NAME OF PROVIDER OR SUPPLIER  HOLIDAYHOUSE OF PORTSMOUTH INC  PORTSMOUTH, VA. 23707  PORTSMOUTH, VA. 23707  PORTSMOUTH, VA. 23707  PORTSMOUTH, VA. 23707  PREFIX TAG  CAUCHY OR SUMMANY STATEMENT OF DEFICIENCIES (EACH OPERICADE, Waster Bernell, Country STREET PORTSMOUTH, VA. 23707  W 149  Continued From page 130  on a preferred activity and reinforce the participation.  Crisis Plan: Staff should follow Crisis Plan for Name (Individual #4), Holiday House of Portsmouth, Inc. uses the TOVA techniques for their individuals with behavior support plans.  Below is a general crisis plan to be used as a guide. If after all attempts to understand what nenvironment or address his needs, be prepared for Name (Individual #4) is communicating has been unsuccessful or you cannot change the environment or address his needs, be prepared for Name (Individual #4) possibly escalate in aggressive behavior. Understand that now, Name (Individual #4) possibly escalate in aggressive behavior. Understand that now, Name (Individual #4) possibly escalate in aggressive behavior. Understand that now, Name (Individual #4) possibly escalate in aggressive behavior. Understand that now, Name (Individual #4) possibly escalate in aggressive behavior. Understand that now, Name (Individual #4) possibly escalate in aggressive behavior. Understand that now, Name (Individual #4) possibly escalate in aggressive behavior. Understand that now, Name (Individual #4) possibly escalate in aggressive behavior. Understand that now, Name (Individual #4) possibly escalate in aggressive behavior. Understand that now, Name (Individual #4) possibly escalate in aggressive behavior. Understand that now, Name (Individual #4) possibly escalate in aggressive behavior. Understand that now, Name (Individual #4) possibly escalate in aggressive behavior. Understand that now, Name (Individual #4) possibly escalate in aggressive behavior. In the event of a unknown lipit phe following must lake place. ESEIDENTIAL DEPARTMENT PROTOCOL: INITIATE INVESTIGATION MEDIATELY notify the C		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLER  HOLDAY HOUSE OF PORTSMOUTH INC  (ACA)  W 149  Continued From page 130  on a preferred activity and reinforce the participation.  Crisis Plan: Staff should follow Crisis Plan for Name (Individual #4), Holidey House of Portsmouth, Inc. uses the TOVA techniques for their individuals with behavior support plans.  Below is a general crisis plan to be used as a guide. If after all attempts to understand what Name (Individual #4) is communicating has been unsuccessful or you cannot change the environment or address his needs, be prepared for Name (Individual #4) is possibly secalate in aggressive behavior. Understand that now, Name (Individual #4) spossibly secalate in aggressive behavior. Understand that now, Name (Individual #4) spossibly secalate in aggressive behavior. Understand that now, Name (Individual #4) spossibly secalate in aggressive behavior. Understand that now, Name (Individual #4) spossibly secalate in aggressive behavior is beyond his control.  A. If he becomes aggressive or disruptive, clear the area of other individuals.  B. If he becomes self injurious, clear the area of objects that may cause him injury.  C. If you can leave the area and still monitor Name (Individual #4) a safety then do so.  D. When communicating with Name (Individual #4) in makes to feel like you are in control of the situation does not mean that you must control of the situation does not mean that you must control of the situation does not mean that you must control of the situation does not mean that you must control of the situation does not mean that you must control of the situation does not mean that you must control of the situation does not mean that you must control of the situation. Remember being in control of the situation does not mean that you must control of the situation does not mean that you must control of the situation does not mean that you must control of the situation does not mean that you must control of the situation does not mean that you must control of the situation doe			400042	D MING			I	
MOLIDAY HOUSE OF PORTSMOUTH INC   A211 COUNTY STREET   PORTSMOUTH, VA 23707			493013	B. WING		· · · · · · · · · · · · · · · · · · ·	04/	29/2019
W 149 Continued From page 130 on a preferred activity and reinforce the participation. Crisis Plan: Staff should follow Crisis Plan for Name (Individual #4), Holiday House of Portsmouth, Inc. uses the TOVA techniques for their individuals with behavior support plans. Below is a general crisis plan to be used as a guide. If after all attempts to understand what Name (Individual #4) peeds to lead the environment or address his needs, be prepared for Name (Individual #4) be communicating has been unsuccessful or you cannot change the environment or address his needs, be prepared for Name (Individual #4) be bown is beyond his control. A. If he becomes saggressive or disruptive, clear the area of othe jets that may cause him injury. C. If you can leave the area and still monitor Name (Individual #4) areas the not ose of voice that indicates fear, uncertainty or anger. Name (Individual #4) needs to feel like you are in control of the situation. Remember being in control of the situation. Remember being in control of the situation does not mean that you must control of well full for the propertions. Do NOT GET DIRECTIVE-STRY CALM. F. If you are unable to leave, then block any attempts that Name (Individual #4) makes us to block any attempts that Name (Individual #4) makes us to the supplication of the situation does not mean that you must control of you and your emotions. Do NOT GET DIRECTIVE-STRY CALM. F. If you are unable to leave, then block any attempts that Name (Individual #4) makes us to be leave, then block any attempts that Name (Individual #4) makes to be aggressive or self injurnous.			TH INC		42	211 COUNTY STREET		
on a preferred activity and reinforce the participation.  Crisis Plan: Staff should follow Crisis Plan for Name (Individual #4), Holiday House of Portsmouth, Inc. uses the TOVA techniques for their individuals with behavior support plans.  Below is a general crisis plan to be used as a guide. If after all attempts to understand what Name (Individual #4) is communicating with a separate for Name (Individual #4) is communicating has been unsuccessful or you cannot change the environment or address his needs, be prepared for Name (Individual #4) to possibly escalate in aggressive behavior. Understand that now, Name (Individual #4) is possibly escalate in aggressive behavior. Understand that now, Name (Individual #4) is possibly escalate in aggressive behavior. Understand that now, Name (Individual #4) is possibly escalate in aggressive behavior. Understand that now, Name (Individual #4) so communicating with Name (Individual #4) next be folial kname (Individual #4) seed to the like you are in control of the situation. Remember being in control of the situation does not mean that you must control Name (Individual #4) it means you need to be in control of you and your emotions. Do Not GET DIRECTIVE-STAY CALM.  F. If you are unable to leave, then block any attempts that Name (Individual #4) makes to be aggressive or self injurious.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION
The facility's Virginia Employment Commission	W 149	on a preferred activity participation.  Crisis Plan: Staff should follow Cr (Individual #4), Holida uses the TOVA techniwith behavior support  Below is a general criguide. If after all atter Name (Individual #4) unsuccessful or you denvironment or addrefor Name (Individual #4's control.  A. If he becomes aggithe area of other individual #4's control.  A. If he becomes selected becomes selected to the individual #4's control.  C. If you can leave the Name (Individual #4) D. When communica #4), make sure that yoice that indicates for Name (Individual #4) control of the situation must control of the situation must control Name (Ineed to be in control of DO NOT GET DIRECT. If you are unable that thempts that Name (aggressive or self injued. Call for back up a	isis Plan for Name ay House of Portsmouth, Inc. iques for their individuals is plans.  isis plan to be used as a impts to understand what is communicating has been cannot change the iss his needs, be prepared it4) to possibly escalate in Understand that now, is) behavior is beyond his gressive or disruptive, clear viduals. If injurious, clear the area of ise him injury. Ine area and still monitor isafely then do so. Isting with Name (Individual iyou are not using a tone of iver, uncertainty or anger. In eeds to feel like you are in In. Remember being in In does not mean that you Individual #4) it means you of you and your emotions. INIVE-STAY CALM. It is leave, then block any Individual #4) makes to be urious. Ind follow 911 protocols.	W	- 1	Portsmouth that injuries of unknown origin be investigated and reported in accordance with and federal procedures. Injuries of an unknow origin is defined as follows: The injury wasn' observed by anyone or can't be explained individual or staff. The injury is suspicious re additional medical evaluation due to the locate (and in an area not usually vulnerable to traum extent of the injury, number of injuries that on the same time, or the number of injuries over (Hip, upper chest, back, head, neck (front and these body parts are listed as a guide but doe exclude other body parts) In the event of an uninjury the following must take place: RESIDEI DEPARTMENT PROTOCOL: INITIATE INVESTIGATION IMMEDIATELY. The Resid Supervisor must initiate an Accident/Incident and IMMEDIATELY begin the investigation in injury of unknown origin. (Follow Accident/Incident and IMMEDIATELY begin the known cause probable cause on the Incident Report. The Residential Department Supervisor must notif Chief Administrative Officer, Social Worker, Dof Nursing IMMEDIATELY in the event there a probable cause or known cause of the injury NURSING ASSESSMENT & PROTOCOL  The nurse should be notified immediately upon observation of all injuries and complete the nurses should be documented on the Accident and Interpretation of the individual. This information should be documented on the Accident and Interpretation of the individual of the nurse should be documented on the Accident and Interpretation of the individual of the nurse should be documented on the Accident and Interpretation of Nursing. Social Worker, Chief Administrative Officer. The Residential Superand Nurse will continue to phone the family to and Nurse will continue to phone the family to and Nurse will continue to phone the family to	state  t  by the equiring ion ma), cur at time. I back), es not enknown NTIAL ential Report to the ident  or y the irrector is NOT y.  an ursing n incident ensed on in in einjury y notify rvisor ogether.	

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	(X2) MULTI A. BUILDIN		CONSTRUCTION	1	LETED
		<b>49</b> G013	B. WING _			1	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 / 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 APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 149	DSP #5 was reviewed as follows:	e 131 Separation and Wage for I and is documented in part, aimant first told of discharge	<b>W</b> 1		the family of the incident, and the nurse will the family of the incident, and the nurse will the provide the parents with information regarding assessment and treatment given if any. The will also notify the Individual's primary care profinjuries and treatment given. The nurse will document this information in the individual's	g the nurse hysician	
	or suspension? 11/13 What reason was give Violation of Abuse to What was the final inc	3/17 en to the claimant? ndividual Policy. cident that led to n? Abuse of an Individual. comed of rule/policy?	:		chart and on the nursing daily report sheet.  If the employee has knowledge or reason to the injury involves abuse or neglect, the employee shall immediately report the event to the CAC accordance with the Holiday House Abuse Prevention Policies and Procedures. The Dir Nursing/Nursing Department will ensure individually the propriet of the propriet	pelieve loyee ) in ector of viduals all	
	Policy revised 3/4/15 DSP #5's TOVA Certi expiration date of 3/3	ication was current with an 18.			activity the CAO or designated staff involved call local law enforcement. All staff will be tra this protocol in the all staff meeting on 5/22/2 Staff will be trained by the facility Social World this protocol at initial orientation and annually thereafter. Evidence of compliance will be of facility's training log. The Chief Administrative	must ined on 019. ker on n the	
	Purpose: The position Professional I is under Residential Supervise Professional I provide training to individuals services in a resident training and supports reflect the identified to Services Plans. Ay a Virginia Department of	or the direct supervision if the cor. The Direct Support is active treatment and with disabilities receiving its setting. Active treatment, services are provided to arget goals on the Individual II times compliance with the of Behavioral Health and			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 and/or designee during the weekdays.  During an applicant's 3 day trial visit the linterdisciplinary Team (IDT) members will meet the individual for behaviors of running away for area of supervision and/or elopement and dishistory with the individual and/or individual's lif the individual exhibits behavior of running aduring the trial visit. The IDT will recommend pursuing project lifesaver. If the individual had	on lap op so ends as he CAO  onitor from scuss family. away s a	
	each individuals' Indiv	ification required.			history 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 would like to pursue project lifesaver. Writter consent will be obtained if the family decides pursue project life saver. Parents are also pr	e QIDP f they to	

Facility ID: VAICFMR09

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''		CONSTRUCTION	(X3) DATE	SURVEY LETED
			A. BUILDI	NG _			
		49G013	B. WING_			1	29/2019
NAME OF PR	ROVIDER OR SUPPLIER		<u> </u>	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 9-47	50/2010
				42	211 COUNTY STREET		
HOLIDAYI	HOUSE OF PORTSMOU	TH INC		P	ORTSMOUTH, VA 23707		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(XS) COMPLETION DATE
W 149	physical movements Rights Policies and P 13. Ensure a healthy environment, and rep management immedi 14. Provide behavior identified on the Posi Physical Demands: Some individuals may aggressive and requi	ne, language, gestures and in accordance with Human procedures.  It clean and safe port any safety concerns to ately.  It support services as tive Behavior Support Plan.		1149	the option to decline project lifesaver. Declina forms will be obtained. Upon admission, an authorization to Project Lifesaver will be signed the parent and the QIDP will complete the Propert Lifesaver application. The application is designated arise are provided in advance certain information that will be useful to search teams if the need arise. In the event the IDT recommends projet lifesaver Holiday House of Portsmouth will confees associated with the maintenance of projets aver. The Director of Nursing/Charge Nurse complete an elopement assessment if the indicate has elopement risk. The elopement assessment be completed upon admission, annually, or well authorized the second complete and the second complete and complet	ed by oject ned for mation should ct ver all ect life will ividual ent will	
	endurance, emotional follow the individuals the approved interver adhering to policy.  On 3/7/17 DSP #5 signed, and understood the following facility presponsibilities as an 1. Mandated Reporti 2. Human Right Trail 4. Child Abuse and N. Abuse of Individual Exploitation 8 Abuse Reporting I 11. Examples of Child 12. Causes of Child DSP #5's Time Cardicare to Individual #4 11:16 PM, indicating	Il calmness and the ability to Crisis Plan, implementing intion techniques and  gned that he had received, If that he was to comply with colicies while carrying out his employee: Ing Ining Neglect als's Harm, Abuse, or  Policy Id Abuse and Neglect			significant change occur. Holiday House of Portsmouth will make the necessary environr changes to prevent elopement. These change 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 and/or termination of employment. An elopen risks assessment was developed by the facili Nursing Department and all individuals residi Holiday House of Portsmouth will be evaluate elopement risks by May 31, 2019. A copy of the elopement assessment will be filed in the Ind Nursing Chart.	well as o o o o o o o o o o o o o o o o o o	
	abused.	he was initially physically  Employment Commission					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	l l		CONSTRUCTION		LETEO
		49G013	B. WING			1	29/2019
	ROVIDER OR SUPPLIER	THINC		4:	TREET ADDRESS, CITY, STATE, ZIP CODE 211 COUNTY STREET ORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFII TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 149	RS #4 was reviewed as follows:  What date was the cor suspension? 11/1 What reason was give to provide oversight of What was the final in discharge/suspension abusive situation. How was claimant in Description 7/3/2017 RS #4's signed Job and is documented in Purpose: The position of the individual consistent with behavincumbent has twent responsibilities for stadministrative responsibilities for stadministrat	Separation and Wage for and is documented in part,  laimant first told of discharge 4/17  If you to the claimant? Failed over staff cident that led to an? Failed to intervene in an	W	149	Address what measures will be put into paystemic changes made to ensure the deficient practice will not recur;  All Staff will be re-trained in the areas of Haights in the All Staff Meeting on 5/22/201 training will focus on rights of all individuation the facility's obligation to ensure that individuate haights in the All Staff Meeting on 5/22/201 training will focus on rights of all individuate haights of compliance will be by signature a facility training log.  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 Badd Door chimes are located in the nursing office Wing) and in the Director or Residential Supervisor will see uside to a Residential Supervisor guidance and instructions (refer to visitor's portion of the individuals. The Environmental Supervisor will inform the Maintenance Deparation of the scheduled floor cleaning so that the Dochimes can be turned off. Door Chimes are to off during that time ONLY because the doors open for a long period of time. The Environm Services Supervisor will inform the Residenti Manager on duty that the floors are schedule cleaned. All individuals on grounds will be related to turn the door chimes off and on. The only the turn the door chimes off and on. The only the turn the door chimes off and on. The only the turn the door chimes off and on. The only the turn the door chimes off and on. The only the turn the door chimes off and on. The only the turn the door chimes off and on. The only the turn the door chimes off and on. The only the turn the door chimes off and on. The only the turn the door chimes off and on. The only the tur	uman  3. This als and viduals als, nent. res of  s: It is at all edge The ess of egs in e the hall to staff ges. (Right ces s for or urned remain ental al d to be ocated are eignated	50
	Responsible for the i	management of the cottage					

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		49G013	B. WING			l .	C 29/2019
NAME OF PE	ROVIDER OR SUPPLIER			S	FREET ADDRESS, CITY, STATE, ZIP CODE		
HOLIDAYI	HOUSE OF PORTSMOUT	TH INC	į	42	211 COUNTY STREET		
HOLIDATI	1003E OF FOR I SMOOT	n ito		P	ORTSMOUTH, VA 23707		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	•	MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	·	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
W 149	Continued From page	134	W 1		Continued From page 134		5.31.19
	in a manner which ensafety.	sures individuals/staff			door chimes are off is when the floor contractor providing service. When Door Chimes are turn the Maintenance Supervisor will make an over	ned off, rhead	
	The Manage directly s Support Professional				speaker announcement informing all Holiday Staff that the door alarms have been turned o Maintenance Supervisor should also alert Sta overhead speaker when the Door Chimes are	ff. The ff via	
	Implements and enfor procedures.	ces facilities policies and			back on. In the event Holiday House Staff not that the Door Chimes are not sounding, Staff immediately notify Maintenance Supervisor/S.	ces should	
	to assigned training a				Officer and the Chief Administrative Officer. Notifications should be done via face to face of telephone. In the event the Door Chimes are working staff should strategically be locate ne	not	
	expiration date of 5/31				doors to be aware of who is entering and exiti building. Failure to abide by this policy could a Disciplinary Action.	ng the	
	read, and understood the following facility p	ned that he had received, that he was to comply with olicies while carrying out his			Elopement Policy was developed and read follows:		
	responsibilities as an  1. Mandated Reporti  2. Human Right Trair	ng			It is the policy of Holiday House of Portsmoutl individuals who have elopement risks have ar elopement plan to prevent leaving the supervi	sed	
	Child Abuse and N     Abuse of Individual     Exploitation	ls's Harm, Abuse, or			safe area. Elopement can be defined as: an a instance of leaving a safe area or safe premis done by a person with a mental disorder or compairment:	es,	
	<ul><li>8 Abuse Reporting F</li><li>11. Examples of Child</li><li>12. Causes of Child A</li></ul>	d Abuse and Neglect			During an applicant's 3 day trial visit the Interdisciplinary Team (IDT) members will mo the individual for behaviors of running away fr area of supervision and/or elopement.		
•	to Individual #4 on 11 11:52 PM, indicating t the care of his abuser	dicated he Supervisory care /12/17 from 3:07 PM to hat Individual remained in for approximately 6 hours he was initially physically			If the individual exhibits behavior of running a 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 tife Written consent will be obtained if the family of the strain of the str	a e esaver.	
	training was provided with Individual #4 on	nistrator was asked what after the abuse incident 11/12/17. The Administrator rTOVA training with our			to pursue project life saver. Parents are also provided the option to decline project lifesave Declination forms will be obtained. Upon adm	г.	

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

Event ID: DMEE11

Facility ID: VAICFMR09

If continuation sheet Page 135 of 262



	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1``		CONSTRUCTION		SURVEY PLETED
		49G013	B. WING			04	C /29/2019
	ROVIDER OR SUPPLIER	TH INC	•	42	TREET ADDRESS, CITY, STATE, ZIP CODE 111 COUNTY STREET ORTSMOUTH, 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 CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED CORRECTION (CROSS-REFERENCE)	D BE	(X5) COMPLETION DATE
W 149	Plan with the staff res Administrator was asl on the Abuse and Ner Reporting of Abuse ar incident with Individual stated, "No, we did nonglect or mandated should have."  Individual #4's Notice Grievances signed 4/documented in part, as Every individual dese consideration and res Every individual of the 1. Retain legal rights Federal laws; 3. Be treated with dig free from abuse, neglincluded but not limite etc. You can tell a state they can help you. 4. Be free from seclu 7. Be treated under the conditions consistent subjected to unneces isolation.  The facility policy title revised 3/26/19 was r in part, as follows:	dividual #4's new Safety sponsible for his care." The ked if all staff were retrained glect Policy and Mandated and Neglect after the abuse all #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 spect.  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 asion and restraint; the least restrictive with condition and not be asary physical restraint and  ad Abuse of Individuals reviewed and is documented of the Board to prohibit any	W	149	an authorization to Project Lifesaver will be the parent and the QIDP will complete the Lifesaver application. The application is de caregivers to provide in advance certain in that will be useful to search teams if the nearise. In the event the IDT recommends provides a sassociated with the maintenance of provides an elopement assessment if the has elopement risk. The elopement assess be completed upon admission, annually, of significant change occur. Holiday House of Portsmouth will make the necessary environchanges to prevent elopement. These changes to prevent elopement. The portion of endals and staff will be trained on the Door Chime. Gate Latching Procedures, Elopement Polemergency Code Call Policy, and 1:1 Suppolicy at the all staff meeting on 5/22/2019 will be trained in these policies at initial original and annually.  Indicate how the facility plans to metals in the proformance to make sure that solustained; and  The Risk Management Committee will training roster each month to ensure the receive the training in areas of mandator, abuse, neglect, and mistreatment. Upon each individual's elopement assess Interdisciplinary Team will identify all individual the QIDP will add the project lifes and individual the QIDP will add the project lifes individual's Individualized Support Plan. The individual's Individualized Support Plan. The propert Plan. The	Project signed for formation sed should oject cover all roject life se will individual sment will r when a formation sed should oject se will individual sment will r when a formental nges may as well as as well as a well as a well as a well as revision of the saver to the saver to the saver to the saver to the	5.31.19

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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	E	044	25/2015
HOLIDAYI	HOUSE OF PORTSMOUT	TH INC		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		N SHOULD 86 APPROPRIA		(X5) COMPLETION DATE
W 149	Continued From page	s 136	W 1	Continued from page 136			5.31.19
W 149	Abuse, is defined as a employee or other pecare of an individual reperformed knowingly. Abuse will cause or metardation.  All Holiday House per to the following direct consulting staff:  1. Personnel shall, a themselves toward in that such persons will physical and mental a unnecessary (and unfrom any other acts we nature.  2. Examples of abuse policy include, but are a. Physical Abuse: A intimidation or intrusic scratching, hitting, kick things, torturing, burn hair, unauthorized hor procedure:  2. Any employee who an individual has bee exploited by any progprevent further harms such activity immedia	any negligent act by an reson responsible for the receiving services that was recklessly, or intentionally. The provided have potential to cause recklessly, or intentionally. The provided harm, injury, or death to the or treatment for mental resonnel shall strictly adhere receives, including part-time and the free from every form of abuse, harassment, or prescribed) restraint, and thich are demeaning in the for the purpose of this enot limited to, the following: Any kind of physical on such as pushing, pulling, sking, slapping, throwing ing with cigarettes, pulling lids, and cutting.	W	Support Plan. The QIDP will more basis. All training in the areas of a mistreatment will be reviewed more signatures on the training roster management meetings. The I Committee will review the training to ensure that all staff receive the mandatory reporting, abuse mistreatment.  Include dates when the correct completed: 5/31/2019	abuse, negle inthly eviden in the montl Risk Manag roster each training in a neglect,	ct, and ced by hly risk gement month reas of and	
		orting to immediate supervisor will report the Administrative Officer. The				į	:

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		49G013	B. WING					29/2019
	ROVIDER OR SUPPLIER	TH INC		421	REET ADDRESS, CITY, STATE, ZIP CODE 1 COUNTY STREET RTSMOUTH, 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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE		(X5) COMPLETION DATE
W 149	information immediate Administrative Officer  4. Upon receipt of an neglect, the Chief Addesignee shall:  a. Take steps to prote the individuals.  c. The individual involve immediately be transproom for medical evaneeded.  f. Immediately contain all cases of suspecting the CAO or his contact the appropria authorities and cooperinvestigations that result in the facility policy title Intervention Policy" previewed and is documented in the policy of Holice intervention technique. The rapeutic Options intervention using phyto restrict or limit an inspecific skills must mention for the individiance.	r will start an initial mit statements and initial ely to the Chief r.  In allegation of abuse or ministrative Officer or his ect the safety and welfare of olived in the abuse will ported to the emergency luation and treatment as ct the local law enforcement cted criminal activity.  In a Chief Administrative Officer ct that the abusive act is a se designee shall immediately atte law enforcement erate fully with any sult.  In a Behavioral Support/Crisis in a separed 1/1/13 was imented in part, as follows:  In a Behavioral Support/Crisis in a separed 1/1/13 was imented in part, as follows:  In a Behavioral Support/Crisis in a separed 1/1/13 was imented in part, as follows:  In a Behavioral Support/Crisis in a separed 1/1/13 was imented in part, as follows:  In a Behavioral Support/Crisis in a separed 1/1/13 was imented in part, as follows:  In a Behavioral Support/Crisis in a separed 1/1/13 was imented in part, as follows:  In a Behavioral Support/Crisis in a separed 1/1/13 was imented in part, as follows:  In a Behavioral Support/Crisis in a separed 1/1/13 was imented in part, as follows:  In a Behavioral Support/Crisis in a separed 1/1/13 was imented in part, as follows:  In a Behavioral Support/Crisis in a separed 1/1/13 was imented in part, as follows:	W	149				
		ual (no hyperextension of bruising, injury, or pain by						

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

Event ID: DMEE11

Facility ID: VAICFMR09

If continuation sheet Page 138 of 262



	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	1, ,	PLE CONSTRUCTION  G		TE SURVEY MPLETED
		49G013	B. WING _			C 94/29/2019
	ROVIDER OR SUPPLIER	TH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707		
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W 149	revised 4/4/19 was rein part, as follows:  Policy: It is the policy: Portsmouth, Inc. to dintervention plan that employees when dearnay exhibit verbal art.  * It ensures that all specifications and employed and approaches.  *It requires that all eninterventions to the leintrusive intervention individuals are treated all times  Definitions:  "Abuse" (37.2-100 or any act or failure to a person responsible for a single part of a sin	ehavioral Intervention Policy" eviewed and is documented  y of Holiday House of evelop a behavior provides guidelines for all aling with individuals who ad/or physical aggression.  pecial interventions utilized applicable human rights hasizes positive interventions	W 1			
	failed to performed keep intentionally, and that caused physical or performed to a person recommental illness, mental disability), or substantabuse include acts set 2. Assault and batte	ry. force when placing a person				

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION  NG		(X3) DATE: COMP	SURVEY LETED
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	ROVIDER OR SUPPLIER		o. wine	STREET ADDRESS, CITY, STATE, ZIP CO 4211 COUNTY STREET PORTSMOUTH, VA 23707	ODE	04/3	29/2019
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W 149	person that is not in c state laws, regulation standards of practice, individualized service  I. Use of Behavior Interpretation of Porappropriately approace aggression according according to the level are ABSOLUTELY Production of Technique PROHIBITED ACTIO "Corporal punishment permitted.  *Degrading, treating the humiliating persons so "Excessive or inapproached behavior 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 compared in portsmouth's use of 1. Enhancing individed 1. Identifying and gar	mechanical restraints on a compliance 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 onibited Behavioral les and Actions:  NS: t will not be employed or marshly, abusing or erved will not be permitted. Opriate use of permitted s.  d "Electronic Monitoring and 1/29/13 was reviewed and is as follows:  es: Portsmouth is committed to rof 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: ual's safety.	W	149			

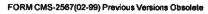
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	1''		CONSTRUCTION	(X3) DATE: COMP	
		49G013	B. WING			1	20/2040
	ROVIDER OR SUPPLIER	I		42	TREET ADDRESS, CITY, STATE, ZIP CODE 111 COUNTY STREET ORTSMOUTH, VA 23707	047.	29/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	K	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 149	regarding safety or quesult of viewing a recimmediately to the Chand to the Virginia De Health and Developm Office of Human Right VI. Training, Operations Procedures:  B. Operations Proce CCTV cameras witimes by the Social Wofficer and Designated Streviewing the monito Medical Office from 5 through Friday; and officen 12 noon to 5 pm 6. Personnel shall reduring monitoring of Chief Administrative CC. Oversight Procedd The Chief Administrative CC. Oversight and coosystem. The Chief Administrative Conducted with the CCTV Administrative Office	uestionable incidences uality of care discovered as a cording should be reported nief Administrative Officer spartment of Behavioral nental Services and the nits.  ons, and Oversight  dures: ill be monitored at various forker, Chief Administrative ad Staff. taff shall be responsible for r located in the Nursing i:30 PM to 8:30 PM Monday on Saturday and Sunday, on. port any concerns observed the CCTV system to the Officer. ures: strative Officer is responsible ordination of the use of CCTV strative Officer has primary uring adherence to this uting the Policy to persons on on it.  A.M an interview was hief Administrative Officer. tive Officer was asked if who	W	149			
	video feed during the does as well. On the	· · · · · · · · · · · · · · · · · · ·					

	CORRECTION	IDENTIFICATION NUMBER:	I`'	LE CONSTRUCTION  G		MPLETED
		49G013	B. WING	<u></u>		C 04/29/2019
	ROVIDER OR SUPPLIER	OUTH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707	•	
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W 149	monitoring was be have been caught abuse occurred wi reviewed to see if large groin/hip brui Administrative Offi expected the staff viewed the video a immediately."  On 4/29/19 at 4:10 was held with the Cocial Worker and above information Administrative Offi installing software worker will be able our phones when whas been a valuab and we plan on manual status occurred.	trative Officer was asked if this ing done should the abuse and reported at the time the th Individual #4 or at least been any abuse occurred when the se was discovered. The Chief cer stated, "Yes, I would have who have access to have and alerted me of their findings  P.M. a pre-exit conference Chief Administrative Officer, the Medical Records where the was shared. The Chief cer stated, "We are currently so myself and the social to view live camera feeds from we are not in the facility. This le learning experience for us aking changes to ensure the duals so this doesn't happen	W 14	19		
	(Individual #2) in tl	f failed to ensure one Individual ne survey sample of 4 (four) t subject to neglect.				
	20, 2018 for behave physical aggression destruction. Diagno	admitted to the facility on March rior consultation services for n, self-injury and property oses included autism spectrum deficit with hyperactivity				

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		195-5	A. BUILDING			COMPLETED	
		49G013	B. WING			l .	20/2040
	ROVIDER OR SUPPLIER		13.	s	TREET ADDRESS, CITY, STATE, ZIP CODE	1 04/	29/2019
TOLIUATI	TOUGE OF FURTOMOUT			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 B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 149	Continued From page	142	w	149			
	disorder, conduct disc and profound intellect individuals behavior d biting, hitting his head destruction. Individual communicates mostly	order, celiac disease, PICA ual disability. This isorders include self-injury, , running away, property					
	This facility will not pe neglected by anyone, consultants, voluntee	including staff members, rs, staff of other agencies s, family members, legal					
	include:  a. Abandonment  b. Nutritional neglect ( provide food/hydration d. Inadequate superv duration and frequence e. Exposure to hazard f. failure to protect by safety g. Any other form of re disregard for the indiv	ision (sleeping on the job), by of unsupervised times dous materials jeopardizing health and eckless behavior with idual's health and safety nt behavior support plan					
	Administrative Officer a. Take steps to prote the individual b. Ensure an assessmurse if allegations in	egation of neglect, the Chief or his designee shall: ct the safety and welfare of nent is completed by the volve any type of injury or ave injured individual.					

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER		1	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		49G013	B. WING _		o	C 94/29/2019	
	ROVIDER OR SUPPLIER	UTHINC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707			
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W 149	immediately be tran room for medical eveneeded."  A Behavior Support the following:  Quality of Life- A que would be for his me met in a safe environe likes.  What Works (Strengto people he knows What Does not work New environment, of Being hit or scratch Using to too many very Early warning signs escape attention:  Crying Running away.  An Abuse Allegation indicated: "On Thur approximately 5:00 was made. The announce secretary. Once out attention (sic) that the individuals left out of also stated that she gate and messing we Also, outside the gate."	colved in the neglect will sported to the emergency raluation and treatment if  Plan dated 4/20/18 Indicated  ality of life for Individual #2 dical and social needs to be nment and doing the activities gth's) Individual #2 is friendly  (Antecedents or Triggers). Changes and transitions ed by others words talking with him for Individual #2 -trying to  Report dated 1/17/19 reday January 17, 2019 at P.M. an overhead all page councement stated that "all ors are needed in the front ement was made twice by the teside it was brought to the he she observed one of the fithe facility gate and ran. She is saw him leaving out of the with a staff person's vehicle. In the was Director of Nursing,	W 14	49			
	Resource Clerk. At Supervisors found of	e Officer and the Human this time, Residential out that Individual #2 had ran ds. Staff went in different					



Event ID DMEE11

Facility ID: VAICFMR09

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G013	B. WING _		04/2	29/2019	
	ROVIDER OR SUPPLIER	TH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707			
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W 149	Individual #2. Eventual Professional #1 DB) for Individual #2 had cross coming up hill behind (DSP #1) stated, that the pond behind the all Individual #2 was covered him across the brought him back to the inthe bathroom and sectionary his face. An residential staff supposition of the was taken to the recover.  Staff (SH), Licence Produce and the was taken to the recover.  Staff (SH), Licence Produce and the was taken to the recover.  Staff (SH), Licence Produce and the was due for another all individual #2 went interported that while Inhe was very busy tout to the door (sic) adjact thim out of the nurse 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 electric state of the can lay down. She was found after the electric state of the can lay down. She was found after the electric state of the can lay down. She was found after the electric state of the can lay down. She was found after the electric state of the can lay down. She was found after the electric state of the can lay down. She was found after the electric state of the can lay down. She was found after the electric state of the can lay down. She was found after the electric state of the can lay down. She was found after the electric state of the can lay down.	grounds to try and locate ally (Direct Support found him across the street. assed over a street and was some brick apartments. he was coming up out of apartments. She stated, that the 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 borted him with checking his do that mud was in his mouth, soom to warm up with a cractical Nurse, reported as a price of the ported that the condition of the saw on the started that she saw on the	<b>W</b> 1	149			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G013	B. WING _			04/2	; !9/2019
	ROVIDER OR SUPPLIER	TH INC		STREET ADDRESS, CITY, STATE, ZIP C 4211 COUNTY STREET PORTSMOUTH, VA 23707	CODE		
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W 149	again. No alarm sound Manager (KL) reached and was instructed her back on. She reported med pass and Assistate continued to proceed building.  DSP #2 stated that state 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 sound in his mouth.  Assistant Residential during an investigative stated that she did telewatch Individual #2. Individual #2 was in the rather busy and she to one living room. The him to the living room back to DSP #1 nor an urse did not stated (room full of staff but sparticular staff persor provided and she had Nursing. DSP #3 (SW was in the living room).	So I opened and shut it d, Assistant Residential d out to Maintenance officer ow to turn the door alarms d she then continued her ant Residential Manager to another area of the aff was called to complete nursing. Nursing staff took 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	W 1	149			

_	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER:  A. BUILDING			(X3) DATE SURVEY COMPLETED				
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W 149	after that.  DSP #1 (DB) reporter coming out of the por hill. Individual #1 was on clothes soaked. Si him off and cleaning I the dirt out of his mou 3 day room to warm to Director of Nursing do statement reporting to depart from the stanoticed Individual #2 parking lot. Before I cook off running towal lot. I drove my care a church that faces (sic running and parked hidd not see him. She and 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 checapproached the build was not in the buildin DSP reported that information to her. Standinformation to her. Standinformation to her. Standinformation the facility's reviewed the facility's	d that Individual #1 was and across the street up the cobserved covered with much the ran up to him and carried his face and body removing with. He was then taken to the up with a cover.  Commented a written that "she was in her car ready off parking lot when she laughing and running in the could get out of my car he round to the side of the could get out of my car he round to the side of the could get out of my car he round to the side of the could get out of my car he round to the side of the could get out of my car he round to the side of the could get out of my car he round to the side of the could get out of my car he round to the side of the could get out of my car he round to the side of the could get out of my car he round to the side of the parking round to the side of the could get out of my car he round to the side of the could get out of my car he round to the side of the parking round to the side of the could get out of my car he round to the side of the could get out of my car he round get o	W	149				
	the camera that nurs	tigation it was observed on e (LPN #1) had Individual #2 vith her. She was observed						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I'''	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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W 149	him in the hallway as nursing office. There room area working winot know that Individual The DSP's in the area documented above. A turned her back Individuation the nursing office and leading to the porch. door he exited; however during the investigations chimes were turned or schimes were turned the floors were Individual #2 then ran and was small enoughtaking the latch off. He desk receptionist exition the following safegual will be put into place a investigation. Project due to his elopement The Maintenance Supplement The Mai	nursing office and leave she walked back into the were DSP's in the living th other individuals and did all #2 was back in the area. It statements are as soon as the nurse LPN #1 idual #2 closed the door to sprinted out the door There is a door chime on the ver it was later discovered on that the door chime didn't gation revealed that the rined off earlier in the day being cleaned and waxed.  I towards the latched gate to to exit the gate without the was seen by the front ing the premises.  I trick and recommendations after conclusion of this Lifesaver is being pursued and running away behavior. Dervisor will tighten the gate is small in stature (sic) being gate while latched.  Officer had a meeting with the of individuals. Meeting was echime policy was revised to turning on chimes when they	W 1	49			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	LE CONSTRUCTION	ļ <sup>(X</sup>	(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 Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION :	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
W 149	"A Physician's Encou at 9:42 A.M. indicated Individual #2 Visit Information: 01/ Chief Complaint: Von History of Present Illn Yesterday; Duration: Quality; Unchanged Exposure to ill contac into mud yesterday a once, no other sympt today. ROS Findings: Const malaise, loss of appe Respiratory: Reports Gastrointestinal: Rep appetite, Vital Signs: Temp-97 Weight:69 lb /31.30 k Height 54.0 in /137.2 BMI 16.6 (52%ile) Exam Findings: Assessment: Vomiting due to viral i Plan: Treat symptom Clear fluids, no food of for 6 hours, then adva Review signs of dehy Discussed abdomina may develop later."	e Action: cal plant issue en: trative staff change/action"  Inter Summary dated 1/18/19 d: " Patient Demographics  18/2019 @ 09:42 AM hiting less: Fever: None; Onset: Acute; Severity: Mild; ets: suite mates at facility got and ate a little then vomited loms and seems improved  itutional: Reports fatigue, tite, daytime cough orts vomiting, decreased  9 F @ 09:43 g (51%ile) cm (48%ile)  illness without dehydration is as needed until vomiting has stopped ance slowly.	W 14	9			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION 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		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD B			(X5) COMPLETION DATE
W 149	"Black" = MISSING 2. All available staff or ENTIRE Campus; en- enclosed spaces and individual. (Such as, vappliances, etc.) 3. Tome is a vital factor attempts of locating trunsuccessful, immedi- enforcement agency (enforcement with the DOB (date of birth), hidescription of clothing- seen, diagnosis of the unique identifying info- enforcement authoriti- individual's name and the FBI National Crim Missing Person File. 4. If search is unsucce must search surround neighborhoods; pay of nearby highways, par inside large appliance 5. The Residential Su	inust thoroughly search the sure to look in small places that interest the vehicles, small and large or in a safe recovery; if the individual continue to be ately call your local law (911). Provide law individual's name, photo, eight, weight, and plast seen wearing; last time individual, and any other formation. Request law les to immediately enter the identifying information into the Information Center lessful; ALL available staff ding areas and lose attention to roadways, ks, lakes, pools, vehicles,	<b>W</b> 1	149	DEFICIENCY		
	continue the search to neighborhood doors (found; have them ass Department as soon as 6. The Residential Su Chief Administrative (situation whether the continues to remain "During an interview of the Chief Administrative (in the Chief Administrativ	o include knocking on door to door). If the child is essed by facility Nursing as possible. pervisor shall notify the Officer immediately of the individual was found or					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		<b>49</b> G013	B. WING		0.	C W29/2019	
	ROVIDER OR SUPPLIER	TH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707			
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W 149	organizing a Missing I stated, "No" a Code B During the survey, ob area in which Individual #2 cr heavily traveled thru f 4:00 P.M. until 6:00 P to have increased traf 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 fed.  A review of a Behavior 4/20/18 indicated: "Ta supervision-Recommendations ar #2-Visuals-Individual #2 schedule, knowing with the day and his expect schedule/calendar sh words indicating the all Individual #2 should head in to the schedule for, instead of several times a day to request has been malonce. Individual #2 ca with Velcro pictures. Each of the schedule #2 ca with Velcro pictures.	the facility's policy for person search. The CFO person search. The street in cossed was observed to be a person of the perso	W	149			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED
		49G013	B. WING _			C 04/29/2019
	ROVIDER OR SUPPLIER	OTH INC		STREET ADDRESS, CITY, STATE 4211 COUNTY STREET PORTSMOUTH, VA 23707	, ZIP CODE	0-1/20/20 10
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	( (EACH CORRECTIVE CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIATE ICIENCY)	(X5) COMPLETION DATE
W 149	indicated: Behavior simonitored for the folinjuries behaviors), Fidisruptive behavior, leaving the area of sito monitor under one due to escaping behavior.  B. The facility staff fanot elope.  A Corrective Action Fidurial January 22, 2019 of elopement of Individe "Investigative Finding investigation revealed evidenced by the foliduring the investigat. The following safegurial be put into place investigation.  Project Lifesaver is lelopement and runn. The Maintenance Sito prevent individual 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 we procedure to turning	ervice Plan dated 4/20/18 support: Individual #2 is being lowing behaviors: SIB (self PICA, physical aggression, property destruction and upervision. Staff will continue to one supervision level 1 avior and PICA."  Plan/Investigation dated the January 17, 2019 ual #2 indicated the following: gs/Conclusion: This ad evidence of neglect as lowing information gathered ion.  Juards and recommendations after conclusion of this present the gate is small in stature (sic) being the gate while latched. Gate on unlock and Individual #2	W 1	149		
		d on 1:1 supervision Level 1 arther than an arm's length				

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

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		I * *	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		DATE SURVEY COMPLETED			
		49G013	B. WING			C 04/29/2019		
	ROVIDER OR SUPPLIER	JTH INC		STREET ADDRESS, CITY, STATE, ZIP COL 4211 COUNTY STREET PORTSMOUTH, VA 23707	DE .			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CYMUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
W 149	letting staff know ha and will not be sent was an agency nurs.  A One to One Superindicated: "Policy-Tafety of individuals supervision at all tim will be implemented reasons per recommented reasons per recommented in the recommendate one supervision any individual debehaviors such as mimmediate area of s	vices was called.  im in an open area without s been taken off schedule 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	W 14	9				
	staff whose daily res supervise and provi individual. The assig implementing the indi- plan or plan of care physician. The 1:1 s implementation of so The staff providing t visually focused (indi- eyesight of staff at a length of the individual tolerate being within supervising staff, th proximity of social s system. Social space	he 1:1 supervision must be fividual must be within Il times) and be within arm's ual. If the individual cannot						

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

Event ID: DMEE11

Facility ID: VAICEMR09

If continuation sheet Page 153 of 262



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	_ I ` ` _		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		400042	B. WING			(	
NAME OF P	ROVIDER OR SUPPLIER	49G013	B. WING	8-	TREET ADDRESS, CITY, STATE, ZIP CODE	04/2	29/2019
	HOUSE OF PORTSMOUT	TH INC		42	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 PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD I TAG CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)			(X5) COMPLETION DATE
W 149	daily (24 hours) in all services to individuals supervision.  3. The facility staff pronot leave the individual time, unless authorized. The facility staff pronot ask or appoint and their place when work Cottage Manager on individual is assigned person.  6. The Cottage Manathrough hourly round providing 1:1 is visual length of the individual 7. Facility staff provid work with the individual work with the individual hours. The Cottage medicated: "Date Occurred: approxima Describe any injuries: Account of what Happ staff that Individual #### living area and he was swing set.  Condition of person in assessment was donintact, no tenderness limits, no sign of pains signs taken-none.	rioral 1:1 supervision: Il provide 1:1 supervision areas of programs and serequiring this method of coviding 1:1 supervision may all with another staff at any end by Cottage Manager coviding 1:1 supervision may other staff person to take king with an individual; the duty will ensure that the to the appropriate staff ger on duty will ensure checks that the staff lly focused, and within arm's all. ing 1:1 supervision will only all for a maximum of two (2) manager on duty will riate staff to work with 2) hours."  Ident Report dated 1/30/19 urred: 1/30/19. Time tely 6:00 PM. No injury pened: It was reported by 2 ran out of Cottage one se found on grounds on the myolved: Head to toe body e. No new areas noted. Sking, no swelling. Activity with in indiscomfort. mood. Vital support Plan Modified: NO	w	149			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		INCATIGNATION NI IMPED		IPLE CONSTRUCTION	(X3	(X3) DATE SURVEY COMPLETED	
		49G013	B. WING _			C <b>04/29/2019</b>	
	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 PREFI) TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION DATE	
W 149	Approximate 6:50 PM Summary of response Authorized Represent And she also, stated to hear this because home.'  Summary of corrective needed monitoring control and initial Investigative "Individual Name-Incomplete Incident Incomplete Incident: Elop Description of Incident: Elop Description of Incident: Elop Description of Incident Cottage one living are grounds near cottage one Iving are grounds near cottage On Wednesday, January approximately 6:00 P Supervisor if Individual Residential Supervisor staff then stated that the building through immediately ran outsi Individual #2. Shortly found on the swing side of the building. Nand no new areas we statement attached to for this report.  Also, prior to realizing inside the building, the Individual #2 asked Fillowship I	ed: Mother - Time Notified: I. e from Parent/Guardian / tative: 'Mother made aware. that she was not surprised he did a lot of eloping at re action taken: No Tx ontinued."  Report indicated: lividual #2, Date of Incident tent approximately 6:00 PM; Cottage One (right wing). rement. ht: Individual #2 was in ha walking inside the living dividual #2 eloped form ha to the swing set on ha two.  Lary 30, 2019 at M staff asked Residential hal #2 was with him.  or informed staff no, and Individual #2 has ran out of	W	149			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE COMP	SURVEY LETED
		<b>49G</b> 013	8 WING			1	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 DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	1	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE
W 149	when staff returned slopen in the kitchen?  Corrective Actions Talensure that communicated: "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. It A Witness Statement indicated: "Location of Individual's Name Individual	watched Individual #2, ne asked why the door was ken: Recommend that cation occurs when a last to another staff person." It Notification to the Date 1/30/19; Attention: Ity nursing department; Ity nursing least the for a while (5-7 minutes). In yelling 'where was he and nother staff started yelling open' times 3, and from noning outside cottage #1 e swing on the cottage #2 dividual #2 on the swing	W	149			

-	OF DEFICIENCIES CORRECTION	(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	TH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707	Ē		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	<b>Y</b>	(X5) COMPLETION DATE
W 149	Elopement Rational: Individual # away from staff and le This behavior support address appropriate p the event he elopes fr The following strategi when supporting Indiv and out in the commut 1. Residential Superv designate the approp Individual #2 during w staff will follow the gu Supervision (LEVEL of assigned staff will be (individual must be wit times), the staff perso length of Individual #2 his schedule of activit staff will rotate every designated staff perso be responsible for imp support plan and door regarding engagement #2. 2. The designated staff legarding engagement #2. 2. The designated staff Individual #2 to hold to community. If he is re arm's length of Individ 4. If Individual #2 run grounds) the assigne immediately follow him	Plan Addendum dated icated: Target Behavior:  2 has a history of running eaving grounds of facility. It plan addendum will prevention and responses in rom the supervised area. It is will be implemented vidual #2 while on grounds enity with designated staff: risors and/or Managers will riate staff to work with waking hours. The assigned idelines of One to One ONE), which means the visually focused on him ith in eyesight of staff at all on will be within one arms's 2, this person will implement ities 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 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. It is out the exit door (on	W	149			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	l''	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		49G013	B. WING				
NAME OF P	ROVIDER OR SUPPLIER	490013	B. WING _	STREET ADDRESS, CITY, STATE, ZIP CODE		04/	29/2019
	HOUSE OF PORTSMOUT	TH INC	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 PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		SHOULD BE		(X5) COMPLETION OATE
W 149	announce Individual a leaving and possible going towards. All averto the area stated for 5. Once located the a escort him back to the 6. If any injuries shou an accident and incide and Individual #2 will staff. Parents will be referenced to the following	GREEN (code for: on making the All page will #2's initials, the location he is direction Individual #2 is ailable staff person will come support. Issigned staff person will as 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. If person will instruct another apervisor at facility to inform et further instructions. It ill contact the Residential mistrative Officer, Social artment to inform of the mer instructions. Is is found and returned to one assessed. An out will be written if an injury occurred he will be provided ored closely by staff. Parents ent these procedures could outcons. Signed and dated out Coordinator /QIDP I Disability Professional) and	W	149			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NI IMPED		PLE CONSTRUCTION  IG		(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 PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APPR DEFICIENCY)		SHOULD BE	(X5) COMPLETION DATE	
W 149	behavior Support Pl prevent elopements QIDP was asked if It assessed by the fac- initial admissions an  During an interview the Chief Administra had all staff been tra Individualized Progra  During an interview the Maintenance Dir Individual #2 manag gate. The Maintenan had a chain on it and allowed the gate to partially opened, Inc through the opening Maintenance Direct chimes did not alam being waxed and the floor dry and cle the door was allowe chimes activated, the chime.  An Initial Investigation "Individual Name- Ir 1/30/19. Time of Inc No injures. Location Type of Incident: Elo Description of Incide cottage one living an room. Cause of Incident: In	P for Individual #2 if his an had been implemented to . The QIDP stated, "No". The individual #2 had been illity for elopement during his d the QIDP stated, "No".  on 4/26/19 at 12:40 P.M. with a tive Officer, he was asked inned on Individual #2's am Plan and he stated, "No".  on 4/23/19 at 3:15 P.M. with rector he was asked how did ge to get out of the locked ince Director stated, the gate d when you pulled the chain it coartially open. When the gate lividual #2 was able to quests and get out. The or was asked, why the door in, he stated, The floors were doors were opened to help ar the air of the wax fumes. If d to stay open with the e door would continue to we Report indicated: ident approximately 6:00 PM; : Cottage One (right wing).	W 1	49			
	grounds near cottag						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		• •	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	COMP	(X3) DATE SURVEY COMPLETED	
1		49G013	B. WING	1.0	I	C 29/2019	
•	OVIDER OR SUPPLIER	H INC	4	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 COUNTY STREET PORTSMOUTH, VA 23707		20/2010	
(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 BE		(X5) COMPLETION DATE	
W 150	Supervisor if Individual Residential Supervisor staff then stated that if the building through kinmediately ran outsid Individual #2. Shortly found on the swing seside of the building. Nand no new areas were statement attached to for this report.  Also, prior to realizing inside the building, the Individual #2 asked Recould watch Individual restroom. Supervisor when staff returned shopen in the kitchen?  STAFF TREATMENT CFR(s): 483.420(d)(1)  Staff of the facility must sexual or psychological This STANDARD is not be a sample was free from Individuals in the survival and staff failed to ensure 11 sample was free from Individuals in the survival in	ary 30, 2019 at M staff asked Residential al #2 was with him.  In informed staff no, and individual #2 has ran out of litchen door, staff de to if they could find after Individual #2 was at outside hear Cottage Two ursing staff assessed him re observed. Witness report to provide support  It that Individual #2 was not estaff person assigned to esidential Supervisor if he if #2 while she uses the watched Individual #2, he asked why the door was  OF CLIENTS  It is not use physical, verbal, all abuse or punishment.  In the tas evidenced by: ord review, facility staff interviews the facility individual in the survey physical staff abuse of 4 ey sample, Individual #4.	W 149		residents found by the deficient m Holiday House ty will identify e potential to be	6.7.19	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER:		1''	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G013	B. WING _				C 29/2019
NAME OF P	ROVIDER OR SUPPLIER	.I		S	TREET ADDRESS, CITY, STATE, ZIP CODE	<b>V</b> -71	20/2010
				42	211 COUNTY STREET		
HOLIDAY	HOUSE OF PORTSMOU	TH INC		P	ORTSMOUTH, 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 BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 150	Continued From page	160	10/		Continued from page 160	11	6.7.19
W 150	facility on 8/18/16 with not limited to *Profount *Autism and Unspecific Disorders and *Optic legally blind). Based Nursing Summary dayounds and was 63.3 #4's Annual Nursing Stated that he was 1: monitored very close ensure that he is in a Individual #4's Annual was reviewed and the	5 year old admitted to the h diagnoses to include but and Intellectual Disability, fied Behavior and Emotional Nerve Hypoplasia (right eye on Individual #4's Annual ated 9/11/17 he weighed 111 B/4 inches tall. Individual Summary dated 9/11/17 also 1 supervision and is ly by Holiday House staff to safe environment. In Evaluation dated 8/14/17 et a Slosson Intelligence Test evealed a mental age of 23	W -	150	The Chief Administrative Officer and/or design train all staff on Mandatory Reporting, Abuse, Neglect, and Mistreatment policies at the time initial orientation, monthly at all staff meeting, annually in the month of February, and upon significant incidents that require additional traithe areas abuse and neglect. This training will emphasize that staff must not use physical, vesexual, or psychological abuse or punishment admission to Holiday House of Portsmouth the Social Worker will notify ALL individual of their human right to be free from abuse, neglect mistreatment while residing the facility. Evider notification will be located in the Individual's m records chart. Holiday House of Portsmouth C Administrative Officer has designated the facil Social Worker to train all staff on Mandatory Reporting, Abuse, Neglect, and Mistreatment at the time of initial orientation, at the monthly meetings, annually, and upon significant incide that require additional training in the areas of states.	of ning in erbal, . Upon e facility nee of nedical chief lity policies all staff ents abuse	
	Notes for October 20 documented in part, a Progress Note: Nam stable progress with support professional require one to one sustaff for safety and be On 4/23/19 during the with the Administrato there were any active any individuals. The and left the room. Apthe Administrator recand stated. "After dis	e (Individual #4) made the support of the direct staff. He continues to pervision procedures with 2			and neglect. Upon admission to Holiday Hous Portsmouth the facility Social Worker will notif individual of their human right to be free from neglect mistreatment while residing at the facility Evidence of notification will be located in the Individual's medical records chart. The facility revise the Initial Investigative Report section the Accident and Incident Report to be comby the residential supervisor and nurse on The initial investigative report will include, not limited to the location of injury, type of description of shape and size, how the injurceurred and medical treatment provided. Injuries are inconsistent with the description will be notified immediately. The residential supervisor and nurse on duty will conduct body check for signs of abuse on the curre individuals by completing a body check for from the revised Accident and Incident Recurrent staff will be re-trained on 5/22/2019. S	y the abuse, lity. y will on of opted duty. but injury, lity on of DON il a full ent rm	

		(X1) PROVIDER/SUPPLIER/CLIA 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		
HOLIDAY	UALIEC AC DADTEMALI	ru inio	ŀ	42	211 COUNTY STREET		
HULIDATI	HOUSE OF PORTSMOUT	IN 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)	PREFIX TAG	TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)			COMPLETION DATE
W 150	Continued From page	161	\A/ 14	Continued From page 161			6.7.19
	· -		** '`	30	current staff will be re-trained on 5/22/2019. S	taff	
	, ,	1/12/17 the individual was			acknowledgment of training will be evidenced		ļ
		saulted by one of our direct			signatures on a training log maintained by the		
		so involved our residential			facility's Human Resource Office.	[	
		ewing the video footage of					
		terminated both employees."			Completion Date: June 7, 2019		
		s asked to allow the survey					
		lent footage and to bring all				ļ	
		garding the investigation of			1. Address what measures will be	out into	
	the abuse incident for	' Individual #4.			place or systemic changes m		
					ensure that the deficient pract		
		ted 11/12/17 involving			not recur;		
		iewed by the survey team.					
		sted over 2 minutes. In the			Holiday House of Portsmouth has implement		
		as observed crawling/being			Mandated Reporter Policy created on 5/6/201		
	l '	hroom on his hands and			The policy indicates that all Holiday House		
		asium bathroom followed by			Portsmouth staff report any suspected cases		
		nale was observed kicking			abuse/neglect in accordance with the Code of Virginia and Holiday House of Portsmouth	,	
		4 times), dragging and	İ		established child abuse reporting procedures.	Thie	
		s body by one leg and lying			policy emphasizes ALL staff in their professio		
		n top of individual #4 during			official capacity while employed at Holiday Ho		
		eo. At one point in the video			Mandated reporters includes but is not limited		
		vidual's arm waving for help.			following:		
		ff member was observed		ļ	Any person licensed to practice medicine or a		
	_	4's head and shoulder area			the healing arts; any professional staff person		
		nember was lying on top of			employed by a private or state operated facility		
		ff member was also			institution or facility where personals have been placed for care and treatment. Any person en		
		und the gym with his back			as a social worker	pioyeu	
	turned to Individual #				Any probation officer, Any teacher or other pe	rson	
		the other staff member.			employed in a public or private school, kinder		
		! minutes of the video that			or nursery school ,Any mental health professi		
		his feet was when he broke			Any person employed to take care of children	, Law	
	' '	staff and ran towards the			Enforcement Officers, Any person employed		
		staff member following him.			contracted with the facility and working with the		
		mber went back into the			individuals in an administrative, supportive or		
	l	ed a trash bag then exited			care capacity. Any guardian or conservatory of		
		strator was asked who were			adult Any person providing full, intermittent or occasional care to a child/adult for compensa		
		The Administrator stated,			including, but not limited to homemaker, personal		
		at was having the physical					
	Contact with the indivi	idual was his 1:1 Direct					Т

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1, ,	(X2) MULTIPLE CONSTRUCTION			
AIND L DAYOR	CONTROLON	DENTI ICATIONNOMBER.	A. BUILDING		00	PLETED
		49G013	B. WING		C 04/29/2019	
NAME OF D	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	04	12912019
THAIR OF F	NOVIDER ON SUFFEIGR			1211 COUNTY STREET		
HOLIDAY	HOUSE OF PORTSMOUT	TH INC				
				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 CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 150	Continued From page	162	W 150	Continued From page 162		6.7.19
** 150	· -		W 150			<b> </b>
	* *	r and the second person		care workers, companion etc. Holiday H Portsmouth, Inc. expects and enforces t	hat all etaff	:
	was the Residential S	upervisor.		that has reasonable cause to suspect th		
	A	la a salar dan tan Mari		has been or may be subjected to abuse		
		leo and reviewing the		or observes a child being subjected to d		
		an Rights Information		circumstances which would reasonably		
		se Allegation Report for #20170016 an interview was		abuse or neglect, that person shall IMM		
	conducted with the A			report or cause a report to be made. An		
		ked if there was any criminal	1	employed at Holiday House of Portsmol		
		The Administrator stated,		Inc. Who is mandated to report suspect abuse or maltreatment-and fails to do so		
		il #4 was abused but we		charged with a Class A misdemeanor a		
	l ·	riminal activity. However,		criminal penalties. Mandated reported		
		rges against Name (DSP		in a civil court for monetary damages fo		-
	#5) after they viewed			caused by the mandated reporter's failu		
	Administrator was as			a report. This new policy will be reviewed	ed at the all	
		n in his groin, dragging him		staff meeting on 5/22/2019.		
		id applying his entire body		Holiday House of Portsmouth CAO also Abuse, Neglect and Mistreatment P		
		ody what would that be		policy emphasize that staff must not u		
		ninistrator stated, "It's		verbal, sexual, or psychological		
		strator was asked if assault		punishment. This policy indicates t		
		and if Individual #4 was		House of Portsmouth, Inc. ICF/IID prohi		
	assaulted by the staf			of abuse, neglect, and mistreatm		
		"Yes, assault is a a criminal		individuals. Abuse is defined as any ne		
	1	I #4 was assaulted by the		an employee or other person responsible		
	. •	should have called the		of an individual receiving services performed knowingly, recklessly, or		
	police and pressed ch			Abuse will cause or may have potent	·	
		•		physical or psychological harm, injury,		
	The Administrator and	d the Social Worker	25	person receiving care or treatment. He		<b>:                                    </b>
	provided Court Recor	ds for DSP #5 which were		of Portsmouth will not permit individuals		
	reviewed and are doo	cumented in part, as follows:		by anyone, including staff members,		
				volunteers, and staff of other agenci	es providing	
	Arrest Date: 12/14/17	7		service to the individual.		
	Charge: Abuse of Ch	nild, Serious Injury		Examples of abuse for the purpose of the		
	Charge Type: Class 4			include, but are not limited to, the follow Physical Abuse: Any kind of physical in	timidation or	
	Arrest Date: 3/2/18			intrusion such as pushing, pulling, scrat hitting, kicking, slapping, throwing thing		[]
	Offense Date: 11/12/	17		burning with cigarettes, pulling hair, una		
	Charge: Assault and			holds, and cutting.	10112U	
	Chame Type: Misder			1		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1''	ECONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G013	B. WING		С
NAME OF D	OWNER OR CURRUER	430013			04/29/2019
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
HOLIDAY	HOUSE OF PORTSMOUT	TH INC		1211 COUNTY STREET	
				PORTSMOUTH, VA 23707	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
			<del>                                     </del>	Cartinual Francisco	
W 150	O	400		Continued From page 163	6.7.19
44 190	Continued From page	103	W 150	1 <b>1</b>	<del></del> _
				Verbal Abuse: Abuse that is achieved primari	
	Arrest Date: 3/2/18			words. Criticizing an individual, belittling, or m	aking
	Offense Date: 11/12/			fun of someone.  Sexual Abuse: Forced sex or sex that takes u	nofoir
	Charge: Contributing	to the Delinquency of a		advantage of an individual, fondling, or inappr	
	minor			touching. Emotional Abuse: Abusive behavior	
	Charge Type: Misden	neanor		uses emotions to intimidate the victim.	
				Mistreatment can be defined for the purpose	of this
	Arrest Date: 3/2/18			policy to include but not limited to:	·
	Offense Date: 11/12/			Failure to act/neglect that leads to or is in imm	
	Charge: Child Abuse			danger of causing physical injury through neg	
	Charge Type: Felony			omission, treatment, or maltreatment of an inc	
		36		including but not limited to failure by staff to pr	
		ked provided a written		an individual with adequate food, clothing, she	
	description of the vide	o dated 11/12/17 involving		medical care, supervision, or through condoni permitting abuse of an individual by any other	
		oliday House Personnel)		person.	
	staff and Name (Indivi			Verbal mistreatment: by subjecting the individ	ual to
	reviewed and docume	ented in part, as follows:		the use of derogatory names, phrases, profan	
				ridicule, harassment, coercion, or intimidation	
		was in a dark gymnasium.		threatening injury or withholding of services or	1
		wling on his hands and		supports, including implied or direct threat of	
		he bathroom with two male		termination of services.	,
		t Supervisor (RS) #4 and		Restrictions on an individual's freedom of mov	
		nal (DSP) #5). He appeared		by seclusion in a tocked room under any cond Restriction to an area of the residence or restr	
		pting to get away from the		access to ordinarily accessible areas of the	icung
	staff that were in the b			residence is not allowed, unless arranged for	and
		athroom DSP #5 kicked		agreed to on the Individual's' Support Plan. U	•
		side. Name (Individual #4)		Physical restraint: without a written physician's	s order,
		ymnasium floor with the two		or as part of an Individual Support Plan, unles	
		ver him. Name (Individual		individual's actions present an imminent dang	
	, -	he floor attempting to get		himself/herself or others, and only until approp	
		ale staff. DSP #5 then grabs		action is taken by medical, emergency, or poli	
	,	shirt while Name (Individual		personnel. Financial exploitation which may in but is not limited to: unauthorized rate increas	
		he gymnasium floor. Name		staff borrowing from or loaning money to indiv	
		sisting; DSP #5 pulled		witnessing wills in which the caregiver is bene	
		by his left leg and dragged		adding caregiver's name to individual's bank	,,,
		sium floor towards the		accounts, inappropriately expending individua	
		d Name (Individual #4's)		personal funds, and theft of an individual's per	rsonal
		p over several times. DSP		funds. Neglect: To assist this facility in defining	g
	#5 is now sitting on Na	ame (Individual #4's) side			<b></b>

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
					_		c l
		49G013	B. WING			04/	29/2019
NAME OF PR	ROVIDER OR SUPPLIER			S	FREET ADDRESS, CITY, STATE, ZIP CODE		
				42	211 COUNTY STREET		
HOLIDAYI	HOUSE OF PORTSMOUT	H INC		P	ORTSMOUTH, VA 23707		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFI	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B		(X5) COMPLETION
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	.TE	DATE
W 150	Continued From page	± 164	w	150	Continued From page 164		6.7.19
	. •	d sits on Name (Individual	"	.00	incidents of neglect; neglect is defined as any	recent	]
	#4's) head. Both Staf	•			act or failure to act that results in death, serio	us	1
		onds. Name (Individual #4)			physical or emotional harm.		
	continues to remain o	•			Examples of neglect for the purpose of this po	olicy	
		ame (Individual #4's ) leg in			include: Abandonment		
	•	of the gymnasium. RS #4 is			Nutritional neglect (under-nourished); failure to provide food/hydration, inadequate hygiene (s		
		Individual #4) observing the			soiled clothing) inadequate supervision (sleep		
		ne by DSP #5. DSP #5			the job), duration and frequency of unsupervi	•	
		o drag Name (Individual #4)			times. Exposure to hazardous materials Failu		
	by his leg. Name (Ind	lividual #4) is crawling on					
	his legs and hands to	get away from DSP #5.			protect by jeopardizing health and safety, any		
	DSP #5 and RS #4 fo	llow him while he is crawling			form of reckless behavior with disregard for the		
	away. DSP #5 grabs	Name (Individual #4)			individual's health and safety Failure to imple		
	around his midsection	with both arms and tackles			behavioral support plan procedures, as it rela		1
		n floor. RS #4 is walking	1		safety of the individual. All Holiday House em		
		m failing to intervene pacing			are Mandated Reporters and all personnel sh		
		en lays on top of Name			strictly adhere to the following procedures: Ar	•	l i
	-	RS #4 paces around the			Individual, Authorized representative, consult		
		away in another room.			legal guardian, local or regional advocate, or		
		continues to be on the floor			interested person who believes that an individ		
		s applying pressure to Name			been harmed, abused, or exploited by any pe	rson	1
	,	and shoulder area. DSP #5			shall immediately report such to the Chief	_	
		ody weight from Name			Administrative Officer and/or their IMMEDIAT		
		I stands over him with Name	1		SUPERVISOR. It is the supervisor's respons		
	,	middle of his legs. RS #4			ensure that the alleged abuser is removed fro		
	,	und the gymnasium. DSP			providing any care to the individual immediate	-	
		gs around Name (Individual	İ		the allegation is made. In the event the super		
		Name (Individual #4) begins hands and knees and DSP			does not respond appropriately ANY staff ma		
		ird Name (Individual #4)			911 to ensure the individuals of the facility and		]
		iters the bathroom. DSP #5			The Chief Administrative Officer, in no case,		
		al #4) by the neck area one			punish or retaliate against a volunteer, consu	-	
		akes his jacket off and walks			student for reporting an allegation of abuse, r	•	
	away from Name (Ind	•		,	or exploitation to an outside entity. Any empt	-	
		ues to roll around on the		:	who believes or witnesses that an individual l		
		emoves his jacket he kicked	-		been harmed, abused or exploited, neglected		
	i e	wice again on his side.	-		mistreated by any person shall INTERVENE		
		rolls to his feet to stand up			prevent further harm to the individual and rep	ort such	
	,	ut of the gymnasium door.					Į į

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

Event ID: DMEE11

Facility ID: VAICFMR09

If continuation sheet Page 165 of 262



STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1''	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
							С
		49G013	B. WING			04	/29/2019
NAME OF PI	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE	•	
HOLIDAY	HOUSE OF PORTSMOUT	th inc		4211 COUNTY STREET			
HOLIDATI	HOUSE OF PORTSMOOT	THINC		Р	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 APPROPRICIENCY)	BE	(X5) COMPLETION DATE
W 150	Continued From page	165	۱۸/	150	Continued From page 165	· ·	6.7.19
** 100	<u> </u>		**	130	activity immediately to their immediate supe	rvisor.	
		irectly out of the door. RS throom carrying a bag of			The Immediate Supervisor must IMMEDIAT		
	trash.	uncom carrying a bag or			suspend the employee who has been allege	ed to	
	uasii.				abuse, neglect, or mistreat the individual. T	ne	
	Total Time of Incident	: 2 minutes and 37			Immediate Supervisor will conduct an initial		
	seconds.				investigation and submit written statements	conduct	ll l
					interviews, and get as much initial informati	on as	
	On 4/24/19 at approx	mately 1:40 PM the Social			possible. This information should be forward	ded	
	Worker was asked wh	nat she thought about the			immediately to the Chief Administrative Offi	cer/Social	
		dual #4 and the facility staff			Worker. The investigator shall include dates	, times of	
		l Worker stated, "Honestly it			interviews and written statements etc. The		
		ted to cry. I have a three			Supervisor must ensure that the Individual i	S	
	,	e every did that to my child I	1		assessed immediately by the Nurse on duty		]
		Individual #4) should have			individual MUST be transported to the eme		
	t e	ke that, we have behavior			room for further medical evaluation and trea		
	support plans for all of should be followed."	f our Individuals and they			The Immediate supervisor and the Nurse of	•	
	Should be lollowed.				must NOTIFY the Chief Administrative Office		
	Individual #4's Nurse	s Notes were reviewed and			Director of Nursing, Social Worker as soon		
	are documented in pa				possible. The Chief Administrative Officer v		
		, 25			the facility's Social Worker (Investigator) im		<b> </b>
	11/12/17 5:30 PM: Fo	ocal Assessment to left			investigate and report the alleged abuse, no	•	
	upper thigh near hip/g	roin area. Noted large			mistreatment in accordance with establishe		
	bruised area. Nonter	der to touch. Activity WNL			policies and procedures. The Social Worke		11
		without sign/symptoms pf			responsible for entering all allegations of all	· ·	
		intact without swelling. No			neglect, mistreatment, complaints, and sus		
		ed, monitoring continues.			injuries of unknown origin in accordance wi		ll .
		vider) notified. Residential			laws and established procedures. The Soci will ensure that incidents are thoroughly inv		!
	Supervisor will notify	parent.			Investigations will consists of monitoring the	-	
	44/49/47 7:00 444- 44	Bankaina akawa			camera system, interviewing staff, interview		
	11/13/17 7:30 AM: A	_			individual, etc.	ing uic	[]
		se to left hip and groin area d green in color, nontender			The Social Worker upon receipt of any alleg	ıation	
		a green in color, nontender symptoms of pain/discomfort	1		allegations of abuse, neglect, mistreatment		H
	noted, no treatment n				complaints, and suspicious injuries of unknown		
	noted no redunditi				will conduct an investigation and will be ent		
	On 4/24/19 at 3:30 PI			the CHRIS (Comprehensive Human Rights			
		Licensed Practical Nurse)			Information System program within 24 hour	s of the	
		above focal assessment					]

AND PLAN OF CORRECTION IDENTIFICATION NU	IMRED:		CONSTRUCTION		SURVEY PLETED
		_			С
49G01	3 B. WING			04	/29/2019
NAME OF PROVIDER OR SUPPLIER  HOLIDAY HOUSE OF PORTSMOUTH INC		42	TREET ADDRESS, CITY, STATE, ZIP CODE 211 COUNTY STREET ORTSMOUTH, VA 23707		
(X4) ID SUMMARY STATEMENT OF DEFICIENCY PREFIX (EACH DEFICIENCY MUST BE PRECEDED B' TAG REGULATORY OR LSC IDENTIFYING INFORM	Y FULL PREF		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 150 Continued From page 166 on Individual #4 on 11/12/17 at 5:30 PM. was asked to describe what she saw whe assessed Individual #4 on 11/12/17. LPN stated, "I was in the nursing office and I we called and asked if I could come over to a Name (Individual #4's) bruise on his leg. over and walked up to the bathroom and my God what happened to him?" They (I and DSP #5) said "We don't know". I sat one knows what happened?" I was so enter we (me and RS #4) did an incident report called the mom. I told the mom what the looked like." LPN #2 was asked to describe area on Individual #4's hip/groin area. LF stated, "It was a dark purple with a red special was about the size of a pineapple. It did any treatment but I did notify the doctor be LPN #2 was asked if she was a mandate reported and if it ever occurred to her that Individual #4 may have been abused. LF stated, "Yes I am a mandated reporter but never occurred to me he was abused." Let was then asked if she reviewed the video from the monitor in the Nursing Office on 11/12/17 when the bruise of unknown injure ported to her to see if there was any incomposite the properties of the camera system day."  Individual #4's Interdisciplinary Progress date 11/12/17, timed 3 PM-7 PM written the follows:  Staff received Name (Individual #4) in livithe was watching TV(television). Staff su with toileting. Name (Individual #4) spen with his parents. He played in the gram with the parents.	LPN #2 on she N #2 vas assess I went said "Oh RS #4 id, "No notional, area ibe the PN #2 vot. It o't need by fax. d t PN #2 vt no it PN #2 vt	150	initial report. The Social Worker will document dates, timelines, phone calls regarding the alle of abuse, neglect, mistreatment investigative findings.  Upon completion of the investigation as indicat the Holiday House of Portsmouth, Inc. Abuse, Neglect, and Mistreatment Policies, the Social Worker will complete a final investigation into C (Comprehensive Human Rights Information Sy within 5 working days (these days also include weekends and holidays). An employee's failur report or cooperate with an abuse and/or negle investigation may result in disciplinary action. action by an employee that compromises the irror outcome of a factual investigation may be confor disciplinary action and/or immediate terminal Volunteers, contractors, contract employees, sinterns and/or consultants who fail to comply we departmental instruction may be terminated from the individuals. Suspend the alleged abuser immediately. Ensure an assessment is complete the nurse if allegations involve any type of Inju claim that staff may have injured individual. The individual involved in the abuse will immediate transported to the emergency room for mediate y 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	gation  ted in  CHRIS ystem)  e to ect Any integrity ause ation. student with this orn  t, is yelfare eted by ry or diately dical are to	6.7.19

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(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C 49G013 B. WING 04/29/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4211 COUNTY STREET** HOLIDAY HOUSE OF PORTSMOUTH INC PORTSMOUTH, VA 23707 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION PRFFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY Continued From page 167 6.7.19 W 150 Continued From page 167 W 150 investigation within 24 hours of receiving a report of supported with PM (afternoon) care. Name potential abuse or neglect. In the absence of the (Individual #4) received snack and dinner. He ate Social Worker the Chief Administrative Officer will independently. He watched tv and played with appoint an employee who is not involved in the toys until bedtime. issues of the investigation to complete the investigation. The facility will use closed circuit The documentation regarding the bruise found on cameras to assist with the investigation. Individual #4's upper thigh and groin were faxed In all cases, the Chief Administrative Officer will provide his written decision, including to the Attending Physician's Office on Sunday Actions taken as a result of the investigation within 11/12/17 at 18:52 (6:52) P.M. was reviewed and completion of the investigation to the individual, is documented in part, as follows: individual's parent/guardian. If the individual affected by the alleged abuse or his authorized representative Large bruise to left upper thigh near hip/groin is not satisfied with the Chief Administrative Officer's area. Nontender to touch. No swelling, activity actions, he or his authorized representative or WNL (within normal limits). No treatment anyone acting on his behalf, may file a complaint and needed. Monitoring continues. request for a Local Human Rights Committee (LHRC) hearing under 12VAC 35-115-180. In the event that the investigation is unfounded the Individual #4's facility Accident Incident Report facility will complete the following: dated 11/12/17 at 5:33 P.M. completed by DSP The employee will be monitored by the supervisor or #5 was reviewed and is documented in part, as designee during a 3-month period. He or she shall follows: be supervised closely while assigned to individuals. Daily documentation will occur. Where did the accident/incident take place? Staff The Social Worker will review Holiday House of observed in bathroom. Portsmouth's Abuse, Neglect, and Mistreatment Describe any injuries incurred: Staff observed policies with the staff person. bruise on left hip while supporting with nightly A certified TOVA Trainer will discuss with the staff hygiene. person the TOVA philosophy and the TOVA technique as it relates to the incident. (If applicable) Name of any witnesses: Name (RS #4). At the end of the 3-month period, the Director of Staff person's account of what happened: Staff Residential Services will review the documentation observed bruise while supporting with PM care. with the staff person. The supervisor will prepare a Condition of person involved: (Completed by written report with recommendations to be submitted Nurse, LPN #2); Focal assessment to left upper to the Chief Administrative Officer within ten days. thigh, noted large bruise near hip/groin. skin All staff will be informed and review the Abuse of intact, no swelling, no signs or symptoms of Individuals/Mistreatment/Neglect Policies at the time pain/discomfort, no tendemess, activity WNL. of orientation, monthly at all staff meetings, and Physician notified: Name (Attending Physician) annually in the month of February. Documentation of via fax, Time: 5:45 PM, By Whom: Name (LPN this review shall be on the orientation sheet and staff training log. #2), Physician's instructions: none given at this This policy and procedure will be reviewed with each time. Name of Parent/Guardian notified: Name

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

Event ID: DMEE11

Facility ID: VAICFMR09

If continuation sheet Page 168 of 262



	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		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		23/2410
(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 150	P.M., By Whom: Nar Summary of response Parents were notified and said thanks. sign The facility Comprehe Information System (Report for Individual reviewed and is docu Alleged Abuse Date: Individual Name: Nan Abuse Alleged: Phys Abuse Occurred: Phy 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 of (DSP #5) used unned inappropriate TOVA (Virginia) techniques. coming out of the bat #4) refused to leave t staff attempted to get area. The more Nam more physical staff wunnecessary use of ppulling individual by troom, kicked on the h pressing his body we (RS #4) was present prevent the unnecess	er), Time Notified: 5:47 ne (RS #4). e from the Parent/Guardian: of how big the bruise was ned by RS #4. ensive Human Rights CHRIS) Abuse Allegation #4, Abuse #20170016 was mented in part, as follows:  11/12/17 ne (Individual #4) ical, Seclusion/Restraint visical, Seclusion/Restraint inecessary use of seclusion  In large bruise noted to s) upper thigh near his hip s observed on November esillance was reviewed from conserved that staff Name ressary use of restraint and Therapeutic Options of They were observed chroom and Name (Individual che gymnasium area and chim to go to the cottage ce (Individual #4) refused the cas observed to get. The chysical techniques were ce leg to get him into another conserved the individual. Name and failed to intervene to cary physical actions that Information was recorded to	W 1	3	employee during the initial employment, month all staff meetings, and annually in the month of February. This policy will be reviewed with all solutions. The injuries of unknown origin protocol was crand 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 indi or staff. The injury is suspicious requiring add medical evaluation due to the location (and in area not usually vulnerable to trauma), extent injury, number of injuries over time. (Hip, uppe back, head, neck (front and back), these body are listed as a guide but does not exclude othe parts) In the event of an unknown injury the fol must take place: RESIDENTIAL DEPARTION IMMEDIATELY. The Residential Supervisor minitiate an Accident/Incident Report and IMMEDIATELY. The Residential Supervisor minitiate an Accident Report and Immediately and Procedures). The initial investigation on the Incident Report. The Residential Depar Supervisor must notify the Chief Administrative Officer, Social Worker, Director of Nursing IMMEDIATELY in the event there is NOT a procause or known cause of the injury. NURSING ASSESSMENT & PROTOCOL.  The nurse should be notified immediately upon observation of all injuries and complete the nurses should be documented on the Accident and In Report Form, and in the nursing notes. As lice is to identify injuries that are suspicious in are are not vulnerable to trauma. If the injury is unexplained, the nurse shall IMMEDIATELY in the expectation from the Nurse is to identify injuries that are suspicious in are are not vulnerable to trauma. If the injury is unexplained, the nurse shall IMMEDIATELY in the expectation from the Nurse is to identify injuries that are suspicious in are are not vulnerable to trauma. If the injury is unexplained, the nurse shall IMMEDIATELY in the expectation from the Nurse is not expectation from the	nly at f f staff on eated state in origin rved vidual itional an of the lee time, r chest, parts er body lowing litt in ause trient electron origin rved con Duty as that	6.7.19

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OCITICIT	OT ON MEDIOMINE CO.	TILDIONID CLITTICLO				O IVID IV	<del>0.0000-0001</del>
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I` '		CONSTRUCTION		E SURVEY PLETED
		49G013	B. WING			1	C
		100010				Ų4	/29/2019
	ROVIDER OR SUPPLIER House of Portsmout	TH INC		4:	TREET ADDRESS, CITY, STATE, ZIP CODE 211 COUNTY STREET ORTSMOUTH, VA 23707		
(VA) ID	CHMMADVCT	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTIO	M	ares
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 150	Continued From page 169		w	Continued From page 169 W 150			6.7.19
W 150	Injuries: Individual Injured?: \text{Type of Injury: Bruise} Reporting: Date Allegation Made Who Made Allegation Who Reported To Din Father) Date Reporte Investigation: Investigation Begin D Date Investigation Fir Rationale: Failure to Behavior/Manageme Policy, Other. Other Rationale: Vide confirmed physical ar Reason for Corrective of restraint technique Issue-Substantiated. Corrective Action Tak procedure, Increase of supervision), Appre	res es			, ,	ervisor ogether. otify the provide nurse hysician II medical believe oloyee D in rector of viduals all criminal must ained on 2019. Exer on lap op so kends as the CAO acility will ons of reafter to havior	
	Action Remark: Tem excessive physical for TOVA techniques.	ninated due to using rce and using inappropriate			The Risk Management committee will review training roster each month to ensure that all		

Facility ID: VAICEMR09

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G013	B. WING		C 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 DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLÉTION
W 150	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 force discovered.  Investigative Findings video had evidence of violated Holiday House Policy. The reviewing disclosed the following transition from the staff provided using the staff provided us	inated ninated due to failing to vas using inappropriate nsition from one building to  it to Individual #4's parents on into unknown bruise dated and is documented in  if you that we have gation regarding the large overed on November 12, ce camera was also  s/Conclusion: Founded; this if abuse and neglect and se Abuse of Individuals g of the video surveillance g: in the gym area to the leaving the restroom Name beserved coming out of the e staff.  nnecessary physical support appropriate TOVA ed by Holiday House of	W 150	receive the training in areas of mandatory abuse, neglect, and mistreatment.  The Nursing Department has implemented and procedure for a Health Status Focal Assessment. This procedure consists of a do walking rounds on individuals every two these rounds, the nurse will observe the in their direct line of sight to ensure that the in are not having any signs or symptoms of the Residential Supervisor will be notified, vital signs will be completed and the nurse determine whether or not the individual will be seen by a physician. If there are any signs symptoms of injury the nurse will notify the Residential Supervisor immediately and the conduct a full body check using the revised and Incident Report/Initial Investigative will include but not limited to the location injury, type of injury description of shall size, how the injury occurred and mediate treatment provided. If injuries are incomitted the description of how the injury of there is a cause for concern and the CA and DON will be notify immediately. The residential supervisor and nurse on dut conduct a full body check on the currer individuals using the revised initial inverteport.  Completion Date: June 7, 2019	a policy nurse to hours. In dividual in ndividuals lness or fillness a set of will I need to gns or ey will d Accident Report on of pe and cal sistent ccurred, NO, SW e ty will

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G013	B. WING _			C	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 4211 COUNTY STREET PORTSMOUTH, VA 23707		/29/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		N SHOULD BE EAPPROPRIATE	(X5) COMPLETION DATE	
W 150	intervene which was a Policy.  *Termination of employment of Holiday House Policy.  *Termination of employment of	for was present and failed to a violation of Holiday House byee #1 for violation of the property of the proper	<b>W</b> 1	150			
		sed the call and it went to					

-	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG		SURVEY PLETED
		<b>49</b> G013	B. WING _		- 1	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	PREFIX (EACH CORRECTIVE ACTION SHOULD B		(X5) COMPLETION DATE
W 150	Name (RS #4) didn't I way and our voicema conversation betweer sounded like the nurs a few concerns:  *A bruise wasn't notic it also seems he hadr We never saw a bruishe wasn't changed all was said in the record reactions within the corecorded, the nurse something that should We called back, (we cand we were told that bad, had colored somethat he didn't seem in any of the other inform voicemail. When you nurse describes the both than the way she descretured the call.  *Name (RS #4): We say anything bed and (RS #4) and he does #4). We still wish he us everything when we "Nurse (LPN #2): Shall of her concerns. So Their first duty should extension the parents gets in trouble by with should they be operated.	e was left, but apparently hang up the phone all of the il continued to record a h Name (RS #4), and what e about our son that raised  ed all day it seems because it been changed all day. e ourselves, so I am saying I day solely based on what led voicemail. Based on the conservation that was eemed concerned like it is d have been noticed sooner.  didn't mention the recording) the bruise didn't appear too he, but wasn't tender, and pain. No one mentioned hation in the recorded I listen to the voicemail, the ruise as sounding worse cribed it to us when we  didn't hear Name (RS #4) we genuinely like Name good with Name (Individual or the nurse would have told we called back.	W	150		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		49G013	B. WING				C 29/2019
	ROVIDER OR SUPPLIER	TH INC		4	TREET ADDRESS, CITY, STATE, ZIP CODE 1211 COUNTY STREET PORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		_	(X5) COMPLETION DATE
W 150	Response Email from 12, 2017 8:59 PM:  Any concerns from m (Individual #4's) care Administrator. I will oin 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, I Location: Conference Conference CAO, SW, I Location: Conference CAO, SW, I Location: Conference CAO, SW, I Location: Conference CAO, SW, I Location: Conference CAO, SW, I Location: Conference CAO, SW, I Location: Conference CAO, SW, I Location: Conference CAO, SW, I Location: CAO, S	child's care and wanted to with you.  In CAO Sunday, November  In you parents, staff or Name is a concern for me as the call you tomorrow when I get or my social worker follow up  It titled "Interview and the (RS #4) in regards to the (Individual #4) dated the and is documented in part,  Human Resource Manager. The Room  The	W	150			
	#4) had behaviors be leave the gym. He ex	nded that Name (Individual cause he didn't want to pressed the Name hard time transitioning in the					

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING		(X3	(X3) DATE SURVEY COMPLETED		
		49G013	B. WING			C <b>04/29/2019</b>
	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  SCIDENTIFYING INFORMATION)	ID PREFIX TAG	REFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION DATE
W 150	video footage from the evening of 11/12/17.  The team watched the occurred on 11/12/17 the administration built Name (RS #4) was as the video to explain he conduct inappropriate Name (Individual #4). (RS #4) that he as a sintervene and ensure not abused and CAO that he failed as super CAO also asked Name #5) techniques conside #4) said "No, it wasn't Name (RS#4) became to the team that he walked around the (DSP #5) was dealing Name (RS #4) express rapport with Name (In made a really huge must biscussion with Name altercation with Name altercation with Name	te (RS #4) to review the e gymnasium on the e gymnasium on the e video of incident which in the conference room of ding.  Sked by CAO after reviewing ow he let Name (DSP #5) in physical interventions to CAO explained to Name supervisor was there to Name (Individual #4) was expressed to Name (RS #4) rvisor.  The (RS #4) was Name (DSP dered: TOVA". Name (RS "  The very upset and expressed as uncomfortable that's why room so much when Name with Name (Individual #4). It is ed that he has a good dividual #4) and that he istake.  The tribute of the tribute o	W 15			
	Present: CAO, SW, H Location: Conference	luman Resource Manager. Room				

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

STATEMENT OF DEFICIENCIES (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		4211 CO	ADDRESS, CITY, STATE, ZIP CODE UNTY STREET MOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENT!FYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 150	Continued From page	175	W 1	50			
	explained to Name (D here to investigate a l Name (Individual #4).	ned By Name (CAO), he ISP #5) that the team is arge unknown bruise on					
	,	SP #5) did he have anything n in reference to Name and/or bruise on the					
	Name (DSP #5) responded that Name (Individual #4) had behaviors but nothing out of the ordinary happened. He was able to say this statement with a blank face without indication of telling the team false information.						
	CAO then asked Namvideo footage from the evening of 11/12/17.	ne (DSP #5) to review the e gymnasium on the					
	of incident which occu conference room of the Name (DSP #5's) hea noticed that the altero	atching the video CAO					
		was his techniques Name (DSP #5) responded ead side to side. He had no					
	that "he messed up". (Individual #4) was di	emorseful manner stated He stated that Name fficult to work with and it's neone so difficult over and					

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

Event ID: DMEE11

Facility ID: VAICFMR09

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	CORRECTION	IDENTIFICATION NUMBER:	· ' '				PLETED
		400043	P MING			1	С
NAME OF PI	ROVIDER OR SUPPLIER	49G013	B. WING _		STREET ADDRESS, CITY, STATE, ZIP CODE	04	/29/2019
	HOUSE OF PORTSMOU	TH INC		4	PORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	(D PREFI) TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
W 150	Continued From page	176	w.	150			
	He did realize that his apologized for his act	actions were wrong. He ions.	:				
		pted the termination and he oliday House Portsmouth					
	Day School program	Report from Individual #4's dated 11/13/17 at 9:30 Am documented in part, as					
	Type of incident: Other: arrived to sch of left hip and upper t	ool with large bruise on front high.					
	Incident reported to:						
	Parents: 11/13/17 at sent at 10:09 AM Holiday House: 11/1	9:45 AM, picture of bruise 3/17 at 10:00 AM					
	arrived at school and taken to the bathroom bruising on his hip an and was asked to ser arrived, looked at the Holiday House was c (Individual #4) to trans	t: Name (Individual #4) transitioned to class. When at 9:30, staff noticed d thigh. Staff called mom ad pictures. Mom and dad bruise, called doctor. alled and came to get Name sport to the doctor. Parents received a call last night					
	from Holiday House t	received a call last night hat Name (Individual #4) ad a bruise on his back. We					

	CORRECTION	IDENTIFICATION NUMBER:			STRUCTION		LETED
		49G013	B. WING			l	C <b>29/2019</b>
	ROVIDER OR SUPPLIER HOUSE OF PORTSMOU	JTH INC		4211 0	ET ADDRESS, CITY, STATE, ZIP CODE COUNTY STREET ISMOUTH, VA 23707	, , ,	
(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 8 CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 150	(individual #4's) bace did not see a bruise when he left for school individual #4 was see Hospital) on 11/13/1 complaint of Bruisin Individual #4's Positi dated 9/18/17-9/18/documented in part, Rational::  Plan written in accord Behavioral treatment recommendations.  Target Behaviors: F Self-Injury, Property important to note the out the person who item he is wanting.  Quality Of Life- A que #4) is to be in a safe activities that he prebehaviors of concern What is not working -Gently touching him he is displaying behaviors and location offer Name	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.  ive Behavioral Support Plan 18 was reviewed and is as follows:  as follows:  chance to VAC12-200-105 at Plans with restrictive  chysical Aggression, by Destruction, and PICA. It is at Name (Individual #4) seeks blocked his access to the  allity life for Name (Individual a environment and doing fers without displaying in.	<b>W</b>	150			

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			ATE SURVEY OMPLETED
		49G013	B. WING _			C 04/29/2019
	ROVIDER OR SUPPLIER	FH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707		V-120/2V 10
(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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 150	#4) from physical agg should follow the age -Do not hug or pat his down. Do not stare of in target behavior. The hostile reaction from remember redirection disruptive behavior, non a preferred activity participation.  Crisis Plan: Staff should follow Criticipation.  Crisis Plan: Staff should follow Criticipation.  Crisis Plan: Staff should follow Criticipation.  Below is a general criticipation support the provided and the participation of the provided in th	e to stop Name (individual pressive behaviors they not crisis plan. It back to help calm him or frown when he is engaging nese actions tend to provoke Name (Individual #4).  In means ignore the use of efocus the person's attention or and reinforce the east him injury.  It is to stop Name as a most to understand what is communicating has been cannot change the less his needs, be prepared #4) to possibly escalate in Understand that now, is behavior is beyond his gressive or disruptive, clear viduals.  If injurious, clear the area of is to him injury.  In earea and still monitor	W 1	50		

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION  NG		OATE 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 PREFI) TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION: CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 150	Name (Individual #4) control of the situation control of the situation must control Name (Ineed to be in control DO NOT GET DIRECT. If you are unable attempts that Name (aggressive or self injug. Call for back up attempts that Name (aggressive or self injug. Call for back up attempts that Name (aggressive or self injug. Call for back up attempts that Name (aggressive or self injug. Call for back up attempts that Name (aggressive or self injug. Call for back up attempts that Name (aggressive or self injug. Call for back up attempts that Name (aggressive or self injug. Call for back up attempts that Name (aggressive or self injug. Call for back up attempts that Name (aggressive or self injug. Call for suspension? 11/1 What reason was giv. Violation of Abuse to What was the final indischarge/suspension How was claimant in Training/received pol. DSP #5 signed the fare Policy revised 3/4/15 DSP #5's TOVA Cert expiration date of 3/3 DSP #5's Job Description of the position of Purpose: The position Professional I is under Residential Supervise.	ear, uncertainty or anger. In needs to feel like you are in an. Remember being in a does not mean that you individual #4) it means you of you and your emotions. CTIVE-STAY CALM. Ito leave, then block any (Individual #4) makes to be urious. Individual #4) makes to be urious. Individual #4) protocols.  Employment Commission of Separation and Wage for d and is documented in part, Individual Policy. Individual Policy. Individual Policy. Individual Policy. Individual Policy? Individual Policy Policy? Individual Policy Policy? Individual Policy Pol	W 1	150		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER.  49G013	1	PLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED			
		49G013	B. WING_			C <b>04/29/2019</b>
	ROVIDER OR SUPPLIER	JTH INC		STREET ADDRESS, CITY, STATE, ZIP CO 4211 COUNTY STREET PORTSMOUTH, VA 23707	DDE	
(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 ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TO DEFICIENCY	ON SHOULD BI HE APPROPRIA	
W 150	training to individual services in a resider training and support reflect the identified Services Plans. Ay Virginia Department Developmental Sen Licensure and Rece Major Duties and Rece each individuals' Inc 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 requirendurance, emotion follow the individual the approved interved adhering to policy.  On 3/7/17 DSP #5 seread, and understoot the following facility responsibilities as a 1. Mandated Repor 2. Human Right Tra 4. Child Abuse and	s with disabilities receiving ntial setting. Active treatment, a services are provided to target goals on the Individual all times compliance with the of Behavioral Health and vices and the Office of ortification required.  Seponsibilities:  Seand supports as identified in lividualized Service Plan.  Individuals and staff with ne, language, gestures and in accordance with Human Procedures.  They, clean and safe apport any safety concerns to diately.  They is a support services as solutive Behavior Support Plan.  They is a support service and safe apport any safety concerns to diately.  They is a support service of the service of	W 1			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G013	B. WING	<del></del>	C 04/29/2019	1
	ROVIDER OR SUPPLIER	TH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707	0412312010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLE	TION
W 150	care to Individual #4 of 11:16 PM, indicating to the care of his abuser and 46 minutes after I abused.  The facility's Virginia Bemployer's Report of RS #4 was reviewed as follows:  What date was the classification of the final incomplete to provide oversight of What was the final incomplete to provide oversight of What was the final incomplete to provide oversight of What was claimant information of the direct supposes. The position is under the direct supposes the provide for the training of the individual consistent with behavior and the care of the provide of the individual consistent with behavior and the care of the provide of the provide of the individual consistent with behavior and the care of the provide of the individual consistent with behavior and the care of the provide of the individual consistent with behavior and the care of the provide of the individual consistent with behavior and the care of the provide of the provide of the individual consistent with behavior and the care of the care of the provide of the	Abuse and Neglect Abuse  Indicated he provided 1:1 In 11/12/17 from 3:05 PM to that Individual remained in If or approximately 5 hours the was initially physically  Employment Commission Separation and Wage for and is documented in part,  In to the claimant? Failed Ever staff Eident that led to It? Failed to intervene in an  Inormed of rule/policy? Job  Description was reviewed part, as follows:  In of Residential Supervisor provision of the Assistant The Residential Supervisor provision of care and Italian and Italian and Italian and Italian Italian and Italian and Italian and Italian Italian and I	W 15			

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

Event ID: DMEE11

Facility ID: VAICFMR09

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	IPLE CONSTRUCTION		TE SURVEY MPLETED
		40040				С
		49G013	B. WING			4/29/2019
	ROVIDER OR SUPPLIER HOUSE OF PORTSMOUT	TH INC		STREET ADDRESS, CITY, STATE, ZIP CO 4211 COUNTY STREET PORTSMOUTH, VA 23707	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE LEAPPROPRIATE	(X5) COMPLETION DATE
W 150	maintenance and uple Major Duties and Res Ensures the monitorin program delivery acco of Portsmouth, Inc Po Virginia Department of Developmental Service Medicaid Guidelines, Health Guidelines.  Responsible for the main a manner which emains a manner which emains a manner which emains a manner which emains a manner who assigned training a RS #4's TOVA Certific expiration date of 5/3 On 6/10/15 RS #4 signead, and understood	sponsibilities:  Ing and documenting of ording to the Holiday House olicy and Procedures, of Behavioral Health and ces, Licensure Guidelines, and Department of Public  Inanagement of the cottage sures individuals/staff  supervises the Direct Staff,  Incres facilities policies and  Invior-modification techniques areas.  Incation was current with an 1/18.  In and that he had received, at that he was to comply with solicies while carrying out his employee:	w	150		
	Human Right Train     Child Abuse and N     Abuse of Individual Exploitation     Abuse Reporting N	ning Neglect als's Harm, Abuse, or				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION		PLETED
		49G013	B. WING			C /29/2019
	ROVIDER OR SUPPLIER	ITH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
W 150	to Individual #4 on 1 11:52 PM, indicating the care of his abuse and 22 minutes after abused.  On 4/25/19 the Admi training was provide with Individual #4 on stated, "We went ove staff and went over I Plan with the staff re Administrator was as on the Abuse and Ne Reporting of Abuse a incident with Individual stated, "No, we did neglect or mandated should have."  Individual #4's Notice Grievances signed 4 documented in part, Every individual des consideration and re Every individual of th  1. Retain legal right Federal laws; 3. Be treated with d free from abuse, neg included but not limit	Abuse  Indicated he Supervisory care 1/12/17 from 3:07 PM to that Individual remained in the for approximately 6 hours he was initially physically  Inistrator was asked what d after the abuse incident 11/12/17. The Administrator the TOVA training with our andividual #4's new Safety sponsible for his care." The sked if all staff were retrained to sked if all staff were retrained to sked if all staff were retrained to sked if all staff were retrained to sked if all staff were retrained to sked if all staff were retrained to sked if all staff were retrained to sk	W 15	50		

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		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)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC 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 150	4. Be free from sectury. Be treated under the conditions consistent subjected to unnecessisolation.  The facility policy title revised 3/26/19 was rin part, as follows:  Policy: It is the policy form of abuse to individual reperformed knowingly. Abuse, is defined as a employee or other pecare of an individual reperformed knowingly. Abuse will cause or rephysical or psychologia person receiving caretardation.  All Holiday House per to the following direct consulting staff:  1. Personnel shall, a themselves toward in that such persons will physical and mental a unnecessary (and unfrom any other acts winature.  2. Examples of abuse of a policy include, but are a. Physical Abuse: A intimidation or intrusion intrusion.	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 iduals.  any negligent act by an rson responsible for the ecciving services that was recklessly, or intentionally. hay have potential to cause gical harm, injury, or death to are or treatment for mental  rsonnel shall strictly adhere ives, including part-time and  at all times, conduct dividuals in such a manner be free from every form of abuse, harassment, or prescribed) restraint, and which are demeaning in	W 15	50			

	CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUI		COM	SURVEY
		49G013	B. WING _			1	C /29/2019
	ROVIDER OR SUPPLIER HOUSE OF PORTSMOU	TH INC	,	4211 COUN	DRESS, CITY, STATE, ZIP CODE TY STREET DUTH, VA 23707	1 0-4	20/20/10
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY 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 150	hair, unauthorized here.  Procedure:  2. Any employee whan individual has been exploited by any proprevent further harms such activity immediate supervisor (or to the if not comfortable resupervisor); then the incident to the Chief immediate supervisor investigation and sull information immediate.  4. Upon receipt of an eglect, the Chief Activity designed shall:  a. Take steps to prothe individuals.  c. The individual invity immediately be transformediately be transformediately contain all cases of suspending all cases of suspending the CAO or his contact the appropriation and coop investigations that results.	ning with cigarettes, pulling olds, and cutting.  no believes or witnesses that en harmed, abused or gram shall intervene to a to the individual and report ately to their immediate. Chief Administrative Officer, porting to immediate e supervisor will report the Administrative Officer. The or will start an initial brit statements and initial tely to the Chief er.  In allegation of abuse or dministrative Officer or his allegation and welfare of the statement and welfare of the statement and treatment as act the local law enforcement cited criminal activity.  The Chief Administrative Officer of that the abusive act is a state law enforcement erate fully with any esult.	W	150			
		ed "Behavioral Support/Crisis prepared 1/1/13 was					

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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 4/29/2019
	ROVIDER OR SUPPLIER	THINC	•	STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707			-120/2010
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 150	Continued From pag	e 186	w	150			
	reviewed and is docu	mented in part, as follows:					
		day House of Portsmouth to Options as a behavioral e.					
	intervention using ph to restrict or limit an i specific skills must m motion for the individ	is implemented as a crisis ysical interaction as needed ndividual's behavior/ The saintain the normal range of ual (no hyperextension of bruising, injury, or pain by					
		phavioral Intervention Policy* eviewed and is documented					
	Portsmouth, Inc. to d intervention plan that employees when dea	y of Holiday House of evelop a behavior provides guidelines for all aling with individuals who ad/or physical aggression.					
	will be consistent with	pecial interventions utilized n applicable human rights hasizes positive interventions					
	intrusive intervention	nployees limit their east restrictive and least possible while ensuring that d with dignity and respect at					
	Definitions:						
		f the Code of Virginia) means act by an employee or other					

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Event ID: DMEE11

Facility ID: VAICFMR09

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	CORRECTION	IDENTIFICATION NUMBER:		G		SURVEY PLETED
		49G013	B. WING _	<del></del> .	04	C /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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 150	a facility or program by the department to failed to performed to intentionally, and the caused physical or person re mental illness, mental disability), or substate abuse include acts as 2. Assault and batto 5. Use of excessive in a physical or med 6. Use of physical or person that is not in state laws, regulation standards of practice individualized service I. Use of Behavior In Holiday House of Pro appropriately approaggression according according to the level are ABSOLUTELY For Intervention Technical PROHIBITEDACTION *Corporal punishmental permitted. *Degrading, treating humiliating persons *Excessive or inapp behavior interventio  The facility policy tite	for the care of an individual in a operated, licensed, or funded that was performed or was knowingly, recklessly, or at caused or might have psychological harm, injury, or acciving care or treatment for that retardation (intellectual ance abuse. Examples of such as: ery.  If force when placing a person chanical restraint.  If mechanical restraints on a compliance with federal and ons, and policies, professional are, or the person's cas plan.  Intervention: Int	W 1	50		

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		ONSTRUCTION	1	PLETED
		49G013	B. WING _			I	C 29/2019
	ROVIDER OR SUPPLIER	THINC		421	REET ADDRESS, CITY, STATE, ZIP CODE 11 COUNTY STREET PRTSMOUTH, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 150	enhancing the quality integrating available security and safety. (closed circuit televis areas is a critical corsafety. The principle of Portsmouth's use 1. Enhancing individed 2. Identifying and gate 3. Documenting actived 3. Documenting actived 4. Any untoward or orgarding safety or organized 5. Any untoward or organized 5. Any untoward or organized 5. Any untoward or organized 5. Any untoward or organized 5. Any untoward or organized 5. Any untoward or organized 5. Any untoward or organized 5. Any untoward or organized 5. Operations Procedures:  B. Operations Proced 1. CCTV cameras we times by the Social V. Officer and Designate 5. The Designated 5. The Designated 5. The Designated 5. Personnel shall reduring monitoring of Chief Administrative C. Oversight Proced 1. The Chief Administrative C. Oversight Proced 1. The Chief Administrative C. Oversight Proced 1. The Chief Administrative C. Oversight Proced 1. The Chief Administrative C. Oversight Proced 1. The Chief Administrative C. Oversight Proced 1. The Chief Administrative C. Oversight Proced 1. The Chief Administrative C. Oversight Proced 1. The Chief Administrative C. Oversight Proced 1. The Chief Administrative C. Oversight Proced 1. The Chief Administrative C. Oversight Proced 1. The Chief Administrative C. Oversight Proced 1.	Portsmouth is committed to y of life for its individuals by technology to increase The facility's use of CCTV sion) system in common inponent pf its security and explications of Holiday House of a CCTV system include: lual's safety. Ithering of information. In ons to safeguard individuals. Ithering of incidences used in the incidences used in the incidences used in the incidences used in the incidences used in the incidences used in the incidences used in the incidences used in the incidences used in the incidences used in the incidences used in the incidences used in the incidences used in the incidences used in the incidences used in the incidences used in the incidences used in the incidences used in the incidences used in the incidence used in the incidenc	W 1	50			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION  3	(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 Y 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 150	responsibility for ensured Policy and for distribute requesting information. On 4/26/19 at 10:30 A conducted with the Cithe Chief Administration of the CCTV Administrative Officer video feed during the does as well. On the and nursing the system The Chief Administration monitoring was being have been caught an 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 Chief Social Worker and Mabove information was Administrative Officer installing software so worker will be able to our phones when we	atrative Officer has primary uring adherence to this uting the Policy to persons in on it.  A.M. an interview was hief Administrative Officer. tive Officer was asked if who system. The Chief is stated, "I monitor the live week and my social worker weekends the therapy staff im from their departments." tive Officer was asked if this indone should the abuse did reported at the time the landividual #4 or at least been y abuse occurred when the was discovered. The Chief is stated, "Yes, I would have on have access to have alerted me of their findings.  M. a pre-exit conference ef Administrative Officer, the edical Records where the	W 15	50		
W 153	and we plan on makir safety of our individua again"	ng changes to ensure the als so this doesn't happen	W 18	53		

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	1` '		CONSTRUCTION		SURVEY
			A. BUILD	NG _	<del></del>	'	•
		49G013	B. WING			l l	C /29/2019
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	] 04	129/2019
TANKE OF T	NOVIDEN ON GOLL EIEN				211 COUNTY STREET		
HOLIDAY	HOUSE OF PORTSMOU	TH INC					
	r ·				ORTSMOUTH, 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 I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
							5.22.19
W 153	Continued From page	e 190	l w	153			
	, ,				W153-Facility Staff failed to ensure that		
	The facility must ens	ure that all allegations of			allegations of abuse were immediately re	orted	
		ct or abuse, as well as			to the Administrator for Individual #4 on	<del>Joilea</del>	]
	injuries of unknown s				11/12/2017		
		Iministrator or to other			Address how corrective action	will be	
		e with State law through			accomplished for those re		
	established procedur				found to have been affected	by the	
	Company   Comp	<b>55.</b>			deficient practice		
					ladicidus 44a dishara 4	11-03	1
	This STANDARD is	not met as evidenced by:			Individual #4 was discharged from House of Portsmouth, Inc. on 11/27/2017.	Holiday	
		it investigation, medical			House of Portsmouth, Inc. of 11/2//2017.		
	record review, facility			2. Address how the facility will	identify		
	interviews the facility	staff failed to ensure			other residents having the pot		[]
	allegations of neglect				be affected by the same of		
		to the Administrator for 1 of			practice;		
	4 individuals in the su	ırvey sample, Individual #4.					
					Holiday House of Portsmouth Chief Administ		
	1. The facility staff fa	ailed to ensure that			has designated the facility Social Worker to t		
	allegations of abuse	were immediately reported to			staff on Mandatory Reporting, Abuse, Negle		
	the Administrator for	Individual on 11/12/17.			Mistreatment policies at the time of initial original monthly at all staff meeting, annually in the n		
					February, Holiday House of Portsmouth staff		
	The findings included	<b>i</b> :			trained on All Holiday House of Portsmouth	WIII DC	
					Prevention Policies at the all staff meeting or	1	
		15 year old admitted to the			5/22/2019. Emphasis will be informing all sta	ff with	
		th diagnoses to include but			notifying the administrator immediately upon		
	•	nd Intellectual Disability,			occurrences of abuse and neglect. All super-		
		fied Behavior and Emotional			will be retrained on informing the Administrat		
	,	Nerve Hypoplasia (right eye			incidents of abuse. Evidence of compliance staff signatures on staff training logs. Upon	WIII DE	[]
	, ,	on Individual #4's Annual			completing the Accident/Incident Report For	n the	11
		ated 9/11/17 he weighed 111			Residential Supervisor will immediately notifi		H
		3/4 inches tall. Individual			Chief Administrative Officer, Social Worker a		
		Summary dated 9/11/17 also			Director of Nursing in order for the Administr		II
	stated that he was 1:	•			immediately review the incident.		
	1 *	ly by Holiday House staff to			Completion Date: May 22, 2019		
	ensure that he is in a						
		al Evaluation dated 8/14/17			2 Address what measures will be	!	
		e a Slosson Intelligence Test			3. Address what measures will be place or systemic changes made to		[]
	· ·	evealed a mental age of 23			that the deficient practice will not re		
	months and an intelli	gence quotient of 14.			hiar me acholent blacuce will light to	out .	11

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Event ID: DMEE11

Facility ID: VAICEMR09

If continuation sheet Page 191 of 262



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	1 ' '	(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	-		
HOLIDAY	HOUSE OF PORTSMOUT	TH INC		42	211 COUNTY STREET			
HOLIDAT				P	ORTSMOUTH, VA 23707			
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORREC	-	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)		COMPLETION DATE	
W 153	Continued From page	∋ 191	w	153	Continued from page 191		5.22.19	
					employed by a private or state operated			
		ly Programming Progress			institution or facility where personals ha			
		17 were reviewed and are			placed for care and treatment. Any pers	on employed		
	documented in part, a	as follows:			Any probation officer, Any teacher or of	her nerson		
	Barran Nata Man	. # - J. S 1 # 4 \ 1 -			employed in a public or private school,			
		e (Individual #4) made			or nursery school ,Any mental health pi			
		the support of the direct			Any person employed to take care of cl			
	support professional staff. He continues to require one to one supervision procedures with 2				Enforcement Officers, Any person emp	oyed by or		
	staff for safety and behavioral issues.				contracted with the facility and working	with the	l .	
	Stall for Salety and be	silaviolai issues.			individuals in an administrative, support care capacity. Any guardian or conserv		ì	
	On 4/23/19 during the	e initial entrance conference			adult Any person providing full, intermit			
		r the question was asked if			occasional care to a child/adult for com			
	there were any active			including, but not limited to homemaker				
		Administrator stated, "No"			care workers, companion etc. Holiday l			
		proximately 15 minutes later			Portsmouth, Inc. expects and enforces	that all staff		
		entered the conference room			that has reasonable cause to suspect to has been or may be subjected to abuse			
	and stated. "After dis-	cussing with my staff I want			or observes a child being subjected to			
	to let you know that w	ve are in an active law suit			circumstances which would reasonably			
	regarding a case of a	buse with an individual			abuse or neglect, that person shall IMM			
	(Individual #4). On 1	1/12/17 the individual was			report or cause a report to be made. M			
		saulted by one of our direct			reporters employed at Holiday House of		1	
		so involved our residential			Inc. play a crucial role in keeping the ch	iildren safe		
		iewing the video footage of			and helping family's access important resources. Mandated reporters at Holio	tay House		
		terminated both employees."			often come into frequent contact with c			
		as asked to allow the survey			risks, and families in crisis, and have a	n early		
		dent footage and to bring all			opportunity to help them get the interve	ntion, support		
		garding the investigation of			or services they need to stay safe. Any			
	the abuse incident for	r individual #4.			employed at Holiday House of Portsmo			
	The video feetees de	stad 11/12/17 involving			is mandated to reported suspected chil maltreatment-and fails to do so, could t			
		ited 11/12/17 involving riewed by the survey team.			with a Class A misdemeanor and subje			
		sted over 2 minutes. In the			penalties. Mandated reported can be s			
		as observed crawling/being			court for monetary damages for any ha			
	pushed out of the bat			the mandated reporter's failure to make	a			
	knees from the gymn			report. This new policy will be reviewed	d at the all			
		nale was observed kicking			staff meeting on 5/22/2019.		1	
		4 times), dragging and			Holiday House of Portsmouth CAO als Abuse, Neglect and Mistreatment Polici		1	
		Is body by one leg and lying			Abuse, regiect and inistreatment Polici	ea, mia policy		

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	<del></del>						3. 0000 0001
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''		CONSTRUCTION	(X3) DATE	SURVEY
			A. BUILD	NG _	<del>-</del>		
		49G013	B. WING			l	C
NAME OF P	RÖVIDER OR SUPPLIER		1	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 04/	29/2019
VIV.II. 01 11	to Tibelt Off Off Telefit				211 COUNTY STREET		
HOLIDAY	HOUSE OF PORTSMOUT	TH INC			ORTSMOUTH, VA 23707		
	0.000		T	Ц.			
(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 APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 153	Continued From page	. 102	14/	153	Continued From page 192		5.22.19
** 100			VV	เอง			1
		n top of individual #4 during			indicates that: Holiday House of Portsmor		
		eo. At one point in the video			ICF/IID prohibits any form of abuse, negli mistreatment of the individuals. <b>Abuse</b> is de		
	, -	vidual's arm waving for help. ff member was observed			any negligent act by an employee or other		
		if member was observed 4's head and shoulder area			responsible for the care of an individual r		
		nember was lying on top of			services that was performed knowingly, reckl		
	him. The second stat				intentionally. Abuse will cause or may have		
		und the gym with his back			to cause physical or psychological harm, in		
	turned to Individual #				death to a person receiving care or tro		
		the other staff member.			Holiday House of Portsmouth will not individuals to be abused by anyone, include		
		minutes of the video that			members, consultants, volunteers, and staff		
	· · · · · · · · · · · · · · · · · · ·	his feet was when he broke			agencies providing service to the individual.	0. 00.	
		staff and ran towards the			Examples of abuse for the purpose of this po	licy	i
		staff member following him.			include, but are not limited to, the following:	•	1
		nber went back into the			Physical Abuse: Any kind of physical intimid		
	bathroom and collecte	ed a trash bag then exited			intrusion such as pushing, pulling, scratching		
	the gym. The Admini	strator was asked who were			kicking, slapping, throwing things, torturing, to with cigarettes, pulling hair, unauthorized hole		
	the 2 staff members.	The Administrator stated,			cutting.	us, anu	
	"The staff member that	at was having the physical			Verbal Abuse: Abuse that is achieved prima	rily with	
		idual was his 1:1 Direct			words. Criticizing an individual, belittling, or		
		r and the second person			fun of someone.		
	was the Residential S	Supervisor.			Sexual Abuse: Forced sex or sex that takes		
					advantage of an individual, fondling, or inapp		
		leo and reviewing the			touching. Emotional Abuse: Abusive behavior uses emotions to intimidate the victim.	n inai	
		an Rights Information			Mistreatment can be defined for the purpose	of this	
		se Allegation Report for			policy to include but not limited to:	, O, IIIO	
	· · · · · · · · · · · · · · · · · · ·	#20170016 an interview was			Failure to act/neglect that leads to or is in im-		
	conducted with the A				danger of causing physical injury through ne	gligent	
		ked if there was any criminal			omission, treatment, or maltreatment of an		
		The Administrator stated,			individual, including but not limited to failure l		
		al #4 was abused but we criminal activity. However,			to provide an individual with adequate food, of shelter, medical care, supervision, or through		
		•			condoning or permitting abuse of an individu		
	#5) after they viewed	rges against Name (DSP	1		any other person.	0,	
	Administrator was as		1		Verbal mistreatment: by subjecting the individual	dual to	
		n in his groin, dragging him			the use of derogatory names, phrases, profa	nity,	
		nd applying his entire body			ridicule, harassment, coercion, or intimidation		
		ody what would that be			threatening injury or withholding of services of		!
		ninistrator stated, "It's			supports, including implied or direct threat of		
			- 1				7

Facility ID: VAICFMR09

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIF/CATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X: A. BUILDING			3) DATE SURVEY COMPLETED	
				-			С	
		49G013	B. WING			04	/29/2019	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
HOLIDAY	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 PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 153	Continued From page	193	W	153	Continued From page 193		5.22.19	
		strator was asked if assault	"	100	termination of services.		1	
		and if Individual #4 was		j.	Restrictions on an individual's freedom of n	ovement		
	assaulted by the staf				by seclusion in a locked room under any co			
		"Yes, assault is a a criminal			Restriction to an area of the residence or re			
		#4 was assaulted by the			access to ordinarily accessible areas of the			
	_	should have called the			residence is not allowed, unless arranged f			
		narges." The Administrator			agreed to on the Individual's' Support Plan.			
		he would have expected			Physical restraint: without a written physicia			
		Individual #4's abuse that			or as part of an Individual Support Plan, un individual's actions present an imminent da			
	_	strator stated, "I expected to			himself/herself or others, and only until app			
	be notified immediately, however in this case the				action is taken by medical, emergency, or p			
	abuser was who shou	• -			personnel. Financial exploitation which ma			
					but is not limited to: unauthorized rate incre			
	The Administrator and	d the Social Worker			staff borrowing from or loaning money to in			
	provided Court Recor	ds for DSP #5 which were			witnessing wills in which the caregiver is be			
	reviewed and are doo	cumented in part, as follows:			adding caregiver's name to individual's ban accounts, inappropriately expending individ personal funds, and theft of an individual's	ual's	1:	
	Arrest Date: 12/14/17	7			funds. Neglect: To assist this facility in defi		1	
	Charge: Abuse of Ch	ild, Serious Injury			incidents of neglect; neglect is defined as a			
	Charge Type: Class 4	Felony			act or failure to act that results in death, sei physical or emotional harm.			
	Arrest Date: 3/2/18				Examples of neglect for the purpose of this	policy		
	Offense Date: 11/12/	17			include: Abandonment			
	Charge: Assault and	Battery			Nutritional neglect (under-nourished); failur			
	Charge Type: Misder	meanor			provide food/hydration, inadequate hygiene	•		
					soiled clothing) inadequate supervision (sle	. +		
	Arrest Date: 3/2/18				the job), duration and frequency of unsuper			
	Offense Date: 11/12/				times. Exposure to hazardous materials Fa			
		to the Delinquency of a			protect by jeopardizing health and safety, a	•		
	minor		ļ		form of reckless behavior with disregard for			
	Charge Type: Misder	meanor			individual's health and safety Failure to imp			
	Annal Date: 00040				behavioral support plan procedures, as it re			
	Arrest Date: 3/2/18	47			safety of the individual. All Holiday House			
	Offense Date: 11/12/				are Mandated Reporters and all personnel			
	Charge: Child Abuse				strictly adhere to the following procedures:	•		
	Charge Type: Felony	•			Individual, Authorized representative, cons			
	The facility assistence	ked provided a written			legal guardian, local or regional advocate,			
	•	rked provided a written so dated 11/12/17 involving			interested person who believes that an indi	vidual has	<u>[</u>	

STATEMENT OF DEFICIENCIES (X' AND PLAN OF CORRECTION	1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION ( A. BUILDING			(X3) DATE SURVEY COMPLETED	
		B MANO			С	
	49G013	B. WING			04	/29/2019
NAME OF PROVIDER OR SUPPLIER  HOLIDAY HOUSE OF PORTSMOUTH I	HOLIDAY HOUSE OF PORTSMOUTH INC		42	TREET ADDRESS, CITY, STATE, ZIP CODE 211 COUNTY STREET ORTSMOUTH, VA 23707		
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES JST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
to be in distress attempti staff that were in the batt Immediately exiting batt him two times on his side was still lying on the gymmale staff standing over #4) began sliding on the away from the two male Name (Individual #4) shi #4) was still lying on the (Individual #4) was resis Name (Individual #4) by him across the gymnasis door. DSP #5 grabbed Negs causing him to flip of #5 is now sitting on Namand RS #4 comes and si #4's) head. Both Staff and approximately 13 second continues to remain on to continues to pull at Name efforts to get him out of the standing over Name (Individual grabbing done to continues to attempt to only his leg. Name (Individual egs and hands to get DSP #5 and RS #4 follows away. DSP #5 grabs Name (Individual egs).	day House Personnel) al #4) which was ed in part, as follows:  Is in a dark gymnasium. Ing on his hands and bathroom with two male supervisor (RS) #4 and (DSP) #5). He appeared Ing to get away from the hroom with him. Incom DSP #5 kicked Individual #4) Innasium floor with the two Inim. Name (Individual Ifloor attempting to get Interest the Name (Individual Individual #4) Individual #4's) Indivi	W	153	been harmed, abused, or exploited by any shall immediately report such to the Chief Administrative Officer and/or their IMMEDI SUPERVISOR. It is the supervisor's responsare that he alleged abuser is removed providing any care to the individual immediate allegation is made. In the event the sure does not respond appropriately ANY staffing 11 to ensure the individuals of the facility. The Chief Administrative Officer, in no case punish or retaliate against a volunteer, constudent for reporting an allegation of abuse or exploitation to an outside entity. Any entitle who believes or witnesses that an individual been harmed, abused or exploited, neglect mistreated by any person shall INTERVEN prevent further harm to the individual and it such activity immediately to their immediate supervisor. The Immediate Supervisor must individual. The Immediate Supervisor will dinitial investigation and submit written state conduct interviews, and get as much initial information as possible. This information information as possible. This information shall forwarded immediately to the Chief Adminitial information as possible. The investigator shall dates, times of interviews and written state. The Immediate Supervisor must ensure the Individual is assessed immediately by the duty and the individual MUST be transport emergency room for further medical evaluate treatment. The Immediate supervisor and the onduty must NOTIFY the Chief Administrative Officer, Director of Nursing, Social Worker as possible. The Chief Administrative Officer, Director of Rursing, Social Worker (Investig ensure the facility's Social Worker (Investig ensure the facility's Social Worker (Investig ensure the facility's Social Worker (Investig ensure the facility's Social Worker (Investig ensure the facility's Social Worker (Investig ensure the facility's Social Worker (Investig ensure the facility's Social Worker (Investig ensure the facility's Social Worker (Investig ensure the facility's Social Worker (Investig ensure the facility's Social Worker (Investig	ATE asibility to rom ately after ervisor may call so safe.  e, shall sultant, or , neglect, ployee all has ed or E to eport et to has the onduct an ments, aculd be strative II include ments etc. at the durse on ed to the tion and he Nurse tive as soon er will	5.22.19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED	
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		49G013	B. WING			04	1/29/2019	
NAME OF PE	ROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE		20/2010	
				4	211 COUNTY STREET			
HOLIDAY	HOUSE OF PORTSMO	UTH INC		F	ORTSMOUTH, VA 23707			
(X4) ID	SUMMARY:	STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORREC	CTION	(X5)	
PREFIX TAG		ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)		COMPLÉTION DATE	
W 153	Continued From page	ge 195	w	153	Continued From page 195		5.22.19	
	<u> </u>	um floor. RS #4 is walking	"				7	
		ium failing to intervene pacing			immediately investigate and report the	allened		
		then lays on top of Name			abuse, neglect, mistreatment in accord	-		
		RS #4 paces around the			established state policies and procedu			
		ks away in another room.			Social Worker is responsible for entering			
		4) continues to be on the floor			allegations of abuse, neglect, mistreati	-		
	,	is applying pressure to Name			complaints, and suspicious injuries of			
		ck and shoulder area. DSP#5			origin in accordance with state laws an		ł	
	stands up removing	body weight from Name			procedures. The Social Worker will en			
	(Individual #4) but s	till stands over him with Name			incidents are thoroughly investigated.			
		ne middle of his legs. RS #4			will consists of monitoring the CCTV ca		1	
	continues to pace a			interviewing staff, interviewing the indir				
		legs around Name (Individual			The Social Worker upon receipt of any		i	
		Name (Individual #4) begins			allegations of abuse, neglect, mistreati			
		is hands and knees and DSP			complaints, and suspicious injuries of			
		vard Name (Individual #4)			origin will conduct an investigation and	will be		
		enters the bathroom. DSP #5			entered into the CHRIS (Comprehensi			
		dual #4) by the neck area one			Rights Information System program wi			
		takes his jacket off and walks			of the initial report. The Social Worker			
		ndividual #4). Name			times, dates, timelines, phone calls req allegation of abuse, neglect, mistreatrr			
		inues to roll around on the			investigative findings.	iont		
		removes his jacket he kicked			Upon completion of the investigation a	s indicated in		
		) twice again on his side.			the Holiday House of Portsmouth, Inc.	Abuse,		
	-	4) rolls to his feet to stand up			Neglect, and Mistreatment Policies, the			
		out of the gymnasium door. directly out of the door. RS			Worker will complete a final investigati			
		<del>-</del>			(Comprehensive Human Rights Inform			
	trash.	bathroom carrying a bag of			within 5 working days (these days also weekends and holidays). An employee			
	uasii.				report or cooperate with an abuse and			
	Total Time of Incide	nt: 2 minutes and 37			investigation may result in disciplinary			
	seconds.	nt. 2 minutes and 37			action by an employee that compromis			
	GOOGIUG.				integrity or outcome of a factual investi	gation may be		
	On 4/24/19 at apper	oximately 1:40 PM the Social			cause for disciplinary action and/or imi	nediate		
		what she thought about the			termination.		1	
		vidual #4 and the facility staff			Volunteers, contractors, contract empli			
	_	cial Worker stated, "Honestly it			interns and/or consultants who fail to o			
		anted to cry. I have a three	-		this departmental instruction may be to employment/service.	monated from		
		one every did that to my child I			Chiprogramoniasoratos.		1	
	, - · · · · · · · · · · · · · · · · · ·	(Individual #4) should have					_	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF D	ROVIDER OR SUPPLIER	400010	5		STREET ADDRESS, CITY, STATE, ZIP CODE	04/	29/2019	
	HOUSE OF PORTSMOU	TH INC		4	PORTSMOUTH, VA 23707			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	<u> </u>	(X5) COMPLETION DATE	
W 153	Continued From pag	e 196	w	153	Continued From page 196		5.22.19	
W 153	never been abused I support plans for all should be followed."  Individual #4's Nurse are documented in positive 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 P conducted with LPN #2 who performed the on Individual #4 on 1 was asked to describ assessed Individual stated, "I was in the incalled and asked if I Name (Individual #4' over and walked up to my God what happer and DSP #5) said "Vione knows what hap	ike that, we have behavior of our Individuals and they as Notes were reviewed and art, as follows:  Tocal Assessment to left agreement to touch. Activity WNL without sign/symptoms pfor intact without swelling. No ed, monitoring continues. Evider) notified. Residential parent.  Ifter being showered ise to left hip and groin area and green in color, nontender symptoms of pain/discomfort needed	W	153	Upon receipt of an allegation of abuse, neglect, and/or mistreatment the protocol is identified as follows: Take steps to protect the safety and we of the individuals. Suspend the alleged abuser immediately. Ensure an assessment is complete the nurse if allegations involve any type of Injury claim that staff may have injured individual. The individual involved in the abuse will immedibe transported to the emergency room for medie evaluation and treatment as needed.  Ensure that employees are reminded that they accoperate with the investigation, Ensure to investigate get written statements, be sure to document thoroughly immediately contact the local law enforcement is 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 report potential abuse or neglect. In the absence of the Social Worker the Chief Administrative Officer wappoint an employee who is not involved in the issues of the investigation to complete the investigation. The facility will use closed circuit cameras to assist with the investigation. In all cases, the Chief Administrative Officer will provide his written decision, including Actions taken as a result of the investigation wit completion of the investigation to the individual, individual's parent/guardian. If the individual affect the alleged abuse or his authorized representative is not satisfied with the Chief Administrative Officer's actions, he or his author representative or anyone acting on his behalf, in file a complaint and request for a Local Human Rights Committee (LHRC) hearing under 12VA(115-180). In the event that the investigation is unfounded	elfare ed by y or iately ical are to in all of ort of ne will thin rected rized nay C 35-		
	called the mom. I to looked like." LPN #2	d the mom what the area was asked to describe the 's hip/groin area. LPN #2			facility will complete the following: The employee will be monitored by the supervis designee during a 3-month period. He or she shades			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		49G013	B. WING			04	/29/2019
	ROVIDER OR SUPPLIER	TH INC	•	4:	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 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 153	was about the size of any treatment but I d LPN #2 was asked if reported and if it ever Individual #4 may ha stated, "Yes I am a mnever occurred to me was then asked if she from the monitor in the 11/12/17 when the breported to her to see that Individual #4 was "No, I never checked day."  Individual #4's Interd date 11/12/17, timed #5 were reviewed an follows:  Staff received Name He was watching TV( with toileting. Name with his parents. He supported with PM (a (Individual #4) receive independently. He was until bedtime.  The documentation in Individual #4's upper to the Attending Physis 11/12/17 at 18:52 (6: is documented in par	is purple with a red spot. It if a pineapple. It didn't need id notify the doctor by fax. she was a mandated reccurred to her that we been abused. LPN #2 nandated reporter but no it he was abused." LPN #2 reviewed the video footage he Nursing Office on uise of unknown injury was he if there was any indications has abused. LPN #2 stated, the camera system that  isciplinary Progress Note 3 PM-7 PM written by DSP d is documented in part, as  (Individual #4) in living area. (Ielevision). Staff supported (Individual #4) spent time played in the gym. Staff afternoon) care. Name hed snack and dinner. He ate heat statched to and played with  regarding the bruise found on thigh and groin were faxed sician's Office on Sunday 52) P.M. was reviewed and	W	153	be supervised closely while assigned to individual policies with the staff person.  A certified TOVA Trainer will discuss with the person the TOVA philosophy and the TOVA technique as it relates to the incident. (If apply At the end of the 3-month period, the Director Residential Services will review the documer with the staff person. The supervisor will prewritten report with recommendations to be sure to the Chief Administrative Officer within ten All staff will be informed and review the Abus Individuals/Mistreatment/Neglect Policies at of orientation, monthly at all staff meetings, a annually in the month of February. Documer of this review shall be on the orientation shed staff training log.  This policy and procedure will be reviewed we employee during the initial employment, mon all staff meetings, and annually in the month February. This policy will be reviewed with all on 5/22/2019.  The injuries of unknown origin protocol was 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 origin is defined as follows: The injury wasnobserved by anyone or can't be explained individual or staff. The injury is suspicious additional medical evaluation due to the local (and in an area not usually vulnerable to traulextent of the injury, number of injuries that on the same time, or the number of injuries that on the same time, or the number of injuries that on the same time, or the number of injuries that on the same time, or the number of injuries that on the same time, or the number of injuries that on the same time, or the number of injuries that on the same time, or the number of injuries that on the same time, or the number of injuries. Over (Hip, upper chest, back, head, neck (front an tinjury the following must take place: RESIDE DEPARTMENT PROTOCOL: INITIATE INVESTIGATION IMMEDIATELY. The Resident in the supervised parts are listed as a guide but do the colon and the same time,	e of eent  e staff licable) r of of otation epare a submitted days. See of the time and of et and et	5.22.19
	WNL (within normal I				INVESTIGATION IMMEDIATELY. The Resid	ientiai	1

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1, ,	(X2) MULTIPLE CONSTRUCTION ( A. BUILDING			(X3) DATE SURVEY COMPLETED		
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NAME OF B	SOURCES OF STREET ISS	483013	0. Wato _			04	/29/2019	
NAME OF PI	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE			
HOLIDAY	HOUSE OF PORTSMOU	TH INC			211 COUNTY STREET			
				P	ORTSMOUTH, VA 23707			
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 153	153 Continued From page 198		w.	Continued From page 198 W 153				
			**	100				
	dated 11/12/17 at 5:3 #5 was reviewed and follows:	Accident Incident Report 33 P.M. completed by DSP 1 is documented in part, as			Supervisor and Nurse will continue to phone the family together. The Residential Supervisor will continue to notify the family of the incident, and nurse will then provide the parents with inform regarding the assessment and treatment giver. The nurse will also notify the Individual's primal physician of injuries and treatment given. The will document this information in the individual's	II d the ation n if any. ary care nurse		
	Where did the accident/incident take place? Staff observed in bathroom.  Describe any injuries incurred: Staff observed bruise on left hip while supporting with nightly hygiene.  Name of any witnesses: Name (RS #4).  Staff person's account of what happened: Staff observed bruise while supporting with PM care.  Condition of person involved: (Completed by Nurse, LPN #2); Focal assessment to left upper thigh, noted large bruise near hip/groin. skin intact, no swelling, no signs or symptoms of pain/discomfort, no tenderness, activity WNL.  Physician notified: Name (Attending Physician) via fax, Time: 5:45 PM, By Whom: Name (LPN #2), Physician's instructions: none given at this time.  Name of Parent/Guardian notified: Name (Individual #4's mother), Time Notified: 5:47				medical chart and on the nursing daily report sheet. If the employee has knowledge or reason to believe the injury involves abuse or neglect, the employee shall immediately report the event to the CAO in accordance with the Holiday House Abuse Prevention Policies and Procedures. The Director of Nursing/Nursing Department will ensure individuals receive the appropriate medical attention for all unexplained injuries. In cases of suspected criminal activity the CAO or designated staff involved must call local law enforcement. All staff will be trained on this protocol in the all staff meeting on 5/22/2019. Staff will be trained by the facility Social Worker on this protocol at initial orientation. Evidence of compliance will be on the facility's training log. The Chief Administrative Officer will have the CCTV Camera System placed on lap top as well as the facility Social Worker lap top so facility monitoring cal be conducted on weekends as well. Live Video Monitoring is conducted by the CAO and/or designee during the weekdays. All Holiday House of			
	Parents were notified and said thanks. sign The facility Compreh Information System (Report for Individual reviewed and is document of the Alleged Abuse Date: Individual Name: National State and S	ensive Human Rights (CHRIS) Abuse Allegation #4, Abuse #20170016 was umented in part, as follows:			Portsmouth, Inc will receive training in Therape Options at the time of initial orientation and an Evidence of compliance will be located in the S Human Resource Record as well as facility traitogs.  4. Indicate how the facility plans to make sure that s are sustained;  The Risk Management committee will review t training roster each month to ensure that all st receive the training in areas of mandatory reports.	nually. Staff ining onitor its olutions he		

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	TH INC		42	TREET ADDRESS, CITY, STATE, ZIP CODE 211 COUNTY STREET ORTSMOUTH, VA 23707	_1	4/29/2019
(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 CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED CORRECTION OF THE	D BE	(X5) COMPLETION DATE
W 153	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 of (DSP #5) used unnecinappropriate TOVA (Virginia) techniques. coming out of the batt #4) refused to leave t staff attempted to get area. The more Nammore physical staff wunnecessary use of pulling individual by the troom, kicked on the hip pressing his body were (RS #4) was present prevent the unnecess staff were exhibiting. provide to Child protect Injuries: Individual Injured?: Name of Injuries: Provide to Child protect Injurie	ysical, Seclusion/Restraint inecessary use of seclusion  In large bruise noted to a upper thigh near his hip is observed on November eillance was reviewed from observed that staff Name ressary use of restraint and Therapeutic Options of They were observed hroom and Name (Individual him to go to the cottage in the eight of the ei		1153	abuse, neglect, and mistreatment. The Accident/Incident Committee (compose Facility QIDP's, Director of Nursing, Director Residential Services and Social Worker) with monthly all Accident/Incident Forms to ensimonitor that all accident/Incident reporting Holiday House of Portsmouth's Accident/Incident Policy.  Completion Date: May 22, 2019	or of ill review ure and follows	5.22.19

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1''	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED		
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W 153	Policy, Other. Other Rationale: Vide confirmed physical and Reason for Corrective of restraint techniques Issue-Substantiated. Corrective Action Take procedure, Increase sof supervision), Approached Appropriate notification made.  Polices: Suspected Criminal A Local Police Notification State Police Noti	Follow Int Plan, Failure to Follow It Plan, Failure to Force. It Action: Unauthorized use It Plank It	W 1	53			

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	G		COMPLETED			
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	ROVIDER OR SUPPLIER	TH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707				
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W 153	unknown bruise disca 2017. The surveillan reviewed.  Investigative Finding video had evidence of violated Holiday Hou Policy. The reviewin disclosed the followin  *During transition fro residential area after (Individual #4) was o bathroom with a make  *The Staff provided u and did not use ANY interventions as train Portsmouth.  *Evidence revealed if weight on Name (Ind *Evidence of a kick to hip/groin area.  *Residential Supervi intervene which was Policy.  *Termination of empli Holiday House Policy  *Termination of empli intervene and provid abuse/neglect.	gation 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 estaff.  Innecessary physical support appropriate TOVA ed by Holiday House of  In the gym area to the leaving the restroom Name beserved coming out of the estaff.  Innecessary physical support appropriate TOVA ed by Holiday House of  In the gym area to the leaving the restroom Name beserved coming out of the estaff.  In the gym area to the leaving the restroom Name beserved coming out of the estaff.  In the gym area to the leaving the restroom Name beserved coming out of the estaff.  In the gym area to the leaving the restroom Name beserved coming out of the estaff.  In the gym area to the leaving the restroom Name beserved coming out of the estaff.	W 1	53				

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	ROVIDER OR SUPPLIER HOUSE OF PORTSMO	DER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  4211 COUNTY STREET  PORTSMOUTH, VA 23707		<b>.</b>	1 4120/2010		
(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 CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
W 153	and SW (Social Wo investigated and view 2017 additional TO and trained with all The facility Visitors week of November reviewed and reveaparents and sibling 11/12/17 from 3:20  Email corresponder Father and the Chiewas reviewed and infollows:  Sunday, November Hi Name (CAO),  We received a call this evening. We reviewed and infollows:  Sunday, November Hi Name (CAO),  We received a call this evening. We reviewed and infollows:  *A bruise wasn't on it also seems he had we never saw a bruise wasn't changed was said in the received and view and the received a call this evening. We received a call this evening.	O (Chief Administration Officer) orker), All hands on interaction ewed on surveillance camera.  It be held on November 15, VA training will be discussed staff.  Sign IN/OUT sheet for the 9th through the 14th was alled that Individual #4's s were in the facility on P.M4:20 P.M  Ince between Individual #4's of Administration Officer(CAO) s documented in part, as	W 15	53			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	A. BUILDIN		CONSTRUCTION	1	LETED	
		49G013	B. WING _			1	C 29/2019	
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W 153	and we were told that bad, had colored som that he didn't seem in any of the other inform voicemail. When you nurse describes the bethan the way she des returned the call.  *Name (RS #4): We say anything bed and (RS #4) and he does #4). We still wish he us everything when we *Nurse (LPN #2): She all of her concerns. See Their first duty should extension the parents gets in trouble by with should they be operativersus Them (parent concerns about our concerns about our concerns about our concerns about our concerns about our concerns about our concerns about our concerns about our concerns about our concerns from medicular that is the situation of the parents of the situation of the parents of the situation of the parents of the situation of the parents of the situation of the parents of the situation of the parents of th	didn't mention the recording) the bruise didn't appear too ie, but wasn't tender, and pain. No one mentioned nation in the recorded disten to the voicemail, the ruise as sounding worse cribed it to us when we  didn't hear Name (RS #4) we genuinely like Name good with Name (Individual or the nurse would have told be called back.  e should have told us about the didn't.  I be to the child, and by s, not to making sure no on e sholding information. Nor ting in an Us (employee) mentality. We just have hild's care and wanted to with you.  I CAO Sunday, November  by parents, staff or Name is a concern for me as the all you tomorrow when I get my social worker follow up	W	153				
	The facility document Discussion with Name	titled "Interview and e (RS #4) in regards to						

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED			
		49G013	B. WING			0.	C 1/29/2019	
	ROVIDER OR SUPPLIER	UTH INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707		COUNTY STREET			
(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 SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETION DATE	
W 153	4/24/19 was review as follows:  Present: CAO, SW Location: Conferent The meeting was of explained to Name to investigate a larg (Individual #4).  Name (RS #4) replian accident and incident the bruise.  CAO asked Name (to share with the te (Individual #4's) Ca evening on 11/12/1 Name (RS #4) resp #4) had behaviors to leave the gym. He (Individual #4) has evening.  CAO then asked Navideo footage from evening of 11/12/17. The team watched	ne (Individual #4) dated ed and is documented in part,  The Human Resource Manager. Ince Room  Ince	W	153				
	the video to explain conduct inappropria	asked by CAO after reviewing how he let Name (DSP #5) ate physical interventions to 4). CAO explained to Name						

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_		١,	C 4/29/2019	
ROVIDER OR SUPPLIER HOUSE OF PORTSMOU	TH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707			
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETION DATE	
(RS #4) that he as a intervene and ensure not abused and CAC that he failed as sup CAO also asked Nar #5) techniques cons #4) said "No, it wash to the team that he whe walked around the (DSP #5) was dealin Name (RS #4) expresapport with Name (I made a really huge of the facility documer Discussion with Namaltercation with Namaltercation with Namaltercation with Namaltercation: Conference The meeting was opexplained to Name (Individual #4 CAO asked Name (I conference) to share with the teat (Individual #4's) Carevening on 11/12/17 Name (DSP #5) response constant interventage of the same (Individual #4's) Carevening on 11/12/17 Name (DSP #5) response constant interventage of the same (I conference) and the same constant interventage of the same c	supervisor was there to a Name (Individual #4) was b expressed to Name (RS #4) ervisor.  me (RS #4) was Name (DSP idered :TOVA". Name (RS it".  me very upset and expressed was uncomfortable that's why e room so much when Name g with Name (Individual #4). ssed that he has a good individual #4) and that he mistake.  at titled "Interview and he (DSP #5) in regards to he (Individual #4) dated he and is documented in part,  thuman Resource Manager. he Room  ened By Name (CAO), he DSP #5) that the team is large unknown bruise on h.  DSP #5) did he have anything m in reference to Name he and/or bruise on the honded that Name (Individual	W 1	53			
	CORRECTION  ROVIDER OR SUPPLIER  HOUSE OF PORTSMOU  SUMMARYS' (EACH DEFICIENC REGULATORY OR  Continued From pag (RS #4) that he as a intervene and ensure not abused and CAC that he failed as sup-  CAO also asked Narr #5) techniques cons #4) said "No, it wasn  Name (RS#4) becan to the team that he walked around the (DSP #5) was dealin Name (RS #4) expre rapport with Name (I made a really huge r  The facility documer Discussion with Name 4/24/19 was reviewed as follows:  Present: CAO, SW, Location: Conference The meeting was op explained to Name (I here to investigate a Name (Individual #4  CAO asked Name (I to share with the tea (Individual #4's) Can evening on 11/12/17  Name (DSP #5) resp #4) had behaviors be	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 205 (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) said "No, it wasn't".  Name (RS#4) became very upset and expressed to the team that he was uncomfortable that's why he walked around the room so much when Name (DSP #5) was dealing with Name (Individual #4). Name (RS #4) expressed that he has a good rapport with Name (Individual #4) and that he made a really huge mistake.  The facility document titled "Interview and Discussion with Name (DSP #5) in regards to altercation with Name (Individual #4) dated 4/24/19 was reviewed and is documented in part,	A BUILDIN 49G013  B. WING B. W	CORRECTION    Ag0113   B. WING	CONTIDER OR SUPPLIER  496013  8. WING  100/IDER OR SUPPLIER  410 COUNTY STREET FORTSMOUTH INC  SUMMARY STATEMENT OF DESCIENCES (EACH DEPICIENCY MAN STEE PRECEDED BY PULL REGULATORY OR I.S. CIDENTIFYING INFORMATION)  COntinued From page 205  (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) shad beams very upset and expressed to the team that he was uncomfortable that's why he walked around the room so much when Name (DSP #5) was dealing with Name (Individual #4). Name (RS #4) expressed that he has a good rapport with Name (Individual #4) and that he made a really huge mistake.  The facility document tilled "Interview and Discussion with Name (CSP #5) in regards to altercation with Name (Individual #4) dated 4/24/19 was reviewed and is documented in part, as follows:  Present: CAO, SW, Human Resource Manager. Location: Conference Room  The meeting was opened By Name (CAO), he explained to Name (DSP #5) that the team is here to investigate a large unknown bruise on Name (Individual #4). CAO asked Name (DSP #5) did he have anything to share with the team in reference to Name (Individual #4) Care and/or bruise on the evening on 11/12/17.  Anne (DSP #5) responded that Name (Individual #4) had behaviors but nothing out of the ordinary	

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IPLE CONSTRUCTION		SURVEY PLETEO
						С
		49G013	B. WING _		04	/29/2019
	ROVIDER OR SUPPLIER	'H INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707	<u> </u>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION DATE
W 153	team false information CAO then asked Namvideo footage from the evening of 11/12/17.  Name (DSP #5) and to of incident which occu- conference room of th Name (DSP #5's) hea noticed that the altero surveillance. After wa asked him to explain the CAO also asked him to considered "TOVA". I "No" by shaking his he words.  Name (DSP #5) in a re that "he messed up". (Individual #4) was did hard to work with som over.	out indication of telling the n.  Ite (DSP #5) to review the e gymnasium on the  the team watched the video arred on 11/12/17 in the re administration building. It went down when he ation was on video atching the video CAO nis behavior.  It was his techniques Name (DSP #5) responded read side to side. He had no remorseful manner stated. He stated that Name fficult to work with and it's recone so difficult over and	W 1			
	Holiday House of Port that he will be termina reported to Child Prot Name (DSP #5) accept					
	Premises.	Report from Individual #4's				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED		
		49G013	B. WING			1	C 29/2019
	ROVIDER OR SUPPLIER	JTH INC	•	421	REET ADDRESS, CITY, STATE, ZIP CODE I1 COUNTY STREET IRTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFY!NG INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 153	was reviewed and is follows:  Type of incident: Other: arrived to so of left hip and upper Incident reported to Parents: 11/13/17 a sent at 10:09 AM Holiday House: 11/ Description of incide arrived at school and taken to the bathrood bruising on his hip a and was asked to sarrived, looked at the Holiday House was (Individual #4) to trashared that they had rom Holiday House had a behavior and looked and did not folindividual #4's) backed and did not folindividual #4's) backed and the left for scheduling individual #4 was set Hospital) on 11/13/10 complaint of Bruising Individual #4's Positionidual  hool with large bruise on front thigh.  at 9:45 AM, picture of bruise  13/17 at 10:00 AM  ant: Name (Individual #4) d transitioned to class. When at 9:30, staff noticed and thigh. Staff called momend pictures. Mom and dad e bruise, called doctor. called and came to get Name ansport to the doctor. Parents d received a call last night that Name (Individual #4) had a bruise on his back. We ind a bruise on Name ek. Holiday House said they on Name (Individual #4's) hip col.  seen at Name (Children's 17 at 1:25 PM with chief g and Swelling of Jaw/Lump.		153				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING			(X3) DATE SURVEY COMPLETED				
		49G013	B. WING		,	C 14/29/2019	
	ROVIDER OR SUPPLIER	UTH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707			
(X4) ID PREFIX TAG	(EACH DEFICIE!	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 153	Continued From pa	ge 208	W 153	3			
		ordance to VAC12-200-105 Int Plans with restrictive					
	Self-Injury, Propert important to note the	Physical Aggression, y Destruction, and PICA. It is not Name (Individual #4) seeks blocked his access to the					
	#4) is to be in a saf	uality life for Name (Individual e environment and doing efers without displaying m.					
	What is not working -Gently touching hi he is displaying bel	m or trying to sooth him when					
	(Individual #4): -When walking and location offer Name	and Procedures for Name  I transitioning to another (Individual #4) an object to tote bag to help keep him vity.					
	#4) from physical a should follow the a -Do not hug or pat down. Do not stare in target behavior.	able to stop Name (individual ggressive behaviors they					
	disruptive behavior	ion means ignore the use of r, refocus the person's attention rity and reinforce the					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION  IG		(X3) DATE SURVEY COMPLETED		
		49G013	B. WING _			C <b>04/29/2019</b>		
	ROVIDER OR SUPPLIER H <b>OUSE OF PORTSMO</b> U	ITH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CYMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCE	AN OF CORRECTION VEACTION SHOULD BE ED TO THE APPROPRIATE ICIENCY)	(X5) COMPLETION DATE		
W 153	uses the TOVA technic with behavior support Below is a general of guide. If after all attended in the Name (Individual #4 unsuccessful or you environment or addressive behavior Name (Individual aggressive behavior Name (Individual #4 control.  A. If he becomes ago the area of other ind B. If he becomes see objects that may cau C. If you can leave Name (Individual #4 D. When communic #4), make sure that voice that indicates Name (Individual #4 control of the situation must control Name (Individual #4 control of the situation must control Name (Individual #4 control of the situation must control Name (Individual #4 control of the situation must control Name (Individual #4 control of the situation to the situation	crisis Plan for Name lay House of Portsmouth, Inc. niques for their individuals rt plans.  risis plan to be used as a empts to understand what ) is communicating has been cannot change the ess his needs, be prepared (#4) to possibly escalate in . Understand that now, 's ) behavior is beyond his agressive or disruptive, clear ividuals. elf injurious, clear the area of use him injury. the area and still monitor ) safely then do so. cating with Name (Individual a you are not using a tone of fear, uncertainty or anger. ) needs to feel like you are in on. Remember being in on does not mean that you (Individual #4) it means you I of you and your emotions. CTIVE-STAY CALM. It to leave, then block any (Individual #4) makes to be	W 1	53				
L.		n Employment Commission of Separation and Wage for						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MUL IDENTIFICATION NUMBER: A. BUILD		IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED C	
		49G013	B. WING _		ا ا	14/29/2019	
	ROVIDER OR SUPPLIER HOUSE OF PORTSMO	UTH INC		STREET ADDRESS, CITY, STATE, ZIP COD 4211 COUNTY STREET PORTSMOUTH, VA 23707		DE	
(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 ( (EACH CORRECTIVE ACTIVE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
W 153	as follows:  What date was the or suspension? 11/ What reason was g Violation of Abuse to What was the final in discharge/suspension How was claimant in Training/received procession of the Policy revised 3/4/11 DSP #5's TOVA Celexpiration date of 3/4/12 DSP #5's Job Descreviewed and is documental Superviewed and is documental Superviewed and is documental Superviewed in a residential Superviewed in a residential supervices in a residential from training to individual services in a residential support reflect the identified Services Plans. Ay Virginia Departmental Ser Licensure and Received Major Duties and Received individuals' Inc. 2. Interacts with all	claimant first told of discharge /13/17 iven to the claimant? o Individual Policy. incident that led to on? Abuse of an Individual. informed of rule/policy? olicy 3/6/17 facility Abuse of Individuals 5 on 3/6/17. rtification was current with an /3/18. ription signed on 5/1/17 was cumented in part, as follows: tion of Direct Support der the direct supervision if the isor. The Direct Support des active treatment and is with disabilities receiving intial setting. Active treatment, it services are provided to all target goals on the Individual of all times compliance with the it of Behavioral Health and vices and the Office of certification required.	<b>W</b> 1	153			

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

Event ID: DMEE11

Facility ID: VAICFMR09

If continuation sheet Page 211 of 262



	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G013	B. WING	****	C 04/29/2019	
	ROVIDER OR SUPPLIER	TH INC	4	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION	
W 153	Rights Policies and F 13. Ensure a health environment, and rep management immed 14. Provide behavior identified on the Pos Physical Demands: Some individuals ma aggressive and requiredirect. This require endurance, emotions follow the individuals the approved interve adhering to policy.  On 3/7/17 DSP #5 si read, and understoon the following facility presponsibilities as ar 1. Mandated Report 2. Human Right Trai 4. Child Abuse and 17. Abuse of Individual Exploitation 8 Abuse Reporting 11. Examples of Child DSP #5's Time Card care to Individual #4 11:16 PM, indicating	in accordance with Human Procedures. y, clean and safe port any safety concerns to liately. In support services as litive Behavior Support Plan.  In become physically literate the employee to physically esphysical flexibility and lat calmness and the ability to a Crisis Plan, implementing intion techniques and  In gned that he had received, do that he was to comply with policies while carrying out his in employee: ling lining	W 153			
	and 46 minutes after abused.  The facility's Virginia	er for approximately 5 hours  The was initially physically  Employment Commission  If Separation and Wage for				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION  IG		(X3) DATE SURVEY COMPLETED		
		49G013	B. WING _		, ا	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  SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE EAPPROPRIATE	(X5) COMPLETION DATE	
W 153	RS #4 was reviewed as follows:  What date was the claor suspension? 11/14 What reason was give to provide oversight of What was the final indischarge/suspension abusive situation. How was claimant infollows be claimant infollows: How was claimant infollows: The position of the direct suggested in the direct suggested in the training of the individual consistent with behaving incumbent has twenty responsibilities for standinistrative responsibilit	aimant first told of discharge 4/17 en to the claimant? Failed ver staff cident that led to 4/2? Failed to intervene in an cormed of rule/policy? Job coescription was reviewed part, as follows:  In of Residential Supervisor prevision of the Assistant  The Residential Supervisor provision of care and uals we support in a manner itoral principles. The 4-four hour supervisory aff members and sibilities for the seep of the physical plant.  In onsibilities:  In g and documenting of ording to the Holiday House	W 1	53			

	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED	
		49G013	B. WING _		٥	C 4/29/2019
	ROVIDER OR SUPPLIER	OUTH INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL PR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 153	Implements and en procedures.  Ability to supply be to assigned training RS #4's TOVA Cert expiration date of 5 On 6/10/15 RS #4 read, and understo the following facility responsibilities as a 1. Mandated Repo 2. Human Right Tr 4. Child Abuse and 7. Abuse of Individe Exploitation 8 Abuse Reporting 11. Examples of C 12. Causes of Child RS #4's Time Card to Individual #4 on 11:52 PM, indicating the care of his abuse.	ly supervises the Direct nal Staff,  forces facilities policies and  havior-modification techniques g areas.  ification was current with an //31/18.  signed that he had received, od that he was to comply with y policies while carrying out his an employee: orting aining d Neglect luals's Harm, Abuse, or g Policy hild Abuse and Neglect	W 1	53		
	training was provid with Individual #4 o stated, "We went o	ministrator was asked what ed after the abuse incident on 11/12/17. The Administrator over TOVA training with our Individual #4's new Safety				

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTIO A. BUILDING  A. BUILDING			(X3) DATE SURVEY COMPLETED				
		49G013	B. WING			C 04/29/2019	
	ROVIDER OR SUPPLIER HOUSE OF PORTSMO	UTH INC		STREET ADDRESS, CITY, STATE, ZIP COD 4211 COUNTY STREET PORTSMOUTH, VA 23707		042012010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE EAPPROPRIATE	(X5) COMPLETION DATE	
W 153	Administrator was a on the Abuse and N Reporting of Abuse incident with Individuated, "No, we did neglect or mandate should have."  The facility policy ti Portsmouth Event I reviewed and is done of events, and to take further occurrences events is essential corrective actions a liability to the Facility. Any employee who discovers, or receive causes or has the prinjury to individuals visitors, or poses morganization. If the reason to believe the neglect, the employincident/accident rereport the event to officer according to the event and do probable cause on	esponsible for his care." The asked if all staff were retrained algelect Policy and Mandated and Neglect after the abuse that #4. The Administrator I not do training on abuse or ad reporting in hindsight we teld "Holiday House of Reporting" revised 6/8/15 was cumented in part, as follows:  I is to determine to the fullest all accidents, injuries and corrective action to prevent in the provision of health care, and the management of risk or	W 15	i3			

AND PLAN OF CORRECTION   IDENTIFICATION NUMBER:   (X2) MULTIPLE CONSTRUCTION   A. BUILDING			COMPLETED			
		49G013	B. WING _			C 04/29/2019
-	ROVIDER OR SUPPLIER	UTH INC		STREET ADDRESS, CITY, STATE, ZIP 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 ( (EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE OTHE APPROPRIATE	(X5) COMPLETION DATE
W 153	employee has know event involves abus shall immediately reaccordance with the Individual #4's Notic Grievances signed documented in part. Every individual desconsideration and reconsideration and reconsider	ector of Nursing). If the eledge or reason to believe the eledge or reason to believe the ele or neglect, the employee eport the event to the CAO., in a Abuse/Neglect Policy.  See of Individual Right and 4/18/17 was reviewed and is as follows:  Serves to be treated with espect.  The Holiday House shall:  Its as provided by State and dignity as a human being; Be glect, and exploitation ited to verbal, physical, sexual staff if you have been hurt so elusion and restraint; In the least restrictive ent with condition and not be essary physical restraint and eled Abuse of Individuals are reviewed and is documented by of the Board to prohibit any	<b>W</b> 1	153		

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		49G013	B. WING			C 04/29/2019
	ROVIDER OR SUPPLIER	OUTH INC		STREET ADDRESS, CITY, STATE, ZIP CODE  4211 COUNTY STREET  PORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL 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 153	physical or psychol a person receiving retardation.  All Holiday House pto the following direconsulting staff:  1. Personnel shall themselves toward that such persons physical and mental unnecessary (and from any other acts nature.  2. Examples of abpolicy include, but a. Physical Abuse intimidation or intruscratching, hitting, things, torturing, but hair, unauthorized Procedure:  2. Any employee wan individual has be exploited by any provent further har such activity immediate supervisor (or to the incident to the Chicimmediate supervisor); then the incident to the Chicimmediate supervisor.	r may have potential to cause logical harm, injury, or death to care or treatment for mental dersonnel shall strictly adhere ectives, including part-time and a times, conduct individuals in such a manner will be free from every form of all abuse, harassment, or un-prescribed) restraint, and a which are demeaning in use for the purpose of this are not limited to, the following: Any kind of physical sion such as pushing, pulling, kicking, slapping, throwing urning with cigarettes, pulling holds, and cutting.  Who believes or witnesses that een harmed, abused or or ogram shall intervene to m to the individual and report diately to their immediate e Chief Administrative Officer, eporting to immediate the supervisor will report the off Administrative Officer. The sor will start an initial ubmit statements and initial	W 15	3		

		IDENTIFICATION NI IMBED:		LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		49G013	B. WING			C 04/29/2019	
	ROVIDER OR SUPPLIER	TH INC		STREET ADDRESS, CITY, STATE, ZIP COL 4211 COUNTY STREET PORTSMOUTH, VA 23707	<u> </u>	U-412018	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE EAPPROPRIATE	(X5) COMPLETION DATE	
W 153	Continued From page	217	W 15	33			
	neglect, the Chief Adr designee shall:  a. Take steps to prote the individuals.  c. The individual involumediately be transproom for medical evalueded.  f. Immediately contain all cases of suspecting the CAO or his contact the appropriate authorities and coope investigations that results the policy previewed and is documented in the policy of Holice and the properties of the policy of Holice and the policy of Holice a	corted to the emergency luation and treatment as cut the local law enforcement ted criminal activity.  Chief Administrative Officer at that the abusive act is a cut designee shall immediately the law enforcement arate fully with any sult.  d "Behavioral Support/Crisis repared 1/1/13 was mented in part, as follows:					

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			١,	C 4/29/2019			
	ROVIDER OR SUPPLIER	ITH INC		4211 C	T ADDRESS, CITY, STATE, ZIP CODE OUNTY STREET SMOUTH, VA 23707	, ,	412312013			
(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		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFI)					(X5) COMPLETION DATE
W 153	Continued From pag	ge 218	w.	153						
	Portsmouth, Inc. to a intervention plan that employees when de may exhibit verbal a * It ensures that all s will be consistent will regulations and empland approaches. *It requires that all e interventions to the lintrusive intervention	t provides guidelines for all aling with individuals who aling with individuals who and/or physical aggression.  Special interventions utilized the applicable human rights shasizes positive interventions								
	Definitions:									
	any act or failure to a person responsible a facility or program by the department it failed to performed k intentionally, and the caused physical or person remental illness, ment disability), or substate abuse include acts at 2. Assault and batte 5. Use of excessive in a physical or med 6. Use of physical or person that is not in	ery. I force when placing a person hanical restraint. or mechanical restraints on a compliance with federal and ins, and policies, professional								

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	СОМР	(X3) DATE SURVEY COMPLETED	
		49G013	B. WING			C <b>29/2019</b>	
	ROVIDER OR SUPPLIER HOUSE OF PORTSMOI	JTH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707		2012	
(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 API DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
W 153	aggression accordinaccording to the leveral are ABSOLUTELY For Intervention Technic PROHIBITED ACTION *Corporal punishme permitted. *Degrading, treating humiliating persons *Excessive or inapp behavior intervention The facility policy titt Recording *revised documented in part, V. General Procedu A. Holiday House of enhancing the qualifintegrating available security and safety. (closed circuit televiareas is a critical cosafety. The principle	pes plan.  Intervention: Ortsmouth, Inc. will each all verbal and physical ag to behavioral plans and el of intensity. The following Prohibited Behavioral ques and Actions:  ONS: ONS: ONS: Ont will not be employed or a harshly, abusing or served will not be permitted. Oropriate use of permitted ons.  Interventions:   W 15	,				
	Documenting act     J. Any untoward or regarding safety or result of viewing a re	athering of information. tions to safeguard individuals. questionable incidences quality of care discovered as a ecording should be reported Chief Administrative Officer					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPI AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  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			
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W 153	Health and Developr Office of Human Right VI. Training, Operations Procedures:  B. Operations Proced. CCTV cameras with times by the Social Wofficer and Designated Streviewing the monito Medical Office from Strough Friday; and offrom 12 noon to 5 pm 6. Personnel shall reduring monitoring of Chief Administrative C. Oversight Procedd. The Chief Administrative office yand for distribution of the Chief Administrative office and the CCTV Administrative Office video feed during the does as well. On the and nursing the system the Chief Administrative Office video feed during the does as well. On the and nursing the system the Chief Administrative Office video feed during the does as well. On the and nursing the system the Chief Administrative Office video feed during the does as well. On the and nursing the system the Chief Administrative Office video feed during the system the Chief Administrative Office video feed during the system the Chief Administrative Office video feed during the system the Chief Administrative Office video feed during the system the Chief Administrative Office video feed during the system the Chief Administrative Office video feed during the system the Chief Administrative Office video feed during the system the Chief Administrative Office video feed during the system the Chief Administrative Office video feed during the system the Chief Administrative Office video feed during the system the Chief Administrative Office video feed during the system the Chief Administrative Office video feed during the system the Chief Administrative Office video feed during the system the Chief Administrative Office video feed during the system the Chief Administrative Office video feed during the system the Chief Administrative Office video feed during the system the Chief Administrative Office video feed during the system the Chief Administrative Office video feed during the system the chief Administrative Office video feed during the system the chief Administrative Office video feed during the system the chi	epartment of Behavioral nental Services and the nental Services and the nental Services and the nental Services and the nests.  Jons, and Oversight dures: ill be monitored at various vorker, Chief Administrative and Staff. It aff shall be responsible for r located in the Nursing 5:30 PM to 8:30 PM Monday on Saturday and Sunday, n. Interport any concerns observed the CCTV system to the Officer. It is strative Officer is responsible ordination of the use of CCTV estrative Officer has primary uring adherence to this uting the Policy to persons on on it.  A.M an interview was shief Administrative Officer. It is officer was asked if who system. The Chief or stated, "I monitor the live is week and my social worker is weekends the therapy staff arm from their departments." It is the officer was asked if this officer was asked if this	W 15	3			
	On 4/26/19 at 10:30 a conducted with the Conducted with the Conducted th	A.M an interview was chief Administrative Officer. Itive Officer was asked if who system. The Chief r stated, "I monitor the live week and my social worker weekends the therapy staffer from their departments."					

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		I DENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION  JILDING			(X3) DATE SURVEY COMPLETED	
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W 153	large groin/hip bruise Administrative Officer expected the staff wh viewed the video and immediately."  On 4/29/19 at 4:10 P. was held with the Chi	was discovered. The Chief stated, "Yes, I would have to have access to have alerted me of their findings.  M. a pre-exit conference of Administrative Officer, the edical Records where the	<b>W</b> 1	153				
W 159	Administrative Officer installing software so worker will be able to our phones when we has been a valuable I and we plan on makin safety of our individual again"	stated, "We are currently myself and the social view live camera feeds from are not in the facility. This earning experience for using changes to ensure the als so this doesn't happen	w	159	W 159 QIDP- Facility staff failed to monitor			
	integrated, coordinate qualified intellectual d This STANDARD is r Based on observatior interviews the facility implementation of the Individual (Individual four (4) individuals.  The Findings included Individual #2 was adr 20, 2018 for behavior physical aggression,	not met as evidenced by: ns, record review and staff staff failed to monitor the e speech program for one #2) in the survey sample of			implementation of the speech program for Individual #2  Point 1: Address how corrective action will accomplished to address the issue(s), for individuals found to have been affected by deficient practice.  The Facility QIDP will give HHP Speech Ther Individual #2's current IEP and progress report review IEP Speech goal. The Facility QIDP is scheduled an IEP meeting on May 16, 2019 with school principal and classroom teacher, and is Speech Therapist to discuss the continuity of 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	I be those the apist rt to nas vith the HHP the ting.	5.16.19	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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W 159	Continued From page	222	Continued From page 222 W 159			5.16.19	
W 159	disorder, attention der disorder, conduct disorder, conduct disorder, conduct disorder, conduct disorder, conduct disorder, conduct disorder, conduct disorder, conduct disorder distribution destruction. Individual communicates mostly gestures and a few si finish.  The facility's Qualified Professional (QIDP) Individual #2's Speed implemented consisted Individual #2 was obsprogram on April 24, participating in his speed and the professional (QIDP) and the professional (QIDP) Individual #2 was obsprogram on April 24, participating in his speed and destructional speech dated 4/7/19 indicated communicator who used the destruction of the completing traditional therefore various screen scales were attempted of functioning.  ISP (Individualized Scherapy to evaluate a annually.  Short Term Goals: Individual years of the conduction of the during ADL's (Amatching objects with the discontinual objects wi	continues to struggle diagnostic assesments, seening assessments, seening assessments and to gauge his current level dividual #2 will identify core or communication in the Activities of Daily Living) by a pictures in 4 out of 4 trails disability core or communication in the Activities of Daily Living) by a pictures in 4 out of 4 trails		159	put into place. The Assistant Director of There Services will provide carryover and training to Direct Support Professionals to implement the amended speech program.  Completion Date: May 16, 2019  Point #2: Address how the facility will iden other individuals having the potential to be affected by the same deficient practice.  The Facility QIDP will review all individuals IE determine if that individual has a speech goal individual has a speech goal individual has a speech goal on their IEP, the 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 Q schedule an Interdisciplinary Team meeting to discuss the continuity of the speech goal in the school and residential setting. The Facility QIII amend the individual's Individualized Support speech goal to ensure that the information that discussed at the meeting is put into place. The Assistant Director of Therapy Services will procarryover and training to the Direct Support Professionals to implement the amended speeprogram.  Completion Date: June 7, 2019	tify P's to If the Facility that IDP will Plan at is	6.7.19
	home during ADL's (A matching objects with	Activities of Daily Living) by				4	:

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE COMF	SURVEY
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W 159	Continued From pag- times a quarter. (Cor- clothing/mealtime/hy	cept list:	w	159	Point #3: Address what measures will be pu		6.7.10
	Indicated: "Individual vocabulary needed for home during ADL's be pictures in trials acrodata collected month data)."  Speech Therapy 30 of Short Term Goals: 1. identified core vocabe communication in the A Speech Daily Note indicated: "Target Goal evaluate and treat and Obj: #1 Use core voc communication in the with 80% accuracy.  An Individualized Edd dated 4/18/18 indicated and general language range as he can folloname, point to familia food or drink when he does not make any proposition of the proposition. A Strengths and Nee "Area Considered - Canguage Skills) Strengestures and modificand needs when offer the process.	or communication in the y matching objects with ss 2 consecutive sessions, sly (see speech therapy day Evaluation:  Individual #2 will use ulary needed for a home and school settings. I dated April 20, 2019 sel: Speech Therapy (ST) inually).			place or systemic changes made to ensure the deficient practice will not recur.  The Facility QIDP will ensure that the speech of the same in the school and residential setting of attending the individual's IEP meeting. In the entity that the individual's Individualized Support Plan Individualized Education Plan speech goals are consistent, the Facility QIDP will schedule an Interdisciplinary Team meeting to discuss the continuity of the speech goal in the school and residential setting. The Facility QIDP will amenindividual's Individualized Support Plan speech to ensure that the information that is discussed meeting is put into place. The Assistant Direct Therapy Services will provide carryover and that to the Direct Support Professionals to impleme amended speech program. The Facility QIDP amend the Education Collaboration form to incomplete the individual's speech goal (if applicable) to ensure the continuity of the spect goal in the school and residential setting. The QIDP will also address the continuity of the spect goal in the school and residential setting on the QIDP's monthly summary and Individual's quareport.  Completion Date: June 7, 2019	goal is when event n and e not  I nd the n goal d at the tor of aining ent the will clude ech Facility eech e	6.7.19

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
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W 159	their attention. Needs are impacted by his of grabs the hand of state toward a preferred ite or want. Individual #2 and /or modified langitems.  A Short Term Objecti "Communication- del IEP, when taught AS or modified, Individual request 5 (five) differ demands per day, per data days per sign/ite.  A Data collection proporcedure- Continuer rates for independent throughout the school (classroom, cafeterial Individual #2 was obe Day Program on 4/24 taught by teacher using words eat, hug, string observed to sign the to model the word will each attempt the team #2 with a piece of skill During an interview of the Qualified Intellect (QIDP), she was ask program was not being in the residential and stated, She wondering the street in the street in the street in the street in the residential and stated, She wondering its preferred in the street in the	ally taps staff in order to gain and attempts to move it are in order to request a need at needs to learn to use sign at a request preferred are indicated:  Scription-By the end of this L (American Sign Language) at #2 will use language to rent items at a rate of 10 are items for 10 consecutive arm."  Cedure indicated: "Manding to collect data on manding to and prompted signs of day, across all settings at an are consecutive arm."  Served during the School 3/19 at 11:00 A.M. being ing sign language for the grand go. The teacher was word and ask Individual #2 th a sign or gesture. After cher would reward Individual	W	159	Point #4: Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.  The Facility QIDP will amend the Education Collaboration form to include the review of the individual's speech goal (if applicable) to ensicontinuity of the speech goal in the school are residential setting. The Facility QIDP will brin individuals' Education Collaboration Forms to Risk Management Meeting monthly for review continuity of the speech goal in the school are residential setting.  Completion Date: June 7, 2019	e ure the d ng the o the	6.7.19

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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W 159	Policy indicated: "Eac individual plan of care setting forth measural goals, and prescribing individually designed experience necessary objectives.  Active treatment is corelevant settings both the need arises or optimeselves.  The Support Coordina implementing and assis provided in accordational materials and individual #2 speech consistently.  DIRECT CARE STAF CFR(s): 483.430(d)(1:1)  The facility must provided in accordance with their direct care staff are directed in dividual #2 speech consistently.	tation Active Treatment th individual will have an which is a written plan ble short and long term g an integrated program of therapies, activities, and y to achieve such goals and misistently implemented in all formally and informally as portunities present  ators are responsible for suring that active treatment ance with this policy."  QIDP staff failed to ensure program was implemented  F -2)  ide sufficient direct care supervise clients in individual program plans.	W 159	W186-Direct Care Staff: falled to provide a staff to prevent elopement for one Individual Address how corrective action accomplished for those residents found been affected by the deficient practice;  Individual #2 is assigned level one to one su (within arm's length) during waking hours ar assigned and he is assigned one to one su	will be to have 6.7.19  pervision of will be pervision
	period for each defined This STANDARD is r Based on record revie facility staff failed to p prevent an elopement	not met as evidenced by: ew and staff interviews, the evovide sufficient staff to		level 2(within eyesight of staff) during sleeping. The QIDP will document on Individualized Support Plan regarding his surelevels to prevent elopement.	dual #2

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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W 186	20, 2018 for behavior physical aggression, se destruction. Diagnose disorder, attention deficiand profound intellect individuals behavior disting, hitting his head destruction. Individual communicates mostly gestures and a few signish.  A Behavior Support P the following:  Quality of Life- A qual would be for his mediamet in a safe environment in a safe environment in the likes.  What Works (Strength to people he knows. What Does not work (New environment, chaseing hit or scratched Using to too many wo Early warning signs for escape attention:  Crying Running away.  An Abuse Allegation F	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, I, running away, property I#2 is non-verbal. He or through crying, body/facial gns: more, eat, drink and Ilan dated 4/20/18 Indicated ity of life for Individual #2 cal and social needs to be ment and doing the activities in and social needs to be ment and doing the activities in the self-injury, Individual #2 is friendly in the self-injury, I was and the self-injury, I was and social needs to be ment and doing the activities in the self-injury, I was and the self-injury, I was and the self-injury, I was and the self-injury, I was and the self-injury, I was and self-injury, I was and self-injury, I was and I was a self-injury,	w	186	Address how the facility will identify residents having the potential to be affect the same deficient practice;  An elopement risks assessment will be completed Director of Nursing/Charge Nurse for even individual residing at Holiday House of Portsm there is a risk for elopement based on the eloprisks assessment tool the QIDP will facilitate a Interdisciplinary Team Meeting to discuss the individual's risk of elopement. During the Interdisciplinary Team (IDT) members will revicompleted elopement risks assessment. The I review the level of supervision that the individucurrently on and determine if the level of supervise is appropriate to prevent elopement. If the IDT determines that the individual's level of supervineeds changing the QIDP will make the necest changes on the Individualized Support Plan.  Address what measures will be put into p systemic changes made to ensure the deficient practice will not recur;  The Residential Supervisor is responsit assigning sufficient staff to individuals' on basis. The individuals will be sufficiently staffer on the needs identified in their Individualized Splan.  There are 4 levels of one to one supervision: are listed as follows:  Level 1: The staff providing the 1:1 supervision be visually focused (individual must be within are length of the individual. Holiday House of Portsmouth staff providing Level 1 one to one supervision will only work with the individual for maximum of two (2) hours. The Residential Supervisor on duty will designate the appropriate of the work with individual avenuative (2) hours to first the work with individual avenuative (3) hours to first the work with individual avenuative (4) hours to first the work with individual avenuative (6) hours.	eted by  outh. If cement in  ew the DT will ual is rvision sary  lace or at the  ble for a daily based Support  They n must r's  or a	6.7.19
	indicated: On Thursda	Report dated 1/17/19 By January 17, 2019 at Man overhead all page			supervisor on duty will designate the appropri staff to work with individual every two (2) hour individual requires 24 hour one to one supervi	s. If an	

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	residential supervisor yard. The announcern 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 (Resource Clerk. At the Supervisors found out off the facility grounds directions on and off glindividual #2. Eventual Professional #1 DB) findividual #2 had crossoming up hill behind (DSP #1) stated, that the pond behind the alindividual #2 was covicted to the swere soaked, carried him across the brought him back to the inthe bathroom and sicleaning his face. An residential staff supposite the was taken to the ricover.  An Individualized Serindicated: "Behaviors being monitored for the (self injuries behavior aggression, disruptive destruction and leavir Staff will continue to ristaff  uncement stated that "all is are needed in the front nent 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 he 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 ally (Direct Support found him across the street. It is seed over a street and was some brick apartments. The was coming up out of apartments. She stated, that wered 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 ported him with checking his dithat mud was in his mouth. The coom to warm up with a street plan dated 4/20/18 support: Individual #2 is the following behaviors: SIB is pe following behaviors: SIB is pe following behaviors: SIB is person in the started in the started in the started 4/20/18 support: Individual #2 is the following behaviors: SIB is person in the started in the started 4/20/18 support: Individual #2 is the following behaviors: SIB is person in the started and the support: Individual #2 is the following behaviors: SIB is person in the started and the support: Individual #2 is the following behaviors: SIB is person in the started and the support: Individual #2 is the following behaviors: SIB is person in the started and the support: Individual #2 is the following behaviors: SIB is person in the started and the support: Individual #2 is the following behaviors: SIB is person in the started and the support: Individual #2 is the following behaviors: SIB is person in the started and the support in the started and the support in the started and the support in the support in the support in the support in the support in the support in the support in the support in the support in the support in the support in the support in the support in the support in the support in the support in the support in the support in the support in the support	W	186	Holiday of House staff will sit inside of the bedroom and be visually focused and will length of the individual.  Level 2: The staff providing Level 2 one supervision must be visually focused (incide be within eyesight of staff at all times) to individual. Level 2 one to one supervision require staff to be within arm's length of individual or require staff to work for a mours. Staff can work with an Individual Level 2 one to one supervision individuals requiring one to one supervision individuals requiring one to one supervision individuals requiring one to one supervision individuals requiring one to one supervision individuals requiring one to one supervision individuals requiring one to one supervision individuals requiring one to one supervision form nursing staff. DSP staff will perform supervision for the individual.  Procedures for Level 1 and 2 One to compensation.  The Support Coordinator will inform Holid of Portsmouth staff of the following procedures to one supervision for all individuals one to one supervision for all individuals one to one supervision for all individuals one to one supervision for all individuals one to one supervision for all individuals one to one supervision for all individuals one to one supervision for all individuals one to one supervision for the following procedures is listed on their plan of supervision is listed on their plan of supervision daily (during waking hours of supervision daily (during waking hours of specified) in all areas of programs and sindividuals requiring this level of supervision Holiday House of Portsmouth staff provided the supervision may not leave the with another staff at any time, unless aud Residential Supervisor.	thin arm's ours to to one dividual must that one on does not the aximum of 2 requiring tire 8 hour is based on ion, post and care than ion for cal supervision and Level 4 the edures:  The level of requiring Coordinator to one corts. The condition of the corts of th	6.7.19	

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		TH INC  ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL	ID PREFIX				(X5) COMPLETION
TAG	,	SCIDENTIFYING INFORMATION)	TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		DATE
W 186	being monitored by the professional staff und (level 1). The facility's designated Individual #2 with one The designated staff processed on him, be we staff person will imples activities for the day, with another assign seduring waking hours, support plan and addend of every two (2) he staff person will notify support is needed."  An Initial Investigative "Individual Name- Incided Incident: Elop Description of Incident: Elop Description of Incident cottage one living are grounds near cottage."  On Wednesday, Januapproximately 6:00 P Supervisor if Individual Residential Supervisor staff then stated that the building through kernel.	vice Plan (ISP) dated dividual #2 will participate in le direct support er one to one supervision led staff will monitor to one supervision level 1. Derson will be visually within one arms's length, the ment his schedule of the assign person will rotate taff person every 2 hours implement his behavior endum and document at the four shift. The designated supervisor if additional and approximately 6:00 PM; Cottage One (right wing). Dement. Individual #2 was in a walking inside the living dividual #2 eloped form a to the swing set on two.  Lary 30, 2019 at M staff asked Residential al #2 was with him. Or informed staff no, and Individual #2 has ran out of	W 1		Holiday House of Portsmouth staff providing a level of 1:1 supervision may not ask or appoin another staff person to take their place when with an individual; the Residential Supervisor will ensure that the individual is assigned to the appropriate staff person.  The Residential Supervisor on duty will ensure through hourly round checks that the Holiday of Portsmouth staff that are providing any level is visually focused.  Holiday House of Portsmouth staff will sit inside the individual bedroom and be visually focuse within arm's length of the individual during sleehours to monitor the individual. If the individual cannot tolerate being within arm's length of the supervising staff, the staff will be stationed at bedroom door.  Indicate how the facility plans to moniperformance to make sure that solution sustained; and  The Director of Residential Services/Res Managers will provide oversight of the daily schedule to ensure there is sufficient Staff. The Director of Residential Services will report Chief Administrative Officer daily regarding patterns.  The Director of Residential Services will bring of the daily schedules to the Risk Mana Committee meeting on a monthly basis to staffing patterns remain sufficient.  Include dates when the corrective action completed: June 7, 2019	working on duty be e House el of 1:1 de of d and eping al e the staffing rt to the staffing a copy gement ensure	6.7.19

-	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		49G013	B. WING		C 04/29/2019
	ROVIDER OR SUPPLIER	TH INC	42	TREET ADDRESS, CITY, STATE, ZIP CODE 111 COUNTY STREET ORTSMOUTH, VA 23707	V-1/2018
(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 I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION
W 186	found on the swing se side of the building. Nand no new areas we statement attached to for this report.  Also, prior to realizing inside the building, the Individual #2 asked R could watch Individual restroom. Supervisor when staff returned stopen in the kitchen?  A Behavior Support P January 24, 2019 Indie Elopement Rational: Individual #2 away from staff and let This behavior support address appropriate pathe event he elopes for The following strategi when supporting Individual #2 during wataff will follow the gu Supervision (LEVEL Cassigned staff will be (individual must be witimes), the staff persolength of Individual #2 his schedule of activities staff will rotate every its staff will rot	after Individual #2 was at outside hear Cottage Two ursing staff assessed him re observed. Witness a report to provide support  I that Individual #2 was not a staff person assigned to esidential Supervisor if he I #2 while she uses the watched Individual #2, ne asked why the door was  lan Addendum dated cated: Target Behavior:  I has a history of running aving grounds of facility. I plan addendum will prevention and responses in om the supervised area. Be will be implemented widual #2 while on grounds nity with designated staff: isors and/or Managers will riate staff to work with raking hours. The assigned delines of One to One DNE), which means the visually focused on him th in eyesight of staff at all on will be within one arms's this person will implement lies for the day, the assigned hours with another	W 186		
		on, the one to one staff will blementing his behavior ument every 2 hours			

49G013 B. WING	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE	ME OF PROVIDER OR SUPPLIER
HOLIDAY HOUSE OF PORTSMOUTH INC  4211 COUNTY STREET PORTSMOUTH, VA 23707	DLIDAY HOUSE OF PORTSMOU
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DATE  DEFICIENCY)	PREFIX (EACH DEFICIEN
W 186  Continued From page 230 regarding engagement activities with individual #2.  2. The designated staff person cannot leave the area where he/she is working with Individual without notifying the Supervisor on duty, i.e. restroom break. lunch break, etc.  During an interview on 4/25/19 at 10:30 AM with the designated QIDP for Individual #2 if his behavior Support Plan had been implemented to prevent elopements. The QIDP stated, "No." The QIDP was asked if Individual #2 had been assessed by the facility for elopement during his initial admissions and the QIDP stated, "No."  During an interview on 4/26/19 at 12:40 P.M. with the Chief Administrative Officer, he was asked had all staff been trained on Individual #2's Individualized Service Plan for one to one supervision and he stated, "No."  W 188 STAFT FTANINFO PROGRAM CFR(s): 483.430(e)(1)  The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.  This STANDARD is not met as evidenced by: Based on record review and staff interviews, the facility staff failed to effectively and competently train staff to prevent an elopement for one individual (Individual #4) in the survey sample of four (4) individual #4) in the survey sample of four (4) individual #1 in the survey sample of four (4) individual #1 in the survey sample of four (4) individual #2 in the survey sample of four (4) individual #2 in the survey sample of four (4) individual #2 in the survey sample of four (4) individual #3 in the survey sample of four (5) individual #3 in the survey sample of four (6) individual #4 in the survey sample of four (6) individual #3 in the survey sample of four (7) individual #3 in the survey sample of four (6) individual #3 in the survey sample of four (7) individual #3 in the survey sample of four (7) individual #4 in the survey sample of four (8) individual #4 in the survey sample of four (9) individual #4 in the survey sample of four (9) individual #4	regarding engagements.  2. The designated some area where he/she is without notifying the restroom break. Iundo During an interview the designated QIDI behavior Support PI prevent elopements QIDP was asked if It assessed by the fact initial admissions and During an interview the Chief Administration had all staff been traindividualized Services supervision and he some STAFF TRAINING FOFR(s): 483.430(e)()  The facility must prodinitial and continuing employee to perform efficiently, and composite the province of the prevention of

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

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE	SURVEY
			A. 551251			1 .	c l
		49G013	B. WING			I	29/2019
NAME OF PI	ROVIDER OR SUPPLIER		_'	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 0 47	20/2010
HOLIDAY	HOUSE OF PORTSMOUT	FU INC		42	211 COUNTY STREET		
HOLIDAT	1003E OF FOR ISMOUT			P	ORTSMOUTH, 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 B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 189	Continued From page	. 231	10/	Continued From page 231 W 189			
** 100	one to one supervision training, following an		**	109	One to One supervision will be implemented for	or	
	elopement of Individu				behavioral or medical reasons per recommend		
	Giopement of Individu	αι π <b>ε</b> .		;	by the Interdisciplinary Team or individual's		
	2. The facility staff fai	iled to ensure that staff			physician.  One to one supervision is defined as Holiday I	House	
	training was provided				of Portsmouth staff whose daily responsibility		
		ent of abuse that occurred to			manage, supervise and provide direct support	to one	
	Individual #4 on 11/12	2/17.			individual. The assigned staff is responsible for		
	The Seath of the Colonia				implementing the individual's behavioral support or plan of care from the individual's physician.	The The	
	The findings included	:			1:1 staff is also responsible for implementation		
	1 Individual #2 was :	admitted to the facility on			scheduled activities.		
		ehavior consultation services			There are 4 levels of one to one supervision.	They	
	-	en, self-injury and property			are listed as follows:  Level 1: The staff providing the 1:1 supervision	n must	
		es included autism spectrum			be visually focused (individual must be within	ii iiiust	
	disorder, attention def	ficit with hyperactivity			eyesight of staff at all times) and be within am	n's	
		order, celiac disease, PICA			length of the individual. Holiday House of		
	and profound intellect				Portsmouth staff providing Level 1 one to one		
		isorders include self-injury,			supervision will only work with the individual for maximum of two (2) hours. The Residential	ora	
	biting, nitting his nead destruction. Individua	l, running away, property			Supervisor on duty will designate the appropri	ate	
		r through crying, body/facial			staff to work with individual every two (2) hour	s. If an	
		gns: more, eat, drink and			individual requires 24 hour one to one supervi		
	finish.	grio. moro, out, drink drig			Holiday of House staff will sit inside of the indi bedroom and be visually focused and within a		
					length of the individual during sleeping hours t		
	A Behavior Support P	lan dated 4/20/18 Indicated			monitor the individual.	.	
	the following:				Level 2: The staff providing Level 2 one to on		
					supervision must be visually focused (individu		
	•	ty of life for Individual #2			be within eyesight of staff at all times) to that of individual. Level 2 one to one supervision does		•
		cal and social needs to be			require staff to be within arm's length of the	201101	
	he likes.	ment and doing the activities			individual or require staff to work for a maximu		
		n's) Individual #2 is friendly			hours. Staff can work with an Individual require		
	to people he knows.				Level 2 one to one supervision for an entire 8 shift.	nour	
		Antecedents or Triggers).			Level 3: Level 3 one to one supervision is bas	ed on	
	New environment, ch	anges and transitions			individuals requiring one to one supervision, p		
	Being hit or scratched	•			medical procedure, requiring more nursing car		
	Using to too many wo	_			prehospital admission.		
	Early warning signs for escape attention:	or Individual #2 -trying to			Level 4: Level 4 one to one supervision is bas	sed on	

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

Event ID: DMEE11

Facility ID: VAICFMR09

If continuation sheet Page 232 of 262



	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	` ′		CONSTRUCTION	(X3) DATE	SURVEY PLETED
					· · · · · · · · · · · · · · · · · · ·		С
		49G013	B. WING			04/	/29/2019
HOLIDAY	ROVIDER OR SUPPLIER HOUSE OF PORTSMOU			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 PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 189	indicated: "On Thurs approximately 5:00 F was made. The annor residential supervisory yard. The announcer secretary. Once outs attention (sic) that the individuals left out of also stated that she sight gate and messing wire. Also, outside the gate Chief Administrative Resource Clerk. At the Supervisors found or off the facility ground directions on and off Individual #2. Eventually (Directions on and off Individual #2. Eventually (Directions on and off Individual #3. Eventually (Directions on and off Individual #4. Event	Report dated 1/17/19 day January 17, 2019 at P.M. an overhead all page concernent stated that "all ars are needed in the front ment was made twice by the side it was brought to the e she observed one of the the facility gate and ran. She saw him leaving out of the th a staff person's vehicle. e was Director of Nursing, Officer and the Human nis time, Residential ut that Individual #2 had ran ls. Staff went in different grounds to try and locate  at Support Professional #1 s the street. Individual #2 street and was coming up hill partments. (DSP #1) stated, up out of the pond behind the led, that Individual #2 was d his clothes were soaked, d carried him across the led him in the bathroom and f and cleaning his face. A la a residential staff supported s body. Staff also stated that h. He was taken to the room lever.	W	189	individuals requiring one to one supervision for medical reasons (i.e. injuries, post medical procedures) but does not require direct superfrom nursing staff. DSP staff will perform Levi supervision for the individual.  Procedures for Level 1 and 2 One to one supervision:  The Support Coordinator will inform Holiday of Portsmouth staff of the following procedure. The Interdisciplinary Tearn will identify the levi one to one supervision for all individuals required one to one supervision and the Support Coordinator will ensure that the identified level of one to one supervision and the Support Coordinator will ensure that the identified level of one to one supervision is listed on their plan of supports. Holiday House of Portsmouth staff will provide supervision daily (during waking hours or oth specified) in all areas of programs and supposindividuals requiring this level of supervision. Holiday House of Portsmouth staff providing level of 1:1 supervision may not leave the individual House of Portsmouth staff providing level of 1:1 supervision may not ask or appoinanther staff person to take their place when with an individual; the Residential Supervisor will ensure that the individual is assigned to the appropriate staff person.  The Residential Supervisor on duty will ensure that the individual is assigned to the individual staff that are providing any leving visually focused.  Holiday House of Portsmouth staff will sit insite the individual bedroom and be visually focused within arm's length of the individual during sle hours to monitor the individual. If the individual cannot tolerate being within arm's length of the supervision will be stationed at bedroom door. Evidence of Compliance will to signatures on a training roster.	rvision rel 4  House es: rel of iring dinator ne e 1:1 erwise rts to any ividual red by any nt working on duty ne House el of 1:1 de of red and reping al red the	
	indicated: "Behavior:	support: Individual #2 is					

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE	SURVEY LETED
			71. 55.25.		<del></del> -	ا ا	c l
		49G013	B. WING			1	29/2019
NAME OF PR	ROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE		
HOLIDAY	JANISE OF BARTEMANI	TH INC		4	211 COUNTY STREET		
HOLIDATI	HOUSE OF PORTSMOUT	IN INC		P	PORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFII TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 189	Continued From page	. 233	\AZ		Continued From page 233		
W 189	(self injuries behavior aggression, disruptive destruction and leavir Staff will continue to r supervision level 1 du PICA."  An individualized Sen 4/20/19 indicated: "Individualized Sen (level 1).  The facility's designated Individual #2 with one The designated staff procused on him, be wistaff person will imple activities for the day, with another assign staff und of every two (2) histaff person will notify support is needed."  An Initial Investigative "Individual Name- Individual Name- Indiv	ne following behaviors: SIB s), PICA, physical behavior, property ng the area of supervision. monitor under one to one ne to escaping behavior and  vice Plan (ISP) dated dividual #2 will participate in ne direct support er one to one supervision  ded staff will monitor to one supervision level 1. person will be visually ithin one arms's length, the ment his schedule of the assign person will rotate taff person every 2 hours implement his behavior endum and document at the nour shift. The designated supervisor if additional  Report indicated: lividual #2, Date of Incident tent approximately 6:00 PM; Cottage One (right wing). mement. nt: Individual #2 was in a walking inside the living  dividual #2 eloped form a to the swing set on		189	, -	y other ected by ervision 2, 2019 safety ervision One to eavioral the m. House is to to one for port plan . They on must m's error a iate rs. If an ision, ividual erm's	
	On Wednesday, Janu	ıary 30. 2019 at					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	1 ' '		CONSTRUCTION	(X3) DATE:	SURVEY LETED
		***		_		(	2
		49G013	B, WING		<del></del>	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 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 APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 189	Supervisor if Individual Residential Supervisor staff then stated that the building through k immediately ran outsi Individual #2. Shortly found on the swing so side of the building. Nand no new areas we statement attached to for this report.  Also, prior to realizing inside the building, the Individual #2 asked Recould watch Individual restroom. Supervisor when staff returned sopen in the kitchen?  A Behavior Support F January 24, 2019 Inde Elopement Rational: Individual #2 away from staff and let This behavior support address appropriate pathe event he elopes for The following strategic when supporting Individual #2 during we staff will follow the guestignate the appropriate pathe individual #2 during we staff will follow the guestigned staff will be (individual must be well individual must be well assigned staff will be (individual must be well assigned assi	M staff asked Residential al #2 was with him. or informed staff no, and Individual #2 has ran out of after Individual #2 was et outside hear Cottage Two Iursing staff assessed him re observed. Witness or report to provide support of that Individual #2 was not e staff person assigned to desidential Supervisor if he all #2 while she uses the watched Individual #2, the asked why the door was than Addendum dated icated: Target Behavior:  2 has a history of running paying grounds of facility. It plan addendum will be revention and responses in from the supervised area. The supervised area will be implemented widual #2 while on grounds anity with designated staff: isors and/or Managers will riate staff to work with waking hours. The assigned idelines of One to One ONE), which means the visually focused on him ith in eyesight of staff at all	W	189	Continued From page 234	ual must one one one one one one one one one one	
		on will be within one arms's			appropriate staff person.		

	OF DEFICIENCIES FCORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	1, ,		CONSTRUCTION		SURVEY PLETED
		40040	5 147514				С
	<u> </u>	49G013	B. WING			04	/29/2019
NAME OF PI	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		_
HOLIDAY	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  SCIDENTIFYING INFORMATION)	ID PREFII TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 189	Continued From page	235	w.	Continued From page 235 W 189			
W 169	length of Individual #2 his schedule of activity staff will rotate every of designated staff person be responsible for import plan and door regarding engagement #2.  2. The designated state area where he/she is without notifying the Strestroom break. lunch  During an interview on the designated QIDP behavior Support Plan provide one to one surelopements. The QID was asked if Individual the facility for elopement incident on 1/17/19 and During an interview on the Chief Administrative asked had all staff bed Individualized Service supervision and he staff the CAO stated only trained on the one to a #2.  The facility staff failed to prevent neglect and	e, this person will implement ies for the day, the assigned 2 hours with another on, the one to one staff will blementing his behavior ument every 2 hours in activities with Individual off person cannot leave the working with Individual off person on duty, i.e. is break, etc.  In 4/25/19 at 10:30 AM with for Individual #2 if his in had been implemented to pervision to prevent P stated, "No". The QIDP of #2 had been assessed by ent following an elopement and the QIDP stated, "Yes".  In 4/26/19 at 12:40 P.M. with the Officer (CAO), he was en trained on Individual #2's in Plan for one to one ated, "No".  Ithe supervisors were one program for Individual to provide effective training it abuse.		189	The Residential Supervisor on duty will ensure through hourly round checks that the Holiday of Portsmouth staff that are providing any leve is visually focused. Holiday House of Portsmouth staff will sit inside the individual bedroom and be visually focuse within arm's length of the individual during sleehours to monitor the individual. If the individual cannot tolerate being within arm's length of the supervising staff, the staff will be stationed at bedroom door. Evidence of Compliance will be signatures on a training roster.  Holiday House of Portsmouth Chief Administrates designated the facility Social Worker to train on Mandatory Reporting, Abuse, Negleth Mistreatment policies at the time of initial ories monthly at all staff meeting, annually in the nebruary, and upon significant incidents that additional training in the areas abuse and Upon admission to Holiday House of Portsmet facility Social Worker will notify the individual human right to be free from abuse, mistreatment while residing the facility. Evid notification will be located in the Individual's records chart. All current staff will be re-trafized changes made to ensure the deficient practice will not recur;  The facility QIDPs trains all staff in one supervision procedures at the time of initial orie twice a year in the month of September and at the all staff meetings.	House I of 1:1  Ie of d and eping I e the e staff  tive has all staff t, and entation, nonth of require neglect. buth the of their neglect ence of medical ined on  place or hat the to one entation, January	
	facility on 8/18/16 with not limited to Profound	a 15 year old admitted to the diagnoses to include but d Intellectual Disability, ad Behavior and Emotional			Holiday House of Portsmouth has implement Mandated Reporter Policy created on 5/6/201  The policy indicates that all Holiday House of Portsmouth staff report any suspected cases of the policy indicates that all Holiday House of Portsmouth staff report any suspected cases of the policy indicates that all Holiday House of Portsmouth has implement the policy of the policy of the policy indicates the policy of the policy o	9. f	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		SURVEY
				_			С
		49G013	B. WING			1	/29/2019
NAME OF P	ROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE	1 0-1	25/2015
				4	211 COUNTY STREET		
HOLIDAY	HOUSE OF PORTSMOUT	TH INC		P	PORTSMOUTH, VA 23707		
(X4) ID	SUMMARYST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			COMPLETION DATE
W 189	Continued From page	236	w	189	Continued From page 236		5.22.19
	Disorders and Optic N	lerve Hypoplasia (right eye			abuse/neglect in accordance with the Code of		
		on Individual #4's Annual			Virginia and Holiday House of Portsmouth		
		ted 9/11/17 he weighed 111			established child abuse reporting procedures.	This	
	pounds and was 63 3	/4 inches tall. Individual			policy emphasizes ALL staff in their profession	al or	
	#4's Annual Nursing S	Summary dated 9/11/17 also			official capacity while employed at Holiday Ho		
	stated that he was 1:				Mandated reporters includes but is not limited	to the	
		y by Holiday House staff to			following: Any person licensed to practice medicine or a		
	ensure that he is in a				the healing arts; any professional staff person	ly UI	
		l Evaluation dated 8/14/17			employed by a private or state operated facility	,	
		a Slosson Intelligence Test			institution or facility where personals have bee		
		vealed a mental age of 23			placed for care and treatment. Any person em		
	months and an intellig	gence quotient of 14.			as a social worker Any probation officer, Any teacher or other per		
	Individual #4's Month	ly Programming Progress			employed in a public or private school, kinderg		
		17 were reviewed and are			or nursery school ,Any mental health profession		
	documented in part, a	s follows:			Any person employed to take care of children, Enforcement Officers, Any person employed b	y or	
		e (Individual #4) made			contracted with the facility and working with the individuals in an administrative, supportive or or		
		he support of the direct			care capacity. Any guardian or conservatory o		
	·	staff. He continues to			adult Any person providing full, intermittent or		
		pervision procedures with 2			occasional care to a child/adult for compensat	іоп	
	staff for safety and be	havioral issues.			including, but not limited to homemaker, perso		
,					care workers, companion etc. Holiday House of		
		initial entrance conference			Portsmouth, Inc. expects and enforces that all that has reasonable cause to suspect that a cl		
İ		the question was asked if			been or may be subjected to abuse or neglect		
	-	abuse investigations with			observes a child being subjected to conditions		
		Administrator stated, "No"			circumstances which would reasonably result		
	-	proximately 15 minutes later entered the conference room			abuse or neglect, that person shall IMMEDIAT	ELY	
					report or cause a report to be made. Anyone		
		cussing with my staff I want re are in an active law suit			employed at Holiday House of Portsmouth, Inc		1
	•	buse with an individual			is mandated to report suspected child abuse of		
		1/12/17 the individual was			maltreatment-and fails to do so, could be char with a Class A misdemeanor and subject to cr		
		saulted by one of our direct			penalties. Mandated reported can be sued in		1
		so involved our residential			court for monetary damages for any harm caus		
		ewing the video footage of			the mandated reporter's failure to make a		
		terminated both employees."			report. This new policy will be reviewed at the	all	
		s asked to allow the survey			staff meeting on 5/22/2019.		
		lent footage and to bring all					]

PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  W 189  Continued From page 237  Facility documents regarding the investigation of		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE	SURVEY PLETED
NAME OF PROVIDER OR SUPPLIER  HOLIDAY HOUSE OF PORTSMOUTH INC  STREET ADDRESS, CITY, STATE, ZIP CODE  4211 COUNTY STREET  PORTSMOUTH, VA 23707  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMP CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  W 189  Continued From page 237  Facility documents regarding the investigation of			49G013	B WING		· <del></del>	ı	
HOLIDAY HOUSE OF PORTSMOUTH INC  4211 COUNTY STREET PORTSMOUTH, VA 23707  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  W 189  Continued From page 237  Facility documents regarding the investigation of	NAMEOFO	IDOMOCIO OD OMOCI ICO	493013	D. 11110		<u> </u>	04/	/29/2019
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  W 189 Continued From page 237  Facility documents regarding the investigation of			TH INC		4211 COUNTY STREET			
W 189 Continued From page 237  Facility decuments regarding the investigation of Holiday House of Portsmouth CAO also revised the	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		(X5) COMPLETION DATE
Abuse, Neglect and Mistreatment Policies. This pollor indicates that: Holdicates that: Hold	W 189	facility documents retthe abuse incident for the abuse incident for the abuse incident for the video footage date individual #4 was reversed to individual #4 was reversed to individual #4 was from the gymn 2 adult males. One of forcefully (more than twisting the individual with his whole body of the footage of the video of the footage o	garding the investigation of r Individual #4.  Ited 11/12/17 involving iewed by the survey team. In the as observed crawling/being throom on his hands and asium bathroom followed by nale was observed kicking 4 times), dragging and Is body by one leg and lying on top of individual #4 during eo. At one point in the video vidual's arm waving for help. If member was observed 4's head and shoulder area nember was lying on top of ff member was lying on top of ff member was also and the gym with his back 4 while he was being the other staff member. It minutes of the video that his feet was when he broke staff and ran towards the estaff member following him. In the went back into the ed a trash bag then exited strator was asked who were. The Administrator stated, at was having the physical idual was his 1:1 Direct or and the second person supervisor.	W		Holiday House of Portsmouth CAO also revisionables, Neglect and Mistreatment Policies. This indicates that: Holiday House of Portsmout ICF/IID prohibits any form of abuse, negles mistreatment of the individuals. Abuse is defining any negligent act by an employee or other responsible for the care of an individual reservices that was performed knowingly, reckles intentionally. Abuse will cause or may have put to cause physical or psychological harm, in death to a person receiving care or treatment. House of Portsmouth will not permit individual abused by anyone, including staff meconsultants, volunteers, and staff of other approviding service to the individual. Examples of abuse for the purpose of this policinclude, but are not limited to, the following: Physical Abuse: Any kind of physical intimidal intrusion such as pushing, pulling, scratching, kicking, slapping, throwing things, torturing, but with cigarettes, pulling hair, unauthorized hold cutting.  Verbal Abuse: Abuse that is achieved primaril words. Criticizing an individual, belittling, or me fun of someone.  Sexual Abuse: Forced sex or sex that takes unadvantage of an individual, fondling, or inapprotouching. Emotional Abuse: Abusive behavior uses emotions to intimidate the victim.  Mistreatment can be defined for the purpose of policy to include but not limited to:  Failure to act/neglect that leads to or is in immidanger of causing physical injury through negliomission, treatment, or maltreatment of an individual with adequate food, clothing, she medical care, supervision, or through condonir permitting abuse of an individual by any other Verbal mistreatment: by subjecting the individuate use of derogatory names, phrases, profaniridicule, harassment, coercion, or intimidation of individual, harassment, coercion, or intimidation of individual, harassment, coercion, or intimidation of individual, harassment, coercion, or intimidation of individual, harassment, coercion, or intimidation in individual, harassment, coercion, or intimidation in individual,	is policy ith, Inc. ict, and fined as person eceiving essly, or obtential ujury, or Holiday els to be embers, gencies  cy tion or hitting, urning s, and ly with eaking infair opriate that of this inent ividual, ovide elter, ng or person. ual to ity, and	6.7.19

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILD	ING _	<u> </u>	1	_
		49G013	B. WING			1	C   <b>29/2019</b>
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>	1	S	STREET ADDRESS, CITY, STATE, ZIP CODE	1 0	20/2015
				4	211 COUNTY STREET		
HOLIDAY	HOUSE OF PORTSMOUT	TH INC		F	PORTSMOUTH, VA 23707		
(3/4) 10	CHMMADVCT	ATEMENT OF DEFICIENCIES	1 10		PROVIDER'S PLAN OF CORRECTION		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 189	Continued From page conducted with the Ad		w	189	and threatening injury or withholding of service	es or	6.7.19
	activity in the video. The No, Name Individua	ked if there was any criminal The Administrator stated, I #4 was abused but we			supports, including implied or direct threat of termination of services.  Restrictions on an individual's freedom of mo by seclusion in a locked room under any con-		
	the family did file cha #5) after they viewed		:		Restriction to an area of the residence or resi access to ordinarily accessible areas of the re is not allowed, unless arranged for and agree	tricting esidence ed to on	
		ked if someone was n in his groin, dragging him id applying his entire body			the Individual's' Support Plan. Use of Physica restraint: without a written physician's order, part of an Individual Support Plan, unless an	or as	
	weight on top of his body what would that be considered. The Administrator stated, "It's assault." The Administrator was asked if assault				individual's actions present an imminent dang himself/herself or others, and only until appro action is taken by medical, emergency, or po	priate lice	
	was a criminal charge assaulted by the staf	and if Individual #4 was f in the video. The			personnel. Financial exploitation which may but is not limited to: unauthorized rate increase borrowing from or loaning money to individual	ses, staff ils,	
	charge and Individual staff. In hindsight we	"Yes, assault is a a criminal #4 was assaulted by the should have called the			witnessing wills in which the caregiver is ben- adding caregiver's name to individual's bank accounts, inappropriately expending individu	al's	
	was also asked when	narges." The Administrator he would have expected Individual #4's abuse that			personal funds, and theft of an individual's per funds. Neglect: To assist this facility in defini incidents of neglect; neglect is defined as any	ng	
	occurred. The Admin to be notified immedia	istrator stated, "I expected ately, however in this case			act or failure to act that results in death, seric physical or emotional harm.  Examples of neglect for the purpose of this p		:
		should have notified me." imately 1:40 PM the Social			include: Abandonment Nutritional neglect (under-nourished); failure	to	
	Worker was asked when video involving Individual	nat she thought about the dual #4 and the facility staff			provide food/hydration, inadequate hygiene ( soiled clothing) inadequate supervision (slee the job), duration and frequency of unsupervi	ping on sed	
	made me sick. I wan year old and if anyon	Il Worker stated, "Honestly it ted to cry. I have a three e every did that to my child I			times. Exposure to hazardous materials Failu protect by jeopardizing health and safety, and form of reckless behavior with disregard for the	y other	
	never been abused lil	Individual #4) should have ke that, we have behavior if our Individuals and they			individual's health and safety Failure to imple behavioral support plan procedures, as it rela safety of the individual. All Holiday House en are Mandated Reporters and all personnel st	ement ates to aployees aalt	
	Individual #4's Nurse: are documented in pa	s Notes were reviewed and irt, as follows:			strictly adhere to the following procedures: A Individual, Authorized representative, consult	•	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE: AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING (X3) DATE:		SURVEY PLETED					
		49G013	B. WING			1	C
NAME OF PE	ROVIDER OR SUPPLIER				FREET ADDRESS, CITY, STATE, ZIP CODE	] (4	/29/2019
,	1011021101100111211				211 COUNTY STREET		
HOLIDAYI	HOUSE OF PORTSMOUT	TH INC					
				- 12	ORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 189	Continued From page	239	w-	189	Continued From page 239		
	. •	ocal Assessment to left	"		1		1
		groin area. Noted large			legal guardian, local or regional advocate, or		
		ider to touch. Activity WNL			interested person who believes that an individ		
		without sign/symptoms pf			been harmed, abused, or exploited by any pe	rson	
		intact without swelling. No			shall immediately report such to the Chief		6.7.19
	<del>-</del>	ed, monitoring continues.			Administrative Officer and/or their IMMEDIAT	E	
		ovider) notified. Residential			SUPERVISOR. It is the supervisor's responsi	bility to	
	Supervisor will notify				ensure that the alleged abuser is removed fro	m	
	Cupcivisor will floury	parent.	1	1	providing any care to the individual immediate	ly after	ii
	11/13/17 7:30 AM: A	fter heing showered			the allegation is made. In the event the super	visor	
		se to left hip and groin area			does not respond appropriately ANY staff ma	y call	
	_	d green in color, nontender			911 to ensure the individuals of the facility are	safe.	
	T .	symptoms of pain/discomfort			The Chief Administrative Officer, in no case,	shall	
	noted, no treatment n	• •			punish or retaliate against a volunteer, consul	tant, or	
	,				student for reporting an allegation of abuse, n	eglect,	
	On 4/24/19 at 3:30 PI	M an interview was			or exploitation to an outside entity. Any emplo		
	conducted with LPN (	Licensed Practical Nurse)			who believes or witnesses that an individual h	-	
		e above focal assessment			been harmed, abused or exploited, neglected	or	
	on Individual #4 on 1	1/12/17 at 5:30 PM. LPN #2			mistreated by any person shall INTERVENE t		
	was asked to describ	e what she saw when she			prevent further harm to the individual and rep		
	assessed Individual #	#4 on 11/12/17. LPN #2			activity immediately to their immediate superv		
	stated, "I was in the r	ursing office and I was			The Immediate Supervisor must IMMEDIATE		
	called and asked if I d	could come over to assess			suspend the employee who has been alleged		
	Name (Individual #4's	s) bruise on his leg. I went			abuse, neglect, or mistreat the individual. The		
		o the bathroom and said "Oh			Immediate Supervisor will conduct an initial		
		ned to him?" They (RS #4			investigation and submit written statements, or	enduct	
		ve don't know". I said, "No			interviews, and get as much initial information		
		pened?" I was so emotional,			possible. This information should be forwarde		
		lid an incident report and			immediately to the Chief Administrative Office		
		d the mom what the area			Worker. The investigator shall include dates,		
		was asked to describe the			interviews and written statements etc. The	miles OI	
	l .	's hip/groin area. LPN #2			Immediate Supervisor must ensure that the		
	l .	purple with a red spot. It			Individual is assessed immediately by the Nu	rea on	
		a pineapple. It didn't need			duty and the individual MUST be transported		
		d notify the doctor by fax.			11 ,		
	LPN #2 was asked if				emergency room for further medical evaluation	1.00	
	reported and if it ever				treatment. The Immediate supervisor and the		
	, ,	ve been abused. LPN #2			on duty must NOTIFY the Chief Administrativ	F	]
	i stated. "Yes I am a m	andated reporter but no it			[L		11

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
			A. BUILDI	NG_		''	
		49G013	B. WING			1	C /29/2019
NAME OF P	ROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE		
					211 COUNTY STREET		
HOLIDAY	HOUSE OF PORTSMO	UTH INC			ORTSMOUTH, VA 23707		-
	0.00000		T				
(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 APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
W 189	Continued From page	ne 240	۱۸/	189	Continued From page 240		6.7.19
** 100	1	ne he was abused." LPN #2	**	103	Officer, Director of Nursing, Social Worker a	5 600D	
		ne ne was abused." LPN #2 ne reviewed the video footage			as possible. The Chief Administrative Office	1	
		the Nursing Office on			ensure the facility's Social Worker (Investiga		
		oruise of unknown injury was			immediately investigate and report the allege	, , , , , , , , , , , , , , , , , , ,	
		ee if there was any indications			abuse, neglect, mistreatment in accordance		
		as abused. LPN #2 stated,			established state policies and procedures. T		
		d the camera system that			Social Worker is responsible for entering all		
	day."				allegations of abuse, neglect, mistreatment,		
					complaints, and suspicious injuries of unknown		
	Individual #4's Inter	disciplinary Progress Note			in accordance with state laws and established	•	
	date 11/12/17, time	d 3 PM-7 PM written by DSP			procedures. The Social Worker will ensure t		
		nd is documented in part, as			incidents are thoroughly investigated. Invest		
	follows:				will consists of monitoring the CCTV camera	-	
					interviewing staff, interviewing the individual		
		ty Accident Incident Report			The Social Worker upon receipt of any alleg		
	L	:33 P.M. completed by DSP			allegations of abuse, neglect, mistreatment,		
	#5 was reviewed ar   follows:	nd is documented in part, as			complaints, and suspicious injuries of unkno		ii l
	IOIIOWS.				will conduct an investigation and will be enter	ered into	
	Where did the accid	lent/incident take place? Staff			the CHRIS (Comprehensive Human Rights		
	observed in bathroo	<del>-</del>			Information System program within 24 hours		
		s incurred: Staff observed			initial report. The Social Worker will docume		
	, , ,	ile supporting with nightly			dates, timelines, phone calls regarding the a		
	hygiene.	0 0,			of abuse, neglect, mistreatment investigative findings.	;	
	Name of any witnes	ses: Name (RS #4).			Upon completion of the investigation as indi	cated in	
	Staff person's accor	unt of what happened: Staff			the Holiday House of Portsmouth, Inc. Abus		
		ile supporting with PM care.			Neglect, and Mistreatment Policies, the Soc		
		involved: (Completed by			Worker will complete a final investigation int		
		cal assessment to left upper			(Comprehensive Human Rights Information	System)	·
		ruise near hip/groin. skin			within 5 working days (these days also inclu		
		no signs or symptoms of			weekends and holidays). An employee's fail		
	1 -	tenderness, activity WNL.			report or cooperate with an abuse and/or ne		
		Name (Attending Physician)			investigation may result in disciplinary action		
		PM, By Whom: Name (LPN tructions: none given at this			action by an employee that compromises th		
	time.	udduons: none given at this			integrity or outcome of a factual investigation		[]
		ardian notified: Name			cause for disciplinary action and/or immedia	le	
		her), Time Notified: 5:47			termination.  Volunteers, contractors, contract employees	etudont	
	P.M., By Whom: N	•			voidineers, contractors, contract employees	, student	J

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		I				(3) DATE SURVEY COMPLETED	
ANDFLANO	CORRECTION	IDENTIFICATION NOMBER.	A. BUILDI	NG _			
		49G013	B. WING				C /29/2019
NAME OF PE	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1	
				42	211 COUNTY STREET		
HOLIDAY	HOUSE OF PORTSMOUT	HING		P	ORTSMOUTH, VA 23707		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETION
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION SHOU TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)			DATE
W 189	Continued From page	241	l w	189	Continued From page 241		6.7.19
	, -	e from the Parent/Guardian:	"		interns and/or consultants who fail to compl		9
		of how big the bruise was			this departmental instruction may be terminate	ated from	î.
	and said thanks. sign				employment/service.		
	The facility letter sent	to Individual #4's parents			Upon receipt of an allegation of abuse, negl		
		on into unknown bruise dated			and/or mistreatment the protocol is identifie follows: Take steps to protect the safety an		
		ed and is documented in			of the individuals. Suspend the alleged abuse		
	part, as follows:				immediately. Ensure an assessment is com	pleted by	i
	•				the nurse if allegations involve any type of I	ijury or	
	This letter is to inform	you that we have			claim that staff may have injured individual.		
		gation regarding the large			The individual involved in the abuse will imr be transported to the emergency room for n		
		vered on November 12,			evaluation and treatment as needed.	iculcal	
	2017. The surveilland	ce camera was also			Ensure that employees are reminded that the	ey are to	
	reviewed.				cooperate with the investigation, Ensure to	•	
		Open designs. Formed and this			investigate get written statements, be sure	0	
		s/Conclusion: Founded; this			document thoroughly Immediately contact the local law enforcem	ant in all	
		f abuse and neglect and se Abuse of Individuals			cases of suspected criminal activity.	ant in an	:
	-	g of the video surveillance			Notify the Chief Administrative Officer, Direct	ctor of	
	disclosed the following				Nursing, Social Worker.		
					The Social Worker will initiate an impartial investigation within 24 hours of receiving a	report of	
		n the gym area to the			potential abuse or neglect. In the absence		
		leaving the restroom Name			Social Worker the Chief Administrative Office		
		oserved coming out of the	-		appoint an employee who is not involved in	the	1
	bathroom with a male	stan.			issues of the investigation to complete the		
	*The Staff provided u	nnecessary physical support			investigation. The facility will use closed circameras to assist with the investigation.	cuit	
	and did not use ANY				In all cases, the Chief Administrative Office	will	
		ed by Holiday House of			provide his written decision, including		1
	Portsmouth.	ou by Honday Houds of			Actions taken as a result of the investigation		
					completion of the investigation to the individ		
	*Evidence revealed n	nale staff placing body			individual's parent/guardian. If the individua by the alleged abuse or his authorized repre		
	weight on Name (Indi				is not satisfied with the Chief Administrative		
		•			actions, he or his authorized representative		
		Name (Individual #4's)			anyone acting on his behalf, may file a com	plaint and	
	hip/groin area.				request for a Local Human Rights Committee	ю	
					(LHRC) hearing under 12VAC 35-115-180.	4. 4.46	1
		or was present and failed to a violation of Holiday House			In the event that the investigation is unfound	jea thê	4

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BUILDII	NG _	<u></u>		_
		<b>49</b> G013	B. WING			1	C /29/2019
NAME OF PI	ROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·		s	TREET ADDRESS, CITY, STATE, ZIP CODE		
				4:	211 COUNTY STREET		
HOLIDAY	HOUSE OF PORTSMOUT	TH INC		PORTSMOUTH, VA 23707			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	ID PROVIDER'S PLAN OF CORRECT			(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFII TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
W 100	Ocation ad Francisco	- 0.40			Continued From page 242		6.7.19
W 189	Continued From page	3 242	W	189	In the event that the investigation is unfounde	d the	
	Policy.				facility will complete the following:	J 1110	
					The employee will be monitored by the super	risor or	
		yee #1 for violation of			designee during a 3-month period. He or she	shall	i l
	Holiday House Policy	•			be supervised closely while assigned to indivi	duals.	
		<b></b>	ĺ		Daily documentation will occur.	. 1	
	*Termination of emplo				The Social Worker will review Holiday House		
		ng oversight to prevent			Portsmouth's Abuse, Neglect, and Mistreatme policies with the staff person.	ent	
	abuse/neglect.				A certified TOVA Trainer will discuss with the	etaff	
	**********				person the TOVA philosophy and the TOVA	Jean	
		rom this point on must be			technique as it relates to the incident. (If appli	cable)	
		Chief Administration Officer) er), All hands on interaction	1		At the end of the 3-month period, the Director	of	
	•	er), All nands on interaction red on surveillance camera.			Residential Services will review the documen		
	ilivestigated and view	ed on surveillance camera.			with the staff person. The supervisor will pre		
	*All staff mosting will	be held on November 15,			written report with recommendations to be su to the Chief Administrative Officer within ten of		:
		A training will be discussed			All staff will be informed and review the Abuse		
	and trained with all st				Individuals/Mistreatment/Neglect Policies at t		
	and trained with all st	all.	-		of orientation, monthly at all staff meetings, a		
	The Critical Incident F	Report from Individual #4's			annually in the month of February. Documen	tation	
		dated 11/13/17 at 9:30 Am			of this review shall be on the orientation shee	t and	
		documented in part, as			staff training log.		1
	follows:	account of the part, ac			This policy and procedure will be reviewed wi		
					employee during the initial employment, montal all staff meetings, and annually in the month of		
	Type of incident:				February. This policy will be reviewed with all		
		ool with large bruise on front			5/22/2019.	Otan On	
	of left hip and upper t	•			The injuries of unknown origin protocol was o	reated	
	. ,,	•			and states: It is the policy of Holiday House o		
	Incident reported to:				Portsmouth that injuries of unknown origin be		
	-				investigated and reported in accordance with		
	Parents: 11/13/17 at	9:45 AM, picture of bruise			and federal procedures. Injuries of an unknow origin is defined as follows: The injury wasn'		
	sent at 10:09 AM				observed by anyone or can't be explained		
	Holiday House: 11/13	3/17 at 10:00 AM			individual or staff. The injury is suspicious re		
					additional medical evaluation due to the local		
	Description of inciden	t: Name (Individual #4)			(and in an area not usually vulnerable to traus	na),	
		transitioned to class. When			extent of the injury, number of injuries that oc		
	taken to the bathroon	n at 9:30, staff noticed			the same time, or the number of injuries over		
	bruising on his hip an	d thigh. Staff called mom			(Hip, upper chest, back, head, neck (front and		
	and was asked to ser	nd pictures. Mom and dad			these body parts are listed as a guide but do	es not	
İ	arrived looked at the	bruise called doctor	- 1				

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1''	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
MIDI DITO.	CONNECTION	DENTI TOSTIONIONIOLIS.	A. BUILDI	NG_				
		49G013	B. WING			1	C /29/2019	
NAME OF PI	ROVIDER OR SUPPLIER	<u> </u>		s	TREET ADDRESS, CITY, STATE, ZIP CODE	1 0-11	20/2013	
					211 COUNTY STREET			
HOLIDAY	HOUSE OF PORTSMOUT	TH INC		P	PORTSMOUTH, VA 23707			
WALID	SUMMARYST	ATEMENT OF DEFICIENCIES			PROVIDER'S PLAN OF CORRECTION		(75)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E	(X5) COMPLETION DATE	
W 189	Continued From page	<b>⊋243</b>	w	189	Continued Form page 243		6.7.19	
		alled and came to get Name	''		exclude other body parts)In the event of an ur	ıknown		
	_	sport to the doctor. Parents			injury the following must take place: RESIDE			
		received a call last night			DEPARTMENT PROTOCOL: INITIATE			
		hat Name (Individual #4)			INVESTIGATION IMMEDIATELY. The Resident			
ĺ		ad a bruise on his back. We			Supervisor must initiate an Accident/Incident			
	looked and did not fin				and IMMEDIATELY begin the investigation in			
		. Holiday House said they			injury of unknown origin. (Follow Accident/Inc Report Policy and Procedures). The initial	uent	1	
		on Name (Individual #4's) hip			investigation should explore the known cause	or		
	when he left for school	, , ,			probable cause on the Incident Report. The	·		
					Residential Department Supervisor must notif	y the		
	Individual #4 was see	en at Name (Children's			Chief Administrative Officer, Social Worker, D			
		at 1:25 PM with chief			of Nursing IMMEDIATELY in the event there i			
		and Swelling of Jaw/Lump.			a probable cause or known cause of the injury	<i>t-</i>		
		and one and			NURSING ASSESSMENT & PROTOCOL	_		
	Individual #4's Positiv	e Behavioral Support Plan			The nurse should be notified immediately upon observation of all injuries and complete the nurse.			
		8 was reviewed and is			assessment for the individual. This information			
	documented in part, a	as follows:			should be documented on the Accident and Ir			
					Report Form, and in the nursing notes. As lice	ensed	1	
	Rational::				professionals the expectation from the Nurse			
,	Plan written in accord	lance to VAC12-200-105			Duty is to identify injuries that are suspicious			
	Behavioral treatment	Plans with restrictive			that are NOT vulnerable to trauma. If the injur			
	recommendations.				unexplained, the nurse shall IMMEDIATELY	iotity		
					the Director of Nursing. Social Worker, Chief Administrative Officer. The Residential Super	nuienr		
	Target Behaviors: Ph	ysical Aggression,			and Nurse will continue to phone the family to			
		Destruction, and PICA. It is			The Residential Supervisor will continue to no			
	important to note that	t Name (Individual #4) seeks			family of the incident, and the nurse will then			
	out the person who b	locked his access to the			the parents with information regarding the	l		
	item he is wanting.				assessment and treatment given if any. The r			
					will also notify the Individual's primary care pl			
		ality life for Name (Individual			of injuries and treatment given. The nurse will document this information in the individual's r			
		environment and doing			chart and on the nursing daily report sheet.	ledical		
	activities that he prefe	, , ,			If the employee has knowledge or reason to be	elieve		
	behaviors of concern.	•			the injury involves abuse or neglect, the empl			
					shall immediately report the event to the CAC			
	What is not working-				accordance with the Holiday House Abuse			
		or trying to sooth him when			Prevention Policies and Procedures. The Dire			
	he is displaying beha	viors of concern.			Nursing/Nursing Department will ensure indiv receive the appropriate medical attention for			
	Recommendations ar	nd Procedures for Name				431	1	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILDII	.~_			С
		49G013	B. WING _			1	29/2019
	ROVIDER OR SUPPLIER			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 PREFI) TAG	(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 189	location offer Name (I hold from his clear tot engaged in an activity) Physical Aggression: -When staff is not able #4) from physical aggressional follow the age -Do not hug or pat his down. Do not stare or in target behavior. The hostile reaction from the remember redirection disruptive behavior, non a preferred activity participation.  Crisis Plan: Staff should follow Crest (Individual #4), Holidated with the hold follow Crest (Individual #4), Holidated with the hold follow Crest (Individual #4), Holidated with the hold follow Crest (Individual #4), Holidated with the hold follow Crest (Individual #4), Holidated with the hold follow Crest (Individual #4), Holidated with the hold follow Crest (Individual #4), Holidated with the hold follow Crest (Individual #4), Holidated with the hold follow Crest (Individual #4), Holidated with the hold follow Crest (Individual #4), Holidated With the hold follow	ansitioning to another Individual #4) an object to the bag to help keep him //.  The to stop Name (individual pressive behaviors they are crisis plan.  To back to help calm him are frown when he is engaging and the engaging are estions tend to provoke Name (Individual #4).  The means ignore the use of efocus the person's attention of and reinforce the engaging and reinforce the engaging and reinforce the engaging and reinforce the engaging and reinforce the engaging the engaging the engaging e	W		unexplained injuries. In cases of suspected cactivity the CAO or designated staff involved call local law enforcement. All staff will be traitis protocol in the all staff meeting on 5/22/2 Staff will be trained by the facility Social Work this protocol at initial orientation. Evidence of compliance will be on the facility's training log Chief Administrative Officer will have the CCI Camera System placed on lap top as well as facility Social Worker lap top so facility monitocan be conducted on weekends as well. Live Monitoring is conducted by the CAO and/or during the weekdays.  4. Indicate how the facility plans to monerformance to make sure that solution sustained; and The QIDP provides a quiz to all staff in refet their knowledge of the one to one supervision. The quiz is kept in the personnel records in Resources.  The Risk Management committee will reversining roster each month to ensure that receive the training in areas of mandatory reabuse, neglect, and mistreatment.  5. Include dates when the corrective action completed-June 7,2019	must ned on 019. ter on  J. The TV the oring Video esignee nitor its ons are rence to n policy. Human riew the all staff eporting,	6.7.19

	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED
		49G013	B. WING		C 04/29/2019
	ROVIDER OR SUPPLIER	UTH INC	42	REET ADDRESS, CITY, STATE, ZIP CODE 11 COUNTY STREET DRTSMOUTH, 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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE COMPLETION
W 189	D. When communi #4), make sure that voice that indicates Name (Individual # control of the situat control of the situat must control Name need to be in control O NOT GET DIREF. If you are unable attempts that Name aggressive or self in G. Call for back up	4) safely then do so. cating with Name (Individual t you are not using a tone of fear, uncertainty or anger. 4) needs to feel like you are in ion. Remember being in ion does not mean that you (Individual #4) it means you ol of you and your emotions. ECTIVE-STAY CALM. e to leave, then block any of (Individual #4) makes to be	W 189		
	training was provide with Individual #4 of stated, "We went of staff and went over Plan with the staff in Administrator was a on the Abuse and Neporting of Abuse incident with Individuated, "No, we did neglect or mandate should have."  On 4/29/19 at 4:10 was held with the Cocial Worker and above information of Administrative Officinstalling software sworker will be able our phones when we	ed after the abuse incident in 11/12/17. The Administrator wer TOVA training with our Individual #4's new Safety esponsible for his care." The asked if all staff were retrained deglect Policy and Mandated and Neglect after the abuse dual #4. The Administrator not do training on abuse or d reporting in hindsight we  P.M. a pre-exit conference thief Administrative Officer, the Medical Records where the was shared. The Chief cer stated, "We are currently so myself and the social to view live camera feeds from we are not in the facility. This is elearning experience for us			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		49G013	B. WING			04/	29/2019
	RÖVIDER 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 DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFII TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 189		ng changes to ensure the als so this doesn't happen	w:		W 249 Program Implementation- The facility	u ]	
	As soon as the interdiffermulated a client's interest each client must receive attentions and senting and frequency to supplied the soon and frequency to supplied the soon and senting and senting at the soon and senting at the soon and senting at the soon as the soon as the soon as the soon as the soon as the soon as the soon as the soon as the soon as the soon as the soon as the interest in the soon as the interest interest in the soon as the interest interest in the soon as the interest interest in the soon as the interest in the soon as the interest interest in the soon as the interest interest in the soon as the interest in the soon as the so	isciplinary team has ndividual program plan, ive a continuous active			staff failed to implement speech and behave supervision program for Individual #2.  Point 1: Address how corrective action will accomplished to address the issue(s), for those individuals found to have been affect by the deficient practice.	ior be	5.22.19
	Based on observation interviews the facility speech and behavior Individual (Individual four (4) individuals.  The findings included Individual #2 was adr 20, 2018 for behavior physical aggression, destruction. Diagnose disorder, attention dedisorder, conduct disand profound intellect individuals behavior obiting, hitting his head destruction. Individual communicates mostly	nitted to the facility on March consultation services for self-injury and property as included autism spectrum ficit with hyperactivity order, celiac disease, PICA tual disability. This lisorders include self-injury, I, running away, property			The Facility QIDP will give HHP Speech Thera Individual #2's current IEP and progress repor review IEP Speech goal. The Facility QIDP h scheduled an IEP meeting on May 16, 2019 w the school principal and classroom teacher, ar HHP Speech Therapist to discuss the continui the speech goal in the school and residential setting. The Facility QIDP will amend his Individualized Support Plan speech goal to enthat the information that is discussed at the meeting is put into place. The Assistant Direct of Therapy Services will provide carryover and training to the Direct Support Professionals to implement the amended speech program. The Facility QIDP will re-train all staff working direct with Individual #2 on his Behavior Support Plan Addendum regarding elopement, Crisis Code Policy, and One to One Supervision Policy at All Staff Meeting scheduled for May 22, 2019. Evidence of compliance will be on documented the facility's training log.  Completion Date: May 22, 2019	t to as as ith ad ty of sure tor d ctly n Call	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DA1	E SURVEY
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		49G013	B. WING			0-	4/29/2019
	ROVIDER OR SUPPLIER HOUSE OF PORTSMOI	UTH INC		4:	TREET ADDRESS, CITY, STATE, ZIP CODE 211 COUNTY STREET ORTSMOUTH, VA 23707		
(X4) ID	SUMMARYS	STATEMENT OF DEFICIENCIES	ID	<u> </u>	PROVIDER'S PLAN OF CORRECT	TON	(X5)
PREFIX TAG		ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETION DATE
W 249	Continued From pag	w	249	Continued From page 247		6.7.19	
	finish.				Point #2: Address how the facility wil	l identify	
	***************************************				other individuals having the potential		
	The facility staff fails	ed to ensure Individual #2's			affected by the same deficient practic		
		as implemented consistently.					
		nt his behavior support			The Facility QIDP will review all individu	als IEP's	
	program consistentl	y.			to determine if that individual has a spec	ech goal.	
					If the individual has a speech goal on th	eir IEP,	
		bserved in his day school			the Facility QIDP will review the individu		
	,	, 2019 at 11:00 A.M.			ensure that the speech goal is the same	. If the	
		peech program. Individual			individual's speech goals are not the sai	me, the	
		served using American Sign			Facility QIDP will schedule an Interdisci	plinary	•
	Language as part of	f his speech program.			Team meeting to discuss the continuity		
	A D = -1-4 = -41 = 1 O =	-t			speech goal in the school and residentia	al setting.	
		ch Therapy Annual Evaluation			The Facility QIDP will amend the individ	ual's	
		ed: "Individual #2 is an early			Individualized Support Plan speech goa	l to ensure	
		uses vocalizations, pointing			that the information that is discussed at	the	
	_	nmunicate his wants and 2 continues to struggle			meeting is put into place. The Assistant	Director	
		al diagnostic assessments,			of Therapy Services will provide carryov	er and	
		reening assessments and			training to the Direct Support Profession		
		ted to gauge his current level			implement the amended speech prograi	m. The	
	of functioning.	tod to gauge The current lever			Facility QIDP will review all individuals E	Behavior	
	or randing.				Support Plans to determine if that individual	dual has a	
	ISP (Individualized :	Service Plan) Goal: Speech			targeted behavior of elopement. If the in	ndividual	
		and treat as needed and			does have elopement on their Behavior	• • • • •	
	annually.				Plan, the Facility QIDP will re-train all st	aff on	
	-				those Individual's Behavior Support Plan		
	Short Term Goals: I	ndividual #2 will identify core			regarding elopement. Evidence of com		
		for communication in the			be on documented on the facility's traini	ng log.	
		(Activities of Daily Living) by					
		th pictures in 4 out of 4 trails			Completion Date: June 7, 2019		
		e sessions (data collected 3			Daint #2. Address out of account of	المنترية الما	
	times a quarter. (Co	•			Point #3: Address what measures will	•	
	clothing/mealtime/h	ygiene).			into place or systemic changes made ensure that the deficient practice will		
	A Speech Therapy	Support Plan dated 4/20/19			recur.		
		al #2 will identify core					
		for communication in the					
		by matching objects with					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		49G013	B. WING			04	/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 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)	BE	(X5) COMPLETION DATE
W 249	data collected monthi data)."  Speech Therapy 30 d  Short Term Goals: 1. identified core vocabule communication in the A Speech Daily Note indicated: "Target Goalevaluate and treat and Obj: #1 Use core voca communication in the with 80% accuracy.  A Individualized Educe 4/18/18 indicated: "In general language is a as he can follow directly point to familiar object drink when hungry or not make any prespesture, point. and tal request.  A Strengths and Need "Area Considered-Collanguage Skills) Strengestures and modified and needs when offer pushing the item awall Individual #2 physical their attention. Needs are impacted by his digrabs the hand of startoward a preferred ite.	ay Evaluation: Individual #2 will use Illary needed for Individual #2 will use Illary needed for Individual #2 will use Illary needed for Individual #2 will use Illary needed for Individual #2 will use Illary needed for Individual #2 pre-speech and It the 15 to 18 month range Itions, respond to his name, Its when requested, food or Ithirsty. Individual #2 does Illary needed for Individual #2 pre-speech and It the 15 to 18 month range Itions, respond to his name, Its when requested, food or Ithirsty. Individual #2 does Illary needed for Individual #2 uses It so of Student area indicated: Individual #2 uses It so of Student area indicated: Individual #2 uses It so of Student area indicated: Individual #2 uses It so of Student area indicated: Individual #2 uses It so of Student area indicated: Individual #2 uses It so of Student area indicated: Individual #2 uses It so of Student area indicated: Individual #2 uses It so of Student area indicated: Individual #2 uses It so of Student area indicated: Indicate his wants It so of Student area indicated: Indicate his wants It so of Student area indicated: Indicate his wants It so of Student area indicated: Indicate his wants It so of Student area indicated: Indicate his wants It so of Student area indicated: Indicate his wants It so of Student area indicated: Indicate his wants It so of Student area indicated: Indicate his wants It so of Student area indicated: Indicate his wants It so of Student area indicated: Indicate his wants It so of Student area indicated: Indicate his wants It so of Student area indicated: Indicate his wants It so of Student area indicated: Indicate his wants It so of Student area indicated: Indicate his wants It so of Student area indicated: Indicate his wants It so of Student area indicated: Indicate his wants It so of Student area indicated: It so of Student area indicated: It so of Student area indicated: It so of Student area indicated: It so of Student area indicated: It so of Student area indicated: It so of Student area indicated: It so	w	249	The Facility QIDP will ensure that the speed is the same in the school and residential see when attending the individual's IEP meeting the event that the individual's Individualized Support Plan and Individualized Education speech goals are not consistent, the Facility will schedule an Interdisciplinary Team meed discuss the continuity of the speech goal in school and residential setting. The Facility will amend his Individualized Support Plans goal to ensure that the information that is discussed at the meeting is put into place. Assistant Director of Therapy Services will carryover and training to the Direct Support Professionals to implement the amended sprogram. The Facility QIDP will amend the Education Collaboration form to include the of the individual's speech goal (if applicable ensure the continuity of the speech goal in school and residential setting. The Facility will also address the continuity of the speech in the school and residential setting on the monthly summary and Individual's quarterly During the individual's quarterly review, the Facility QIDP will ensure that the individual' Behavior Support Plan regarding elopement strategies are not effective, the Facility QID seek feedback from the Interdisciplinary Te amend the Behavior Support Plan regarding elopement. Evidence of compliance will be documented on the facility's training log.  Completion Date: June 7, 2019	tting I. In Plan Plan Plan Plan Plan Plan Plan Pla	6.7.19
		needs to learn to use sign uage to request preferred					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			
		<b>49</b> G013	B. WING		C	9/2019
NAME OF PE	ROVIDER OR SUPPLIER	-	S	TREET ADDRESS, CITY, STATE, ZIP CODE	04/2	9/2019
			4	211 COUNTY STREET		
HOLIDAYI	HOUSE OF PORTSMOUT	TH INC	F	ORTSMOUTH, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED CORRECTION OF THE	DBE	(X5) COMPLETION DATE
W 240	Continued From the			Continued From page 249	6	.7.19
W 249	IEP, when taught ASL or modified, Individual request 5 (five) differed demands per day, per data days per sign/ite.  A Data collection produced procedure-Continue to rates for independent throughout the school (classroom, cafeterial Individual #2 was obstoay Program on 4/24 taught by teacher using words eat, hug, string observed to sign the volume to model the word with each attempt the teach #2 with a piece of skitt.  During an interview of the Qualified Intellection (QIDP), she was asked program was not being in the residential and stated, She wondering observing Individual #2 program."  A Program Implement Policy indicated: "Each	re indicated: " ription-By the end of this . (American Sign Language) I #2 will use language to ent items at a rate of 10 ritems for 10 consecutive m."  redure indicated: "Manding o collect data on manding and prompted signs I day, across all settings , community, etc).  reved during the School /19 at 11:00 A.M. being ng sign language for the and go. The teacher was word and ask Individual #2 the a sign or gesture. After ther would reward Individual ttle candy.  n 4/25/19 at 10:00 A.M. with ually Disability Professional ad, why Individual #2 speech g implemented consistently school setting. The QIDP g the same thing after the perform his speech tation Active Treatment the individual will have an	W 249	, ,	the the tive in rategies k coacility in the con The upport tentation	.7.19
	individual plan of care setting forth measura	which is a written plan ble short and long term gan integrated program of				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		49G013	B. WING		0	C 4/29/2019	
	ROVIDER OR SUPPLIER	UTH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707	<u> </u>		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST 8E PRECEDED BY FULL R 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 249	experience necessary objectives. Active treatment is or relevant settings both the need arises or otherselves. The Support Coordinglementing and a	ge 250 d therapies, activities, and ary to achieve such goals and consistently implemented in all th formally and informally as apportunities present inators are responsible for ssuring that active treatment dance with this policy."	W 24	9			
	#2's behavior support prevent elopement.  An Accident and Indicated: "Date Occourred: approxim Describe any injuried Account of what Hastaff that Individual living area and he waswing set.  Condition of person assessment was do	railed to implement Individual ort program consistently to cident Report dated 1/30/19 curred: 1/30/19. Time nately 6:00 PM.					
	limits, no sign of pai signs taken- none. Was Individualized Name of Parent/Gu Representative noti Approximate 6:50 F Summary of respon Authorized Represe	in/discomfort. mood. Vital Support Plan Modified: NO ardian/Authorized fied: Mother - Time Notified:					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	PLE CONSTRUCTION  3	(X3) DATE SURVEY COMPLETED				
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	ROVIDER OR SUPPLIER	UTH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707		, 3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
W 249	home.' Summary of correct needed monitoring.' An Initial Investigati "Individual Name-In 1/30/19. Time of Inc. No injures. Location Type of Incident: El Description of Incident: El Description of Incident: It cottage one living a grounds near cottage one living a grounds near cottage one living a grounds near cottage. On Wednesday, Ja approximately 6:00 Supervisor if Individential Supervistaff then stated that the building through immediately ran our Individual #2. Short found on the swing side of the building, and no new areas we statement attached for this report.  Also, prior to realizi inside the building, Individual #2 asked could watch Individing restroom. Supervis when staff returned open in the kitchen.'	tive action taken: No Tx continued."  ve Report indicated: dividual #2, Date of Incident cident approximately 6:00 PM; cottage One (right wing). opement. ent: Individual #2 was in rea walking inside the living  individual #2 eloped form rea to the swing set on ge two.  nuary 30, 2019 at PM staff asked Residential dual #2 was with him. isor informed staff no, and at Individual #2 has ran out of a kitchen door, staff tside to if they could find dy after Individual #2 was set outside hear Cottage Two Nursing staff assessed him vere observed. Witness to report to provide support  ing that Individual #2 was not the staff person assigned to Residential Supervisor if he ual #2 while she uses the or watched Individual #2, she asked why the door was	W 24	49				

AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		49G013	B. WING _			C 4/29/2019
	ROVIDER OR SUPPLIER	TH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707		4129/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SH		(X5) COMPLETION DATE
W 249	individual to another s A Nursing Department physician indicated: " physician; From: facil Reason: Individual #2 Comments: Individual #2 w/o (with out ) shoes head to toe focal assefindings noted. Activit (signs/symptoms) of part of January 24, 2019 Ind Elopement Rational: Individual #2 away from staff and left of The following strategisthen supporting Individual #2 during when supporting Individual #2 during wat in the community Residential Supervices (LEVEL assigned staff will be (individual must be wat times), the staff persolength of Individual #2 during wat staff will rotate every designated staff persolength of Individual #2 during wat staff will rotate every designated staff persolength of Individual #2 during wat staff will rotate every designated staff persolength of Individual #2 during wat staff will rotate every designated staff persolength of Individual #2 during wat staff will rotate every designated staff persolength of Individual #2 during wat staff will rotate every designated staff persolength of Individual #2 during wat staff will rotate every designated staff persolength of Individual #2 during wat staff persolength of Individual #2 during wat staff will rotate every designated staff persolength of Individual #2 during wat staff will rotate every designated staff persolength plan and doc	ccurs when a supporting an staff person."  It Notification to the Date 1/30/19; Attention: ity nursing department; 2.  If #2 ran out of the building on feet and coat/jacket. essment completed. no by (wnl), no s/s pain/discomfort. laughing  Plan Addendum dated icated: Target Behavior:  It has 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 vidual #2 while on grounds unity with designated staff: risors and/or Managers will riate staff to work with waking hours. The assigned idelines of One to One ONE), which means the visually focused on him if 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	W 2	49		

	CORRECTION	IDENTIFICATION NUMBER:	1 ' '	IG		OMPLETED
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		49G013	B. WING _			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 CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 249	area where he/she without notifying the restroom break. Iun 3. The assigned sta Individual #2 to hold community. If he is arm's length of Individual #2 ru grounds) the assignimmediately follow liverbally say to anot an ALL Page CODE elopement), the per announce Individual leaving and possible going towards. All ato the area stated for 5. Once located the escort him back to the area stated for 5. Once located the escort him back to the area stated for 5. Once located the escort him back to the area stated for 5. Once located the escort him back to the area stated for 5. Once located the escort him back to the area stated for 5. Once located the escort him back to the situation and individual #2 with the staff. Parents will be 7. When Individual runs person out in the coeyesight then staff person to call to the situation and 10. The Supervisor Manager, Chief Adr Worker, Nursing de situation and get full staff person and get full situation and get full s	staff person cannot leave the is working with Individual a Supervisor on duty, i.e. och break, etc.  Iff person will encourage of their hand while out in the resistant staff must be within vidual #2 at all times.  Ins out the exit door (on lead staff person will leave the staff in the vicinity to call leave the staff in the vicinity to call leave the staff in the vicinity to call leave the staff in the vicinity to call leave the staff in the vicinity to call leave the staff in the vicinity to call leave the staff in the vicinity to call leave the staff in the vicinity to call leave the staff in the vicinity to call leave the staff person will come or support.  If assigned staff person will come or support, leave the staff person will be completed lill be assessed by nursing leave the staff leave the sta	W 2	49		

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	TH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 COUNTY STREET PORTSMOUTH, VA 23707	0712013	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
W 249	nursing department to accident/incident report occurred. If an injury of treatment and monitor will be notified.  12. Failure to implement result in disciplinary and 1/24/19 by the Support (Qualified Intellectual Chief Administrative Counting an interview on the designated QIDP asked if his behavior simplemented to prevent stated, "No." The QID had been assessed by	ff person will take him to be assessed. An ort will be written if an injury occurred he will be provided red closely by staff. Parents ent these procedures could ctions. Signed and dated rt Coordinator /QIDP Disability Professional) and	W 24	49		
W 331	the Chief Administratic had all staff been train Individualized Program The facility staff failed Resident #2's behavior NURSING SERVICES CFR(s): 483.460(c)  The facility must provide services in accordance of the STANDARD is in Based on record revise.	m Plan and he stated, "No."  to consistently implement or support program.	W 3:	W331 Point #1: How corrective action was accomplished for those individuals four have been affected by the deficient practice. The Director of Nursing will meet with the staff including agency nurses to review the survey. Post incident 1/17/2019 Individuals wrapped in a blanket, assessed, oral hygic vitals completed post incident. The nurse documented that the individual temperatur 97.7, no nausea or vomiting noted. The nurse assessed individual #2 and checked temperatures.	nd to ctice. 5.30.19 nursing current #2 was ene and e was urse	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		E SURVEY PLETED
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NAMEOED	BOVIDER OR SUPPLIED	430013	D. Millo			] 04	/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	(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 I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
W 331	Individual #2 was as 20, 2018 for behavior physical aggression destruction. Diagnor disorder, attention of disorder, conduct di and profound intelle individuals behavior biting, hitting his head destruction. Individuals communicates mos gestures and a few finish.  The facility staff faile attention to Individual facility and was four water.  An Abuse Allegation indicated: "On Thurnapproximately 5:00 was made. The announce secretary. Once out attention (sic) that the individuals left out on also stated that she gate and messing was Also, outside the gate Chief Administrative Resource Clerk. At the secource Clerk.	dmitted to the facility on March or consultation services for a self-injury and property ses included autism spectrum deficit with hyperactivity sorder, celiac disease, PICA	W	331	every 2 hours until individual was calm and resting. The nurse continue to make rounds individual#2 every 2 hours while resting until next shift. The oncoming nurse, documenter individual #2 was vomiting and refused brea Individual #2 was seen by PCP for sick visit 1/18/2019 at 9:30am.  Point#2: How the facility will identify othe individuals having the potential to be affe by the same deficient practice: The Direct Nursing will meet with the nursing staff inclu agency nurses to review the current survey. Director of Nursing will train the nurses on the Health Status Focal Assessment and Eloper Policy and procedure. The health status focal assessment will consist of a nurse making revery two hours to ensure that their assigne individuals are free of sign and symptoms of illness or injuries.  In addition, any changes in an individual he status or in the event of an Elopement sustaminor injuries such as but not limited to scravitals will be completed every two hours. Po Elopement Encounter Requiring Medical attention, if the individual sustain any injurie cannot be treated by a nurse, found in a life threating environment such as but not limite body of water or have digested an inedible substances or if there is a change in health condition from initial elopement assessment individual will be seen by a physician. The rimited individual will be seen by a physician. The rimited individual will be seen by a physician. The rimited individual will be seen by a physician. The rimited individual will be seen by a physician. The rimited individual will be seen by a physician. The rimited individual will be seen by a physician. The rimited individual will be seen by a physician. The rimited individual will be seen by a physician or systemic changes made to ensure that deficient practice will not reoccur: The Did of Nursing will amend the Health Status Foo Assessment to include post an elopement encounter, if individual sustain any injuries that cannot be treated by a nurse, found in a life threating	the d that kfast. on er ected tor of ding The ne ment all bounds d ining tches st an es that d to a , the nurses off on place t the rector all the	5.30.19

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G013	B. WING			1	C
NAME OF P	ROVIDER OR SUPPLIER	430010		-	TREET ADDRESS, CITY, STATE, ZIP CODE	04	/29/2019
	HOUSE OF PORTSMOU	TH INC		4	211 COUNTY STREET PORTSMOUTH, 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 331	directions on and off Individual #2. Eventually (Direct DB) found him across had crossed over a side behind some brick apthat he was coming us apartments. She state covered with mud and She ran up to him and street back to facility, the cottage. Undress started drying him off nurse staff along with him with checking his mud was in his mouth to warm up with a contained at the contained of the state of the	s. Staff went in different grounds to try and locate  It Support Professional #1 sethe street. Individual #2 street and was coming up hill partments. (DSP #1) stated, up out of the pond behind the ed, that Individual #2 was do his clothes were soaked, do carried him across the she brought him back to ed him in the bathroom and fand cleaning his face. And a residential staff supported is body. Staff also stated that he he was taken to the room wer.  Cated:  Injured? No all Treatment provided & 2 was assessed by nursing; to upper arm and left lower mose. No treatment was  1/18/19 indicated: Individual of following his elopement school, the school called the that Individual #2 had been sinter Summary dated 1/18/19 di: "Patient Demographics	•	3311	environment such as but not limited to a box water or evidence of digested inedible subst or if there is a change in health condition froinitial assessment, the individual will be see physician. The nurses will acknowledge understanding by signing off on the training Completion Date May 30, 2019  Point #4: How the facility plans to monitor performance to make sure that solutions sustained; Dates when the corrective act will be completed. Significant elopement occurrences requiring medical attention will reviewed during the risk management meet Completion Date: May 30, 2019	ances m n by a roster. or it are ilon be	5.30.19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	PLE CONSTRUCTION  3		(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	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
W 331	Yesterday; Duration: Quality; Unchanged Exposure to ill contact into mud yesterday at once, no other symple today. ROS Findings: Consimalaise, loss of appe Respiratory: Reports Gastrointestinal: Repapetite, Vital Signs: Temp-97 Weight:69 lb /31.30 k 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."  An Event Reporting for establish reporting procedures tudents or volunteer reporting procedures Policy: The facility the fullest extent the	niting ness: Fever: None; Onset: Acute; Severity: Mild;  cts: suite mates at facility got and ate a little then vomited coms and seems improved  citutional: Reports fatigue, edite, daytime cough corts vomiting, decreased  .9 F @09:43 ag (51%ile) cm (48%ile)  illness without dehydration s as needed until vomiting has stopped ance slowly. ydration al cramping and that diarrhea  Policy indicated: "Purpose to olicies and procedures to be event" occurs at the facility who live here, visitors, epresentatives, practicum rs. These policies and do not apply to staff injuries. 's policy is to determine to cause of all accidents,	W 3:	31				
	to prevent future occ	and to take corrective action urrences. Immediate sessential in the provision of						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		ECONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G013	B. WING			l	C
NAME OF P	ROVIDER OR SUPPLIER			Ş	STREET ADDRESS, CITY, STATE, ZIP CODE	1 04	/29/2019
HOLIDAY	HOUSE OF PORTSMOUT	TH INC		4	1211 COUNTY STREET		
				L	PORTSMOUTH, VA 23707		
(X4) ID PREFIX TAG			ID PREFI) TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD			(X5) COMPLETION DATE
W 455	primary emphasis in the reporting of events who persons other than fact however, a wide range injury are also covered. Definition: Event-Arexperience that alters condition of an individual visitor, or the routine corganization.  During an interview or the Director of Nursing Individual #2 could hat hypothermia from the DON stated, given that protective clothing and possible. When asked #2 to the hospital for at there were no injuries asked if Individual #2 to stated, No. There were after the incident occur. The facility staff failed with medical treatment emerging from a body elopement.  INFECTION CONTROCCER(s): 483.470(I)(1)	e actions and the r liability to the facility. The his system is on the prompt hich involve injuries to cility staff members, a of events not involving d.  The occurrence, incident or or changes the status or ual receiving services, a operation of the control o	W 4				6.7.19

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-	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION		E SURVEY PLETED		
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		49G013	B. WING			04	/29/2019		
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE					
HOLIDAY	HOUSE OF PORTSMOUT	TH INC		4	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 B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE		
W 455	Continued From page	259	Continued From page 259 W 455			6.7.19			
	· -	not met as evidenced by:	"	700					
		ns, record review and staff			The Facility QIDP will request a meeting with				
	1	staff failed to implement			school principal and classroom teacher to dis	cuss			
	speech programs free				maintaining an effective infection control		.		
	communicable diseas				environment to prevent infections and				
	l .	#2) in the survey sample of			communicable diseases while participating in	t t			
	four (4) individuals.				Individual #2's sign language task. The Facil				
					QIDP will discuss the use of a barrier and we	aring			
	The Findings included: protective gloves while using candy as a								
					reinforcement during the sign language task				
	Individual #2 was admitted to the facility on March 20, 2018 for behavior consultation services for  decrease the risk of infection to Individual #2. The facility will provide protective gloves, napkins, wipes								
			and hand sanitizer to Individual #2's classroo	•					
		self-injury and property			and hand samuzer to individual #2 \$ classioo	<sup>rn.</sup>			
	disorder, attention def				Completion Date: May 16, 2019				
		order, celiac disease, PICA			Point #2: Address how the facility will ide	ntifu			
	and profound intellect	-			other individuals having the potential to b	-			
		isorders include self-injury, I, running away, property	affected by the same deficient practice.			Ĭ			
	destruction. Individua								
		through crying, body/facial			The facility will provide protective gloves, nag	kins,			
		gns: more, eat, drink and			wipes and hand sanitizer to all individuals'				
	finish.	government and annuality			classrooms to maintain an effective infection	control			
					environment to prevent infections and	i			
	Individual #2 was obs	erved in his day school			communicable diseases.				
	program on April 24, 2	2019 at 11:00 A.M.					]		
		eech program. Individual			Completion Date: June 7, 2019	i			
		erved using American Sign			Delas Maria delas contratas con contratas con contratas con contratas con contratas con contratas con contratas con contratas con contratas con contratas con contratas con contratas con contratas				
	Language as part of h	is speech program.			Point #3: Address what measures will be point #3: Address what measures will be point #3: Address what measures will be point #3: Address what measures will be point #3: Address what measures will be point #3: Address what measures will be point #3: Address what measures will be point #3: Address what measures will be point #3: Address what measures will be point #3: Address what measures will be point #3: Address what measures will be point #3: Address what measures will be point #3: Address what measures will be point #3: Address what measures will be point #3: Address what measures will be point #3: Address what measures will be point #3: Address what measures will be point #3: Address what measures will be point #3: Address what measures will be point #3: Address what we will be point #3: Address what we will be point #3: Address what we will be point #3: Address what we will be point #3: Address what we will be point #3: Address what we will be point #3: Address what we will be point #3: Address white #3: Address whit				
	1.000				11	nsure			
		erved during the School			that the deficient practice will not recur.	- 1			
		/19 at 11:00 A.M. being			The Facility QIDP will collaborate with the tea	chers			
		ng sign language for the and go. The teacher was			every nine weeks regarding if supplies (prote	- 1			
		vord and ask Individual #2			gloves, napkins, wipes and hand sanitizer) a				
		h a sign or gesture. After			needed. Evidence of compliance will be	_			
		ther would reward Individual			documented on the Education Collaboration	Form.			
	#2 with a piece of skit								

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Event ID: OMEE11

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		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  MUST BE PRECEDED BY FULL  SCIDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
W 455	The teacher was obsireach inside a bag of on the bare desk table grab the candy with h Individual #2 was obsilanguage task also erstring, bouncing on a crawling on the floor. between the desk and did not wash or wipe I the teacher did not was protective gloves.  During an interview of the Qualified Intellection (QIDP) she as asked the skittle candy on the #2 eat without a barried QIDP stated, no the to #2 should have been  An Infection Control F as part of quality imprivithin its program and Committee. The Commelated to the health, individuals receiving a contractors and visito Goals: A. Decrease the individual and personal C. Identify and correctinfection control practions. Prevention of spreaments.	erved to use her hands to skittles and place the candy e. Individual #2 then would is bare hands and eat it. erved in between the sign agaged in playing with a large rubber ball and There was no barrier if the candy. Individual #2 his hands between task and ash her hands nor wear if it was ok for staff to place he desk and have Individual er or washing of hands. The eacher as well as Individual er or washing their hands.  Policy indicated: "The facility overnent, has established infection Control mittee will address activities safety and welfare of services, employees, rs. he risk of infection to nel. t problems relating to ices.  Control Program: ad of infections is of hand hygiene, standard to barriers, appropriate	W 4		Completion Date: June 7, 2019  Point #4: Indicate how the facility plans to monitor its performance to make sure the solutions are sustained.  The Facility QIDP will bring the individual's Education Collaboration Forms to the Risk Management Meeting monthly for review of maintaining effective infection control practic the classroom.  Completion Date: June 7, 2019	at	5.16.19

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED					
		49G013	B, WING _			C <b>04/29/2019</b>		
	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 PREFI) TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIA			
W 455	infection and practice The facility staff faile	es to decrease risk." d to maintain an effective ronment to prevent infections	W	155				

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Event ID: DMEE11

Facility ID. VAICFMR09

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