symptoms and seems improved today. ROS Findings: Constitutional: Reports fatigue, malaise, loss of appetite, Respiratory: Reports daytime cough Gastrointestinal: Reports vomiting, decreased appetite, Vital Signs: Temp-97.9 F @09:43 Weight:69 lb /31.30 kg (51%ile) Height 54.0 in /137.2 cm (48%ile) BMI 16.6 (52%ile) Exam Findings: Assessment: Vomiting due to viral illness without dehydration Plan: Treat symptoms as needed Clear fluids, no food until vomiting has stopped for 6 hours, then advance slowly. Review signs of dehydration Discussed abdominal cramping and that diarrhea may develop later."</p> <p>A Missing Resident Policy was reviewed: The Missing Resident Policy indicated: "A Code "Black" = MISSING 2. All available staff must thoroughly search the ENTIRE Campus; ensure to look in small</p>	W 122		
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W 122	<p>Continued From page 56</p> <p>enclosed spaces and places that interest the individual. (Such as, vehicles, small and large appliances, etc.)</p> <p>3. Time is a vital factor in a safe recovery; if attempts of locating the individual continue to be unsuccessful, immediately call your local law enforcement agency (911). Provide law enforcement with the individual's name, photo, DOB (date of birth), height, weight, and description of clothing last seen wearing; last time seen, diagnosis of the individual, and any other unique identifying information. Request law enforcement authorities to immediately enter the individual's name and identifying information into the FBI National Crime Information Center Missing Person File.</p> <p>4. If search is unsuccessful; ALL available staff must search surrounding areas and neighborhoods; pay close attention to roadways, nearby highways, parks, lakes, pools, vehicles, inside large appliances etc.</p> <p>5. The Residential Supervisor shall coordinate "SEARCH TEAM" with available facility staff to continue the search to include knocking on neighborhood doors (door to door). If the child is found; have them assessed by facility Nursing Department as soon as possible.</p> <p>6. The Residential Supervisor shall notify the Chief Administrative Officer immediately of the situation whether the individual was found or continues to remain "Missing".</p> <p>During an interview on 4/24/19 at 3:30 P.M. with the Chief Administrative Officer (CFO) he was asked, if the facility staff announced a "CODE BLACK" according to the facility's policy for organizing a Missing person search. The CFO stated, "No" a Code Black was not announced.</p>	W 122		

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W 122	<p>Continued From page 57</p> <p>During the survey, observations were made of the area in which Individual #2 eloped. The street in which Individual #2 crossed was observed to be a heavily traveled thru fare and during the hours of 4:00 P.M. until 6:00 P.M. the street was observed to have increased traffic as the public returned to various neighborhoods from their daily commute to work. The Pond as listed in the written reports was observed to be a creek which flowed into a major river approximately a half mile from the location of the where individual #2 was found. The water level in the creek was noted to reach a depth of four to five feet during high tide.</p> <p>A review of a Behavior Support Plan dated 4/20/18 indicated: "Target Behaviors - escape supervision- Recommendations and guidelines for Individual #2- Visuals-Individual #2 does best with a concrete schedule, knowing what actives are planned for the day and his expectations. The schedule/calendar should be clear with simple words indicating the activities for the day. Individual #2 should have a set posted daily schedule that includes times for activities, bathing, grooming and general hygiene. By having a set schedule staff should be able to point to the schedule and Individual #2 it is time for_____, instead of asking or prompting him several times a day to do_____. Once the request has been made staff should only state it once. Individual #2 can help make his schedule with Velcro pictures. By lettering Individual #2 be an active participant in the process he is more likely to follow the routine."</p> <p>An Individualized Service Plan dated 4/20/18 indicated: Behavior support: Individual #2 is being</p>	W 122		

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W 122	<p>Continued From page 58</p> <p>monitored for the following behaviors: SIB (self injuries behaviors), PICA, physical aggression, disruptive behavior, property destruction and leaving the area of supervision. Staff will continue to monitor under one to one supervision level 1 due to escaping behavior and PICA."</p> <p>B. The facility staff failed to ensure Individual #2 not elope.</p> <p>A Corrective Action Plan/Investigation dated January 22, 2019 of the January 17, 2019 elopement of Individual #2 indicated the following: "Investigative Findings/Conclusion: This investigation revealed evidence of neglect as evidenced by the following information gathered during the investigation. The following safeguards and recommendations will be put into place after conclusion of this investigation. Project Lifesaver is being pursued due to his elopement and running away behavior. The Maintenance Supervisor will tighten the gate to prevent individual's small in stature (sic) being able to fit through the gate while latched. Gate requires more time to unlock and Individual #2 cannot fit through the gate to elope. Chief Administrative Officer had a meeting with staff about monitoring of individuals. Meeting was held on 1/22/19. Door chime policy was revised to include procedure to turning on chimes when they are turned on (sic). Individual was placed on 1:1 supervision Level 1 staff should not be farther than an arm's length from him. Child Protective Services was called. The nurse who left him in an open area without letting staff know has been taken off schedule</p>	W 122		
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W 122	<p>Continued From page 59 and will not be sent to facility to work as the nurse was an agency nurse."</p> <p>A One to One Supervision with Individuals Policy indicated: " Policy- The facility will ensure the safety of individuals requiring One to One (1:1) supervision at all times. One to One supervision will be implemented for behavioral or medical reasons per recommendations by the Interdisciplinary Team or individual's physician. One to one supervision can also be implemented for any individual determined to have disruptive behaviors such as running away from the immediate area of supervision, or escaping supervision.</p> <p>One to one supervision is defined as the facility's staff whose daily responsibility is to manage, supervise and provide direct support to one individual. The assigned staff is responsible for implementing the individual's behavioral support plan or plan of care from the individual's physician. The 1:1 staff is also responsible for implementation of scheduled activities.</p> <p>The staff providing the 1:1 supervision must be visually focused (individual must be within eyesight of staff at all times) and be within arm's length of the individual. If the individual cannot tolerate being within arm's length of the supervising staff, the staff will remain in the proximity of social space as defined by the Mandt system. Social space is defined as four (4) to twelve (12) feet away from the individual.</p> <p>Procedures for behavioral 1:1 supervision: 2. The facility staff will provide 1:1 supervision daily (24 hours) in all areas of programs and services to individuals requiring this method of</p>	W 122		

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W 122	<p>Continued From page 60 supervision.</p> <p>3. The facility staff providing 1:1 supervision may not leave the individual with another staff at any time, unless authorized by Cottage Manager</p> <p>4. The facility staff providing 1:1 supervision may not ask or appoint another staff person to take their place when working with an individual; the Cottage Manager on duty will ensure that the individual is assigned to the appropriate staff person.</p> <p>6. The Cottage Manager on duty will ensure through hourly round checks that the staff providing 1:1 is visually focused, and within arm's length of the individual.</p> <p>7. Facility staff providing 1:1 supervision will only work with the individual for a maximum of two (2) hours. The Cottage manager on duty will designate the appropriate staff to work with individual every two (2) hours."</p> <p>An Accident and Incident Report dated 1/30/19 indicated: Date Occurred: 1/30/19. Time Occurred: approximately 6:00 PM. Describe any injuries: No injury Account of what Happened: It was reported by staff that Individual #2 ran out of Cottage one living area and he was found on grounds on the swing set. Condition of person involved: Head to toe body assessment was done. No new areas noted. Skin intact, no tenderness, no swelling. Activity with in limits, no sign of pain/discomfort. mood. Vital signs taken- none. Was Individualized Support Plan Modified: NO Name of Parent/Guardian/Authorized Representative notified: Mother - Time Notified: Approximate 6:50 PM. Summary of response from Parent/Guardian / Authorized Representative: 'Mother made aware.</p>	W 122		
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W 122	<p>Continued From page 61</p> <p>And she also, stated that she was not surprised to hear this because he did a lot of eloping at home.'</p> <p>Summary of corrective action taken: No Tx needed monitoring continued."</p> <p>An Initial Investigative Report indicated: "Individual Name-Individual #2, Date of Incident 1/30/19. Time of Incident approximately 6:00 PM; No injuries. Location: Cottage One (right wing). Type of Incident: Elopement. Description of Incident: Individual #2 was in cottage one living area walking inside the living room. Cause of Incident: Individual #2 eloped form cottage one living area to the swing set on grounds near cottage two.</p> <p>On Wednesday, January 30, 2019 at approximately 6:00 PM staff asked Residential Supervisor if Individual #2 was with him. Residential Supervisor informed staff no, and staff then stated that Individual #2 has ran out of the building through kitchen door, staff immediately ran outside to if they could find Individual #2. Shortly after Individual #2 was found on the swing set outside hear Cottage Two side of the building. Nursing staff assessed him and no new areas were observed. Witness statement attached to report to provide support for this report.</p> <p>Also, prior to realizing that Individual #2 was not inside the building, the staff person assigned to Individual #2 asked Residential Supervisor if he could watch Individual #2 while she uses the restroom. Supervisor watched Individual #2, when staff returned she asked why the door was open in the kitchen?</p>	W 122			

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W 122	<p>Continued From page 62</p> <p>Corrective Actions Taken: Recommend that ensure that communication occurs when a supporting an individual to another staff person." A Nursing Department Notification to the physician indicated: " Date 1/30/19; Attention: physician; From: facility nursing department; Reason: Individual #2.</p> <p>Comments: Individual #2 ran out of the building w/o (with out) shoes on feet and coat/jacket. head to toe focal assessment completed. no findings noted. Activity (wnl), no s/s (signs/symptoms) of pain/discomfort. laughing and running around. Monitoring continue."</p> <p>A Witness Statement Form dated 1/30/19 indicated: " Location of the Accident Cottage #2: Individual's Name Individual #2: Statement of Facts: I kept hearing the door chime going off and looked around to noticed Individual #2 was no longer in the room and the staff that I last seen him with walked out around the same time of the the door chimers continuously going off. I jumped up and yelled where is Individual #2 because the doors been going off for a while (5-7 minutes). In the mix of jumping up yelling 'where was he and which door is that' . Another staff started yelling 'why is this back door open' times 3, and from there I just took off running outside cottage #1 front door towards the swing on the cottage #2 side where I found Individual #2 on the swing playing with his string swinging."</p> <p>A Behavior Support Plan Addendum dated January 24, 2019 Indicated: Target Behavior: Elopement Rational: Individual #2 has a history of running away from staff and leaving grounds of facility. This behavior support plan addendum will address appropriate prevention and responses in</p>	W 122		

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W 122	<p>Continued From page 63</p> <p>the event he elopes from the supervised area. The following strategies will be implemented when supporting Individual #2 while on grounds and out in the community with designated staff:</p> <ol style="list-style-type: none"> 1. Residential Supervisors and/or Managers will designate the appropriate staff to work with Individual #2 during waking hours. The assigned staff will follow the guidelines of One to One Supervision (LEVEL ONE), which means the assigned staff will be visually focused on him (individual must be with in eyesight of staff at all times), the staff person will be within one arms's length of Individual #2, this person will implement his schedule of activities for the day, the assigned staff will rotate every 2 hours with another designated staff person, the one to one staff will be responsible for implementing his behavior support plan and document every 2 hours regarding engagement activities with Individual #2. 2. The designated staff person cannot leave the area where he/she is working with Individual without notifying the Supervisor on duty, i.e. restroom break. lunch break, etc. 3. The assigned staff person will encourage Individual #2 to hold their hand while out in the community. If he is resistant staff must be within arm's length of Individual #2 at all times. 4. If Individual #2 runs out the exit door (on grounds) the assigned staff person will immediately follow him and at the same time verbally say to another staff in the vicinity to call an ALL Page CODE: GREEN (code for: elopement), the person making the All page will announce Individual #2's initials, the location he is leaving and possible direction Individual #2 is going towards. All available staff person will come to the area stated for support. 5. Once located the assigned staff person will 	W 122		

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W 122	<p>Continued From page 64</p> <p>escort him back to the safe area.</p> <p>6. If any injuries should occur during elopement an accident and incident report will be completed and Individual #2 will be assessed by nursing staff. Parents will be notified.</p> <p>7. When Individual #2 is out in the community the assigned staff person must have access to a cell phone.</p> <p>8. If Individual runs away from the assigned staff person out in the community and not within eyesight then staff must call 911.</p> <p>9. The designed staff person will instruct another staff person to call supervisor at facility to inform of the situation and get further instructions.</p> <p>10. The Supervisor will contact the Residential Manager, Chief Administrative Officer, Social Worker, Nursing department to inform of the situation and get further instructions.</p> <p>11. Once Individual #2 is found and returned to facility a designed staff person will take him to nursing department to be assessed. An accident/incident report will be written if an injury occurred. If an injury occurred he will be provided treatment and monitored closely by staff. Parents will be notified.</p> <p>12. Failure to implement these procedures could result in disciplinary actions. Signed and dated 1/24/19 by the Support Coordinator /QIDP (Qualified Intellectual Disability Professional) and Chief Administrative Officer."</p> <p>During an interview on 4/25/19 at 10:30 AM with the designated QIDP for Individual #2 if his behavior Support Plan had been implemented to prevent elopements. The QIDP stated, "No." The QIDP was asked if Individual #2 had been assessed by the facility for elopement during his initial admissions and the QIDP stated, "No."</p>	W 122		

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W 122	<p>Continued From page 65</p> <p>During an interview on 4/26/19 at 12:40 P.M. with the Chief Administrative Officer, he was asked had all staff been trained on Individual #2's Individualized Program Plan and he stated, "No."</p> <p>During an interview on 4/23/19 at 3:15 P.M. with the Maintenance Director he was asked how did Individual #2 manage to get out of the locked gate. The Maintenance Director stated, the gate had a chain on it and when you pulled the chain it allowed the gate to partially open. When the gate partially opened, Individual #2 was able to squeeze through the opening and get out. The Maintenance Director was asked, why the door chimes did not alarm, he stated, The floors were being waxed and the doors were opened to help the floor dry and clear the air of the wax fumes. If the door was allowed to stay open with the chimes activated, the door would continue to chime.</p> <p>An Initial Investigative Report indicated: "Individual Name- Individual #2, Date of Incident 1/30/19. Time of Incident approximately 6:00 PM; No injuries. Location: Cottage One (right wing). Type of Incident: Elopement. Description of Incident: Individual #2 was in cottage one living area walking inside the living room. Cause of Incident: Individual #2 eloped form cottage one living area to the swing set on grounds near cottage two.</p> <p>On Wednesday, January 30, 2019 at approximately 6:00 PM staff asked Residential Supervisor if Individual #2 was with him. Residential Supervisor informed staff no, and staff then stated that Individual #2 has ran out of the building through kitchen door, staff</p>	W 122		

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W 122	Continued From page 66 immediately ran outside to if they could find Individual #2. Shortly after Individual #2 was found on the swing set outside hear Cottage Two side of the building. Nursing staff assessed him and no new areas were observed. Witness statement attached to report to provide support for this report. Also, prior to realizing that Individual #2 was not inside the building, the staff person assigned to Individual #2 asked Residential Supervisor if he could watch Individual #2 while she uses the restroom. Supervisor watched Individual #2, when staff returned she asked why the door was open in the kitchen?				
W 127	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(5) The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment. This STANDARD is not met as evidenced by: Based on a complaint investigation, medical record review, facility document review and staff interviews the facility staff failed to ensure 2 of 4 individuals in the survey sample were free from abuse and neglect, Individual #2 and Individual #4. 1. The facility staff failed to ensure that Individual #4 was free from abuse on 11/12/17. 2. The facility staff failed to ensure one Individual (Individual #2) in the survey sample of 4 (four) individuals was not subject to neglect.	W 127	W127: PROTECTION OF CLIENT RIGHTS-Failed to ensure that Individual #4 was free from abuse. 1.Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice Individual #4 was discharged from Holiday House of Portsmouth, Inc. on 11/27/2017. 2.Address how the facility will identify other residents having the potential to be affected by the same deficient practice: Holiday House of Portsmouth Chief Administrative Officer has designated the facility Social Worker to train all staff on Mandatory Reporting, Abuse, Neglect, and Mistreatment policies at the time of initial orientation, at the monthly all staff meetings, annually, and upon significant incidents that require additional training in the areas of abuse and neglect. Upon admission to Holiday House of Portsmouth the facility Social Worker will notify the individual of their human right to be free from abuse, neglect mistreatment while residing at the facility. Evidence of notification will be located in the Individual's medical records chart. The facility will revise the Initial Investigative Report section of the Accident and Incident Report to be completed by the residential supervisor and nurse on duty. The initial investigative report will include, but not limited to the location of injury, type of injury, description of shape and size, how the injury occurred and medical treatment provided. If injuries are inconsistent with the description of how the injury occurred the CAO, SW and DON will be notified immediately. The residential supervisor and nurse on duty will conduct a full body check for signs of abuse on the current individuals by		

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W 127	<p>Continued From page 67</p> <p>The findings included:</p> <p>Individual #4 was a 15 year old admitted to the facility on 8/18/16 with diagnoses to include but not limited to *Profound Intellectual Disability, *Autism and Unspecified Behavior and Emotional Disorders and *Optic Nerve Hypoplasia (right eye legally blind). Based on Individual #4's Annual Nursing Summary dated 9/11/17 he weighed 111 pounds and was 63 3/4 inches tall. Individual #4's Annual Nursing Summary dated 9/11/17 also stated that he was 1:1 supervision and is monitored very closely by Holiday House staff to ensure that he is in a safe environment. Individual #4's Annual Evaluation dated 8/14/17 was reviewed and the a Slosson Intelligence Test completed 4/15/16 revealed a mental age of 23 months and an intelligence quotient of 14.</p> <p>Individual #4's Monthly Programming Progress Notes for October 2017 were reviewed and are documented in part, as follows:</p> <p>Progress Note: Name (Individual #4) made stable progress with the support of the direct support professional staff. He continues to require one to one supervision procedures with 2 staff for safety and behavioral issues.</p> <p>On 4/23/19 during the initial entrance conference with the Administrator the question was asked if there were any active abuse investigations with any individuals. The Administrator stated, "No" and left the room. Approximately 15 minutes later the Administrator re-entered the conference room and stated. "After discussing with my staff I want to let you know that we are in an active law suit regarding a case of abuse with an individual</p>	W 127	<p>Continued From page 67</p> <p>completing a body check form from the revised Accident and Incident Report. Display of Human Rights posters will also be in the individual's bedroom. All Staff will be re-trained in the areas of Human Rights for all individuals in the All Staff Meeting on 5/22/2019. This training will focus on rights of all individuals and the facility's obligation to ensure that individuals are not subjected to neglect, physical, verbal, sexual, or psychological abuse or punishment. Evidence of compliance will be by signatures of a facility training log. Completion Date: June 7, 2019</p> <p>3. <u>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;</u></p> <p>Holiday House of Portsmouth has implemented a Mandated Reporter Policy created on 5/6/2019. The policy indicates that all Holiday House of Portsmouth staff report any suspected cases of child abuse/neglect in accordance with the Code of Virginia and Holiday House of Portsmouth established child abuse reporting procedures. This policy emphasizes ALL staff in their professional or official capacity while employed at Holiday House Mandated reporters includes but is not limited to the following: Any person licensed to practice medicine or any of the healing arts; any professional staff person employed by a private or state operated facility, institution or facility where personals have been placed for care and treatment. Any person employed as a social worker Any probation officer, Any teacher or other person employed in a public or private school, kindergarten or nursery school ,Any mental health professional Any person employed to take care of children, Law Enforcement Officers, Any person employed by or contracted with the facility and working with the</p>	
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W 127	<p>Continued From page 68</p> <p>(Individual #4). On 11/12/17 the individual was physically abused/assaulted by one of our direct support staff and it also involved our residential supervisor. After reviewing the video footage of the incident we have terminated both employees." The Administrator was asked to allow the survey team to view the incident footage and to bring all facility documents regarding the investigation of the abuse incident for Individual #4.</p> <p>The video footage dated 11/12/17 involving Individual #4 was reviewed by the survey team. The video footage lasted over 2 minutes. In the video Individual #4 was observed crawling/being pushed out of the bathroom on his hands and knees from the gymnasium bathroom followed by 2 adult males. One male was observed kicking forcefully (more than 4 times), dragging and twisting the individuals body by one leg and lying with his whole body on top of individual #4 during the footage of the video. At one point in the video you can only see Individual's arm waving for help. The second male staff member was observed sitting on Individual #4's head and shoulder area while the other staff member was lying on top of him. The second staff member was also observed walking around the gym with his back turned to Individual #4 while he was being physically abused by the other staff member. The only time in the 2 minutes of the video that Individual #4 was on his feet was when he broke free from the support staff and ran towards the exit door with the first staff member following him. The second staff member went back into the bathroom and collected a trash bag then exited the gym. The Administrator was asked who were the 2 staff members. The Administrator stated, "The staff member that was having the physical contact with the individual was his 1:1 Direct</p>	W 127	<p>Continued From page 68</p> <p>individuals in an administrative, supportive or direct care capacity. Any guardian or conservatory of an adult Any person providing full, intermittent or occasional care to a child/adult for compensation including, but not limited to homemaker, personal care workers, companion etc. Holiday House of Portsmouth, Inc. expects and enforces that all staff that has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect, or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect, that person shall IMMEDIATELY report or cause a report to be made. Mandated reporters employed at Holiday House of Portsmouth, Inc. play a crucial role in keeping the children safe. Anyone employed at Holiday House of Portsmouth, Inc. who is mandated to reported suspected child abuse or maltreatment-and fails to do so, could be charged with a Class A misdemeanor and subject to criminal penalties. Mandated reported can be sued in a civil court for monetary damages for any harm caused by the mandated reporter's failure to make a report. This new policy will be reviewed at the all staff meeting on 5/22/2019.</p> <p>Holiday House of Portsmouth CAO also revised the Abuse, Neglect and Mistreatment Policies. This policy indicates that: Holiday House of Portsmouth, Inc. ICF/IID prohibits any form of abuse, neglect, and mistreatment of the individuals. Abuse is defined as any negligent act by an employee or other person responsible for the care of an individual receiving services that was performed knowingly, recklessly, or intentionally. Abuse will cause or may have potential to cause physical or psychological harm, injury, or death to a person receiving care or treatment. Holiday House of Portsmouth will not permit individuals to be abused by anyone, including staff members, consultants, volunteers, and staff of other agencies providing service to the individual.</p> <p>Examples of abuse for the purpose of this policy include, but are not limited to, the following: Physical Abuse: Any kind of physical intimidation or</p>		

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W 127	<p>Continued From page 69</p> <p>Support Staff member and the second person was the Residential Supervisor.</p> <p>After watching the video and reviewing the Comprehensive Human Rights Information System (CHRIS) Abuse Allegation Report for Individual #4, Abuse #20170016 an interview was conducted with the Administrator. The Administrator was asked if there was any criminal activity in the video. The Administrator stated, "No, Name "Individual #4 was abused but we didn't feel there was criminal activity. However, the family did file charges against Name (DSP #5) after they viewed the video." The Administrator was asked if someone was repeatedly kicking him in his groin, dragging him by one of his limbs and applying his entire body weight on top of his body what would that be considered. The Administrator stated, "It's assault." The Administrator was asked if assault was a criminal charge and if Individual #4 was assaulted by the staff in the video. The Administrator stated, "Yes, assault is a a criminal charge and Individual #4 was assaulted by the staff. In hindsight we should have called the police and pressed charges."</p> <p>The Administrator and the Social Worker provided Court Records for DSP #5 which were reviewed and are documented in part, as follows:</p> <p>Arrest Date: 12/14/17 Charge: Abuse of Child, Serious Injury Charge Type: Class 4 Felony</p> <p>Arrest Date: 3/2/18 Offense Date: 11/12/17 Charge: Assault and Battery Charge Type: Misdemeanor</p>	W 127	<p>Continue From page 69</p> <p>physical intimidation or intrusion such as pushing, pulling, scratching, hitting, kicking, slapping, throwing things, torturing, burning with cigarettes, pulling hair, unauthorized holds, and cutting. Verbal Abuse: Abuse that is achieved primarily with words. Criticizing an individual, belittling, or making fun of someone. Sexual Abuse: Forced sex or sex that takes unfair advantage of an individual, fondling, or inappropriate touching. Emotional Abuse: Abusive behavior that uses emotions to intimidate the victim. Mistreatment can be defined for the purpose of this policy to include but not limited to: Failure to act/neglect that leads to or is in imminent danger of causing physical injury through negligent omission, treatment, or maltreatment of an individual, including but not limited to failure by staff to provide an individual with adequate food, clothing, shelter, medical care, supervision, or through condoning or permitting abuse of an individual by any other person. Verbal mistreatment: by subjecting the individual to the use of derogatory names, phrases, profanity, ridicule, harassment, coercion, or intimidation and threatening injury or withholding of services or supports, including implied or direct threat of termination of services. Restrictions on an individual's freedom of movement by seclusion in a locked room under any condition. Restriction to an area of the residence or restricting access to ordinarily accessible areas of the residence is not allowed, unless arranged for and agreed to on the Individual's' Support Plan. Use of Physical restraint: without a written physician's order, or as part of an Individual Support Plan, unless an individual's actions present an imminent danger to himself/herself or others, and only until appropriate action is taken by medical, emergency, or police personnel. Financial exploitation which may include, but is not limited to: unauthorized rate increases, staff borrowing from or loaning money to individuals, witnessing wills in which the caregiver is beneficiary, adding caregiver's name to individual's bank</p>	

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W 127	<p>Continued From page 70</p> <p>Arrest Date: 3/2/18 Offense Date: 11/12/17 Charge: Contributing to the Delinquency of a minor Charge Type: Misdemeanor</p> <p>Arrest Date: 3/2/18 Offense Date: 11/12/17 Charge: Child Abuse Charge Type: Felony</p> <p>The facility social worked provided a written description of the video dated 11/12/17 involving an altercation HHP (Holiday House Personnel) staff and Name (Individual #4) which was reviewed and documented in part, as follows:</p> <p>Name (Individual #4) was in a dark gymnasium. He was observed crawling on his hands and knees coming out of the bathroom with two male staff Names (Resident Supervisor (RS) #4 and Direct Support Personal (DSP) #5). He appeared to be in distress attempting to get away from the staff that were in the bathroom with him. Immediately exiting bathroom DSP #5 kicked him two times on his side. Name (Individual #4) was still lying on the gymnasium floor with the two male staff standing over him. Name (Individual #4) began sliding on the floor attempting to get away from the two male staff. DSP #5 then grabs Name (Individual #4) shirt while Name (Individual #4) was still lying on the gymnasium floor. Name (Individual #4) was resisting; DSP #5 pulled Name (Individual #4) by his left leg and dragged him across the gymnasium floor towards the door. DSP #5 grabbed Name (Individual #4's) legs causing him to flip over several times. DSP #5 is now sitting on Name (Individual #4's) side</p>	W 127	<p>Continue From page 70</p> <p>accounts, inappropriately expending individual's personal funds, and theft of an individual's personal funds. Neglect: To assist this facility in defining incidents of neglect; neglect is defined as any recent act or failure to act that results in death, serious physical or emotional harm. Examples of neglect for the purpose of this policy include: Abandonment Nutritional neglect (under-nourished); failure to provide food/hydration, inadequate hygiene (wearing soiled clothing) inadequate supervision (sleeping on the job), duration and frequency of unsupervised times. Exposure to hazardous materials Failure to protect by jeopardizing health and safety, any other form of reckless behavior with disregard for the individual's health and safety Failure to implement behavioral support plan procedures, as it relates to safety of the individual. All Holiday House employees are Mandated Reporters and all personnel shall strictly adhere to the following procedures: Any Staff, Individual, Authorized representative, consultant, legal guardian, local or regional advocate, or other interested person who believes that an individual has been harmed, abused, or exploited by any person shall immediately report such to the Chief Administrative Officer and/or their IMMEDIATE SUPERVISOR. It is the supervisor's responsibility to ensure that he alleged abuser is removed from providing any care to the individual immediately after the allegation is made. In the event the supervisor does not respond appropriately ANY staff may call 911 to ensure the individuals of the facility is safe. The Chief Administrative Officer, in no case, shall punish or retaliate against a volunteer, consultant, or student for reporting an allegation of abuse, neglect, or exploitation to an outside entity. Any employee who believes or witnesses that an individual has been harmed, abused or exploited, neglected or</p>		

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W 127	Continued From page 71 and RS #4 comes and sits on Name (Individual #4's) head. Both Staff are in this position approximately 13 seconds. Name (Individual #4) continues to remain on the floor. DSP #5 continues to pull at Name (Individual #4's) leg in efforts to get him out of the gymnasium. RS #4 is standing over Name (Individual #4) observing the physical grabbing done by DSP #5. DSP #5 continues to attempt to drag Name (Individual #4) by his leg. Name (Individual #4) is crawling on his legs and hands to get away from DSP #5. DSP #5 and RS #4 follow him while he is crawling away. DSP #5 grabs Name (Individual #4) around his midsection with both arms and tackles him to the gymnasium floor. RS #4 is walking around the gymnasium failing to intervene pacing the room. DSP #5 then lays on top of Name (Individual #4) while RS #4 paces around the gymnasium and looks away in another room. Name (Individual #4) continues to be on the floor in distress. DSP #5 is applying pressure to Name (Individual #4's) neck and shoulder area. DSP #5 stands up removing body weight from Name (Individual #4) but still stands over him with Name (Individual #4) in the middle of his legs. RS #4 continues to pace around the gymnasium. DSP #5 then swings his legs around Name (Individual #4) to let him loose. Name (Individual #4) begins crawling away on his hands and knees and DSP #5 starts to walk toward Name (Individual #4) again. RS #4 then enters the bathroom. DSP #5 grabs Name (Individual #4) by the neck area one more time. DSP #5 takes his jacket off and walks away from Name (Individual #4). Name (Individual #4) continues to roll around on the floor. After DSP #5 removes his jacket he kicked Name (Individual #4) twice again on his side. Name (Individual #4) rolls to his feet to stand up and begins running out of the gymnasium door.	W 127	Continue From page 71 mistreated by any person shall INTERVENE to prevent further harm to the individual and report such activity immediately to their immediate supervisor. The Immediate Supervisor must IMMEDIATELY suspend the employee who has been alleged to abuse, neglect, or mistreat the individual. The Immediate Supervisor will conduct an initial investigation and submit written statements, conduct interviews, and get as much initial information as possible. This information should be forwarded immediately to the Chief Administrative Officer/Social Worker. The investigator shall include dates, times of interviews and written statements etc. The Immediate Supervisor must ensure that the individual is assessed immediately by the Nurse on duty and the individual MUST be transported to the emergency room for further medical evaluation and treatment. The Immediate supervisor and the Nurse on duty must NOTIFY the Chief Administrative Officer, Director of Nursing, Social Worker as soon as possible. The Chief Administrative Officer will ensure the facility's Social Worker (Investigator) immediately investigate and report the alleged abuse, neglect, mistreatment in accordance with established state policies and procedures. The Social Worker is responsible for entering all allegations of abuse, neglect, mistreatment, complaints, and suspicious injuries of unknown origin in accordance with state laws and established procedures. The Social Worker will ensure that incidents are thoroughly investigated. Investigations will consist of monitoring the CCTV camera system, interviewing staff, interviewing the individual, etc. The Social Worker upon receipt of any allegation allegations of abuse, neglect, mistreatment, complaints, and suspicious injuries of unknown origin will conduct an investigation and will be entered into	

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W 127	<p>Continued From page 72</p> <p>DSP #5 follows him directly out of the door. RS #4 then leaves the bathroom carrying a bag of trash.</p> <p>Total Time of Incident: 2 minutes and 37 seconds.</p> <p>On 4/24/19 at approximately 1:40 PM the Social Worker was asked what she thought about the video involving Individual #4 and the facility staff members. The Social Worker stated, "Honestly it made me sick. I wanted to cry. I have a three year old and if anyone every did that to my child I would go crazy. He (Individual #4) should have never been abused like that, we have behavior support plans for all of our Individuals and they should be followed."</p> <p>Individual #4's Nurses Notes were reviewed and are documented in part, as follows:</p> <p>11/12/17 5:30 PM: Focal Assessment to left upper thigh near hip/groin area. Noted large bruised area. Nontender to touch. Activity WNL (within normal limits) without sign/symptoms pf pain/discomfort. Skin intact without swelling. No Tx. (treatment) needed, monitoring continues. PCP (patient care provider) notified. Residential Supervisor will notify parent.</p> <p>11/13/17 7:30 AM: After being showered observed a large bruise to left hip and groin area that was dark blue and green in color, nontender to touch, no signs or symptoms of pain/discomfort noted, no treatment needed</p> <p>On 4/24/19 at 3:30 PM an interview was conducted with LPN (Licensed Practical Nurse) #2 who performed the above focal assessment</p>	W 127	<p>Continue From page 72</p> <p>the CHRIS (Comprehensive Human Rights Information System) program within 24 hours of the initial report. The Social Worker will document times, dates, timelines, phone calls regarding the allegation of abuse, neglect, mistreatment investigative findings.</p> <p>Upon completion of the investigation as indicated in the Holiday House of Portsmouth, Inc. Abuse, Neglect, and Mistreatment Policies, the Social Worker will complete a final investigation into CHRIS (Comprehensive Human Rights Information System) within 5 working days (these days also include weekends and holidays). An employee's failure to report or cooperate with an abuse and/or neglect investigation may result in disciplinary action. Any action by an employee that compromises the integrity or outcome of a factual investigation may be cause for disciplinary action and/or immediate termination.</p> <p>Volunteers, contractors, contract employees, student interns and/or consultants who fail to comply with this departmental instruction may be terminated from employment/service.</p> <p>Upon receipt of an allegation of abuse, neglect, and/or mistreatment the protocol is identified as follows: Take steps to protect the safety and welfare of the individuals. Suspend the alleged abuser immediately. Ensure an assessment is completed by the nurse if allegations involve any type of Injury or claim that staff may have injured individual. The individual involved in the abuse will immediately be transported to the emergency room for medical evaluation and treatment as needed. Ensure that employees are reminded that they are to cooperate with the investigation, Ensure to investigate get written statements, be sure to document thoroughly</p> <p>Immediately contact the local law enforcement in all cases of suspected criminal activity.</p> <p>Notify the Chief Administrative Officer, Director of Nursing. Social Worker.</p>	

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W 127	<p>Continued From page 73</p> <p>on Individual #4 on 11/12/17 at 5:30 PM. LPN #2 was asked to describe what she saw when she assessed Individual #4 on 11/12/17. LPN #2 stated, "I was in the nursing office and I was called and asked if I could come over to assess Name (Individual #4's) bruise on his leg. I went over and walked up to the bathroom and said "Oh my God what happened to him?" They (RS #4 and DSP #5) said " We don't know". I said, "No one knows what happened?" I was so emotional, we (me and RS #4) did an incident report and called the mom. I told the mom what the area looked like." LPN #2 was asked to describe the area on Individual #4's hip/groin area. LPN #2 stated, "It was a dark purple with a red spot. It was about the size of a pineapple. It didn't need any treatment but I did notify the doctor by fax. LPN #2 was asked if she was a mandated reporter and if it ever occurred to her that Individual #4 may have been abused. LPN #2 stated, "Yes I am a mandated reporter but no it never occurred to me he was abused." LPN #2 was then asked if she reviewed the video footage from the monitor in the Nursing Office on 11/12/17 when the bruise of unknown injury was reported to her to see if there was any indications that Individual #4 was abused. LPN #2 stated, "No, I never checked the camera system that day."</p> <p>Individual #4's Interdisciplinary Progress Note date 11/12/17, timed 3 PM-7 PM written by DSP #5 were reviewed and is documented in part, as follows:</p> <p>Staff received Name (Individual #4) in living area. He was watching TV(television). Staff supported with toileting. Name (Individual #4) spent time with his parents. He played in the gym. Staff</p>	W 127	<p>Continue From page 73</p> <p>The Social Worker will initiate an impartial investigation within 24 hours of receiving a report of potential abuse or neglect. In the absence of the Social Worker the Chief Administrative Officer will appoint an employee who is not involved in the issues of the investigation to complete the investigation. The facility will use closed circuit cameras to assist with the investigation. In all cases, the Chief Administrative Officer will provide his written decision, including Actions taken as a result of the investigation within completion of the investigation to the individual, individual's parent/guardian. If the individual affected by the alleged abuse or his authorized representative is not satisfied with the Chief Administrative Officer's actions, he or his authorized representative or anyone acting on his behalf, may file a complaint and request for a Local Human Rights Committee (LHRC) hearing under 12VAC 35-115-180. In the event that the investigation is unfounded the facility will complete the following: The employee will be monitored by the supervisor or designee during a 3-month period. He or she shall be supervised closely while assigned to individuals. Daily documentation will occur. The Social Worker will review Holiday House of Portsmouth's Abuse, Neglect, and Mistreatment policies with the staff person. A certified TOVA Trainer will discuss with the staff person the TOVA philosophy and the TOVA technique as it relates to the incident. (If applicable) At the end of the 3-month period, the Director of Residential Services will review the documentation with the staff person. The supervisor will prepare a written report with recommendations to be submitted to the Chief Administrative Officer within ten days. All staff will be informed and review the Abuse of Individuals/Mistreatment/Neglect Policies at the time of orientation, monthly at all staff meetings, and annually in the month of February. Documentation of this review shall be on the orientation sheet and staff training log.</p>		

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W 127	<p>Continued From page 74</p> <p>supported with PM (afternoon) care. Name (Individual #4) received snack and dinner. He ate independently. He watched tv and played with toys until bedtime.</p> <p>The documentation regarding the bruise found on Individual #4's upper thigh and groin were faxed to the Attending Physician's Office on Sunday 11/12/17 at 18:52 (6:52) P.M. was reviewed and is documented in part, as follows:</p> <p>Large bruise to left upper thigh near hip/groin area. Nontender to touch. No swelling, activity WNL (within normal limits). No treatment needed. Monitoring continues.</p> <p>Individual #4's facility Accident Incident Report dated 11/12/17 at 5:33 P.M. completed by DSP #5 was reviewed and is documented in part, as follows:</p> <p>Where did the accident/incident take place? Staff observed in bathroom.</p> <p>Describe any injuries incurred: Staff observed bruise on left hip while supporting with nightly hygiene.</p> <p>Name of any witnesses: Name (RS #4).</p> <p>Staff person's account of what happened: Staff observed bruise while supporting with PM care.</p> <p>Condition of person involved: (Completed by Nurse, LPN #2); Focal assessment to left upper thigh, noted large bruise near hip/groin. skin intact, no swelling, no signs or symptoms of pain/discomfort, no tenderness, activity WNL.</p> <p>Physician notified: Name (Attending Physician) via fax, Time: 5:45 PM, By Whom: Name (LPN #2), Physician's instructions: none given at this time.</p> <p>Name of Parent/Guardian notified: Name</p>	W 127	<p>Continued From page 74</p> <p>This policy and procedure will be reviewed with each employee during the initial employment, monthly at all staff meetings, and annually in the month of February. This policy will be reviewed with all staff on 5/22/2019.</p> <p>The injuries of unknown origin protocol was created and states: It is the policy of Holiday House of Portsmouth that injuries of unknown origin be investigated and reported in accordance with state and federal procedures. Injuries of an unknown origin is defined as follows: The injury wasn't observed by anyone or can't be explained by the individual or staff. The injury is suspicious requiring additional medical evaluation due to the location (and in an area not usually vulnerable to trauma), extent of the injury, number of injuries that occur at the same time, or the number of injuries over time. (Hip, upper chest, back, head, neck (front and back), these body parts are listed as a guide but does not exclude other body parts) In the event of an unknown injury the following must take place: RESIDENTIAL DEPARTMENT PROTOCOL: INITIATE INVESTIGATION IMMEDIATELY. The Residential Supervisor must initiate an Accident/Incident Report and IMMEDIATELY begin the investigation into the injury of unknown origin. (Follow Accident/Incident Report Policy and Procedures). The initial investigation should explore the known cause or probable cause on the Incident Report. The Residential Department Supervisor must notify the Chief Administrative Officer, Social Worker, Director of Nursing IMMEDIATELY in the event there is <u>NOT</u> a probable cause or known cause of the injury. NURSING ASSESSMENT & PROTOCOL</p> <p>The nurse should be notified immediately upon observation of all injuries and complete the nursing assessment for the individual. This information should be documented on the Accident and Incident Report Form, and in the nursing notes. As licensed professionals the expectation from the Nurse on Duty is to identify injuries that are suspicious in areas that are NOT vulnerable to trauma. If the injury is</p>		

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W 127	<p>Continued From page 75 (Individual #4's mother), Time Notified: 5:47 P.M., By Whom: Name (RS #4). Summary of response from the Parent/Guardian: Parents were notified of how big the bruise was and said thanks. signed by RS #4.</p> <p>The facility Comprehensive Human Rights Information System (CHRIS) Abuse Allegation Report for Individual #4, Abuse #20170016 was reviewed and is documented in part, as follows:</p> <p>Alleged Abuse Date: 11/12/17 Individual Name: Name (Individual #4) Abuse Alleged: Physical, Seclusion/Restraint Abuse Occurred: Physical, Seclusion/Restraint Type of Restraint: Unnecessary use of seclusion and restraint.</p> <p>Description: Unknown large bruise noted to Name (Individual #4's) upper thigh near his hip groin area. Bruise was observed on November 12, 2017 Video surveillance was reviewed from 4pm-5:30pm it was observed that staff Name (DSP #5) used unnecessary use of restraint and inappropriate TOVA (Therapeutic Options of Virginia) techniques. They were observed coming out of the bathroom and Name (Individual #4) refused to leave the gymnasium area and staff attempted to get him to go to the cottage area. The more Name (Individual #4) refused the more physical staff was observed to get. The unnecessary use of physical techniques were pulling individual by the leg to get him into another room, kicked on the hip area one time, and pressing his body weight on the individual. Name (RS #4) was present and failed to intervene to prevent the unnecessary physical actions that staff were exhibiting. Information was recorded to provide to Child protective services.</p>	W 127	<p>Continued from page 75</p> <p>unexplained, the nurse shall IMMEDIATELY notify the Director of Nursing, Social Worker, Chief Administrative Officer. The Residential Supervisor and Nurse will continue to phone the family together. The Residential Supervisor will continue to notify the family of the incident, and the nurse will then provide the parents with information regarding the assessment and treatment given if any. The nurse will also notify the Individual's primary care physician of injuries and treatment given. The nurse will document this information in the individual's medical chart and on the nursing daily report sheet.</p> <p>If the employee has knowledge or reason to believe the injury involves abuse or neglect, the employee shall immediately report the event to the CAO in accordance with the Holiday House Abuse Prevention Policies and Procedures. The Director of Nursing/Nursing Department will ensure individuals receive the appropriate medical attention for all unexplained injuries. In cases of suspected criminal activity the CAO or designated staff involved must call local law enforcement. All staff will be trained on this protocol in the all staff meeting on 5/22/2019. Staff will be trained by the facility Social Worker on this protocol at initial orientation. Evidence of compliance will be on the facility's training log. The Chief Administrative Officer will have the CCTV Camera System placed on lap top as well as the facility Social Worker lap top so facility monitoring can be conducted on weekends as well. Live Video Monitoring is conducted by the CAO and/or designee during the weekdays. All Holiday House of Portsmouth, Inc will receive training in Therapeutic Options at the time of initial orientation and annually. Evidence of compliance will be located in the Staff Human Resource Record as well as facility training logs.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained;</p>	

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W 127	Continued From page 76 Injuries: Individual Injured?: Yes Type of Injury: Bruises Reporting: Date Allegation Made: 11/12/2017 Who Made Allegation: Name (RS #4) Who Reported To Director: Name (Individual #4's Father) Date Reported: 11/12/17 8:45 PM. Investigation: Investigation Begin Date: 11/14/17 Date Investigation Final Report: 11/14/17 Rationale: Failure to Follow Behavior/Management Plan, Failure to Follow Policy, Other. Other Rationale: Video surveillance camera confirmed physical and unnecessary use of force. Reason for Corrective Action: Unauthorized use of restraint techniques, Performance Issue-Substantiated. Corrective Action Taken: Reinforce policy and procedure, Increase supervision (change patterns of supervision), Appropriate staff action taken, Appropriate notification to Office of Licensing made. Policies: Suspected Criminal Activity: No Local Police Notification: blank State Police Notification: blank Abused Accused: Name: DSP #5 Actions Taken: Terminated Action Remark: Terminated due to using excessive physical force and using inappropriate TOVA techniques.	W 127	Continued From page 76 The Risk Management committee will review the training roster each month to ensure that all staff receive the training in areas of mandatory reporting, abuse, neglect, and mistreatment. The Nursing Department has implemented a policy and procedure for a Health Status Focal Assessment. This procedure consists of a nurse to do walking rounds on individuals every two hours. In these rounds, the nurse will observe the individual in their direct line of sight to ensure that the individuals are not having any signs or symptoms of illness or injury. If there is any signs or symptoms of illness the Residential Supervisor will be notified, a set of vital signs will be completed and the nurse will determine whether or not the individual will need to be seen by a physician. If there are any signs or symptoms of injury the nurse will notify the Residential Supervisor immediately and they will conduct a full body check using the revised Accident and Incident Report/Initial Investigative Report will include but not limited to the location of injury, type of injury description of shape and size, how the injury occurred and medical treatment provided. If injuries are inconsistent with the description of how the injury occurred, there is a cause for concern and the CAO, SW and DON will be notify immediately. The residential supervisor and nurse on duty will conduct a full body check on the current individuals using the revised initial investigative report. Completion Date: June 7, 2019 Staff failed to ensure individual #2 was not subject to neglect. <u>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:</u> Individual #2 was notified of his right to be free from abuse and neglect upon his admission to the facility on 3/20/2018, and on 3/1/2019. Evidence of such	5.22.19

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W 127	<p>Continued From page 77</p> <p>Name: RS #4 Actions Taken: Terminated Action Remark: Terminated due to failing to intervene while staff was using inappropriate excessive force to transition from one building to another.</p> <p>The facility letter sent to Individual #4's parents regarding Investigation into unknown bruise dated 11/15/17 was reviewed and is documented in part, as follows:</p> <p>This letter is to inform you that we have concluded the investigation regarding the large unknown bruise discovered on November 12, 2017. The surveillance camera was also reviewed.</p> <p>Investigative Findings/Conclusion: Founded; this video had evidence of abuse and neglect and violated Holiday House Abuse of Individuals Policy. The reviewing of the video surveillance disclosed the following:</p> <p>*During transition from the gym area to the residential area after leaving the restroom Name (Individual #4) was observed coming out of the bathroom with a male staff.</p> <p>*The Staff provided unnecessary physical support and did not use ANY appropriate TOVA interventions as trained by Holiday House of Portsmouth.</p> <p>*Evidence revealed male staff placing body weight on Name (Individual #4).</p> <p>*Evidence of a kick to Name (Individual #4's)</p>	W 127	<p>Continued From page 77</p> <p>notification is located in the individual's medical record. A project Lifesaver application was completed for Individual #2 due to his elopement and running away behavior. Project Lifesaver was put on 1/28/2019.</p> <p>The facility changed the way the fences were being locked and latched; and the electronic video gate training was developed to train staff on the proper way to lock and latch the gate.</p> <p>Door chime policy was revised to include procedure of turning on chimes when they are turned on. Child Protective Services was contacted by the facility Social Worker.</p> <p>Behavior Support Plan Addendum was developed and read as follows: /Elopement Plan on 1/24/2019. <i>Rationale:</i> Individual #2 has a history of running away from staff and leaving grounds of Holiday House of Portsmouth. This behavior support plan addendum will address appropriate prevention and responses in the event he elopes from the supervised area. The following strategies will be implemented when supporting Individual #2 while on grounds and out in the community with Holiday House of Portsmouth designated staff: Holiday House of Portsmouth Residential Supervisors and/or Managers will designate the appropriate staff to work with Individual #2 during waking hours. The assigned staff will follow the guidelines of One to One Supervision (Level one), which means the assigned staff will be visually focused on him, (individual must be within eyesight of staff at all times), the staff person will be within one arm's length of Individual #2, this person will implement his schedule of activities for the day, the assigned staff will rotate every 2 hours with another designated staff person, the one to one staff will be responsible for implementing his behavior support plan and document every 2 hours regarding engagement activities with Individual #2. The designated staff person cannot leave the area where he/she is working with Individual #2 without notifying the Supervisor on duty, i.e. restroom break,</p>	5.31.19

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W 127	<p>Continued From page 78 hip/groin area.</p> <p>*Residential Supervisor was present and failed to intervene which was a violation of Holiday House Policy.</p> <p>*Termination of employee #1 for violation of Holiday House Policy.</p> <p>*Termination of employee #2 for failing to intervene and providing oversight to prevent abuse/neglect.</p> <p>*Behavior episodes from this point on must be reported to the CAO (Chief Administration Officer) and SW (Social Worker), All hands on interaction investigated and viewed on surveillance camera.</p> <p>*All staff meeting will be held on November 15, 2017 additional TOVA training will be discussed and trained with all staff.</p> <p>The facility Visitors Sign IN/OUT sheet for the week of November 9th through the 14th was reviewed and revealed that Individual #4's parents and siblings were in the facility on 11/12/17 from 3:20 P.M.-4:20 P.M..</p> <p>Email correspondence between Individual #4's Father and the Chief Administration Officer(CAO) was reviewed and is documented in part, as follows:</p> <p>Sunday, November 12, 2017 8:45 PM:</p> <p>Hi Name (CAO),</p> <p>We received a call after we left Holiday House this evening. We missed the call and it went to</p>	W 127	<p>Continued From page 78</p> <p>lunch break, etc. The assigned staff person will encourage Individual #2 to hold their hand while out in the community. If he is resistant staff must be within arm's length of Individual #2 at all times. If Individual #2 runs out the exit door (on-grounds) the assigned staff person will immediately follow him and at the same time verbally say to another staff in the vicinity to call an All Page CODE: GREEN (code for: elopement), the person making the All Page will announce Individual #2's initials, the location he is leaving and possible direction Individual #2 is going towards. All available staff will come to the area stated for support. Once located the assigned staff person will escort him back to the safe area. If any injuries should occur during elopement an accident and incident report will be completed and Individual #2 will be assessed by nursing staff. Parents will be notified. When Individual #2 is out in the community the assigned staff person must have access to a cell phone. If Individual #2 runs away from the assigned staff person out in the community and not within eyesight then staff must call 911. The designated staff person will instruct another staff person to call supervisor at Holiday House to inform of the situation and get further instructions. The Supervisor will contact the Residential Manager, Chief Administrative Officer, Social Worker, Nursing department to inform of the situation and get further instructions. Once Individual #2 is found and return to Holiday House the designated staff person will take him to nursing department to be assessed. An accident and incident report will be written if an injury occurred. If an injury occurred he will be provided treatment and monitored closely by staff.</p> <p><u>Address how the facility will identify other residents having the potential to be affected by the same deficient practice:</u></p> <p>All individuals residing at Holiday House of Portsmouth will be notified of their right to be free from abuse/neglect upon admission and annually</p>	5.31.19	

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W 127	<p>Continued From page 79</p> <p>voicemail. A message was left, but apparently Name (RS #4) didn't hang up the phone all of the way and our voicemail continued to record a conversation between Name (RS #4), and what sounded like the nurse about our son that raised a few concerns:</p> <p>*A bruise wasn't noticed all day it seems because it also seems he hadn't been changed all day. We never saw a bruise ourselves, so I am saying he wasn't changed all day solely based on what was said in the recorded voicemail. Based on the reactions within the conversation that was recorded, the nurse seemed concerned like it is something that should have been noticed sooner.</p> <p>We called back, (we didn't mention the recording) and we were told that the bruise didn't appear too bad, had colored some, but wasn't tender, and that he didn't seem in pain. No one mentioned any of the other information in the recorded voicemail. When you listen to the voicemail, the nurse describes the bruise as sounding worse than the way she described it to us when we returned the call.</p> <p>*Name (RS #4): We didn't hear Name (RS #4) say anything bad and we genuinely like Name (RS #4) and he does good with Name (Individual #4). We still wish he or the nurse would have told us everything when we called back.</p> <p>*Nurse (LPN #2): She should have told us about all of her concerns. She didn't.</p> <p>Their first duty should be to the child, and by extension the parents, not to making sure no one gets in trouble by withholding information. Nor should they be operating in an Us (employee) versus Them (parent) mentality. We just have</p>	W 127	<p>Continued From page 79</p> <p>thereafter. Notification of compliance will be in the individual's medical record. All notifications will be signed by the Individual and/or Legal Guardian.</p> <p>During an applicant's 3 day trial visit the Interdisciplinary Team (IDT) members will monitor the individual for behaviors of running away from area of supervision and/or elopement and discuss history with the individual and/or individual's family. If the individual exhibits behavior of running away during the trial visit. The IDT will recommend pursuing project lifesaver. If the individual has a history of running away the IDT will pursue the project lifesaver if admitted to the facility. The QIDP will ask the parent during the 3 day meeting if they would like to pursue project lifesaver. Written consent will be obtained if the family decides to pursue project life saver. Parents are also provided the option to decline project lifesaver. Declination forms will be obtained. Upon admission, an authorization to Project Lifesaver will be signed by the parent and the QIDP will complete the Project Lifesaver application. The application is designed for caregivers to provide in advance certain information that will be useful to search teams if the need should arise. In the event the IDT recommends project lifesaver Holiday House of Portsmouth will cover all fees associated with the maintenance of project life saver. The Director of Nursing/Charge Nurse will complete an elopement assessment if the individual has elopement risk. The elopement assessment will be completed upon admission, annually, or when a significant change occur. Holiday House of Portsmouth will make the necessary environmental changes to prevent elopement. These changes may include(latches on gates, changing level of supervision, alarms on doors, visual cues, as well as their effectiveness will be assessed. Failure to adhere to this policy will result in disciplinary action and/or termination of employment. An elopement risks assessment was developed by the facility's Nursing Department and</p>	5.31.19
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W 127	<p>Continued From page 80</p> <p>concerns about our child's care and wanted to discuss the situation with you.</p> <p>Response Email from CAO Sunday, November 12, 2017 8:59 PM:</p> <p>Any concerns from my parents, staff or Name (Individual #4's) care is a concern for me as the Administrator. I will call you tomorrow when I get in to work. I will have my social worker follow up with an investigation.</p> <p>The facility document titled "Interview and Discussion with Name (RS #4) in regards to altercation with Name (Individual #4) dated 4/24/19 was reviewed and is documented in part, as follows:</p> <p>Present: CAO, SW, Human Resource Manager. Location: Conference Room</p> <p>The meeting was opened By Name (CAO), he explained to Name (RS #4) that the team is here to investigate a large unknown bruise on Name (Individual #4).</p> <p>Name (RS #4) replied "Yes sir" and explained that an accident and incident report was completed for the bruise.</p> <p>CAO asked Name (RS #4) did he have anything to share with the team in reference to Name (Individual #4's) Care and/or bruise on the evening on 11/12/17.</p> <p>Name (RS #4) responded that Name (Individual #4) had behaviors because he didn't want to leave the gym He expressed the Name (Individual #4) has a hard time transitioning in the</p>	W 127	<p>Continued From Page 80</p> <p>all individuals residing at Holiday House of Portsmouth will be evaluated for elopement risks by May 31, 2019. A copy of the elopement assessment will be filed in the Individual's Nursing Chart.</p> <p><u>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</u></p> <p>All Staff will be re-trained in the areas of Human Rights in the All Staff Meeting on 5/22/2019. This training will focus on rights of all individuals and the facility's obligation to ensure that individuals are not subjected to neglect, physical, verbal, sexual, or psychological abuse or punishment. Evidence of compliance will be by signatures of a facility training log.</p> <p>All staff will be trained on the Door Chime Policy, Gate Latching Procedures, Elopement Policy, and Emergency Code Call Policy, and 1:1 Supervision Policy at the all staff meeting on 5/22/2019. All staff will be trained in these policies at initial orientation and annually.</p> <p>Door Chimes Policy was revised and states: It is the policy of Holiday House of Portsmouth that all staff working in the residential wings acknowledge the door chimes each time the alarm sounds. The purpose of this policy is to bring staff awareness of who is entering and exiting the residential wings in efforts to ensure individuals safety. Each time the Door Chimes sound, Staff will look down the hall to observe who is entering and exiting into the residential wings. Holiday House Portsmouth staff should wear and be identified by their ID Badges. Door chimes are located in the nursing office (Right Wing) and in the Director or Residential Services Office. (Left Wing). Individuals without badges should be guided to a Residential Supervisor for guidance and instructions (refer to visitor's policy). Door Chimes are to alarm at all times to ensure safety of the individuals. The Environmental Services Supervisor will inform the Maintenance Department of the scheduled floor cleaning so that the Door</p>	
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W 127	<p>Continued From page 81 evening.</p> <p>CAO then asked Name (RS #4) to review the video footage from the gymnasium on the evening of 11/12/17.</p> <p>The team watched the video of incident which occurred on 11/12/17 in the conference room of the administration building.</p> <p>Name (RS #4) was asked by CAO after reviewing the video to explain how he let Name (DSP #5) conduct inappropriate physical interventions to Name (Individual #4). CAO explained to Name (RS #4) that he as a supervisor was there to intervene and ensure Name (Individual #4) was not abused and CAO expressed to Name (RS #4) that he failed as supervisor.</p> <p>CAO also asked Name (RS #4) was Name (DSP #5) techniques considered :TOVA". Name (RS #4) said "No, it wasn't".</p> <p>Name (RS#4) became very upset and expressed to the team that he was uncomfortable that's why he walked around the room so much when Name (DSP #5) was dealing with Name (Individual #4). Name (RS #4) expressed that he has a good rapport with Name (Individual #4) and that he made a really huge mistake.</p> <p>The facility document titled "Interview and Discussion with Name (DSP #5) in regards to altercation with Name (Individual #4) dated 4/24/19 was reviewed and is documented in part, as follows:</p> <p>Present: CAO, SW, Human Resource Manager. Location: Conference Room</p>	W 127	<p>Continued From page 81</p> <p>Chimes can be turned off. Door Chimes are turned off during that time ONLY because the doors remain open for a long period of time. The Environmental Services Supervisor will inform the Residential Manager on duty that the floors are scheduled to be cleaned. All individuals on grounds will be relocated to the gym and recreation are until the floors are clear and dry. The Maintenance Staff are designated to turn the door chimes off and on. The only time door chimes are off is when the floor contractors are providing service. When Door Chimes are turned off, the Maintenance Supervisor will make an overhead speaker announcement informing all Holiday House Staff that the door alarms have been turned off. The Maintenance Supervisor should also alert Staff via overhead speaker when the Door Chimes are turned back on. In the event Holiday House Staff notices that the Door Chimes are not sounding, Staff should immediately notify Maintenance Supervisor/Safety Officer and the Chief Administrative Officer. Notifications should be done via face to face or telephone. In the event the Door Chimes are not working staff should strategically be locate near the doors to be aware of who is entering and exiting the building. Failure to abide by this policy could result in Disciplinary Action.</p> <p><u>Elopement Policy was developed and reads as follows:</u></p> <p>It is the policy of Holiday House of Portsmouth that individuals who have elopement risks have an elopement plan to prevent leaving the supervised safe area. Elopement can be defined as: an act or instance of leaving a safe area or safe premises, done by a person with a mental disorder or cognitive impairment:</p> <p>During an applicant's 3 day trial visit the Interdisciplinary Team (IDT) members will monitor the individual for behaviors of running away from area of supervision and/or elopement. If the individual exhibits behavior of running away during the trial visit. The IDT will recommend pursuing project lifesaver. If the individual has a</p>	5.31.19

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W 127	<p>Continued From page 82</p> <p>The meeting was opened By Name (CAO), he explained to Name (DSP #5) that the team is here to investigate a large unknown bruise on Name (Individual #4).</p> <p>CAO asked Name (DSP #5) did he have anything to share with the team in reference to Name (Individual #4's) Care and/or bruise on the evening on 11/12/17.</p> <p>Name (DSP #5) responded that Name (Individual #4) had behaviors but nothing out of the ordinary happened. He was able to say this statement with a blank face without indication of telling the team false information.</p> <p>CAO then asked Name (DSP #5) to review the video footage from the gymnasium on the evening of 11/12/17.</p> <p>Name (DSP #5) and the team watched the video of incident which occurred on 11/12/17 in the conference room of the administration building. Name (DSP #5's) head went down when he noticed that the altercation was on video surveillance. After watching the video CAO asked him to explain his behavior.</p> <p>CAO also asked him was his techniques considered "TOVA". Name (DSP #5) responded "No" by shaking his head side to side. He had no words.</p> <p>Name (DSP #5) in a remorseful manner stated that "he messed up". He stated that Name (Individual #4) was difficult to work with and it's hard to work with someone so difficult over and over.</p>	W 127	<p>Continued from page 82</p> <p>history of running away the IDT will pursue the project lifesaver if admitted to the facility. The QIDP will ask the parent during the 3 day meeting if they would like to pursue project lifesaver. Written consent will be obtained if the family decides to pursue project life saver. Parents are also provided the option to decline project lifesaver. Declination forms will be obtained. Upon admission, an authorization to Project Lifesaver will be signed by the parent and the QIDP will complete the Project Lifesaver application. The application is designed for caregivers to provide in advance certain information that will be useful to search teams if the need should arise. In the event the IDT recommends project lifesaver Holiday House of Portsmouth will cover all fees associated with the maintenance of project life saver. The Director of Nursing/Charge Nurse will complete an elopement assessment if the individual has elopement risk. The elopement assessment will be completed upon admission, annually, or when a significant change occur. Holiday House of Portsmouth will make the necessary environmental changes to prevent elopement. These changes may include(latches on gates, changing level of supervision, alarms on doors, visual cues, as well as their effectiveness will be assessed. Failure to adhere to this policy will result in disciplinary action and/or termination of employment.</p> <p><u>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and</u></p> <p>The Risk Management committee will review the training roster each month to ensure that all staff received the training in the areas of mandatory reporting, and abuse, neglect, and mistreatment policies.</p> <p>Upon receipt of each individual's elopement assessment the Interdisciplinary Team will identify all individuals who have the risk of elopement. The</p>	5.31.19

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W 127	<p>Continued From page 83</p> <p>He did realize that his actions were wrong. He apologized for his actions.</p> <p>CAO informed Name (DSP #5) that he violated Holiday House of Portsmouth Abuse Policy and that he will be terminated, and the care is reported to Child Protective Services.</p> <p>Name (DSP #5) accepted the termination and he was escorted off of Holiday House Portsmouth Premises.</p> <p>The Critical Incident Report from Individual #4's Day School program dated 11/13/17 at 9:30 Am was reviewed and is documented in part, as follows:</p> <p>Type of incident: Other: arrived to school with large bruise on front of left hip and upper thigh.</p> <p>Incident reported to:</p> <p>Parents: 11/13/17 at 9:45 AM, picture of bruise sent at 10:09 AM Holiday House: 11/13/17 at 10:00 AM</p> <p>Description of incident: Name (Individual #4) arrived at school and transitioned to class. When taken to the bathroom at 9:30, staff noticed bruising on his hip and thigh. Staff called mom and was asked to send pictures. Mom and dad arrived, looked at the bruise, called doctor. Holiday House was called and came to get Name (Individual #4) to transport to the doctor. Parents shared that they had received a call last night from Holiday House that Name (Individual #4) had a behavior and had a bruise on his back. We</p>	W 127	<p>Continued From page 83</p> <p>QIDP will then pursue project lifesaver with the Parent/ Legal Guardian. If the decision is made to add project lifesaver for the individual the QIDP will add the project lifesaver to the individual's Individualized Support Plan. The QIDP will monitor on a quarterly basis. Include dates when the corrective action will be completed: 5/31/2019</p>	5.31.19

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W 127	<p>Continued From page 84</p> <p>looked and did not find a bruise on Name (individual #4's) back. Holiday House said they did not see a bruise on Name (Individual #4's) hip when he left for school.</p> <p>Individual #4 was seen at Name (Children's Hospital) on 11/13/17 at 1:25 PM with chief complaint of Bruising and Swelling of Jaw/Lump.</p> <p>Individual #4's Positive Behavioral Support Plan dated 9/18/17-9/18/18 was reviewed and is documented in part, as follows:</p> <p>Rational::</p> <p>Plan written in accordance to VAC12-200-105 Behavioral treatment Plans with restrictive recommendations.</p> <p>Target Behaviors: Physical Aggression, Self-Injury, Property Destruction, and PICA. It is important to note that Name (Individual #4) seeks out the person who blocked his access to the item he is wanting.</p> <p>Quality Of Life- A quality life for Name (Individual #4) is to be in a safe environment and doing activities that he prefers without displaying behaviors of concern.</p> <p>What is not working-</p> <p>-Gently touching him or trying to sooth him when he is displaying behaviors of concern.</p> <p>Recommendations and Procedures for Name (Individual #4):</p> <p>-When walking and transitioning to another location offer Name (Individual #4) an object to hold from his clear tote bag to help keep him</p>	W 127	<p>Continued From page 84</p>	
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W 127	<p>Continued From page 85 engaged in an activity.</p> <p>Physical Aggression: -When staff is not able to stop Name (individual #4) from physical aggressive behaviors they should follow the agency crisis plan. -Do not hug or pat his back to help calm him down. Do not stare or frown when he is engaging in target behavior. These actions tend to provoke hostile reaction from Name (Individual #4).</p> <p>remember redirection means ignore the use of disruptive behavior, refocus the person's attention on a preferred activity and reinforce the participation.</p> <p>Crisis Plan: Staff should follow Crisis Plan for Name (Individual #4), Holiday House of Portsmouth, Inc. uses the TOVA techniques for their individuals with behavior support plans.</p> <p>Below is a general crisis plan to be used as a guide. If after all attempts to understand what Name (Individual #4) is communicating has been unsuccessful or you cannot change the environment or address his needs, be prepared for Name (Individual #4) to possibly escalate in aggressive behavior. Understand that now, Name (Individual #4's) behavior is beyond his control.</p> <p>A. If he becomes aggressive or disruptive, clear the area of other individuals. B. If he becomes self injurious, clear the area of objects that may cause him injury. C. If you can leave the area and still monitor Name (Individual #4) safely then do so. D. When communicating with Name (Individual #4), make sure that you are not using a tone of</p>	W 127	Continued From page 85	
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W 127	<p>Continued From page 86</p> <p>voice that indicates fear, uncertainty or anger. Name (Individual #4) needs to feel like you are in control of the situation. Remember being in control of the situation does not mean that you must control Name (Individual #4) it means you need to be in control of you and your emotions. DO NOT GET DIRECTIVE-STAY CALM.</p> <p>F. If you are unable to leave, then block any attempts that Name (Individual #4) makes to be aggressive or self injurious.</p> <p>G. Call for back up and follow 911 protocols.</p> <p>The facility's Virginia Employment Commission Employer's Report of Separation and Wage for DSP #5 was reviewed and is documented in part, as follows:</p> <p>What date was the claimant first told of discharge or suspension? 11/13/17</p> <p>What reason was given to the claimant? Violation of Abuse to Individual Policy.</p> <p>What was the final incident that led to discharge/suspension? Abuse of an Individual.</p> <p>How was claimant informed of rule/policy? Training/received policy 3/6/17</p> <p>DSP #5 signed the facility Abuse of Individuals Policy revised 3/4/15 on 3/6/17.</p> <p>DSP #5's TOVA Certification was current with an expiration date of 3/3/18.</p> <p>DSP #5's Job Description signed on 5/1/17 was reviewed and is documented in part, as follows:</p> <p>Purpose: The position of Direct Support Professional I is under the direct supervision if the Residential Supervisor. The Direct Support Professional I provides active treatment and</p>	W 127	Continued From page 86	

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W 127	<p>Continued From page 87</p> <p>training to individuals with disabilities receiving services in a residential setting. Active treatment, training and support services are provided to reflect the identified target goals on the Individual Services Plans. At all times compliance with the Virginia Department of Behavioral Health and Developmental Services and the Office of Licensure and Recertification required.</p> <p>Major Duties and Responsibilities:</p> <ol style="list-style-type: none"> 1. Provide services and supports as identified in each individuals' Individualized Service Plan. 2. Interacts with all individuals and staff with appropriate voice tone, language, gestures and physical movements in accordance with Human Rights Policies and Procedures. 13. Ensure a healthy, clean and safe environment, and report any safety concerns to management immediately. 14. Provide behavior support services as identified on the Positive Behavior Support Plan. <p>Physical Demands:</p> <p>Some individuals may become physically aggressive and require the employee to physically redirect. This requires physical flexibility and endurance, emotional calmness and the ability to follow the individuals Crisis Plan, implementing the approved intervention techniques and adhering to policy.</p> <p>On 3/7/17 DSP #5 signed that he had received, read, and understood that he was to comply with the following facility policies while carrying out his responsibilities as an employee:</p> <ol style="list-style-type: none"> 1. Mandated Reporting 2. Human Right Training 4. Child Abuse and Neglect 7. Abuse of Individuals's Harm, Abuse, or 	W 127	Continued From page 87	
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W 127	<p>Continued From page 88</p> <p>Exploitation</p> <p>8.. Abuse Reporting Policy</p> <p>11. Examples of Child Abuse and Neglect</p> <p>12. Causes of Child Abuse</p> <p>DSP #5's Time Card indicated he provided 1:1 care to Individual #4 on 11/12/17 from 3:05 PM to 11:16 PM, indicating that Individual remained in the care of his abuser for approximately 5 hours and 46 minutes after he was initially physically abused.</p> <p>The facility's Virginia Employment Commission Employer's Report of Separation and Wage for RS #4 was reviewed and is documented in part, as follows:</p> <p>What date was the claimant first told of discharge or suspension? 11/14/17</p> <p>What reason was given to the claimant? Failed to provide oversight over staff</p> <p>What was the final incident that led to discharge/suspension? Failed to intervene in an abusive situation.</p> <p>How was claimant informed of rule/policy? Job Description 7/3/2017</p> <p>RS #4's signed Job Description was reviewed and is documented in part, as follows:</p> <p>Purpose: The position of Residential Supervisor is under the direct supervision of the Assistant Residential Manager. The Residential Supervisor is responsible for the provision of care and training of the individuals we support in a manner consistent with behavioral principles. The incumbent has twenty-four hour supervisory responsibilities for staff members and administrative responsibilities for the</p>	W 127	<p>Continued from page 88</p>	
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W 127	<p>Continued From page 89 maintenance and upkeep of the physical plant.</p> <p>Major Duties and Responsibilities:</p> <p>Ensures the monitoring and documenting of program delivery according to the Holiday House of Portsmouth, Inc Policy and Procedures, Virginia Department of Behavioral Health and Developmental Services, Licensure Guidelines, Medicaid Guidelines, and Department of Public Health Guidelines.</p> <p>Responsible for the management of the cottage in a manner which ensures individuals/staff safety.</p> <p>The Manage directly supervises the Direct Support Professional Staff,</p> <p>Implements and enforces facilities policies and procedures.</p> <p>Ability to supply behavior-modification techniques to assigned training areas.</p> <p>RS #4's TOVA Certification was current with an expiration date of 5/31/18.</p> <p>On 6/10/15 RS #4 signed that he had received, read, and understood that he was to comply with the following facility policies while carrying out his responsibilities as an employee:</p> <ol style="list-style-type: none"> 1. Mandated Reporting 2. Human Right Training 4. Child Abuse and Neglect 7. Abuse of Individuals's Harm, Abuse, or Exploitation 8.. Abuse Reporting Policy 11. Examples of Child Abuse and Neglect 	W 127		

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W 127	<p>Continued From page 90</p> <p>12. Causes of Child Abuse</p> <p>RS #4's Time Card indicated he Supervisory care to Individual #4 on 11/12/17 from 3:07 PM to 11:52 PM, indicating that Individual remained in the care of his abuser for approximately 6 hours and 22 minutes after he was initially physically abused.</p> <p>On 4/25/19 the Administrator was asked what training was provided after the abuse incident with Individual #4 on 11/12/17. The Administrator stated, "We went over TOVA training with our staff and went over Individual #4's new Safety Plan with the staff responsible for his care." The Administrator was asked if all staff were retrained on the Abuse and Neglect Policy and Mandated Reporting of Abuse and Neglect after the abuse incident with Individual #4. The Administrator stated, "No , we did not do training on abuse or neglect or mandated reporting in hindsight we should have."</p> <p>Individual #4's Notice of Individual Right and Grievances signed 4/18/17 was reviewed and is documented in part, as follows:</p> <p>Every individual deserves to be treated with consideration and respect.</p> <p>Every individual of the Holiday House shall:</p> <ol style="list-style-type: none"> 1. Retain legal rights as provided by State and Federal laws; 3. Be treated with dignity as a human being; Be free from abuse, neglect, and exploitation included but not limited to verbal, physical, sexual etc. You can tell a staff if you have been hurt so they can help you. 	W 127		

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W 127	<p>Continued From page 91</p> <p>4. Be free from seclusion and restraint; 7. Be treated under the least restrictive conditions consistent with condition and not be subjected to unnecessary physical restraint and isolation.</p> <p>The facility policy titled Abuse of Individuals revised 3/26/19 was reviewed and is documented in part, as follows:</p> <p>Policy: It is the policy of the Board to prohibit any form of abuse to individuals.</p> <p>Abuse, is defined as any negligent act by an employee or other person responsible for the care of an individual receiving services that was performed knowingly, recklessly, or intentionally. Abuse will cause or may have potential to cause physical or psychological harm, injury, or death to a person receiving care or treatment for mental retardation.</p> <p>All Holiday House personnel shall strictly adhere to the following directives, including part-time and consulting staff:</p> <p>1. Personnel shall, at all times, conduct themselves toward individuals in such a manner that such persons will be free from every form of physical and mental abuse, harassment, or unnecessary (and un-prescribed) restraint, and from any other acts which are demeaning in nature.</p> <p>2. Examples of abuse for the purpose of this policy include, but are not limited to, the following: a. Physical Abuse: Any kind of physical intimidation or intrusion such as pushing, pulling, scratching, hitting, kicking, slapping, throwing</p>	W 127		
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W 127	<p>Continued From page 92</p> <p>things, torturing, burning with cigarettes, pulling hair, unauthorized holds, and cutting.</p> <p>Procedure:</p> <p>2. Any employee who believes or witnesses that an individual has been harmed, abused or exploited by any program shall intervene to prevent further harm to the individual and report such activity immediately to their immediate supervisor (or to the Chief Administrative Officer, if not comfortable reporting to immediate supervisor); then the supervisor will report the incident to the Chief Administrative Officer. The immediate supervisor will start an initial investigation and submit statements and initial information immediately to the Chief Administrative Officer.</p> <p>4. Upon receipt of an allegation of abuse or neglect, the Chief Administrative Officer or his designee shall:</p> <p>a. Take steps to protect the safety and welfare of the individuals.</p> <p>c. The individual involved in the abuse will immediately be transported to the emergency room for medical evaluation and treatment as needed.</p> <p>f. Immediately contact the local law enforcement in all cases of suspected criminal activity.</p> <p>15. If at any time, the Chief Administrative Officer has reason to suspect that the abusive act is a crime, the CAO or his designee shall immediately contact the appropriate law enforcement authorities and cooperate fully with any investigations that result.</p> <p>The facility policy titled "Behavioral Support/Crisis Intervention Policy" prepared 1/1/13 was</p>	W 127		

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W 127	<p>Continued From page 93 reviewed and is documented in part, as follows:</p> <p>It is the policy of Holiday House of Portsmouth to employ Therapeutic Options as a behavioral intervention technique.</p> <p>Therapeutic Options is implemented as a crisis intervention using physical interaction as needed to restrict or limit an individual's behavior/ The specific skills must maintain the normal range of motion for the individual (no hyperextension of joints) and minimize bruising, injury, or pain by specific design.</p> <p>The facility policy "Behavioral Intervention Policy" revised 4/4/19 was reviewed and is documented in part, as follows:</p> <p>Policy: It is the policy of Holiday House of Portsmouth, Inc. to develop a behavior intervention plan that provides guidelines for all employees when dealing with individuals who may exhibit verbal and/or physical aggression.</p> <p>* It ensures that all special interventions utilized will be consistent with applicable human rights regulations and emphasizes positive interventions and approaches.</p> <p>*It requires that all employees limit their interventions to the least restrictive and least intrusive intervention possible while ensuring that individuals are treated with dignity and respect at all times</p> <p>Definitions:</p> <p>"Abuse" (37.2-100 of the Code of Virginia) means any act or failure to act by an employee or other</p>	W 127		

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W 127	<p>Continued From page 94</p> <p>person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department that was performed or was failed to performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, mental retardation (intellectual disability), or substance abuse. Examples of abuse include acts such as:</p> <ol style="list-style-type: none"> 2. Assault and battery. 5. Use of excessive force when placing a person in a physical or mechanical restraint. 6. Use of physical or mechanical restraints on a person that is not in compliance with federal and state laws, regulations, and policies, professional standards of practice, or the person's individualized services plan. <p>I. Use of Behavior Intervention: Holiday House of Portsmouth, Inc. will appropriately approach all verbal and physical aggression according to behavioral plans and according to the level of intensity. The following are ABSOLUTELY Prohibited Behavioral Intervention Techniques and Actions:</p> <p>PROHIBITED ACTIONS:</p> <ul style="list-style-type: none"> *Corporal punishment will not be employed or permitted. *Degrading, treating harshly, abusing or humiliating persons served will not be permitted. *Excessive or inappropriate use of permitted behavior interventions. <p>The facility policy titled "Electronic Monitoring and Recording " revised 3/29/13 was reviewed and is documented in part, as follows:</p>	W 127		
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W 127	<p>Continued From page 95</p> <p>V. General Procedures:</p> <p>A. Holiday House of Portsmouth is committed to enhancing the quality of life for its individuals by integrating available technology to increase security and safety. The facility's use of CCTV (closed circuit television) system in common areas is a critical component of its security and safety. The principle objectives of Holiday House of Portsmouth's use of a CCTV system include:</p> <ol style="list-style-type: none"> 1. Enhancing individual's safety. 2. Identifying and gathering of information. 3. Documenting actions to safeguard individuals. <p>J. Any untoward or questionable incidences regarding safety or quality of care discovered as a result of viewing a recording should be reported immediately to the Chief Administrative Officer and to the Virginia Department of Behavioral Health and Developmental Services and the Office of Human Rights.</p> <p>VI. Training, Operations, and Oversight Procedures:</p> <p>B. Operations Procedures:</p> <ol style="list-style-type: none"> 1. CCTV cameras will be monitored at various times by the Social Worker, Chief Administrative Officer and Designated Staff. 2. The Designated Staff shall be responsible for reviewing the monitor located in the Nursing Medical Office from 5:30 PM to 8:30 PM Monday through Friday; and on Saturday and Sunday, from 12 noon to 5 pm. 6. Personnel shall report any concerns observed during monitoring of the CCTV system to the Chief Administrative Officer. <p>C. Oversight Procedures:</p> <ol style="list-style-type: none"> 1. The Chief Administrative Officer is responsible for oversight and coordination of the use of CCTV system. 	W 127		

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W 127	<p>Continued From page 96</p> <p>2. The Chief Administrative Officer has primary responsibility for ensuring adherence to this Policy and for distributing the Policy to persons requesting information on it.</p> <p>On 4/26/19 at 10:30 A.M an interview was conducted with the Chief Administrative Officer. The Chief Administrative Officer was asked if who monitored the CCTV system. The Chief Administrative Officer stated, "I monitor the live video feed during the week and my social worker does as well. On the weekends the therapy staff and nursing the system from their departments." The Chief Administrative Officer was asked if this monitoring was being done should the abuse have been caught and reported at the time the abuse occurred with Individual #4 or at least been reviewed to see if any abuse occurred when the large groin/hip bruise was discovered. The Chief Administrative Officer stated, "Yes, I would have expected the staff who have access to have viewed the video and alerted me of their findings immediately."</p> <p>On 4/29/19 at 4:10 P.M. a pre-exit conference was held with the Chief Administrative Officer, the Social Worker and Medical Records where the above information was shared. The Chief Administrative Officer stated, "We are currently installing software so myself and the social worker will be able to view live camera feeds from our phones when we are not in the facility. This has been a valuable learning experience for us and we plan on making changes to ensure the safety of our individuals so this doesn't happen again.."</p> <p>2. The facility staff failed to ensure one Individual (Individual #2) in the survey sample of 4 (four) individuals was not subject to neglect.</p>	W 127		

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W 127	<p>Continued From page 97</p> <p>Individual #2 was admitted to the facility on March 20, 2018 for behavior consultation services for physical aggression, self-injury and property destruction. Diagnoses included autism spectrum disorder, attention deficit with hyperactivity disorder, conduct disorder, celiac disease, PICA and profound intellectual disability. This individuals behavior disorders include self-injury, biting, hitting his head, running away, property destruction. Individual #2 is non-verbal. He communicates mostly through crying, body/facial gestures and a few signs: more, eat, drink and finish.</p> <p>Individual #2 eloped from the facility staff on 1/17/19 and 1/30/19.</p> <p>A Behavior Support Plan dated 4/20/18 Indicated the following:</p> <p>Quality of Life- A quality of life for Individual #2 would be for his medical and social needs to be met in a safe environment and doing the activities he likes.</p> <p>What Works (Strength's) Individual #2 is friendly to people he knows.</p> <p>What Does not work (Antecedents or Triggers). New environment, changes and transitions Being hit or scratched by others Using to too many words talking with him Early warning signs for Individual #2 -trying to escape attention: Crying Running away.</p> <p>An Abuse Allegation Report dated 1/17/19 indicated: " On Thursday January 17, 2019 at approximately 5:00 P.M. an overhead all page</p>	W 127		
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W 127	<p>Continued From page 98</p> <p>was made. The announcement stated that "all residential supervisors are needed in the front yard. The announcement was made twice by the secretary. Once outside it was brought to the attention (sic) that the she observed one of the individuals left out of the facility gate and ran. She also stated that she saw him leaving out of the gate and messing with a staff person's vehicle. Also, outside the gate was Director of Nursing, Chief Administrative Officer and the Human Resource Clerk. At this time, Residential Supervisors found out that Individual #2 had ran off the facility grounds. Staff went in different directions on and off grounds to try and locate Individual #2. Eventually (Direct Support Professional #1 DB) found him across the street. Individual #2 had crossed over a street and was coming up hill behind some brick apartments. (DSP #1) stated, that he was coming up out of the pond behind the apartments. She stated, that Individual #2 was covered with mud and his clothes were soaked, She ran up to him and carried him across the street back to facility. She brought him back to the cottage. Undressed him in the bathroom and started drying him off and cleaning his face. A nurse staff along with a residential staff supported him with checking his body. Staff also stated that mud was in his mouth. He was taken to the room to warm up with a cover.</p> <p>Staff (SH), Licence Practical Nurse, reported as documented on her witness statement that she received Individual #2 from (DSP #2-VB) so she can complete an accident and incident report that was due for another area that she saw on the individual after school. She reported that Individual #2 went into nursing. LPN (SH) reported that while Individual #2 was in nursing</p>	W 127		

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W 127	<p>Continued From page 99</p> <p>he was very busy touching everything. I opened to the door (sic) adjacent to the living room and let him out of the nursing office. Several DSP's were present waiting for dinner to arrive. She proceeded to continue to work inside of the nursing office. She reported moments later she was asked to assess another individual. She wrote she asked her to take him to his room so he can lay down. She then heard the announcement that all supervisors need to come to the front yard. She then heard the individual was found after the elopement was over she noticed someone went out the door but the door alarm didn't sound off. So I opened and shut it again. No alarm sound, Assistant Residential Manager (KL) reached out to Maintenance officer and was instructed how to turn the door alarms back on. She reported she then continued her med pass and Assistant Residential Manager continued to proceed to another area of the building.</p> <p>DSP #2 stated that staff was called to complete the incident report by nursing. Nursing staff took Individual in the office with her. She stated the nurse said "its ok I got him" so staff were to be in Cottage I kitchen to complete the necessary accident and incident report from earlier that day. She reported she then heard the overhead page for all managers to report to the front of the building. She stated she then was told that Individual #2 was observed across the street behind the apartments in front of the church. he was recovered soaking wet from head to toe with mud in his mouth.</p> <p>Assistant Residential Manager spoke to LPN #1 during an investigative interview on 1/17/19 she stated that she did tell (DSP #2) that she would</p>	W 127			

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W 127	<p>Continued From page 100</p> <p>watch Individual #2. The nurse stated that while Individual #2 was in the nurse's office he was rather busy and she took him back to the cottage one living room. The nurse stated she returned him to the living room but did not support him back to DSP #1 nor any staff in particular. The nurse did not stated (sic) that there was a living room full of staff but she did not support him to a particular staff person. A written statement was provided and she had given it to the Director of Nursing. DSP #3 (SW) reported that Individual #2 was in the living room then went into the nursing office with nursing staff and she didn't see him after that.</p> <p>DSP #1 (DB) reported that Individual #1 was coming out of the pond across the street up the hill. Individual #1 was observed covered with mud on clothes soaked. she ran up to him and carried him off and cleaning his face and body removing the dirt out of his mouth. He was then taken to the 3 day room to warm up with a cover.</p> <p>Director of Nursing documented a written statement reporting that "she was in her car ready to depart from the staff parking lot when she noticed Individual #2 laughing and running in the parking lot. Before I could get out of my car he took off running towards the back of the parking lot. I drove my care around to the side of the church that faces (sic) in the direction he was running and parked her car. She stated that she did not see him. She stated that the receptionist and CAO was in the parking lot. CAO was coming towards her and asked has she seen Individual #2. She stated she called the facility to see if the had returned back to the building. DSP #2 (VB) said "yes" she said both are in the building. She told CAO what the staff said and CAO then</p>	W 127		

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W 127	<p>Continued From page 101</p> <p>instructed her to check the building. As she approached the building, it was reported that he was not in the building. DSP #2 (VB) and another DSP reported that information to her. She then was informed that Individual #2 was not in the building. DSP #2 and another DSP reported that information to her. She then was informed that Individual #2 was found.</p> <p>On January 18, 2019 facility Social Worker reviewed the facility's video camera while conducting the investigation it was observed on the camera that nurse (LPN #1) had Individual #2 in the nursing office with her. She was observed to walk him out of the nursing office and leave him in the hallway as she walked back into the nursing office. There were DSP's in the living room area working with other individuals and did not know that Individual #2 was back in the area. The DSP's in the area statements are documented above. As soon as the nurse LPN #1 turned her back Individual #2 closed the door to the nursing office and sprinted out the door leading to the porch. There is a door chime on the door he exited; however it was later discovered during the investigation that the door chime didn't sound off. The investigation revealed that the doors chimes were turned off earlier in the day when the floors were being cleaned and waxed.</p> <p>Individual #2 then ran towards the latched gate and was small enough to exit the gate without taking the latch off. He was seen by the front desk receptionist exiting the premises.</p> <p>The following safeguards and recommendations will be put into place after conclusion of this investigation. Project Lifesaver is being pursued due to his elopement and running away behavior. The Maintenance Supervisor will tighten the gate</p>	W 127		
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W 127	<p>Continued From page 102</p> <p>to prevent individual's small in stature (sic) being able to fit through the gate while latched. Chief Administrative Officer had a meeting with staff about monitoring of individuals. Meeting was held on 1/22/19. Door chime policy was revised to include procedure of turning on chimes when they are turned on (sic). "</p> <p>"Injuries: Individual injured? No Description of Medical Treatment provided & findings: Individual #2 was assessed by nursing; no new areas noted to upper arm and left lower leg small scratch to nose. No treatment was required at this time. Investigation: Reason for Corrective Action: Environmental/physical plant issue Corrective Action taken: Supervisory/Administrative staff change/action"</p> <p>"A Physician's Encounter Summary dated 1/18/19 at 9:42 A.M. indicated: " Patient Demographics Individual #2 Visit Information: 01/18/2019 @ 09:42 AM Chief Complaint: Vomiting History of Present Illness: Fever: None; Onset: Yesterday; Duration: Acute; Severity: Mild; Quality; Unchanged Exposure to ill contacts: suite mates at facility got into mud yesterday and ate a little then vomited once, no other symptoms and seems improved today. ROS Findings: Constitutional: Reports fatigue, malaise, loss of appetite, Respiratory: Reports daytime cough Gastrointestinal: Reports vomiting, decreased appetite, Vital Signs: Temp-97.9 F @09:43 Weight:69 lb /31.30 kg (51%ile)</p>	W 127		

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W 127	<p>Continued From page 103</p> <p>Height 54.0 in /137.2 cm (48%ile) BMI 16.6 (52%ile) Exam Findings: Assessment: Vomiting due to viral illness without dehydration Plan: Treat symptoms as needed Clear fluids, no food until vomiting has stopped for 6 hours, then advance slowly. Review signs of dehydration Discussed abdominal cramping and that diarrhea may develop later."</p> <p>A review of a Behavior Support Plan dated 4/20/18 indicated: "Target Behaviors - escape supervision- Recommendations and guidelines for Individual #2- Visuals-Individual #2 does best with a concrete schedule, knowing what activities are planned for the day and his expectations. The schedule/calendar should be clear with simple words indicating the activities for the day. Individual #2 should have a set posted daily schedule that includes times for activities, bathing, grooming and general hygiene. By having a set schedule staff should be able to point to the schedule and Individual #2 it is time for _____, instead of asking or prompting him several times a day to do _____. Once the request has been made staff should only state it once. Individual #2 can help make his schedule with Velcro pictures. By lettering Individual #2 be an active participant in the process he is more likely to follow the routine."</p> <p>An Individualized Service Plan dated 4/20/18 indicated: Behavior support: Individual #2 is being monitored for the following behaviors: SIB (self injuries behaviors), PICA, physical aggression,</p>	W 127		
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W 127	<p>Continued From page 104</p> <p>disruptive behavior, property destruction and leaving the area of supervision. Staff will continue to monitor under one to one supervision level 1 due to escaping behavior and PICA."</p> <p>B. The facility staff failed to ensure Individual #2 not elope.</p> <p>An Accident and Incident Report dated 1/30/19 indicated: "Date Occurred: 1/30/19. Time Occurred: approximately 6:00 PM. Describe any injuries: No injury Account of what Happened: It was reported by staff that Individual #2 ran out of Cottage one living area and he was found on grounds on the swing set. Condition of person involved: Head to toe body assessment was done. No new areas noted. Skin intact, no tenderness, no swelling. Activity within limits, no sign of pain/discomfort. mood. Vital signs taken- none. Was Individualized Support Plan Modified: NO Name of Parent/Guardian/Authorized Representative notified: Mother - Time Notified: Approximate 6:50 PM. Summary of response from Parent/Guardian / Authorized Representative: 'Mother made aware. And she also, stated that she was not surprised to hear this because he did a lot of eloping at home.' Summary of corrective action taken: No Tx needed monitoring continued."</p> <p>An Initial Investigative Report indicated: "Individual Name- Individual #2, Date of Incident 1/30/19. Time of Incident approximately 6:00 PM; No injuries. Location: Cottage One (right wing). Type of Incident: Elopement. Description of Incident: Individual #2 was in</p>	W 127		

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W 127	<p>Continued From page 105</p> <p>cottage one living area walking inside the living room.</p> <p>Cause of Incident: Individual #2 eloped from cottage one living area to the swing set on grounds near cottage two.</p> <p>On Wednesday, January 30, 2019 at approximately 6:00 PM staff asked Residential Supervisor if Individual #2 was with him. Residential Supervisor informed staff no, and staff then stated that Individual #2 has ran out of the building through kitchen door, staff immediately ran outside to if they could find Individual #2. Shortly after Individual #2 was found on the swing set outside near Cottage Two side of the building. Nursing staff assessed him and no new areas were observed. Witness statement attached to report to provide support for this report.</p> <p>Also, prior to realizing that Individual #2 was not inside the building, the staff person assigned to Individual #2 asked Residential Supervisor if he could watch Individual #2 while she uses the restroom. Supervisor watched Individual #2, when staff returned she asked why the door was open in the kitchen?</p> <p>Corrective Actions Taken: Recommend that ensure that communication occurs when a supporting an individual to another staff person." A Nursing Department Notification to the physician indicated: " Date 1/30/19; Attention: physician; From: facility nursing department; Reason: Individual #2.</p> <p>Comments: Individual #2 ran out of the building w/o (with out) shoes on feet and coat/jacket. head to toe focal assessment completed. no findings noted. Activity (wnl), no s/s (signs/symptoms) of pain/discomfort. laughing</p>	W 127		

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W 127	<p>Continued From page 106 and running around. Monitoring continue."</p> <p>A Witness Statement Form dated 1/30/19 indicated: " Location of the Accident Cottage #2: Individual's Name Individual #2: Statement of Facts: I kept hearing the door chime going off and looked around to noticed Individual #2 was no longer in the room and the staff that I last seen him with walked out around the same time of the the door chimers continuously going off. I jumped up and yelled where is Individual #2 because the doors been going off for a while (5-7 minutes). In the mix of jumping up yelling 'where was he and which door is that' . Another staff started yelling 'why is this back door open' times 3, and from there I just took off running outside cottage #1 front door towards the swing on the cottage #2 side where I found Individual #2 on the swing playing with his string swinging."</p> <p>A Behavior Support Plan Addendum dated January 24, 2019 Indicated: Target Behavior: Elopement Rational: Individual #2 has a history of running away from staff and leaving grounds of facility. This behavior support plan addendum will address appropriate prevention and responses in the event he elopes from the supervised area. The following strategies will be implemented when supporting Individual #2 while on grounds and out in the community with designated staff: 1. Residential Supervisors and/or Managers will designate the appropriate staff to work with Individual #2 during waking hours. The assigned staff will follow the guidelines of One to One Supervision (LEVEL ONE), which means the</p>	W 127		
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W 127	<p>Continued From page 107</p> <p>assigned staff will be visually focused on him (individual must be with in eyesight of staff at all times), the staff person will be within one arms's length of Individual #2, this person will implement his schedule of activities for the day, the assigned staff will rotate every 2 hours with another designated staff person, the one to one staff will be responsible for implementing his behavior support plan and document every 2 hours regarding engagement activities with Individual #2.</p> <p>2. The designated staff person cannot leave the area where he/she is working with Individual without notifying the Supervisor on duty, i.e. restroom break. lunch break, etc.</p> <p>3. The assigned staff person will encourage Individual #2 to hold their hand while out in the community. If he is resistant staff must be within arm's length of Individual #2 at all times.</p> <p>4. If Individual #2 runs out the exit door (on grounds) the assigned staff person will immediately follow him and at the same time verbally say to another staff in the vicinity to call an ALL Page CODE: GREEN (code for: elopement), the person making the All page will announce Individual #2's initials, the location he is leaving and possible direction Individual #2 is going towards. All available staff person will come to the area stated for support.</p> <p>5. Once located the assigned staff person will escort him back to the safe area.</p> <p>6. If any injuries should occur during elopement an accident and incident report will be completed and Individual #2 will be assessed by nursing staff. Parents will be notified.</p> <p>7. When Individual #2 is out in the community the assigned staff person must have access to a cell phone.</p> <p>8. If Individual runs away from the assigned staff</p>	W 127		

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W 127	<p>Continued From page 108</p> <p>person out in the community and not within eyesight then staff must call 911.</p> <p>9. The designed staff person will instruct another staff person to call supervisor at facility to inform of the situation and get further instructions.</p> <p>10. The Supervisor will contact the Residential Manager, Chief Administrative Officer, Social Worker, Nursing department to inform of the situation and get further instructions.</p> <p>11. Once Individual #2 is found and returned to facility a designed staff person will take him to nursing department to be assessed. An accident/incident report will be written if an injury occurred. If an injury occurred he will be provided treatment and monitored closely by staff. Parents will be notified.</p> <p>12. Failure to implement these procedures could result in disciplinary actions. Signed and dated 1/24/19 by the Support Coordinator /QIDP (Qualified Intellectual Disability Professional) and Chief Administrative Officer."</p> <p>During an interview on 4/25/19 at 10:30 AM with the designated QIDP for Individual #2 if his behavior Support Plan had been implemented to prevent elopements. The QIDP stated, "No". The QIDP was asked if Individual #2 had been assessed by the facility for elopement during his initial admissions and the QIDP stated, "No".</p> <p>During an interview on 4/26/19 at 12:40 P.M. with the Chief Administrative Officer, he was asked had all staff been trained on Individual #2's Individualized Program Plan and he stated, "No".</p> <p>During an interview on 4/23/19 at 3:15 P.M. with the Maintenance Director he was asked how did Individual #2 manage to get out of the locked gate. The Maintenance Director stated, the gate</p>	W 127		

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W 127	<p>Continued From page 109</p> <p>had a chain on it and when you pulled the chain it allowed the gate to partially open. When the gate partially opened, Individual #2 was able to squeeze through the opening and get out. The Maintenance Director was asked, why the door chimes did not alarm, he stated, The floors were being waxed and the doors were opened to help the floor dry and clear the air of the wax fumes. If the door was allowed to stay open with the chimes activated, the door would continue to chime.</p> <p>An Initial Investigative Report indicated: "Individual Name- Individual #2, Date of Incident 1/30/19. Time of Incident approximately 6:00 PM; No injuries. Location: Cottage One (right wing). Type of Incident: Elopement. Description of Incident: Individual #2 was in cottage one living area walking inside the living room. Cause of Incident: Individual #2 eloped form cottage one living area to the swing set on grounds near cottage two.</p> <p>On Wednesday, January 30, 2019 at approximately 6:00 PM staff asked Residential Supervisor if Individual #2 was with him. Residential Supervisor informed staff no, and staff then stated that Individual #2 has ran out of the building through kitchen door, staff immediately ran outside to if they could find Individual #2. Shortly after Individual #2 was found on the swing set outside hear Cottage Two side of the building. Nursing staff assessed him and no new areas were observed. Witness statement attached to report to provide support for this report. Also, prior to realizing that Individual #2 was not inside the building, the staff person assigned to</p>	W 127		

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W 127	<p>Continued From page 110</p> <p>Individual #2 asked Residential Supervisor if he could watch Individual #2 while she uses the restroom. Supervisor watched Individual #2, when staff returned, she asked why the door was open in the kitchen?</p> <p>A Elopement Policy dated 1/15/19 indicated: "Policy- It is the facility's policy that individuals who have elopement risks have an elopement plan to prevent leaving the supervised safe area. Elopement can be defined as: an act or instance of leaving a safe area or safe premises, done by a person with a mental disorder or cognitive impairment:</p> <p>Procedure:</p> <p>4. Upon admission, an authorization to Project Lifesaver will be signed by the parent and the QIDP will complete the Project Lifesaver application. The application is designed for caregivers to provide in advance certain information that will be useful to search teams if the need should arise.</p> <p>6. The Director of Nursing/Charge Nurse will complete an elopement if the individual has elopement risk. The elopement assessment will be completed upon admission, annually.</p> <p>7. The facility will make the necessary environmental changes to prevent elopement. These changes may include latches on gates, changing level of supervision, alarms on doors, visual cues, as well as their effectiveness will be assessed.</p> <p>The facility staff failed to protect one individual from neglect.</p>	W 127		

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W 149 W 149	<p>Continued From page 111</p> <p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1)</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>This STANDARD is not met as evidenced by: Based on a complaint investigation, medical record review, facility document review and staff interviews the facility staff failed to implement written policies and procedures that prohibit mistreatment, neglect or abuse for 2 of 4 individuals in the survey sample, Individual #2 and Individual #4.</p> <p>1. The facility staff failed to ensure that written policies and procedures that prohibit mistreatment, neglect or abuse were implemented to ensure Individual #4 was free from abuse on 11/12/17.</p> <p>2. The facility staff failed to ensure one Individual (Individual #2) in the survey sample of 4 (four) individuals was not subject to neglect.</p> <p>The findings included:</p> <p>Individual #4 was a 15 year old admitted to the facility on 8/18/16 with diagnoses to include but not limited to *Profound Intellectual Disability, *Autism and Unspecified Behavior and Emotional Disorders and *Optic Nerve Hypoplasia (right eye legally blind). Based on Individual #4's Annual Nursing Summary dated 9/11/17 he weighed 111 pounds and was 63 3/4 inches tall. Individual #4's Annual Nursing Summary dated 9/11/17 also stated that he was 1:1 supervision and is</p>	W 149 W 149	<p><u>W149: Failed to ensure that written policies and procedures that prohibit mistreatment, neglect, and abuse were implemented to ensure #4 was free from abuse on 11/12/17</u></p> <p>1. <u>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice</u></p> <p>Individual #4 was discharged from Holiday House of Portsmouth, Inc. on 11/27/2017.</p> <p>2. <u>Address how the facility will identify other residents having the potential to be affected by the same deficient practice:</u></p> <p>Holiday House of Portsmouth Chief Administrative has designated the facility Social Worker to train all staff on Mandatory Reporting, Abuse, Neglect, and Mistreatment policies at the time of initial orientation, monthly at all staff meeting, annually in the month of February, and upon significant incidents that require additional training in the areas abuse and neglect. Upon admission and annually thereafter to the facility Social Worker will notify ALL individuals of their human right to be free from abuse, neglect mistreatment while residing the facility. Evidence of notification will be located in the Individual's medical records chart.</p> <p>3. <u>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</u></p> <p>All Staff employed at Holiday House will receive continuous training in the areas of abuse, neglect, and mistreatment at initial orientation, monthly at all staff meetings, and annually in the month of February.</p>		

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W 149	<p>Continued From page 112</p> <p>monitored very closely by Holiday House staff to ensure that he is in a safe environment. Individual #4's Annual Evaluation dated 8/14/17 was reviewed and the a Slosson Intelligence Test completed 4/15/16 revealed a mental age of 23 months and an intelligence quotient of 14.</p> <p>Individual #4's Monthly Programming Progress Notes for October 2017 were reviewed and are documented in part, as follows:</p> <p>Progress Note: Name (Individual #4) made stable progress with the support of the direct support professional staff. He continues to require one to one supervision procedures with 2 staff for safety and behavioral issues.</p> <p>On 4/23/19 during the initial entrance conference with the Administrator the question was asked if there were any active abuse investigations with any individuals. The Administrator stated, "No" and left the room. Approximately 15 minutes later the Administrator re-entered the conference room and stated. "After discussing with my staff I want to let you know that we are in an active law suit regarding a case of abuse with an individual (Individual #4). On 11/12/17 the individual was physically abused/assaulted by one of our direct support staff and it also involved our residential supervisor. After reviewing the video footage of the incident we have terminated both employees." The Administrator was asked to allow the survey team to view the incident footage and to bring all facility documents regarding the investigation of the abuse incident for Individual #4.</p> <p>The video footage dated 11/12/17 involving Individual #4 was reviewed by the survey team. The video footage lasted over 2 minutes. In the</p>	W 149	<p>Continued From page 112</p> <p>staff meetings, and annually in the month of February. Holiday House of Portsmouth has implemented a Mandated Reporter Policy created on 5/6/2019. The policy indicates that all Holiday House of Portsmouth staff report any suspected cases of child abuse/neglect in accordance with the Code of Virginia and Holiday House of Portsmouth established child abuse reporting procedures. This policy emphasizes ALL staff in their professional or official capacity while employed at Holiday House Mandated reporters includes but is not limited to the following:</p> <p>Any person licensed to practice medicine or any of the healing arts; any professional staff person employed by a private or state operated facility, institution or facility where personals have been placed for care and treatment. Any person employed as a social worker</p> <p>Any probation officer, Any teacher or other person employed in a public or private school, kindergarten or nursery school ,Any mental health professional Any person employed to take care of children, Law Enforcement Officers, Any person employed by or contracted with the facility and working with the individuals in an administrative, supportive or direct care capacity. Any guardian or conservatory of an adult Any person providing full, intermittent or occasional care to a child/adult for compensation including, but not limited to homemaker, personal care workers, companion etc. Holiday House of Portsmouth, Inc. expects and enforces that all staff that has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect, or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect, that person shall IMMEDIATELY report or cause a report to be made.</p>	
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W 149	<p>Continued From page 113</p> <p>video Individual #4 was observed crawling/being pushed out of the bathroom on his hands and knees from the gymnasium bathroom followed by 2 adult males. One male was observed kicking forcefully (more than 4 times), dragging and twisting the individuals body by one leg and lying with his whole body on top of individual #4 during the footage of the video. At one point in the video you can only see Individual's arm waving for help. The second male staff member was observed sitting on Individual #4's head and shoulder area while the other staff member was lying on top of him. The second staff member was also observed walking around the gym with his back turned to Individual #4 while he was being physically abused by the other staff member. The only time in the 2 minutes of the video that Individual #4 was on his feet was when he broke free from the support staff and ran towards the exit door with the first staff member following him. The second staff member went back into the bathroom and collected a trash bag then exited the gym. The Administrator was asked who were the 2 staff members. The Administrator stated, "The staff member that was having the physical contact with the individual was his 1:1 Direct Support Staff member and the second person was the Residential Supervisor.</p> <p>After watching the video and reviewing the Comprehensive Human Rights Information System (CHRIS) Abuse Allegation Report for Individual #4, Abuse #20170016 an interview was conducted with the Administrator. The Administrator was asked if there was any criminal activity in the video. The Administrator stated, "No, Name "Individual #4 was abused but we didn't feel there was criminal activity. However, the family did file charges against Name (DSP</p>	W 149	<p>Continued From page 113</p> <p>Anyone employed at Holiday House of Portsmouth, Inc. Who is mandated to report suspected child abuse or maltreatment-and fails to do so, could be charged with a Class A misdemeanor and subject to criminal penalties. Mandated reported can be sued in a civil court for monetary damages for any harm caused by the mandated reporter's failure to make a report. This new policy will be reviewed at the all staff meeting on 5/22/2019. Holiday House of Portsmouth CAO also revised the Abuse, Neglect and Mistreatment Policies. This policy indicates that: Holiday House of Portsmouth, Inc. ICF/IID prohibits any form of abuse, neglect, and mistreatment of the individuals. Abuse is defined as any negligent act by an employee or other person responsible for the care of an individual receiving services that was performed knowingly, recklessly, or intentionally. Abuse will cause or may have potential to cause physical or psychological harm, injury, or death to a person receiving care or treatment. Holiday House of Portsmouth will not permit individuals to be abused by anyone, including staff members, consultants, volunteers, and staff of other agencies providing service to the individual. Examples of abuse for the purpose of this policy include, but are not limited to, the following: Physical Abuse: Any kind of physical intimidation or intrusion such as pushing, pulling, scratching, hitting, kicking, slapping, throwing things, torturing, burning with cigarettes, pulling hair, unauthorized holds, and cutting. Verbal Abuse: Abuse that is achieved primarily with words. Criticizing an individual, belittling, or making fun of someone. Sexual Abuse: Forced sex or sex that takes unfair advantage of an individual, fondling, or inappropriate touching. Emotional Abuse: Abusive behavior that uses emotions to intimidate the victim.</p>	

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#5) after they viewed the video." The Administrator was asked if someone was repeatedly kicking him in his groin, dragging him by one of his limbs and applying his entire body weight on top of his body what would that be considered. The Administrator stated, "It's assault." The Administrator was asked if assault was a criminal charge and if Individual #4 was assaulted by the staff in the video. The Administrator stated, "Yes, assault is a a criminal charge and Individual #4 was assaulted by the staff. In hindsight we should have called the police and pressed charges."

The Administrator and the Social Worker provided Court Records for DSP #5 which were reviewed and are documented in part, as follows:

Arrest Date: 12/14/17
Charge: Abuse of Child, Serious Injury
Charge Type: Class 4 Felony

Arrest Date: 3/2/18
Offense Date: 11/12/17
Charge: Assault and Battery
Charge Type: Misdemeanor

Arrest Date: 3/2/18
Offense Date: 11/12/17
Charge: Contributing to the Delinquency of a minor
Charge Type: Misdemeanor

Arrest Date: 3/2/18
Offense Date: 11/12/17
Charge: Child Abuse
Charge Type: Felony

The facility social worked provided a written

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Mistreatment can be defined for the purpose of this policy to include but not limited to:
Failure to act/neglect that leads to or is in imminent danger of causing physical injury through negligent omission, treatment, or maltreatment of an individual, including but not limited to failure by staff to provide an individual with adequate food, clothing, shelter, medical care, supervision, or through condoning or permitting abuse of an individual by any other person.
Verbal mistreatment: by subjecting the individual to the use of derogatory names, phrases, profanity, ridicule, harassment, coercion, or intimidation and threatening injury or withholding of services or supports, including implied or direct threat of termination of services.
Restrictions on an individual's freedom of movement by seclusion in a locked room under any condition. Restriction to an area of the residence or restricting access to ordinarily accessible areas of the residence is not allowed, unless arranged for and agreed to on the Individual's' Support Plan. Use of Physical restraint: without a written physician's order, or as part of an Individual Support Plan, unless an individual's actions present an imminent danger to himself/herself or others, and only until appropriate action is taken by medical, emergency, or police personnel. Financial exploitation which may include, but is not limited to: unauthorized rate increases, staff borrowing from or loaning money to individuals, witnessing wills in which the caregiver is beneficiary, adding caregiver's name to individual's bank accounts, inappropriately expending individual's personal funds, and theft of an individual's personal funds. **Neglect:** To assist this facility in defining incidents of neglect; neglect is defined as any recent act or failure to act that results in death, serious physical or emotional harm.
Examples of neglect for the purpose of this policy include: Abandonment

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W 149	<p>Continued From page 115</p> <p>description of the video dated 11/12/17 involving an altercation HHP (Holiday House Personnel) staff and Name (Individual #4) which was reviewed and documented in part, as follows:</p> <p>Name (Individual #4) was in a dark gymnasium. He was observed crawling on his hands and knees coming out of the bathroom with two male staff Names (Resident Supervisor (RS) #4 and Direct Support Personal (DSP) #5). He appeared to be in distress attempting to get away from the staff that were in the bathroom with him. Immediately exiting bathroom DSP #5 kicked him two times on his side. Name (Individual #4) was still lying on the gymnasium floor with the two male staff standing over him. Name (Individual #4) began sliding on the floor attempting to get away from the two male staff. DSP #5 then grabs Name (Individual #4) shirt while Name (Individual #4) was still lying on the gymnasium floor. Name (Individual #4) was resisting; DSP #5 pulled Name (Individual #4) by his left leg and dragged him across the gymnasium floor towards the door. DSP #5 grabbed Name (Individual #4's) legs causing him to flip over several times. DSP #5 is now sitting on Name (Individual #4's) side and RS #4 comes and sits on Name (Individual #4's) head. Both Staff are in this position approximately 13 seconds. Name (Individual #4) continues to remain on the floor. DSP #5 continues to pull at Name (Individual #4's) leg in efforts to get him out of the gymnasium. RS #4 is standing over Name (Individual #4) observing the physical grabbing done by DSP #5. DSP #5 continues to attempt to drag Name (Individual #4) by his leg. Name (Individual #4) is crawling on his legs and hands to get away from DSP #5. DSP #5 and RS #4 follow him while he is crawling away. DSP #5 grabs Name (Individual #4)</p>	W 149	<p>Continued From page 115</p> <p>Nutritional neglect (under-nourished); failure to provide food/hydration, inadequate hygiene (wearing soiled clothing) inadequate supervision (sleeping on the job), duration and frequency of unsupervised times. Exposure to hazardous materials Failure to protect by jeopardizing health and safety, any other form of reckless behavior with disregard for the individual's health and safety Failure to implement behavioral support plan procedures, as it relates to safety of the individual. All Holiday House employees are Mandated Reporters and all personnel shall strictly adhere to the following procedures: Any Staff, Individual, Authorized representative, consultant, legal guardian, local or regional advocate, or other interested person who believes that an individual has been harmed, abused, or exploited by any person shall immediately report such to the Chief Administrative Officer and/or their IMMEDIATE SUPERVISOR. It is the supervisor's responsibility to ensure that he alleged abuser is removed from providing any care to the individual immediately after the allegation is made. In the event the supervisor does not respond appropriately ANY staff may call 911 to ensure the individuals of the facility is safe. The Chief Administrative Officer, in no case, shall punish or retaliate against a volunteer, consultant, or student for reporting an allegation of abuse, neglect, or exploitation to an outside entity. Any employee who believes or witnesses that an individual has been harmed, abused or exploited, neglected or mistreated by any person shall INTERVENE to prevent further harm to the individual and report such activity immediately to their immediate supervisor. The Immediate Supervisor must IMMEDIATELY suspend the employee who has been alleged to abuse, neglect, or mistreat the individual. The Immediate Supervisor will conduct an initial investigation and submit written statements, conduct interviews, and get as much initial information as possible. This information should be</p>	
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W 149	<p>Continued From page 116</p> <p>around his midsection with both arms and tackles him to the gymnasium floor. RS #4 is walking around the gymnasium failing to intervene pacing the room. DSP #5 then lays on top of Name (Individual #4) while RS #4 paces around the gymnasium and looks away in another room. Name (Individual #4) continues to be on the floor in distress. DSP #5 is applying pressure to Name (Individual #4's) neck and shoulder area. DSP #5 stands up removing body weight from Name (Individual #4) but still stands over him with Name (Individual #4) in the middle of his legs. RS #4 continues to pace around the gymnasium. DSP #5 then swings his legs around Name (Individual #4) to let him loose. Name (Individual #4) begins crawling away on his hands and knees and DSP #5 starts to walk toward Name (Individual #4) again. RS #4 then enters the bathroom. DSP #5 grabs Name (Individual #4) by the neck area one more time. DSP #5 takes his jacket off and walks away from Name (Individual #4). Name (Individual #4) continues to roll around on the floor. After DSP #5 removes his jacket he kicked Name (Individual #4) twice again on his side. Name (Individual #4) rolls to his feet to stand up and begins running out of the gymnasium door. DSP #5 follows him directly out of the door. RS #4 then leaves the bathroom carrying a bag of trash.</p> <p>Total Time of Incident: 2 minutes and 37 seconds.</p> <p>On 4/24/19 at approximately 1:40 PM the Social Worker was asked what she thought about the video involving Individual #4 and the facility staff members. The Social Worker stated, "Honestly it made me sick. I wanted to cry. I have a three year old and if anyone every did that to my child I</p>	W 149	<p>Continued From page 116</p> <p>forwarded immediately to the Chief Administrative Officer/Social Worker. The investigator shall include dates, times of interviews and written statements etc. The Immediate Supervisor must ensure that the Individual is assessed immediately by the Nurse on duty and the individual MUST be transported to the emergency room for further medical evaluation and treatment. The Immediate supervisor and the Nurse on duty must NOTIFY the Chief Administrative Officer, Director of Nursing, Social Worker as soon as possible. The Chief Administrative Officer will ensure the facility's Social Worker (Investigator) immediately investigate and report the alleged abuse, neglect, mistreatment in accordance with established state policies and procedures. The Social Worker is responsible for entering all allegations of abuse, neglect, mistreatment, complaints, and suspicious injuries of unknown origin in accordance with state laws and established procedures. The Social Worker will ensure that incidents are thoroughly investigated. Investigations will consists of monitoring the CCTV camera system, interviewing staff, interviewing the individual, etc. The Social Worker upon receipt of any allegation allegations of abuse, neglect, mistreatment, complaints, and suspicious injuries of unknown origin will conduct an investigation and will be entered into the CHRIS (Comprehensive Human Rights Information System program within 24 hours of the initial report. The Social Worker will document times, dates, timelines, phone calls regarding the allegation of abuse, neglect, mistreatment investigative findings.</p>	
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W 149	<p>Continued From page 117</p> <p>would go crazy. He (Individual #4) should have never been abused like that, we have behavior support plans for all of our Individuals and they should be followed."</p> <p>Individual #4's Nurses Notes were reviewed and are documented in part, as follows:</p> <p>11/12/17 5:30 PM: Focal Assessment to left upper thigh near hip/groin area. Noted large bruised area. Nontender to touch. Activity WNL (within normal limits) without sign/symptoms of pain/discomfort. Skin intact without swelling. No Tx. (treatment) needed, monitoring continues. PCP (patient care provider) notified. Residential Supervisor will notify parent.</p> <p>11/13/17 7:30 AM: After being showered observed a large bruise to left hip and groin area that was dark blue and green in color, nontender to touch, no signs or symptoms of pain/discomfort noted, no treatment needed</p> <p>On 4/24/19 at 3:30 PM an interview was conducted with LPN (Licensed Practical Nurse) #2 who performed the above focal assessment on Individual #4 on 11/12/17 at 5:30 PM. LPN #2 was asked to describe what she saw when she assessed Individual #4 on 11/12/17. LPN #2 stated, "I was in the nursing office and I was called and asked if I could come over to assess Name (Individual #4's) bruise on his leg. I went over and walked up to the bathroom and said "Oh my God what happened to him?" They (RS #4 and DSP #5) said "We don't know". I said, "No one knows what happened?" I was so emotional, we (me and RS #4) did an incident report and called the mom. I told the mom what the area looked like." LPN #2 was asked to describe the</p>	W 149	<p>Continued From page 117</p> <p>Upon completion of the investigation as indicated in the Holiday House of Portsmouth, Inc. Abuse, Neglect, and Mistreatment Policies, the Social Worker will complete a final investigation into CHRIS (Comprehensive Human Rights Information System) within 5 working days (these days also include weekends and holidays). An employee's failure to report or cooperate with an abuse and/or neglect investigation may result in disciplinary action. Any action by an employee that compromises the integrity or outcome of a factual investigation may be cause for disciplinary action and/or immediate termination.</p> <p>Volunteers, contractors, contract employees, student interns and/or consultants who fail to comply with this departmental instruction may be terminated from employment/service.</p> <p>Upon receipt of an allegation of abuse, neglect, and/or mistreatment the protocol is identified as follows: Take steps to protect the safety and welfare of the individuals. Suspend the alleged abuser immediately. Ensure an assessment is completed by the nurse if allegations involve any type of injury or claim that staff may have injured individual. The individual involved in the abuse will immediately be transported to the emergency room for medical evaluation and treatment as needed. Ensure that employees are reminded that they are to cooperate with the investigation, Ensure to investigate get written statements, be sure to document thoroughly</p> <p>Immediately contact the local law enforcement in all cases of suspected criminal activity.</p> <p>Notify the Chief Administrative Officer, Director of Nursing, Social Worker.</p> <p>The Social Worker will initiate an impartial investigation within 24 hours of receiving a report of potential abuse or neglect. In the absence of the Social Worker the Chief Administrative Officer will appoint an employee who is not involved in the issues of the investigation to complete the</p>	

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area on Individual #4's hip/groin area. LPN #2 stated, "It was a dark purple with a red spot. It was about the size of a pineapple. It didn't need any treatment but I did notify the doctor by fax. LPN #2 was asked if she was a mandated reporter and if it ever occurred to her that Individual #4 may have been abused. LPN #2 stated, "Yes I am a mandated reporter but no it never occurred to me he was abused." LPN #2 was then asked if she reviewed the video footage from the monitor in the Nursing Office on 11/12/17 when the bruise of unknown injury was reported to her to see if there was any indications that Individual #4 was abused. LPN #2 stated, "No, I never checked the camera system that day."

Individual #4's Interdisciplinary Progress Note date 11/12/17, timed 3 PM-7 PM written by DSP #5 were reviewed and is documented in part, as follows:

Staff received Name (Individual #4) in living area. He was watching TV(television). Staff supported with toileting. Name (Individual #4) spent time with his parents. He played in the gym. Staff supported with PM (afternoon) care. Name (Individual #4) received snack and dinner. He ate independently. He watched tv and played with toys until bedtime.

The documentation regarding the bruise found on Individual #4's upper thigh and groin were faxed to the Attending Physician's Office on Sunday 11/12/17 at 18:52 (6:52) P.M. was reviewed and is documented in part, as follows:

Large bruise to left upper thigh near hip/groin area. Nontender to touch. No swelling, activity

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investigation. The facility will use closed circuit cameras to assist with the investigation. In all cases, the Chief Administrative Officer will provide his written decision, including Actions taken as a result of the investigation within completion of the investigation to the individual, individual's parent/guardian. If the individual affected by the alleged abuse or his authorized representative is not satisfied with the Chief Administrative Officer's actions, he or his authorized representative or anyone acting on his behalf, may file a complaint and request for a Local Human Rights Committee (LHRC) hearing under 12VAC 35-115-180. In the event that the investigation is unfounded the facility will complete the following:
The employee will be monitored by the supervisor or designee during a 3-month period. He or she shall be supervised closely while assigned to individuals. Daily documentation will occur.
The Social Worker will review Holiday House of Portsmouth's Abuse, Neglect, and Mistreatment policies with the staff person.
A certified TOVA Trainer will discuss with the staff person the TOVA philosophy and the TOVA technique as it relates to the incident. (If applicable)

At the end of the 3-month period, the Director of Residential Services will review the documentation with the staff person. The supervisor will prepare a written report with recommendations to be submitted to the Chief Administrative Officer within ten days. All staff will be informed and review the Abuse of Individuals/Mistreatment/Neglect Policies at the time of orientation, monthly at all staff meetings, and annually in the month of February. Documentation of this review shall be on the orientation sheet and staff training log.
This policy and procedure will be reviewed with each employee during the initial employment, monthly at all staff meetings, and annually in the month of February. This policy will be reviewed with all staff on 5/22/2019.

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W 149	<p>Continued From page 119</p> <p>WNL (within normal limits). No treatment needed. Monitoring continues.</p> <p>Individual #4's facility Accident Incident Report dated 11/12/17 at 5:33 P.M. completed by DSP #5 was reviewed and is documented in part, as follows:</p> <p>Where did the accident/incident take place? Staff observed in bathroom.</p> <p>Describe any injuries incurred: Staff observed bruise on left hip while supporting with nightly hygiene.</p> <p>Name of any witnesses: Name (RS #4).</p> <p>Staff person's account of what happened: Staff observed bruise while supporting with PM care.</p> <p>Condition of person involved: (Completed by Nurse, LPN #2); Focal assessment to left upper thigh, noted large bruise near hip/groin. skin intact, no swelling, no signs or symptoms of pain/discomfort, no tenderness, activity WNL.</p> <p>Physician notified: Name (Attending Physician) via fax, Time: 5:45 PM, By Whom: Name (LPN #2), Physician's instructions: none given at this time.</p> <p>Name of Parent/Guardian notified: Name (Individual #4's mother), Time Notified: 5:47 P.M., By Whom: Name (RS #4).</p> <p>Summary of response from the Parent/Guardian: Parents were notified of how big the bruise was and said thanks. signed by RS #4.</p> <p>The facility Comprehensive Human Rights Information System (CHRIS) Abuse Allegation Report for Individual #4, Abuse #20170016 was reviewed and is documented in part, as follows:</p> <p>Alleged Abuse Date: 11/12/17 Individual Name: Name (Individual #4)</p>	W 149	<p>Continued From page 119</p> <p>The injuries of unknown origin protocol was created and states: It is the policy of Holiday House of Portsmouth that injuries of unknown origin be investigated and reported in accordance with state and federal procedures. Injuries of an unknown origin is defined as follows: The injury wasn't observed by anyone or can't be explained by the individual or staff. The injury is suspicious requiring additional medical evaluation due to the location (and in an area not usually vulnerable to trauma), extent of the injury, number of injuries that occur at the same time, or the number of injuries over time. (Hip, upper chest, back, head, neck (front and back), these body parts are listed as a guide but does not exclude other body parts) In the event of an unknown injury the following must take place: RESIDENTIAL DEPARTMENT PROTOCOL: INITIATE INVESTIGATION IMMEDIATELY. The Residential Supervisor must initiate an Accident/Incident Report and IMMEDIATELY begin the investigation into the injury of unknown origin. (Follow Accident/Incident Report Policy and Procedures). The initial investigation should explore the known cause or probable cause on the Incident Report. The Residential Department Supervisor must notify the Chief Administrative Officer, Social Worker, Director of Nursing IMMEDIATELY in the event there is <u>NOT</u> a probable cause or known cause of the injury. NURSING ASSESSMENT & PROTOCOL</p> <p>The nurse should be notified immediately upon observation of all injuries and complete the nursing assessment for the individual. This information should be documented on the Accident and Incident Report Form, and in the nursing notes. As licensed professionals the expectation from the Nurse on Duty is to identify injuries that are suspicious in areas that are NOT vulnerable to trauma. If the injury is unexplained, the nurse shall IMMEDIATELY notify the Director of Nursing, Social Worker, Chief Administrative Officer. The Residential Supervisor and Nurse will continue to phone the family together. The Residential Supervisor will continue to notify the</p>	

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W 149	<p>Continued From page 120</p> <p>Abuse Alleged: Physical, Seclusion/Restraint Abuse Occurred: Physical, Seclusion/Restraint Type of Restraint: Unnecessary use of seclusion and restraint.</p> <p>Description: Unknown large bruise noted to Name (Individual #4's) upper thigh near his hip groin area. Bruise was observed on November 12, 2017 Video surveillance was reviewed from 4pm-5:30pm it was observed that staff Name (DSP #5) used unnecessary use of restraint and inappropriate TOVA (Therapeutic Options of Virginia) techniques. They were observed coming out of the bathroom and Name (Individual #4) refused to leave the gymnasium area and staff attempted to get him to go to the cottage area. The more Name (Individual #4) refused the more physical staff was observed to get. The unnecessary use of physical techniques were pulling individual by the leg to get him into another room, kicked on the hip area one time, and pressing his body weight on the individual. Name (RS #4) was present and failed to intervene to prevent the unnecessary physical actions that staff were exhibiting. Information was recorded to provide to Child protective services.</p> <p>Injuries: Individual Injured?: Yes Type of Injury: Bruises</p> <p>Reporting: Date Allegation Made: 11/12/2017 Who Made Allegation: Name (RS #4) Who Reported To Director: Name (Individual #4's Father) Date Reported: 11/12/17 8:45 PM.</p> <p>Investigation: Investigation Begin Date: 11/14/17</p>	W 149	<p>Continued From page 120</p> <p>family of the incident, and the nurse will then provide the parents with information regarding the assessment and treatment given if any. The nurse will also notify the Individual's primary care physician of injuries and treatment given. The nurse will document this information in the individual's medical chart and on the nursing daily report sheet.</p> <p>If the employee has knowledge or reason to believe the injury involves abuse or neglect, the employee shall immediately report the event to the CAO in accordance with the Holiday House Abuse Prevention Policies and Procedures. The Director of Nursing/Nursing Department will ensure individuals receive the appropriate medical attention for all unexplained injuries. In cases of suspected criminal activity the CAO or designated staff involved must call local law enforcement.</p> <p>All staff will be trained on this protocol in the all staff meeting on 5/22/2019. Staff will be trained by the facility Social Worker on this protocol at initial orientation. Evidence of compliance will be on the facility's training log.</p> <ol style="list-style-type: none"> 1. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; <p>The Risk Management Committee will review the training roster each month to ensure that all staff receive the training in areas of mandatory reporting, abuse, neglect, and mistreatment.</p> <ol style="list-style-type: none"> 2. Include dates when the corrective action will be completed. <p>Completion Date: 5/22/2019</p>	

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W 149	<p>Continued From page 121</p> <p>Date Investigation Final Report: 11/14/17</p> <p>Rationale: Failure to Follow Behavior/Management Plan, Failure to Follow Policy, Other.</p> <p>Other Rationale: Video surveillance camera confirmed physical and unnecessary use of force. Reason for Corrective Action: Unauthorized use of restraint techniques, Performance Issue-Substantiated.</p> <p>Corrective Action Taken: Reinforce policy and procedure, Increase supervision (change patterns of supervision), Appropriate staff action taken, Appropriate notification to Office of Licensing made.</p> <p>Polices: Suspected Criminal Activity: No Local Police Notification: blank State Police Notification: blank</p> <p>Abused Accused: Name: DSP #5 Actions Taken: Terminated Action Remark: Terminated due to using excessive physical force and using inappropriate TOVA techniques.</p> <p>Name: RS #4 Actions Taken: Terminated Action Remark: Terminated due to failing to intervene while staff was using inappropriate excessive force to transition from one building to another.</p> <p>The facility letter sent to Individual #4's parents regarding investigation into unknown bruise dated 11/15/17 was reviewed and is documented in part, as follows:</p>	W 149	<p>Continued From page 121</p> <p><u>W149: Facility failed to ensure Individual #2 was not subject to neglect.</u></p> <p>1. <u>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:</u></p> <p>Individual #2 was notified of his right to be free from neglect upon his admission to the facility on 3/20/2018, and on 3/1/2019. Evidence of such notification is located in the individual's medical record. A project Lifesaver application was completed for Individual #2 due to his elopement and running away behavior. Project Lifesaver was put on 1/28/2019. The facility changed the way the fences were being locked and latched; and the electronic video gate training was developed to train staff on the proper way to lock and latch the gate. Door chime policy was revised to include procedure of turning on chimes when they are turned on. Child Protective Services was contacted by the facility Social Worker. Behavior Support Plan Addendum was developed and read as follows: /Elopement Plan on 1/24/2019. Rationale: Individual #2 has a history of running away from staff and leaving grounds of Holiday House of Portsmouth. This behavior support plan addendum will address appropriate prevention and responses in the event he elopes from the supervised area. The following strategies will be implemented when supporting Individual #2 while on grounds and out in the community with Holiday House of Portsmouth designated staff: Holiday House of Portsmouth Residential Supervisors and/or Managers will designate the appropriate staff to work with Individual #2 during waking hours. The assigned staff will follow the guidelines of One to One Supervision (Level one), which means the assigned staff will be visually focused on him, (individual must be within eyesight of staff at all times), the staff person will be within one arm's length of Individual #2, this person will implement his schedule of activities for the day, the assigned staff will rotate</p>	
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W 149	<p>Continued From page 122</p> <p>This letter is to inform you that we have concluded the investigation regarding the large unknown bruise discovered on November 12, 2017. The surveillance camera was also reviewed.</p> <p>Investigative Findings/Conclusion: Founded; this video had evidence of abuse and neglect and violated Holiday House Abuse of Individuals Policy. The reviewing of the video surveillance disclosed the following:</p> <p>*During transition from the gym area to the residential area after leaving the restroom Name (Individual #4) was observed coming out of the bathroom with a male staff.</p> <p>*The Staff provided unnecessary physical support and did not use ANY appropriate TOVA interventions as trained by Holiday House of Portsmouth.</p> <p>*Evidence revealed male staff placing body weight on Name (Individual #4).</p> <p>*Evidence of a kick to Name (Individual #4's) hip/groin area.</p> <p>*Residential Supervisor was present and failed to intervene which was a violation of Holiday House Policy.</p> <p>*Termination of employee #1 for violation of Holiday House Policy.</p> <p>*Termination of employee #2 for failing to intervene and providing oversight to prevent abuse/neglect.</p>	W 149	<p>Continued From Page 122</p> <p>activities for the day, the assigned staff will rotate every 2 hours with another designated staff person, the one to one staff will be responsible for implementing his behavior support plan and document every 2 hours regarding engagement activities with Individual #2. The designated staff person cannot leave the area where he/she is working with Individual #2 without notifying the Supervisor on duty, i.e. restroom break, lunch break, etc. The assigned staff person will encourage Individual #2 to hold their hand while out in the community. If he is resistant staff must be within arm's length of Individual #2 at all times. If Individual #2 runs out the exit door (on-grounds) the assigned staff person will immediately follow him and at the same time verbally say to another staff in the vicinity to call an All Page CODE: GREEN (code for: elopement), the person making the All Page will announce Individual #2's initials, the location he is leaving and possible direction Individual #2 is going towards. All available staff will come to the area stated for support. Once located the assigned staff person will escort him back to the safe area. If any injuries should occur during elopement an accident and incident report will be completed and Individual #2 will be assessed by nursing staff. Parents will be notified. When Individual #2 is out in the community the assigned staff person must have access to a cell phone. If Individual #2 runs away from the assigned staff person out in the community and not within eyesight then staff must call 911. The designated staff person will instruct another staff person to call supervisor at Holiday House to inform of the situation and get further instructions. The Supervisor will contact the Residential Manager, Chief Administrative Officer, Social Worker, Nursing department to inform of the situation and get further instructions. Once Individual #2 is found and return to Holiday House the designated staff person will take him to nursing department to be assessed. An accident and incident report will be written if an injury occurred. If an injury occurred he will be provided treatment and monitored closely by staff.</p>	
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W 149	<p>Continued From page 123</p> <p>*Behavior episodes from this point on must be reported to the CAO (Chief Administration Officer) and SW (Social Worker), All hands on interaction investigated and viewed on surveillance camera.</p> <p>*All staff meeting will be held on November 15, 2017 additional TOVA training will be discussed and trained with all staff.</p> <p>The facility Visitors Sign IN/OUT sheet for the week of November 9th through the 14th was reviewed and revealed that Individual #4's parents and siblings were in the facility on 11/12/17 from 3:20 P.M.-4:20 P.M..</p> <p>Email correspondence between Individual #4's Father and the Chief Administration Officer(CAO) was reviewed and is documented in part, as follows:</p> <p>Sunday, November 12, 2017 8:45 PM:</p> <p>Hi Name (CAO),</p> <p>We received a call after we left Holiday House this evening. We missed the call and it went to voicemail. A message was left, but apparently Name (RS #4) didn't hang up the phone all of the way and our voicemail continued to record a conversation between Name (RS #4), and what sounded like the nurse about our son that raised a few concerns:</p> <p>*A bruise wasn't noticed all day it seems because it also seems he hadn't been changed all day. We never saw a bruise ourselves, so I am saying he wasn't changed all day solely based on what was said in the recorded voicemail. Based on the reactions within the conversation that was recorded, the nurse seemed concerned like it is</p>	W 149	<p>Continued From page 123</p> <p><u>Address how the facility will identify other residents having the potential to be affected by the same deficient practice:</u></p> <p>Holiday House of Portsmouth has implemented a Mandated Reporter Policy created on 5/6/2019. The policy indicates that all Holiday House of Portsmouth staff report any suspected cases of child abuse/neglect in accordance with the Code of Virginia and Holiday House of Portsmouth established child abuse reporting procedures. This policy emphasizes ALL staff in their professional or official capacity while employed at Holiday House Mandated reporters includes but is not limited to the following:</p> <p>Any person licensed to practice medicine or any of the healing arts; any professional staff person employed by a private or state operated facility, institution or facility where persons have been placed for care and treatment. Any person employed as a social worker</p> <p>Any probation officer, Any teacher or other person employed in a public or private school, kindergarten or nursery school ,Any mental health professional</p> <p>Any person employed to take care of children, Law Enforcement Officers, Any person employed by or contracted with the facility and working with the individuals in an administrative, supportive or direct care capacity. Any guardian or conservatory of an adult</p> <p>Any person providing full, intermittent or occasional care to a child/adult for compensation including, but not limited to homemaker, personal care workers, companion etc. Holiday House of Portsmouth, Inc. expects and enforces that all staff that has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect, or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect, that person shall IMMEDIATELY report or cause a report to be made. Anyone employed at Holiday House of Portsmouth, Inc. Who</p>	
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W 149	<p>Continued From page 124 something that should have been noticed sooner.</p> <p>We called back, (we didn't mention the recording) and we were told that the bruise didn't appear too bad, had colored some, but wasn't tender, and that he didn't seem in pain. No one mentioned any of the other information in the recorded voicemail. When you listen to the voicemail, the nurse describes the bruise as sounding worse than the way she described it to us when we returned the call.</p> <p>*Name (RS #4): We didn't hear Name (RS #4) say anything bad and we genuinely like Name (RS #4) and he does good with Name (Individual #4). We still wish he or the nurse would have told us everything when we called back.</p> <p>*Nurse (LPN #2): She should have told us about all of her concerns. She didn't.</p> <p>Their first duty should be to the child, and by extension the parents, not to making sure no one gets in trouble by withholding information. Nor should they be operating in an Us (employee) versus Them (parent) mentality. We just have concerns about our child's care and wanted to discuss the situation with you.</p> <p>Response Email from CAO Sunday, November 12, 2017 8:59 PM:</p> <p>Any concerns from my parents, staff or Name (Individual #4's) care is a concern for me as the Administrator. I will call you tomorrow when I get in to work. I will have my social worker follow up with an investigation.</p> <p>The facility document titled "Interview and</p>	W 149	<p>Continued From page 124</p> <p>is mandated to report suspected child abuse or maltreatment-and fails to do so, could be charged with a Class A misdemeanor and subject to criminal penalties. Mandated reported can be sued in a civil court for monetary damages for any harm caused by the mandated reporter's failure to make a report. This new policy will be reviewed at the all staff meeting on 5/22/2019.</p> <p>Holiday House of Portsmouth CAO also revised the Abuse, Neglect and Mistreatment Policies. This policy indicates that: Holiday House of Portsmouth, Inc. ICF/IID prohibits any form of abuse, neglect, and mistreatment of the individuals. Abuse is defined as any negligent act by an employee or other person responsible for the care of an individual receiving services that was performed knowingly, recklessly, or intentionally. Abuse will cause or may have potential to cause physical or psychological harm, injury, or death to a person receiving care or treatment. Holiday House of Portsmouth will not permit individuals to be abused by anyone, including staff members, consultants, volunteers, and staff of other agencies providing service to the individual.</p> <p>Examples of abuse for the purpose of this policy include, but are not limited to, the following: Physical Abuse: Any kind of physical intimidation or intrusion such as pushing, pulling, scratching, hitting, kicking, slapping, throwing things, torturing, burning with cigarettes, pulling hair, unauthorized holds, and cutting. Verbal Abuse: Abuse that is achieved primarily with words. Criticizing an individual, belittling, or making fun of someone. Sexual Abuse: Forced sex or sex that takes unfair advantage of an individual, fondling, or inappropriate touching. Emotional Abuse: Abusive behavior that uses emotions to intimidate the victim.</p>	

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Discussion with Name (RS #4) in regards to altercation with Name (Individual #4) dated 4/24/19 was reviewed and is documented in part, as follows:

Present: CAO, SW, Human Resource Manager.
Location: Conference Room

The meeting was opened By Name (CAO), he explained to Name (RS #4) that the team is here to investigate a large unknown bruise on Name (Individual #4).

Name (RS #4) replied "Yes sir" and explained that an accident and incident report was completed for the bruise.

CAO asked Name (RS #4) did he have anything to share with the team in reference to Name (Individual #4's) Care and/or bruise on the evening on 11/12/17.

Name (RS #4) responded that Name (Individual #4) had behaviors because he didn't want to leave the gym He expressed the Name (Individual #4) has a hard time transitioning in the evening.

CAO then asked Name (RS #4) to review the video footage from the gymnasium on the evening of 11/12/17.

The team watched the video of incident which occurred on 11/12/17 in the conference room of the administration building.

Name (RS #4) was asked by CAO after reviewing the video to explain how he let Name (DSP #5) conduct inappropriate physical interventions to

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Mistreatment can be defined for the purpose of this policy to include but not limited to:
Failure to act/neglect that leads to or is in imminent danger of causing physical injury through negligent omission, treatment, or maltreatment of an individual, including but not limited to failure by staff to provide an individual with adequate food, clothing, shelter, medical care, supervision, or through condoning or permitting abuse of an individual by any other person.
Verbal mistreatment: by subjecting the individual to the use of derogatory names, phrases, profanity, ridicule, harassment, coercion, or intimidation and threatening injury or withholding of services or supports, including implied or direct threat of termination of services.
Restrictions on an individual's freedom of movement by seclusion in a locked room under any condition.
Restriction to an area of the residence or restricting access to ordinarily accessible areas of the residence is not allowed, unless arranged for and agreed to on the Individual's Support Plan. Use of Physical restraint: without a written physician's order, or as part of an Individual Support Plan, unless an individual's actions present an imminent danger to himself/herself or others, and only until appropriate action is taken by medical, emergency, or police personnel. Financial exploitation which may include, but is not limited to: unauthorized rate increases, staff borrowing from or loaning money to individuals, witnessing wills in which the caregiver is beneficiary, adding caregiver's name to individual's bank accounts, inappropriately expending individual's personal funds, and theft of an individual's personal funds. **Neglect:** To assist this facility in defining incidents of neglect; neglect is defined as any recent act or failure to act that results in death, serious physical or emotional harm.
Examples of neglect for the purpose of this policy include: Abandonment
Nutritional neglect (under-nourished); failure to provide food/hydration, inadequate hygiene (wearing

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W 149	<p>Continued From page 126</p> <p>Name (Individual #4). CAO explained to Name (RS #4) that he as a supervisor was there to intervene and ensure Name (Individual #4) was not abused and CAO expressed to Name (RS #4) that he failed as supervisor.</p> <p>CAO also asked Name (RS #4) was Name (DSP #5) techniques considered :TOVA". Name (RS #4) said "No, it wasn't".</p> <p>Name (RS#4) became very upset and expressed to the team that he was uncomfortable that's why he walked around the room so much when Name (DSP #5) was dealing with Name (Individual #4). Name (RS #4) expressed that he has a good rapport with Name (Individual #4) and that he made a really huge mistake.</p> <p>The facility document titled "Interview and Discussion with Name (DSP #5) in regards to altercation with Name (Individual #4) dated 4/24/19 was reviewed and is documented in part, as follows:</p> <p>Present: CAO, SW, Human Resource Manager. Location: Conference Room</p> <p>The meeting was opened By Name (CAO), he explained to Name (DSP #5) that the team is here to investigate a large unknown bruise on Name (Individual #4).</p> <p>CAO asked Name (DSP #5) did he have anything to share with the team in reference to Name (Individual #4's) Care and/or bruise on the evening on 11/12/17.</p> <p>Name (DSP #5) responded that Name (Individual #4) had behaviors but nothing out of the ordinary</p>	W 149	<p>Continued From page 126</p> <p>soiled clothing) inadequate supervision (sleeping on the job), duration and frequency of unsupervised times. Exposure to hazardous materials Failure to protect by jeopardizing health and safety, any other form of reckless behavior with disregard for the individual's health and safety Failure to implement behavioral support plan procedures, as it relates to safety of the individual. All Holiday House employees are Mandated Reporters and all personnel shall strictly adhere to the following procedures: Any Staff, Individual, Authorized representative, consultant, legal guardian, local or regional advocate, or other interested person who believes that an individual has been harmed, abused, or exploited by any person shall immediately report such to the Chief Administrative Officer and/or their IMMEDIATE SUPERVISOR. It is the supervisor's responsibility to ensure that the alleged abuser is removed from providing any care to the individual immediately after the allegation is made. In the event the supervisor does not respond appropriately ANY staff may call 911 to ensure the individuals of the facility are safe. The Chief Administrative Officer, in no case, shall punish or retaliate against a volunteer, consultant, or student for reporting an allegation of abuse, neglect, or exploitation to an outside entity. Any employee who believes or witnesses that an individual has been harmed, abused or exploited, neglected or mistreated by any person shall INTERVENE to prevent further harm to the individual and report such activity immediately to their immediate supervisor. The Immediate Supervisor must IMMEDIATELY suspend the employee who has been alleged to abuse, neglect, or mistreat the individual. The Immediate Supervisor will conduct an initial investigation and submit written statements,</p>	

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W 149	<p>Continued From page 127</p> <p>happened. He was able to say this statement with a blank face without indication of telling the team false information.</p> <p>CAO then asked Name (DSP #5) to review the video footage from the gymnasium on the evening of 11/12/17.</p> <p>Name (DSP #5) and the team watched the video of incident which occurred on 11/12/17 in the conference room of the administration building. Name (DSP #5's) head went down when he noticed that the altercation was on video surveillance. After watching the video CAO asked him to explain his behavior.</p> <p>CAO also asked him was his techniques considered "TOVA". Name (DSP #5) responded "No" by shaking his head side to side. He had no words.</p> <p>Name (DSP #5) in a remorseful manner stated that "he messed up". He stated that Name (Individual #4) was difficult to work with and it's hard to work with someone so difficult over and over.</p> <p>He did realize that his actions were wrong. He apologized for his actions.</p> <p>CAO informed Name (DSP #5) that he violated Holiday House of Portsmouth Abuse Policy and that he will be terminated, and the care is reported to Child Protective Services.</p> <p>Name (DSP #5) accepted the termination and he was escorted off of Holiday House Portsmouth Premises.</p>	W 149	<p>Continued From page 127</p> <p>conduct interviews, and get as much initial information as possible. This information should be forwarded immediately to the Chief Administrative Officer/Social Worker. The investigator shall include dates, times of interviews and written statements etc. The Immediate Supervisor must ensure that the Individual is assessed immediately by the Nurse on duty and the individual MUST be transported to the emergency room for further medical evaluation and treatment. The Immediate supervisor and the Nurse on duty must NOTIFY the Chief Administrative Officer, Director of Nursing, Social Worker as soon as possible. The Chief Administrative Officer will ensure the facility's Social Worker (Investigator) immediately investigate and report the alleged abuse, neglect, mistreatment in accordance with established state policies and procedures. The Social Worker is responsible for entering all allegations of abuse, neglect, mistreatment, complaints, and suspicious injuries of unknown origin in accordance with state laws and established procedures. The Social Worker will ensure that incidents are thoroughly investigated. Investigations will consists of monitoring the CCTV camera system, interviewing staff, interviewing the individual, etc. The Social Worker upon receipt of any allegation allegations of abuse, neglect, mistreatment, complaints, and suspicious injuries of unknown origin will conduct an investigation and will be entered into the CHRIS (Comprehensive Human Rights Information System program within 24 hours of the initial report. The Social Worker will document times, dates, timelines, phone calls regarding the allegation of abuse, neglect, mistreatment investigative findings. Upon completion of the investigation as indicated in the Holiday House of Portsmouth, Inc. Abuse,</p>	

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W 149	<p>Continued From page 128</p> <p>The Critical Incident Report from Individual #4's Day School program dated 11/13/17 at 9:30 Am was reviewed and is documented in part, as follows:</p> <p>Type of incident: Other: arrived to school with large bruise on front of left hip and upper thigh.</p> <p>Incident reported to:</p> <p>Parents: 11/13/17 at 9:45 AM, picture of bruise sent at 10:09 AM Holiday House: 11/13/17 at 10:00 AM</p> <p>Description of incident: Name (Individual #4) arrived at school and transitioned to class. When taken to the bathroom at 9:30, staff noticed bruising on his hip and thigh. Staff called mom and was asked to send pictures. Mom and dad arrived, looked at the bruise, called doctor. Holiday House was called and came to get Name (Individual #4) to transport to the doctor. Parents shared that they had received a call last night from Holiday House that Name (Individual #4) had a behavior and had a bruise on his back. We looked and did not find a bruise on Name (individual #4's) back. Holiday House said they did not see a bruise on Name (Individual #4's) hip when he left for school.</p> <p>Individual #4 was seen at Name (Children's Hospital) on 11/13/17 at 1:25 PM with chief complaint of Bruising and Swelling of Jaw/Lump.</p> <p>Individual #4's Positive Behavioral Support Plan dated 9/18/17-9/18/18 was reviewed and is documented in part, as follows:</p>	W 149	<p>Continued From page 128</p> <p>Neglect, and Mistreatment Policies, the Social Worker will complete a final investigation into CHRIS (Comprehensive Human Rights Information System) within 5 working days (these days also include weekends and holidays). An employee's failure to report or cooperate with an abuse and/or neglect investigation may result in disciplinary action. Any action by an employee that compromises the integrity or outcome of a factual investigation may be cause for disciplinary action and/or immediate termination.</p> <p>Volunteers, contractors, contract employees, student interns and/or consultants who fail to comply with this departmental instruction may be terminated from employment/service.</p> <p>Upon receipt of an allegation of abuse, neglect, and/or mistreatment the protocol is identified as follows: Take steps to protect the safety and welfare of the individuals. Suspend the alleged abuser immediately. Ensure an assessment is completed by the nurse if allegations involve any type of injury or claim that staff may have injured individual. The individual involved in the abuse will immediately be transported to the emergency room for medical evaluation and treatment as needed.</p> <p>Ensure that employees are reminded that they are to cooperate with the investigation, Ensure to investigate get written statements, be sure to document thoroughly</p> <p>Immediately contact the local law enforcement in all cases of suspected criminal activity.</p> <p>Notify the Chief Administrative Officer, Director of Nursing, Social Worker.</p> <p>The Social Worker will initiate an impartial investigation within 24 hours of receiving a report of potential abuse or neglect. In the absence of the Social Worker the Chief Administrative Officer will appoint an employee who is not involved in the issues of the investigation to complete the investigation. The facility will use closed circuit cameras to assist with the investigation.</p>	

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W 149	<p>Continued From page 129</p> <p>Rational::</p> <p>Plan written in accordance to VAC12-200-105 Behavioral treatment Plans with restrictive recommendations.</p> <p>Target Behaviors: Physical Aggression, Self-Injury, Property Destruction, and PICA. It is important to note that Name (Individual #4) seeks out the person who blocked his access to the item he is wanting.</p> <p>Quality Of Life- A quality life for Name (Individual #4) is to be in a safe environment and doing activities that he prefers without displaying behaviors of concern.</p> <p>What is not working- -Gently touching him or trying to sooth him when he is displaying behaviors of concern.</p> <p>Recommendations and Procedures for Name (Individual #4): -When walking and transitioning to another location offer Name (Individual #4) an object to hold from his clear tote bag to help keep him engaged in an activity.</p> <p>Physical Aggression: -When staff is not able to stop Name (individual #4) from physical aggressive behaviors they should follow the agency crisis plan. -Do not hug or pat his back to help calm him down. Do not stare or frown when he is engaging in target behavior. These actions tend to provoke hostile reaction from Name (Individual #4).</p> <p>remember redirection means ignore the use of disruptive behavior, refocus the person's attention</p>	W 149	<p>Continued From page 129</p> <p>In all cases, the Chief Administrative Officer will provide his written decision, including Actions taken as a result of the investigation within completion of the investigation to the individual, individual's parent/guardian. If the individual affected by the alleged abuse or his authorized representative is not satisfied with the Chief Administrative Officer's actions, he or his authorized representative or anyone acting on his behalf, may file a complaint and request for a Local Human Rights Committee (LHRC) hearing under 12VAC 35-115-180.</p> <p>In the event that the investigation is unfounded the facility will complete the following: The employee will be monitored by the supervisor or designee during a 3-month period. He or she shall be supervised closely while assigned to individuals. Daily documentation will occur. The Social Worker will review Holiday House of Portsmouth's Abuse, Neglect, and Mistreatment policies with the staff person. A certified TOVA Trainer will discuss with the staff person the TOVA philosophy and the TOVA technique as it relates to the incident. (If applicable) At the end of the 3-month period, the Director of Residential Services will review the documentation with the staff person. The supervisor will prepare a written report with recommendations to be submitted to the Chief Administrative Officer within ten days. All staff will be informed and review the Abuse of Individuals/Mistreatment/Neglect Policies at the time of orientation, monthly at all staff meetings, and annually in the month of February. Documentation of this review shall be on the orientation sheet and staff training log. This policy and procedure will be reviewed with each employee during the initial employment, monthly at all staff meetings, and annually in the month of February. This policy will be reviewed with all staff on 5/22/2019. The injuries of unknown origin protocol was created and states: It is the policy of Holiday House of</p>		

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