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

CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	1''		CONSTRUCTION	(X3) DATE	PLETED	
		1				С	
	49G013	B. WING			04	/29/201	9
ROVIDER OR SUPPLIER							
HOUSE OF PORTSMOUT	TH INC						
			P	ORTSMOUTH, VA 23707			
		ID	· V	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	E		(5) ETION
		1					TE .
Initial Comments	•	E	000				
An unconnected Em	omonov Droporodnoso						
	-	E	006				
· ·							
Individuals with Disab	oilities (ICF/ID). No						
			ŀ				
	-		l	of compliance is on the facility's training lo	g. The	1	
•							
CFR(s): 483.475(a)(1)-(2)						
(/a) Ememency Plan	The (facility) must develon			hazards. The CAO, Safety Officer, Social V	Vorker,		
			1				
annually. The plan mi	ust do the following:]						
assessment, utilizing	an all-hazards approach."						
*(For LTC facilities at	8/83 73/aV1\1/1\ Be hased						
1 -		_					
		F.	ן פטע		ss this		
all-hazards approach	, including missing residents.				child in		
				the event they elope and or are missing) is in	place.		
						<	3
			- 1				A
						Ĭ	2
ал пагана аррговон	, modeling missing clients.			for on the vehicle prior to departure and upon	arrival	18	MAY 2 4 2019
(2) Include strategies	s for addressing emergency					12	20
events identified by th	ne risk assessment.					0	13
+5511 / ^ ^ ^	40.440(=)(0)3.(0)						
					es and		
A O O O O O O O O O O O O O O O O O O O	2000001116111, HICHUUIIIY IIIC			assist with notification of appropriate local			
RECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	7 - 	(X6) DAT	E
	SUMMARY ST. (EACH DEFICIENCY REGULATORY OR I. Initial Comments An unannounced Emsurvey was conducte and 4/29/19. The factompliance with 42 Compliance with 10 Compliance with 10 Compliance with 10 Code report will follow Plan Based on All Hace CFR(s): 483.475(a)(1) ((a) Emergency Plantand maintain an emethat must be reviewed annually. The plan mid facility-based and correspond and include a doct community-based ris all-hazards approach *[For ICF/IIDs at §483 and include a document of the community-based ris all-hazards approach community-based ris all-hazards a	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 compliance with 42 CFR Part 483.74, 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. Plan Based on All Hazards Risk Assessment CFR(s): 483.475(a)(1)-(2) [(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:] (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.* *[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. *[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. (2) Include strategies for addressing emergency events identified by the risk assessment, including the Intercorr of Prepared	A BOILD B. WING ROVIDER OR SUPPLIER HOUSE OF PORTSMOUTH INC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments 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. Plan Based on All Hazards Risk Assessment CFR(s): 483.475(a)(1)-(2) [(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:] (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents. *[For LTC facilities 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 residents. *[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. (2) Include strategies for addressing emergency events identified by the risk assessment, including the *IFOR HOSPICE/SUPPLIER REPRESENTATIVE'S SIGNATURE	APG013 B. WING COVIDER OR SUPPLIER	ASUND BETT ADDRESS, CITY, STATE, ZIP CODE 431 COUNTY STREET PORTSMOUTH INC SUMMARY STATEMENT OF DEFICIENCES (EACH DEPICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments 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 compliants were investigated during the survey. The Life Safety Code report will follow. END Bana Based on All Hazards Risk Assessment CFR(s): 483.475(a)(1)-(2) ((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:] (1) Be based on and include a documented, facility-based and community-based risk assessment, untilitizing an all-hazards approach, including missing residents. "[For LTC facilities at \$483.73(a)(1):] (1) Be based on and include a documented, facility-based and community-based risk assessment, untilitizing an all-hazards approach, including missing clients. "[For LTC facilities at \$483.73(a)(1):] (1) Be based on and include a documented, facility-based and community-based risk assessment, untilitizing an all-hazards approach, including missing clients. "[For LTC facilities at \$483.75(a)(1):] (1) Be based on and include a documented, facility-based and community-based risk assessment, untilitizing an all-hazards approach, including missing clients. (2) Include strategies for addressing emergency events identified by the risk assessment. (2) Include strategies for addressing emergency events identified by the risk assessment, including the missing individual plot of a colid its missing; in a required off-site, the individual si mis an every event of a required off-site, the individual si mis an every event of a required off-site, the individual si mis an every event of a required	The facility has developed and maintained an Emergency Preparadness 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 48/3-73, Requirements for intermediate Care Facilities for individuals with Disabilities (ICF/ID). No emergency preparadness complaints were investigated during the survey. The Life Satety Code report will follow. Plan Based on All Hazards Risk Assessment CFR(s): 483.475(a)(1)-(2) ((a) Emergency Plan. The [facility) must develop and maintain an emergency preparadness plan that must be reviewed, and updated at least annually. The plan must do the following:] (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents. *[For LCT Cacilities at \$483.75(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. *[For LCT facilities at \$483.75(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. *[For LCT facilities at \$483.75(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. *[For LCT 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 clients. *[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 clients. *[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 individual policy if a child is missing individual policy if a child is missing individual policy if a child	An unannounced Emergency Preparedness survey was conducted 0x/23/19 through 0x/28/19 community-based risk assessment, utilizing an all-hazards approach, including missing residents. *[For ICF/IIDS at \$483.75(a(X)1)(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing clients. *[For ICF/IIDS at \$483.75(a(X)1)(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing clients. *[For ICF/IIDS at \$483.75(a(X)1)(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing clients. *[For ICF/IIDS at \$483.75(a(X)1)(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing clients. *[For ICF/IIDS at \$483.75(a(X)1)(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing clients. *[For ICF/IIDS at \$483.75(a(X)1)(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing clients. *[For ICF/IIDS at \$483.75(a(X)1)(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing clients. *[For ICF/IIDS at \$483.75(a(X)1)(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing clients. *[For ICF/IIDS at \$483.75(a(X)1)(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing clients. *[For ICF/IIDS at \$483.75(a(X)1)(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, i

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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Event ID: DMEE11

Facility ID: VAICEMR09

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	1 ' '		CONSTRUCTION	COMBIE	
		49G013	B. WING			I	C 29/2019
NAME OF PE	ROVIDER OR SUPPLIER			SI	TREET AODRESS, CITY, STATE, ZIP CODE	1 0-41.	3072010
HOLIDAY	HOUSE OF PORTSMOU	TH INC		42	211 COUNTY STREET		
HULIDAY	nouse of Pokismou	ITING		P	ORTSMOUTH, VA 23707		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	,	PROVIDER'S PLAN OF CORRECTION	_	(X5) COMPLETION
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG	*	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		DATE
E 006	Continued From page	e 1	E	006	authorities.		
	management of the c	consequences of power			If there is a missing individual during the mo	nth the	
		sters, and other emergencies			strategies and missing individual policy		
	that would affect the I	hospice's ability to provide			reviewed and updated during the month		
	care.				Management Meeting.		
	This STANDARD is a	not met as evidenced by:			Policy	414 -11	
		ew, and staff interview, the		- 1	It is the Holiday House of Portsmouth Policy staff understand how to respond and who to		
		nave documentation of the		1	should they discover an individual is missil		
		Preparedness Plan identified			policy will provide a clear procedure that s		
	risk assessment and	associated strategies.			effectively implement in the event of this eme	gency.	
	The findings included	1 :			Procedures		
	During an interview o	n 04/29/19 at 10:12 A.M.	1		In the event than an Individual has been in		
	with the Administrato				"missing" or unable to be located, the f	ollowing	
	ł	facilities community-based			procedures must take place: Call Code " BLACK" = MISSING		
		d strategies that will assist			All available staff must thoroughly search the	ENTIRE	
		ing the needs of their		1	Campus; ensure to look in small-enclosed spa		
	·	strator stated the facility had			places that interest the individual.		
	not developed strate	gies of it's risk assessment			Time is a vital factor in a safe recovery; if atte		
	emergency prepared	ness plan.			locating the individual continue to be unsud immediately call your local law enforcement		
	T1 - 5 - 114 - 4 - 55 5 11 -				(911). Provide law enforcement with the ind		
		d to have documentation of			name, photo, DOB, height, weight, and description		
		ments and strategies of the			clothing last seen wearing; last time seen, d		
E 007	emergency prepared	The state of the s			of the individual, and any other unique id		
E 007	EP Program Patient I CFR(s): 483.475(a)(3		-	006	information. Request law enforcement authorimmediately enter the child's name and id		
	CFR(8): 403.475(8)(3	?)			information into the FBI National Crime Info		
	(/a) Ememency Plan	. The [facility] must develop			Center Missing Person File	ATTIOGOTT	
		rgency preparedness plan			If search is unsuccessful; All available sta	aff must	
		d, and updated at least			search surrounding areas and neighborhoo		
	annually. The plan m				close attention to roadways, nearby highways		
					lakes, pools, vehicles, inside large appliances The Residential Supervisor shall coord		
	(3) Address patient/c	lient population, including,			"SEARCH TEAM" with available HHP staff to		
		sons at-risk; the type of			the search to include knocking on neighborhoo		
	1	has the ability to provide in	İ		(door to door). If the child is found; have		
		continuity of operations,			assessed by HHP Nursing Department as		
	,	of authority and succession			possible.	01.4	
	plans.**				The Residential Supervisor shall notify the Administrative Officer immediately of the		

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '			COME	TE SURVEY MPLETED	
		49G013	B. WING			ı	C /29/2019	
	ROVIDER OR SUPPLIER HOUSE OF PORTSMOUT SUMMARY STA	TH INC	ID	42	TREET ADDRESS, CITY, STATE, ZIP CODE 211 COUNTY STREET ORTSMOUTH, VA 23707 PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG	,	'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE	
E 015	hospice, PACE, HHA, FQHC, or ESRD facility STANDARD is in Based on record reviet facility staff failed to he facility's identified popemergency. The findings included: During an interview or the Administrator, he documentation of the population at risk during delegation of authority administrator stated the risk assessment of in risk during an emergency. The facility staff failed the facility's identified documentation of delegation of delegat	sk" does not apply to: ASC, CORF, CMCH, RHC, ties.] not met as evidenced by: ew, and staff interview, the ave documentation of the sulation at risk during an a saked for facility's identified and an emergency and a during an emergency. The ne facility had not conducted t's resident population at not. The facility did not of delegation of authority to have documentation of population at risk and egation of authority during	EO	006	whether the individual was found or continguation "missing" The Chief Administrative Officer or designed notify the Social Worker and any other pertinent members of his discretion. The Social Worker shall notify the Individual's like Legal Guardian, and/or Authorized Represed and provide the "known" information immedial. The Social Worker will initiate an investion quickly gather information, interview care (DSP), etc. The Chief Administrative Official access CCTV camera footage to gather as information as possible for law enforcement. The Social Worker will complete the CHRIS using the delta portal www.dbhds.virginia.gov.24 hours of the occurrence. The Social Worker to the CHRIS reports are completed within a period; with the resolution of the emergency. Holiday House of Portsmouth will actively wo outside agencies involved in the missing case. The Chief Administrative Officer and Social will send written notification to the Individual, Authorized Representative involved investigative findings, and corrective actions if applicable) and the Right to appeal the disposition.	e shall nt team Parent, entative tely. gation; egivers er will emuch Report within ker will l. ensure 5-day ork with person Worker Parent, with taken (e final	5.22.19	
	this section. The police	on plan at paragraph (c) of ies and procedures must be d at least annually.] At a						

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Facility ID: VAICFMR09

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE (X3) DATE (X3) DATE (X4) PLAN OF CORRECTION (X5) DENTIFICATION NUMBER:		SURVEY PLETED					
		49G013	B. WING			1	C 29/2019
HOLIDAYI	ROVIDER OR SUPPLIER HOUSE OF PORTSMOUT	TH INC	ID	STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707		м	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 015	(1) The provision of s and patients whether place, include, but and (i) Food, water, medic supplies (ii) Alternate sources following: (A) Temperatures t safety and for the safe provisions. (B) Emergency light (C) Fire detection, systems. (D) Sewage and w *[For Inpatient Hospid Policies and procedur (6) The following are hospice-operated inportion of the policies and procedur (ii) The provision of shospice employees a evacuate or shelter in limited to the following: (A) Food, water, many supplies. (B) Alternate source following: (1) Temperature and safety and for the of provisions. (2) Emergency is supplied.	s and procedures must they evacuate or shelter in enot limited to the following: cal and pharmaceutical of energy to maintain the protect patient health and end sanitary storage of exting. extinguishing, and alarm extinguishing, and alarm easte disposal. Exe at §418.113(b)(6)(iii):] res. additional requirements for eatient care facilities only. Endures must address the electron of patients, whether they explace, include, but are not greated and pharmaceutical eres of energy to maintain the est oprotect patient health eres and sanitary storage	E	007	The facility completed a worksheet for rating factors (form CMS-2786M) it determines eva capability of all twenty-eight individuals. The worksheet determined the resident's overall r for assistance. The Safety Officer and the Dirot of Residential Services complete this form for twenty-eight children annually. All current states been re-trained on the updated plan on 5/22/Evidence of compliance is on the facility's trailed. 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 Emerger Management Office (EMO) will communicate the facilities Emergency Coordinator (Chief Administrative Officer) or designee. The Emergency Coordinator will communicate to Director of Residential Services who will relatinformation to the Residential Supervisor and In the absence of the Emergency Coordinator his designee, The Director of Residential Services will assume communications with the Portsm Emergency Management Office teadership a responsibility for the operations of the facility absence of the Director of Residential Service Residential Supervisor will assume the role. Residential Supervisor is assigned to the facility absence of the Director of Residential Service Residential Supervisor is assigned to the facility and on weekends. Communication will occur through landline placalls and/or emails. In the case of a cyber-att internet failure, communication will occur via phones. The Emergency Coordinator (Chief Administrative Officer) and his designees, Di of Residential Services and Residential Super also available for each facility cellular phones are also available for each facility cellular phones home and cellular numbers.	cuation need rector r all ff has 19. ining ry r with the y the d staff. or, and vices routh and . In the es, the The dility the tack or cellular rector ervisors ones. acility	5.22.19

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Event ID: DMEE11

Facility ID: VAICFMR09

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER;	0.00		CONSTRUCTION		PLETED
		49G013	B. WING			1	C /29/2019
	ROVIDER OR SUPPLIER	TH INC		4	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 COUNTY STREET PORTSMOUTH, VA 23707	1 0 1	2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
E 015	(C) Sewage and w This STANDARD is it Based on record revir facility staff failed to p the emergency prepative on the emergency prepative of the emergency prepative of the facility emergency to have documentation of the provision of services during an entire of the plan with the administic A.M. he was asked for contracts for sewage services. The administic have documentation agreements for sewas services. "The administic facility's emergent of vendor contracts for disposal services. Als determine the best midetection. Policies/Procedures of CFR(s): 483.475(b)(5) [(b) Policies and procedures and pr	aste disposal. not met as evidenced by: ew and staff interview, the provide documentation that redness plan addressed sewage and waste disposal : ey preparedness plan failed on of contract agreements ewage and waste disposal nergency. e emergency preparedness trator on 4/29/19 at 10:31 or documentation for vendor and waste disposal strator stated "He did not of the facility having contract ge and waste disposal istrator was also asked for cy fire detection system. It to provide documentation or sewage and waste so, the facility staff failed to ethod for emergency fire	EO	007	The activation of the Emergency Preparedne will be activated by the Emergency Coordinat (Chief Administrative Officer) or his designed decision would be made by the Emergency Coordinator, or his designees, who will then with the Director of Residential Services, who then meet with the Residential Supervisor to for the potential hazard. The Emergency Coordinator of Residential Services would download which of part of the Emergency Preparednes needs to be initiated and communicate the procedures to be followed by the Residential Supervisors and the facility staff. Virginia Hospital Alerting and Status System (VHASS) is a secure, web-based emergency management system to coordinate and streat individual and regional health care response hazards. The Emergency Coordinator (Chief Administrative Officer) and his designee, Dir Residential Services and/or Residential Supwill be responsible for reporting and updating information in VHASS before, during and foll an emergency event. If approached by the press or other media on the staff will adhere to guidelines set forth in facilities media policy. The facility has a service agreement to provide portable restrooms and water in the event of a and or sewage emergency. Elite Seats will proportable restrooms and Sysco will supply the volume of the staff will adhere to guidelines set forth in facilities media policy. The facility has a service agreement to provide portable restrooms and Sysco will supply the volume of the staff will adhere to guidelines set forth in facilities media policy. The facility has a service agreement to provide portable restrooms and sysco will supply the volume of the staff have been re-trained on the updated planes to guidelines in the facility and the policy.	attor es. This meet o would prepare ordinator e and ecide es Plan lan and lan and decide strict auliets, the water evide 26 vater. d ually at eurrent	5.22.19

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-	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '		CONSTRUCTION		MPLETED	
		49G013	B. WING			I	C 29/2019	
	ROVIDER OR SUPPLIER	TH INC		42	TREET ADDRESS, CITY, STATE, ZIP CODE 211 COUNTY STREET ORTSMOUTH, VA 23707	<u> </u>		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
E 023	this section. The policies reviewed and updated minimum, the policies address the following (5) A system of medic preserves patient info confidentiality of patie and maintains available (3),(4),(6)] A system of that preserves patient confidentiality of patie and maintains available *[For RNHCls at §403 procedures. (5) A systhat does the following (i) Preserves patient in (ii) Protects confident (iii) Secures and maintain records. *[For OPOs at §486.3 procedures. (2) A systhat does the following in the protential and actual disecures and maintain this STANDARD is reported and patient info the findings included During an interview of the administrator, he is addressed to the preserving patient information and interview of the administrator, he is administrator.	on plan at paragraph (c) of sies and procedures must be did at least annually. At a sign and procedures must is and procedures must is and procedures must is all documentation that rmation, protects and information, and secures of medical documentation information, protects and information, and secures of information, and secures of information, and secures of information, and secures of information. 3.748(b):] Policies and term of care documentation g: information. idality of patient information. intains the availability of onor information, and is the availability of onor information, and is the availability of records. Into the transition of the availability of the availability of records. Into the transition of the availability of the		015	Water and sewage is vital to maintain daily operations and services. Water supply interruption and services. Water supply interruption be caused by several types of events, such natural disaster, failure of the community water system, construction damage, or even terrorise the event there is a water or sewage issue, put utilities would be contacted and individuals or would be temporarily moved to a part of the binot affected if the disruption is expected to be 8 hours. Up to four days of bottled drinking wakept in stock for use, which could be used for drinking and large containers of water can be for cooking. Water is kept on hand and can be for toilet flushing and hand sanitizers are avair for use; but must be supervised, if used by individuals. Laundry will be completed in another at the facility, if able, or consideration of the use disposable plates and items would be utilized there are widespread, water issues at the facility and it is expected to a single location individuals will be temporarily relocated at the facility, as needed if it is expected to last under hours. If it is a Facility-wide issue expected to exceed 24-hours, evacuation will need to be considered. Potential Problems: No water available for drincooking, or medical usage. *Evacuation would considered if facility wide water interruption we expected to exceed 8 hours. Drinking Water: Alternatives: Utilize current supply and/or pure bottled water, four liters of water per resident staff per day, for drinking, cooking, medical ustaking medications. Hand Washing/Laundry/Dishwashing: Alternatives: Linen is contracted out, consider laundromat for clothing, utilize wipes or hand sanitizer under supervision and utilize disposations.	ch as er m. In ablic staff uilding under ater is utilized used able ner essary area at of If lity and aurs, I be as chase and se and	5.22.19	
	the administrator, he	was asked for				able		

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Facility ID: VAICFMR09

If continuation sheet Page 6 of 262



	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G013	B. WING		C 04/29/2019
	ROVIDER OR SUPPLIER	TH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
E 023	maintain the availabit administrator stated, documentation to ensecure and readily accontinuity of care for emergency. The facility staff faile preserving resident in Policies/Procedures-CFR(s): 483.475(b)(6)	lity of patient information and lity of resident records. The he did not have sure patient records were vailable to support the residents during an d to have verification for information.	E 01	Alternatives: A sponge bath could be init short-term outage, if necessary. Flushing Toilets: Alternative: Use non-potable water for u flushing, agreement with Elite Seats Sprinkler Fire System — The facility has with VSC Fire and Security Company to monitoring services 24/7, conduct insperalarm system, sprinkler system, and fire extinguishers. Fire Teck in the backup s VSC. Alternative: Fire Extinguishers are available.	se with a contract provide fire ctions on the ervice for
	develop and implement policies and procedures and procedures plan set forth in para assessment at paragrand the communicat this section. The policies address the following (6) [or (4), (5), or (7) volunteers in an emestaffing strategies, in for integration of Starbealth care profession during an emergency and othe strategies to address emergency.	ent emergency preparedness res, based on the emergency graph (a) of this section, risk graph (a)(1) of this section, son plan at paragraph (c) of cies and procedures must be and at least annually. At a seand procedures must be as and procedures and procedures must be as and procedures and procedures must be as and procedures and role as and Federally designated anals to address surge needs as a second procedures and pro		The facility developed policies and imple procedures addressing emergency prep protect confidentiality of individual is informaintain the availability of the individual support continuity of care for individuals emergency. Policy Title: Policies and Procedures for Documentation Purpose: It is the policy of Holiday House Preserve individual information, confider protection of individual information, secumaintain availability of records- paper at during a crisis/emergency situation, man natural. Holiday House staff was trained procedure on 05/22/19 by the Director of and Medical Records Manager. This policy and procedure will also be reupdated annually at the Emergency Opermeeting and at the yearly all staff meeting of compliance will be on the facility's trae. Procedure: Paper records are stored and locked in FM-200 fire protection system file cabins steel fire rated locked door. Computer gindividual records are backed up by the	paredness to primation and its record to during an its Medical set to initiality sure, and ind electronic firmade or I on this of Nursing licy and erientation. Evidence ining log. fire retardant, ets, behind a lenerated

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	l	PLETED
		49 G013	B. WING				C /29/2019
HOLIDAY I		ATEMENT OF DEFICIENCIES	ID				(X5)
PREFIX TAG	-	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
E 024	an emergency and of strategies, including to integration of State and health care profession needs during an emergency and of strategies and procedures for the use emergency. The findings included to deprocedures for the use emergency. The findings included to deprocedures who assist facility had not develor for the use of volunteers who assist facility had not develor for the use of volunteers activities. The facility failed to deprocedures for the use during an emergency Roles Under a Waive CFR(s): 483.475(b)(8) [(b) Policies and procedure paid implementation of the procedure paid implementation of the procedure and procedure paid implementation of the policies and procedure paid implementation of the communication of the policies and update reviewed and update	se of hospice employees in her emergency staffing he process and role for he process and role for he federally designated hals to address surge regency. The heavy surgency has an evidenced by: The wand staff interview, the develop policies and he of volunteers during an heavy surgency has a staff interview, the heavy surgency has been residents, however, the heavy surgency has been residents, however, the heavy surgency has been residents and heavy surgency has been residents. The procedures and heavy surgency has been residents and heavy surgency preparedness here, based on the emergency preparedness here, based on the emergency praph (a) of this section, on plan at paragraph (b) of cies and procedures must be dient at least annually. At a sand procedures must		023	staff -on the facility server every week, month yearly should we need data from different time periods. In the event of a catastrophic disaster and Ho House is not operational, Protected Health Information and individual data is securely ento an external hard drive and be overnighted to us operational as soon as we have the equipar restore data to a Server. The help desk would with that procedure. Individual Identifiable information, family, legal guardian, authorized representative, next of k contact information and physician information face sheets and the emergency authorization treatment forms are stored on a flash drive an located in the nursing department. Nursing staff will take with them to the design location the flash drive. The Nurse will ensure information in the Emergency Medical Information in the Emergency Medical Information in the Emergency Medical Information will be physicals, insurance cards and other pertinent is current and updated by the Dir. Of Nursing designee (emergency evacuation treatment authorization form, prescribed medications, lab physicals, insurance cards and other pertinent authorization form, prescribed medications, lab physicals, insurance cards and other pertinent authorization form, prescribed medications, lab physicals, insurance cards and other pertinent authorization form, prescribed medications, lab physicals, insurance cards and other pertinent authorization form, prescribed medications, lab physicals, insurance cards and other pertinent authorization form, prescribed medications, lab physicals, insurance cards and other pertinent authorization form, prescribed medications, lab physicals, insurance cards and other pertinent authorization form, prescribed medications, lab physicals, insurance cards and other pertinent authorization form, prescribed medications, lab physicals, insurance cards and other pertinent authorization form, prescribed medications, lab physicals, insurance cards and other pertinent authorization form, prescribed medications, lab physicals, in	liday crypted to get ment to lassist lin in, i.e. dare ated all ation ursing i, t Book or abs, t co or st cords: is tive and cotect s and l Secure ormation	5.22.19

-	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	1, ,				E SURVEY IPLETED	
		49G013	B. WING _			ı	C /29/2019	
	ROVIDER OR SUPPLIER	TH INC		42	REET ADDRESS, CITY, STATE, ZIP CODE 211 COUNTY STREET ORTSMOUTH, VA 23707	1 04	23/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
E 026	[facility] under a waive in accordance with se provision of care and care site identified by officials. *[For RNHCIs at §403 procedures. (8) The rewaiver declared by the with section 1135 of A at an alternative care management officials This STANDARD is repaired by the same of the section	or (9)] The role of the er declared by the Secretary, action 1135 of the Act, in the treatment at an alternate emergency management 3.748(b):] Policies and cole of the RNHCI under a se Secretary, in accordance act, in the provision of care site identified by emergency and met as evidenced by: ew and staff interview the ave documentation is role in providing care at an	EO	23	available only to authorized users. Advanced simplementation based on encoded session identifications, and hosts the Services in a sec server environment, which uses a firewall and advanced technology to prevent interference of access from outside intruders. Unique user nat and passwords also are required and must be entered each time a staff logs into the services. Essential personnel has remote access privile that are role or user based-access controlled. facility Medical Director will be issued a tempor remote log in access during the emergency crisituation, man-made or of natural disaster. All emails sent to parents, legal guardians, aurepresentative, and all others authorized to reand send information containing Protected He and information of a personal nature during are emergency/crisis situation are encrypted. Health Insurance Portability and Accountability 1996	cure other or mes s. ges The rary isis thorized ceived alth	5.22.19	
E 030	During an interview w 4/29/19 at 1:37 p.m. t for documentation de providing care at an a administrator stated, documentation descricare that would be presite. The facility staff failed describing the facilitie alternate care site. Names and Contact In CFR(s): 483.475(c)(1	ith the administrator on he administrator was asked scribing the facility's role in alternate care site. The he did not have any bing the facility's role or the ovided at an alternate care I to have documentation as role in providing care in an	EO	024	The facility has developed policies and proced for the use and or nonuse of volunteers during emergency. It will be reviewed during orientat well as annually at the Emergency Operations meeting. All current staff have been re-traine updated plan on 5/22/19. Evidence of complia be on the facility's training log. Policy: Use of Visitor/Volunteers for Emergency Policy: The purpose of the policy is to provict clarity and guidance for Holiday House of Porstaff in regards to the use of volunteers/visitor during an emergency situation. Holiday House Portsmouth welcomes volunteers for emerger and evacuations. Procedure The Chief Administrative Officer must approve visitors prior to providing supportive help during emergency.	g an ion as is Plan d on the ince will cies de tsmouth is e of incies	5.22.19	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	СОМ	SURVEY PLETED
		49G013	B. WING _			1	C /29/2019
	ROVIDER OR SUPPLIER	TH INC		43	TREET ADDRESS, CITY, STATE, ZIP CODE 211 COUNTY STREET ORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 030	and must be reviewed annually. The commulation of the following: (1) Names and contain following: (i) Staff. (ii) Entities providing: (iii) Patients' physicial (iv) Other [facilities]. (v) Volunteers. *[For RNHCls at §403 communication plant following: (1) Names and contain following: (i) Staff. (ii) Entities providing: (ii) Next of kin, guard (iv) Other RNHCls. (v) Volunteers. *[For ASCs at §416.4 plan must include alled (1) Names and contain following: (i) Staff. (ii) Entities providing: (ii) Staff. (iii) Entities providing: (iii) Patients' physicial (iv) Volunteers.	deral, State and local laws d and updated at least inication plan must include of information for the services under arrangement. 3.748(c):] The must include all of the ot information for the services under arrangement. In include all of the ot information for the services under arrangement. In include all of the following: ot information for the services under arrangement. 5(c):] The communication of the following: ot information for the services under arrangement. In include all of the must include all of the	EO	024	Volunteer/Visitor Guidelines: Interaction with Individuals is prohibited at all to during the emergencies. Volunteers will not interact with the individuals program during emergencies. Volunteers will prohibited from providing any care and providing support to the individuals in the program during emergencies can PHI be represented in the presence of a volunteer/visitor. (Harm to others, severe property destruction) (Prescriptions and medical supplies) Volunteers will be prohibited from an individual Personal Health Information and will not have to health records, prescriptions and medication during an emergency. During emergency situations, Volunteers will to help load urological supplies, items that hel transfer people with disabilities, and simple mequipment like canes, walkers, and wheelchaid During emergency situations, Volunteers will to allowed to help around buildings and residence Disasters such as fire can be exacerbated by grass, and debris can cleaned up. Notification and Evacuation Volunteers will be able to assists with making that all emergency announcements are provided Holiday House of Portsmouth Staff. Volunteers can help educate Holiday House of Portsmouth staff about emergency announcer on local television stations whenever a real-tire emergency announcement is made. Shelter in Place Holiday House of Portsmouth will utilize visitor sheltering in place Volunteers can help Holiday House of Portsmouth ereal to the emergency for evacuation purposes. Volunteers can ensure, walkways and other for should remain clear from debris and other has potential. Before an emergency occurs, Holiday House	in the be on a gran gran gran gran gran gran gran g	5.22.19

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	1	PLETED
		49G013	B. WING _			1	C /29/2019
	ROVIDER OR SUPPLIER	TH INC		42	REET ADDRESS, CITY, STATE, ZIP CODE 111 COUNTY STREET ORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE
E 030	(iii) Patients' physicia (iv) Other hospices. *[For HHAs at §484. plan must include all (1) Names and confollowing: (i) Staff. (ii) Entities providing (iii) Patients' physicia (iv) Volunteers. *[For OPOs at §486. plan must include all (1) Names and controllowing: (i) Staff. (ii) Entities providing (iii) Volunteers. (v) Other OPOs. (v) Transplant and of Donation Service Ar This STANDARD is Based on record revisacility staff failed to information in the contact information entities providing seduring an emergence communications plates.	es. services under arrangement. ans. 102(c):] The communication of the following: tact information for the services under arrangement. ans. 360(c):] The communication of the following: act information for the services under arrangement. onor hospitals in the OPO's ea (DSA). not met as evidenced by: iew and staff interview, the have all facility contact mmunication plan. d: on 4/29/19 at 1:33 p.m. with e was asked for names and for all facility staff, as well as rvices under agreement y. A review of the in did not include the name of	EC	026	Volunteers can ensure, walkways and other features should remain clear from debris and hazardous potential. Before an emergency occurs, Holiday House Portsmouth management staff should educa volunteer of the policy and the extent of their support that can be received. Policy Title: 1135 Waiver, During and Emerg Disaster Purpose: To provide information related to the of the 1135 Waiver, during an emergency/dis Applicability: All HHP staff 1135 Waiver General Information: When the President declares a disaster or emergency, under the Stafford Act or Nation Emergencies Act, and the Health and Huma Services (HHS) Secretary declares a public emergency, under section 319 of the Public Services Act, the HHS Secretary is authorized take certain actions in addition to their regular authorities. Under section 1135 of the Social Security Act, they may temporarily waive or certain Medicare, Medicaid, and Children's Hensurance Program (CHIP) requirements to determine the the needs of individual in the emergency area and time periods and that providers who provide such services in good can be reimbursed and exempted from sand (absent any fraud or abuse).	e of te the te t	5.22.19
		ntact information. Nor did the sproviding services to the			Examples of 1135 Waivers or modification in	iciude:	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI		CONSTRUCTION		PLETED
		49G013	B. WING			1	C 29/2019
	ROVIDER OR SUPPLIER	TH INC		4	TREET ADDRESS, CITY, STATE, ZIP CODE 211 COUNTY STREET CORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
E 030	Continued From page facility during an eme	rgency.	E	026	Continued From page 11 Conditions of participation or other certification requirements Program participation anci similiar requirements		5.22.19
E 033	information in the con Methods for Sharing I CFR(s): 483.475(c)(4	nformation)-(6)	E	026	Preapproval requirements	alth which	
	emergency prepared that complies with Fe and must be reviewed annually.] The commall of the following: (4) A method for shar documentation for pa	develop and maintain an mess communication plan deral, State and local laws d and updated at least unication plan must include ing information and medical tients under the [facility's] with other health providers to by of care.			equivalent licensing in another State (this Is for Medicaid, Medicare and CHIP reimbursenmer State law governs whether a non-Federal prograuthorized to provide services in the state with state licensure Emergency Medical Treatment and Labor Ad (EMTALA) sanctions for direction or relocation an individual to receive a medical screening examination in an alternative location pursual appropriate state emergency preparedness putransfer of an individual, who has not been	or nt only). vider is nout t n or of	
	release patient inform CFR 164.510(b)(1)(ii) required for HHAs un under §485.68(c), and §491.12(c).] (6) [(4) or (5)]A mean about the general corpatients under the [fa	cility's] care as permitted	E	026	stabilized, if tha transfer ie necessitatecl by the circumstances of the declared emergency. A of EMTALA requirements is effective only if a under the waiver do not discriminate on the bapatient's source of payment or ability to pay Performance deadlines and timetables may be adjust Health Insurance Portability and Accountability (1996 (HIPAA)	waiver ctions asis of ed	
	sharing information a patients under the RN with care providers to	3.748(c):] (4) A method for nd care documentation for HCI's care, as necessary, maintain the continuity of ritten election statement	E	026	1135 waivers end no later than the termination of emergency period, or 60 days from the date the way modification is first published, unless the secretary extends the waiver by notice for additional periods 60 days, up to the end of the emergancy period. You for EMTALA and HIPAA requirements are limited hour period beginning upon implementation of a transfer protocol. Waiver or EMTALA requirements	vaiver or v of HHS of up to Vaivers to a 72 nospital	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		49G013	B. WING				C 29/2019
NAME OF PE	ROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE	U-47	28/2019
HOLIDAYI	JAHEE AE BARTEMAH	TH INC		4	211 COUNTY STREET		
HOLIDATI	HOUSE OF PORTSMOUT	in inc		P	ORTSMOUTH, VA 23707		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
					Continued from page 12		
E 033	Continued From page	12	E	026			
					1135 waivers end no later than the termination of the	ho	
		t §491.12(c):] (4) A means			emergency period, or 60 days from the date the wa	``	
	of providing information	on about the general n of patients under the			modification is first published, unless the secretary		5.22.19
	facility's care as perm				extends the waiver by notice for additional periods		
	164.510(b)(4).				60 days, up to the end of the emergancy period. W	'	
		not met as evidenced by:			for EMTALA and HIPAA requirements are limited to		
		ew and staff interview, the			hour period beginning upon implementation of a ho		
		ave documentation that the			disaster protocol. Waiver or EMTALA requirement		
	communication plan i	ncluded a method for nd medical documentation			emergencies that involve a pandemic diseases las		
	to maintain continuity				the termination of the pandemic related public hea		1
	to mamain continuity	0.00.0			emergency. The 1 135 Waiver authority applies on		
	The findings included	:			Federal requirements and does not apply to state	,,,,	
					requirements for licensure or conditions of participa	ation.	
	•	n 4/29/19 at 1:48 p.m. with			Procedures:		
	•	was asked for evidence that			The Facility's Chief Administrative Officer is		
		nod for sharing information residents with other health			responsible for requesting to operate under an		
		ntain continuity of care. The			waiver authority or for other relef that may be p		
	administrator stated,				outside the authority to the CMS regional office	witha	
	documentation for sha				copy to the state survey agency.		
		or residents in an alternate			The request should include the provider name, address		
	care site.				summary of why the waiver is reeded, and the type of r	ener	
	The facility staff failed	I to have documentation that			being requested. The request should be sent to the regional GMS	office	
		an included methods for			email ROPHIDSC@cms.hhs.gov with a Copy to		
		nd medical care with other			VDH/Long Term Care section 1-800-955-1819 of		
	health care providers.				www.vdh.virginia.gov/licensure-and-	"	
W 000	INITIAL COMMENTS		E0	26	certification/contract-us/.		
					The Facility CAO will notify DBHDS Emergency		1
	An unannounced Fur	ndamental Medicaid			coordinator of the intent to submit a waiver.		
		was conducted 04/23/2019			Holiday House staff will review this policy at		
		nd 04/29/2019. The facility			orientation and it will be reviewed and updated annually at the Emergency Operation Plan m		
		e with 42 CFR Part 483			Providing Care at an Alternate Care Setting:	ovang.	
		ermediate Care Facilities for ectual Disabilities (ICF/IID).			Active Treatment during an Evacuation		
		survey/report will follow. 1			If evacuation occurs, active treatment will contin		
	o Elio Guioty Gode	out of topole that londer.			be provided to all individuals. Active treatment	t may	

-	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	1 ' '			(X3) DATE COMF	SURVEY
		49 G013	B. WING _			l .	C 29/2019
NAME OF PE	ROVIDER OR SUPPLIER			s	STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	20/2010
HOLIDAYI	HOUSE OF PORTSMOUT	TU INC		4	211 COUNTY STREET		
HOLIDATI	1003E OF PORTSMOUT	H INC		P	PORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION OATE
W 000	Continued From page	13	ΕO	26	Continued from page 13		
W 104	The census in this 28 at the time of the surv consisted of 3 current (Individuals #1 throug (Individual #4). GOVERNING BODY	h #3) and one closed record			be modified and focus on activities of daily live choice making, leisure activities, and participatin medication administration to the extent possible in medication administration to the extent possible treatment of the programs and will continue on a most schedule and to the extent possible at the evacuation site. Employees may be assigned to Alpha Team.	ating ssible lent. dified	5.22.19
	budget, and operating This STANDARD is r Based on observation	nust exercise general policy, p direction over the facility. not met as evidenced by: as and staff interview, the assure the environment			Beta Team and should report to duty as follow Alpha Team will report to the facility as sched once an emergency is declared, and travel is Alpha Team will remain at the facility for the duration of the disaster event and its effects, until relieved by Beta Team. Beta Team members are expected to report to their department when an all-clear is called the Chief Administrative Officer.	duled safe.	5.22.19
	11:48 A.M., the facility observed to have tree steel rods, a swing kill and a tent frame. A stopserved on the player storage shed next to observed to have stored stroller and alumin be stored next to the ice machine was observed. A spare donut of stored next to the sheet.	ntal inspection on 4/25/19 at y's play ground area was a limbs, leaves, 12 feet plus at in disrepair, broken toys, aff and an Individual were ground utilizing the slide. A the playground was a shutters metal sheets. An annum cans were observed to storage shed. A discarded erved next to the storage car tire was observed to be			Employees who do not provide direct individuate care and whose departmental functions can a halted until the emergency situation is over with 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 Or or designee. Staff Responsibility Alpha and Beta employees will be deployed a rotated, as deemed appropriate by the CAO at the duration of the disaster; work in various assigned shifts; and/or provide no routine du Alpha and Beta employees will report in when "All Clear" is called and/or it is safe to travel. Current staff have been re-trained on the upd plan on 5/22/19 at the Emergency Operation meeting. Evidence of compliance will be on the facility's training log.	oe rill be am. fficer and during ties. n an All ated Plan	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	COME	SURVEY
		49G013	B. WING			1	C 29/2019
	ROVIDER OR SUPPLIER	UTH INC	•	4	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 COUNTY STREET PORTSMOUTH, VA 23707	1	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE .	(X5) COMPLETION DATE
W 104	screened porch pos and unattached to the concluded that the street where individuals we exiting school buses. An Incident Report of indicated: "In doing observed a baby so room. The report indicated: "In doing observed a baby so room. The report indicated: "In doing observed a baby so room. The report indicated: The Security Guard there was a snake in hallway. The Security Guard department because the weekends. The covered the snake. The Security Guard department because the weekends. The the Director of Residential of the incident. The individuals from the incident of the indicated: The snake the entrance of the location of the snake box on it in the hally concluded that the street where the supervisory so services Supervisory.	issing boards. The Cottage II it was observed to be rotten the porch. It was observed to be rotten the porch. It observed in the parking lot ere observed entering and is. Idated 9/16/18 at 12:30 P.M. Irounds in the recreation room ake in hallway of recreation cluded on Saturday 9/15/18 the Security Guard came into ervisor's office and stated that inside the recreation room ity Guard completed an Security Guard got a box and incalled the city police is animal control is closed on Residential Supervisor called dential Services and informed the gave instructions to keep the Recreation Building. Item on 9/16/18 at 8:10 A.M. Ite was in the Therapy room. Item on 9/16/18 at 8:10 A.M. Item was in the Therapy room. Item on 9/16/18 at 8:10 A.M. Item was in the Therapy room. Item on 9/16/18 at 8:10 A.M. Item was in the Therapy room. Item on 9/16/18 at 8:10 A.M. Item was in the Therapy room. Item on 9/16/18 at 8:10 A.M. Item was in the Therapy room. Item on 9/16/18 at 8:10 A.M. Item was in the Therapy room. Item of the police of	EO	30	The Facility contact information has been incin the Communication Plan. Contact information be updated as need and annually at the Eme Operations Plan meeting. It will also be reviewed employee orientation. The communication plancheds, names and contact information for following: Staff, Entities providing services understanding and procedures within the Emergency Preparedr Communication Plan as to how information, medical care and documentation will be share with other health care providers during a crisis/emergency situation, man-made or naticatastrophe to ensure continuity of care for a individuals. The Methods for sharing information, medical care and documentation for individuals understanding information about the general basic condition and location of the individual's. Hol House staff was trained on this procedure or 05/22/19 by the Director of Nursing and Med Records Manager. This policy and procedure be reviewed at employee orientation. This pand procedure will also be reviewed an updat annually at the Emergency with the staff was trained on the provider planding annually at the Emergency Operation Planding annually at the Emergency viil the provider will be annually at the Emergency viil the provider will be annually at the Emergency viil the provider will be annually at the Emergency viil the provider will be annually at the Emergency viil the provider will be annually at the Emergency viil the provider will be annually at the Emergency viil the provider will be annually at the Emergency viil the provider will be annually at the Emergency viil the provider will be annually at the Emergency viil the provider will be annually at the Emergency viil the provider will be annually at the Emergency viil the provider will be annually at the Emergency viil the provider will be annually at the Emergency viil the provider will be annually at the Emergency viil the provider will be annually at the Emergency viil the provider will be annually at the Emergency viil the provider will be annually at the Emergency v	ergency wed at an the nder ion. ess ed ural al r the care clude c iday i ical e will olicy sted	5.22.19
	The Maintenance S Services Superviso Officer (CAO) pulled searched the entire	upervisor, Environmental			and procedure will also be reviewed an upda	ited the	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	` '			(X3) DATE COMF	'E SURVEY APLETED	
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	ROVIDER OR SUPPLIER	TH INC		42	REET ADDRESS, CITY, STATE, ZIP CODE 11 COUNTY STREET DRTSMOUTH, VA 23707	1 04	23/2013	
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W 104	indicated: "Purpose-T maintenance policies provide a uniform set personnel to follow in maintained in a safe a Objective: (A). Providenvironment for all revisitors. (C). Maintain the facil safe and operable material of the CAO, he was asked and other areas of the maintained in a safe a The CAO stated, the responsible for maintained in a safe are grounds, and equipment anner at all times."	enance Services Policy The primary purpose of the and procedures is to of guidelines for all assuring that the facility is and sanitary manner. The a safe and sanitary sidents, personnel, and tity and its equipment in a anner; In 4/26/19 at 1:45 P.M. with the diff the facility playground the facility were being and home like environment? In an anner is	E03	333	provide the individuals information and medica documentation. The Chief Administrative Office Social Work or their designee will inform the individual's parents, legal guardians or authoriz representative of the individual's location. Procedure: Verbal report/phone call from the DON or apporting of the individual's location. Procedure: 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 Authorized form will be signed at admission-giving permis from the parent, legal guardian, authorized representative for the individual to receive necessional during a crisis/emergency situation made or natural catastrophe to ensure continucare for all individuals.	er, zed sinted al al asion essary nedical n, man-	5.22.2019	
W 120	grounds and equipment manner. SERVICES PROVIDING SOURCES CFR(s): 483.410(d)(3) The facility must assument the needs of each of the seed on observation interviews the facility) ire that outside services	W	104	W104-Governing Body 1. Address how corrective action will be accomplished for those residents for have been affected by the deficient practice; The Maintenance Supervisor and Assistants we the property raking, sweeping up all cigarette be from around the perimeter of the facility and we discarded in the dumpster. The Maintenance Department will ensured that all cigarette butts removed from where the individuals load the significant property and ensured that the areas is maintained it safe and sanitary manner. The Maintenance	alked outs ere were chool		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:			i i		(X3) DATE SURVEY COMPLETED	
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HOLIDAYI	ROVIDER OR SUPPLIER HOUSE OF PORTSMOUT	TH INC	ID	42	REET ADDRESS, CITY, STATE, ZIP CODE 211 COUNTY STREET DRTSMOUTH, VA 23707 PROVIDER'S PLAN OF CORRECTION	V -41		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 120	#2) in the survey same. The Findings included Individual #2 was adm 20, 2018 for behavior physical aggression, a destruction. Diagnose disorder, attention deficiency destruction in the lection of the l	r one Individual (Individual ple of four (4) individuals. I: Initted to the facility on March consultation services for self-injury and property is included autism spectrum ficit with hyperactivity order, celiac disease, PICA ual disability. This isorders include self-injury, running away, property if 2 was non-verbal. He of through crying, body/facial gns: more, eat, drink and erved in his day school 2019 at 11:00 A.M. eech program. Individual erved using American Signals speech program. Therapy Annual Evaluation di: "Individual #2 is an early ses vocalizations, pointing nunicate his wants and	W10	04	Department will ensured that all cigarette butts removed from where the individuals load the s bus and ensured that the areas is maintained safe and sanitary manner. The Maintenance Department also completed the following. Ten was removed. Swing kit removed and stored uparts can be ordered. Storm shutter metal she have been re-located to safe location. Old stroand cans have been discarded into dumpster Ice Machine, Donut tire. Steel rod on the plays area. Broken toys on the playground. Remove cigarette butts from parking lot. Both Cottage ICCOttage II are being prepared to have rotten preplaced and bug screens replaced. New lower panels installed and painted. Wood fencing and Rec A/C units to be replaced. 2. Address how the facility will identify residents having the potential to be affected by the same deficient practive facility with all staff on May 22, 2019. Smoking policy with all staff on May 22, 2	chool in a It frame intil ets illers area. ground d and ost er wall ound other tice; e The no s hool eptacle place ntained curity uct in the ary luct the e and or will	5.22.19	
		ervice Plan) Goal: Speech and treat as needed and			equipment, and that the facility grounds are maintained in a safe and sanitary manner. 3. Address what measures will be pulplace or systematic changes made			

A BULDING ABG013 A SYNCE OF PROVIDER OR SUPPLIER HOLIDAY HOUSE OF PORTSMOUTH INC (MI)D RREITA TAG CONTINUED SUMMARY STATEMENT OF DEFICIENCES (RACHEFICIENCY MUST SE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) W 120 Continued From page 17 Short Term Goals: Individual #2 will identify core vocabulary needed for communication in the home and squared; (Concept list: clothing/meatlime/hygiene). 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 will be pictured in 40 under the home during ADL's by matching objects will be pictured in 40 under the home during ADL's by matching objects will be pictured in 40 under the home during ADL's by matching objects will be pictured in 40 under the home during ADL's by matching objects will be pictured in 40 under the home during ADL's by matching objects will be pictured in the home and school setting with 80% accuracy. Speech Therapy 30 day Evaluation: Short Term Goals: 1. Individual #2 will use identified core vocabulary needed for communication in the home and school setting with 80% accuracy. A Individualized Educational Program (ISP) dated 4/18/16 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 hungy or thirsty, Individual #2 does not make any pre-speech sounds but will gesture, point, and take an adults hand to make request.		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''		CONSTRUCTION		SURVEY
NAME OF PROVIDER OR SUPPLIER AND CONTINUED OF PORTSMOUTH INC SUMMARY STATEMENT OF DEPICENCIES PREFIX TAG CONTINUED FOR THE MOUTH A 23797 CONTINUED FOR THE MOUTH A CORRECTION PREFIX TAG CONTINUED FOR THE APPROPRIATE DEPICIENCY CONTINUED FOR THE APPROPRIATE DEPICIENCY CONTINUED FOR THE APPROPRIATE DEPICIENCY CONTINUED FOR THE APPROPRIATE DEPCICE OF THE APPROPRIATE DE				A. BOILDII	' '' _			C
## A Speech Therapy Support Plan dated ##20/19 Indicated: "Individual ##2 will use identified core vocabulary needed for communication in the home during ADL" so make any preventive sease in claim the home during ADL and the force of training and complicated: "Individual ##2 will use identified core vocabulary needed for communication in the home during ADL as (Activities of Daily Living) by matching objects with prictures in 4 out of 4 trails across 2 consecutive sessions (data collected 3 times a quarter. (Concept list: clothring/meatilme/hrygiene). A Speech Therapy Support Plan dated ##20/19 Indicated: "Individual ##2 will identify core vocabulary needed for communication in the home during ADL by matching objects with prictures in trials across 2 consecutive sessions, data collected monthly (see speech therapy data)." Speech Therapy 30 day Evaluation: Short Term Goals: 1. Individual ##2 will use identified core vocabulary needed for communication in the home and reat annually). Obj: #1 Use core vocabulary needed for communication in the home and reat annually). Obj: #1 Use core vocabulary needed for communication in the home and treat annually). A Individualized Educational Program (ISP) dated ##18/18 indicated: "Irriget Coal: Speech Therapy (IST) evaluate and treat annually). A Individualized Educational Program (ISP) dated ##18/18 indicated: "Irriget Coal: Speech Therapy (IST) evaluated and treat annually). A Individualized Educational Program (ISP) dated ##18/18 indicated: "Irriget killing to be the folion of the monthy respect to another the monthy reventable meeting to be reviewed for compliance. Completion Date: \$222019	£11		49G013	B. WING			I	-
W 120 Continued From page 17 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/meatime/hygiene). 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)." Speech Therapy 30 day Evaluation: 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. 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,	HOLIDAY I	HOUSE OF PORTSMOUT	ATEMENT OF DEFICIENCIES		42 P	211 COUNTY STREET ORTSMOUTH, VA 23707 PROVIDER'S PLAN OF CORRECTION	E	(X5) COMPLETION
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/meatlime/hyglene). 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 trails across 2 consecutive sessions, data collected monthly (see speech therapy data)." Speech Therapy 30 day Evaluation: 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. 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 h e can follow directions, respond to his name, point to familiar objects when requested, food or drink when hungry or thirsty. Individual #2 dees not make any pre-speech sounds but will gesture,		REGULATORY OR E	SC IDENTIFYING INFORMATION)	TAG		DEFICIENCY)	ATE	DATE
A Strengths and Needs of Student area indicated: "Area Considered-Communication (Speech and	W 120	Short Term Goals: Incorporate of the content of the	dividual #2 will identify core or communication in the activities of Daily Living) by a pictures in 4 out of 4 trails sessions (data collected 3 cept list: giene). Upport Plan dated 4/20/19 #2 will identify core or communication in the y matching objects with as 2 consecutive sessions, by (see speech therapy Individual #2 will use allary needed for thome and school settings. dated April 20, 2019 al: Speech Therapy (ST) nually). abulary needed for thome and school setting the home and school setting the home and school setting the home and school setting the stional Program (ISP) dated addividual #2 pre-speech and at the 15 to 18 month range ctions, respond to his name, at when requested, food or thirsty. Individual #2 does sech sounds but will gesture, all the hand to make request.	W		ensure that the deficient practice we recur; The smoking policy was revised and updated Chief Administrative Officer to indicate that the NO smoking in the front of the facility under not conditions. All staff will be trained on the smol policy at the facility at all staff meeting on 5/22 Evidence of training and compliance will be evidenced by staff signatures of the training of Chesapeake Pest Control will come to the fact annually to apply snake-away granule around perimeter. Chesapeake Pest Control will province annually to indicate the snake-away ghas been completed. These files are Evidence training and compliance will be evidenced by signatures of the training roster. Chesapeake Control will come to the facility annually to appear snake-away granule around the perimeter. Chesapeake Pest Control will provide and invannually to indicate the snake-away granule in been completed. These files are maintained to Maintenance Supervisor in the Maintenance Supervisor office. 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 mont Risk Management Committee meeting to be reviewed for compliance. Completion Date:	by the ere is or king 2/2019. Oster. illity the ide and ranule erof staff Pest olly oice has by the	5.22.19

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HOLIDAY	ROVIDER OR SUPPLIER HOUSE OF PORTSMO	UTH INC		42	TREET ADDRESS, CITY, STATE, ZIP CODE 211 COUNTY STREET ORTSMOUTH, VA 23707 PROVIDER'S PLAN OF CORRECTION			
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W 120	gestures and modificand needs when off pushing the item aw Individual #2 physic their attention. Need are impacted by his grabs the hand of stoward a preferred or want. Individual #3 and /or modified lar items." A Short Term Object "Communication-delep, when taught A or modified, Individual #2 or modified, Individual per day, per data days per sign/id demands per day, per days days demands per d	rengths- Individual #2 uses ied sign to indicate his wants fered an item, he responds by vay or accepting the item. cally taps staff in order to gain ds-His communication skills disabilities. He currently taff and attempts to move it item in order to request a need #2 needs to learn to use sign aguage to request preferred escription- By the end of this SL (American Sign Language) ual #2 will use language to rent items at a rate of 10 per items for 10 consecutive item." Tocedure indicated: "Manding to to collect data on manding and and prompted signs bool day, across all settings ia, community, etc). Tobserved during the School 24/19 at 11:00 A.M. being sign language for the ing and go. The teacher was the word and ask Individual #2 with a sign or gesture. After acher would reward Individual	W	120	W 120 Services Provided with outside Services Program in the school and resident settings for Individual #2.Point 1: Address I corrective action will be accomplished to at the issue(s), for those individuals found to been affected by the deficient practice. The Facility QIDP will give HHP Speech Therapist Individual #2's current IEP and progress report review IEP Speech goal. The Facility QIDP his scheduled an IEP meeting on May 16, 2019 wis school principal and classroom teacher, and H Speech Therapist to discuss the continuity of it 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 into place. The Assistant Director of Therapy Services will provide carryover and training to Direct Support Professionals to implement the amended speech program. Point #2: Address how the facility will ident other individuals having the potential to be affected by the same deficient practice. The Facility QIDP will review all individuals IEF determine if that individual has a speech goal on their IEP, the I QIDP will review the individual's ISP to ensure the speech goal is the same. If the individual's speech goals are not the same, the Facility QI schedule an Interdisciplinary Team meeting to discuss the continuity of the speech goal in the school and residential setting. The Facility QII amend the individual's slindividualized Support speech goal to ensure that the information that discussed at the meeting is put into place. The	nt ial how ddress have to as ith the HP he ag. d put the facility that s DP will Plan t is	5.16.19	

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	ROVIDER OR SUPPLIER House of Portsmou	TH INC		42	REET ADDRESS, CITY, STATE, ZIP CODE 111 COUNTY STREET DRTSMOUTH, VA 23707		-
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W 122	in the residential and stated, she's "Wondon observing Individual program." The facility staff failed speech program conductions requirement of the facility must ensure protections requirement of the facility must ensure protections requirement of the facility individuals in the sure abuse and neglect, I was free from about 1. The facility staff of the fundividuals was not so the findividual was not so the findividual was facility on 8/18/16 with not limited to *Profotor *Autism and Unspections."	Ing implemented consistently a school setting. The QIDP ering the same thing after #2 perform his speech. If to implement Individual #2 sistently. In the same thing after #2 perform his speech. In the same that specific client tents are met. If not met as evidenced by: Int investigation, medical y document review and staff y staff failed to ensure 2 of 4 to yey sample were free from Individual #2 and Individual wase on 11/12/17. In the same that Individual was on 11/12/17.	w -	120	Assistant Director of Therapy Services will procarryover and training to the Direct Support Professionals to implement the amended speprogram. Point #3: Address what measures will be place or systemic changes made to ensure the deficient practice will not recur. The Facility QIDP will attend the Individual's meeting and ensure that the speech goal is consistent in the school and residential setting the event that the individual's Individualized Plan and Individualized Education Plan speet are not consistent, the Facility QIDP will schell Interdisciplinary Team meeting to discuss the continuity of the speech goal in the school are residential setting. The Facility QIDP will amend individual's Individualized Support Plan speet to ensure that the information that is discussion meeting is put into place. The Assistant Director Therapy Services will provide carryover and to the Direct Support Professionals to implemate amended speech program. The Facility QID amend the Education Collaboration form to in the review of the individual's speech goal (if applicable) to ensure the continuity of the special in the school and residential setting. The Facility QIDP will also address the continuity speech goal in the school and residential setting. The Facility QIDP will also address the continuity speech goal in the school and residential setting. The Facility QIDP will also address the continuity speech goal in the school and residential setting. The Facility QIDP will also address the continuity speech goal in the school and residential setting. The Facility QIDP will also address the continuity speech goal in the school and residential setting. The Facility QIDP will also address the continuity speech goal in the school and residential setting. The Facility QIDP will also address the continuity speech goal in the school and residential setting. The Facility QIDP will also address the continuity speech goal in the school and residential setting the QIDP's monthly summary and Individual's address the QIDP's monthly summar	put into e that IEP g. In Support ch goals edule an end the ch goal end the ctor of training nent the P will nclude eech ee of the ting on s	6.7.19

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W 122	Nursing Summary d pounds and was 63 #4's Annual Nursing stated that he was 1 monitored very clos ensure that he is in a Individual #4's Annu was reviewed and the completed 4/15/16 re	d on Individual #4's Annual lated 9/11/17 he weighed 111 3/4 inches tall. Individual Summary dated 9/11/17 also :1 supervision and is ely by Holiday House staff to	w	The Facility QIDP will amend the Ed Collaboration form to include the rev individual's speech goal (if applicable continuity of the speech goal in the s residential setting. The Facility QIDF individuals' Education Collaboration Risk Management Meeting monthly continuity of the speech goal in the s residential setting.	iew of the a) to ensure the school and will bring the Forms to the for review of	6.7.19
	Notes for October 2 documented in part, Progress Note: Nar stable progress with support professiona	me (Individual #4) made the support of the direct I staff. He continues to supervision procedures with 2	W	122 W122: Client Protections: Facility sensure individual #4 was free from 1. Address how corrective accomplished for those found to have been affected deficient practice	action will be	
	with the Administrat there were any activ any individuals. The and left the room. A the Administrator re and stated. "After di to let you know that	ne initial entrance conference or the question was asked if we abuse investigations with e Administrator stated, "No" approximately 15 minutes later entered the conference room scussing with my staff I want we are in an active law suit		Individual #4 was discharged House of Portsmouth, Inc. on 11/27/2 2. Address how the facility other residents having the be affected by the sa practice:	017. will identify e potential to	
	(Individual #4). On physically abused/a support staff and it a supervisor. After re the incident we have The Administrator we team to view the incident we the incident we the incident we the incident with the incident was the incident with the incident with the incident was a support of the incident with the incident was a support of the incident with the incident was a support of the incident	abuse with an individual 11/12/17 the individual was ssaulted by one of our direct also involved our residential viewing the video footage of e terminated both employees." vas asked to allow the survey cident footage and to bring all egarding the investigation of		Holiday House of Portsmouth Chief A has designated the facility Social Wor staff on Mandatory Reporting, Abuse, Mistreatment policies at the time of in orientation, monthly at all staff meetin the month of February, and upon signincidents that require additional training areas abuse and neglect. Upon admit Holiday House of Portsmouth the facili	ker to train all Neglect, and itial g, annually in ificant ng in the ssion to	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER HOLIDAY HOUSE OF PORTSMOU	ITH INC	•	42	TREET ADDRESS, CITY, STATE, ZIP CODE 211 COUNTY STREET ORTSMOUTH, VA 23707		:	
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
Individual #4 was revideo Individual #4 was pushed out of the backnees from the gymr 2 adult males. One if forcefully (more than twisting the individual with his whole body of the footage of the video you can only see Individual #4 while the other staff in him. The second state observed walking are turned to Individual #4 physically abused by The only time in the Individual #4 was on free from the support exit door with the first The second staff me bathroom and collect the gym. The Admin the 2 staff members. "The staff members was the Residential staff watching the videomprehensive Hum	ated 11/12/17 involving viewed by the survey team. In the vas observed crawling/being athroom on his hands and masium bathroom followed by male was observed kicking at 4 times), dragging and als body by one leg and lying on top of individual #4 during deo. At one point in the video dividual's arm waving for help. In aff member was observed #4's head and shoulder area member was lying on top of aff member was lying on top of aff member was being of the other staff member. In the video that is his feet was when he broke at staff and ran towards the set staff member following him. In the video that is the feet was asked who were at the Administrator stated, that was having the physical vidual was his 1:1 Direct er and the second person	W	122	Worker will notify the individual of their hur to be free from abuse, neglect mistreatmer residing at the facility. Evidence of notificate be located in the Individual's medical recordall current staff will be re-trained on 5/22/2 facility will revise the Initial Investigative section of the Accident and Incident Rebe completed by the residential supervinurse on duty. The initial investigative will include, but not limited to the locatin injury, type of injury, description of sha size, how the injury occurred and medic treatment provided. If injuries are incompleted in the description of how the injury of the CAO, SW and DON will be notified immediately. The residential supervisor nurse on duty will conduct a full body of signs of abuse on the current individual completing a body check form from the Accident and Incident Report. Completion Date: June 7, 2019 3. Address what measures will be put if or systemic changes made to ensure deficient practice will not recur: Holiday House of Portsmouth has impled Mandated Reporter Policy created on 5/6/7. The policy indicates that all Holiday House of Portsmouth staff report any suspected case child abuse/neglect in accordance with the Virginia and Holiday House of Portsmouth established child abuse reporting procedure policy emphasizes ALL staff in their profesofficial capacity while employed at Holiday Mandated reporters includes but is not limited following: Any person licensed to practice medicine the healing arts; any professional staff per the healing arts; any professional	nt while the while the will add chart. 1919. The export to sor and report to sor and	5.31.19	

-	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE	SURVEY
			A. BUILD				_
		49G013	B. WING			1	C /29/2019
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	<u></u>	
				43	211 COUNTY STREET		
HOLIDAYI	HOUSE OF PORTSMOU	TH INC		P	ORTSMOUTH, VA 23707		
(VA) ID	SUMMARYST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(7/6)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 122	Continued From page	22	\A/	122	Continued From page 22		5.31.19
** 122				122	Institution or facility where personals have been	en	
		ked if there was any criminal			placed for care and treatment. Any person en		
		The Administrator stated,			as a social worker	,	
		fual #4) was abused but we			Any probation officer, Any teacher or other pe	rson	
		criminal activity. However,			employed in a public or private school, kinder		
		rges against Name (DSP			or nursery school ,Any mental health professi		
	#5) after they viewed				Any person employed to take care of children		
	Administrator was as				Enforcement Officers, Any person employed to contracted with the facility and working with the	by or	
		m in his groin, dragging him			Individuals in an administrative, supportive or		
		nd applying his entire body	1		care capacity. Any guardian or conservatory of		
		ody what would that be ninistrator stated, "It's			adult Any person providing full, intermittent or		:
		ininistrator stated, it's istrator was asked if assault			occasional care to a child/adult for compensa		
					including, but not limited to homemaker, person		
	assaulted by the stat	e and if Individual #4 was			care workers, companion etc. Holiday House		
	, -	"Yes, assault is a a criminal			Portsmouth, Inc. expects and enforces that al		
		I #4 was assaulted by the			that has reasonable cause to suspect that a c		
		should have called the			been or may be subjected to abuse or neglec observes a child being subjected to conditions		
	police and pressed cl				circumstances which would reasonably result		
	police and pressed of	largos.			abuse or neglect, that person shall IMMEDIA		
	The Administrator an	d the Social Worker			report or cause a report to be made. Anyone		
		rds for DSP #5 which were			employed at Holiday House of Portsmouth, In		
	l •	cumented in part, as follows:			is mandated to report suspected child abuse		1
		ourioniou iii pairi, ao ionovo.			maltreatment-and fails to do so, could be cha		
	Arrest Date: 12/14/1	7			with a Class A misdemeanor and subject to c		
	Charge: Abuse of Ch		ļ		penalties. Mandated reported can be sued in court for monetary damages for any harm cau		
	Charge Type: Class 4				the mandated reporter's failure to make a	ised by	
	J				report. This new policy will be reviewed at the	a all	
	Arrest Date: 3/2/18		1		staff meeting on 5/22/2019.		
	Offense Date: 11/12/	/17	-		Holiday House of Portsmouth CAO also rev		
	Charge: Assault and	Battery			Abuse, Neglect and Mistreatment Policies. Th		
	Charge Type: Misde	-			indicates that: Holiday House of Portsmoo		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ICF/IID prohibits any form of abuse, negle		
	Arrest Date: 3/2/18				mistreatment of the individuals. Abuse is de any negligent act by an employee or other		
	Offense Date: 11/12/	/17			responsible for the care of an individual r		
		to the Delinquency of a			services that was performed knowingly, reckl		
	minor	,			intentionally. Abuse will cause or may have		
	Charge Type: Misder	meanor			to cause physical or psychological harm, in		
					death to a person receiving care or treatment.	Holiday	
	Arrest Date: 3/2/18				House of Portsmouth will not permit individua		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	1''		CONSTRUCTION		SURVEY PLETED
		49G013	B. WING_			1	C /29/2019
	ROVIDER OR SUPPLIER HOUSE OF PORTSMOUT	TH INC	,	42	REET ADDRESS, CITY, STATE, ZIP CODE 111 COUNTY STREET ORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
W 122	Offense Date: 11/12/Charge: Child Abuse Charge Type: Felony The facility social word description of the vide an altercation HHP (H staff and Name (Indivireviewed and document Name (Individual #4) He was observed craknees coming out of staff Names (Resider Direct Support Persoto be in distress attenstaff that were in the Immediately exiting thim two times on his was still lying on the gmale staff standing or #4) began sliding on away from the two male staff standing or #4) was still lying on the (Individual #4) was re Name (Individual #4) was re Name (Individual #4) him across the gymnadoor. DSP #5 grabbe legs causing him to fi #5 is now sitting on N and RS #4 comes an #4's) head. Both Stata pproximately 13 secontinues to remain continues to get him out standing over Name	rker provided a written eo dated 11/12/17 involving floliday House Personnel) ridual #4) which was ented in part, as follows: was in a dark gymnasium. wling on his hands and the bathroom with two male nt Supervisor (RS) #4 and nal (DSP) #5). He appeared npting to get away from the bathroom with him. bathroom DSP #5 kicked side. Name (Individual #4) gymnasium floor with the two ver him. Name (Individual the floor attempting to get ale staff. DSP #5 then grabs shirt while Name (Individual the gymnasium floor. Name esisting; DSP #5 pulled by his left leg and dragged asium floor towards the ed Name (Individual #4's) ip over several times. DSP lame (Individual #4's) ig over several times. DSP lame (Individual #4's)	W		abused by anyone, including staff m consultants, volunteers, and staff of other a providing service to the individual. Examples of abuse for the purpose of this princlude, but are not limited to, the following: Physical Abuse: Any kind of physical intimic intrusion such as pushing, pulling, scratchinhitting, kicking, slapping, throwing things, to burning with cigarettes, pulling hair, unauthor holds, and cutting. Verbal Abuse: Abuse that is achieved prima words. Criticizing an individual, belittling, or fun of someone. Sexual Abuse: Forced sex or sex that takes advantage of an individual, fondling, or inappropriate touching. Emotional Abuse: Abehavior that uses emotions to intimidate the Mistreatment can be defined for the purpose policy to include but not limited to: Failure to act/neglect that leads to or is in imal danger of causing physical injury through neomission, treatment, or maltreatment of an individual, including but not limited to failure to provide an individual with adequate food, clothing, shelter, medical care, supervision, through condoning or permitting abuse of an individual by any other person. Verbal mistreatment: by subjecting the individual by any other person. Verbal mistreatment: by subjecting the individual, including implied or direct threat of termination of services. Restrictions on an individual's freedom of movement by seclusion in a locked room un condition. Restriction to an area of the resid restricting access to ordinarily accessible and the residence is not allowed, unless arrange and agreed to on the Individual Support Platenter of the purpose and individual restraint: without a written physic order, or as part of an Individual Support Platenter and individual support Platente	agencies olicy dation or g, rturing, orized arily with making s unfair abusive e victim. e of this aminent egligent by staff or idual to enity, on and or f def any ence or eas of ed for clan. Use cian's an,	5.31.19

OLIVILIN	O I OK MEDIOAKE & I	MEDICAID SERVICES				CIAID IA	<u>J. 0930-039 I</u>
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	1, ,		CONSTRUCTION		SURVEY PLETED
							С
		49G013	B. WING			04	/29/2019
	ROVIDER OR SUPPLIER HOUSE OF PORTSMOUT	TH INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707		211 COUNTY STREET		_
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST 8E PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
W 122	by his leg. Name (Inchis legs and hands to DSP #5 and RS #4 for away. DSP #5 grabs around his midsection him to the gymnasium around the gymnasium the room. DSP #5 the (Individual #4) while Figymnasium and looks Name (Individual #4) in distress. DSP #5 is (Individual #4's) neck stands up removing be (Individual #4) but still (Individual #4) but still (Individual #4) in the continues to pace are #5 then swings his leg #4) to let him loose. It crawling away on his #5 starts to walk toward again. RS #4 then er grabs Name (Individual #4) away from Name (Individual #4) away from Name (Individual #4) and begins running to DSP #5 follows him of #4 then leaves the bat trash. Total Time of Incident seconds.	to drag Name (Individual #4) dividual #4) is crawling on get away from DSP #5. Illow him while he is crawling Name (Individual #4) of with both arms and tackles in floor. RS #4 is walking in failing to intervene pacing en lays on top of Name RS #4 paces around the is away in another room. continues to be on the floor is applying pressure to Name and shoulder area. DSP #5 body weight from Name I stands over him with Name middle of his legs. RS #4 bund the gymnasium. DSP ges around Name (Individual Name (Individual #4) begins hands and knees and DSP and Name (Individual #4) heters the bathroom. DSP #5 hall #4) by the neck area one akes his jacket off and walks dividual #4). Name uses to roll around on the semoves his jacket he kicked device again on his side. rolls to his feet to stand up out of the gymnasium door. directly out of the door. RS atthroom carrying a bag of	W	122	Continued from page 24	gency, hich ed rate chey to giver is idual's st this ct is t al harm. colicy to sion cof ealth ior with ty chidual chef re sibility to com iety	5.31.19
	On 4/24/19 at approx	imately 1:40 PM the Social					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		CONSTRUCTION		SURVEY PLETED
			A. BOILD				С
		49G013	B. WING			1	/29/2019
NAME OF P	ROVIDER OR SUPPLIER		_	\$1	REET ADDRESS, CITY, STATE, ZIP CODE		
UOLIDAYI	10110E OF BORTONOUS	ru ma		42	11 COUNTY STREET		
HOLIDATI	HOUSE OF PORTSMOUT	IH INC		P	ORTSMOUTH, VA 23707		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		COMPLETION DATE
W 122	Continued From page	e 25	w	122	Continued From page 25		5.31.19
	· -	nat she thought about the			supervisor does not respond appropriately	ANY	
		dual #4 and the facility staff			staff may call 911 to ensure the individuals		
	_	ll Worker stated, "Honestly it			facility are safe. The Chief Administrative O		
		ted to cry. I have a three			no case, shall punish or retaliate against a	1,000	
		e every did that to my child I			volunteer, consultant, or student for reportir	n an I	
	, ,	Individual #4) should have			allegation of abuse, neglect, or exploitation		
		ke that, we have behavior			outside entity. Any employee who believes		
		of our Individuals and they			witnesses that an individual has been harm		
	should be followed."	-			abused or exploited, neglected or mistreate		
					any person shall INTERVENE to prevent fu		
	Individual #4's Nurse:	s Notes were reviewed and			harm to the individual and report such activ	r	
	are documented in pa	art, as follows:			immediately to their immediate supervisor.	· .	
					Immediate Supervisor must IMMEDIATELY		
		ocal Assessment to left			suspend the employee who has been alleg		ŀ
		groin area. Noted large			abuse, neglect, or mistreat the individual. T		
		ider to touch. Activity WNL			Immediate Supervisor will conduct an initial		
		without sign/symptoms pf			investigation and submit written statements		
		intact without swelling. No		ŀ	conduct interviews, and get as much initial	'	
		ed, monitoring continues.		1	information as possible. This information sh	ould be	
		ovider) notified. Residential			forwarded immediately to the Chief Adminis		
	Supervisor will notify	parent.			Officer/Social Worker. The investigator sha		
	11/13/17 7:30 AM: A	fter being showered			include dates, times of interviews and writte	n	
		se to left hip and groin area			statements etc. The Immediate Supervisor	must	
	_	d green in color, nontender			ensure that the Individual is assessed imme	ediately	
		symptoms of pain/discomfort			by the Nurse on duty and the individual MU	ST be	
	noted, no treatment n				transported to the emergency room for furth	er	
					medical evaluation and treatment. The Imm	ediate	
	On 4/24/19 at 3:30 PI	M an interview was			supervisor and the Nurse on duty must NO	TIFY the	
		Licensed Practical Nurse)			Chief Administrative Officer, Director of Nur	sing,	
	#2 who performed the	above focal assessment			Social Worker as soon as possible. The Ch	ief	
		1/12/17 at 5:30 PM. LPN #2			Administrative Officer will ensure the facility	's	
		e what she saw when she			Social Worker (Investigator) immediately		
		#4 on 11/12/17. LPN#2			investigate and report the alleged abuse, ne	eglect,	
		ursing office and I was			mistreatment in accordance with establishe	•	
		could come over to assess			policies and procedures. The Social Worke	ris]
	,	s) bruise on his leg. I went			responsible for entering all allegations of at		
	1	o the bathroom and said "Oh			neglect, mistreatment, complaints, and sus	- 1	
	my God what happen	ed to him?" They (RS #4					

	PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		E SURVEY PLETED
	49G013	B. WING			1	C /29/2019
NAME OF PROVIDER OR SUPPLIER HOLIDAY HOUSE OF PORTSMOUTH INC	;		42	REET ADDRESS, CITY, STATE, ZIP CODE 11 COUNTY STREET DRTSMOUTH, VA 23707	•	
PREFIX (EACH DEFICIENCY MUST	INT OF DEFICIENCIES IF BE PRECEDED BY FULL ENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 122 Continued From page 26 and DSP #5) said " We do one knows what happened we (me and RS #4) did an called the mom. I told the looked like." LPN #2 was a area on Individual #4's hip stated, "It was a dark purpl was about the size of a pin any treatment but I did noti LPN #2 was asked if she we reported and if it ever occul Individual #4 may have be stated, "Yes I am a mandanever occurred to me he we was then asked if she revier from the monitor in the Nut 11/12/17 when the bruise of reported to her to see if the that Individual #4 was abus "No, I never checked the oday." Individual #4's Interdisciplicate 11/12/17, timed 3 PM #5 were reviewed and is defollows: Staff received Name (Individual #4 was watching TV(televiwith toileting. Name (Individual #4) received so independently. He watched toys until bedtime. The documentation regard Individual #4's upper thigh to the Attending Physician.	I?" I was so emotional, incident report and mom what the area asked to describe the groin area. LPN #2 le with a red spot. It leapple. It didn't need ify the doctor by fax. was a mandated arred to her that en abused. LPN #2 ted reporter but no it was abused." LPN #2 ewed the video footage raing Office on of unknown injury was ere was any indications seed. LPN #2 stated, camera system that Inary Progress Note -7 PM written by DSP ocumented in part, as Aidual #4) in living area. Ision). Staff supported widual #4) spent time in the gym. Staff coon) care. Name arek and dinner. He ate and to and played with	W 12		injuries of unknown origin in accordance with laws and established procedures. The Social will ensure that incidents are thoroughly invest Investigations will consists of monitoring the Camera system, interviewing staff, interviewin individual, etc. The Social Worker upon receipt of any allega allegations of abuse, neglect, mistreatment, complaints, and suspicious injuries of unknow will conduct an investigation and will be enter the CHRIS (Comprehensive Human Rights Information System program within 24 hours initial report. The Social Worker will documen dates, timelines, phone calls regarding the all of abuse, neglect, mistreatment investigative Upon completion of the investigation as indicated the Holiday House of Portsmouth, Inc. Abuse Neglect, and Mistreatment Policies, the Social Worker will complete a final investigation into (Comprehensive Human Rights Information Swithin 5 working days (these days also includ weekends and holidays). An employee's failureport or cooperate with an abuse and/or neginvestigation may result in disciplinary action. action by an employee that compromises the or outcome of a factual investigation may be for disciplinary action and/or immediate termit Volunteers, contractors, contract employees, interns and/or consultants who fail to comply departmental instruction may be terminated filemployment/service. Upon receipt of an allegation of abuse, negle and/or mistreatment the protocol is identified follows: Take steps to protect the safety and of the individuals. Suspend the alleged abuse immediately. Ensure an assessment is complete nurse if allegations involve any type of Injiclaim that staff may have injured individual.	Worker stigated. CCTV g the tion of the t times, egation findings. ated in CHRIS system) e re to lect Any integrity cause nation. student with this rom ct, as welfare er leted by	5.31.19

-	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	ECONSTRUCTION		TE SURVEY MPLETED
		49G013	B. WING		,	C 4/29/2019
NAME OF PI	ROVIDER OR SUPPLIER	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP CODE		
				1211 COUNTY STREET		
HOLIDAY	HOUSE OF PORTSMOUT	TH INC	1	PORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HQULD 8E	(X5) COMPLETION DATE
W 122	Continued From page	a 27	W 122	Continued From page 27		5.31.19
		52) P.M. was reviewed and	" '2	The individual involved in the abuse v	vill immediately	
	is documented in part			be transported to the emergency roor		11
	•			evaluation and treatment as needed. Ensure that employees are reminded	that they are to	
		pper thigh near hip/groin		cooperate with the investigation, Ens		
		ouch. No swelling, activity		investigate get written statements, be		
	WNL (within normal li			document thoroughly		
	needed. Monitoring o	conunues.		Immediately contact the local law enf cases of suspected criminal activity.	proement in all	
	Individual #4's facility	Accident Incident Report		Notify the Chief Administrative Office	r, Director of	-
		3 P.M. completed by DSP		Nursing, Social Worker.	auti al	-
		is documented in part, as		The Social Worker will initiate an imp investigation within 24 hours of received		
	follows:			potential abuse or neglect. In the ab		
		-Minded the state of the Confession of the Confe		Social Worker the Chief Administrative		
	observed in bathroon	nt/incident take place? Staff		appoint an employee who is not invol]
		incurred: Staff observed		issues of the investigation to complet investigation. The facility will use clo		
		e supporting with nightly		cameras to assist with the investigation		
	hygiene.	- copp county countrigues,		In all cases, the Chief Administrative		
	Name of any witness	es: Name (RS #4).		provide his written decision, including		
		nt of what happened: Staff		Actions taken as a result of the inves		
		e supporting with PM care.		completion of the investigation to the individual's parent/guardian. If the ind		
	,	nvolved: (Completed by		by the alleged abuse or his authorize		
		al assessment to left upper		is not satisfied with the Chief Adminis		
		ise near hip/groin. skin		actions, he or his authorized represe		
		o signs or symptoms of endemess, activity WNL.		anyone acting on his behalf, may file		
	1 *	ame (Attending Physician)		request for a Local Human Rights Co (LHRC) hearing under 12VAC 35-119		
		M, By Whom: Name (LPN		In the event that the investigation is u		
		uctions: none given at this	ļ	facility will complete the following:		II.
	time.	•		The employee will be monitored by the		
	Name of Parent/Guar	rdian notified: Name		designee during a 3-month period. H		
	1 3	er), Time Notified: 5:47		be supervised closely while assigned Daily documentation will occur.	to individuals.	
	P.M., By Whom: Nar			The Social Worker will review Holida	y House of	
	, ,	e from the Parent/Guardian:		Portsmouth's Abuse, Neglect, and M		
		of how big the bruise was	1	policies with the staff person.	140 41	
	and said thanks. sign	nea by K5 #4.		A certified TOVA Trainer will discuss person the TOVA philosophy and the		
	The facility Compreh	ensive Human Rights		technique as it relates to the incident		
		CHRIS) Abuse Allegation				11

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	1	PLETED
		49G013	B. WING			1	C /29/2019
	ROVIDER OR SUPPLIER	TH INC		4:	TREET ADDRESS, CITY, STATE, ZIP CODE 211 COUNTY STREET CORTSMOUTH, VA 23707		
	0.11.11.10.7.07	ATTENDED DE DECIDIENDO					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
W 122	Continued From page	28	w	122	Continued From page 28		
	Report for Individual	#4, Abuse #20170016 was mented in part, as follows:	"		At the end of the 3-month period, the Director Residential Services will review the documen	· VI	5.31.19
	Alleged Abuse Date:	• = •			with the staff person. The supervisor will pre written report with recommendations to be su	pare a	
	Individual Name: Nan				to the Chief Administrative Officer within ten		
		ical, Seclusion/Restraint			All staff will be informed and review the Abus		
		ysical, Seclusion/Restraint			Individuals/Mistreatment/Neglect Policies at t		
		nnecessary use of seclusion			of orientation, monthly at all staff meetings, a annually in the month of February. Documer		
	and restraint.				of this review shall be on the orientation shee		
	D	_	-		staff training log.		
		n large bruise noted to			This policy and procedure will be reviewed w		
		s) upper thigh near his hip s observed on November			employee during the initial employment, mon		
	-	eillance was reviewed from			all staff meetings, and annually in the month February. This policy will be reviewed with al		
	l :	oserved that staff Name			on 5/22/2019.	Stall	
		essary use of restraint and			The injuries of unknown origin protocol was o	reated	ļ
	, ,	Therapeutic Options of			and states: It is the policy of Holiday House of		
	Virginia) techniques.				Portsmouth that injuries of unknown origin be		
	coming out of the bat	hroom and Name (Individual			investigated and reported in accordance with and federal procedures. Injuries of an unknown		
		he gymnasium area and			origin is defined as follows: The injury wasn		
		him to go to the cottage			observed by anyone or can't be explained		
		e (Individual #4) refused the			individual or staff. The injury is suspicious		
	, ,	as observed to get. The			additional medical evaluation due to the loca		
		hysical techniques were			(and in an area not usually vulnerable to trau		
		he leg to get him into another			extent of the injury, number of injuries that or the same time, or the number of injuries over		
		nip area one time, and ight on the individual. Name			(Hip, upper chest, back, head, neck (front an		
		and failed to intervene to			these body parts are listed as a guide but do		
		sary physical actions that			exclude other body parts)In the event of an u		
	1 -	Information was recorded to			injury the following must take place: RESIDE	NTIAL	
	provide to Child prote				DEPARTMENT PROTOCOL: INITIATE INVESTIGATION IMMEDIATELY. The Resid	lential	
					Supervisor must initiate an Accident/Incident		
	Injuries:				and IMMEDIATELY begin the investigation in	nto the	
	Individual Injured?: `				injury of unknown origin. (Follow Accident/Inc	zident	[]
	Type of Injury: Bruise	es			Report Policy and Procedures). The initial		
					investigation should explore the known cause probable cause on the Incident Report. The	∌ OΓ	
	Reporting:				Residential Department Supervisor must not	ifv the	
	Date Allegation Made				Chief Administrative Officer, Social Worker, I		
	Who Made Allegation	1: Name (RS #4)					

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	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''		CONSTRUCTION	(X3) DATE	SURVEY PLETED
			1 20125				c
		49G013	B. WING			04/	29/2019
NAME OF PE	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
HOLIDAYI	HOUSE OF PORTSMOU	TH INC			211 COUNTY STREET		
				Ρ	ORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ı	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)			(X5) COMPLETION DATE
W 122	Continued From page Who Reported To Dir Father) Date Reporte Investigation: Investigation Begin D Date Investigation Fil Rationale: Failure to Behavior/Manageme Policy, Other. Other Rationale: Vid confirmed physical at Reason for Corrective of restraint technique Issue-Substantiated. Corrective Action Tal procedure, Increase: of supervision), Appr Appropriate notification made. Polices: Suspected Criminal A Local Police Notificat State Police Notificat Abused Accused: Name: DSP #5 Actions Taken: Term Action Remark: Term	ector: Name (Individual #4's ed: 11/12/17 8:45 PM. Pate: 11/14/17 Pal Report: 11/14/17 Follow Int Plan, Failure to Follow eo surveillance camera Ind unnecessary use of force. In Action: Unauthorized use Is, Performance Pen: Reinforce policy and Isupervision (change patterns Isopriate staff action taken, Ison to Office of Licensing Activity: No Ison: blank Inated			DEFICIENCY) Continued From page 29	s NOT y on ursing n ncident ensed on Duty eas that notify rvisor ogether. otify the provide nurse nysician I nedical oelieve oyee oiduals all riminal must	5.31.19
	TOVA techniques. Name: RS #4 Actions Taken: Term Action Remark: Terr intervene while staff				this protocol in the all staff meeting on 5/22/2 Staff will be trained by the facility Social Work this protocol at initial orientation and annually thereafter. Evidence of compliance will be or facility's training log. The Chief Administrative will have the CCTV Camera System placed of top as well as the facility Social Worker lap to facility monitoring can be conducted on week well. Live Video Monitoring is conducted by the	o19. Athe Cofficer On lap Op so ends as	

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Event ID: DMEE11

Facility ID: VAICFMR09

If continuation sheet Page 30 of 262



	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '		CONSTRUCTION		PLETED
		49G013	B. WING			1	C /29/2019
	NOVIDER OR SUPPLIER	TH INC		4	TREET ADDRESS, CITY, STATE, ZIP CODE 211 COUNTY STREET 20RTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 122	regarding Investigation 11/15/17 was reviewed part, as follows: This letter is to inform concluded the investigative description of the investigative Finding video had evidence of violated Holiday Hou Policy. The reviewing disclosed the following transition from the investigative Finding video had evidence of the following video had evidence of the following transition from the investigation from the investigation of the invest	to Individual #4's parents on into unknown bruise dated and is documented in a you that we have igation regarding the large overed on November 12, ce camera was also s/Conclusion: Founded; this of abuse and neglect and se Abuse of Individuals g of the video surveillance ag: In the gym area to the leaving the restroom Name beserved coming out of the e staff. Innecessary physical support appropriate TOVA ed by Holiday House of		122	and/or designee during the weekdays. During an applicant's 3 day trial visit the Interdisciplinary Team (IDT) members will mot the individual for behaviors of running away for area of supervision and/or elopement and dishistory with the individual and/or individual's lift the individual exhibits behavior of running a during the trial visit. The IDT will recommend pursuing project lifesaver. If the individual hashistory of running away the IDT will pursue the project lifesaver if admitted to the facility. The will ask the parent during the 3 day meeting it would like to pursue project lifesaver. Written consent will be obtained if the family decides pursue project life saver. Parents are also prothe option to decline project lifesaver. Declina forms will be obtained. Upon admission, an authorization to Project Lifesaver will be significated and the QIDP will complete the Proving Lifesaver application. The application is designated and the Upon admission in designates. In the event the IDT recommends project lifesaver Holiday House of Portsmouth will confees associated with the maintenance of project associated with the mainte	cuss amily. way s a e e QIDP if they to poided ation ed by poject gned for mation should ect life will lividual ent will ent will ent will es may well as o action ment ty's ng at	5.31.19
	*Termination of empl Holiday House Policy	oyee #1 for violation of /.			elopement risks by May 31, 2019. A copy of		

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OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ' '			(X3) DATE	SURVEY PLETED
	49G013	B. WING_			1	C /29/2019
			4	211 COUNTY STREET PORTSMOUTH, VA 23707		
(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
*Termination of emplointervene and providir abuse/neglect. *Behavior episodes for reported to the CAO (and SW (Social Work investigated and view) *All staff meeting will 2017 additional TOVA and trained with all staff meeting will 2017 additional TOVA and trained with all staff week of November 9th reviewed and reveale parents and siblings with 11/12/17 from 3:20 P. Email correspondence Father and the Chief Awas reviewed and is of follows: Sunday, November 1 Hi Name (CAO), We received a call aff this evening. We miss voicemail. A messag Name (RS #4) didn't lively and our voicema conversation betweek sounded like the nurse a few concerns: *A bruise wasn't notice.	om this point on must be Chief Administration Officer) er), All hands on interaction ed on surveillance camera. be held on November 15, A training will be discussed aff. gn IN/OUT sheet for the th through the 14th was d that Individual #4's vere in the facility on M4:20 P.M e between Individual #4's Administration Officer(CAO) documented in part, as 2, 2017 8:45 PM: er we left Holiday House sed the call and it went to e was left, but apparently hang up the phone all of the il continued to record a in Name (RS #4), and what he about our son that raised ed all day it seems because	W	122	elopement assessment will be filed in the Indi Nursing Chart. An elopement risks assessment will be completed Director of Nursing/Charge Nurse for ever individual residing at Holiday House of Portsmif there is a risk for elopement based on the elopement risks assessment tool the QIDP with facilitate an Interdisciplinary Team Meeting to discuss the individual's risk of elopement. Du Interdisciplinary Team (IDT) members will review the level of supervision that the individual review of superneeds changing the QIDP will make the nece changes on the Individualized Support Plan. Address what measures will be put into resystemic changes made to ensure the deficient practice will not recur: Door Chimes Policy was revised and state the policy of Holiday House of Portsmouth the staff working in the residential wings acknowled the door chimes each time the alarm sounds purpose of this policy is to bring staff awarene who is entering and exiting the residential wire efforts to ensure individuals safety. Each time Door Chimes sound, Staff will look down the observe who is entering and exiting into the residential wings. Holiday House Portsmouth should wear and be identified by their ID Bad Door chimes are located in the nursing office. Wing) and in the Director or Residential Services Supervisor will inform the Maintenal Services Supervisor will inform the Maintenal Services Supervisor will inform the Maintenal	eted by y nouth. Il ing the iew the IDT will ual is existed by within the iew the IDT will ual is existed by the iew	5.31.19
				Department of the scheduled floor cleaning s	o that	
	CORRECTION ROVIDER OR SUPPLIER HOUSE OF PORTSMOUT SUMMARY STA (EACH DEFICIENCY REGULATORY OR L. Continued From page *Termination of emplointervene and providir abuse/neglect. *Behavior episodes for reported to the CAO (and SW (Social Work investigated and view) *All staff meeting will 2017 additional TOVA and trained with all sta The facility Visitors Si week of November 9th reviewed and reveale parents and siblings will 11/12/17 from 3:20 P. Email correspondence Father and the Chief A was reviewed and is of follows: Sunday, November 1: Hi Name (CAO), We received a call after this evening. We miss voicemail. A messag Name (RS #4) didn't I way and our voicema conversation between sounded like the nurse a few concerns: *A bruise wasn't notice.	ROVIDER OR SUPPLIER HOUSE OF PORTSMOUTH INC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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.M4:20 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	CORRECTION IDENTIFICATION NUMBER: 49G013 B. WING ROVIDER OR SUPPLIER HOUSE OF PORTSMOUTH INC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Tontinued 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.M4:20 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	A BUILDING 49G013 ROVIDER OR SUPPLIER HOUSE OF PORTSMOUTH INC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) *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.M4:20 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 volcemail. A message was left, but apparently Name (RS #4) didn't hang up the phone all of the way and our volcemail 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	A BUILDING ### AUTOMOTOR SUPPLIER ### AUTOMOTOR SUPP	A BUILDING 486913 B. WING STREET ADDRESS, CITY, STATE, 2IP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707 SUMMARY STATEMENT OF DEPICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING NFORMATION) Continued From page 31 W 122 Continued From page 31 W 122 Continued From page 31 W 122 Continued From page 31 Continued From page 31 W 122 Continued From page 31 W 122 Continued From page 31 Continued From page 31 W 122 Continued From page 31 W 122 Continued From page 31 Continued From page 31 W 122 Continued From page 31 W 122 Continued From page 31 Continued From page 31 W 122 Continued From page 31 Continued From page 3

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Event IO: OMEE11

Facility ID: VAICFMR09

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''		CONSTRUCTION		E SURVEY PLETED
		49G013	B. WING _			04	C /29/2019
	ROVIDER OR SUPPLIER	TH INC		42	TREET ADDRESS, CITY, STATE, ZIP CODE		120/2010
				P(ORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 122	Continued From page	e 32 se ourselves, so I am saying	w.		Continued From page 32	hi	5.31.19
	he wasn't changed a was said in the recor reactions within the o recorded, the nurse s	Il day solely based on what ded voicemail. Based on the conservation that was seemed concerned like it is id have been noticed sooner.			the Door Chimes can be turned off. Door C turned off during that time ONLY because t remain open for a long period of time. The Environmental Services Supervisor will info Residential Manager on duty that the floors scheduled to be cleaned. All individuals on will be relocated to the gym and recreation	rm the are grounds are until	
	and we were told that bad, had colored son that he didn't seem in any of the other infon voicemail. When you nurse describes the I than the way she descreturned the call. *Name (RS #4): We say anything bed and (RS #4) and he does	didn't mention the recording) t the bruise didn't appear too ne, but wasn't tender, and n pain. No one mentioned mation in the recorded u listen to the voicemail, the bruise as sounding worse scribed it to us when we didn't hear Name (RS #4) the we genuinely like Name good with Name (Individual or the nurse would have told			the floors are clear and dry. The Maintenan are designated to turn the door chimes off a The only time door chimes are off is when to contractors are providing service. When Do Chimes are turned off, the Maintenance Su will make an overhead speaker announcen informing all Holiday House Staff that the dalarms have been turned off. The Maintena Supervisor should also alert Staff via overh speaker when the Door Chimes are turned in the event Holiday House Staff notices th Door Chimes are not sounding, Staff should immediately notify Maintenance Supervisor Officer and the Chief Administrative Officer Notifications should be done via face to face	and on. he floor or pervisor hent oor nce ead back on. at the d /Safety e or	
	us everything when we have the worker (LPN #2): Shall of her concerns.	ve called back. ne should have told us about			telephone. In the event the Door Chimes as working staff should strategically be locate doors to be aware of who is entering and e building. Failure to abide by this policy coul Disciplinary Action. Elopement Policy was developed and reference.	near the xiting the d result in	
	extension the parent gets in trouble by with should they be operated versus Them (parent concerns about our of discuss the situation Response Email from 12, 2017 8:59 PM:	s, not to making sure no on e hholding information. Nor iting in an Us (employee) t) mentality. We just have child's care and wanted to			follows: It is the policy of Holiday House of Portsmo individuals who have elopement risks have elopement plan to prevent leaving the supersafe area. Elopement can be defined as: an instance of leaving a safe area or safe predone by a person with a mental disorder or impairment: During an applicant's 3 day trial visit the Interdisciplinary Team (IDT) members will the individual for behaviors of running away area of supervision and/or elopement. If the individual exhibits behavior of running	an ervised a act or nises, cognitive monitor	

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ' _		CONSTRUCTION	' '	SURVEY
				_			c I
		49G013	B. WING_			04/	/29/2019
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
HOLIDAYI	HOUSE OF PORTSMOUT	TH INC			211 COUNTY STREET		
				P	ORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	ĸ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 122	Continued From page	33	w.	122	Continued From page 33		
W 122	Administrator. I will of in to work. I will have with an investigation. The facility document Discussion with Name altercation with Name 4/24/19 was reviewed as follows: Present: CAO, SW, Hocation: Conference Explained to Name (Root investigate a large (Individual #4). Name (RS #4) replied an accident and incident the bruise. CAO asked Name (Root incident the bruise. CAO asked Name (Root incident inc	all you tomorrow when I get a my social worker follow up titled "Interview and a (RS #4) in regards to a (Individual #4) dated and is documented in part, and is documented in part, and a Resource Manager. A Room and By Name (CAO), he are selected by Name and explained that ent report was completed for the selected by Name and/or bruise on the are selected by Name and time transitioning in the are (RS #4) to review the	W	122	during the trial visit. The IDT will recommend pursuing project lifesaver. If the individual has 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 life Written consent will be obtained if the family d to pursue project life saver. Parents are also provided the option to decline project lifesaver Declination forms will be obtained. Upon admi an authorization to Project Lifesaver will be sig the parent and the QIDP will complete the Pro Lifesaver application. The application is design caregivers to provide in advance certain inform that will be useful to search teams if the need arise. In the event the IDT recommends project lifesaver Holiday House of Portsmouth will confees associated with the maintenance of project saver. The Director of Nursing/Charge Nurse of complete an elopement assessment if the indicate has elopement risk. The elopement assessment be completed upon admission, annually, or wisignificant change occur. Holiday House of Portsmouth will make the necessary environmy changes to prevent elopement. These changes include(latches on gates, changing level of supervision, alarms on doors, visual cues, as their effectiveness will be assessed. Failure to adhere to this policy will result in disciplinary action and/or termination of employ All staff will be trained on the Door Chime Polin Neglect Policy and Procedures, Gate Latching Procedures, Elopement Policy, and Emergency Code Call Policy, and 1:1 Supervision Policy all staff meeting on 5/22/2019. All staff will be in these policies at initial orientation and annual Indicate how the facility plans to mon performance to make sure that solution sustained; and	esaver. ecides ssion, gned by ject ned for nation should ct ver all ct life will vidual ent will nen a eental es may well as eyment. cy, ty	5.31.19
	The team watched the	e video of incident which in the conference room of			Upon receipt of each individual's eloassessment the Interdisciplinary Team will ide		

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Event ID: DMEE11

Facility ID: VAICFMR09

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MANE OF PROVIDER OR SUPPLIER HOLIDAY HOUSE OF PORTSMOUTH INC CAPID PORTSMOUTH, VA. 23707		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		SURVEY PLETED
HOLDAYHOUSE OF PORTSMOUTH INC All COUNTY STREET PORTSMOUTH, VA 23797			49G013	B. WING		····	1	-
PREFIX TAG REGULATORY OR LSCIDENTIFYING INFORMATION) W 122 Continued From page 34 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 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 (RS #4) was a supervisor was there to intervene and ensure Name (Individual #4). CAO explained to Name (RS #4) that he as supervisor was there to intervene and ensure Name (Individual #4) was not abused and CAO expressed to Name (RS #4) bechanques considered TOVA*. Name (RS #4) bechanques considered TOVA*. Name (RS #4) bechanques considered TOVA*. Name (RS #4) expressed 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) 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 (DSP #5) that the team is here to investigate a large urknown bruise on Name (Individual #4).			JTH INC		4:	211 COUNTY STREET		
the administration building. Name (R8 #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 (R8 #4) that he as a supervisor was there to intervene and ensure Name (Individual #4) was 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. CAO also asked Name (RS #4) was Name (DSP #5) techniques considered :TOVA*. Name (RS #4) had he as uncomfortable that's why he walked around the room so much when Name (DSP #5) was cealing 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. The facility document tilled "Interview and Discussion 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 (DSP \$5) that the team is here to investigate a large unknown bruise on Name (Individual #4).	PREFIX	(EACH DEFICIENCE	CY MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI	E	COMPLETION
CAO asked Name (DSP #5) did he have anything to share with the team in reference to Name	W 122	the administration be Name (RS #4) was a the video to explain conduct inappropria Name (Individual #4 (RS #4) that he as a intervene and ensur not abused and CAC that he failed as sup CAO also asked Nam #5) techniques cons #4) said "No, it was Name (RS#4) becar to the team that he walked around the (DSP #5) was dealir Name (RS #4) expresapport with Name (made a really huge The facility document Discussion with Namaltercation with Namaltercation with Namaltercation with Namaltercation CAO, SW, Location: Conference The meeting was open explained to Name (Individual #4) CAO asked Name (Individual #4)	asked by CAO after reviewing how he let Name (DSP #5) te physical interventions to b). CAO explained to Name is supervisor was there to be Name (Individual #4) was Dexpressed to Name (RS #4) pervisor. The (RS #4) was Name (DSP sidered :TOVA". Name (RS nt". The very upset and expressed was uncomfortable that's why he room so much when Name ing with Name (Individual #4). Persed that he has a good Individual #4) and that he mistake. That titled "Interview and ine (DSP #5) in regards to the (Individual #4) dated and is documented in part, in Human Resource Manager. The Resource Manager (CAO), he (DSP #5) that the team is a large unknown bruise on significant in the part of the part	W		individuals who have the risk of elopement. The will then pursue project lifesaver with the Pare Guardian. If the decision is made to add lifesaver for the individual the QIDP will add the lifesaver to the individual's Individualized Plan. The QIDP will monitor on a quarterly bat Include dates when the corrective action	nt/ Legal project e project Support sis.	5.31.19

STATEMENT OF DEFICIENT AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DATE SU COMPLE				
		49G013	B. WING			1	C 29/2019
NAME OF PROVIDER OF		TH INC	,	4:	TREET ADDRESS, CITY, STATE, ZIP CODE 211 COUNTY STREET PORTSMOUTH, VA 23707		
	ACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	κ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	_	(X5) COMPLETION DATE
(Individe evening) Name (If #4) had happen with a beteam fair CAO the video for evening	on 11/12/17. DSP #5) respected. He was a lank face with se information an asked Namotage from the of 11/12/17. DSP #5) and the ent which occurred room of the DSP #5's) heat the alterdance. After waim to explain the explain to explain the explain that the alterdance and "TOVA." shaking his heat the explain that the alterdance with the explain that the alterdance of explain the explain that the	and/or bruise on the ordinary ble to say this statement out indication of telling the n. The (DSP #5) to review the e gymnasium on the ourred on 11/12/17 in the ne administration building. The administration building at went down when he eation was on video atching the video CAO his behavior. The (DSP #5) responded ead side to side. He had no remorseful manner stated he stated that Name efficult to work with and it's neone so difficult over and sactions were wrong. He	W	122	Continued From page 35		5.30.19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G013	B. WING		<u> </u>	l	C 29/2019
	ROVIDER OR SUPPLIER	TH INC	•	42	TREET ADDRESS, CITY, STATE, ZIP CODE 211 COUNTY STREET ORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 122	was escorted off of He premises. The Critical Incident of Day School program was reviewed and is of follows: Type of incident: Other: arrived to school efft hip and upper to Incident reported to: Parents: 11/13/17 at sent at 10:09 AM Holiday House: 11/13 Description of incident arrived at school and taken to the bathroon bruising on his hip and and was asked to ser arrived, looked at the Holiday House was county (Individual #4) to transhared that they had from Holiday House thad a behavior and holoked and did not find (individual #4's) back	pted the termination and he oliday House Portsmouth Report from Individual #4's dated 11/13/17 at 9:30 Am documented in part, as ool with large bruise on front high. 9:45 AM, picture of bruise 3/17 at 10:00 AM at: Name (Individual #4) transitioned to class. When at 9:30, staff noticed dithigh. Staff called momend pictures. Momend and pictures. Momend dad bruise, called doctor. alled and came to get Name isport to the doctor. Parents received a call last night hat Name (Individual #4) ad a bruise on his back. We ad a bruise on Name . Holiday House said they on Name (Individual #4's) hip	W	122	Continued From page 36		5.30.19
	Hospital) on 11/13/17	en at Name (Children's ' at 1:25 PM with chief and Swelling of Jaw/Lump.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		ATE SURVEY OMPLETED
		49G013	B. WING			C 04/29/2019
	ROVIDER OR SUPPLIER	итн имс	,	STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 122	dated 9/18/17-9/18/documented in part, documented in part, Rational:: Plan written in according behavioral treatment recommendations. Target Behaviors: Figelf-Injury, Property important to note the out the person who item he is wanting. Quality Of Life- A quitable wanting. Quality Of Life- A quitable wanting. Quality Of Life- A quitable wanting. What is not working eactivities that he presidently touching hir he is displaying behaviors of concert. What is not working eactivities that he presidently touching hir he is displaying behaviors of concert. Recommendations (Individual #4): -When walking and location offer Name hold from his clear the engaged in an activ.	tive Behavioral Support Plan 18 was reviewed and is as follows: rdance to VAC12-200-105 Int Plans with restrictive Physical Aggression, Destruction, and PICA. It is at Name (Individual #4) seeks blocked his access to the uality life for Name (Individual e environment and doing fers without displaying in. In or trying to sooth him when aviors of concern. and Procedures for Name transitioning to another (Individual #4) an object to tote bag to help keep him ity.	W 12	Continued From page 37		5.30.19
	#4) from physical ac should follow the ac -Do not hug or pat h	ble to stop Name (individual ggressive behaviors they gency crisis plan. his back to help calm him or frown when he is engaging				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
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		49G013	B. WING			i	/29/2019
	ROVIDER OR SUPPLIER	DUTH INC	•	4	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 COUNTY STREET PORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIE	'STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 122	hostile reaction from remember redirect disruptive behavior on a preferred actin participation. Crisis Plan: Staff should follow (Individual #4), Houses the TOVA tect with behavior supposed behavior supposed by the second of	These actions tend to provoke m Name (Individual #4). tion means ignore the use of r, refocus the person's attention vity and reinforce the Crisis Plan for Name liday House of Portsmouth, Inc. hniques for their individuals fort plans. crisis plan to be used as a attempts to understand what leady is communicating has been at cannot change the dress his needs, be prepared all #4) to possibly escalate in or. Understand that now, leaves to be prepared lall #4 to possibly escalate in or. Understand that now, leaves listed the latter than	W	122			5.30.19

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		49G013	B. WING		,	C 4/29/2019	
	ROVIDER OR SUPPLIER	THINC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 122	aggressive or self inju G. Call for back up at The facility's Virginia I Employer's Report of DSP #5 was reviewed as follows: What date was the claor suspension? 11/13 What reason was give Violation of Abuse to I What was the final indischarge/suspension How was claimant information Training/received political DSP #5's TOVA Certification date of 3/3/2 DSP #5's Job Descripreviewed and is docured and is under Residential Supervisor Professional I provided training to individuals services in a resident training and support services.	andividual #4) makes to be brious. Individual #4) makes to be brious. Individual #4) protocols. Imployment Commission Separation and Wage for d and is documented in part, Individual separation and Wage for d and is documented in part, Individual Policy. Individual Policy? Individual Policy. Indivi	W 12	Continued form page 39		5.30.19	
	Services Plans. Ay a						

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:				(X3) DATE SURVEY COMPLETED		
		49G013	B. WING_				C /29/2019	
	ROVIDER OR SUPPLIER	TH INC	,	43	TREET ADDRESS, CITY, STATE, ZIP CODE 211 COUNTY STREET ORTSMOUTH, VA 23707			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	K	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE	
W 122	each individuals' Indiv 2. Interacts with all ir appropriate voice ton physical movements Rights Policies and P 13. Ensure a healthy environment, and repmanagement immedi 14. Provide behavior identified on the Position in identified on the Position in identified on the Position identified in iden	sponsibilities: and supports as identified in vidualized Service Plan. adividuals and staff with e, language, gestures and in accordance with Human rocedures. v, clean and safe ort any safety concerns to ately. r support services as tive Behavior Support Plan. y become physically re the employee to physically is physical flexibility and it calmness and the ability to Crisis Plan, implementing antion techniques and gned that he had received, if that he was to comply with policies while carrying out his employee: ang aning deglect als's Harm, Abuse, or	W		Continued From page 40		5.30.19	
	care to Individual #4	Abuse indicated he provided 1:1 on 11/12/17 from 3:05 PM to that Individual remained in					;	

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Event ID: DMEE11

Facility ID: VAICFMR09

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER	1 ' '	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		49G013	B. WING		,	C 04/29/2019		
	ROVIDER OR SUPPLIER	TH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707	<u> </u>			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION S	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
W 122	Continued From page	. <u>4</u> 1	W 12	Continued From page 41		DE 20 10		
** 122	the care of his abuser	r for approximately 5 hours he was initially physically	VV 12			5.30.19		
	Employer's Report of	Employment Commission Separation and Wage for and is documented in part,						
	or suspension? 11/14 What reason was give to provide oversight o What was the final inc discharge/suspension abusive situation.	en to the claimant? Failed ver staff						
	and is documented in	•						
	is under the direct sup Residential Manager, is responsible for the training of the individu consistent with behave incumbent has twenty responsibilities for state administrative responsamentenance and uple Major Duties and Res	uals we support in a manner rioral principles. The r-four hour supervisory aff members and sibilities for the seep of the physical plant.						
	program delivery according of Portsmouth, Inc Po	ng and documenting of ording to the Holiday House olicy and Procedures, of Behavioral Health and						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING		СОМ	X3) DATE SURVEY COMPLETED				
		49G013	B. WING			1	C /29/2019
	RÖVIDER OR SUPPLIER House of Portsmou	JTH INC		4	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 COUNTY STREET PORTSMOUTH, VA 23707	,	12012010
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CYMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
W 122	Medicaid Guidelines Health Guidelines. Responsible for the in a manner which e safety. The Manage directly Support Professional Implements and enforcedures. Ability to supply beh to assigned training RS #4's TOVA Certification date of 5/3 On 6/10/15 RS #4 s read, and understood the following facility responsibilities as at 1. Mandated Report 2. Human Right Tra 4. Child Abuse and 7. Abuse of Individual Exploitation 8 Abuse Reporting 11. Examples of Child RS #4's Time Card in the safety of the the	rices, Licensure Guidelines, s, and Department of Public management of the cottage insures individuals/staff v supervises the Direct al Staff, orces facilities policies and avior-modification techniques areas. fication was current with an 31/18. figned that he had received, and that he was to comply with policies while carrying out his in employee: ting tining Neglect trails Harm, Abuse, or Policy sild Abuse and Neglect Abuse indicated he Supervisory care	W	122	Continued From page 42		5.30.19
	11:52 PM, indicating the care of his abuse and 22 minutes afte abused. On 4/25/19 the Adm	1/12/17 from 3:07 PM to that Individual remained in er for approximately 6 hours r he was initially physically inistrator was asked what ad after the abuse incident					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	1''	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G013	B. WING				C 29/2019	
	ROVIDER OR SUPPLIER	THINC		4:	TREET ADDRESS, CITY, STATE, ZIP CODE 211 COUNTY STREET ORTSMOUTH, VA 23707	<u> </u>	23/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 122	stated, "We went over staff and went over In Plan with the staff res Administrator was asl on the Abuse and Neg Reporting of Abuse an incident with Individual stated, "No, we did no neglect or mandated should have." Individual #4's Notice Grievances signed 4/documented in part, a Every individual dese consideration and res Every individual of the 1. Retain legal rights Federal laws; 3. Be treated with digfree from abuse, neglincluded but not limited etc. You can tell a state they can help you. 4. Be free from seclutions consistent subjected to unnecessisolation. The facility policy title revised 3/26/19 was rin part, as follows:	11/12/17. The Administrator r TOVA training with our dividual #4's new Safety ponsible for his care." The ked if all staff were retrained glect Policy and Mandated hd Neglect after the abuse al #4. The Administrator of do training on abuse or reporting in hindsight we of Individual Right and 18/17 was reviewed and is as follows: rves to be treated with epect. a Holiday House shall: as provided by State and gnity as a human being; Be ect, and exploitation ad to verbal, physical, sexual aff if you have been hurt so sion and restraint; he least restrictive with condition and not be sary physical restraint and d Abuse of Individuals eviewed and is documented of the Board to prohibit any	W	122	Continued From page 43		5.30.19	

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		NG		(X3) DATE SURVEY COMPLETED
		49G013	B. WING _			C 04/29/2019
	ROVIDER OR SUPPLIER House of Portsmou	JTH INC		STREET ADDRESS, CITY, STATE, ZIP COD 4211 COUNTY STREET PORTSMOUTH, VA 23707	E	V-120/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	_ *	N SHOULD BI APPROPRIA	
W 122	employee or other per care of an individual performed knowingly Abuse will cause or physical or psychologa person receiving or retardation. All Holiday House per to the following direct consulting staff: 1. Personnel shall, themselves toward it that such persons we physical and mental unnecessary (and unfrom any other acts anature. 2. Examples of abut policy include, but an a. Physical Abuse: intimidation or intrust scratching, hitting, kethings, torturing, but hair, unauthorized hexploited by any proprevent further harm such activity immedisupervisor (or to the if not comfortable resupervisor); then the	e any negligent act by an erson responsible for the receiving services that was y, recklessly, or intentionally. may have potential to cause gical harm, injury, or death to are or treatment for mental ersonnel shall strictly adhere ctives, including part-time and at all times, conduct ndividuals in such a manner ill be free from every form of abuse, harassment, or n-prescribed) restraint, and which are demeaning in see for the purpose of this re not limited to, the following: Any kind of physical ion such as pushing, pulling, licking, slapping, throwing ming with cigarettes, pulling	W	Continued From page 44		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING ———————————————————————————————————			(X3) DATE SURVEY COMPLETED			
		49G013	B. WING _		İ	C 04/29/2019
	ROVIDER OR SUPPLIER	JTH INC	,	STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707	,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 122	information immedia Administrative Office	or will start an initial bmit statements and initial ately to the Chief	W 1:	22		
	neglect, the Chief Addesignee shall: a. Take steps to prothe individuals. c. The individual invimmediately be transroom for medical evineeded. f. Immediately continued.	drainingation of abuse or drainistrative Officer or his object the safety and welfare of volved in the abuse will sported to the emergency aluation and treatment as act the local law enforcement exted criminal activity.				
	has reason to suspe crime, the CAO or h contact the appropri authorities and coop investigations that re					
	Intervention Policy* reviewed and is documental trials the policy of Ho	prepared 1/1/13 was numented in part, as follows: liday House of Portsmouth to Options as a behavioral				
	intervention using pl to restrict or limit an specific skills must i motion for the indivi	s is implemented as a crisis hysical interaction as needed individual's behavior/ The maintain the normal range of dual (no hyperextension of bruising, injury, or pain by				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
							С
<u> </u>		49G013	B. WING			04/	29/2019
	ROVIDER OR SUPPLIER HOUSE OF PORTSMOUT	TH INC		42	TREET ADDRESS, CITY, STATE, ZIP CODE 211 COUNTY STREET ORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 122	Continued From page	46	w	122			
		havioral Intervention Policy" viewed and is documented					•
	employees when deal						
	* It ensures that all special interventions utilized will be consistent with applicable human rights regulations and emphasizes positive interventions and approaches. *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						
	any act or failure to ac person responsible for a facility or program of by the department that failed to performed kni intentionally, and that caused physical or psi death to a person recomental illness, mental disability), or substan- abuse include acts su 2. Assault and batter 5. Use of excessive fin a physical or mecha-	y. orce when placing a person					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		INSTRUCTION	(X3) DATE SURVEY COMPLETED	
			, , , , , , ,			(
		49G013	B. WING			04/	29/2019
	ROVIDER OR SUPPLIER	TH INC	·	4211	EET ADDRESS, CITY, STATE, ZIP CODE COUNTY STREET RTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE
W 122	state laws, regulation standards of practice individualized service. I. Use of Behavior Introduced Holiday House of Porappropriately approace aggression according according to the level are ABSOLUTELY Produced Holiday House of PROHIBITED ACTIOn "Corporal punishment permitted." PROHIBITED ACTIOn "Corporal punishment permitted." "Degrading, treating Inhumiliating persons so "Excessive or inapprobehavior interventions." The facility policy title Recording "revised 3 documented in part, and the security and safety. V. General Procedur A. Holiday House of enhancing the quality integrating available to security and safety. (closed circuit televisia areas is a critical company and the principle of Portsmouth's use of the principle of Portsmouth's use of the principle of Portsmouth's use of the principle of Portsmouth's use of the principle of the	ompliance with federal and s, and policies, professional or the person's s plan. ervention: tsmouth, Inc. will ch all verbal and physical to behavioral plans and of intensity. The following ohibited Behavioral les and Actions: NS: t will not be employed or erved will not be permitted. Opriate use of permitted so as follows: d "Electronic Monitoring and w/29/13 was reviewed and is as follows: es: Portsmouth is committed to of life for its individuals by echnology to increase The facility's use of CCTV ion) system in common aponent pf its security and objectives of Holiday House of a CCTV system include:	W	122			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		49G013	B. WING_			С	
NAME OF PR	ROVIDER OR SUPPLIER	490010		STREET ADDRESS, CITY, STATE, ZIP CODE		4/29/2019	
HOLIDAYI	HOUSE OF PORTSMOUT	TH INC		4211 COUNTY STREET PORTSMOUTH, VA 23707			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	CTION SHOULD BE COMPLE D THE APPROPRIATE DAT		
W 122	result of viewing a rec immediately to the Ch and to the Virginia De Health and Developm Office of Human Righ	eality of care discovered as a cording should be reported lief Administrative Officer partment of Behavioral ental Services and the ts.	W	122			
	VI. Training, Operations, and Oversight Procedures: B. Operations Procedures: 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. C. Oversight Procedures: 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.						
	The Chief Administrate monitored the CCTV and Administrative Officer video feed during the does as well. On the and nursing the systematics and statement of the control of	nief Administrative Officer. iive Officer was asked if who					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49 G013	B. WING _			I	C 29/2019	
	ROVIDER OR SUPPLIER	TH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	i	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
W 122	have been caught and abuse occurred with I reviewed to see if any large groin/hip bruise Administrative Officer expected the staff who viewed the video and immediately." On 4/29/19 at 4:10 P. was held with the Chic Social Worker and Meabove information was Administrative Officer installing software so worker will be able to our phones when we has been a valuable I and we plan on making safety of our individual again" 2. The facility staff fair (Individual #2) in the sindividuals was not sure individuals was not sure individuals aggression, destruction. Diagnosed disorder, attention dedisorder, conduct disorder, c	done should the abuse direported at the time the individual #4 or at least been in abuse occurred when the was discovered. The Chief is stated, "Yes, I would have to have access to have alerted me of their findings. M. a pre-exit conference and a pre-	W 1	22				

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

Event ID: DMEE11

Facility ID: VAICFMR09

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		49G013	B. WING_			C 04/29/2019		
	OVIDER OR SUPPLIER OUSE OF PORTSMOUT	TH INC		STREET ADDRESS, CITY, STATE, ZIF 4211 COUNTY STREET PORTSMOUTH, VA 23707	P COOE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		ACTION SHOULD BE TO THE APPROPRIA			
	• •	50 Ian dated 4/20/18 Indicated	W	122				
	would be for his mediamet in a safe environment in a safe environment likes. What Works (Strength to people he knows. What Does not work (New environment, chat Being hit or scratched Using to too many wo Early warning signs for escape attention: Crying Running away. An Abuse Allegation Findicated: "On Thursd approximately 5:00 P. was made. The announcer secretary. Once outsi attention (sic) that the individuals left out of the also stated that she signate and messing with Also, outside the gate Chief Administrative CResource Clerk. At this Supervisors found out off the facility grounds directions on and off glindividual #2. Eventual	Report dated 1/17/19 lay January 17, 2019 at M. an overhead all page uncement stated that "all s are needed in the front ment was made twice by the de it was brought to the she observed one of the he facility gate and ran. She aw him leaving out of the ha a staff person's vehicle. I was Director of Nursing, Difficer and the Human is time, Residential t that Individual #2 had ran is Staff went in different grounds to try and locate						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G013	B. WING _		04	C 1/29/2019	
	ROVIDER OR SUPPLIER	TH INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION DATE	
W 122	(DSP #1) stated, that the pond behind the a Individual #2 was cov clothes were soaked, carried him across the brought him back to the in the bathroom and scleaning his face. An residential staff suppobody. Staff also stated He was taken to the recover. Staff (SH), Licence Predocumented on her was taken to the received Individual #2 can complete an accie was due for another a individual after school Individual #2 went interported that while Inche was very busy tout to the door (sic) adjact let him out of the nurs were present waiting proceeded to continue nursing office. She rewas asked to assess wrote she asked her the can lay down. She announcement that a to the front yard. She was found after the elenoticed someone were alarm didn't sound off again. No alarm sound Manager (KL) reached	some brick apartments. he was coming up out of partments. She stated, that ered with mud and his she ran up to him and a street back to facility. She he cottage. Undressed him started drying him off and urse staff along with a brited him with checking his dithat mud was in his mouth. She he cottage with a brited him with checking his dithat mud was in his mouth. She had a statement that the common to warm up with a creatical Nurse, reported as itness statement that the common that are that she saw on the common to the common that are a that she saw on the common to the living. I opened the common to the living room and the common the living room and the common the living room and the common the living room and the common the living room and the common the living room and the common the living room and the common the living room and the common the living room and the common the living room and the common the living room and the common the living room and the common the living room and the common the living room and the common the living room and the common the living room and the common the living room and the common the living room and the common the living room the living room the living room the living room t	W	122			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G013	B. WING		C 04/29/2019
	ROVIDER OR SUPPLIER	TH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION
W 122	Continued From page	52	W 122	2	
	med pass and Assista continued to proceed building.	d she then continued her ant Residential Manager to another area of the aff was called to complete			
	the incident report by Individual in the office nurse said "its ok I go	nursing. Nursing staff took with her. She stated the t him" so staff were to be in complete the necessary			
	accident and incident She reported she the for all managers to re	report from earlier that day. n heard the overhead page port to the front of the			
	behind the apartment	the then was told that served across the street s in front of the church. he ng wet from head to toe with			
	during an investigative stated that she did tell watch Individual #2. Individual #2 was in the rather busy and she tone living room. The	Manager spoke to LPN #1 e interview on 1/17/19 she II (DSP #2) that she would The nurse stated that while the nurse's office he was ook him back to the cottage nurse stated she returned			
	back to DSP #1 nor a nurse did not stated (room full of staff but s	but did not support him ny staff in particular. The sic) that there was a living she did not support him to a n. A written statement was			
	provided and she had Nursing. DSP#3 (SW was in the living room	I given it to the Director of /) reported that Individual #2 then went into the nursing iff and she didn't see him			
		d that Individual #1 was			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG	1, ,	(X3) DATE SURVEY COMPLETED	
					- [С	
		49G013	B. WING		04	/29/2019	
	ROVIDER OR SUPPLIER	TH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		D BE	(X5) COMPLETION DATE	
W 122	on clothes soaked. shim off and cleaning in the dirt out of his mout 3 day room to warm upon to be statement reporting the depart from the stanoticed Individual #2 parking lot. Before I cook off running toward lot. I drove my care at church that faces (sic running and parked hidd not see him. She stand CAO was in the ptowards her and aske #2. She stated she can had returned back to said "yes" she said be told CAO what the stainstructed her to checa approached the building DSP reported that information to her. She Individual #2 was four On January 18, 2019 reviewed the facility's conducting the invest the camera that nurse in the nursing office we to walk him out of the him in the hallway as	observed covered with mud he ran up to him and carried his face and body removing hith. He was then taken to the up with a cover. cumented a written hat "she was in her car ready ff parking lot when she laughing and running in the ould get out of my car he round to the side of the e) in the direction he was er car. She stated that she stated that the receptionist barking lot. CAO was coming hat has she seen Individual halled the facility to see if the he building. DSP #2 (VB) both are in the building. She haff said and CAO then his the building. As she hig, it was reported that he hig. DSP #2 (VB) and another hormation to her. She then hividual #2 was not in the hanother DSP reported that he then was informed that he then was informed that he then was observed on he (LPN #1) had Individual #2 hith her. She was observed hursing office and leave he walked back into the	w	122			
		were DSP's in the living th other individuals and did					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	LE CONSTRUCTION B	(X3) DAT		
		49G013	B. WING		ا ،	C 4/29/2019	
	ROVIDER OR SUPPLIER	JTH INC	•	STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION}	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE	
W 122	The DSP's in the and documented above. turned her back Indi the nursing office ar leading to the porch door he exited; how during the investigates sound off. The investigates out off. The investigates out off. The investigates when the floors were when the floors were when the floors were when the floors were when the floors were when the floors were when the floors were when the floors were when the floors were and was small enout taking the latch off. desk receptionist exited the policy of the following safegivill be put into place investigation. Project due to his elopemer The Maintenance S to prevent individual able to fit through the Chief Administrative staff about monitorinheld on 1/22/19. Do include procedure of are turned on (sic). "Injuries: Individual and no new areas noted."	dual #2 was back in the area. ea statements are As soon as the nurse LPN #1 ividual #2 closed the door to ad sprinted out the door There is a door chime on the ever it was later discovered tion that the door chime didn't stigation revealed that the turned off earlier in the day e being cleaned and waxed. In towards the latched gate agh to exit the gate without He was seen by the front siting the premises. I wards and recommendations of after conclusion of this at Lifesaver is being pursued and running away behavior. I will be agate while latched. The officer had a meeting with and of individuals. Meeting was or chime policy was revised to afturning on chimes when they injured? No cal Treatment provided & #2 was assessed by nursing; to upper arm and left lower nose. No treatment was to we Action:	W 12				

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

MANE OF PROVIDER OR SUPPLIER MANE OF PROVIDER OR SUPPLIER MANE OF PROTESMOUTH INC COUNTY STREET PORTSMOUTH, VA 23707 CALL DEPORTS MOUTH STREET PORTSMOUTH, VA 23707 PREFIX TAG TAG COUNTY STREET PORTSMOUTH, VA 23707 CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY W 122 Continued From page 55 Corrective Action taken: Supervisory/Administrative staff change/action* "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: Vorniting History of Present Illness. Fever: None; Onset: Yesterday; Duration: Acute; Severity, Mild; Quality; Unchanged Exposure to Ill contacts: suite mates at facility got into mudy esterday and alse a little then vomited once, no other symptoms and seems improved today. ROS Findings: Constitutional: Reports fattgue, malaise, loss of appetite, Respiratory, Reports daytime cough Gastrointeetinal: Reports vomiting, decreased appetite, Vital Signs: Temp-97-9 F @09-43 Weight; 61 to 31 x0 kg (51154e) Height 54.0 in /137.2 cm (48%le) BM 16.6 (62%le) 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 flours, then advances slowly, Review signs of dehydration Discussed abdominal cramping and that diarrhea may develop later.* A Missing Resident Policy was reviewed: The Missing Resident Policy indicated: "A Code "Black" = MISSINING	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
MANE OF PROVIDER OR SUPPLIER HOLIDAY HOUSE OF PORTSMOUTH INC (X4) 0 (X4) 0 REGULATORY OR LSC IDENTEYING INFOCRMATION) W 122 Continued From page 55 Corrective Action taken: Supervisory/Administrative staff change/action" "A Physician's Encounter Summary dated 1/18/19 at 94.24 A.M. indicated: "Patient Demographics Individual #2 Visit Information: 01/18/2019 @ 09:42 AM Chief Complaint: Vorriting History of Present Illness: Feverit, None; Onset: Yesterday, Duration: Acute; Severity: Mild; Quality, Unchanged Exposure to ill contacts: suite mates at facility got into mud yesterday and ate at ittle then vomited once, no other symptoms and seems improved today. ROS Findings: Constitutional: Reports fatigue, melaitse, loss of appetite, Respiratory, Reports daylime cough Gastrointestinia: Reports vorriting, decreased appetite, Vital Signs: Temp-97.9 F @09:43 Weight:89 Ib 73.1 30 kg (51%ile) Height:54.0 in /13.7 2 cm (48%ile) BM 16.6 (52%ile) Exam Findings: Assessment: Vorniting due to viral illness shopped for 6 hours, then advance slowly, Review signs of dehydration Discussed abdominal carmping and that diarrhea may develop later." A Missing Resident Policy was reviewed: The Missing Resident Policy indicated: "A Code "Black" = MISSING			49G013	B. WING _			C 04/29/2019
PREFIX TAG TAG REGULATORYOR LOSC IDENTIFYING INFORMATION) W 122 Continued From page 55 Corrective Action taken: Supervisory/Administrative staff change/action* "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 iil 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 day/Imm cough Gastrointestinal: Reports day/Imm cough Gastrointestinal: Reports vomiting, decreased appetite, Vital Signs: Temp-97.9 F @09-43 Weight:69 ib 731.30 kg (57%kle) Height 64.0 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." A Missing Resident Policy was reviewed: The Missing Resident Policy was reviewed: "A Code "Block" — MISSING			TH INC		4211 COUNTY STREET	E	-1120/2010
Corrective Action taken: Supervisory/Administrative staff change/action* "A Physician's Encounter Summary dated 1/16/19 at 9:42 A.M. indicated: "Patient Demographics Individual #2 Visit Information: 01/16/2019 @ 09:42 AM Chief Complaint: Vorniting History of Present Illness: Fever: None; Onset: Yesterday; Duration: Acute; Severity: Milid; Quality; Unchanged Exposure to ill contacts: suite mates at facility got into mud yesterday and ate a little then vornited once, no other symptoms and seems improved today. ROS Findings: Constitutional: Reports fatigue, malaise, loss of appetite, Respiratory: Reports daytime cough Gastrointestinal: Reports vorniting, 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: Vorniting due to viral illness without dehydration Plan: Treat symptoms as needed Clear fluids, no food until vorniting has stopped for 6 hours, then advance slowly. Review signs of dehydration Discussed abdominal cramping and that diarrhea may develop later." A Missing Resident Policy was reviewed: The Missing Resident Policy indicated: "A Code "Black" = MISSING	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	I SHOULD BE	COMPLETION
2. All available staff must thoroughly search the ENTIRE Campus; ensure to look in small	W 122	Corrective Action tak Supervisory/Adminis "A Physician's Encou at 9:42 A.M. indicate Individual #2 Visit Information: 01/Chief Complaint: Vor History of Present Illi Yesterday; Duration: Quality; Unchanged Exposure to ill conta into mud yesterday a once, no other symptoday. ROS Findings: Consmalaise, loss of appetice, Vital Signs: Temp-97 Weight:69 lb /31.30 Height 54.0 in /137.2 BMI 16.6 (52%ile) Exam Findings: Assessment: Vomiting due to viral Plan: Treat symptom Clear fluids, no food for 6 hours, then adv Review signs of dehy Discussed abdomina may develop later." A Missing Resident For "Black" = MISSING 2. All available staff of the staff of the supervisory	en: chrative staff change/action" unter Summary dated 1/18/19 d: "Patient Demographics 18/2019 @ 09:42 AM miting ness: Fever: None; Onset: Acute; Severity: Mild; cts: suite mates at facility got and ate a little then vomited forms and seems improved titutional: Reports fatigue, edite, edaytime cough ports vomiting, decreased 2.9 F @09:43 kg (51%ile) e cm (48%ile) illness without dehydration as as needed until vomiting has stopped rance slowly. ydration all cramping and that diarrhea Policy was reviewed: The dicy indicated: "A Code must thoroughly search the	W 1	22		

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

Event ID: DMEE11

Facility ID VAICFMR09

If continuation sheet Page 56 of 262



	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	(X2) MULT		NSTRUCTION	(X3) DATE :	SURVEY LETED
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	ROVIDER OR SUPPLIER			4211	ET ADDRESS, CITY, STATE, ZIP CODE COUNTY STREET TSMOUTH, VA 23707	U4r4	29/2019
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 122	enclosed spaces and individual. (Such as, vappliances, etc.) 3. Tome is a vital factor attempts of locating the unsuccessful, immedial enforcement agency (enforcement agency (enforcement with the DOB (date of birth), ho description of clothing seen, diagnosis of the unique identifying information enforcement authoritic individual's name and the FBI National Crim Missing Person File. 4. If search is unsucce must search surround neighborhoods; pay conearby highways, partinside large appliances. The Residential Sursearch to neighborhood doors (found; have them asson as Department as soon as Continue the search to neighborhood doors (found; have them asson as Continue to remain "In During an interview of the Chief Administrative Continues to remain "In During an interview of the Chief Administrative Continues to remain "In During an interview of the Chief Administration asked, if the facility st BLACK" according to organizing a Missing in the continues and the continues to remain the continues and the continues to remain the continues to remain asked, if the facility st BLACK" according to organizing a Missing in the continues to remain the con	I places that interest the vehicles, small and large for in a safe recovery; if the individual continue to be liately call your local law (911). Provide law individual's name, photo, neight, weight, and glast seen wearing; last time e individual, and any other formation. Request law lies to immediately enter the didentifying information into the Information Center lessful; ALL available staff ding areas and close attention to roadways, rks, lakes, pools, vehicles, les etc. Lupervisor shall coordinate the available facility staff to to include knocking on (door to door). If the child is sessed by facility Nursing as possible. Lupervisor shall notify the Officer immediately of the individual was found or	W	122			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	1`'	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G013	B. WING			.	0
	ROVIDER OR SUPPLIER			42	TREET ADDRESS, CITY, STATE, ZIP CODE 211 COUNTY STREET ORTSMOUTH, VA 23707	U4/ ₂	29/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 122	area in which Individual which Individual #2 cr heavily traveled thru for 4:00 P.M. until 6:00 P to have increased traff various neighborhood to work. The Pond as was observed to be a major river approximal location of the where The water level in the depth of four to five for the water level in the depth of four to five for the water level in the depth of four to five for the water level in the depth of four to five for the water level in the depth of four to five for the water level in the depth of four to five for the water level in the depth of four to five for the water level in the depth of four to five for the day and his expectational water level in the day and his expectational for the words indicating the all individual #2 should for the schedule for the schedule for instead of several times a day to request has been made once. Individual #2 ca with Velcro pictures. Ean active participant in likely to follow the router than the words individual water than the words	servations were made of the stal #2 eloped. The street in cossed was observed to be a fare and during the hours of the the street was observed ffic as the public returned to its from their daily commute listed in the written reports creek which flowed into a lately a half mile from the individual #2 was found. The creek was noted to reach a lately a half mile from the individual #2 was found. The stations of the stations of the stations of the stations. The lould be clear with simple lately its times for activities, and general hygiene. By the staff should be able to and Individual #2 it is time asking or prompting him to do Once the de staff should only state it an help make his schedule By lettering Individual #2 be in the process he is more	W	122			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
						C	;
		49G013	B. WING			04/2	29/2019
	ROVIDER OR SUPPLIER HOUSE OF PORTSMOUT	TH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED 8Y FULL SC IDENTIFYING INFORMATION)	I	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)			(X5) COMPLETION DATE
W 122	injuries behaviors), Pl disruptive behavior, p leaving the area of su to monitor under one due to escaping beha B. The facility staff fai not elope. A Corrective Action Pl January 22, 2019 of t elopement of Individu "Investigative Finding investigation revealed evidenced by the follo during the investigation The following safegua will be put into place a investigation. Project Lifesaver is be elopement and runnir The Maintenance Su to prevent individual's able to fit through the requires more time to cannot fit through the Chief Administrative (staff about monitoring held on 1/22/19. Door chime policy wa procedure to turning of turned on (sic). Individual was placed staff should not be fai from him. Child Protective Serv The nurse who left him	bewing behaviors: SIB (self ICA, physical aggression, roperty destruction and pervision. Staff will continue to one supervision level 1 wior and PICA." Ided to ensure Individual #2 Idan/Investigation dated the January 17, 2019 all #2 indicated the following: Is/Conclusion: This dievidence of neglect as owing information gathered on. Ided to ensure Individual #2 Idea in the individual #3 Idea in the individual #4 Idea	•	122			

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED			
		49G013	B. WING _			04/2	9/2019	
	ROVIDER OR SUPPLIER HOUSE OF PORTSMOL	JTH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
W 122	was an agency nurs A One to One Super indicated: "Policy-T safety of individuals supervision at all tim will be implemented reasons per recommend Interdisciplinary Tea One to one supervision any individual debehaviors such as mimmediate area of supervision. One to one supervision staff whose daily resupervise and provisindividual. The assignmenting the implementation of care physician. The 1:1 simplementation of some supervision of the staff providing the visually focused (independent of the individual tolerate being within supervising staff, the proximity of social supervisions of the supervision supervision supervisions of the supervision supervision supervisions of the supervision	to facility to work as the nurse e." rvision with Individuals Policy The facility will ensure the requiring One to One (1:1) nes. One to One supervision for behavioral or medical nendations by the am or individual's physician. Sion can also be implemented termined to have disruptive unning away from the upervision, or escaping sion is defined as the facility's sponsibility is to manage, de direct support to one gned staff is responsible for dividual's behavioral support from the individual's staff is also responsible for cheduled activities. the 1:1 supervision must be dividual must be within all times) and be within arm's ual. If the individual cannot	W 1	122				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	NG	(X3)	COMPLETED		
		49G013	B. WING _			C 04/29/2019	
	ROVIDER OR SUPPLIER House of Portsmou	JTH INC	•	STREET ADDRESS, CITY, STATE, ZIP C 4211 COUNTY STREET PORTSMOUTH, VA 23707	ODE	3 1120,2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HEAPPROPRIATE	(X5) COMPLETION DATE	
W 122	not leave the individ time, unless authoriz 4. The facility staff p not ask or appoint at their place when wo Cottage Manager or individual is assigne person. 6. The Cottage Man through hourly round providing 1:1 is visual length of the individual 7. Facility staff proving work with the individual 7. Facility staff proving work with the individual staff that Individual every two An Accident and Indicated: Date Occurred: approximal Account of what Hall staff that Individual living area and hele with swing set. Condition of person assessment was do intact, no tendernes limits, no sign of pail signs taken-none. Was Individualized 3. Name of Parent/Gua Representative notif Approximate 6:50 P. Summary of responsimate of the same of Parent/Gua Representative of the same of Parent/Gua Representative notif Approximate 6:50 P. Summary of responsimate of the same of Parent/Gua Representative of the same of Parent/Gua Representative notif Approximate 6:50 P. Summary of responsimate of the same of Parent/Gua Representative notif Approximate of the same of Parent/Gua Representative notif Approxi	roviding 1:1 supervision may ual with another staff at any zed by Cottage Manager roviding 1:1 supervision may nother staff person to take rking with an individual; the duty will ensure that the d to the appropriate staff ager on duty will ensure dichecks that the staff ally focused, and within arm's rail. ding 1:1 supervision will only ual for a maximum of two (2) manager on duty will priate staff to work with (2) hours." ident Report dated 1/30/19 urred: 1/30/19. Time ately 6:00 PM. s: No injury opened: It was reported by #2 ran out of Cottage one as found on grounds on the involved: Head to toe body ne. No new areas noted. Skin s, no swelling. Activity with in n/discomfort. mood. Vital Support Plan Modified: NO ardian/Authorized fied: Mother - Time Notified:	W 1	122			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		NGCOMF		COMPLETED
		49G013	B. WING _			C 04/29/2019
	ROVIDER OR SUPPLIER House of Portsmou	TH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707	Ē	
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI) TAG	PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 122	to hear this because home.' Summary of correctineeded monitoring of an initial Investigatine "Individual Name-Inc. 1/30/19. Time of Inci. No injures. Location Type of Incident: Electrope on Iving arroom. Cause of Incident: Incottage one living arroom. Cause of Incident: Incottage one living argrounds near cottage. On Wednesday, Jarapproximately 6:00 Supervisor if Individ Residential Supervisor if Individ Residential Supervisor if Individ Residential Supervisor if Individual #2. Short found on the swing side of the building, and no new areas we statement attached for this report. Also, prior to realizir inside the building, testroom. Supervisor.	that she was not surprised he did a lot of eloping at ve action taken: No Tx ontinued." The Report indicated: dividual #2, Date of Incident dent approximately 6:00 PM; cottage One (right wing). In the mean and the living and to the swing set on the swing set on the two. The PM staff asked Residential wal #2 was with him. For informed staff no, and the Individual #2 has ran out of kitchen door, staff side to if they could find a paffer Individual #2 was set outside hear Cottage Two Nursing staff assessed him the ere observed. Witness to report to provide support the staff person assigned to Residential Supervisor if he staff person assigned to Residential Supervisor if he staff asked why the door was	W 1			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G013	B. WING	05-	——————————————————————————————————————	i e	29/2019
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
HOLIDAY	HOUSE OF PORTSMOUT	TH INC		4211 COUNTY STREET PORTSMOUTH, VA 23707			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 122	ensure that communical supporting an individual A Nursing Department physician indicated: "physician; From: facili Reason: Individual #2 Comments: Individual #2 Comments: Individual w/o (with out) shoes head to toe focal assefindings noted. Activit (signs/symptoms) of pand running around. If A Witness Statement indicated: "Location of Individual's Name Individual's Name Individual's Name Individual's Name Individual's Name Individual's Name Individual's Name Individual's Name Individual's Name Individual's Name Individual's Name Individual's Name Individual's Name Individual's Name Individual where in doors been going offithe mix of jumping up which door is that'. A 'why is this back door there I just took off rufront door towards the side where I found Individual where I found Individual #2 A Behavior Support F January 24, 2019 Individual #2 A Behavior Support F January 24, 2019 Individual #2 A Behavior Support F January 24, 2019 Individual #2 A Behavior Support F January 24, 2019 Individual #2 A Behavior Support F January 24, 2019 Individual #2 A Behavior Support F January 24, 2019 Individual #2 A Behavior Support F January 24, 2019 Individual #2 A Behavior Support F January 24, 2019 Individual #2 A Behavior Support F January 24, 2019 Individual #2 A Behavior Support F January 24, 2019 Individual #2 A B B B B B B B B B B B B B B B B B B	ken: Recommend that cation occurs when a sal to another staff person." It Notification to the Date 1/30/19; Attention: ity nursing department; Ity nursing department; Ity nursing department; Ity nursing department; Ity nursing department; Ity nursing department; Ity nursing department; Ity nursing department; Ity nursing department; Ity nursing department; Ity nursing department; Ity nursing department; Ity nursing department; Ity nursing department; Ity nursing department; Ity nursing department; Ity nursing department; Ity nursing little department of the building little department of the Accident Cottage #2: lividual #2: Statement of the door chime going off and ded Individual #2 was not defend the same time of the tinuously going off. I jumped is Individual #2 because the for a while (5-7 minutes). In yelling 'where was he and nother staff started yelling topen' times 3, and from nining outside cottage #1 as wing on the cottage #2 dividual #2 on the swing swinging." Plan Addendum dated icated: Target Behavior: 2 has a history of running eaving grounds of facility.		122			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3	(X3) DATE SURVEY COMPLETED	
		49G013	B. WING			C 04/29/2019	
	ROVIDER OR SUPPLIER HOUSE OF PORTSMOL	JTH INC	,	STREET ADDRESS, CITY, STATE, ZIP (4211 COUNTY STREET PORTSMOUTH, VA 23707	CODE	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
W 122	the event he elopes The following strates when supporting Ind and out in the comm 1. Residential Super designate the appro Individual #2 during staff will follow the g Supervision (LEVEL assigned staff will be (individual must be v times), the staff pers length of Individual # his schedule of activ staff will rotate every designated staff pers be responsible for in support plan and do regarding engageme #2. 2. The designated sta area where he/she is without notifying the restroom break. lunc 3. The assigned staf Individual #2 to hold community. If he is r arm's length of Indiv 4. If Individual #2 run grounds) the assigne immediately follow h verbally say to anoth an ALL Page CODE elopement), the pers announce Individual leaving and possible going towards. All ar to the area stated fo	from the supervised area. gies will be implemented lividual #2 while on grounds funity with designated staff: rvisors and/or Managers will priate staff to work with waking hours. The assigned uidelines of One to One ONE), which means the evisually focused on him with in eyesight of staff at all son will be within one arms's f2, this person will implement rities for the day, the assigned of 2 hours with another son, the one to one staff will implementing his behavior cument every 2 hours ent activities with Individual staff person cannot leave the s working with Individual Supervisor on duty, i.e. ch break, etc. If person will encourage I their hand while out in the resistant staff must be within idual #2 at all times. Inso out the exit door (on ed staff person will sim and at the same time her staff in the vicinity to call certion Individual #2 is vailable staff person will come	W	122			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		400049	B 14/15/	•			C
		49G013	B. WIN	<u>' —</u>		04/	29/2019
	ROVIDER OR SUPPLIER HOUSE OF PORTSMOUT	TH INC			STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	II PRE TA	FIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 122	an accident and incide and Individual #2 will staff. Parents will be rown of the Individual #2 assigned staff person phone. 8. If Individual runs as person out in the come eyesight then staff mu. 9. The designed staff staff person to call su of the situation and get of the situation and get furth 11. Once Individual #2 facility a designed stanursing department to accident/incident repo occurred. If an injury of treatment and monito will be notified. 12. Failure to implement result in disciplinary and 1/24/19 by the Suppo (Qualified Intellectual Chief Administrative Of the designated QIDP behavior Support Plat prevent elopements. QIDP was asked if Includes assessed by the facility assigned staff includes assessed by the facility and interview of the designated QIDP was asked if Includes assessed by the facility assigned assessed by the facility assigned assigned as a sked if Includes assessed by the facility assigned assigned as a sked if Includes assigned as a sked if Includes assessed by the facility assigned as a sked if Includes assessed as a sked if Includes assessed by the facility assigned as a sked if Includes a sked if Includes assigned as a sked if Includes a s	e safe area. Id occur during elopement ent report will be completed be assessed by nursing notified. It is out in the community the must have access to a cell way from the assigned staff munity and not within ust call 911. person will instruct another reprisor at facility to inform est further instructions. Ill contact the Residential inistrative Officer, Social artment to inform of the rer instructions. It is found and returned to ff person will take him to be assessed. An out will be written if an injury becurred he will be provided red closely by staff. Parents ent these procedures could ctions. Signed and dated officer." In 4/25/19 at 10:30 AM with for Individual #2 if his in had been implemented to The QIDP stated, "No." The		V 12:			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED		
		49G013	B. WING _			C 04/29/2019
	ROVIDER OR SUPPLIER HOUSE OF PORTSMOU	TH INC		STREET ADDRESS, CITY, STATE, ZIF 4211 COUNTY STREET PORTSMOUTH, VA 23707	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST 8E PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE
W 122	the Chief Administrat had all staff been trai Individualized Prograt During an interview of the Maintenance Din Individual #2 managing gate. The Maintenanch had a chain on it and allowed the gate to partially opened, Indisqueeze through the Maintenance Director chimes did not alarm being waxed and the the floor dry and cleat the door was allowed the door was allowed chimes activated, the chime. An Initial Investigative "Individual Name- Incident in Incident	an 4/26/19 at 12:40 P.M. with tive Officer, he was asked and on Individual #2's am Plan and he stated, "No." on 4/23/19 at 3:15 P.M. with ector he was asked how did to get out of the locked are Director stated, the gate when you pulled the chain it artially open. When the gate widual #2 was able to opening and get out. The art was asked, why the door opening and get out. The art was asked, why the door opening and get out. The art was asked, why the door opening and get out. The art was asked, why the door opening and get out. The art was asked, why the door opening and get out. The art was asked, why the door opening and get out. The art was asked, why the door opening and get out. The art alie of the wax fumes. If all to stay open with the eldoor would continue to the art of the wax fumes. If all to stay open with the eldoor would continue to the stay open with the eldoor would continue to the stay open with the eldoor would continue to the stay open with the eldoor would continue to the stay open with the eldoor would continue to the stay open with the eldoor would continue to the stay open with the eldoor would continue to the stay open with the eldoor would continue to the stay open with the eldoor would continue to the stay open with the eldoor would continue to the stay open with the eldoor would continue to the stay open with the eldoor would continue to the stay open with the eldoor would continue to the eldoor would continue to the stay open with the eldoor would continue to the eldoor would continue to the eldoor would continue to the eldoor would continue to the eldoor would continue to the eldoor would continue to the eldoor would continue to the eldoor would continue to the eldoor would continue to the eldoor would continue to the eldoor would continue to the eldoor would continue to the eldoor would continue to the eldoor would continue to the eldoor would continue to the eldoor would continue to the eldoor would continue to the eldoor would continue to the eldoor would continue to the eldoor wo	W 1	22		

	CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	1 ' '	ECONSTRUCTION	1	LETED
		49G013	B. WING		1	C 29/2019
	ROVIDER OR SUPPLIER	TH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707		20,20
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 122	Individual #2. Shortly found on the swing side of the building. I and no new areas we statement attached to this report. Also, prior to realizing inside the building, the Individual #2 asked I could watch Individual restroom. Supervisoon when staff returned sopen in the kitchen? PROTECTION OF CCFR(s): 483.420(a)(s) The facility must ensity the facility not subjected to physpsychological abuse. This STANDARD is Based on a complain record review, facility individuals in the sur abuse and neglect, in the facility individuals in the sur abuse and neglect, in #4. 1. The facility staff	side to if they could find y after Individual #2 was set outside hear Cottage Two Nursing staff assessed him ere observed. Witness to report to provide support g that Individual #2 was not the staff person assigned to Residential Supervisor if he al #2 while she uses the r watched Individual #2, she asked why the door was CLIENTS RIGHTS Solution Solu	W 12	W127: PROTECTION OF CLIENT RIGHTS-F to ensure that Individual #4 was free from abuse. 1.Address how corrective action wi accomplished for those residents found to been affected by the deficient practice Individual #4 was discharged from H House of Portsmouth, Inc. on 11/27/2017. 2.Address how the facility will identify residents having the potential to be affect the same deficient practice: Holiday House of Portsmouth Chief Administra Officer has designated the facility Social Work train all staff on Mandatory Reporting, Abuse, Neglect, and Mistreatment policies at the time initial orientation, at the monthly all staff meeti annually, and upon significant incidents that re additional training in the areas of abuse and neglect. Upon admission to Holiday House of Portsmouth the facility Social Worker will notif individual of their human right to be free from abuse, neglect mistreatment while residing at facility. Evidence of notification will be located Individual's medical records chart. The facility revise the Initial Investigative Report sector the Accident and Incident Report to be completed by the residential supervisor an nurse on duty. The initial investigative report will include, but not limited to the location injury, type of Injury, description of shape is size, how the injury occurred and medical treatment provided. If injuries are inconsis with the description of how the injury occu the CAO, SW and DON will be notified immediately. The residential supervisor an nurse on duty will conduct a full body check signs of abuse on the current individuals be	li be have have loliday other red by ative er to of ngs, equire y the the in the / will on of and tent irred d ck for	

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		IDENTIFICATION NI IMBED:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G013	B. WING			1	С	
		490013	B. WING			04/	29/2019	
NAME OF PI	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE			
HOLIDAY	HOUSE OF PORTSMOU	TH INC		42	211 COUNTY STREET			
				P	ORTSMOUTH, VA 23707			
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI: TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		COMPLETION DATE	
14/ 407					Continued From page 67			
W 127	Continued From page	2 67	W	127				
	The findings included	l:			completing a body check form from the r Accident and Incident Report. Display of Rights posters will also be in the individual's	Human		
•	Individual #4 was a 1	5 year old admitted to the			bedroom. All Staff will be re-trained in the all			
		h diagnoses to include but			Human Rights for all individuals in the All St Meeting on 5/22/2019. This training will focu			
		nd Intellectual Disability,			rights of all individuals and the facility's oblig			
		fied Behavior and Emotional			ensure that individuals are not subjected to			
		Nerve Hypoplasia (right eye			physical, verbal, sexual, or psychological at	use or		
		on Individual #4's Annual			punishment, Evidence of compliance will be	by		
		ted 9/11/17 he weighed 111			signatures of a facility training log.			
	, ·	1/4 inches tall. Individual			Completion Date: June 7, 2019			
		Summary dated 9/11/17 also						
	stated that he was 1:	•						
	ensure that he is in a	ly by Holiday House staff to			3. Address what measures will be	put into		
		isale environment. Il Evaluation dated 8/14/17			place or systemic changes			
		e a Slosson Intelligence Test			ensure that the deficient prac	tice will		
		vealed a mental age of 23	1		<u>not recur;</u>			
	months and an intellig							
	months and an intellig	gence quotient of 14.			Holiday House of Portsmouth has impler Mandated Reporter Policy created on 5/6/20			
	Individual #4's Month	nly Programming Progress			The policy indicates that all Holiday House			
		17 were reviewed and are			Portsmouth staff report any suspected case			
	documented in part, a				abuse/neglect in accordance with the Code			
	accumentación in part, c				Virginia and Holiday House of Portsmouth			
	Progress Note: Nam	e (Individual #4) made		!	established child abuse reporting procedure			
	•	the support of the direct			policy emphasizes ALL staff in their profess			
		staff. He continues to			official capacity while employed at Holiday I			
		pervision procedures with 2			Mandated reporters includes but is not limite following:	io to the		
	staff for safety and be				Any person licensed to practice medicine or	any of		
	•				the healing arts; any professional staff person			
	On 4/23/19 during the	initial entrance conference			employed by a private or state operated fac			
		r the question was asked if			institution or facility where personals have b		1	
	there were any active	abuse investigations with			placed for care and treatment. Any person e	mployed		
	any individuals. The	Administrator stated, "No"			as a social worker		1	
	and left the room. Ap	proximately 15 minutes later			Any probation officer, Any teacher or other personal employed in a public or private school, kinds			
	the Administrator re-	entered the conference room			or nursery school ,Any mental health profes			
	and stated. "After dis-	cussing with my staff I want			Any person employed to take care of children			
		ve are in an active law suit			Enforcement Officers, Any person employed			
	regarding a case of a	buse with an individual			contracted with the facility and working with			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	(X2) MULT A. BUILDII		CONSTRUCTION		SURVEY
		49G013	B. WING			1	C
NAME OF PE	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	04	/29/2019
(0.11)	TOTIOETT OF OUT TELET				•		
HOLIDAY	HOUSE OF PORTSMOUT	TH INC			211 COUNTY STREET		
				P	PORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
W 127	Continued From page	68	w.	127	Continued From page 68		
	, -	1/12/17 the individual was				_	
		saulted by one of our direct			individuals in an administrative, supportive or		
		so involved our residential			care capacity. Any guardian or conservatory		
		ewing the video footage of			adult Any person providing full, intermittent o]
		erminated both employees."			occasional care to a child/adult for compensation including, but not limited to homemaker, pers	nion :	
		s asked to allow the survey			care workers, companion etc. Holiday House		
		lent footage and to bring all			Portsmouth, Inc. expects and enforces that a		
		parding the investigation of			that has reasonable cause to suspect that a		
	the abuse incident for				has been or may be subjected to abuse or ne		
	the abase molecule for	marada #4.			or observes a child being subjected to condit		
	The video footage dat	ted 11/12/17 involving			circumstances which would reasonably resul		
		ewed by the survey team.			abuse or neglect, that person shall IMMEDIA		:
		ted over 2 minutes. In the			report or cause a report to be made. Mandate reporters employed at Holiday House of Port		
		as observed crawling/being			Inc. play a crucial role in keeping the children		
		room on his hands and			Anyone employed at Holiday House of Ports		
	•	asium bathroom followed by			Inc. who is mandated to reported suspected		
		nale was observed kicking			abuse or maltreatment-and fails to do so, cor		
		4 times), dragging and			charged with a Class A misdemeanor and su		
		s body by one leg and lying			criminal penalties. Mandated reported can b		
		n top of individual #4 during			in a civil court for monetary damages for any		
		eo. At one point in the video			caused by the mandated reporter's failure to report. This new policy will be reviewed at the	make a	
		vidual's arm waving for help.			staff meeting on 5/22/2019.	e all	-3
		f member was observed			Holiday House of Portsmouth CAO also rev	ised the	
	sitting on Individual #-	4's head and shoulder area			Abuse, Neglect and Mistreatment Policies. The		
	while the other staff m	nember was lying on top of			indicates that: Holiday House of Portsmo	ith, Inc.	
	him. The second staf	f member was also			ICF/IID prohibits any form of abuse, negl	ect, and	
	observed walking aro	und the gym with his back			mistreatment of the individuals. Abuse is de		
	turned to Individual #4	4 while he was being			any negligent act by an employee or othe		
	physically abused by	the other staff member.			responsible for the care of an individual eservices that was performed knowingly, reckl		
		minutes of the video that			intentionally. Abuse will cause or may have		
		nis feet was when he broke			to cause physical or psychological harm, i		
		staff and ran towards the			death to a person receiving care or treatment.		
	exit door with the first	staff member following him.			House of Portsmouth will not permit individu		
		nber went back into the			abused by anyone, including staff m	embers,	
	bathroom and collecte	ed a trash bag then exited			consultants, volunteers, and staff of other a	gencies	
		strator was asked who were			providing service to the individual.	.	
	the 2 staff members.	The Administrator stated,			Examples of abuse for the purpose of this po	licy	
	"The staff member that	at was having the physical			include, but are not limited to, the following:		
	contact with the indivi	dual was his 1:1 Direct			Physical Abuse: Any kind of physical intimid	аноп ог	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT		CONSTRUCTION	(X3) DATE	SURVEY
			71. 50.25.				С
		49G013	B. WING			1	29/2019
NAME OF P	ROVIDER OR SUPPLIER			s	STREET ADDRESS, CITY, STATE, ZIP CODE		20/2010
HOLIDAY	HOUSE OF BODTEMOUS	TH INC		4	211 COUNTY STREET		
HOLIDAT	HOUSE OF PORTSMOUT	IN INC		P	PORTSMOUTH, VA 23707		i
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 127	Continued From page	.60	10/		Continue From page 69		
** 121	-		VV	127	physical intimidation or intrusion such as pu	ehina	1
	Support Staff member and the second person was the Residential Supervisor.				pulling, scratching, hitting, kicking, slapping		
	was the residential S	iupei visor.			things, torturing, burning with cigarettes, pu	lling hair,	
	After watching the vid	leo and reviewing the			unauthorized holds, and cutting.	-dhdah	
	Comprehensive Huma				Verbal Abuse: Abuse that is achieved prim words. Criticizing an individual, belittling, or		
		se Allegation Report for			fun of someone.	making	
		#20170016 an interview was			Sexual Abuse: Forced sex or sex that take		
	conducted with the A				advantage of an individual, fondling, or inap		
		ked if there was any criminal The Administrator stated,			touching. Emotional Abuse: Abusive behaves emotions to intimidate the victim.	ior that	
		il #4 was abused but we			Mistreatment can be defined for the purpo	se of this	
	1	criminal activity. However,			policy to include but not limited to:		
		rges against Name (DSP			Failure to act/neglect that leads to or is in it		
	#5) after they viewed				danger of causing physical injury through n omission, treatment, or maltreatment of an		
	Administrator was as	ked if someone was			including but not limited to failure by staff to		!
17		n in his groin, dragging him			an individual with adequate food, clothing,		
		id applying his entire body			medical care, supervision, or through cond-		1
		ody what would that be			permitting abuse of an individual by any oth	er	
		ninistrator stated, "It's			person. Verbal mistreatment: by subjecting the indi	idual to	
		strator was asked if assault			the use of derogatory names, phrases, pro		
	assaulted by the staf	e and if Individual #4 was			ridicule, harassment, coercion, or intimidati		
		"Yes, assault is a a criminal			threatening injury or withholding of services	or	
		#4 was assaulted by the			supports, including implied or direct threat	of	
		should have called the			termination of services. Restrictions on an individual's freedom of n	novement	
	police and pressed ch	narges."			by seclusion in a locked room under any co		
					Restriction to an area of the residence or re		
	The Administrator and	- -			access to ordinarily accessible areas of the		
	*	ds for DSP #5 which were			residence is not allowed, unless arranged f		
	reviewed and are dod	cumented in part, as follows:			agreed to on the Individual's' Support Plan. Physical restraint: without a written physicial		Ì
	Arrest Date: 12/14/17	7			or as part of an Individual Support Plan, un		
	Charge: Abuse of Ch				individual's actions present an imminent da	nger to	
	Charge Type: Class 4				himself/herself or others, and only until app		
	Ondigo Typo. Olass 4	, , ololly			action is taken by medical, emergency, or programmed. Financial exploitation which me		
	Arrest Date: 3/2/18				personnel. Financial exploitation which ma but is not limited to: unauthorized rate incre		I
	Offense Date: 11/12/	17			staff borrowing from or loaning money to in		
	Charge: Assault and				witnessing wills in which the caregiver is be		
	Charge Type: Misder				adding caregiver's name to individual's bar		1

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	l ' '	ECONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G013	B. WING		C 04/29/2019
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>
HOLIDAY	IOUEL OF BODTONOUT	71 N.O		1211 COUNTY STREET	
HULIDATI	HOUSE OF PORTSMOUT	H INC		PORTSMOUTH, VA 23707	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	
W 127	Continued From page	70	W 127	1 I	
	Arrest Date: 3/2/18 Offense Date: 11/12/	17 to the Delinguency of a		accounts, inappropriately expending individual personal funds, and theft of an individual's per funds. Neglect: To assist this facility in definin incidents of neglect; neglect is defined as any	rsonal Ig recent
	minor	to the beamqueries of a		act or failure to act that results in death, seriou physical or emotional harm.	ıs
	Charge Type: Misden	neanor		Examples of neglect for the purpose of this poinclude: Abandonment	licy
	Arrest Date: 3/2/18			Nutritional neglect (under-nourished); failure to	
	Offense Date: 11/12/	17		provide food/hydration, inadequate hygiene (w	4
	Charge: Child Abuse			soiled clothing) inadequate supervision (sleep	
	Charge Type: Felony			the job), duration and frequency of unsupervis	sed
	The facility social wor	ked provided a written		times. Exposure to hazardous materials Failur	
		o dated 11/12/17 involving	1	protect by jeopardizing health and safety, any	
		oliday House Personnel)		form of reckless behavior with disregard for th	
	staff and Name (Indivi			individual's health and safety Failure to impler	
		ented in part, as follows:		behavioral support plan procedures, as it relat	
				safety of the individual. All Holiday House emp	
	Name (Individual #4)	was in a dark gymnasium.		are Mandated Reporters and all personnel sha	
		wling on his hands and		strictly adhere to the following procedures: An	*
		he bathroom with two male		Individual, Authorized representative, consulta	
	staff Names (Residen	t Supervisor (RS) #4 and		legal guardian, local or regional advocate, or o	
		nal (DSP) #5). He appeared		interested person who believes that an individ	
		pting to get away from the		been harmed, abused, or exploited by any per	son
	staff that were in the b			shall immediately report such to the Chief	_
		athroom DSP #5 kicked		Administrative Officer and/or their IMMEDIATE	
		side. Name (Individual #4)		SUPERVISOR. It is the supervisor's responsite ensure that he alleged abuser is removed from	
		ymnasium floor with the two		providing any care to the individual immediate	
	_	ver him. Name (Individual		the allegation is made. In the event the super-	
		he floor attempting to get		does not respond appropriately ANY staff may	
	-	ale staff. DSP #5 then grabs shirt while Name (Individual		911 to ensure the individuals of the facility is s	
	-	he gymnasium floor. Name		The Chief Administrative Officer, in no case, s	
		sisting; DSP #5 pulled		punish or retaliate against a volunteer, consul	4
	,	by his left leg and dragged		student for reporting an allegation of abuse, n	
		sium floor towards the		or exploitation to an outside entity. Any emplo	v .
		d Name (Individual #4's)		who believes or witnesses that an individual h	•
		p over several times. DSP		been harmed, abused or exploited, neglected	
		ame (Individual #4's) side		Door named, abused or exploited, neglected	oi

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE: ND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING						
		49G013	B. WING _			04/2	29/2019
NAME OF PE	ROVIDER OR SUPPLIER		<u>' </u>	S	FREET ADDRESS, CITY, STATE, ZIP CODE	V-1/2	.0/2010
				42	211 COUNTY STREET		
HOLIDAY	HOUSE OF PORTSMOUT	TH INC		P	ORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	•	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 127	Continued From page	71	W 1		Continue From page 71		
	. •	d sits on Name (Individual	"	-	mistreated by any person shall INTERVENE	<u>, </u>	
	#4's) head. Both Staf				prevent further harm to the individual and rep		
		onds. Name (Individual #4)			activity immediately to their immediate super		
	continues to remain o				The Immediate Supervisor must IMMEDIATE		
		ame (Individual #4's) leg in			suspend the employee who has been alleged		
		of the gymnasium. RS #4 is			abuse, neglect, or mistreat the individual. The		
	_	Individual #4) observing the			Immediate Supervisor will conduct an initial	, I	
		ie by DSP #5. DSP #5			investigation and submit written statements, or	onduct	
		o drag Name (Individual #4)			interviews, and get as much initial information		
	by his leg. Name (Ind	lividual #4) is crawling on			possible. This information should be forwarde		
	his legs and hands to	get away from DSP #5.			immediately to the Chief Administrative Office		
	DSP #5 and RS #4 fol	llow him while he is crawling			Worker. The investigator shall include dates,		
	away. DSP #5 grabs				interviews and written statements etc. The	uiries oi	
		with both arms and tackles			Immediate Supervisor must ensure that the		
		n floor. RS #4 is walking			Individual is assessed immediately by the Nu		
		n failing to intervene pacing			duty and the individual MUST be transported		
		en lays on top of Name			emergency room for further medical evaluation		
		RS #4 paces around the			treatment. The Immediate supervisor and the		
		away in another room.			on duty must NOTIFY the Chief Administrativ		
	,	continues to be on the floor			Officer, Director of Nursing, Social Worker as		
		applying pressure to Name			as possible. The Chief Administrative Officer		
		and shoulder area. DSP#5					
		ody weight from Name			ensure the facility's Social Worker (Investigat immediately investigate and report the allege		
		l stands over him with Name middle of his legs. RS #4			1		
	•	und the gymnasium. DSP			abuse, neglect, mistreatment in accordance v		
		as around Name (Individual			established state policies and procedures. The	e	
		Name (Individual #4) begins			Social Worker is responsible for entering all		
		hands and knees and DSP			allegations of abuse, neglect, mistreatment,		
		rd Name (Individual #4)			complaints, and suspicious injuries of unknow		
		iters the bathroom. DSP #5			in accordance with state laws and established		
	_	al #4) by the neck area one			procedures. The Social Worker will ensure the]
	=	akes his jacket off and walks			incidents are thoroughly investigated. Investig]
	away from Name (Ind	•			will consists of monitoring the CCTV camera		j
		ues to roll around on the			interviewing staff, interviewing the individual,		
		emoves his jacket he kicked			The Social Worker upon receipt of any allega allegations of abuse, neglect, mistreatment,	uon	
		wice again on his side.			complaints, and suspicious injuries of unknown	n origin	
		rolls to his feet to stand up			will conduct an investigation and will be enter		
		ut of the gymnasium door.					

	49G013	8. WING		l c
	100010			
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE			04/29/2019
NICE OF BODTOMOUS			1211 COUNTY STREET	
DUSE OF PORTSMOUT	H INC			
		F	PORTSMOUTH, VA 23707	
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 B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
Continued From page	72	W 127	Continue From page 72	
OSP #5 follows him di	rectly out of the door. RS		[]	
#4 then leaves the barash.	throom carrying a bag of		initial report. The Social Worker will documer	nt times,
Total Time of Incident: seconds.	2 minutes and 37		of abuse, neglect, mistreatment investigative findings.	
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." Individual #4's Nurses Notes were reviewed and are documented in part, as follows:			the Holiday House of Portsmouth, Inc. Abuse Neglect, and Mistreatment Policies, the Social Worker will complete a final investigation into (Comprehensive Human Rights Information Swithin 5 working days (these days also includ weekends and holidays). An employee's failureport or cooperate with an abuse and/or neginvestigation may result in disciplinary action action by an employee that compromises the integrity or outcome of a factual investigation cause for disciplinary action and/or immediat termination. Volunteers, contractors, contract employees, interns and/or consultants who fail to comply	e, call CHRIS System) le ure to glect Any may be e student with
oruised area. Nonten within normal limits) work or indiscomfort. Skin fix. (treatment) neede PCP (patient care prosupervisor will notify part of the content of the content of the content of the conducted with LPN (limit was dark blue and the conducted with LPN (limit) or such a conducted with LPN (limit) within the conducted with LPN (limit) within the conducted with LPN (limit) within the conducted with LPN (limit) within the conducted with LPN (limit) within the conducted with LPN (limit) within the conducted with LPN (limit) within the conducted	der to touch. Activity WNL without sign/symptoms pf intact without swelling. No d, monitoring continues. wider) notified. Residential barent. ter being showered se to left hip and groin area d green in color, nontender symptoms of pain/discomfort seeded If an interview was Licensed Practical Nurse)		and/or mistreatment the protocol is identified follows: Take steps to protect the safety and of the individuals. Suspend the alleged abuse immediately. Ensure an assessment is comp the nurse if allegations involve any type of Inclaim that staff may have injured individual. The individual involved in the abuse will immobe transported to the emergency room for me evaluation and treatment as needed. Ensure that employees are reminded that the cooperate with the investigation, Ensure to investigate get written statements, be sure to document thoroughly immediately contact the local law enforcementases of suspected criminal activity. Notify the Chief Administrative Officer, Direct	as welfare er leted by jury or ediately edical ey are to
	OSP #5 follows him did then leaves the bar rash. Total Time of Incident: econds. On 4/24/19 at approxive Vorker was asked whideo involving Individual members. The Social made me sick. I want ear old and if anyone vould go crazy. He (I ever been abused like upport plans for all of hould be followed." Individual #4's Nurses are documented in particular and area. Nontential within normal limits) voice ain/discomfort. Skin ix. (treatment) neede PCP (patient care prosupervisor will notify proceed a large bruis for touch, no signs or socied, no treatment not on 4/24/19 at 3:30 PM onducted with LPN (I	Total Time of Incident: 2 minutes and 37 econds. On 4/24/19 at approximately 1:40 PM the Social Vorker was asked what she thought about the ideo involving Individual #4 and the facility staff nembers. The Social Worker stated, "Honestly it nade me sick. I wanted to cry. I have a three ear old and if anyone every did that to my child I would go crazy. He (Individual #4) should have ever been abused like that, we have behavior upport plans for all of our Individuals and they hould be followed."	OSP #5 follows him directly out of the door. RS 4 then leaves the bathroom carrying a bag of rash. Total Time of Incident: 2 minutes and 37 econds. On 4/24/19 at approximately 1:40 PM the Social Vorker was asked what she thought about the ideo involving Individual #4 and the facility staff nembers. The Social Worker stated, "Honestly it nade me sick. I wanted to cry. I have a three ear old and if anyone every did that to my child I would go crazy. He (Individual #4) should have ever been abused like that, we have behavior upport plans for all of our Individuals and they should be followed." Individual #4's Nurses Notes were reviewed and are documented in part, as follows: 1/12/17 5:30 PM: Focal Assessment to left pper thigh near hip/groin area. Noted large ruised area. Nontender to touch. Activity WNL within normal limits) without sign/symptoms pf ain/discomfort. Skin intact without swelling. No x. (treatment) needed, monitoring continues. ICP (patient care provider) notified. Residential supervisor will notify parent. 1/13/17 7:30 AM: After being showered beeved a large bruise to left hip and groin area nat was dark blue and green in color, nontender to touch, no signs or symptoms of pain/discomfort oted, no treatment needed On 4/24/19 at 3:30 PM an interview was conducted with LPN (Licensed Practical Nurse)	Sortinued From page 72 SSP #5 follows him directly out of the door. RS 44 then leaves the bathroom carrying a bag of rash. Total Time of Incident: 2 minutes and 37 econds. Total Time of Incident: 2 minutes and 37 econds. Total Time of Incident: 2 minutes and 37 econds. Total Time of Incident: 2 minutes and 37 econds. Total Time of Incident: 2 minutes and 37 econds. Total Time of Incident: 2 minutes and 37 econds. Total Time of Incident: 2 minutes and 37 econds. Total Time of Incident: 2 minutes and 37 econds. Total Time of Incident: 2 minutes and 37 econds. Total Time of Incident: 2 minutes and 37 econds. Total Time of Incident: 2 minutes and 37 econds. Total Time of Incident: 2 minutes and 37 econds. Total Time of Incident: 2 minutes and 37 econds. Total Time of Incident: 2 minutes and 37 econds. Total Time of Incident: 2 minutes and 37 econds. The Social Worker wall course indicate intensive Human Rights Information System program within 24 hours initial report. The Social Worker wall course indicate proper to the Incident intensity and place and of abuse, neglect, mistreatment investigation as indicate the Holiday House of Portsmouth, Inc. Abuse Neglect, and Mistreal Policies, the Social Worker wall complete a final investigation as indicate the Holiday House of Portsmouth, Inc. Abuse Neglect, and Mistreal Policies, the Social Worker wall complete a final investigation as indicate the Holiday House of Portsmouth, Inc. Abuse Neglect, and Mistreal Policies, the Social Worker wall complete a final investigation as indicate the Holiday House of Portsmouth, Inc. Abuse Neglect, and Mistreal Policies, the Social Worker wall complete a final investigation as indicate the Holiday House of Portsmouth, Inc. Abuse Neglect, and Mistreal Policies, the Social Worker wall complete a final investigation as indicate the Holiday House of Portsmouth, Inc. Abuse in Mistreal Policies, the Social Worker wall complete a final investigation as indicate the Holiday House of Portsmouth, Inc. Abuse in Mistreal Policies,

-	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER.	1 '		CONSTRUCTION	(X3) DATE:	SURVEY LETED
			A. BUILUI	NG _		Ι,	
		49G013	B. WING		· · · · · · · · · · · · · · · · · · ·	l '	29/2019
NAME OF PE	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				42	211 COUNTY STREET		
HOLIDAY	HOUSE OF PORTSMOUT	TH INC		P	ORTSMOUTH, VA 23707		
	CLIMMADVCT	ATEMENT OF DEFICIENCIES			· · · · · · · · · · · · · · · · · · ·	<u></u>	
(X4) ID PREFIX TAG				PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD F TAG CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)			(X5) COMPLETION DATE
W 127	Continued From page	273	w	127	Continue From page 73		
	· -	1/12/17 at 5:30 PM. LPN #2	"	121	The Social Worker will initiate an impartial		
		e what she saw when she			investigation within 24 hours of receiving a re	port of	
		4 on 11/12/17. LPN #2			potential abuse or neglect. In the absence of		
		ursing office and I was			Social Worker the Chief Administrative Office		
		could come over to assess			appoint an employee who is not involved in the	ne	
		b) bruise on his leg. I went			issues of the investigation to complete the	.,	
		the bathroom and said "Oh			investigation. The facility will use closed circ	JAT	
		ed to him?" They (RS #4			cameras to assist with the investigation. In all cases, the Chief Administrative Officer was a second control of the control o	vill	
		/e don't know". I said, "No			provide his written decision, including	*"	
		pened?" I was so emotional,			Actions taken as a result of the investigation	within	
	• • • • • • • • • • • • • • • • • • • •	id an incident report and			completion of the investigation to the individu		
	•	the mom what the area			individual's parent/guardian. If the individual		
	looked like." LPN #2	was asked to describe the	ĺ		by the alleged abuse or his authorized repres		
	area on Individual #4'	s hip/groin area. LPN #2			is not satisfied with the Chief Administrative (
	stated, "It was a dark	purple with a red spot. It			actions, he or his authorized representative of anyone acting on his behalf, may file a comp		
	was about the size of	a pineapple. It didn't need			request for a Local Human Rights Committee		
	any treatment but I di	d notify the doctor by fax.			(LHRC) hearing under 12VAC 35-115-180.		
	LPN #2 was asked if	she was a mandated			In the event that the investigation is unfounded	ed the	
	reported and if it ever				facility will complete the following:		
	Individual #4 may hav	ve been abused. LPN #2			The employee will be monitored by the super		
		andated reporter but no it	1		designee during a 3-month period. He or she		
		he was abused." LPN #2	1		be supervised closely while assigned to indiv Daily documentation will occur.	iduais.	
		reviewed the video footage			The Social Worker will review Holiday House	of	
	from the monitor in th				Portsmouth's Abuse, Neglect, and Mistreatm		
		uise of unknown injury was			policies with the staff person.		
	•	if there was any indications			A certified TOVA Trainer will discuss with the	staff	
		s abused. LPN #2 stated,			person the TOVA philosophy and the TOVA		
		the carnera system that			technique as it relates to the incident. (If appl		
	day."				At the end of the 3-month period, the Directo		
	1_41.341 2040-1-0-2	nataliana a Danasa a Nata			Residential Services will review the documer with the staff person. The supervisor will pre		
		sciplinary Progress Note			written report with recommendations to be su		
	•	3 PM-7 PM written by DSP			to the Chief Administrative Officer within ten		
		d is documented in part, as			All staff will be informed and review the Abus	e of	
	follows:				Individuals/Mistreatment/Neglect Policies at t		
	Stoff received Name	(Individual #4) in this -			of orientation, monthly at all staff meetings, a		
		(Individual #4) in living area.			annually in the month of February. Documer		
		television). Staff supported			of this review shall be on the orientation shee	et and	
		(Individual #4) spent time played in the gym. Staff			staff training log.	000 (0	

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
					c
		49G013	B. WING		04/29/2019
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
HOLIDAYI	HOUSE OF PORTSMOUT	TH INC		4211 COUNTY STREET	
TIOLIDAT I				PORTSMOUTH, VA 23707	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
W 127	Continued From page	374	W 12	Continued From page 74	
W 127	supported with PM (at (Individual #4) received independently. He was toys until bedtime. The documentation result Individual #4's upper to the Attending Physe 11/12/17 at 18:52 (6:5) is documented in part Large bruise to left uparea. Nontender to to WNL (within normal linneeded. Monitoring of Individual #4's facility dated 11/12/17 at 5:3 #5 was reviewed and follows: Where did the accide observed in bathroom Describe any injuries bruise on left hip while hygiene. Name of any witnesses Staff person's account observed bruise while Condition of person in Nurse, LPN #2); Focal	fternoon) care. Name ed snack and dinner. He ate atched to and played with egarding the bruise found on thigh and groin were faxed ician's Office on Sunday 52) P.M. was reviewed and t, as follows: oper thigh near hip/groin buch. No swelling, activity mits). No treatment continues. Accident Incident Report 3 P.M. completed by DSP is documented in part, as incurred: Staff observed a supporting with nightly	W 12	This policy and procedure will be reviewed wit employee during the initial employment, montall staff meetings, and annually in the month of February. This policy will be reviewed with all 5/22/2019. The injuries of unknown origin protocol was or and states: It is the policy of Holiday House of Portsmouth that injuries of unknown origin be investigated and reported in accordance with and federal procedures. Injuries of an unknown is defined as follows: The injury wasn't obse by anyone or can't be explained by the ind or staff. The injury is suspicious requiring additioned medical evaluation due to the location (and in not usually vulnerable to trauma), extent of the number of injuries over time. (Hip, upper cheshead, neck (front and back), these body parts listed as a guide but does not exclude other be parts) In the event of an unknown injury the followstake place: RESIDENTIAL DEPARTMET PROTOCOL: INITIATE INVESTIGATION IMMEDIATELY. The Residential Supervisor medicate an Accident/Incident Report and IMMEDIATELY begin the investigation into the of unknown origin. (Follow Accident/Incident Feolicy and Procedures). The initial investigation in the Incident Report. The Residential Depar Supervisor must notify the Chief Administrativ Officer, Social Worker, Director of Nursing IMMEDIATELY in the event there is NOT a procedure or known cause of the injury. NURSING ASSESSMENT & PROTOCOL	nly at f staff on eated state n origin rved vidual itional an area e injury, or the t, back, are ody lowing NT lust e injury teport en eause trment e obable 6
	intact, no swelling, no pain/discomfort, no te Physician notified: Na via fax, Time: 5:45 P	o signs or symptoms of enderness, activity WNL. ame (Attending Physician) M, By Whom: Name (LPN actions: none given at this		The nurse should be notified immediately upo observation of all injuries and complete the nu assessment for the individual. This information should be documented on the Accident and Ir Report Form, and in the nursing notes. As lic professionals the expectation from the Nurse is to identify injuries that are suspicious in are are NOT vulnerable to trauma. If the injury is	rsing cident ensed on Duty

STATEMENT OF DEFICIENCIES (X		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
		io Ettii io tiio tiio iiio Etti	A. BUILOI	NG _				
		49G013	B. WING			I		
NAME OF D	OVIDED OD SUBSUES	730013	0. 11110			04/	29/2019	
NAMEOFF	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
HOLIDAY	HOUSE OF PORTSMOU	TH INC			211 COUNTY STREET			
			<u></u>	Ľ	PORTSMOUTH, VA 23707			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 127	Continued From page	e 75	10/	127	Continued from page 75		_	
**	, •		**	121				
	P.M., By Whom: Nat Summary of respons Parents were notified and said thanks. sig	e from the Parent/Guardian: I of how big the bruise was ned by RS #4.			unexplained, the nurse shall IMMEDIATELY the Director of Nursing. Social Worker, Chief Administrative Officer. The Residential Super and Nurse will continue to phone the family to The Residential Supervisor will continue to no family of the incident, and the nurse will then	rvisor gether. tify the		
		ensive Human Rights			the parents with information regarding the assessment and treatment given if any. The r			
		CHRIS) Abuse Allegation			will also notify the Individual's primary care pl			
		#4, Abuse #20170016 was mented in part, as follows:			of injuries and treatment given. The nurse wil			
	TEVIEWEU ATIU IS UUCU	intented in part, as follows.			document this information in the individual's r			
	Alleged Abuse Date:	11/12/17			chart and on the nursing daily report sheet.			
	Individual Name: Nar				If the employee has knowledge or reason to t			
		sical, Seclusion/Restraint			the injury involves abuse or neglect, the empl			
	Abuse Occurred: Ph	ysical, Seclusion/Restraint			shall immediately report the event to the CAC accordance with the Holiday House Abuse	<u> III.</u>		
		nnecessary use of seclusion			Prevention Policies and Procedures. The Dire	ctor of		
	and restraint.	,			Nursing/Nursing Department will ensure indiv receive the appropriate medical attention for a	iduals		
	Description: Unknow	n large bruise noted to			unexplained injuries. In cases of suspected of			
		s) upper thigh near his hip			activity the CAO or designated staff involved			
		s observed on November			call local law enforcement. All staff will be trait this protocol in the all staff meeting on 5/22/2			
	12, 2017 Video surve	eillance was reviewed from			Staff will be trained by the facility Social Work			
		bserved that staff Name			this protocol at initial orientation. Evidence of	0. 0		
		cessary use of restraint and			compliance will be on the facility's training log			
		Therapeutic Options of			Chief Administrative Officer will have the CC1	٧		
		They were observed			Camera System placed on lap top as well as			
		throom and Name (Individual			facility Social Worker lap top so facility monitor can be conducted on weekends as well. Live			
		the gymnasium area and			Monitoring is conducted by the CAO and/or d			
		t him to go to the cottage			during the weekdays. All Holiday House of	,o.g.,oo		
		ne (Individual #4) refused the as observed to get. The			Portsmouth, Inc will receive training in Therap			
		physical techniques were			Options at the time of initial orientation and a			
		he leg to get him into another			Evidence of compliance will be located in the			
		nip area one time, and			Human Resource Record as well as facility tr	aining		
		ight on the individual. Name			logs.			
		and failed to intervene to			Indicate how the facility plans to m	onitor its		
	, ,	sary physical actions that			performance to make sure that			
		Information was recorded to			are sustained;			
	provide to Child prote							

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		49G013	B. WING _		04	C /29/2019	
	ROVIDER OR SUPPLIER	TH INC		STREET ADDRESS, CITY, STATE, ZIP C 4211 COUNTY STREET PORTSMOUTH, VA 23707			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE HEAPPROPRIATE	(X5) COMPLETION DATE	
W 127	Investigation: Investigation Begin II Date Investigation Begin II Date Investigation Fi Rationale: Failure to Behavior/Manageme Policy, Other. Other Rationale: Vid confirmed physical a Reason for Correctiv of restraint technique Issue-Substantiated Corrective Action Tal procedure, Increase of supervision), Appr Appropriate notificati made. Polices: Suspected Criminal A Local Police Notificat State Police Notificat Abused Accused: Name: DSP #5 Actions Taken: Terr Action Remark: Terr	Yes es e: 11/12/2017 n: Name (RS #4) rector: Name (Individual #4's red: 11/12/17 8:45 PM. Date: 11/14/17 nal Report: 11/14/17 Follow ent Plan, Failure to Follow leo surveillance camera and unnecessary use of force. re Action: Unauthorized use res, Performance res, Performance reprinted staff action taken, reprinted staff action taken	W 1	The Risk Management commutaining roster each month to receive the training in areas of abuse, neglect, and mistreatmed. The Nursing Department has in and procedure for a Health Staff This procedure consists of a nurounds on individuals every two rounds, the nurse will observe the direct line of sight to ensure that not having any signs or symptom Residential Supervisor will be not signs will be completed and the whether or not the individual will a physician. If there are any significant in the revised Accident and Report/Initial Investigative Remot limited to the location of it description of shape and size occurred and medical treatme injuries are inconsistent with how the injury occurred, there concern and the CAO, SW an immediately. The residential sourse on duty will conduct a the current individuals using investigative report. Completion Date: June 7, 20: Staff failed to ensure individual to neglect. Address how corrective accomplished for those residential and the course individual to neglect. Address how corrective accomplished for those residential and neglect upon his admanagement in admanagement in admanagement in admanagement in admanagement in admanagement in admanagement in admanagement in administration of its admanagement in administration of its admanagement in administration of its administration of	ensure that all staff mandatory reporting, nt. Inclemented a policy us Focal Assessment. In these to do walking hours. In these the individual in their the individuals are ms of illness or injury. In the second of illness or injury. In the second of illness the otified, a set of vital nurse will determine I need to be seen by the sor symptoms of esidential Supervisor and the second of injury the the description of the is a cause for d DON will be notify supervisor and full body check on the revised initial In the description of the is a cause for d DON will be notify supervisor and full body check on the revised initial In the description of the is a cause for d DON will be notify supervisor and full body check on the revised initial In the description of the revised initial the description of the revised initial the dents found to have the practice; a right to be free from hission to the facility on the second in the facility on the second in the facility on the second in the facility on 5.22.19		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION G	` сомі	(X3) DATE SURVEY COMPLETED	
		49G013	B. WING		_ I	C /29/2019
	ROVIDER OR SUPPLIER	THINC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED CORRECTION OF THE	BE	(X5) COMPLETION DATE
W 127	intervene while staff vexcessive force to train another. The facility letter sent regarding Investigation 11/15/17 was reviewed part, as follows: This letter is to inform concluded the investigative Findings video had evidence of violated Holiday House Policy. The reviewing disclosed the following transition from residential area after (Individual #4) was obtain the Staff provided unand did not use ANY and interventions as trained Portsmouth.	inated ninated due to failing to was using inappropriate unsition from one building to It to Individual #4's parents on into unknown bruise dated and is documented in If you that we have igation regarding the large overed on November 12, ice camera was also Is/Conclusion: Founded; this if abuse and neglect and ise Abuse of Individuals ig of the video surveillance ing: If the gym area to the ileaving the restroom Name is staff. Innecessary physical support appropriate TOVA ied by Holiday House of	W 12	notification is located in the individual's record. A project Lifesaver applicat completed for Individual #2 due to his elope running away behavior. Project Lifesaver vi 1/28/2019. The facility changed the way the fences will locked and latched; and the electronic vitraining was developed to train staff on the way to lock and latch the gate. Door chime policy was revised to include of turning on chimes when they are turned Protective Services was contacted by the Social Worker. Behavior Support Plan Addendum was derivant and read as follows: /Elopement Plan on 1/24/2019. Rationale: Individual #2 has a frunning away from staff and leaving ground Holiday House of Portsmouth. This behave support plan addendum will address approprevention and responses in the event here from the supervised area. The following staff will be implemented when supporting Individual Holiday House of Portsmouth designated sholiday House of Portsmouth Residential Supervisors and/or Managers will designated shours. The assigned staff will follow guidelines of One to One Supervision (Lew which means the assigned staff will be visit focused on him, (individual must be within of staff at all times), the staff person will be one arm's length of Individual #2, this pers implement his schedule of activities for the assigned staff will rotate every 2 hours with designated staff person, the one to one star responsible for implementing his behavior plan and document every 2 hours regarding the staff person, the one to one star responsible for implementing his behavior plan and document every 2 hours regarding the staff person, the one to one star responsible for implementing his behavior plan and document every 2 hours regarding the staff person, the one to one star responsible for implementing his behavior plan and document every 2 hours regarding the staff will rotate every 2 hours regarding the staff will rotate every 2 hours with designated staff will rotate every 2 hours regarding the staff will rotate every 2 hours regarding the staff will	ion was ment and as put on ere being deo gate the proper on. Child the facility eloped eloped elopes ategies dual #2 with taff: e the during or the elope, ally eyesight within on will day, the another ff will be support	5.31.19
	weight on Name (Indi	nale staff placing body ividual #4).		engagement activities with Individual #2. T designated staff person cannot leave the a where he/she is working with Individual #2 notifying the Supervisor on duty, i.e. restro	ne rea without	:

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

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
ANDIDANO	CONTECTION	IDENTIFICATION NOMBER.	A. BUILDING		COM	PLETED	
		49G013	B. WING		1	C (20/2040	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 04	/29/2019	
104.00	NOVIDEN ON OUT FIELD		1				
HOLIDAY	HOUSE OF PORTSMOUT	TH INC	1	1211 COUNTY STREET			
				PORTSMOUTH, VA 23707			
(X4) ID		ATEMENT OF DEFICIENCIES	ΙD	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG				(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE	
W 127	Continued From page	a 78	W 127	Continued From page 78			
			** 121	lunch break, etc. The assigned staff person v	rilt		
	hip/groin area.		ł	encourage Individual #2 to hold their hand wi			
	*Decidential Consenie	an was arrest and falled to		in the community. If he is resistant staff mus-			
		or was present and failed to		within arm's length of Individual #2 at all time	s. If	5.31.19	
		a violation of Holiday House	1	Individual #2 runs out the exit door (on-groun			
	Policy.		1	assigned staff person will immediately follow			
	***		1	and at the same time verbally say to another			
		yee #1 for violation of	j	the vicinity to call an All Page CODE: GREEN			
	Holiday House Policy	•		for: elopement), the person making the All Pa			
		110 t t 111 t		announce Individual #2's initials, the location leaving and possible direction Individual #2 is			
	*Termination of emplo		1	towards. All available staff will come to the ar		1	
		ng oversight to prevent		stated for support. Once located the assigned			
	abuse/neglect.			person will escort him back to the safe area.			
				injuries should occur during elopement an ac]	
		om this point on must be		and incident report will be completed and Ind			
		Chief Administration Officer)		#2 will be assessed by nursing staff. Parents			
		er), All hands on interaction		notified. When Individual #2 is out in the com			
	investigated and view	ed on surveillance camera.		the assigned staff person must have access	to a cell		
	****			phone. If Individual #2 runs away from the as			
		be held on November 15,		staff person out in the community and not wit eyesight then staff must call 911. The design			
		A training will be discussed		staff person will instruct another staff person			
	and trained with all st	ап.		supervisor at Holiday House to inform of the	io can		
				situation and get further instructions. The Su	pervisor		
		gn IN/OUT sheet for the		will contact the Residential Manager, Chief			
		h through the 14th was		Administrative Officer, Social Worker, Nursing			
	reviewed and reveale			department to inform of the situation and get			
	parents and siblings v			instructions. Once Individual #2 is found and			
	11/12/17 from 3:20 P.	M4:20 P.M		to Holiday House the designated staff person			
				take him to nursing department to be assess			
		e between Individual #4's		accident and incident report will be written if			
		Administration Officer(CAO)		injury occurred. If an injury occurred he will be			
		documented in part, as		provided treatment and monitored closely by	Sidii.		
	follows:			Address how the facility will identify	other		
				residents having the potential to be affect			
	Sunday, November 1	2, 2017 8:45 PM:		the same deficient practice;			
	Hi Name (CAO),			All individuals residing at Holiday House of			
				Portsmouth will be notified of their right to be	free		
	We received a call aff	er we left Holiday House		from abuse/neglect upon admission and annu			
		sed the call and it went to			17		

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

Event ID: DMEE11

Facility ID: VAICFMR09

If continuation sheet Page 79 of 262



-	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''		CONSTRUCTION		SURVEY PLETED
		49G013	B. WING				C (20/2040
NAME OF DE	ROVIDER OR SUPPLIER			6.	TREET ADDRESS, CITY, STATE, ZIP CODE	044	/29/2019
NAME OF C	COVIDEN ON SUFFLIER						
HOLIDAYI	HOUSE OF PORTSMOUT	TH INC			211 COUNTY STREET		
				P	ORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
			_				
W 127	Continued From page	79	l w	127	Continued From page 79		5.31.19
		e was left, but apparently			thereafter. Notification of compliance will be		
	_	nang up the phone all of the			individual's medical record. All notifications		
		il continued to record a			signed by the Individual and/or Legal Guard	ian.	
					•		
		n Name (RS #4), and what			During an applicant's 3 day trial visit the		
		e about our son that raised			Interdisciplinary Team (IDT) members will n		
	a few concerns:				the individual for behaviors of running away		
		ed all day it seems because			area of supervision and/or elopement and d history with the individual and/or individual's		
		n't been changed all day.			If the individual exhibits behavior of running		1
		e ourselves, so I am saying			during the trial visit. The IDT will recommend		
		day solely based on what			pursuing project lifesaver. If the individual h		
		ded voicemail. Based on the			history of running away the IDT will pursue t		
	reactions within the co				project lifesaver if admitted to the facility. The		
		eemed concerned like it is			will ask the parent during the 3 day meeting		
	something that should	d have been noticed sooner.			would like to pursue project lifesaver. Writte consent will be obtained if the family decide		
	We called back, (we d	didn't mention the recording)			pursue project life saver. Parents are also p		
		the bruise didn't appear too			the option to decline project lifesaver. Declin	nation	
		ne, but wasn't tender, and			forms will be obtained. Upon admission, an		
		pain. No one mentioned			authorization to Project Lifesaver will be sig		
		nation in the recorded			the parent and the QIDP will complete the F		1
		listen to the voicemail, the			Lifesaver application. The application is des		
		ruise as sounding worse			for caregivers to provide in advance certain		
		cribed it to us when we			information that will be useful to search tear need should arise. In the event the IDT	ns ir the	1
	returned the call.				recommends project lifesaver Holiday Hous	o of	
	70.200.00				Portsmouth will cover all fees associated wi		
	*Name (RS #4): We	didn't hear Name (RS #4)			maintenance of project life saver. The Direct		
	· '	we genuinely like Name			Nursing/Charge Nurse will complete an elop		
		good with Name (Individual			assessment if the individual has elopement		
		or the nurse would have told			elopement assessment will be completed up		
	us everything when w				admission, annually, or when a significant of		
	us everyuning when w	re called back.			occur. Holiday House of Portsmouth will ma		
	*Nurse /I DN #2\- Ch	e should have told us about			necessary environmental changes to preven		
	all of her concerns.				elopement. These changes may include(late		
	an or ner concerns. S	one diant.			gates, changing level of supervision, alarms		
	The second state and a second				doors, visual cues, as well as their effective		
		be to the child, and by			be assessed. Failure to adhere to this policy		
		s, not to making sure no on e			result in disciplinary action and/or termination		[[
		hholding information. Nor			employment. An elopement risks assessme developed by the facility's Nursing Departm		
		ting in an Us (employee)) mentality. We just have			Live and the radiustic straining Department	CHIL AND	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1, ,	A. BUILDING			SURVEY LETED	
		49G013	B. WING				29/2019
	ROVIDER OR SUPPLIER HOUSE OF PORTSMO	UTH INC		4:	TREET ADDRESS, CITY, STATE, ZIP CODE 211 COUNTY STREET ORTSMOUTH, VA 23707	,	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	8E	(X5) COMPLETION DATE
W 127	concerns about our discuss the situatio Response Email from 12, 2017 8:59 PM: Any concerns from (Individual #4's) can Administrator. I will in to work. I will have with an investigation. The facility docume Discussion with Naraltercation with Naraltercation with Naraltercation with Naraltercation with Naraltercation: CAO, SW Location: Conferent The meeting was onexplained to Name to investigate a large (Individual #4). Name (RS #4) replant accident and incomplete the bruise. CAO asked Name (to share with the text)	child's care and wanted to n with you. om CAO Sunday, November my parents, staff or Name re is a concern for me as the I call you tomorrow when I get we my social worker follow up n. ent titled "Interview and me (RS #4) in regards to ne (Individual #4) dated red and is documented in part, d', Human Resource Manager.	W	127	Continued From Page 80	place or that the Human 19. This rais and ividuals rbal, ment. ures of Vision All staff station es: It is read all eledge in the hall to a staff dges. e (Right vices	
	#4) had behaviors to leave the gym. He of	7. conded that Name (Individual cocause he didn't want to expressed the Name a hard time transitioning in the			should be guided to a Residential Superviso guidance and instructions (refer to visitor's p Door Chimes are to alarm at all times to ens safety of the individuals. The Environmental Supervisor will inform the Maintenance Depart of the scheduled floor cleaning so that the D	r for olicy). ure Services artment	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
				_			с
		49G013	B. WING			04	/29/2019
NAME OF P	ROVIDER OR SUPPLIER			S.	TREET ADDRESS, CITY, STATE, ZIP CODE		_
HOLIDAYI	HOUSE OF PORTSMOU	TH INC	4211 COUNTY STREET				
HOLIDATI	TOUGE OF FORTSHIOU	***************************************		P	ORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		3E	(X5) COMPLETION DATE		
				- 1	Continued From page 81		
W 127	Continued From page	e 81	W	127	Chimas and he had all Boar Chimas and		
	evening.				Chimes can be turned off. Door Chimes are t off during that time ONLY because the doors		
	_				open for a long period of time. The Environment		
	CAO then asked Nar	ne (RS #4) to review the			Services Supervisor will inform the Residentia		
	video footage from th	ne gymnasium on the			Manager on duty that the floors are schedule		
	evening of 11/12/17.				cleaned. All individuals on grounds will be rel		5.31.19
	-				to the gym and recreation are until the floors		
	The team watched th	e video of incident which			clear and dry. The Maintenance Staff are des		
	occurred on 11/12/17	in the conference room of			to turn the door chimes off and on. The only t		1
	the administration bu	ilding.			door chimes are off is when the floor contract		
					providing service. When Door Chimes are tur		
	Name (RS #4) was a	sked by CAO after reviewing			the Maintenance Supervisor will make an ove speaker announcement informing all Holiday		
	the video to explain h	now he let Name (DSP #5)			Staff that the door alarms have been turned of		
	conduct inappropriate	e physical interventions to			Maintenance Supervisor should also alert Sta		
		. CAO explained to Name			overhead speaker when the Door Chimes are		
		supervisor was there to			back on. In the event Holiday House Staff no		
		Name (Individual #4) was			that the Door Chimes are not sounding, Staff		
		expressed to Name (RS #4)			immediately notify Maintenance Supervisor/S	afety	
	that he failed as supe				Officer and the Chief Administrative Officer.		
	·				Notifications should be done via face to face		
	CAO also asked Nan	ne (RS #4) was Name (DSP			telephone. In the event the Door Chimes are		1
		dered :TOVA". Name (RS			working staff should strategically be locate no doors to be aware of who is entering and exit		
	#4) said "No, it wasn				building. Failure to abide by this policy could		
					Disciplinary Action.	result iii	
	Name (RS#4) becam	e very upset and expressed	1				
	to the team that he w	as uncomfortable that's why			Elopement Policy was developed and read	<u>18 88</u>	
		e room so much when Name			follows:		
		g with Name (Individual #4).			It is the policy of Holiday House of Portsmout		
	Name (RS #4) expre	ssed that he has a good			individuals who have elopement risks have a		
	rapport with Name (I	ndividual #4) and that he			elopement plan to prevent leaving the super-		
	made a really huge n				safe area. Elopement can be defined as: an		i
					instance of leaving a safe area or safe premis		}
	The facility documen	t titled "Interview and	-		done by a person with a mental disorder or c impairment:	ognitive	
		e (DSP #5) in regards to			During an applicant's 3 day trial visit the		
		e (Îndividual #4) dated			Interdisciplinary Team (IDT) members will me	onitor	
		d and is documented in part,			the individual for behaviors of running away f		
	as follows:	• •			area of supervision and/or elopement.		
					If the individual exhibits behavior of running a	way	
	Present: CAO, SW.	Human Resource Manager.			during the trial visit. The IDT will recommend	·	
	Location: Conference				pursuing project lifesaver. If the individual ha	s a	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IDENTIFICATION NI IMPED		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G013	B. WING			ł	C
NAME OF P	ROVIDER OR SUPPLIER			SI	TREET ADDRESS, CITY, STATE, ZIP CODE	1 04	/29/2019
TOOME OF TH	NOTIDEN ON SOLIT EIEN				, , ,		
HOLIDAY	HOUSE OF PORTSMOU	TH INC		4211 COUNTY STREET			
				P	ORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTIVE PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPROFICE CROSS-REFE				(X5) COMPLETION DATE
					Continued from page 82		
W 127	Continued From page	e 82	_ W 1	27			5.31.19
	explained to Name (I here to investigate a Name (Individual #4) CAO asked Name (D to share with the tear	ened By Name (CAO), he DSP #5) that the team is large unknown bruise on b. DSP #5) did he have anything m in reference to Name a and/or bruise on the			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 date meeting if they would like to pursue project lifesaver. Written consent will be obtained if if family decides to pursue project life saver. Pare also provided the option to decline project lifesaver. Declination forms will be obtained, admission, an authorization to Project Lifesate be signed by the parent and the QIDP will	the arents ct Upon	
	evening on 11/12/17.				complete the Project Lifesaver application. T application is designed for caregivers to prov	/ide in	
	#4) had behaviors bu happened. He was a	conded that Name (Individual at nothing out of the ordinary able to say this statement nout indication of telling the on.			advance certain information that will be useful search teams if the need should arise. In the the IDT recommends project lifesaver Holidate House of Portsmouth will cover all fees assowith the maintenance of project life saver. The Director of Nursing/Charge Nurse will complete the saver.	event by ciated ne	
	CAO then asked Nar video footage from the evening of 11/12/17.				elopement assessment if the individual has elopement risk. The elopement assessment completed upon admission, annually, or whe significant change occur. Holiday House of Portsmouth will make the necessary environ	en a	
	of incident which occ conference room of t Name (DSP #5's) he noticed that the alten	atching the video CAO			changes to prevent elopement. These changemay include(latches on gates, changing leve supervision, alarms on doors, visual cues, as as their effectiveness will be assessed. Failure to adhere to this policy will result in disciplinary action and/or termination of employment. Indicate how the facility plans to monitorial includes the second content of	ges el of s well	
	"No" by shaking his h words. Name (DSP #5) in a that "he messed up". (Individual #4) was d	Name (DSP #5) responded nead side to side. He had no remorseful manner stated He stated that Name lifficult to work with and it's			sustained; and The Risk Management committee will revitraining roster each month to ensure that received the training in the areas of mai reporting, and abuse, neglect, and mistre policies. Upon receipt of each individual's elop	ew the all staff ndatory eatment	
	CAO also asked him considered "TOVA". "No" by shaking his hwords. Name (DSP #5) in a that "he messed up". (Individual #4) was d	was his techniques Name (DSP #5) responded nead side to side. He had no remorseful manner stated . He stated that Name			performance to make sure that solution sustained; and The Risk Management committee will revisit training roster each month to ensure that a received the training in the areas of management reporting, and abuse, neglect, and mistrespolicies.	iew the all state all state at men	e ff y nt

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	IDENTIFICATION NI IMPED		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G013	B. WING _			1	C 29/2019
	ROVIDER OR SUPPLIER	THINC		4	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 COUNTY STREET PORTSMOUTH, VA 23707	<u></u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	(D PREFI) TAG	PREFIX (EACH CORRECTIVE ACTIV			(X5) COMPLETION DATE
W 127	apologized for his act CAO informed Name Holiday House of Port that he will be terminareported to Child Pro Name (DSP #5) access was escorted off of H Premises. The Critical Incident I Day School program was reviewed and is follows: Type of incident: Other: arrived to school left hip and upper to Incident reported to: Parents: 11/13/17 at sent at 10:09 AM Holiday House: 11/1 Description of incider arrived at school and taken to the bathroor bruising on his hip ar and was asked to se arrived, looked at the Holiday House was of (Individual #4) to trar shared that they had from Holiday House is	s actions were wrong. He tions. (DSP #5) that he violated tsmouth Abuse Policy and ated, and the care is tective Services. Septed the termination and he oliday House Portsmouth Report from Individual #4's dated 11/13/17 at 9:30 Am documented in part, as	W	127	QIDP will then pursue project lifesaver was project lifesaver for the individual the QIDP the project lifesaver to the individual's Individual's Support Plan. The QIDP will monitor on a class. Include dates when the corrective action completed: 5/31/2019	e to add will add dualized juarterly	5.31.19

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDII		COMPLETED			
		49G013	B. WING			1	C /29/2019
	ROVIDER OR SUPPLIER	JTH INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707				
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFII TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
W 127	(individual #4's) bace did not see a bruise when he left for scholar when he left for scholar he left for	and a bruise on Name k. Holiday House said they on Name (Individual #4's) hip bool. een at Name (Children's 7 at 1:25 PM with chief g and Swelling of Jaw/Lump. live Behavioral Support Plan 18 was reviewed and is as follows: as follows: Physical Aggression, Destruction, and PICA. It is at Name (Individual #4) seeks blocked his access to the reality life for Name (Individual e environment and doing fers without displaying n. an or trying to sooth him when	W	127	ontinued From page 84		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		49G013	B. WING			04/2	; 29/2019	
	ROVIDER OR SUPPLIER	THINC		STREET ADDRESS, CITY, 4211 COUNTY STREET PORTSMOUTH, VA 2				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORI	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 127	#4) from physical agg should follow the agg -Do not hug or pat his down. Do not stare of in target behavior. Thostile reaction from remember redirection disruptive behavior, non a preferred activiti participation. Crisis Plan: Staff should follow Countivity (Individual #4), Holiduses the TOVA techn with behavior support Below is a general or guide. If after all atternance (Individual #4) unsuccessful or you environment or addressive behavior. Name (Individual #4) control. A. If he becomes ago the area of other indications in the becomes see objects that may cause in the start in the start in the second in the	le to stop Name (individual gressive behaviors they ency crisis plan. It is back to help calm him for frown when he is engaging these actions tend to provoke Name (Individual #4). In means ignore the use of refocus the person's attention by and reinforce the risis Plan for Name and House of Portsmouth, Inc. Indiques for their individuals to plans. It is communicating has been cannot change the less his needs, be prepared #4) to possibly escalate in tunderstand that now, is behavior is beyond his gressive or disruptive, clear viduals. If injurious, clear the area of se him injury.		Continued From				
	Name (Individual #4) D. When communic	he area and still monitor) safely then do so. ating with Name (Individual you are not using a tone of				:		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		49G013	B. WING		i i	29/2019	
	ROVIDER OR SUPPLIER	TH 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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	TION SHOULD BE THE APPROPRIATE		
W 127	voice that indicates fe Name (Individual #4) control of the situation control of the situation must control Name (Inneed to be in control of DO NOT GET DIRECT. If you are unable to attempts that Name (Inaggressive or self injuring. Call for back up at The facility's Virginia Employer's Report of DSP #5 was reviewed as follows: What date was the class or suspension? 11/13 What reason was give Violation of Abuse to In What was the final incomplete in the discharge/suspension. How was claimant information Training/received policy revised 3/4/15 DSP #5's TOVA Certific expiration date of 3/3/DSP #5's Job Description of Pofessional I is under Residential Supervised Residential Residentia	ar, uncertainty or anger. needs to feel like you are in n. Remember being in n does not mean that you ndividual #4) it means you of you and your emotions. TIVE-STAY CALM. o leave, then block any ndividual #4) makes to be rious. Imployment Commission Separation and Wage for I and is documented in part, I amant first told of discharge I a	W 12	Continued From page 86			

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED		
		49G013	B. WING			1	C 29/2019
	ROVIDER OR SUPPLIER	OTH INC	•	42	TREET ADDRESS, CITY, STATE, ZIP CODE 211 COUNTY STREET ORTSMOUTH, VA 23707	,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 127	services in a resider training and support reflect the identified Services Plans. Ay Virginia Department Developmental Services and Rece Licensure and Rece Major Duties and Rece each individuals' Ind 2. Interacts with all appropriate voice to physical movements Rights Policies and 13. Ensure a health environment, and remanagement immed 14. Provide behavior identified on the Post Physical Demands: Some individuals maggressive and requiredirect. This requiredirect. This requirendurance, emotion follow the individuals the approved interveadhering to policy. On 3/7/17 DSP #5 sead, and understood the following facility responsibilities as a 1. Mandated Repor 2. Human Right Tra 4. Child Abuse and	s with disabilities receiving nitial setting. Active treatment, services are provided to target goals on the Individual all times compliance with the of Behavioral Health and rices and the Office of riffication required. Isponsibilities: and supports as identified in ividualized Service Plan. individuals and staff with ne, language, gestures and in accordance with Human Procedures. By, clean and safe port any safety concerns to diately. Der support services as sitive Behavior Support Plan. By become physically sire the employee to physically resphysical flexibility and all calmness and the ability to services and the ability and all calmness and the ability to services and the ability to services and the ability and all calmness and the ability to services and the ability and all calmness and the ability to services and the ability and all calmness and the ability and all	W	127	Continued From page 87		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED									
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	ROVIDER OR SUPPLIER	TH INC		42	TREET ADDRESS, CITY, STATE, ZIP CODE 211 COUNTY STREET ORTSMOUTH, VA 23707	1 04/	2.012.01.0								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
W 127	care to Individual #4 11:16 PM, indicating the care of his abuse and 46 minutes after abused. The facility's Virginia Employer's Report of RS #4 was reviewed as follows: What date was the clor suspension? 11/1 What reason was give to provide oversight of What was the final indischarge/suspensionabusive situation. How was claimant indischarge is responsible for the training of the individ consistent with behaviors.	Policy d Abuse and Neglect Abuse Indicated he provided 1:1 on 11/12/17 from 3:05 PM to that Individual remained in r for approximately 5 hours he was initially physically Employment Commission Separation and Wage for and is documented in part, aimant first told of discharge 4/17 en to the claimant? Failed over staff cident that led to n? Failed to intervene in an formed of rule/policy? Job Description was reviewed a part, as follows: on of Residential Supervisor pervision of the Assistant . The Residential Supervisor provision of care and uals we support in a manner vioral principles. The y-four hour supervisory aff members and	W	127	Continued from page 88										

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
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		49G013	B. WING			04/	29/2019
	ROVIDER OR SUPPLIER	TH INC	-	42	TREET ADDRESS, CITY, STATE, ZIP CODE 211 COUNTY STREET ORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 127	Ensures the monitoring program delivery according for Portsmouth, Inc. Poly Virginia Department of Developmental Service Medicaid Guidelines, Health Guidelines. Responsible for the main a manner which ensafety. The Manage directly Support Professional Implements and enfor procedures. Ability to supply behad to assigned training and RS #4's TOVA Certifical expiration date of 5/3. On 6/10/15 RS #4 signed, and understood	sponsibilities: Ing and documenting of cording to the Holiday House colicy and Procedures, of Behavioral Health and ces, Licensure Guidelines, and Department of Public Inanagement of the cottage sures individuals/staff Supervises the Direct Staff, Incress facilities policies and Invior-modification techniques areas. Incation was current with an 1/18. Inded that he had received, at that he was to comply with policies while carrying out his employee: Ing ning Neglect	W	127			
	8 Abuse Reporting F	Policy d Abuse and Neglect					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		49G013	8. WING _			C 04/29/2019		
	ROVIDER OR SUPPLIER	UTH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707	:	0 1723/2013		
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
W 127	to Individual #4 on 1 11:52 PM, indicating the care of his abuse and 22 minutes after abused. On 4/25/19 the Admitraining was provide with Individual #4 or stated, "We went over Plan with the staff of Administrator was a on the Abuse and N Reporting of Abuse incident with Individual stated, "No, we did neglect or mandated should have." Individual #4's Notic Grievances signed documented in part, Every individual desconsideration and reference in the staff of the staff	Indicated he Supervisory care 11/12/17 from 3:07 PM to 15 that Individual remained in er for approximately 6 hours in he was initially physically sinistrator was asked what ad after the abuse incident in 11/12/17. The Administrator was ToVA training with our Individual #4's new Safety responsible for his care." The insked if all staff were retrained reglect Policy and Mandated and Neglect after the abuse wal #4. The Administrator not do training on abuse or do reporting in hindsight we reporting in hindsight we responsible to the safety responsible to the same of	W 1	27				
	Every individual of t 1. Retain legal right Federal laws; 3. Be treated with of tree from abuse, neincluded but not limit	he Holiday House shall: ts as provided by State and tignity as a human being; Be						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		49G013	B. WING _			C 04/29/2019	
	ROVIDER OR SUPPLIER	JTH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707		-	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 127	subjected to unneces isolation. The facility policy titt revised 3/26/19 was in part, as follows: Policy: It is the policy form of abuse to independent of a semployee or other part of an individual performed knowing! Abuse will cause or physical or psychologa person receiving or retardation. All Holiday House promote to the following direct consulting staff: 1. Personnel shall, themselves toward that such persons we physical and mental unnecessary (and un from any other acts nature. 2. Examples of abupolicy include, but a a. Physical Abuse: intimidation or intrustive.	usion and restraint; the least restrictive at with condition and not be ssary physical restraint and ed Abuse of Individuals reviewed and is documented by of the Board to prohibit any	W 1	127			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED			
		49G013	B. WING _				C 29/2019	
	OVIDER OR SUPPLIER	UTH INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707			04129/2019		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
	hair, unauthorized In Procedure: 2. Any employee was individual has be exploited by any proprevent further harms such activity immediate supervisor); then the incident to the Chief in the comfortable resupervisor); then the incident to the Chief immediate supervisit investigation and suit information immediate Administrative Office. 4. Upon receipt of the englect, the Chief Adesignee shall: a. Take steps to protein the individuals. c. The individual informediately be transported. f. Immediately continual cases of susported the englect the appropriate the CAO or location to the englect the appropriations that investigations that inves	ming with cigarettes, pulling molds, and cutting. The believes or witnesses that the harmed, abused or or or or shall intervene to me to the individual and report diately to their immediate the Chief Administrative Officer, or or will report the forwill start an initial abbinit statements and initial ately to the Chief the core. The sor will start an initial abbinit statements and initial ately to the Chief the core. The sor will start an initial ately to the Chief the core of t	W	127				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	ECONSTRUCTION	СОМ	(X3) DATE SURVEY COMPLETED		
		49G013	B. WING			C /29/2019		
	ROVIDER OR SUPPLIER	TH INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE		
W 127	It is the policy of Holicemploy Therapeutic Contervention technique. Therapeutic Options intervention using phyto restrict or limit an inspecific skills must motion for the individual joints) and minimize the specific design. The facility policy "Be revised 4/4/19 was rein part, as follows: Policy: It is the policy Portsmouth, Inc. to do intervention plan that employees when dea	mented in part, as follows: lay House of Portsmouth to Options as a behavioral a. is implemented as a crisis visical interaction as needed individual's behavior/ The aintain the normal range of ual (no hyperextension of orulsing, injury, or pain by havioral Intervention Policy* eviewed and is documented	W 127	,				
	will be consistent with regulations and empt and approaches. *It requires that all en interventions to the le intrusive intervention individuals are treater all times Definitions: "Abuse" (37.2-100 of	ecial interventions utilized applicable human rights hasizes positive interventions apployees limit their hast restrictive and least possible while ensuring that d with dignity and respect at the Code of Virginia) means ct by an employee or other						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G013	B. WING _			C 4/29/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707		4/28/2018	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	iD PREFI) TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W 127	a facility or program of by the department that failed to performed knintentionally, and that caused physical or pseudeath to a person recomental illness, mental disability), or substantabuse include acts sure. Assault and batter 5. Use of excessive fin a physical or mechanism of the facility of the level are ABSOLUTELY Prograding to the level are ABSOLUTELY Prograding, treating thumiliating persons sexcessive or inappropriated. *Degrading, treating thumiliating persons sexcessive or inappropriately policy title. The facility policy title.	or the care of an individual in operated, licensed, or funded at was performed or was nowingly, recklessly, or a caused or might have sychological harm, injury, or eiving care or treatment for I retardation (intellectual ce abuse. Examples of ich as: y. force when placing a person anical restraint. mechanical restraints on a compliance with federal and s, and policies, professional, or the person's is plan. ervention: tsmouth, Inc. will ich all verbal and physical to behavioral plans and of intensity. The following or intensity. The following or intensity abusing or erved will not be permitted. Derivate use of permitted is. d'Electronic Monitoring and b/29/13 was reviewed and is	W 1				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G013	B. WING _			04/	29/2019	
	ROVIDER OR SUPPLIER	TH INC		STREET ADDRESS, CITY, STAT 4211 COUNTY STREET PORTSMOUTH, VA 23707	·	1 0-1/2		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD B			(X5) COMPLETION DATE	
W 127	enhancing the quality integrating available to security and safety. To (closed circuit televisi areas is a critical compared to portsmouth's use of the Enhancing individed the Enhancing individed to the Enhancing action of the Enhancing action of the Enhancing action of the Enhancing action of the Enhancing action of the Enhancing action of the Enhancing action of the Enhancing action of the Enhancement of th	Portsmouth is committed to of life for its individuals by echnology to increase The facility's use of CCTV on) system in common ponent pf its security and objectives of Holiday House of a CCTV system include: ual's safety. thering of information. Ons to safeguard individuals. Usestionable incidences uality of care discovered as a cording should be reported usef Administrative Officer partment of Behavioral pental Services and the tts. Ons, and Oversight dures: If be monitored at various forker, Chief Administrative and Staff. taff shall be responsible for a located in the Nursing and Saturday and Sunday, on Saturday and Sunday, on Saturday and Sunday, on Saturday and Sunday, on Saturday and Sunday, on Saturday system to the Officer.	W	27				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G013	B. WING			1	29/2019
	ROVIDER OR SUPPLIER	TH INC		4:	TREET ADDRESS, CITY, STATE, ZIP CODE 211 COUNTY STREET ORTSMOUTH, VA 23707	0-47	
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECT REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFEREN		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	HOULD BE COMPLE			
W 127	responsibility for ensured Policy and for distribution requesting information. On 4/26/19 at 10:30 A conducted with the Clift Chief Administration monitored the CCTV Administrative Officer video feed during the does as well. On the and nursing the syste The Chief Administration monitoring was being have been caught and abuse occurred with I reviewed to see if any large groin/hip bruise Administrative Officer expected the staff who viewed the video and immediately." On 4/29/19 at 4:10 P. was held with the Chic Social Worker and Me above information wa Administrative Officer installing software so worker will be able to our phones when we has been a valuable and we plan on making safety of our individual again" 2. The facility staff fail	trative Officer has primary uring adherence to this ting the Policy to persons in on it. A.M an interview was nief Administrative Officer. tive Officer was asked if who system. The Chief stated, "I monitor the live week and my social worker weekends the therapy staff in from their departments." tive Officer was asked if this done should the abuse done should the abuse done should the abuse done should the abuse done should the abuse done should the abuse done should the abuse done should the abuse done of abuse occurred when the was discovered. The Chief stated, "Yes, I would have so have access to have alerted me of their findings M. a pre-exit conference alerted me of their findings M. a pre-exit conference alerted me of their findings M. a pre-exit conference alerted me of their findings M. a pre-exit conference alerted me of their findings M. a pre-exit conference alerted me of their findings M. a pre-exit conference alerted me of their findings M. a pre-exit conference alerted me of their findings M. a pre-exit conference alerted me of their findings M. a pre-exit conference alerted me of their findings M. a pre-exit conference alerted me of their findings M. a pre-exit conference alerted me of their findings M. a pre-exit conference alerted me of their findings M. a pre-exit conference alerted me of their findings M. a pre-exit conference alerted me of their findings	W	127			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G013	B. WING		<u> </u>	I	29/2019
	ROVIDER OR SUPPLIER	H INC	1	4211 CC	ADDRESS, CITY, STATE, ZIP CODE DUNTY STREET BMOUTH, VA 23707		
(X4) ID PREFIX TAG			ID PREFI TAG	•	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TIVE ACTION SHOULD BE CED TO THE APPROPRIATE	
W 127	20, 2018 for behavior physical aggression, a destruction. Diagnose disorder, attention dedisorder, attention dedisorder, conduct disorder, istribution. Individual sett communicates mostly gestures and a few sifinish. Individual #2 eloped for 1/17/19 and 1/30/19. A Behavior Support Pathe following: Quality of Life- A qual would be for his medimet in a safe environment in a safe environment in a safe environment, che being hit or scratched Using to too many work of the structure of the safe environment, che being hit or scratched Using to too many work of the structure of the safe environment, che being hit or scratched Using to too many work of the structure of the safe environment, che being hit or scratched Using to too many work of the structure of the safe environment, che being hit or scratched Using to too many work of the structure of the safe environment in the safe environment, che being hit or scratched Using to too many work of the safe environment in the s	nitted to the facility on March consultation services for self-injury and property is included autism spectrum ficit with hyperactivity order, celiac disease, PICA ual disability. This isorders include self-injury, running away, property I#2 is non-verbal. He of through crying, body/facial gns: more, eat, drink and from the facility staff on the facility staff on the facility staff on the facility staff on the facility staff on the facility staff on the facility staff on the facility staff on the facility staff on the facility staff on the facility of life for Individual #2 call and social needs to be ment and doing the activities on's) Individual #2 is friendly the facility of the facility of Triggers). The facility of the	W	127	DEFICIENCY		
		Report dated 1/17/19 day January 17, 2019 at .M. an overhead all page					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	:	49G013	B. WING			C /29/2019	
	ROVIDER OR SUPPLIER	TH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		JLD BE	(X5) COMPLETION DATE	
W 127	residential supervisor yard. The announcem secretary. Once outsi attention (sic) that the individuals left out of talso stated that she sigate and messing with Also, outside the gate Chief Administrative Cresource Clerk. At the Supervisors found out off the facility grounds directions on and official Individual #2. Eventual Professional #1 DB) found findividual #2 had crossional #1 DB) found for the pond behind the all Individual #2 was covicted him across the brought him back to the in the bathroom and sice aning his face. An residential staff supposed, Staff also stated He was taken to the recover. Staff (SH), Licence Professional #2 can complete an acci was due for another a individual #2 went into individual #2	uncement stated that "all is are needed in the front tent was made twice by the de it was brought to the is she observed one of the he facility gate and ran. She aw him leaving out of the in a staff person's vehicle. It was Director of Nursing, Officer and the Human is time, Residential it that Individual #2 had ran is. Staff went in different grounds to try and locate fally (Direct Support ound him across the street. It was coming up out of the partments. She stated, that the ered with mud and his she ran up to him and the street back to facility. She he cottage. Undressed him started drying him off and the urse staff along with a corted him with checking his did that mud was in his mouth. Fractical Nurse, reported as itness statement that she is from (DSP #2-VB) so she dent and incident report that the inea that she saw on the incident reported that	W	127			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER.		I`'	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		49G013	B. WING		·	l	C 29/2019
	ROVIDER OR SUPPLIER	TH INC		42	REET ADDRESS, CITY, STATE, ZIP CODE 211 COUNTY STREET ORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT!FYING INFORMATION)		ID PREFI TAG		•	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	
W 127	to the door (sic) adjact let him out of the nurs were present waiting a proceeded to continue nursing office. She re was asked to assess a wrote she asked her the can lay down. She announcement that all to the front yard. She was found after the el noticed someone wer alarm didn't sound off again. No alarm sound Manager (KL) reache and was instructed he back on. She reported med pass and Assistate continued to proceed building. DSP #2 stated that state the incident report by Individual in the office nurse said "its ok I go Cottage I kitchen to caccident and incident She reported she therefor all managers to rebuilding. She stated so Individual #2 was obsibehind the apartment was recovered soakir mud in his mouth. Assistant Residential	ching everything. I opened ent to the living room and ing office. Several DSP's for dinner to arrive. She is to work inside of the ported moments later she another individual. She to take him to his room so then heard the I supervisors need to come then heard the individual opement was over she at out the door but the door it. So I opened and shut it do, Assistant Residential do to Maintenance officer ow to turn the door alarms it she then continued her ant Residential Manager to another area of the set with her. She stated the thim" so staff were to be incomplete the necessary report from earlier that day, in heard the overhead page port to the front of the		127			
		(DSP #2) that she would	1				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	1 ' '	PLE CONSTRUCTION 3	(X3) DATE SURVEY COMPLETED		
		49G013	B. WING			C 04/29/2019	
	ROVIDER OR SUPPLIER	UTH INC	•	STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 127	Individual #2 was in rather busy and she one living room. The him to the living room back to DSP #1 nor nurse did not stated room full of staff but particular staff persecutive provided and she hoursing. DSP #3 (See was in the living room office with nursing staffer that. DSP #1 (DB) report coming out of the persecutive him off and cleaning the dirt out of his measurement of him off and cleaning the dirt out of his measurement reporting to depart from the second off running statement reporting to depart from the second off running tower lot. I drove my care church that faces (second off running and parked did not see him. She and CAO was in the towards her and as #2. She stated she had returned back said "yes" she said	The nurse stated that while in the nurse's office he was at took him back to the cottage in enurse stated she returned in but did not support him any staff in particular. The id (sic) that there was a living it she did not support him to a son. A written statement was ad given it to the Director of sit (w) reported that Individual #2 form then went into the nursing staff and she didn't see him seed that Individual #1 was ond across the street up the las observed covered with mud she ran up to him and carried in the state of the last face and body removing outh. He was then taken to the	W 12	27			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G013	B. WING _			1	C 29/2019
	ROVIDER OR SUPPLIER	TH INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707		211 COUNTY STREET		
(X4) ID PREFIX TAG				ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD B TAG CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)			(X5) COMPLETION DATE
W 127	approached the building DSP reported that information to her. She Individual #2 was four On January 18, 2019 reviewed the facility's conducting the investing the nursing office was nursing office. There was now that Individual #2 was nursing office. There was now that Individual #2 was nursing office. There was not know that Individual The DSP's in the area documented above. A turned her back Individual #2 then rand leading to the porch. door he exited; hower during the investigation sound off. The investigation when the floors were lindividual #2 then rand was small enoug taking the latch off. His desk receptionist exit. The following safegua will be put into place a investigation. Project due to his elopement.	k the building. As she ing, it was reported that he g. DSP #2 (VB) and another formation to her. She then ividual #2 was not in the another DSP reported that the then was informed that the then was informed that and. facility Social Worker video camera while tigation it was observed on the (LPN #1) had individual #2 with her. She was observed the walked back into the the were DSP's in the living the other individuals and did that #2 was back in the area. The soon as the nurse LPN #1 tidual #2 closed the door to a sprinted out the door There is a door chime on the the ver it was later discovered the that the door chime didn't togation revealed that the the the door chime didn't togation revealed that the the the door chime didn't togation revealed that the the the door chime didn't togation revealed that the the the door chime didn't togation revealed that the the the door chime didn't togation revealed that the the the door chime didn't togation revealed that the the the door chime didn't togation revealed that the the the door chime didn't togation revealed that the the the door chime didn't togation revealed that the the the door chime didn't togation revealed that the the the door chime didn't togation revealed that the the the door chime didn't togation revealed that the the the door chime didn't togation revealed that the the the door chime didn't togation revealed that the	W	127			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			PLE CONSTRUCTION 3	(X3) DATE SURVEY COMPLETED		
		49G013	B. WING			C 04/29/2019
	ROVIDER OR SUPPLIER	JTH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 127	able to fit through the Chief Administrative staff about monitorineld on 1/22/19. Do include procedure of are turned on (sic). "Injuries: Individual Description of Medicings: Individual and no new areas noted leg small scratch to required at this time Investigation: Reason for Corrective Environmental/physical Corrective Action ta Supervisory/Adminiate 19:42 A.M. indicate Individual #2 Visit Information: 01 Chief Complaint: Vollistory of Present II Yesterday; Duration Quality; Unchanged Exposure to ill containto mud yesterday once, no other symptoday. ROS Findings: Commalaise, loss of apprending are turned to the containt of the	l's small in stature (sic) being le gate while latched. Officer had a meeting with an of individuals. Meeting was or chime policy was revised to furning on chimes when they injured? No cal Treatment provided & #2 was assessed by nursing; to upper arm and left lower nose. No treatment was selected plant issue ken: strative staff change/action wanter Summary dated 1/18/19 led: "Patient Demographics /18/2019 @ 09:42 AM lemiting liness: Fever: None; Onset: Acute; Severity: Mild; leacts: suite mates at facility got and ate a little then vomited otoms and seems improved stitutional: Reports fatigue, letite,	W 12			
	Respiratory: Report Gastrointestinal: Re appetite, Vital Signs: Temp-9 Weight:69 lb /31.30	ports vomiting, decreased				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G013	B. WING _		04	C /29/2019
	ROVIDER OR SUPPLIER	TH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 127	Plan: Treat symptom Clear fluids, no food for 6 hours, then adv Review signs of dehy Discussed abdomina may develop later." A review of a Behavi 4/20/18 indicated: "T supervision- Recommendations a #2- Visuals-Individual #2 schedule, knowing w the day and his expes schedule/calendar s words indicating the Individual #2 should schedule that include bathing, grooming an having a set schedule point to the schedule for, instead of several times a day request has been ma once. Individual #2 with Velcro pictures. an active participant likely to follow the ro An Individualized Se indicated: Behavior s monitored for the follow	illness without dehydration is as needed until vomiting has stopped ance slowly. Idration il cramping and that diarrhea or Support Plan dated arget Behaviors - escape and guidelines for Individual does best with a concrete that activities are planned for ctations. The hould be clear with simple activities for the day. have a set posted daily as times for activities, and general hygiene. By e staff should be able to and Individual #2 it is time asking or prompting him to do Once the ade staff should only state it an help make his schedule By lettering Individual #2 be in the process he is more	W 1	27		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G013	B. WING				29/2019
	ROVIDER OR SUPPLIER	TH 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)			X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 127	leaving the area of su to monitor under one due to escaping beha B. The facility staff fai not elope. An Accident and Incidindicated: "Date Occu Occurred: approximal Describe any injuries: Account of what Happ staff that Individual #/ living area and he waswing set. Condition of person in assessment was done intact, no tendemess limits, no sign of pain/ signs taken- none. Was Individualized Son Name of Parent/Guar Representative notified Approximate 6:50 PM Summary of response Authorized Represent And she also, stated to hear this because I home.' Summary of corrective needed monitoring control of the proximal	roperty destruction and pervision. Staff will continue to one supervision level 1 vior and PICA." led to ensure Individual #2 lent Report dated 1/30/19 lent Report lent date date lent approximately 6:00 PM; Cottage One (right wing).	W	127			

A9G013 NAME OF PROVIDER OR SUPPLIER HOLIDAY HOUSE OF PORTSMOUTH INC STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
STREET ADDRESS, CITY, STATE, ZP CODE			49G013	B. WING		C 04/29/2019		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) W 127 Continued From page 105 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. On Wednesday, January 30, 2019 at approximately 6:00 PM staff asked Residential Supervisor if Individual #2 has ran out of the building through kitchen door, staff immediately ran outside to lift they could find 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 lift they could find 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, though the staff person assigned to Individual #2 while she uses the restroom. Supervisor watched Individual #2, when staff returned she asked why the door was open in the kitchen? Corrective Actions Taken: Recommend that ensure that communication occurs when a supporting an individual #2. A Nursing Department Notification to the physician indicated: "Date 1/30/19; Attention: physician: From: Eality nursing department; Reason: Individual #2. are out of the building wo (with out) shows on feet and coat/jecket.			THINC		4211 COUNTY STREET			
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. 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 staled that Individual #2 has ran out of the building through kitchen door, staff immediately ran outside to if they could find Individual #2 hostority 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 #3, 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? Corrective Actions Taken: Recommend that ensure that communication occurs when a supporting an individual outside the Individual #2. The form as a supporting an individual to a cours when a supporting an individual to a cours when a supporting in individual to a cours when a supporting in individual to another staff person." A Nursing Department Notification to the physician; From: facility nursing department; Reason: Individual #2. The could will will will will will will will wi	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	D BE COMPLETION		
findings noted. Activity (wnl), no s/s	W 127	cottage one living are room. Cause of Incident: In cottage one living are grounds near cottage. On Wednesday, Jan approximately 6:00 F Supervisor if Individu. Residential Supervis staff then stated that the building through immediately ran outs Individual #2. Shortly found on the swing side of the building. I and no new areas we statement attached the for this report. Also, prior to realizing inside the building, the Individual #2 asked for could watch Individual restroom. Supervison when staff returned sopen in the kitchen? Corrective Actions Talensure that communicated in the physician indicated: physician; From: facil Reason: Individual #2 Comments: Individual #2 Comments: Individual #3 Comments: Individual #4 Com	dividual #2 eloped form ea to the swing set on e two. uary 30, 2019 at PM staff asked Residential ual #2 was with him. for informed staff no, and thindividual #2 has ran out of kitchen door, staff side to if they could find y after Individual #2 was set outside hear Cottage Two Nursing staff assessed him ere observed. Witness to report to provide support ag that Individual #2 was not he staff person assigned to Residential Supervisor if he hal #2 while she uses the r watched Individual #2, she asked why the door was aken: Recommend that hication occurs when a dual to another staff person." Int Notification to the "Date 1/30/19; Attention: ility nursing department; 12. al #2 ran out of the building s on feet and coat/jacket. sessment completed. no	W 12				

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION IG	(X3)	(X3) DATE SURVEY COMPLETED C		
		49G013	B. WING _			04/29/2019		
	ROVIDER OR SUPPLIER	TH INC	•	STREET ADDRESS, CITY, STATE, ZIP CO. 4211 COUNTY STREET PORTSMOUTH, VA 23707	Œ	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD 8E E APPROPRIATE	(X5) COMPLETION DATE		
W 127	and running around. A Witness Statement indicated: "Location Individual's Name Inc Facts: I kept hearing looked around to notil longer in the room ar him with walked out at the door chimers con up and yelled where doors been going off the mix of jumping up which door is that'. A' why is this back door there I just took off rufront door towards the	Monitoring continue." It Form dated 1/30/19 of the Accident Cottage #2: dividual #2: Statement of the door chime going off and diced Individual #2 was no and the staff that I last seen around the same time of the attinuously going off. I jumped dis Individual #2 because the for a while (5-7 minutes). In a yelling 'where was he and another staff started yelling or open' times 3, and from anning outside cottage #1 e swing on the cottage #2 dividual #2 on the swing	W1	27				
	January 24, 2019 Ind Elopement Rational: Individual # away from staff and I This behavior support address appropriate the event he elopes the event he elopes to The following strateg when supporting Indiand out in the common 1. Residential Superodesignate the approprindividual #2 during we staff will follow the gu	Plan Addendum dated licated: Target Behavior: Plan a history of running eaving grounds of facility. It plan addendum will prevention and responses in from the supervised area. It is will be implemented ividual #2 while on grounds unity with designated staff: visors and/or Managers will oriate staff to work with waking hours. The assigned sidelines of One to One ONE), which means the						

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G013	B. WING			04/2	29/2019
	ROVIDER OR SUPPLIER	TH INC	•	421	REET ADDRESS, CITY, STATE, ZIP CODE 11 COUNTY STREET DRTSMOUTH, VA 23707	-	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 127	(individual must be witimes), the staff persolength of Individual #2 his schedule of activit staff will rotate every designated staff persole responsible for impuppert plan and doc regarding engagement #2. 2. The designated staff area where he/she is without notifying the starea where he/she is without notifying the starm's length of Individual #2 to hold to community. If he is rearm's length of Individual #2 run grounds) the assigned immediately follow his verbally say to another an ALL Page CODE: elopement), the personanounce Individual it leaving and possible going towards. All avit to the area stated for 5. Once located the a escort him back to the 6. If any injuries should an accident and incident and individual #2 will staff. Parents will be in 7. When Individual #2 assigned staff personanounce.	visually focused on him ith in eyesight of staff at all on will be within one arms's 2, this person will implement ties for the day, the assigned 2 hours with another on, the one to one staff will plementing his behavior ument every 2 hours int activities with Individual aff person cannot leave the working with Individual Supervisor on duty, i.e. in break, etc. person will encourage their hand while out in the esistant staff must be within dual #2 at all times. Is out the exit door (on d staff person will m and at the same time eer staff in the vicinity to call GREEN (code for: on making the All page will #2's initials, the location he is direction Individual #2 is allable staff person will come support. essigned staff person will e safe area. eld occur during elopement tent report will be completed be assessed by nursing	W	127			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTISICATION NI IMPER			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
						(
		49G013	B. WING			04/2	29/2019
	ROVIDER OR SUPPLIER HOUSE OF PORTSMOUT	THINC	·	4:	TREET ADDRESS, CITY, STATE, ZIP CODE 211 COUNTY STREET ORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 127	staff person to call su of the situation and get 10. The Supervisor w Manager, Chief Admin Worker, Nursing depasituation and get furth 11. Once Individual # facility a designed stanursing department to accident/incident reproduction occurred. If an injury of treatment and monito will be notified. 12. Failure to implement result in disciplinary and 1/24/19 by the Suppo (Qualified Intellectual Chief Administrative Couring an interview of the designated QIDP behavior Support Planur prevent elopements. QIDP was asked if Incassessed by the facili initial admissions and During an interview of the Chief Administration had all staff been train Individualized Program.	munity and not within ust call 911. person will instruct another upervisor at facility to inform et further instructions. ill contact the Residential nistrative Officer, Social artment to inform of the per instructions. 2 is found and returned to off person will take him to o be assessed. An ort will be written if an injury occurred he will be provided red closely by staff. Parents ent these procedures could actions. Signed and dated ort Coordinator /QIDP Disability Professional) and Difficer." n 4/25/19 at 10:30 AM with for Individual #2 if his on had been implemented to The QIDP stated, "No". The	W	127			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	1 ' '	IPLE CONSTRUCTION		(X3) DATE : COMPI	
		49G013	B. WING			04/2	29/2019
	ROVIDER OR SUPPLIER	TH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707	Ē		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE		(X5) COMPLETION DATE
W 127	allowed the gate to partially opened, Indisqueeze through the Maintenance Director chimes did not alarm, being waxed and the the floor dry and cleathe door was allowed chimes activated, the chime. An Initial Investigative "Individual Name- Incidence on the Incidence of Inciden	when you pulled the chain it artially open. When the gate vidual #2 was able to opening and get out. The r was asked, why the door, he stated, The floors were doors were opened to help r the air of the wax fumes. If to stay open with the door would continue to de Report indicated: dividual #2, Date of Incident dent approximately 6:00 PM; Cottage One (right wing). Dement. Individual #2 was in the walking inside the living dividual #2 eloped form the ato the swing set on two. Juary 30, 2019 at the M staff asked Residential all #2 was with him. For informed staff no, and Individual #2 has ran out of	W	127			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION IG		COMPLETED	
		49G013	B. WING _			C 04/29/2019
	ROVIDER OR SUPPLIER	JTH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707		-
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 127	could watch Individual restroom. Supervision when staff returned open in the kitchen? A Elopement Policy "Policy- It is the faci who have elopement plan to prevent leave Elopement can be confleaving a safe are a person with a mer impairment: Procedure: 4. Upon admission, Lifesaver will be sig QIDP will complete application. The approaregivers to provide information that will the need should arise. 6. The Director of Note complete an elopement risk. The be completed upon the completed upon the complete of supervisual cues, as well assessed.	Residential Supervisor if he ual #2 while she uses the or watched Individual #2, she asked why the door was dated 1/15/19 indicated: lity's policy that individuals at risks have an elopement ing the supervised safe area. Iefined as: an act or instance as or safe premises, done by stall disorder or cognitive an authorization to Project ned by the parent and the the Project Lifesaver plication is designed for the in advance certain to be useful to search teams if sections in the individual has the elopement assessment will admission, annually.	W 1	27		

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

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G013	B. WING		C 04/29/2019
	ROVIDER OR SUPPLIER	TH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707	0423/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
W 149 W 149	policies and procedur mistreatment, neglect This STANDARD is represented the state of the state	of clients clop and implement written es that prohibit cor abuse of the client. not met as evidenced by: cinvestigation, medical document review and staff staff failed to implement rocedures that prohibit cor abuse for 2 of 4 ey sample, Individual #2 illed to ensure that written es that prohibit cor abuse were re Individual #4 was free 17. illed to ensure one Individual survey sample of 4 (four) abject to neglect.	W 145	W149: Failed to ensure that written police	will be sidents by the Holiday identify ential to leficient Chief ty Social eporting, es at the all staff lary, and dditional ct. Upon e facility s of their neglect facility.
	facility on 8/18/16 wit not limited to *Profoul *Autism and Unspecif Disorders and *Optic legally blind). Based Nursing Summary da pounds and was 63 3	5 year old admitted to the h diagnoses to include but and Intellectual Disability, ied Behavior and Emotional Nerve Hypoplasia (right eye on Individual #4's Annual ted 9/11/17 he weighed 111 /4 inches tall. Individual Summary dated 9/11/17 also is supervision and is		3. Address what measures will be place or systemic changes in ensure that the deficient practical not recur; All Staff employed at Holiday House will continuous training in the areas of abuse, neg mistreatment at initial orientation, monthly a meetings, and annually in the month of F	receive lect, and all staff

Facility ID: VAICFMR09

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l' '		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDI	NG_				
		49G013	B. WING			1	29/2019	
NAME OF PR	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
				42	211 COUNTY STREET			
HOLIDAYI	HOUSE OF PORTSMOUT	TH INC		P	ORTSMOUTH, VA 23707			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	₹D		PROVIDER'S PLAN OF CORRECTION	٧	(X5)	
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	COMPLETION DATE	
W 149	Continued From page	s 112	w	149	Continued From page 112			
		y by Holiday House staff to			staff meetings, and annually in the	month of		
	ensure that he is in a				February. Holiday House of Portsm			
		I Evaluation dated 8/14/17			implemented a Mandated Reporter Police	cy created		
		e a Slosson Intelligence Test			on 5/6/2019. The policy indicates that			
		vealed a mental age of 23			House of Portsmouth staff report any			
	months and an intellig				cases of child abuse/neglect in accordant Code of Virginia and Holiday House of P			
		•		ĺ	established child abuse reporting proced			
		ly Programming Progress			policy emphasizes ALL staff in their profe			
		17 were reviewed and are			official capacity while employed at Holida	y House		
	documented in part, a	s follows:			Mandated reporters includes but is not ling the following:		:	
	Progress Note: Name	e (Individual #4) made			Any person licensed to practice medicine			
	stable progress with t	he support of the direct			the healing arts; any professional staff pe			
		staff. He continues to			employed by a private or state operated institution or facility where personals hav			
		pervision procedures with 2			placed for care and treatment. Any person			
	staff for safety and be	havioral issues.		ļ	employed as a social worker Any probation officer, Any teacher or oth			
	On 4/23/19 during the	initial entrance conference			employed in a public or private school,	s. porocii		
		r the question was asked if			kindergarten or nursery school ,Any men			
		abuse investigations with			professional Any person employed to take			
		Administrator stated, "No"			children, Law Enforcement Officers, Any			
	-	proximately 15 minutes later			employed by or contracted with the facility working with the individuals in an administration			
		entered the conference room			supportive or direct care capacity. Any gi			
		cussing with my staff I want			conservatory of an adult Any person pro-			
		ve are in an active law suit			intermittent or occasional care to a child/			
		buse with an individual			compensation including, but not limited to			
		1/12/17 the individual was saulted by one of our direct			homemaker, personal care workers, com			
		so involved our residential			etc. Holiday House of Portsmouth, Inc. e and enforces that all staff that has reaso			
		iewing the video footage of			cause to suspect that a child has been o			
		terminated both employees."			subjected to abuse or neglect, or observe			
		s asked to allow the survey			being subjected to conditions or circums	tances		
		dent footage and to bring all			which would reasonably result in abuse of			
		garding the investigation of			that person shall IMMEDIATELY report of	r cause a		
	the abuse incident for				report to be made.			
		ted 11/12/17 involving					:	
		iewed by the survey team.						
	The video footage las	sted over 2 minutes. In the					4	

		MEDICAID SERVICES	(VA) 1 (III)	TID) C	OCUSTOU OTION		0.0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	PLETED
							c
		49G013	B. WING				29/2019
NAME OF P	ROVIDER OR SUPPLIER	•	•	\$1	TREET ADDRESS, CITY, STATE, ZIP CODE		
HOLIDAY	HOUSE OF BODTOMOUS	TU MIC		42	211 COUNTY STREET		
HOLIDAT	HOUSE OF PORTSMOUT	INING		P	ORTSMOUTH, VA 23707		
(X4) ID	1	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETION DATE
IAG	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		17.0		DEFICIENCY)		
					Continued From page 113		
W 149	Continued From page	e 113	w	149			
	video Individual #4 w	as observed crawling/being			Anyone employed at Holiday House of Po	rtsmouth,	
	pushed out of the bat	hroom on his hands and			Inc. Who is mandated to report suspected		
	knees from the gymn	asium bathroom followed by			abuse or maltreatment-and fails to do so,		
	2 adult males. One n	nale was observed kicking			charged with a Class A misdemeanor and		
	forcefully (more than	4 times), dragging and			criminal penalties. Mandated reported call in a civil court for monetary damages for a		
	twisting the individual	Is body by one leg and lying			caused by the mandated reporter's failure		
	with his whole body o	n top of individual #4 during			report. This new policy will be reviewed a		
		leo. At one point in the video			staff meeting on 5/22/2019.		
		ividual's arm waving for help.			Holiday House of Portsmouth CAO also		•
		ff member was observed			Abuse, Neglect and Mistreatment Poli		
		4's head and shoulder area	1		policy indicates that: Holiday House of P		
		nember was lying on top of			Inc. ICF/IID prohibits any form of abuse, no mistreatment of the individuals. Abuse is		
	him. The second sta				any negligent act by an employee or of		
		ound the gym with his back			responsible for the care of an individua		
	turned to Individual #	•			services that was performed knowingly, re-		
		the other staff member.			intentionally. Abuse will cause or may have		
	, <u>-</u>	2 minutes of the video that his feet was when he broke			to cause physical or psychological harm		1
	1	t staff and ran towards the			death to a person receiving care or		
		t staff member following him.			Holiday House of Portsmouth will reindividuals to be abused by anyone, incl		
		mber went back into the			members, consultants, volunteers, and st		
		ed a trash bag then exited			agencies providing service to the individu		
		istrator was asked who were			Examples of abuse for the purpose of this		
	0,	The Administrator stated,			include, but are not limited to, the followin		
	1	at was having the physical			Physical Abuse: Any kind of physical intir		
	1	idual was his 1:1 Direct			intrusion such as pushing, pulling, scratch		
		er and the second person			hitting, kicking, slapping, throwing things, burning with cigarettes, pulling hair, unaut		
	was the Residential S		İ		holds, and cutting.	nonzou	
					Verbal Abuse: Abuse that is achieved pri	marily with	•
	After watching the vic	deo and reviewing the			words. Criticizing an individual, belittling,		
		nan Rights Information			fun of someone.		
		use Allegation Report for			Sexual Abuse: Forced sex or sex that take	es untair	8
	1	#20170016 an interview was			advantage of an individual, fondling, or	Δημοίνο	
	conducted with the A				inappropriate touching. Emotional Abuse: behavior that uses emotions to intimidate		
		ked if there was any criminal			Denovior and uses emotions to maintaile	uic violiili.	•
		The Administrator stated,					
	r ·	al #4 was abused but we					
		criminal activity. However,					1
	the family did file cha	rges against Name (DSP	İ				J.

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CENTER	S FOR MEDICARE & I	MEDICAID SERVICES				OMB NO). 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		_				(
		49G013	B. WING			04/	29/2019
NAME OF PI	ROVIDER OR SUPPLIER		,	\$T	REET ADDRESS, CITY, STATE, ZIP CODE		
HOLIDAY	HOUSE OF PORTSMOUT	TH INC		42	11 COUNTY STREET		
HOLIDATI	1003E OF FOR ISMOO	III II40		PC	ORTSMOUTH, VA 23707		
(X4) IO		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B	_	(X5) COMPLETION
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFI TAG		CROSS-REFERENCED TO THE APPROPRIA		DATE
					DEFICIENCY)		
				- 1	Continued From page 114		
W 149	Continued From page	e 114	W	149			
	#5) after they viewed				Mistreatment can be defined for the purpo	se of	
	Administrator was as				this policy to include but not limited to:		
		n in his groin, dragging him			Failure to act/neglect that leads to or is in	45	
		nd applying his entire body			imminent danger of causing physical injury negligent omission, treatment, or maltreatr		
		ody what would that be			an individual, including but not limited to fa		
	1	ninistrator stated, "It's			staff to provide an individual with adequate		
		strator was asked if assault			clothing, shelter, medical care, supervision		
		e and if Individual #4 was			through condoning or permitting abuse of	an	
	assaulted by the staf			1	individual by any other person.		
		"Yes, assault is a a criminal			Verbal mistreatment: by subjecting the ind	vidual	
		I #4 was assaulted by the			to the use of derogatory names, phrases,		
		should have called the			profanity, ridicule, harassment, coercion, of intimidation and threatening injury or withh		
	police and pressed ch	narges."			services or supports, including implied or o		
	The Administrator an	d the Social Worker		ĺ	threat of termination of services. Restrictions on an individual's freedom of		
	provided Court Recor	rds for DSP #5 which were			movement by seclusion in a locked room of	ınder	
	reviewed and are doo	cumented in part, as follows:			any condition. Restriction to an area of the		
					residence or restricting access to ordinarily		
	Arrest Date: 12/14/13			1	accessible areas of the residence is not all		
	Charge: Abuse of Ch				unless arranged for and agreed to on the		
	Charge Type: Class 4	ł Felony			Individual's' Support Plan. Use of Physical		
					restraint: without a written physician's order		
	Arrest Date: 3/2/18		Ì		part of an Individual Support Plan, unless individual's actions present an imminent date.	an angorto	
	Offense Date: 11/12/			ŀ	himself/herself or others, and only until ap		
	Charge: Assault and			ĺ	action is taken by medical, emergency, or		
	Charge Type: Misder	meanor			personnel. Financial exploitation which m		
					include, but is not limited to: unauthorized	rate	
	Arrest Date: 3/2/18				increases, staff borrowing from or loaning		
	Offense Date: 11/12/				to individuals, witnessing wills in which the		
		to the Delinquency of a		- 1	caregiver is beneficiary, adding caregiver's		
	minor				to individual's bank accounts, inappropriate expending individual's personal funds, and		
	Charge Type: Misder	meanor			an individual's personal funds. Neglect : Te		
					this facility in defining incidents of neglect;		
	Arrest Date: 3/2/18				is defined as any recent act or failure to ac		
	Offense Date: 11/12				results in death, serious physical or emotion		
	Charge: Child Abuse				harm.		
	Charge Type: Felony	/			Examples of neglect for the purpose of this	s policy	
			1	i	include: Abandonment	-	

The facility social worked provided a written

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDI	NG _		١,	、 I
		49G013	B. WING				
NAME OF D	ROVIDER OR SUPPLIER	430015	1	6.	TREET ADDRESS, CITY, STATE, ZIP CODE	04/2	29/2019
TANKE OF F	NOVIDER ON SOFFEIER				, , , , , , , , , , , , , , , , , , , ,		
HOLIDAY	HOUSE OF PORTSMOUT	TH INC	4211 COUNTY STREET				
,			<u> </u>		ORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 149	Continued From page	e 115	w	149	Continued From page 115		
W 149	description of the vide an altercation HHP (H staff and Name (Indivireviewed and docume Name (Individual #4) He was observed craknees coming out of staff Names (Resider Direct Support Perso to be in distress attenstaff that were in the I Immediately exiting thim two times on his was still lying on the gmale staff standing or #4) began sliding on away from the two manaway from the two	aco dated 11/12/17 involving doliday House Personnel) ridual #4) which was ented in part, as follows: was in a dark gymnasium. Wiling on his hands and the bathroom with two male at Supervisor (RS) #4 and anal (DSP) #5). He appeared apting to get away from the bathroom with him. bathroom DSP #5 kicked side. Name (Individual #4) gymnasium floor with the two over him. Name (Individual the floor attempting to get ale staff. DSP #5 then grabs shirt while Name (Individual the gymnasium floor. Name asisting; DSP #5 pulled by his left leg and dragged asium floor towards the ad Name (Individual #4's) ip over several times. DSP lame (Individual #4's) side d sits on Name (Individual #4's) side d sits on Name (Individual #4).	W	149	Nutritional neglect (under-nourished); failur provide food/hydration, inadequate hygiene (wearing soiled clothing) inadequate super (sleeping on the job), duration and frequen unsupervised times. Exposure to hazardou materials Failure to protect by jeopardizing and safety, any other form of reckless behavith disregard for the individual's health an Failure to implement behavioral support play procedures, as it relates to safety of the individual Holiday House employees are Mandate Reporters and all personnel shall strictly at the following procedures: Any Staff, Individual Reporters and all personnel shall strictly at the following procedures: Any Staff, Individual Authorized representative, consultant, lega guardian, local or regional advocate, or oth interested person who believes that an individual has been harmed, abused, or exploited by person shall immediately report such to the Administrative Officer and/or their IMMEDI SUPERVISOR. It is the supervisor's resport to ensure that he alleged abuser is remove providing any care to the individual immed after the allegation is made. In the event the supervisor does not respond appropriately staff may call 911 to ensure the individuals facility is safe. The Chief Administrative Of no case, shall punish or retaliate against a volunteer, consultant, or student for report allegation of abuse, neglect, or exploitation outside entity. Any employee who believe witnesses that an individual has been harm abused or exploited, neglected or mistreat any person shall INTERVENE to prevent finarm to the individual and report such actimemediately to their immediate supervisor. The Immediate Supervisor must IMMEDIA suspend the employee who has been allegabuse, neglect, or mistreat the individual. Immediate Supervisor will conduct an initial investigation and submit written statement conduct interviews, and get as much initial information as possible. This information is	evision cy of s health avior d safety an dividual. dd dhere to lual, all er ividual any e Chief ATE nsibility ed from lately e ficer, in ng an s or ned, ed by urther vity TELY ged to The al s,	

Facility ID: VAICFMR09

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:			CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				0.50	= = = = = = = = = = = = = = = = = = = =	1 (c
		49G013	B. WING			04/	29/2019
		TH INC ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFI	42 P	TREET ADDRESS, CITY, STATE, ZIP CODE 211 COUNTY STREET ORTSMOUTH, VA 23707 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		DATE
W 149	him to the gymnasiur around the gymnasiur around the gymnasiur the room. DSP #5 th (Individual #4) while I gymnasium and look. Name (Individual #4) in distress. DSP #5 i (Individual #4) but sti (Individual #4) but sti (Individual #4) in the continues to pace are #5 then swings his le #4) to let him loose. crawling away on his #5 starts to walk towa again. RS #4 then el grabs Name (Individual #4) contin floor. After DSP #5 r Name (Individual #4) Name (Individual #4) Name (Individual #4) and begins running DSP #5 follows him of #4 then leaves the batrash. Total Time of Inciden seconds. On 4/24/19 at approx Worker was asked w video involving Indivimembers. The Sociamade me sick. I war	n with both arms and tackles in floor. RS #4 is walking in failing to intervene pacing en lays on top of Name RS #4 paces around the saway in another room. It continues to be on the floor is applying pressure to Name and shoulder area. DSP #5 body weight from Name and shoulder area. DSP #5 body weight from Name around the gymnasium. DSP grand the gymnasium. DSP grand Name (Individual Name (Individual #4) begins hands and knees and DSP and Name (Individual #4) inters the bathroom. DSP #5 bod #4) by the neck area one takes his jacket off and walks dividual #4). Name alwest oroll around on the emoves his jacket he kicked twice again on his side. It is rectly out of the door. RS athroom carrying a bag of the stand up that she thought about the dual #4 and the facility staff all Worker stated, "Honestly it inted to cry. I have a three	W	149	forwarded immediately to the Chief Admin Officer/Social Worker. The investigator shinclude dates, times of interviews and wristatements etc. The Immediate Supervise ensure that the Individual is assessed imby the Nurse on duty and the individual investigation and treatment. The Imsupervisor and the Nurse on duty must Note Chief Administrative Officer, Director Nursing, Social Worker as soon as possiing Chief Administrative Officer will ensure the facility's Social Worker (Investigator) immediates and report the alleged abuse, mistreatment in accordance with establist policies and procedures. The Social Worker and social worker and established procedures. The Social Worker will ensure that incidents are thou investigated. Investigations will consists a monitoring the CCTV camera system, into staff, interviewing the individual, etc. The Social Worker upon receipt of any at allegations of abuse, neglect, mistreatment complaints, and suspicious injuries of unionigin will conduct an investigation and we entered into the CHRIS (Comprehensive Rights Information System program within hours of the initial report. The Social Worker upon regarding the allegation of abuse, neglect mistreatment investigative findings.	all Internation of must mediately IUST be rediately IUST be rediately IUST be rediate OTIFY of ole. The e ediately neglect, ned state der is abuse, aspicious with state cial oughly of erviewing legation nt, cnown ill be Human n 24 ker will calls	
		e every did that to my child I					4

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DELGIELOTION MOCE.		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G013	B. WING			(
NAME OF B	20/4050 00 04/00/450	480013	0. 11.110		TOSST ADDRESS SITV STATE TIP SORE	04/2	29/2019	
NAME OF PE	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
HOLIDAYI	HOUSE OF PORTSMOU	TH INC			211 COUNTY STREET		1	
				P	PORTSMOUTH, VA 23707			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 149	Continued From page	e 117	w	149	Continued From page 117			
W 149	would go crazy. He (never been abused li support plans for all c should be followed." Individual #4's Nurse are documented in part 11/12/17 5:30 PM: Fupper thigh near hip/bruised area. Nonter (within normal limits) pain/discomfort. Skir Tx. (treatment) need PCP (patient care prosupervisor will notify 11/13/17 7:30 AM: A observed a large bruthat was dark blue are to touch, no signs or noted, no treatment in On 4/24/19 at 3:30 Pc conducted with LPN #2 who performed the on Individual #4 on 1 was asked to describ assessed Individual #4 over and walked up my God what happer and DSP #5) said "Need to the conducted with the called and asked if I Name (Individual #4) over and walked up my God what happer and DSP #5) said "Need to the conducted with the called and asked if I Name (Individual #4) over and walked up my God what happer and DSP #5) said "Need to the conducted with the called and asked if I Name (Individual #4) over and walked up my God what happer and DSP #5) said "Need to the conducted with the called and asked if I Name (Individual #4) over and walked up in the called and asked if I Name (Individual #4) over and walked up in the called and asked if I Name (Individual #4) over and walked up in the called and asked if I Name (Individual #4) over and walked up in the called and asked if I Name (Individual #4) over and walked up in the called and DSP #5) said "Need Individual #4]	(Individual #4) should have like that, we have behavior of our Individuals and they as Notes were reviewed and lart, as follows: Focal Assessment to left ligroin area. Noted large inder to touch. Activity WNL without sign/symptoms of in intact without swelling. No led, monitoring continues. It is parent. After being showered lise to left hip and groin area and green in color, nontender symptoms of pain/discomfort ineeded		149	Upon completion of the investigation as indithe Holiday House of Portsmouth, Inc. Abus Neglect, and Mistreatment Policies, the Soc Worker will complete a final investigation int (Comprehensive Human Rights Information within 5 working days (these days also inclusive weekends and holidays). An employee's fail report or cooperate with an abuse and/or ne investigation may result in disciplinary action action by an employee that compromises the integrity or outcome of a factual investigation cause for disciplinary action and/or immediatermination. Volunteers, contractors, contract employees interns and/or consultants who fail to complithis departmental instruction may be terminated employment/service. Upon receipt of an allegation of abuse, negliand/or mistreatment the protocol is identified follows: Take steps to protect the safety and of the individuals. Suspend the alleged abuse immediately. Ensure an assessment is come the nurse if allegations involve any type of licaim that staff may have injured individual. The individual involved in the abuse will immediately. Ensure the emergency room for nevaluation and treatment as needed. Ensure that employees are reminded that the cooperate with the investigation, Ensure to investigate get written statements, be sure to document thoroughly Immediately contact the local law enforcem cases of suspected criminal activity. Notify the Chief Administrative Officer, Director Nursing, Social Worker will initiate an impartial investigation within 24 hours of receiving a potential abuse or neglect. In the absence	e, ial o CHRIS System) de ure to glect i. Any e in may be te i., student y with ated from ect, d as d welfare ser pleted by njury or nediately nedical ey are to o ent in all stor of		
	we (me and RS #4) called the mom. I to	did an incident report and all the mom what the area was asked to describe the			Social Worker the Chief Administrative Office appoint an employee who is not involved in issues of the investigation to complete the			

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

Event ID: DMEE11

Facility ID: VAICFMR09

If continuation sheet Page 118 of 262



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
						(- I
		49G013	B. WING		······································	04/2	29/2019
NAME OF PE	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
HOLIDAYI	OUSE OF PORTSMOUT	TH INC		4:	211 COUNTY STREET		1
HOLIDATI	1003E OF PORTSMOUT	THE DATE OF THE PARTY OF THE PA		Р	ORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
			_				
W 149	Continued From page	<u>:</u> 118	l w	149	Continued From page 118		
		s hip/groin area. LPN #2	"		<u></u>		
		purple with a red spot. It			investigation. The facility will use closed circu	it	
		a pineapple. It didn't need			cameras to assist with the investigation. In all cases, the Chief Administrative Officer was a second control of the control		
·		d notify the doctor by fax.			provide his written decision, including	/m	
	LPN #2 was asked if				Actions taken as a result of the investigation v	vithin	
	reported and if it ever				completion of the investigation to the individual		
	*	e been abused. LPN #2			individual's parent/guardian. If the individual a		
		andated reporter but no it	İ		by the alleged abuse or his authorized repres	entative	
		he was abused." LPN #2			is not satisfied with the Chief Administrative C		
		reviewed the video footage			actions, he or his authorized representative or		
	from the monitor in th	•			anyone acting on his behalf, may file a comple request for a Local Human Rights Committee		
		uise of unknown injury was			(LHRC) hearing under 12VAC 35-115-180.		
		if there was any indications			In the event that the investigation is unfounde	d the	
		abused. LPN #2 stated,			facility will complete the following:	- 1,	
	"No, I never checked	the camera system that			The employee will be monitored by the super-		
	day."	•			designee during a 3-month period. He or she		
					be supervised closely while assigned to indivi	duals.	
	Individual #4's Interdi	sciplinary Progress Note			Daily documentation will occur.	_,	
	date 11/12/17, timed	3 PM-7 PM written by DSP			The Social Worker will review Holiday House Portsmouth's Abuse, Neglect, and Mistreatme		
	#5 were reviewed and	d is documented in part, as			policies with the staff person.	an	
	follows:				A certified TOVA Trainer will discuss with the	staff	
					person the TOVA philosophy and the TOVA		
		(Individual #4) in living area.			technique as it relates to the incident. (If appli	cable)	
		television). Staff supported				_	
		(Individual #4) spent time			At the end of the 3-month period, the Director		
		played in the gym. Staff			Residential Services will review the document		
		ftemoon) care. Name			with the staff person. The supervisor will pre- written report with recommendations to be su		
	, ,	ed snack and dinner. He ate			to the Chief Administrative Officer within ten		
		atched tv and played with			All staff will be informed and review the Abuse		
	toys until bedtime.				Individuals/Mistreatment/Neglect Policies at the		
					of orientation, monthly at all staff meetings, a		
		egarding the bruise found on			annually in the month of February. Documen		
		thigh and groin were faxed			of this review shall be on the orientation shee	t and	
		ician's Office on Sunday			staff training log.	<u></u>	
		52) P.M. was reviewed and			This policy and procedure with be reviewed wi		
	is documented in part	t, as follows:			employee during the initial employment, montal staff meetings, and annually in the month of	of	
	Large bruise to left un	pper thigh near hip/groin			February. This policy will be reviewed with all	staff on	
		ouch. No swelling, activity			5/22/2019.		

	F DEFICIENCIES CORRECTION	I DENTIFICATION NI IMPER		(2) MULTIPLE CONSTRUCTION . BUILDING			(X3) DATE SURVEY COMPLETED	
		49G013	B. WING _			1	29/2019	
NAME OF PE	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	047.	29/2019	
TO THE OF THE	OVIDER ON OUR PEICH				211 COUNTY STREET			
HOLIDAY	HOUSE OF PORTSMOUT	TH INC						
				<u> ۲</u>	ORTSMOUTH, VA 23707			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
W 149	Continued From page	e 119	W 1		Continued From page 119			
	WNL (within normal li							
	needed. Monitoring of	•			The injuries of unknown origin protocol was co			
	noodod. Worldoning C	citaridos.			and states: It is the policy of Holiday House of Portsmouth that injuries of unknown origin be			
	Individual #4's facility	Accident Incident Report			investigated and reported in accordance with			
		3 P.M. completed by DSP			and federal procedures. Injuries of an unknow			
		is documented in part, as			is defined as follows: The injury wasn't obse			
	follows:	, , , , , , , , , , , , , , , , , , ,			anyone or can't be explained by the individ	lual or		
					staff. The injury is suspicious requiring addition			
	Where did the accide	nt/incident take place? Staff			medical evaluation due to the location (and in			
	observed in bathroom	•			not usually vulnerable to trauma), extent of the		1	
	Describe any injuries	incurred: Staff observed			number of injuries over time. (Hip, upper ches			
		e supporting with nightly			head, neck (front and back), these body parts			
	hygiene.				listed as a guide but does not exclude other b			
	Name of any witness	es: Name (RS #4).			parts)In the event of an unknown injury the fo			
	Staff person's accour	nt of what happened: Staff			must take place: RESIDENTIAL DEPARTME	NT		
	observed bruise while	supporting with PM care.			PROTOCOL: INITIATE INVESTIGATION			
		nvolved: (Completed by			IMMEDIATELY. The Residential Supervisor n	nust		
		al assessment to left upper	1		initiate an Accident/Incident Report and IMMEDIATELY begin the investigation into the	o iniuo		
		iise near hip/groin. skin			of unknown origin. (Follow Accident/Incident I			
		o signs or symptoms of			Policy and Procedures). The initial investigation			
	1 '	enderness, activity WNL.			should explore the known cause or probable			
		ame (Attending Physician)			on the Incident Report. The Residential Depa			
		M, By Whom: Name (LPN			Supervisor must notify the Chief Administrative	e		
	l **	uctions: none given at this			Officer, Social Worker, Director of Nursing IMMEDIATELY in the event there is NOT a page.	ahahla		
	time.				cause or known cause of the injury. NURSING			
	Name of Parent/Guar				ASSESSMENT & PROTOCOL	ا ا		
		er), Time Notified: 5:47			The nurse should be notified immediately upo	n l		
	P.M., By Whom: Nar	ne (KS #4). e from the Parent/Guardian:			observation of all injuries and complete the ne			
		of how big the bruise was			assessment for the individual. This information			
	and said thanks. sign				be documented on the Accident and Incident	Report		
	and said trains. Sigi	iled by NO ma.			Form, and in the nursing notes. As licensed	D.J.	1	
	The facility Comorabi	ensive Human Rights			professionals the expectation from the Nurse is to identify injuries that are suspicious in are			
		CHRIS) Abuse Allegation			are NOT vulnerable to trauma. If the injury is	कि ॥ वि		
	,	#4, Abuse #20170016 was			unexplained, the nurse shall IMMEDIATELY	notify		
		mented in part, as follows:			the Director of Nursing. Social Worker, Chief	,		
	romonou and is dood	andinos in poils do ivilotro.			Administrative Officer. The Residential Supe	rvisor		
	Alleged Abuse Date:	11/12/17			and Nurse will continue to phone the family to			
	Individual Name: Nar		1		The Residential Supervisor will continue to no	tify the		
		{	1				1	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	, ,		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
						(C
		49G013	B. WING _			04/:	29/2019
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
HOLIDAY	HOUSE OF PORTSMOU	TH INC		42	211 COUNTY STREET		
110210711				P	ORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
W 149	Continued From page	⇒ 120	W 1		Continued From page 120		
w 149	Abuse Alleged: Phys Abuse Occurred: Ph Type of Restraint: Ur and restraint. Description: Unknow Name (Individual #4's groin area. Bruise wa 12, 2017 Video surve 4pm-5:30pm it was o (DSP #5) used unner inappropriate TOVA (Virginia) techniques. coming out of the bal #4) refused to leave staff attempted to get area. The more Nammore physical staff wunnecessary use of pulling individual by troom, kicked on the I pressing his body we (RS #4) was present prevent the unnecess staff were exhibiting. provide to Child protest Injuries: Individual Injured?: Type of Injury: Bruis Reporting: Date Allegation Made Who Made Allegation Who Reported To Die	sical, Seclusion/Restraint ysical, Seclusion/Restraint innecessary use of seclusion In large bruise noted to so upper thigh near his hip is observed on November seillance was reviewed from interested that staff Name cessary use of restraint and Therapeutic Options of They were observed throom and Name (Individual the gymnasium area and it him to go to the cottage ine (Individual #4) refused the isas observed to get. The obysical techniques were in he leg to get him into another inplanea one time, and ight on the individual. Name and failed to intervene to sary physical actions that Information was recorded to active services. Yes es 11/12/2017 The Name (RS #4) rector: Name (Individual #4's ed: 11/12/17 8:45 PM.		149	family of the incident, and the nurse will then the parents with information regarding the assessment and treatment given if any. The r will also notify the Individual's primary care pl of injuries and treatment given. The nurse will document this information in the individual's r chart and on the nursing daily report sheet. If the employee has knowledge or reason to the injury involves abuse or neglect, the empl shall immediately report the event to the CAC accordance with the Holiday House Abuse Prevention Policies and Procedures. The Dire Nursing/Nursing Department will ensure individual's receive the appropriate medical attention for unexplained injuries. In cases of suspected cactivity the CAO or designated staff involved call local law enforcement. All staff will be trained on this protocol in the meeting on 5/22/2019. Staff will be trained by facility Social Worker on this protocol at initial orientation. Evidence of compliance will be or facility's training log. 1. Indicate how the facility plans to meeting on sustained; The Risk Management Committee will retraining roster each month to ensure that are sustained; The Risk Management Committee will retraining roster each month to ensure that receive the training in areas of mandatory reabuse, neglect, and mistreatment. 2. Include dates when the corrective will be completed. Completion Date: 5/22/2019	nurse hysician I medical pelieve loyee D in ector of riduals all riminal must all staff r the conitor its solutions view the all staff reporting,	

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

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''		CONSTRUCTION	(X3) DATE :	
		49G013	B. WING			04/2) 29/2019
NAME OF PE	ROVIDER OR SUPPLIER			S	FREET ADDRESS, CITY, STATE, ZIP CODE	04/2	29/2019
HOLIDAY	HOUSE OF PORTSMOU	TH INC			211 COUNTY STREET ORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 149	Continued From page Date Investigation Fig	nal Report: 11/14/17	w	149	Continued From page 121 W149: Facility failed to ensure Individual	#2 was	
	Rationale: Failure to Behavior/Manageme Policy, Other. Other Rationale: Videonfirmed physical at Reason for Corrective of restraint technique Issue-Substantiated. Corrective Action Tak procedure, Increases of supervision), Appr	Follow Int Plan, Failure to Follow Beo surveillance camera Ind unnecessary use of force. Ind un			w149: Facility failed to ensure individual not subject to neglect. 1. Address how corrective action accomplished for those residents is have been affected by the deficient pundividual #2 was notified of his right to be neglect upon his admission to the facility on 3/2 and on 3/1/2019. Evidence of such notificated in the individual's medical record. Lifesaver application was completed for Individue to his elopement and running away Project Lifesaver was put on 1/28/2019. The facility changed the way the fences we locked and latched; and the electronic victraining was developed to train staff on the protock and latch the gate. Door chime policy was revised to include proturning on chimes when they are turned a Protective Services was contacted by the facility Worker. Behavior Support Plan Addendum was developed and read as follows: /Elopement Plan on 1/24/2019. Rationale: Individual #2 has a his	will be ound to ractice; free from 20/2018, cation is A project vidual #2 behavior. ere being deo gate oper way cedure of on. Child lity Social loped	
	Actions Taken: Term Action Remark: Term excessive physical for TOVA techniques. Name: RS #4 Actions Taken: Term Action Remark: Term intervene while staff or excessive force to tra another. The facility letter sen regarding Investigation	ninated due to using rce and using inappropriate			running away from staff and leaving grounds Holiday House of Portsmouth. This behavior plan addendum will address appropriate prevand responses in the event he elopes from the supervised area. The following strategies will implemented when supporting Individual #2 grounds and out in the community with Holid House of Portsmouth designated staff: Holid of Portsmouth Residential Supervisors and/or Managers will designate the appropriate staff with Individual #2 during waking hours. The staff will follow the guidelines of One to One Supervision (Level one), which means the a staff will be visually focused on him, (individual be within eyesight of staff at all times), the st person will be within one arm's length of Indi #2, this person will implement his schedule of activities for the day, the assigned staff will re-	of support vention ne be while on ay ay House of to work assigned ual must aff vidual	

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

Event ID: DMEE11

Facility ID: VAICFMR09

If continuation sheet Page 122 of 262



	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		CONSTRUCTION	(X3) DATE:	
			A. BUILOI	NG _			
		49G013	B. WING				29/2019
NAME OF PE	ROVIDER OR SUPPLIER	-		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				42	211 COUNTY STREET		
HOLIDAYI	HOUSE OF PORTSMOU	JTH INC		P	ORTSMOUTH, VA 23707		
(X4) ID	SUMMARYS	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI. TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
W 149	Continued From pag	ne 122	w	149	Continued From Page 122		
	This letter is to inform		"		activities for the day, the assigned staff will rol		
		tigation regarding the large			every 2 hours with another designated staff pe	erson,	
		overed on November 12,			the one to one staff will be responsible for		
		nce camera was also			implementing his behavior support plan and	nnt	
	reviewed.	ioc carrora was also			document every 2 hours regarding engagement activities with Individual #2. The designated si	aff.	
	101101100.				person cannot leave the area where he/she is		
	Investigative Finding	gs/Conclusion: Founded; this			working with Individual #2 without notifying the		
		of abuse and neglect and			Supervisor on duty, i.e. restroom break, lunch		
		use Abuse of Individuals			etc. The assigned staff person will encourage		
		ng of the video surveillance			Individual #2 to hold their hand while out in the	-	
	disclosed the followi	•			community. If he is resistant staff must be wit		
					arm's length of Individual #2 at all times. If Ind		
	*During transition fro	om the gym area to the			#2 runs out the exit door (on-grounds) the ass staff person will immediately follow him and al		
		r leaving the restroom Name			same time verbally say to another staff in the		
		observed coming out of the			to call an All Page CODE: GREEN (code for:	10.1.1.	
	bathroom with a mal	_			elopement), the person making the All Page v	vill	
					announce Individual #2's initials, the location		
	*The Staff provided	unnecessary physical support			leaving and possible direction Individual #2 is		
	and did not use ANY	appropriate TOVA			towards. All available staff will come to the are		
	interventions as trair	ned by Holiday House of			stated for support. Once located the assigned person will escort him back to the safe area.		
	Portsmouth.				injuries should occur during elopement an acc		
					and incident report will be completed and Indi		1
	*Evidence revealed	male staff placing body			#2 will be assessed by nursing staff. Parents		
	weight on Name (Inc	dividual #4).			notified. When Individual #2 is out in the comr	nunity	
					the assigned staff person must have access t		
		to Name (Individual #4's)			phone. If Individual #2 runs away from the as		
	hip/groin area.				staff person out in the community and not with		
					eyesight then staff must call 911. The designal staff person will instruct another staff person to		·
		isor was present and failed to			supervisor at Holiday House to inform of the s		
		s a violation of Holiday House			and get further instructions. The Supervisor w		
	Policy.				contact the Residential Manager, Chief Admir		
	,				Officer, Social Worker, Nursing department to	inform	
		loyee #1 for violation of			of the situation and get further instructions. O		
	Holiday House Police	ey.			Individual #2 is found and return to Holiday H		
	<u> </u>				designated staff person will take him to nursir		
		loyee #2 for failing to			department to be assessed. An accident and		
		ling oversight to prevent			report will be written if an injury occurred. If an occurred he will be provided treatment and m		
	abuse/neglect.				closely by staff.	A IIIOI GA	
			1		11		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE:	LETED
		49G013	B. WING			1	29/2019
NAME OF P	ROVIDER OR SUPPLIER		•	s	TREET ADDRESS, CITY, STATE, ZIP CODE		
HOUDAY	HOUSE OF PORTSMOU	TH INC		4	211 COUNTY STREET		
NOLIDATI	1003E OF FOR ISMOU	TH INC		F	PORTSMOUTH, VA 23707		
(X4) 1D		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	_	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
W 149	Continued From page	∋ 123	w	149	Continued From page 123		
	*Behavior episodes fi	rom this point on must be					
	reported to the CAO	(Chief Administration Officer)			Address how the facility will identif		
		ker), All hands on interaction			residents having the potential to be affected same deficient practice;	ea by the	
	investigated and view	ved on surveillance camera.			same dencient practice.		
	***************************************	ha hald an Navershar 45			Holiday House of Portsmouth has implement		
		be held on November 15,			Mandated Reporter Policy created on 5/6/20		
	and trained with all st	A training will be discussed			The policy indicates that all Holiday House		
	and trained with all St	all.			Portsmouth staff report any suspected cases abuse/neglect in accordance with the Code of		
	The facility Visitors S	ign IN/OUT sheet for the			Virginia and Holiday House of Portsmouth	·	
		th through the 14th was			established child abuse reporting procedures	. This	
	reviewed and reveale	•			policy emphasizes ALL staff in their profession		
	parents and siblings				official capacity while employed at Holiday He		
	11/12/17 from 3:20 P	-			Mandated reporters includes but is not limiter following: Any person licensed to practice medicine or a		
	Email correspondence	ce between Individual #4's			the healing arts; any professional staff person		
	Father and the Chief.	Administration Officer(CAO)			employed by a private or state operated facili		
		documented in part, as			institution or facility where personals have be		
	follows:				placed for care and treatment. Any person er as a social worker		
	Sunday, November 1	2, 2017 8:45 PM:			Any probation officer, Any teacher or other premptoyed in a public or private school, kinde	rgarten	
	Hi Name (CAO),				or nursery school ,Any mental health profess Any person employed to take care of childrer Enforcement Officers, Any person employed	, Law	
		ter we left Holiday House			contracted with the facility and working with t	he	
	this evening. We mis	ssed the call and it went to			individuals in an administrative, supportive or		1
	voicemail. A messag	ge was left, but apparently			care capacity. Any guardian or conservatory	of an	
		hang up the phone all of the			adult Any person providing full, intermittent o		
		ail continued to record a			occasional care to a child/adult for compensa		
	•	n Name (RS #4), and what			including, but not limited to homemaker, pers care workers, companion etc. Holiday House		
		se about our son that raised			Portsmouth, Inc. expects and enforces that a		
	a few concerns:				that has reasonable cause to suspect that a		
		ced all day it seems because			been or may be subjected to abuse or neglected		
		n't been changed all day.			observes a child being subjected to condition	s or	
		se ourselves, so I am saying			circumstances which would reasonably result		
		Il day solely based on what ded voicemail. Based on the			abuse or neglect, that person shall IMMEDIA		
		ded voicemall. Based on the conservation that was			report or cause a report to be made. Anyone employed at Holiday House of Portsmouth, le		
		seemed concerned like it is			Campioyed at Floriday Floridae of Fortamouth, in	10. 11110	

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_	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	1''		CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER.	A. BUILDI	NG_			
		49G013	B. WING			1	
	20,4072.00.01.001.470	493013	B. WIING			04/2	29/2019
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
HOLIDAY	HOUSE OF PORTSMOUT	TH INC			211 COUNTY STREET		
				P	PORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE .	(X5) COMPLETION DATE
W 149	Continued From page	124	١٨/	149	Continued From page 124		
** 140				148	is mandated to report suspected child abuse	or	:
	something that should	d have been noticed sooner.			maltreatment-and fails to do so, could be cha		
	We called back (we)	didn't mention the recording)			with a Class A misdemeanor and subject to c		
		t the bruise didn't appear too			penalties. Mandated reported can be sued in		
		ne, but wasn't tender, and			court for monetary damages for any harm can the mandated reporter's failure to make a	usea by	
		pain. No one mentioned			report. This new policy will be reviewed at th	e all	
		mation in the recorded			staff meeting on 5/22/2019.	J UIII	
		listen to the voicemail, the			Holiday House of Portsmouth CAO also re-		
	nurse describes the b	ruise as sounding worse			Abuse, Neglect and Mistreatment Policies. The		
	•	scribed it to us when we			indicates that: Holiday House of Portsmo ICF/IID prohibits any form of abuse, negl		
	returned the call.				mistreatment of the individuals. Abuse is de		
					any negligent act by an employee or other		
		didn't hear Name (RS #4)			responsible for the care of an individual		
	, , , ,	we genuinely like Name			services that was performed knowingly, reck		
		good with Name (Individual or the nurse would have told			intentionally. Abuse will cause or may have		
	us everything when w				to cause physical or psychological harm, death to a person receiving care or treatment		
	us everyaning when w	ve called back.			House of Portsmouth will not permit individu		
	*Nurse (LPN #2): Sh	e should have told us about			abused by anyone, including staff r	nembers,	
	all of her concerns.				consultants, volunteers, and staff of other	agencies	
					providing service to the individual.	lion	
	Their first duty should	d be to the child, and by			Examples of abuse for the purpose of this poinclude, but are not limited to, the following:	псу	
		s, not to making sure no on e			Physical Abuse: Any kind of physical intimid	ation or	
	1 -	hholding information. Nor			intrusion such as pushing, pulling, scratching		
		iting in an Us (employee)			kicking, slapping, throwing things, torturing, t	ourning	
	, "	t) mentality. We just have			with cigarettes, pulling hair, unauthorized hol	ds, and	
		child's care and wanted to			Cutting. Verbal Abuse: Abuse that is achieved prima	rily with	
	discuss the situation	with you.			words. Criticizing an individual, belittling, or		
	Posponeo Empil from	n CAO Sunday, November			fun of someone.		
	12, 2017 8:59 PM:	I CAO Sulluay, Novellibel			Sexual Abuse: Forced sex or sex that takes		
	12,2011 0.031 141.				advantage of an individual, fondling, or inapp		
	Any concerns from m	ny parents, staff or Name			touching. Emotional Abuse: Abusive behaviouses emotions to intimidate the victim.	oi that	
	1 -	is a concern for me as the			uses emotions to intimidate the victiff.]
	, ,	call you tomorrow when I get					
		my social worker follow up					
	with an investigation.	- -	1		1		
	The facility documen	t titled "Interview and			<u> </u>		

Facility ID: VAICFMR09

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	1 ' '		CONSTRUCTION	(X3) DATE S	
			A. BUILDI	NG _		l .	
		49G013	B. WING			na/s	29/2019
NAME OF PE	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 0412	372013
				42	211 COUNTY STREET		
HOLIDAY	HOUSE OF PORTSMOL	JTH INC	i	P	ORTSMOUTH, VA 23707		
(X4) ID		TATEMENT OF DEFICIENCIES	OI		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
W 149	Continued From pag	ge 125	w	149	Continued From page 125		
		ne (RS #4) in regards to		-	Mistreatment can be defined for the purpose	of this	
		e (Individual #4) dated			policy to include but not limited to:		
		ed and is documented in part,			Failure to act/neglect that leads to or is in imn		
	as follows:	,			danger of causing physical injury through neg omission, treatment, or maltreatment of an inc		
					including but not limited to failure by staff to p		
	Present: CAO, SW,	Human Resource Manager.			an individual with adequate food, clothing, she		
	Location: Conference		1		medical care, supervision, or through condon		
					permitting abuse of an individual by any other		
	The meeting was op	ened By Name (CAO), he			Verbal mistreatment: by subjecting the individ		
	explained to Name (RS #4) that the team is here			the use of derogatory names, phrases, profar		
	to investigate a large	e unknown bruise on Name			ridicule, harassment, coercion, or intimidation		
	(Individual #4).				threatening injury or withholding of services or supports, including implied or direct threat of	'	
					termination of services.		
	Name (RS #4) replie	ed "Yes sir" and explained that			Restrictions on an individual's freedom of mo	vement	
	1	ident report was completed for			by seclusion in a locked room under any cond		
	the bruise.				Restriction to an area of the residence or rest access to ordinarily accessible areas of the re	ricting	
	CAO asked Name (I	RS #4) did he have anything			is not allowed, unless arranged for and agree		
		am in reference to Name			the Individual's' Support Plan. Use of Physica		
		e and/or bruise on the			restraint: without a written physician's order, of part of an Individual Support Plan, unless an	oras	
	evening on 11/12/17	.			individual's actions present an imminent dang	ner to	
					himself/herself or others, and only until appro		
		onded that Name (Individual			action is taken by medical, emergency, or pol		
		ecause he didn't want to			personnel. Financial exploitation which may	include,	
	leave the gym. He e				but is not limited to: unauthorized rate increas		
	1 '	a hard time transitioning in the	1		borrowing from or loaning money to individua		
	evening.				witnessing wills in which the caregiver is bene	eticiary,	
	0.00	(50 //) : //			adding caregiver's name to individual's bank accounts, inappropriately expending individual	d'e	
	1	me (RS #4) to review the			personal funds, and theft of an individual's pe		
		the gymnasium on the			funds. Neglect: To assist this facility in defini		
	evening of 11/12/17	•			incidents of neglect; neglect is defined as any	recent	
	The team watched	he video of incident which			act or failure to act that results in death, serio	us	
	l .	7 in the conference room of			physical or emotional harm.		
	the administration be				Examples of neglect for the purpose of this p	olicy	
	are auriminationation bi	unung.			include: Abandonment Nutritional neglect (under-nourished); failure	10	
	Name (RS #4) wee	asked by CAO after reviewing			11		
		how he let Name (DSP #5)			provide food/hydration, inadequate hygiene (weamig	
		te physical interventions to					
	1 22.1222. Highly oblig	as projection month of the to	1		1		ı

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL1		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				0			c
		49G013	B. WING			04/	29/2019
NAME OF PR	RÖVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
HOLIDAYI	HOUSE OF PORTSMOUT	TH INC		4	211 COUNTY STREET		
HOLIDATI	1003E OF PORTSMOU	IN INC		F	PORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE .	(X5) COMPLETION OATE
W 149	Continued From page	e 126	w	149	Continued From page 126		
		. CAO explained to Name			10)		
		supervisor was there to			soiled ctothing) inadequate supervision (slee	-	
		Name (Individual #4) was			the job), duration and frequency of unsuperv		
		expressed to Name (RS #4)			times. Exposure to hazardous materials Faile		
	that he failed as supe	•			protect by jeopardizing health and safety, an		
	·				form of reckless behavior with disregard for t		ĺ
:	CAO also asked Nam	ie (RS #4) was Name (DSP			individual's health and safety Failure to imple		
	#5) techniques consid	dered :TOVA". Name (RS			behavioral support plan procedures, as it rela		
	#4) said "No, it wasn'	t".			safety of the individual. All Holiday House en		
			1		are Mandated Reporters and all personnel s		
		e very upset and expressed			strictly adhere to the following procedures: A		
		as uncomfortable that's why			Individual, Authorized representative, consul legal guardian, local or regional advocate, or		1
		room so much when Name			interested person who believes that an indivi		1
		y with Name (Individual #4).			been harmed, abused, or exploited by any p		
		ssed that he has a good ndividual #4) and that he			shall immediately report such to the Chief	,,3011	
	made a really huge m	•			Administrative Officer and/or their IMMEDIA	F	!
	made a really mage in	iistako.			SUPERVISOR. It is the supervisor's respons		
	The facility document	titled "Interview and			ensure that the alleged abuser is removed fr		
		e (DSP #5) in regards to			providing any care to the individual immedia		
		(Individual #4) dated			the allegation is made. In the event the supe		
	l	and is documented in part,			does not respond appropriately ANY staff ma		
	as follows:	• •			911 to ensure the individuals of the facility a		
	•				The Chief Administrative Officer, in no case,		
	Present: CAO, SW, I	Human Resource Manager.			punish or retaliate against a volunteer, const		
	Location: Conference	e Room			student for reporting an allegation of abuse,		
	<u> </u>				or exploitation to an outside entity. Any emp		
		ened By Name (CAO), he			who believes or witnesses that an individual	-	
		OSP #5) that the team is			been harmed, abused or exploited, neglecte		
		large unknown bruise on			mistreated by any person shall INTERVENE		
	Name (Individual #4)	•			prevent further harm to the individual and re		
	CAO asked Name (D	SP #5) did he have anything			such activity immediately to their immediate		
		m in reference to Name			supervisor. The Immediate Supervisor must		
	(Individual #4's) Care				IMMEDIATELY suspend the employee who	nas	
	evening on 11/12/17.				been alleged to abuse, neglect, or mistreat t		1
					individual. The Immediate Supervisor will co		
		onded that Name (Individual toothing out of the ordinary			initial investigation and submit written staten		

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	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				_		(c
		49G013	B. WING			04/:	29/2019
NAME OF P	ROVIDER OR SUPPLIER	·		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
HOLIDAY	JOHEE OF BORTEMOH	TU INC		4	211 COUNTY STREET		
HOLIDATI	HOUSE OF PORTSMOU	In Inc		P	PORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
W 140	Ozafia za d Espais	- 407			Continued From page 127		
W 149	Continued From page		W	149			
		able to say this statement			conduct interviews, and get as much initial		
		nout indication of telling the			information as possible. This information sho		
	team false informatio	n.			forwarded immediately to the Chief Administr		
	04045	(DOD #5) to an idea#-			Officer/Social Worker. The investigator shall		
		me (DSP #5) to review the			dates, times of interviews and written statem		
	evening of 11/12/17.	ne gymnasium on the			The Immediate Supervisor must ensure that		
	evening or 1772/17.				Individual is assessed immediately by the Nu		
	Name (DSP #5) and	the team watched the video			duty and the individual MUST be transported		
		surred on 11/12/17 in the			emergency room for further medical evaluation		
		he administration building.			treatment. The Immediate supervisor and the		
		ad went down when he			on duty must NOTIFY the Chief Administrativ		!
	noticed that the alter	cation was on video			Officer, Director of Nursing, Social Worker as		
	surveillance. After w	atching the video CAO			as possible. The Chief Administrative Officer ensure the facility's Social Worker (Investiga		}
	asked him to explain	his behavior.			immediately investigate and report the allege		
					abuse, neglect, mistreatment in accordance		
	CAO also asked him	· · · · · · · · · · · · · · · · · · ·	İ		established state policies and procedures. The		
		Name (DSP #5) responded			Social Worker is responsible for entering all		
		nead side to side. He had no			allegations of abuse, neglect, mistreatment,		
	words.		1		complaints, and suspicious injuries of unknown	wn]	
	Nome (DCD #5) in a	remorseful manner stated			origin in accordance with state laws and esta		
	, ,	. He stated that Name			procedures. The Social Worker will ensure the		1
		lifficult to work with and it's			incidents are thoroughly investigated. Investi		
		meone so difficult over and			will consists of monitoring the CCTV camera		
	over.				interviewing staff, interviewing the individual,		į –
			ŀ		The Social Worker upon receipt of any allega		
	He did realize that hi	s actions were wrong. He			allegations of abuse, neglect, mistreatment,		
	apologized for his ac	tions.			complaints, and suspicious injuries of unknown	wn	
					origin will conduct an investigation and will b		
		(DSP #5) that he violated			entered into the CHRIS (Comprehensive Hu		
		rtsmouth Abuse Policy and			Rights Information System program within 24		
	that he will be termin				of the initial report. The Social Worker will do		
	reported to Child Pro	tective Services.			times, dates, timelines, phone calls regarding	g the	
					allegation of abuse, neglect, mistreatment		
		epted the termination and he			investigative findings. Upon completion of the investigation as indicential investigation and investiga	natad in	
	was escorted off of F Premises.	Ioliday House Portsmouth			the Holiday House of Portsmouth, Inc. Abuse		
	1		1		 		I

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Facility ID VAICFMR09

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-	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, 7,		CONSTRUCTION	(X3) DATE COMP	SURVEY LETEO
		49G013	B. WING _				29/2019
NAME OF PE	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	J 047.	29/2019
MAINC OF FE	COVIDER OR SOFFEIER				11 COUNTY STREET		ļ
HOLIDAY	HOUSE OF PORTSMOUT	'H INC					l
				P	ORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 149	Continued From page	: 128	W 1		Continued From page 128		
W 149	Day School program of was reviewed and is of follows: Type of incident: Other: arrived to school left hip and upper the Incident reported to: Parents: 11/13/17 at sent at 10:09 AM Holiday House: 11/13 Description of incident arrived at school and taken to the bathroom bruising on his hip and and was asked to ser arrived, looked at the Holiday House was concluded in the Holiday House was concluded and the Holiday House was concluded and the Holiday House the Holiday Holiday House the Holiday Holiday Holiday Holiday Holiday Holiday Holiday Holiday Holiday Holiday Holiday Holiday Holiday Holiday Holiday Holiday Holiday Holiday Holiday	Report from Individual #4's dated 11/13/17 at 9:30 Am documented in part, as documented in part, as documented in part, as documented in part, as documented in part, as documented in part, as documented in part, as documented in part, as documented in part, as documented in at 9:40 AM documented in at 9:30, staff noticed documented documen	W 1		Neglect, and Mistreatment Policies, the Socia Worker will complete a final investigation into (Comprehensive Human Rights Information S within 5 working days (these days also include weekends and holidays). An employee's failur report or cooperate with an abuse and/or negli investigation may result in disciplinary action. action by an employee that compromises the integrity or outcome of a factual investigation cause for disciplinary action and/or immediate termination. Volunteers, contractors, contract employees, interns and/or consultants who fail to comply this departmental instruction may be terminate employment/service. Upon receipt of an allegation of abuse, negled and/or mistreatment the protocol is identified follows: Take steps to protect the safety and of the individuals. Suspend the alleged abuse immediately. Ensure an assessment is complithe nurse if allegations involve any type of Injuicialm that staff may have injured individual. The individual involved in the abuse will immediately can an attement as needed. Ensure that employees are reminded that the cooperate with the investigation, Ensure to investigate get written statements, be sure to document thoroughly Immediately contact the local law enforcement cases of suspected criminal activity. Notify the Chief Administrative Officer, Director Nursing, Social Worker. The Social Worker will initiate an impartial investigation within 24 hours of receiving a repotential abuse or neglect. In the absence of Social Worker the Chief Administrative Office appoint an employee who is not involved in the surface of Social Worker the Chief Administrative Office appoint an employee who is not involved in the surface of Social Worker the Chief Administrative Office appoint an employee who is not involved in the surface of Social Worker the Chief Administrative Office appoint an employee who is not involved in the surface of Social Worker the Chief Administrative Office appoint an employee who is not involved in the surface of Social Worker the Chief Adminis	CHRIS ystem) e to ect Any may be student with ed from ct, as welfare reted by ury or ediately dical y are to tin all or of the retell port of the	
		re Behavioral Support Plan B was reviewed and is as follows:			issues of the investigation to complete the investigation. The facility will use closed circu cameras to assist with the investigation.	uit	

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-	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION		SURVEY PLETED
		49G013	B. WING		0.4	C /29/2019
	ROVIDER OR SUPPLIER HOUSE OF PORTSMOUT			STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST 8E PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
W 149	Rational:: Plan written in accord Behavioral treatment recommendations. Target Behaviors: Ph Self-Injury, Property I important to note that out the person who blitem he is wanting. Quality Of Life- A qua #4) is to be in a safe activities that he prefe behaviors of concern. What is not working-Gently touching him he is displaying behaviors ar (Individual #4): -When walking and trallocation offer Name (I hold from his clear tot engaged in an activity Physical Aggression: -When staff is not able #4) from physical agg should follow the age-Do not hug or pat his down. Do not stare o	ance to VAC12-200-105 Plans with restrictive ysical Aggression, Destruction, and PICA. It is Name (Individual #4) seeks ocked his access to the lity life for Name (Individual environment and doing ers without displaying or trying to sooth him when viors of concern. and Procedures for Name ensitioning to another individual #4) an object to be bag to help keep him the to stop Name (individual ressive behaviors they incy crisis plan. back to help calm him in frown when he is engaging itese actions tend to provoke	W 14	In all cases, the Chief Administrative of provide his written decision, including Actions taken as a result of the investigation to the individual's parent/guardian. If the individual's parent/guardian. If the individual's parent/guardian. If the individual's parent/guardian. If the individual's parent/guardian. If the individual's parent/guardian. If the individual's parent/guardian. If the individual's parent/guardian. If the individual's parent/guardian. If the individual's parent/guardian. If the individual's parent/guardian his file a complaint and request for a Loca Rights Committee (LHRC) hearing un 115-180. In the event that the investigation is un facility will complete the following: The employee will be monitored by the designee during a 3-month period. He be supervised closely while assigned Daily documentation will occur. The Social Worker will review Holiday Portsmouth's Abuse, Neglect, and Mispolicies with the staff person. A certified TOVA Trainer will discuss a person the TOVA philosophy and the technique as it relates to the incident. At the end of the 3-month period, the Residential Services will review the dowith the staff person. The supervisor written report with recommendations to the Chief Administrative Officer with All staff will be informed and review the Individuals/Mistreatment/Neglect Polic of orientation, monthly at all staff mee annually in the month of February. Do of this review shall be on the orientatic staff training log. This policy and procedure will be reviewed on 5/22/2019. The injuries of unknown origin protocol of 5/22/2019. The injuries of unknown origin protocol of the procedure will be reviewed on 5/22/2019.	gation within ndividual, vidual affected I Chief his authorized is behalf, may al Human der 12VAC 35-infounded the esupervisor or e or she shall to individuals. House of streatment with the staff TOVA (If applicable) Director of ocumentation will prepare a to be submitted hin ten days, e Abuse of cies at the time tings, and ocumentation on sheet and exwed with each int, monthly at month of with all staff	
		means ignore the use of efocus the person's attention		and states: It is the policy of Holiday H		

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