STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLIDAY HOUSE OF PORTSMOUTH 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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

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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 has been unsuccessful or you cannot change the environment or address his needs, be prepared for Name (Individual #4) to possibly escalate in aggressive behavior. Understand that now, Name (Individual #4's) behavior is beyond his control.
A. If he becomes aggressive or disruptive, clear the area of other individuals.
B. If he becomes self injurious, clear the area of objects that may cause him injury.
C. If you can leave the area and still monitor Name (Individual #4) safely then do so.
D. When communicating with Name (Individual #4) , make sure that you are not using a tone of voice that indicates fear, uncertainty or anger. Name (Individual #4) needs to feel like you are in control of the situation. Remember being in control of the situation does not mean that you must control Name (Individual #4) it means you need to be in control of you and your emotions. DO NOT GET DIRECTIVE-STAY CALM.
F. If you are unable to leave, then block any attempts that Name (Individual #4) makes to be aggressive or self injurious.
G. Call for back up and follow 911 protocols.

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Portsmouth that injuries of unknown origin be investigated and reported in accordance with state and federal procedures. Injuries of an unknown origin is defined as follows: **The injury wasn't observed by anyone or can't be explained by the individual or staff**. The injury is suspicious requiring additional medical evaluation due to the location (and in an area not usually vulnerable to trauma), extent of the injury, number of injuries that occur at the same time, or the number of injuries over time. (Hip, upper chest, back, head, neck (front and back), these body parts are listed as a guide but does not exclude other body parts)In the event of an unknown injury the following must take place: RESIDENTIAL DEPARTMENT PROTOCOL: INITIATE INVESTIGATION IMMEDIATELY. The Residential Supervisor must initiate an Accident/Incident Report and IMMEDIATELY begin the investigation into the injury of unknown origin. (Follow Accident/Incident Report Policy and Procedures). The initial investigation should explore the known cause or probable cause on the Incident Report. The Residential Department Supervisor must notify the Chief Administrative Officer, Social Worker, Director of Nursing IMMEDIATELY in the event there is NOT a probable cause or known cause of the injury. NURSING ASSESSMENT & PROTOCOL

The nurse should be notified immediately upon observation of all injuries and complete the nursing assessment for the individual. This information should be documented on the Accident and Incident Report Form, and in the nursing notes. As licensed professionals the expectation from the Nurse on Duty is to identify injuries that are suspicious in areas that are NOT vulnerable to trauma. If the injury is unexplained, the nurse shall IMMEDIATELY notify the Director of Nursing. Social Worker, Chief Administrative Officer. The Residential Supervisor and Nurse will continue to phone the family together. The Residential Supervisor will continue to notify the

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Employer's Report of Separation and Wage for DSP #5 was reviewed and is documented in part, as follows:

What date was the claimant first told of discharge or suspension? 11/13/17
What reason was given to the claimant? Violation of Abuse to Individual Policy.
What was the final incident that led to discharge/suspension? Abuse of an Individual.
How was claimant informed of rule/policy? Training/received policy 3/6/17

DSP #5 signed the facility Abuse of Individuals Policy revised 3/4/15 on 3/6/17.

DSP #5's TOVA Certification was current with an expiration date of 3/3/18.

DSP #5's Job Description signed on 5/1/17 was reviewed and is documented in part, as follows:

Purpose: The position of Direct Support Professional I is under the direct supervision if the Residential Supervisor. The Direct Support Professional I provides active treatment and training to individuals with disabilities receiving services in a residential setting. Active treatment, training and support services are provided to reflect the identified target goals on the Individual Services Plans. Ay all times compliance with the Virginia Department of Behavioral Health and Developmental Services and the Office of Licensure and Recertification required.

Major Duties and Responsibilities:
1. Provide services and supports as identified in each individuals' Individualized Service Plan.
2. Interacts with all individuals and staff with

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the family of the incident, and the nurse will then provide the parents with information regarding the assessment and treatment given if any. The nurse will also notify the Individual's primary care physician of injuries and treatment given. The nurse will document this information in the individual's medical chart and on the nursing daily report sheet.
If the employee has knowledge or reason to believe the injury involves abuse or neglect, the employee shall immediately report the event to the CAO in accordance with the Holiday House Abuse Prevention Policies and Procedures. The Director of Nursing/Nursing Department will ensure individuals receive the appropriate medical attention for all unexplained injuries. In cases of suspected criminal activity the CAO or designated staff involved must call local law enforcement. All staff will be trained on this protocol in the all staff meeting on **5/22/2019**. Staff will be trained by the facility Social Worker on this protocol at initial orientation and annually thereafter. Evidence of compliance will be on the facility's training log. The Chief Administrative Officer will have the CCTV Camera System placed on lap top as well as the facility Social Worker lap top so facility monitoring can be conducted on weekends as well. Live Video Monitoring is conducted by the CAO and/or designee during the weekdays.

During an applicant's 3 day trial visit the Interdisciplinary Team (IDT) members will monitor the individual for behaviors of running away from area of supervision and/or elopement and discuss history with the individual and/or individual's family. If the individual exhibits behavior of running away during the trial visit. The IDT will recommend pursuing project lifesaver. If the individual has a history of running away the IDT will pursue the project lifesaver if admitted to the facility. The QIDP will ask the parent during the 3 day meeting if they would like to pursue project lifesaver. Written consent will be obtained if the family decides to pursue project life saver. Parents are also provided

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appropriate voice tone, language, gestures and physical movements in accordance with Human Rights Policies and Procedures.
13. Ensure a healthy, clean and safe environment, and report any safety concerns to management immediately.
14. Provide behavior support services as identified on the Positive Behavior Support Plan.

Physical Demands:
Some individuals may become physically aggressive and require the employee to physically redirect. This requires physical flexibility and endurance, emotional calmness and the ability to follow the individuals Crisis Plan, implementing the approved intervention techniques and adhering to policy.

On 3/7/17 DSP #5 signed that he had received, read, and understood that he was to comply with the following facility policies while carrying out his responsibilities as an employee:
1. Mandated Reporting
2. Human Right Training
4. Child Abuse and Neglect
7. Abuse of Individuals's Harm, Abuse, or Exploitation
8.. Abuse Reporting Policy
11. Examples of Child Abuse and Neglect
12. Causes of Child Abuse

DSP #5's Time Card indicated he provided 1:1 care to Individual #4 on 11/12/17 from 3:05 PM to 11:16 PM, indicating that Individual remained in the care of his abuser for approximately 5 hours and 46 minutes after he was initially physically abused.

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the option to decline project lifesaver. Declination forms will be obtained. Upon admission, an authorization to Project Lifesaver will be signed by the parent and the QIDP will complete the Project Lifesaver application. The application is designed for caregivers to provide in advance certain information that will be useful to search teams if the need should arise. In the event the IDT recommends project lifesaver Holiday House of Portsmouth will cover all fees associated with the maintenance of project life saver. The Director of Nursing/Charge Nurse will complete an elopement assessment if the individual has elopement risk. The elopement assessment will be completed upon admission, annually, or when a significant change occur. Holiday House of Portsmouth will make the necessary environmental changes to prevent elopement. These changes may include(latches on gates, changing level of supervision, alarms on doors, visual cues, as well as their effectiveness will be assessed. Failure to adhere to this policy will result in disciplinary action and/or termination of employment. An elopement risks assessment was developed by the facility's Nursing Department and all individuals residing at Holiday House of Portsmouth will be evaluated for elopement risks by May 31, 2019. A copy of the elopement assessment will be filed in the Individual's Nursing Chart.

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Employer's Report of Separation and Wage for RS #4 was reviewed and is documented in part, as follows:

What date was the claimant first told of discharge or suspension? 11/14/17
What reason was given to the claimant? Failed to provide oversight over staff
What was the final incident that led to discharge/suspension? Failed to intervene in an abusive situation.
How was claimant informed of rule/policy? Job Description 7/3/2017

RS #4's signed Job Description was reviewed and is documented in part, as follows:

Purpose: The position of Residential Supervisor is under the direct supervision of the Assistant Residential Manager. The Residential Supervisor is responsible for the provision of care and training of the individuals we support in a manner consistent with behavioral principles. The incumbent has twenty-four hour supervisory responsibilities for staff members and administrative responsibilities for the maintenance and upkeep of the physical plant.

Major Duties and Responsibilities:

Ensures the monitoring and documenting of program delivery according to the Holiday House of Portsmouth, Inc Policy and Procedures, Virginia Department of Behavioral Health and Developmental Services, Licensure Guidelines, Medicaid Guidelines, and Department of Public Health Guidelines.

Responsible for the management of the cottage

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Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;

All Staff will be re-trained in the areas of Human Rights in the All Staff Meeting on 5/22/2019. This training will focus on rights of all individuals and the facility's obligation to ensure that individuals are not subjected to neglect physical, verbal, sexual, or psychological abuse or punishment. Evidence of compliance will be by signatures of a facility training log.

Door Chimes Policy was revised and states: It is the policy of Holiday House of Portsmouth that all staff working in the residential wings acknowledge the door chimes each time the alarm sounds. The purpose of this policy is to bring staff awareness of who is entering and exiting the residential wings in efforts to ensure individuals safety. Each time the Door Chimes sound, Staff will look down the hall to observe who is entering and exiting into the residential wings. Holiday House Portsmouth staff should wear and be identified by their ID Badges. Door chimes are located in the nursing office (Right Wing) and in the Director or Residential Services Office. (Left Wing). Individuals without badges should be guided to a Residential Supervisor for guidance and instructions (refer to visitor's policy). Door Chimes are to alarm at all times to ensure safety of the individuals. The Environmental Services Supervisor will inform the Maintenance Department of the scheduled floor cleaning so that the Door Chimes can be turned off. Door Chimes are turned off during that time ONLY because the doors remain open for a long period of time. The Environmental Services Supervisor will inform the Residential Manager on duty that the floors are scheduled to be cleaned. All individuals on grounds will be relocated to the gym and recreation are until the floors are clear and dry. The Maintenance Staff are designated to turn the door chimes off and on. The only time

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W 149	Continued From page 134 in a manner which ensures individuals/staff safety. The Manage directly supervises the Direct Support Professional Staff, Implements and enforces facilities policies and procedures. Ability to supply behavior-modification techniques to assigned training areas. RS #4's TOVA Certification was current with an expiration date of 5/31/18. On 6/10/15 RS #4 signed that he had received, read, and understood that he was to comply with the following facility policies while carrying out his responsibilities as an employee: 1. Mandated Reporting 2. Human Right Training 4. Child Abuse and Neglect 7. Abuse of Individuals's Harm, Abuse, or Exploitation 8.. Abuse Reporting Policy 11. Examples of Child Abuse and Neglect 12. Causes of Child Abuse RS #4's Time Card indicated he Supervisory care to Individual #4 on 11/12/17 from 3:07 PM to 11:52 PM, indicating that Individual remained in the care of his abuser for approximately 6 hours and 22 minutes after he was initially physically abused. On 4/25/19 the Administrator was asked what training was provided after the abuse incident with Individual #4 on 11/12/17. The Administrator stated, "We went over TOVA training with our	W 149	Continued From page 134 door chimes are off is when the floor contractors are providing service. When Door Chimes are turned off, the Maintenance Supervisor will make an overhead speaker announcement informing all Holiday House Staff that the door alarms have been turned off. The Maintenance Supervisor should also alert Staff via overhead speaker when the Door Chimes are turned back on. In the event Holiday House Staff notices that the Door Chimes are not sounding, Staff should immediately notify Maintenance Supervisor/Safety Officer and the Chief Administrative Officer. Notifications should be done via face to face or telephone. In the event the Door Chimes are not working staff should strategically be locate near the doors to be aware of who is entering and exiting the building. Failure to abide by this policy could result in Disciplinary Action. **Elopement Policy was developed and reads as follows:** It is the policy of Holiday House of Portsmouth that individuals who have elopement risks have an elopement plan to prevent leaving the supervised safe area. Elopement can be defined as: an act or instance of leaving a safe area or safe premises, done by a person with a mental disorder or cognitive impairment: During an applicant's 3 day trial visit the Interdisciplinary Team (IDT) members will monitor the individual for behaviors of running away from area of supervision and/or elopement. If the individual exhibits behavior of running away during the trial visit. The IDT will recommend pursuing project lifesaver. If the individual has a history of running away the IDT will pursue the project lifesaver if admitted to the facility. The QIDP will ask the parent during the 3 day meeting if they would like to pursue project lifesaver. Written consent will be obtained if the family decides to pursue project life saver. Parents are also provided the option to decline project lifesaver. Declination forms will be obtained. Upon admission,	5.31.19

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staff and went over Individual #4's new Safety Plan with the staff responsible for his care." The Administrator was asked if all staff were retrained on the Abuse and Neglect Policy and Mandated Reporting of Abuse and Neglect after the abuse incident with Individual #4. The Administrator stated, "No , we did not do training on abuse or neglect or mandated reporting in hindsight we should have."

Individual #4's Notice of Individual Right and Grievances signed 4/18/17 was reviewed and is documented in part, as follows:

Every individual deserves to be treated with consideration and respect.

Every individual of the Holiday House shall:

1. Retain legal rights as provided by State and Federal laws;
3. Be treated with dignity as a human being; Be free from abuse, neglect, and exploitation included but not limited to verbal, physical, sexual etc. You can tell a staff if you have been hurt so they can help you.
4. Be free from seclusion and restraint;
7. Be treated under the least restrictive conditions consistent with condition and not be subjected to unnecessary physical restraint and isolation.

The facility policy titled Abuse of Individuals revised 3/26/19 was reviewed and is documented in part, as follows:

Policy: It is the policy of the Board to prohibit any form of abuse to individuals.

an authorization to Project Lifesaver will be signed by the parent and the QIDP will complete the Project Lifesaver application. The application is designed for caregivers to provide in advance certain information that will be useful to search teams if the need should arise. In the event the IDT recommends project lifesaver Holiday House of Portsmouth will cover all fees associated with the maintenance of project life saver. The Director of Nursing/Charge Nurse will complete an elopement assessment if the individual has elopement risk. The elopement assessment will be completed upon admission, annually, or when a significant change occur. Holiday House of Portsmouth will make the necessary environmental changes to prevent elopement. These changes may include(latches on gates, changing level of supervision, alarms on doors, visual cues, as well as their effectiveness will be assessed.
Failure to adhere to this policy will result in disciplinary action and/or termination of employment.
All staff will be trained on the Door Chime Policy, Gate Latching Procedures, Elopement Policy, and Emergency Code Call Policy, and 1:1 Supervision Policy at the all staff meeting on 5/22/2019. All staff will be trained in these policies at initial orientation and annually.

Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and

The Risk Management Committee will review the training roster each month to ensure that all staff receive the training in areas of mandatory reporting, abuse, neglect, and mistreatment. Upon receipt of each individual's elopement assessment the Interdisciplinary Team will identify all individuals who have the risk of elopement. The QIDP will then pursue project lifesaver with the Parent/ Legal Guardian. If the decision is made to add project lifesaver for the individual the QIDP will add the project lifesaver to the individual's Individualized Support Plan. The QIDP will

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Abuse, is defined as any negligent act by an employee or other person responsible for the care of an individual receiving services that was performed knowingly, recklessly, or intentionally. Abuse will cause or may have potential to cause physical or psychological harm, injury, or death to a person receiving care or treatment for mental retardation.

All Holiday House personnel shall strictly adhere to the following directives, including part-time and consulting staff:

1. Personnel shall, at all times, conduct themselves toward individuals in such a manner that such persons will be free from every form of physical and mental abuse, harassment, or unnecessary (and un-prescribed) restraint, and from any other acts which are demeaning in nature.

2. Examples of abuse for the purpose of this policy include, but are not limited to, the following:
a. Physical Abuse: Any kind of physical intimidation or intrusion such as pushing, pulling, scratching, hitting, kicking, slapping, throwing things, torturing, burning with cigarettes, pulling hair, unauthorized holds, and cutting.

Procedure:
2. Any employee who believes or witnesses that an individual has been harmed, abused or exploited by any program shall intervene to prevent further harm to the individual and report such activity immediately to their immediate supervisor (or to the Chief Administrative Officer, if not comfortable reporting to immediate supervisor); then the supervisor will report the incident to the Chief Administrative Officer. The

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Support Plan. The QIDP will monitor on a quarterly basis. All training in the areas of abuse, neglect, and mistreatment will be reviewed monthly evidenced by signatures on the training roster in the monthly risk management meetings. The Risk Management Committee will review the training roster each month to ensure that all staff receive the training in areas of mandatory reporting, abuse, neglect, and mistreatment.

Include dates when the corrective action will be completed: 5/31/2019

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W 149	Continued From page 137 immediate supervisor will start an initial investigation and submit statements and initial information immediately to the Chief Administrative Officer. 4. Upon receipt of an allegation of abuse or neglect, the Chief Administrative Officer or his designee shall: a. Take steps to protect the safety and welfare of the individuals. c. The individual involved in the abuse will immediately be transported to the emergency room for medical evaluation and treatment as needed. f. Immediately contact the local law enforcement in all cases of suspected criminal activity. 15. If at any time, the Chief Administrative Officer has reason to suspect that the abusive act is a crime, the CAO or his designee shall immediately contact the appropriate law enforcement authorities and cooperate fully with any investigations that result. The facility policy titled "Behavioral Support/Crisis Intervention Policy" prepared 1/1/13 was reviewed and is documented in part, as follows: It is the policy of Holiday House of Portsmouth to employ Therapeutic Options as a behavioral intervention technique. Therapeutic Options is implemented as a crisis intervention using physical interaction as needed to restrict or limit an individual's behavior/ The specific skills must maintain the normal range of motion for the individual (no hyperextension of joints) and minimize bruising, injury, or pain by specific design.	W 149		

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The facility policy "Behavioral Intervention Policy" revised 4/4/19 was reviewed and is documented in part, as follows:

Policy: It is the policy of Holiday House of Portsmouth, Inc. to develop a behavior intervention plan that provides guidelines for all employees when dealing with individuals who may exhibit verbal and/or physical aggression.

* It ensures that all special interventions utilized will be consistent with applicable human rights regulations and emphasizes positive interventions and approaches.

*It requires that all employees limit their interventions to the least restrictive and least intrusive intervention possible while ensuring that individuals are treated with dignity and respect at all times

Definitions:

"Abuse" (37.2-100 of the Code of Virginia) means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department that was performed or was failed to performed knowingly, recklessly,or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, mental retardation (intellectual disability), or substance abuse. Examples of abuse include acts such as:
2. Assault and battery.
5. Use of excessive force when placing a person in a physical or mechanical restraint.

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W 149	Continued From page 139 6. Use of physical or mechanical restraints on a person that is not in compliance with federal and state laws, regulations, and policies, professional standards of practice, or the person's individualized services plan. I. Use of Behavior Intervention: Holiday House of Portsmouth, Inc. will appropriately approach all verbal and physical aggression according to behavioral plans and according to the level of intensity. The following are ABSOLUTELY Prohibited Behavioral Intervention Techniques and Actions: PROHIBITED ACTIONS: *Corporal punishment will not be employed or permitted. *Degrading, treating harshly, abusing or humiliating persons served will not be permitted. *Excessive or inappropriate use of permitted behavior interventions. The facility policy titled "Electronic Monitoring and Recording " revised 3/29/13 was reviewed and is documented in part, as follows: V. General Procedures: A. Holiday House of Portsmouth is committed to enhancing the quality of life for its individuals by integrating available technology to increase security and safety. The facility's use of CCTV (closed circuit television) system in common areas is a critical component pf its security and safety. The principle objectives of Holiday House of Portsmouth's use of a CCTV system include: 1. Enhancing individual's safety. 2. Identifying and gathering of information. 3. Documenting actions to safeguard individuals.	W 149		

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W 149	Continued From page 140 J. Any untoward or questionable incidences regarding safety or quality of care discovered as a result of viewing a recording should be reported immediately to the Chief Administrative Officer and to the Virginia Department of Behavioral Health and Developmental Services and the Office of Human Rights. VI. Training, Operations, and Oversight Procedures: B. Operations Procedures: 1. CCTV cameras will be monitored at various times by the Social Worker, Chief Administrative Officer and Designated Staff. 2. The Designated Staff shall be responsible for reviewing the monitor located in the Nursing Medical Office from 5:30 PM to 8:30 PM Monday through Friday; and on Saturday and Sunday, from 12 noon to 5 pm. 6. Personnel shall report any concerns observed during monitoring of the CCTV system to the Chief Administrative Officer. C. Oversight Procedures: 1. The Chief Administrative Officer is responsible for oversight and coordination of the use of CCTV system. 2. The Chief Administrative Officer has primary responsibility for ensuring adherence to this Policy and for distributing the Policy to persons requesting information on it. On 4/26/19 at 10:30 A.M an interview was conducted with the Chief Administrative Officer. The Chief Administrative Officer was asked if who monitored the CCTV system. The Chief Administrative Officer stated, "I monitor the live video feed during the week and my social worker does as well. On the weekends the therapy staff and nursing the system from their departments."	W 149		

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The Chief Administrative Officer was asked if this monitoring was being done should the abuse have been caught and reported at the time the abuse occurred with Individual #4 or at least been reviewed to see if any abuse occurred when the large groin/hip bruise was discovered. The Chief Administrative Officer stated, "Yes, I would have expected the staff who have access to have viewed the video and alerted me of their findings immediately."

On 4/29/19 at 4:10 P.M. a pre-exit conference was held with the Chief Administrative Officer, the Social Worker and Medical Records where the above information was shared. The Chief Administrative Officer stated, "We are currently installing software so myself and the social worker will be able to view live camera feeds from our phones when we are not in the facility. This has been a valuable learning experience for us and we plan on making changes to ensure the safety of our individuals so this doesn't happen again.."

2. The facility staff failed to ensure one Individual (Individual #2) in the survey sample of 4 (four) individuals was not subject to neglect.

Individual #2 was admitted to the facility on March 20, 2018 for behavior consultation services for physical aggression, self-injury and property destruction. Diagnoses included autism spectrum disorder, attention deficit with hyperactivity

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W 149	Continued From page 142 disorder, conduct disorder, celiac disease, PICA and profound intellectual disability. This individuals behavior disorders include self-injury, biting, hitting his head, running away, property destruction. Individual #2 is non-verbal. He communicates mostly through crying, body/facial gestures and a few signs: more, eat, drink and finish. A facility Neglect of Individuals' policy indicated: 'This facility will not permit individuals to be neglected by anyone, including staff members, consultants, volunteers, staff of other agencies serving the individuals, family members, legal guardians, sponsors, or friends. Examples of neglect for the purpose of this policy include: a. Abandonment b. Nutritional neglect (under-nourished); failure to provide food/hydration d. Inadequate supervision (sleeping on the job), duration and frequency of unsupervised times e. Exposure to hazardous materials f. failure to protect by jeopardizing health and safety g. Any other form of reckless behavior with disregard for the individual's health and safety h. Failure to implement behavior support plan procedures, as it relates to safety of the individual. Upon receipt of an allegation of neglect, the Chief Administrative Officer or his designee shall: a. Take steps to protect the safety and welfare of the individual b. Ensure an assessment is completed by the nurse if allegations involve any type of injury or claim that staff may have injured individual.	W 149		

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W 149	Continued From page 143 c. The individual involved in the neglect will immediately be transported to the emergency room for medical evaluation and treatment if needed." A Behavior Support Plan dated 4/20/18 Indicated the following: Quality of Life- A quality of life for Individual #2 would be for his medical and social needs to be met in a safe environment and doing the activities he likes. What Works (Strength's) Individual #2 is friendly to people he knows. What Does not work (Antecedents or Triggers). New environment, changes and transitions Being hit or scratched by others Using to too many words talking with him Early warning signs for Individual #2 -trying to escape attention: Crying Running away. An Abuse Allegation Report dated 1/17/19 indicated: " On Thursday January 17, 2019 at approximately 5:00 P.M. an overhead all page was made. The announcement stated that "all residential supervisors are needed in the front yard. The announcement was made twice by the secretary. Once outside it was brought to the attention (sic) that the she observed one of the individuals left out of the facility gate and ran. She also stated that she saw him leaving out of the gate and messing with a staff person's vehicle. Also, outside the gate was Director of Nursing, Chief Administrative Officer and the Human Resource Clerk. At this time, Residential Supervisors found out that Individual #2 had ran off the facility grounds. Staff went in different	W 149		

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W 149	Continued From page 144 directions on and off grounds to try and locate Individual #2. Eventually (Direct Support Professional #1 DB) found him across the street. Individual #2 had crossed over a street and was coming up hill behind some brick apartments. (DSP #1) stated, that he was coming up out of the pond behind the apartments. She stated, that Individual #2 was covered with mud and his clothes were soaked, She ran up to him and carried him across the street back to facility. She brought him back to the cottage. Undressed him in the bathroom and started drying him off and cleaning his face. A nurse staff along with a residential staff supported him with checking his body. Staff also stated that mud was in his mouth. He was taken to the room to warm up with a cover. Staff (SH), Licence Practical Nurse, reported as documented on her witness statement that the received Individual #2 from (DSP #2-VB) so she can complete an accident and incident report that was due for another area that she saw on the individual after school. She reported that Individual #2 went into nursing. LPN (SH) reported that while Individual #2 was in nursing he was very busy touching everything. I opened to the door (sic) adjacent to the living room and let him out of the nursing office. Several DSP's were present waiting for dinner to arrive. She proceeded to continue to work inside of the nursing office. She reported moments later she was asked to assess another individual. She wrote she asked her to take him to his room so he can lay down. She then heard the announcement that all supervisors need to come to the front yard. She then heard the individual was found after the elopement was over she noticed someone went out the door but the door	W 149		

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alarm didn't sound off. So I opened and shut it again. No alarm sound, Assistant Residential Manager (KL) reached out to Maintenance officer and was instructed how to turn the door alarms back on. She reported she then continued her med pass and Assistant Residential Manager continued to proceed to another area of the building.

DSP #2 stated that staff was called to complete the incident report by nursing. Nursing staff took Individual in the office with her. She stated the nurse said "its ok I got him" so staff were to be in Cottage I kitchen to complete the necessary accident and incident report from earlier that day. She reported she then heard the overhead page for all managers to report to the front of the building. She stated she then was told that Individual #2 was observed across the street behind the apartments in front of the church. he was recovered soaking wet from head to toe with mud in his mouth.

Assistant Residential Manager spoke to LPN #1 during an investigative interview on 1/17/19 she stated that she did tell (DSP #2) that she would watch Individual #2. The nurse stated that while Individual #2 was in the nurse's office he was rather busy and she took him back to the cottage one living room. The nurse stated she returned him to the living room but did not support him back to DSP #1 nor any staff in particular. The nurse did not stated (sic) that there was a living room full of staff but she did not support him to a particular staff person. A written statement was provided and she had given it to the Director of Nursing. DSP #3 (SW) reported that Individual #2 was in the living room then went into the nursing office with nursing staff and she didn't see him

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after that.

DSP #1 (DB) reported that Individual #1 was coming out of the pond across the street up the hill. Individual #1 was observed covered with mud on clothes soaked. she ran up to him and carried him off and cleaning his face and body removing the dirt out of his mouth. He was then taken to the 3 day room to warm up with a cover.

Director of Nursing documented a written statement reporting that "she was in her car ready to depart from the staff parking lot when she noticed Individual #2 laughing and running in the parking lot. Before I could get out of my car he took off running towards the back of the parking lot. I drove my care around to the side of the church that faces (sic) in the direction he was running and parked her car. She stated that she did not see him. She stated that the receptionist and CAO was in the parking lot. CAO was coming towards her and asked has she seen Individual #2. She stated she called the facility to see if the had returned back to the building. DSP #2 (VB) said "yes" she said both are in the building. She told CAO what the staff said and CAO then instructed her to check the building. As she approached the building, it was reported that he was not in the building. DSP #2 (VB) and another DSP reported that information to her. She then was informed that Individual #2 was not in the building. DSP #2 and another DSP reported that information to her. She then was informed that Individual #2 was found.
On January 18, 2019 facility Social Worker reviewed the facility's video camera while conducting the investigation it was observed on the camera that nurse (LPN #1) had Individual #2 in the nursing office with her. She was observed

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to walk him out of the nursing office and leave him in the hallway as she walked back into the nursing office. There were DSP's in the living room area working with other individuals and did not know that Individual #2 was back in the area. The DSP's in the area statements are documented above. As soon as the nurse LPN #1 turned her back Individual #2 closed the door to the nursing office and sprinted out the door leading to the porch. There is a door chime on the door he exited; however it was later discovered during the investigation that the door chime didn't sound off. The investigation revealed that the doors chimes were turned off earlier in the day when the floors were being cleaned and waxed.

Individual #2 then ran towards the latched gate and was small enough to exit the gate without taking the latch off. He was seen by the front desk receptionist exiting the premises.

The following safeguards and recommendations will be put into place after conclusion of this investigation. Project Lifesaver is being pursued due to his elopement and running away behavior. The Maintenance Supervisor will tighten the gate to prevent individual's small in stature (sic) being able to fit through the gate while latched. Chief Administrative Officer had a meeting with staff about monitoring of individuals. Meeting was held on 1/22/19. Door chime policy was revised to include procedure of turning on chimes when they are turned on (sic). "

"Injuries: Individual injured? No
Description of Medical Treatment provided & findings: Individual #2 was assessed by nursing; no new areas noted to upper arm and left lower leg small scratch to nose. No treatment was

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W 149	Continued From page 148 required at this time. Investigation: Reason for Corrective Action: Environmental/physical plant issue Corrective Action taken: Supervisory/Administrative staff change/action" "A Physician's Encounter Summary dated 1/18/19 at 9:42 A.M. indicated: " Patient Demographics Individual #2 Visit Information: 01/18/2019 @ 09:42 AM Chief Complaint: Vomiting History of Present Illness: Fever: None; Onset: Yesterday; Duration: Acute; Severity: Mild; Quality; Unchanged Exposure to ill contacts: suite mates at facility got into mud yesterday and ate a little then vomited once, no other symptoms and seems improved today. ROS Findings: Constitutional: Reports fatigue, malaise, loss of appetite, Respiratory: Reports daytime cough Gastrointestinal: Reports vomiting, decreased appetite, Vital Signs: Temp-97.9 F @09:43 Weight:69 lb /31.30 kg (51%ile) Height 54.0 in /137.2 cm (48%ile) BMI 16.6 (52%ile) Exam Findings: Assessment: Vomiting due to viral illness without dehydration Plan: Treat symptoms as needed Clear fluids, no food until vomiting has stopped for 6 hours, then advance slowly. Review signs of dehydration Discussed abdominal cramping and that diarrhea may develop later." A Missing Resident Policy was reviewed: The	W 149		

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W 149	Continued From page 149 Missing Resident Policy indicated: " A Code "Black" = MISSING 2. All available staff must thoroughly search the ENTIRE Campus; ensure to look in small enclosed spaces and places that interest the individual. (Such as, vehicles, small and large appliances, etc.) 3. Tome is a vital factor in a safe recovery; if attempts of locating the individual continue to be unsuccessful, immediately call your local law enforcement agency (911). Provide law enforcement with the individual's name, photo, DOB (date of birth), height, weight, and description of clothing last seen wearing; last time seen, diagnosis of the individual, and any other unique identifying information. Request law enforcement authorities to immediately enter the individual's name and identifying information into the FBI National Crime Information Center Missing Person File. 4. If search is unsuccessful; ALL available staff must search surrounding areas and neighborhoods; pay close attention to roadways, nearby highways, parks, lakes, pools, vehicles, inside large appliances etc. 5. The Residential Supervisor shall coordinate "SEARCH TEAM" with available facility staff to continue the search to include knocking on neighborhood doors (door to door). If the child is found; have them assessed by facility Nursing Department as soon as possible. 6. The Residential Supervisor shall notify the Chief Administrative Officer immediately of the situation whether the individual was found or continues to remain "Missing". During an interview on 4/24/19 at 3:30 P.M. with the Chief Administrative Officer (CFO) he was asked, if the facility staff announced a "CODE	W 149		

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W 149	Continued From page 150 BLACK" according to the facility's policy for organizing a Missing person search. The CFO stated, "No" a Code Black was not announced. During the survey, observations were made of the area in which Individual #2 eloped. The street in which Individual #2 crossed was observed to be a heavily traveled thru fare and during the hours of 4:00 P.M. until 6:00 P.M. the street was observed to have increased traffic as the public returned to various neighborhoods from their daily commute to work. The Pond as listed in the written reports was observed to be a creek which flowed into a major river approximately a half mile from the location of the where individual #2 was found. The water level in the creek was noted to reach a depth of four to five feet during high tide. A review of a Behavior Support Plan dated 4/20/18 indicated: "Target Behaviors - escape supervision- Recommendations and guidelines for Individual #2- Visuals-Individual #2 does best with a concrete schedule, knowing what actives are planned for the day and his expectations. The schedule/calendar should be clear with simple words indicating the activities for the day. Individual #2 should have a set posted daily schedule that includes times for activities, bathing, grooming and general hygiene. By having a set schedule staff should be able to point to the schedule and Individual #2 it is time for______, instead of asking or prompting him several times a day to do_______. Once the request has been made staff should only state it once. Individual #2 can help make his schedule with Velcro pictures. By lettering Individual #2 be an active participant in the process he is more	W 149		

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W 149	Continued From page 151 likely to follow the routine." An Individualized Service Plan dated 4/20/18 indicated: Behavior support: Individual #2 is being monitored for the following behaviors: SIB (self injuries behaviors), PICA, physical aggression, disruptive behavior, property destruction and leaving the area of supervision. Staff will continue to monitor under one to one supervision level 1 due to escaping behavior and PICA." B. The facility staff failed to ensure Individual #2 not elope. A Corrective Action Plan/Investigation dated January 22, 2019 of the January 17, 2019 elopement of Individual #2 indicated the following: "Investigative Findings/Conclusion: This investigation revealed evidence of neglect as evidenced by the following information gathered during the investigation. The following safeguards and recommendations will be put into place after conclusion of this investigation. Project Lifesaver is being pursued due to his elopement and running away behavior. The Maintenance Supervisor will tighten the gate to prevent individual's small in stature (sic) being able to fit through the gate while latched. Gate requires more time to unlock and Individual #2 cannot fit through the gate to elope. Chief Administrative Officer had a meeting with staff about monitoring of individuals. Meeting was held on 1/22/19. Door chime policy was revised to include procedure to turning on chimes when they are turned on (sic). Individual was placed on 1:1 supervision Level 1 staff should not be farther than an arm's length	W 149		

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from him.
Child Protective Services was called.
The nurse who left him in an open area without letting staff know has been taken off schedule and will not be sent to facility to work as the nurse was an agency nurse."

A One to One Supervision with Individuals Policy indicated: " Policy- The facility will ensure the safety of individuals requiring One to One (1:1) supervision at all times. One to One supervision will be implemented for behavioral or medical reasons per recommendations by the Interdisciplinary Team or individual's physician. One to one supervision can also be implemented for any individual determined to have disruptive behaviors such as running away from the immediate area of supervision, or escaping supervision.

One to one supervision is defined as the facility's staff whose daily responsibility is to manage, supervise and provide direct support to one individual. The assigned staff is responsible for implementing the individual's behavioral support plan or plan of care from the individual's physician. The 1:1 staff is also responsible for implementation of scheduled activities.

The staff providing the 1:1 supervision must be visually focused (individual must be within eyesight of staff at all times) and be within arm's length of the individual. If the individual cannot tolerate being within arm's length of the supervising staff, the staff will remain in the proximity of social space as defined by the Mandt system. Social space is defined as four (4) to twelve (12) feet away from the individual.

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Procedures for behavioral 1:1 supervision:
2. The facility staff will provide 1:1 supervision daily (24 hours) in all areas of programs and services to individuals requiring this method of supervision.
3. The facility staff providing 1:1 supervision may not leave the individual with another staff at any time, unless authorized by Cottage Manager
4. The facility staff providing 1:1 supervision may not ask or appoint another staff person to take their place when working with an individual; the Cottage Manager on duty will ensure that the individual is assigned to the appropriate staff person.
6. The Cottage Manager on duty will ensure through hourly round checks that the staff providing 1:1 is visually focused, and within arm's length of the individual.
7. Facility staff providing 1:1 supervision will only work with the individual for a maximum of two (2) hours. The Cottage manager on duty will designate the appropriate staff to work with individual every two (2) hours."

An Accident and Incident Report dated 1/30/19 indicated: "Date Occurred: 1/30/19. Time Occurred: approximately 6:00 PM.
Describe any injuries: No injury
Account of what Happened: It was reported by staff that Individual #2 ran out of Cottage one living area and he was found on grounds on the swing set.
Condition of person involved: Head to toe body assessment was done. No new areas noted. Skin intact, no tenderness, no swelling. Activity with in limits, no sign of pain/discomfort. mood. Vital signs taken- none.
Was Individualized Support Plan Modified: NO
Name of Parent/Guardian/Authorized

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 149	Continued From page 154 Representative notified: Mother - Time Notified: Approximate 6:50 PM. Summary of response from Parent/Guardian / Authorized Representative: 'Mother made aware. And she also, stated that she was not surprised to hear this because he did a lot of eloping at home.' Summary of corrective action taken: No Tx needed monitoring continued." An Initial Investigative Report indicated: "Individual Name- Individual #2, Date of Incident 1/30/19. Time of Incident approximately 6:00 PM; No injures. Location: Cottage One (right wing). Type of Incident: Elopement. Description of Incident: Individual #2 was in cottage one living area walking inside the living room. Cause of Incident: Individual #2 eloped form cottage one living area to the swing set on grounds near cottage two. On Wednesday, January 30, 2019 at approximately 6:00 PM staff asked Residential Supervisor if Individual #2 was with him. Residential Supervisor informed staff no, and staff then stated that Individual #2 has ran out of the building through kitchen door, staff immediately ran outside to if they could find Individual #2. Shortly after Individual #2 was found on the swing set outside hear Cottage Two side of the building. Nursing staff assessed him and no new areas were observed. Witness statement attached to report to provide support for this report. Also, prior to realizing that Individual #2 was not inside the building, the staff person assigned to Individual #2 asked Residential Supervisor if he could watch Individual #2 while she uses the	W 149		

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restroom. Supervisor watched Individual #2, when staff returned she asked why the door was open in the kitchen?

Corrective Actions Taken: Recommend that ensure that communication occurs when a supporting an individual to another staff person ."
A Nursing Department Notification to the physician indicated: " Date 1/30/19; Attention: physician; From: facility nursing department; Reason: Individual #2.
Comments: Individual #2 ran out of the building w/o (with out) shoes on feet and coat/jacket. head to toe focal assessment completed. no findings noted. Activity (wnl), no s/s (signs/symptoms) of pain/discomfort. laughing and running around. Monitoring continue."

A Witness Statement Form dated 1/30/19 indicated: " Location of the Accident Cottage #2: Individual's Name Individual #2: Statement of Facts: I kept hearing the door chime going off and looked around to noticed Individual #2 was no longer in the room and the staff that I last seen him with walked out around the same time of the the door chimers continuously going off. I jumped up and yelled where is Individual #2 because the doors been going off for a while (5-7 minutes). In the mix of jumping up yelling 'where was he and which door is that' . Another staff started yelling 'why is this back door open' times 3, and from there I just took off running outside cottage #1 front door towards the swing on the cottage #2 side where I found Individual #2 on the swing playing with his string swinging."

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A Behavior Support Plan Addendum dated January 24, 2019 Indicated: Target Behavior: Elopement
Rational: Individual #2 has a history of running away from staff and leaving grounds of facility. This behavior support plan addendum will address appropriate prevention and responses in the event he elopes from the supervised area.
The following strategies will be implemented when supporting Individual #2 while on grounds and out in the community with designated staff:
1. Residential Supervisors and/or Managers will designate the appropriate staff to work with Individual #2 during waking hours. The assigned staff will follow the guidelines of One to One Supervision (LEVEL ONE), which means the assigned staff will be visually focused on him (individual must be with in eyesight of staff at all times), the staff person will be within one arms's length of Individual #2, this person will implement his schedule of activities for the day, the assigned staff will rotate every 2 hours with another designated staff person, the one to one staff will be responsible for implementing his behavior support plan and document every 2 hours regarding engagement activities with Individual #2.
2. The designated staff person cannot leave the area where he/she is working with Individual without notifying the Supervisor on duty, i.e. restroom break. lunch break, etc.
3. The assigned staff person will encourage Individual #2 to hold their hand while out in the community. If he is resistant staff must be within arm's length of Individual #2 at all times.
4. If Individual #2 runs out the exit door (on grounds) the assigned staff person will immediately follow him and at the same time verbally say to another staff in the vicinity to call

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W 149	Continued From page 157 an ALL Page CODE: GREEN (code for: elopement), the person making the All page will announce Individual #2's initials, the location he is leaving and possible direction Individual #2 is going towards. All available staff person will come to the area stated for support. 5. Once located the assigned staff person will escort him back to the safe area. 6. If any injuries should occur during elopement an accident and incident report will be completed and Individual #2 will be assessed by nursing staff. Parents will be notified. 7. When Individual #2 is out in the community the assigned staff person must have access to a cell phone. 8. If Individual runs away from the assigned staff person out in the community and not within eyesight then staff must call 911. 9. The designed staff person will instruct another staff person to call supervisor at facility to inform of the situation and get further instructions. 10. The Supervisor will contact the Residential Manager, Chief Administrative Officer, Social Worker, Nursing department to inform of the situation and get further instructions. 11. Once Individual #2 is found and returned to facility a designed staff person will take him to nursing department to be assessed. An accident/incident report will be written if an injury occurred. If an injury occurred he will be provided treatment and monitored closely by staff. Parents will be notified. 12. Failure to implement these procedures could result in disciplinary actions. Signed and dated 1/24/19 by the Support Coordinator /QIDP (Qualified Intellectual Disability Professional) and Chief Administrative Officer." During an interview on 4/25/19 at 10:30 AM with	W 149		

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W 149	Continued From page 158 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 Program Plan and he stated, "No". During an interview on 4/23/19 at 3:15 P.M. with the Maintenance Director he was asked how did Individual #2 manage to get out of the locked gate. The Maintenance Director stated, the gate had a chain on it and when you pulled the chain it allowed the gate to partially open. When the gate partially opened, Individual #2 was able to quests through the opening and get out. The Maintenance Director was asked, why the door chimes did not alarm, he stated, The floors were being waxed and the doors were opened to help the floor dry and clear the air of the wax fumes. If the door was allowed to stay open with the chimes activated, the door would continue to chime. An Initial Investigative Report indicated: "Individual Name- Individual #2, Date of Incident 1/30/19. Time of Incident approximately 6:00 PM; No injures. Location: Cottage One (right wing). Type of Incident: Elopement. Description of Incident: Individual #2 was in cottage one living area walking inside the living room. Cause of Incident: Individual #2 eloped form cottage one living area to the swing set on grounds near cottage two.	W 149		

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W 149	Continued From page 159 On Wednesday, January 30, 2019 at approximately 6:00 PM staff asked Residential Supervisor if Individual #2 was with him. Residential Supervisor informed staff no, and staff then stated that Individual #2 has ran out of the building through kitchen door, staff immediately ran outside to if they could find Individual #2. Shortly after Individual #2 was found on the swing set outside hear Cottage Two side of the building. Nursing staff assessed him and no new areas were observed. Witness statement attached to report to provide support for this report. Also, prior to realizing that Individual #2 was not inside the building, the staff person assigned to Individual #2 asked Residential Supervisor if he could watch Individual #2 while she uses the restroom. Supervisor watched Individual #2, when staff returned she asked why the door was open in the kitchen?	W 149		
W 150	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1)(i) Staff of the facility must not use physical, verbal, sexual or psychological abuse or punishment. This STANDARD is not met as evidenced by: Based on medical record review, facility document review and staff interviews the facility staff failed to ensure 1 individual in the survey sample was free from physical staff abuse of 4 Individuals in the survey sample, Individual #4. 1. The facility staff failed to ensure that Individual #4 was free from physical staff abuse on 11/12/17.	W 150	**W150-Staff Treatment of Clients** 1. **Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice** Individual #4 was discharged from Holiday House of Portsmouth, Inc. on 11/27/2017. 2. **Address how the facility will identify other residents having the potential to be affected by the same deficient practice;**	6.7.19

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W 150	Continued From page 160 The findings included: Individual #4 was a 15 year old admitted to the facility on 8/18/16 with diagnoses to include but not limited to *Profound Intellectual Disability, *Autism and Unspecified Behavior and Emotional Disorders and *Optic Nerve Hypoplasia (right eye legally blind). Based on Individual #4's Annual Nursing Summary dated 9/11/17 he weighed 111 pounds and was 63 3/4 inches tall. Individual #4's Annual Nursing Summary dated 9/11/17 also stated that he was 1:1 supervision and is monitored very closely by Holiday House staff to ensure that he is in a safe environment. Individual #4's Annual Evaluation dated 8/14/17 was reviewed and the a Slosson Intelligence Test completed 4/15/16 revealed a mental age of 23 months and an intelligence quotient of 14. Individual #4's Monthly Programming Progress Notes for October 2017 were reviewed and are documented in part, as follows: Progress Note: Name (Individual #4) made stable progress with the support of the direct support professional staff. He continues to require one to one supervision procedures with 2 staff for safety and behavioral issues. On 4/23/19 during the initial entrance conference with the Administrator the question was asked if there were any active abuse investigations with any individuals. The Administrator stated, "No" and left the room. Approximately 15 minutes later the Administrator re-entered the conference room and stated. "After discussing with my staff I want to let you know that we are in an active law suit regarding a case of abuse with an individual	W 150	Continued from page 160 The Chief Administrative Officer and/or designee will train all staff on Mandatory Reporting, Abuse, Neglect, and Mistreatment policies at the time of initial orientation, monthly at all staff meeting, annually in the month of February, and upon significant incidents that require additional training in the areas abuse and neglect. This training will emphasize that staff must not use physical, verbal, sexual, or psychological abuse or punishment. Upon admission to Holiday House of Portsmouth the facility Social Worker will notify ALL individual of their human right to be free from abuse, neglect mistreatment while residing the facility. Evidence of notification will be located in the Individual's medical records chart. Holiday House of Portsmouth Chief Administrative Officer has designated the facility Social Worker to train all staff on Mandatory Reporting, Abuse, Neglect, and Mistreatment policies at the time of initial orientation, at the monthly all staff meetings, annually, and upon significant incidents that require additional training in the areas of abuse and neglect. Upon admission to Holiday House of Portsmouth the facility Social Worker will notify the individual of their human right to be free from abuse, neglect mistreatment while residing at the facility. Evidence of notification will be located in the Individual's medical records chart. **The facility will revise the Initial Investigative Report section of the Accident and Incident Report to be completed by the residential supervisor and nurse on duty. The initial investigative report will include, but not limited to the location of injury, type of injury, description of shape and size, how the injury occurred and medical treatment provided. If injuries are inconsistent with the description of how the injury occurred the CAO, SW and DON will be notified immediately. The residential supervisor and nurse on duty will conduct a full body check for signs of abuse on the current individuals by completing a body check form from the revised Accident and Incident Report.** All current staff will be re-trained on 5/22/2019. Staff	6.7.19

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(Individual #4). On 11/12/17 the individual was physically abused/assaulted by one of our direct support staff and it also involved our residential supervisor. After reviewing the video footage of the incident we have terminated both employees." The Administrator was asked to allow the survey team to view the incident footage and to bring all facility documents regarding the investigation of the abuse incident for Individual #4.

The video footage dated 11/12/17 involving Individual #4 was reviewed by the survey team. The video footage lasted over 2 minutes. In the video Individual #4 was observed crawling/being pushed out of the bathroom on his hands and knees from the gymnasium bathroom followed by 2 adult males. One male was observed kicking forcefully (more than 4 times), dragging and twisting the individuals body by one leg and lying with his whole body on top of individual #4 during the footage of the video. At one point in the video you can only see Individual's arm waving for help. The second male staff member was observed sitting on Individual #4's head and shoulder area while the other staff member was lying on top of him. The second staff member was also observed walking around the gym with his back turned to Individual #4 while he was being physically abused by the other staff member. The only time in the 2 minutes of the video that Individual #4 was on his feet was when he broke free from the support staff and ran towards the exit door with the first staff member following him. The second staff member went back into the bathroom and collected a trash bag then exited the gym. The Administrator was asked who were the 2 staff members. The Administrator stated, "The staff member that was having the physical contact with the individual was his 1:1 Direct

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current staff will be re-trained on 5/22/2019. Staff acknowledgment of training will be evidenced by signatures on a training log maintained by the facility's Human Resource Office.

Completion Date: June 7, 2019

1. **Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;**

Holiday House of Portsmouth has implemented a Mandated Reporter Policy created on 5/6/2019. **The policy indicates** that all Holiday House of Portsmouth staff report any suspected cases of child abuse/neglect in accordance with the Code of Virginia and Holiday House of Portsmouth established child abuse reporting procedures. This policy emphasizes ALL staff in their professional or official capacity while employed at Holiday House Mandated reporters includes but is not limited to the following:
Any person licensed to practice medicine or any of the healing arts; any professional staff person employed by a private or state operated facility, institution or facility where personals have been placed for care and treatment. Any person employed as a social worker
Any probation officer, Any teacher or other person employed in a public or private school, kindergarten or nursery school ,Any mental health professional Any person employed to take care of children, Law Enforcement Officers, Any person employed by or contracted with the facility and working with the individuals in an administrative, supportive or direct care capacity. Any guardian or conservatory of an adult Any person providing full, intermittent or occasional care to a child/adult for compensation including, but not limited to homemaker, personal

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W 150	Continued From page 162 Support Staff member and the second person was the Residential Supervisor. After watching the video and reviewing the Comprehensive Human Rights Information System (CHRIS) Abuse Allegation Report for Individual #4, Abuse #20170016 an interview was conducted with the Administrator. The Administrator was asked if there was any criminal activity in the video. The Administrator stated, "No, Name "Individual #4 was abused but we didn't feel there was criminal activity. However, the family did file charges against Name (DSP #5) after they viewed the video." The Administrator was asked if someone was repeatedly kicking him in his groin, dragging him by one of his limps and applying his entire body weight on top of his body what would that be considered. The Administrator stated, "It's assault." The Administrator was asked if assault was a criminal charge and if Individual #4 was assaulted by the staff in the video. The Administrator stated, "Yes, assault is a a criminal charge and Individual #4 was assaulted by the staff. In hindsight we should have called the police and pressed charges." The Administrator and the Social Worker provided Court Records for DSP #5 which were reviewed and are documented in part, as follows: Arrest Date: 12/14/17 Charge: Abuse of Child, Serious Injury Charge Type: Class 4 Felony Arrest Date: 3/2/18 Offense Date: 11/12/17 Charge: Assault and Battery Charge Type: Misdemeanor	W 150	Continued From page 162 care workers, companion etc. Holiday House of Portsmouth, Inc. expects and enforces that all staff that has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect, or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect, that person shall IMMEDIATELY report or cause a report to be made. Anyone employed at Holiday House of Portsmouth, Inc. Who is mandated to report suspected child abuse or maltreatment-and fails to do so, could be charged with a Class A misdemeanor and subject to criminal penalties. Mandated reported can be sued in a civil court for monetary damages for any harm caused by the mandated reporter's failure to make a report. This new policy will be reviewed at the all staff meeting on 5/22/2019. Holiday House of Portsmouth CAO also revised the Abuse, Neglect and Mistreatment Policies. This policy emphasize that staff must not use physical, verbal, sexual, or psychological abuse or punishment. This policy indicates that: Holiday House of Portsmouth, Inc. ICF/IID prohibits any form of abuse, neglect, and mistreatment of the individuals. **Abuse** is defined as any negligent act by an employee or other person responsible for the care of an individual receiving services that was performed knowingly, recklessly, or intentionally. Abuse will cause or may have potential to cause physical or psychological harm, injury, or death to a person receiving care or treatment. Holiday House of Portsmouth will not permit individuals to be abused by anyone, including staff members, consultants, volunteers, and staff of other agencies providing service to the individual. Examples of abuse for the purpose of this policy include, but are not limited to, the following: Physical Abuse: Any kind of physical intimidation or intrusion such as pushing, pulling, scratching, hitting, kicking, slapping, throwing things, torturing, burning with cigarettes, pulling hair, unauthorized holds, and cutting.	6.7.19

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

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

The facility social worked provided a written description of the video dated 11/12/17 involving an altercation HHP (Holiday House Personnel) staff and Name (Individual #4) which was reviewed and documented in part, as follows:

Name (Individual #4) was in a dark gymnasium. He was observed crawling on his hands and knees coming out of the bathroom with two male staff Names (Resident Supervisor (RS) #4 and Direct Support Personal (DSP) #5). He appeared to be in distress attempting to get away from the staff that were in the bathroom with him. Immediately exiting bathroom DSP #5 kicked him two times on his side. Name (Individual #4) was still lying on the gymnasium floor with the two male staff standing over him. Name (Individual #4) began sliding on the floor attempting to get away from the two male staff. DSP #5 then grabs Name (Individual #4) shirt while Name (Individual #4) was still lying on the gymnasium floor. Name (Individual #4) was resisting; DSP #5 pulled Name (Individual #4) by his left leg and dragged him across the gymnasium floor towards the door. DSP #5 grabbed Name (Individual #4's) legs causing him to flip over several times. DSP #5 is now sitting on Name (Individual #4's) side

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6.7.19

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

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLIDAY HOUSE OF PORTSMOUTH 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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 150	Continued From page 164 and RS #4 comes and sits on Name (Individual #4's) head. Both Staff are in this position approximately 13 seconds. Name (Individual #4) continues to remain on the floor. DSP #5 continues to pull at Name (Individual #4's) leg in efforts to get him out of the gymnasium. RS #4 is standing over Name (Individual #4) observing the physical grabbing done by DSP #5. DSP #5 continues to attempt to drag Name (Individual #4) by his leg. Name (Individual #4) is crawling on his legs and hands to get away from DSP #5. DSP #5 and RS #4 follow him while he is crawling away. DSP #5 grabs Name (Individual #4) around his midsection with both arms and tackles him to the gymnasium floor. RS #4 is walking around the gymnasium failing to intervene pacing the room. DSP #5 then lays on top of Name (Individual #4) while RS #4 paces around the gymnasium and looks away in another room. Name (Individual #4) continues to be on the floor in distress. DSP #5 is applying pressure to Name (Individual #4's) neck and shoulder area. DSP #5 stands up removing body weight from Name (Individual #4) but still stands over him with Name (Individual #4) in the middle of his legs. RS #4 continues to pace around the gymnasium. DSP #5 then swings his legs around Name (Individual #4) to let him loose. Name (Individual #4) begins crawling away on his hands and knees and DSP #5 starts to walk toward Name (Individual #4) again. RS #4 then enters the bathroom. DSP #5 grabs Name (Individual #4) by the neck area one more time. DSP #5 takes his jacket off and walks away from Name (Individual #4). Name (Individual #4) continues to roll around on the floor. After DSP #5 removes his jacket he kicked Name(Individual #4) twice again on his side. Name (Individual #4) rolls to his feet to stand up and begins running out of the gymnasium door.	W 150	Continued From page 164 incidents of neglect; neglect is defined as any recent act or failure to act that results in death, serious physical or emotional harm. Examples of neglect for the purpose of this policy include: Abandonment Nutritional neglect (under-nourished); failure to provide food/hydration, inadequate hygiene (wearing soiled clothing) inadequate supervision (sleeping on the job), duration and frequency of unsupervised times. Exposure to hazardous materials Failure to protect by jeopardizing health and safety, any other form of reckless behavior with disregard for the individual's health and safety Failure to implement behavioral support plan procedures, as it relates to safety of the individual. All Holiday House employees are Mandated Reporters and all personnel shall strictly adhere to the following procedures: Any Staff, Individual, Authorized representative, consultant, legal guardian, local or regional advocate, or other interested person who believes that an individual has been harmed, abused, or exploited by any person shall immediately report such to the Chief Administrative Officer and/or their IMMEDIATE SUPERVISOR. It is the supervisor's responsibility to ensure that the alleged abuser is removed from providing any care to the individual immediately after the allegation is made. In the event the supervisor does not respond appropriately ANY staff may call 911 to ensure the individuals of the facility are safe. The Chief Administrative Officer, in no case, shall punish or retaliate against a volunteer, consultant, or student for reporting an allegation of abuse, neglect, or exploitation to an outside entity. Any employee who believes or witnesses that an individual has been harmed, abused or exploited, neglected or mistreated by any person shall INTERVENE to prevent further harm to the individual and report such	6.7.19

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W 150	Continued From page 165 DSP #5 follows him directly out of the door. RS #4 then leaves the bathroom carrying a bag of trash. Total Time of Incident: 2 minutes and 37 seconds. On 4/24/19 at approximately 1:40 PM the Social Worker was asked what she thought about the video involving Individual #4 and the facility staff members. The Social Worker stated, "Honestly it made me sick. I wanted to cry. I have a three year old and if anyone every did that to my child I would go crazy. He (Individual #4) should have never been abused like that, we have behavior support plans for all of our Individuals and they should be followed." Individual #4's Nurses Notes were reviewed and are documented in part, as follows: 11/12/17 5:30 PM: Focal Assessment to left upper thigh near hip/groin area. Noted large bruised area. Nontender to touch. Activity WNL (within normal limits) without sign/symptoms pf pain/discomfort. Skin intact without swelling. No Tx. (treatment) needed, monitoring continues. PCP (patient care provider) notified. Residential Supervisor will notify parent. 11/13/17 7:30 AM: After being showered observed a large bruise to left hip and groin area that was dark blue and green in color, nontender to touch, no signs or symptoms of pain/discomfort noted, no treatment needed On 4/24/19 at 3:30 PM an interview was conducted with LPN (Licensed Practical Nurse) #2 who performed the above focal assessment	W 150	Continued From page 165 activity immediately to their immediate supervisor. The Immediate Supervisor must IMMEDIATELY suspend the employee who has been alleged to abuse, neglect, or mistreat the individual. The Immediate Supervisor will conduct an initial investigation and submit written statements, conduct interviews, and get as much initial information as possible. This information should be forwarded immediately to the Chief Administrative Officer/Social Worker. The investigator shall include dates, times of interviews and written statements etc. The Immediate Supervisor must ensure that the Individual is assessed immediately by the Nurse on duty and the individual MUST be transported to the emergency room for further medical evaluation and treatment. The Immediate supervisor and the Nurse on duty must NOTIFY the Chief Administrative Officer, Director of Nursing, Social Worker as soon as possible. The Chief Administrative Officer will ensure the facility's Social Worker (Investigator) immediately investigate and report the alleged abuse, neglect, mistreatment in accordance with established state policies and procedures. The Social Worker is responsible for entering all allegations of abuse, neglect, mistreatment, complaints, and suspicious injuries of unknown origin in accordance with state laws and established procedures. The Social Worker will ensure that incidents are thoroughly investigated. Investigations will consists of monitoring the CCTV camera system, interviewing staff, interviewing the individual, etc. The Social Worker upon receipt of any allegation allegations of abuse, neglect, mistreatment, complaints, and suspicious injuries of unknown origin will conduct an investigation and will be entered into the CHRIS (Comprehensive Human Rights Information System program within 24 hours of the	6.7.19

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W 150	Continued From page 166 on Individual #4 on 11/12/17 at 5:30 PM. LPN #2 was asked to describe what she saw when she assessed Individual #4 on 11/12/17. LPN #2 stated, "I was in the nursing office and I was called and asked if I could come over to assess Name (Individual #4's) bruise on his leg. I went over and walked up to the bathroom and said "Oh my God what happened to him?" They (RS #4 and DSP #5) said " We don't know". I said, "No one knows what happened?" I was so emotional, we (me and RS #4) did an incident report and called the mom. I told the mom what the area looked like." LPN #2 was asked to describe the area on Individual #4's hip/groin area. LPN #2 stated, "It was a dark purple with a red spot. It was about the size of a pineapple. It didn't need any treatment but I did notify the doctor by fax. LPN #2 was asked if she was a mandated reported and if it ever occurred to her that Individual #4 may have been abused. LPN #2 stated, "Yes I am a mandated reporter but no it never occurred to me he was abused." LPN #2 was then asked if she reviewed the video footage from the monitor in the Nursing Office on 11/12/17 when the bruise of unknown injury was reported to her to see if there was any indications that Individual #4 was abused. LPN #2 stated, "No, I never checked the camera system that day." Individual #4's Interdisciplinary Progress Note date 11/12/17, timed 3 PM-7 PM written by DSP #5 were reviewed and is documented in part, as follows: Staff received Name (Individual #4) in living area. He was watching TV(television). Staff supported with toileting. Name (Individual #4) spent time with his parents. He played in the gym. Staff	W 150	Continued From page 166 initial report. The Social Worker will document times, dates, timelines, phone calls regarding the allegation of abuse, neglect, mistreatment investigative findings. Upon completion of the investigation as indicated in the Holiday House of Portsmouth, Inc. Abuse, Neglect, and Mistreatment Policies, the Social Worker will complete a final investigation into CHRIS (Comprehensive Human Rights Information System) within 5 working days (these days also include weekends and holidays). An employee's failure to report or cooperate with an abuse and/or neglect investigation may result in disciplinary action. Any action by an employee that compromises the integrity or outcome of a factual investigation may be cause for disciplinary action and/or immediate termination. Volunteers, contractors, contract employees, student interns and/or consultants who fail to comply with this departmental instruction may be terminated from employment/service. Upon receipt of an allegation of abuse, neglect, and/or mistreatment the protocol is identified as follows: Take steps to protect the safety and welfare of the individuals. Suspend the alleged abuser immediately. Ensure an assessment is completed by the nurse if allegations involve any type of Injury or claim that staff may have injured individual. The individual involved in the abuse will immediately be transported to the emergency room for medical evaluation and treatment as needed. Ensure that employees are reminded that they are to cooperate with the investigation, Ensure to investigate get written statements, be sure to document thoroughly Immediately contact the local law enforcement in all cases of suspected criminal activity. Notify the Chief Administrative Officer, Director of Nursing, Social Worker. The Social Worker will initiate an impartial	6.7.19

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W 150	Continued From page 167 supported with PM (afternoon) care. Name (Individual #4) received snack and dinner. He ate independently. He watched tv and played with toys until bedtime. The documentation regarding the bruise found on Individual #4's upper thigh and groin were faxed to the Attending Physician's Office on Sunday 11/12/17 at 18:52 (6:52) P.M. was reviewed and is documented in part, as follows: Large bruise to left upper thigh near hip/groin area. Nontender to touch. No swelling, activity WNL (within normal limits). No treatment needed. Monitoring continues. Individual #4's facility Accident Incident Report dated 11/12/17 at 5:33 P.M. completed by DSP #5 was reviewed and is documented in part, as follows: 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	W 150	Continued From page 167 investigation within 24 hours of receiving a report of potential abuse or neglect. In the absence of the Social Worker the Chief Administrative Officer will appoint an employee who is not involved in the issues of the investigation to complete the investigation. The facility will use closed circuit cameras to assist with the investigation. In all cases, the Chief Administrative Officer will provide his written decision, including Actions taken as a result of the investigation within completion of the investigation to the individual, individual's parent/guardian. If the individual affected by the alleged abuse or his authorized representative is not satisfied with the Chief Administrative Officer's actions, he or his authorized representative or anyone acting on his behalf, may file a complaint and request for a Local Human Rights Committee (LHRC) hearing under 12VAC 35-115-180. In the event that the investigation is unfounded the facility will complete the following: The employee will be monitored by the supervisor or designee during a 3–month period. He or she shall be supervised closely while assigned to individuals. Daily documentation will occur. The Social Worker will review Holiday House of Portsmouth's Abuse, Neglect, and Mistreatment policies with the staff person. A certified TOVA Trainer will discuss with the staff person the TOVA philosophy and the TOVA technique as it relates to the incident. (If applicable) At the end of the 3-month period, the Director of Residential Services will review the documentation with the staff person. The supervisor will prepare a written report with recommendations to be submitted to the Chief Administrative Officer within ten days. All staff will be informed and review the Abuse of Individuals/Mistreatment/Neglect Policies at the time of orientation, monthly at all staff meetings, and annually in the month of February. Documentation of this review shall be on the orientation sheet and staff training log. This policy and procedure will be reviewed with each	6.7.19

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W 150	Continued From page 168 (Individual #4's mother), Time Notified: 5:47 P.M., By Whom: Name (RS #4). Summary of response from the Parent/Guardian: Parents were notified of how big the bruise was and said thanks. signed by RS #4. The facility Comprehensive Human Rights Information System (CHRIS) Abuse Allegation Report for Individual #4, Abuse #20170016 was reviewed and is documented in part, as follows: Alleged Abuse Date: 11/12/17 Individual Name: Name (Individual #4) Abuse Alleged: Physical, Seclusion/Restraint Abuse Occurred: Physical, Seclusion/Restraint Type of Restraint: Unnecessary use of seclusion and restraint. Description: Unknown large bruise noted to Name (Individual #4's) upper thigh near his hip groin area. Bruise was observed on November 12, 2017 Video surveillance was reviewed from 4pm-5:30pm it was observed that staff Name (DSP #5) used unnecessary use of restraint and inappropriate TOVA (Therapeutic Options of Virginia) techniques. They were observed coming out of the bathroom and Name (Individual #4) refused to leave the gymnasium area and staff attempted to get him to go to the cottage area. The more Name (Individual #4) refused the more physical staff was observed to get. The unnecessary use of physical techniques were pulling individual by the leg to get him into another room, kicked on the hip area one time, and pressing his body weight on the individual. Name (RS #4) was present and failed to intervene to prevent the unnecessary physical actions that staff were exhibiting. Information was recorded to provide to Child protective services.	W 150	Continued From page 168 employee during the initial employment, monthly at all staff meetings, and annually in the month of February. This policy will be reviewed with all staff on 5/22/2019. The injuries of unknown origin protocol was created and states: It is the policy of Holiday House of Portsmouth that injuries of unknown origin be investigated and reported in accordance with state and federal procedures. Injuries of an unknown origin is defined as follows: **The injury wasn't observed by anyone or can't be explained by the individual or staff**. The injury is suspicious requiring additional medical evaluation due to the location (and in an area not usually vulnerable to trauma), extent of the injury, number of injuries that occur at the same time, or the number of injuries over time. (Hip, upper chest, back, head, neck (front and back), these body parts are listed as a guide but does not exclude other body parts)In the event of an unknown injury the following must take place: RESIDENTIAL DEPARTMENT PROTOCOL: INITIATE INVESTIGATION IMMEDIATELY. The Residential Supervisor must initiate an Accident/Incident Report and IMMEDIATELY begin the investigation into the injury of unknown origin. (Follow Accident/Incident Report Policy and Procedures). The initial investigation should explore the known cause or probable cause on the Incident Report. The Residential Department Supervisor must notify the Chief Administrative Officer, Social Worker, Director of Nursing IMMEDIATELY in the event there is NOT a probable cause or known cause of the injury. NURSING ASSESSMENT & PROTOCOL The nurse should be notified immediately upon observation of all injuries and complete the nursing assessment for the individual. This information should be documented on the Accident and Incident Report Form, and in the nursing notes. As licensed professionals the expectation from the Nurse on Duty is to identify injuries that are suspicious in areas that are NOT vulnerable to trauma. If the injury is unexplained, the nurse shall IMMEDIATELY notify	6.7.19

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W 150

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Injuries:
Individual Injured?: Yes
Type of Injury: Bruises

Reporting:
Date Allegation Made: 11/12/2017
Who Made Allegation: Name (RS #4)
Who Reported To Director: Name (Individual #4's Father) Date Reported: 11/12/17 8:45 PM.

Investigation:
Investigation Begin Date: 11/14/17
Date Investigation Final Report: 11/14/17
Rationale: Failure to Follow Behavior/Management Plan, Failure to Follow Policy, Other.
Other Rationale: Video surveillance camera confirmed physical and unnecessary use of force.
Reason for Corrective Action: Unauthorized use of restraint techniques, Performance Issue-Substantiated.
Corrective Action Taken: Reinforce policy and procedure, Increase supervision (change patterns of supervision), Appropriate staff action taken, Appropriate notification to Office of Licensing made.

Polices:
Suspected Criminal Activity: No
Local Police Notification: blank
State Police Notification: blank

Abused Accused:
Name: DSP #5
Actions Taken: Terminated
Action Remark: Terminated due to using excessive physical force and using inappropriate TOVA techniques.

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Continued From page 169

the Director of Nursing. Social Worker, Chief Administrative Officer. The Residential Supervisor and Nurse will continue to phone the family together. The Residential Supervisor will continue to notify the family of the incident, and the nurse will then provide the parents with information regarding the assessment and treatment given if any. The nurse will also notify the Individual's primary care physician of injuries and treatment given. The nurse will document this information in the individual's medical chart and on the nursing daily report sheet. If the employee has knowledge or reason to believe the injury involves abuse or neglect, the employee shall immediately report the event to the CAO in accordance with the Holiday House Abuse Prevention Policies and Procedures. The Director of Nursing/Nursing Department will ensure individuals receive the appropriate medical attention for all unexplained injuries. In cases of suspected criminal activity the CAO or designated staff involved must call local law enforcement. All staff will be trained on this protocol in the all staff meeting on **5/22/2019**. Staff will be trained by the facility Social Worker on this protocol at initial orientation and annually thereafter. Evidence of compliance will be on the facility's training log. The Chief Administrative Officer will have the CCTV Camera System placed on lap top as well as the facility Social Worker lap top so facility monitoring can be conducted on weekends as well. Live Video Monitoring is conducted by the CAO and/or designee during the weekdays. The facility will continue to train all staff in Therapeutic Options of Virginia at initial orientation and annually thereafter to ensure all staff are trained in appropriate behavior management practices.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained;

The Risk Management committee will review the training roster each month to ensure that all staff

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Name: RS #4
Actions Taken: Terminated
Action Remark: Terminated due to failing to intervene while staff was using inappropriate excessive force to transition from one building to another.

The facility letter sent to Individual #4's parents regarding Investigation into unknown bruise dated 11/15/17 was reviewed and is documented in part, as follows:

This letter is to inform you that we have concluded the investigation regarding the large unknown bruise discovered on November 12, 2017. The surveillance camera was also reviewed.

Investigative Findings/Conclusion: Founded; this video had evidence of abuse and neglect and violated Holiday House Abuse of Individuals Policy. The reviewing of the video surveillance disclosed the following:

*During transition from the gym area to the residential area after leaving the restroom Name (Individual #4) was observed coming out of the bathroom with a male staff.

*The Staff provided unnecessary physical support and did not use ANY appropriate TOVA interventions as trained by Holiday House of Portsmouth.

*Evidence revealed male staff placing body weight on Name (Individual #4).

*Evidence of a kick to Name (Individual #4's)

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receive the training in areas of mandatory reporting, abuse, neglect, and mistreatment.

The Nursing Department has implemented a policy and procedure for a Health Status Focal Assessment. This procedure consists of a nurse to do walking rounds on individuals every two hours. In these rounds, the nurse will observe the individual in their direct line of sight to ensure that the individuals are not having any signs or symptoms of illness or injury. If there is any signs or symptoms of illness the Residential Supervisor will be notified, a set of vital signs will be completed and the nurse will determine whether or not the individual will need to be seen by a physician. If there are any signs or symptoms of injury the nurse will notify the Residential Supervisor immediately and they will conduct a full body check using the revised **Accident and Incident Report/Initial Investigative Report will include but not limited to the location of injury, type of injury description of shape and size, how the injury occurred and medical treatment provided. If injuries are inconsistent with the description of how the injury occurred, there is a cause for concern and the CAO, SW and DON will be notify immediately. The residential supervisor and nurse on duty will conduct a full body check on the current individuals using the revised initial investigative report.**

Completion Date: June 7, 2019

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hip/groin area.

*Residential Supervisor was present and failed to intervene which was a violation of Holiday House Policy.

*Termination of employee #1 for violation of Holiday House Policy.

*Termination of employee #2 for failing to intervene and providing oversight to prevent abuse/neglect.

*Behavior episodes from this point on must be reported to the CAO (Chief Administration Officer) and SW (Social Worker), All hands on interaction investigated and viewed on surveillance camera.

*All staff meeting will be held on November 15, 2017 additional TOVA training will be discussed and trained with all staff.

The facility Visitors Sign IN/OUT sheet for the week of November 9th through the 14th was reviewed and revealed that Individual #4's parents and siblings were in the facility on 11/12/17 from 3:20 P.M.-4:20 P.M..

Email correspondence between Individual #4's Father and the Chief Administration Officer(CAO) was reviewed and is documented in part, as follows:

Sunday, November 12, 2017 8:45 PM:

Hi Name (CAO),

We received a call after we left Holiday House this evening. We missed the call and it went to

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voicemail. A message was left, but apparently Name (RS #4) didn't hang up the phone all of the way and our voicemail continued to record a conversation between Name (RS #4), and what sounded like the nurse about our son that raised a few concerns:
*A bruise wasn't noticed all day it seems because it also seems he hadn't been changed all day. We never saw a bruise ourselves, so I am saying he wasn't changed all day solely based on what was said in the recorded voicemail. Based on the reactions within the conservation that was recorded, the nurse seemed concerned like it is something that should have been noticed sooner.

We called back, (we didn't mention the recording) and we were told that the bruise didn't appear too bad, had colored some, but wasn't tender, and that he didn't seem in pain. No one mentioned any of the other information in the recorded voicemail. When you listen to the voicemail, the nurse describes the bruise as sounding worse than the way she described it to us when we returned the call.

*Name (RS #4): We didn't hear Name (RS #4) say anything bed and we genuinely like Name (RS #4) and he does good with Name (Individual #4). We still wish he or the nurse would have told us everything when we called back.

*Nurse (LPN #2): She should have told us about all of her concerns. She didn't.

Their first duty should be to the child, and by extension the parents, not to making sure no on e gets in trouble by withholding information. Nor should they be operating in an Us (employee) versus Them (parent) mentality. We just have

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concerns about our child's care and wanted to discuss the situation with you.

Response Email from CAO Sunday, November 12, 2017 8:59 PM:

Any concerns from my parents, staff or Name (Individual #4's) care is a concern for me as the Administrator. I will call you tomorrow when I get in to work. I will have my social worker follow up with an investigation.

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

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

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

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

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

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

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W 150	Continued From page 174 evening. CAO then asked Name (RS #4) to review the video footage from the gymnasium on the evening of 11/12/17. The team watched the video of incident which occurred on 11/12/17 in the conference room of the administration building. Name (RS #4) was asked by CAO after reviewing the video to explain how he let Name (DSP #5) conduct inappropriate physical interventions to Name (Individual #4). CAO explained to Name (RS #4) that he as a supervisor was there to intervene and ensure Name (Individual #4) was not abused and CAO expressed to Name (RS #4) that he failed as supervisor. 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, as follows: Present: CAO, SW, Human Resource Manager. Location: Conference Room	W 150		

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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's) Care and/or bruise on the evening on 11/12/17.

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 Name (DSP #5) to review the video footage from the gymnasium on the evening of 11/12/17.

Name (DSP #5) and the team watched the video of incident which occurred on 11/12/17 in the conference room of the administration building. Name (DSP #5's) head went down when he noticed that the altercation was on video surveillance. After watching the video CAO asked him to explain his behavior.

CAO also asked him was his techniques considered "TOVA". Name (DSP #5) responded "No" by shaking his head side to side. He had no words.

Name (DSP #5) in a remorseful manner stated that "he messed up". He stated that Name (Individual #4) was difficult to work with and it's hard to work with someone so difficult over and over.

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He did realize that his actions were wrong. He apologized for his actions.

CAO informed Name (DSP #5) that he violated Holiday House of Portsmouth Abuse Policy and that he will be terminated, and the care is reported to Child Protective Services.

Name (DSP #5) accepted the termination and he was escorted off of Holiday House Portsmouth Premises.

The Critical Incident Report from Individual #4's Day School program dated 11/13/17 at 9:30 Am was reviewed and is documented in part, as follows:

Type of incident:
Other: arrived to school with large bruise on front of left hip and upper thigh.

Incident reported to:

Parents: 11/13/17 at 9:45 AM, picture of bruise sent at 10:09 AM
Holiday House: 11/13/17 at 10:00 AM

Description of incident: Name (Individual #4) arrived at school and transitioned to class. When taken to the bathroom at 9:30, staff noticed bruising on his hip and thigh. Staff called mom and was asked to send pictures. Mom and dad arrived, looked at the bruise, called doctor. Holiday House was called and came to get Name (Individual #4) to transport to the doctor. Parents shared that they had received a call last night from Holiday House that Name (Individual #4) had a behavior and had a bruise on his back. We

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looked and did not find a bruise on Name (individual #4's) back. Holiday House said they did not see a bruise on Name (Individual #4's) hip when he left for school.

Individual #4 was seen at Name (Children's Hospital) on 11/13/17 at 1:25 PM with chief complaint of Bruising and Swelling of Jaw/Lump.

Individual #4's Positive Behavioral Support Plan dated 9/18/17-9/18/18 was reviewed and is documented in part, as follows:

Rational::

Plan written in accordance to VAC12-200-105 Behavioral treatment Plans with restrictive recommendations.

Target Behaviors: Physical Aggression, Self-Injury, Property Destruction, and PICA. It is important to note that Name (Individual #4) seeks out the person who blocked his access to the item he is wanting.

Quality Of Life- A quality life for Name (Individual #4) is to be in a safe environment and doing activities that he prefers without displaying behaviors of concern.

What is not working-
-Gently touching him or trying to sooth him when he is displaying behaviors of concern.

Recommendations and Procedures for Name (Individual #4):
-When walking and transitioning to another location offer Name (Individual #4) an object to hold from his clear tote bag to help keep him

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W 150	Continued From page 178 engaged in an activity. Physical Aggression: -When staff is not able to stop Name (individual #4) from physical aggressive behaviors they should follow the agency crisis plan. -Do not hug or pat his back to help calm him down. Do not stare or frown when he is engaging in target behavior. These actions tend to provoke hostile reaction from Name (Individual #4). remember redirection means ignore the use of disruptive behavior, refocus the person's attention 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 has been unsuccessful or you cannot change the environment or address his needs, be prepared for Name (Individual #4) to possibly escalate in aggressive behavior. Understand that now, Name (Individual #4's) behavior is beyond his control. A. If he becomes aggressive or disruptive, clear the area of other individuals. B. If he becomes self injurious, clear the area of objects that may cause him injury. C. If you can leave the area and still monitor Name (Individual #4) safely then do so. D. When communicating with Name (Individual #4) , make sure that you are not using a tone of	W 150		

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W 150	Continued From page 179 voice that indicates fear, uncertainty or anger. Name (Individual #4) needs to feel like you are in control of the situation. Remember being in control of the situation does not mean that you must control Name (Individual #4) it means you need to be in control of you and your emotions. DO NOT GET DIRECTIVE-STAY CALM. F. If you are unable to leave, then block any attempts that Name (Individual #4) makes to be aggressive or self injurious. G. Call for back up and follow 911 protocols. The facility's Virginia Employment Commission Employer's Report of Separation and Wage for DSP #5 was reviewed and is documented in part, as follows: What date was the claimant first told of discharge or suspension? 11/13/17 What reason was given to the claimant? Violation of Abuse to Individual Policy. What was the final incident that led to discharge/suspension? Abuse of an Individual. How was claimant informed of rule/policy? Training/received policy 3/6/17 DSP #5 signed the facility Abuse of Individuals Policy revised 3/4/15 on 3/6/17. DSP #5's TOVA Certification was current with an expiration date of 3/3/18. DSP #5's Job Description signed on 5/1/17 was reviewed and is documented in part, as follows: Purpose: The position of Direct Support Professional I is under the direct supervision if the Residential Supervisor. The Direct Support Professional I provides active treatment and	W 150		

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training to individuals with disabilities receiving services in a residential setting. Active treatment, training and support services are provided to reflect the identified target goals on the Individual Services Plans. Ay all times compliance with the Virginia Department of Behavioral Health and Developmental Services and the Office of Licensure and Recertification required.

Major Duties and Responsibilities:
1. Provide services and supports as identified in each individuals' Individualized Service Plan.
2. Interacts with all individuals and staff with appropriate voice tone, language, gestures and physical movements in accordance with Human Rights Policies and Procedures.
13. Ensure a healthy, clean and safe environment, and report any safety concerns to management immediately.
14. Provide behavior support services as identified on the Positive Behavior Support Plan.

Physical Demands:
Some individuals may become physically aggressive and require the employee to physically redirect. This requires physical flexibility and endurance, emotional calmness and the ability to follow the individuals Crisis Plan, implementing the approved intervention techniques and adhering to policy.

On 3/7/17 DSP #5 signed that he had received, read, and understood that he was to comply with the following facility policies while carrying out his responsibilities as an employee:
1. Mandated Reporting
2. Human Right Training
4. Child Abuse and Neglect
7. Abuse of Individuals's Harm, Abuse, or

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W 150	Continued From page 181 Exploitation 8.. Abuse Reporting Policy 11. Examples of Child Abuse and Neglect 12. Causes of Child Abuse DSP #5's Time Card indicated he provided 1:1 care to Individual #4 on 11/12/17 from 3:05 PM to 11:16 PM, indicating that Individual remained in the care of his abuser for approximately 5 hours and 46 minutes after he was initially physically abused. The facility's Virginia Employment Commission Employer's Report of Separation and Wage for RS #4 was reviewed and is documented in part, as follows: What date was the claimant first told of discharge or suspension? 11/14/17 What reason was given to the claimant? Failed to provide oversight over staff What was the final incident that led to discharge/suspension? Failed to intervene in an abusive situation. How was claimant informed of rule/policy? Job Description 7/3/2017 RS #4's signed Job Description was reviewed and is documented in part, as follows: Purpose: The position of Residential Supervisor is under the direct supervision of the Assistant Residential Manager. The Residential Supervisor is responsible for the provision of care and training of the individuals we support in a manner consistent with behavioral principles. The incumbent has twenty-four hour supervisory responsibilities for staff members and administrative responsibilities for the	W 150		

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maintenance and upkeep of the physical plant.

Major Duties and Responsibilities:

Ensures the monitoring and documenting of program delivery according to the Holiday House of Portsmouth, Inc Policy and Procedures, Virginia Department of Behavioral Health and Developmental Services, Licensure Guidelines, Medicaid Guidelines, and Department of Public Health Guidelines.

Responsible for the management of the cottage in a manner which ensures individuals/staff safety.

The Manage directly supervises the Direct Support Professional Staff,

Implements and enforces facilities policies and procedures.

Ability to supply behavior-modification techniques to assigned training areas.

RS #4's TOVA Certification was current with an expiration date of 5/31/18.

On 6/10/15 RS #4 signed that he had received, read, and understood that he was to comply with the following facility policies while carrying out his responsibilities as an employee:
1. Mandated Reporting
2. Human Right Training
4. Child Abuse and Neglect
7. Abuse of Individuals's Harm, Abuse, or Exploitation
8.. Abuse Reporting Policy
11. Examples of Child Abuse and Neglect

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12. Causes of Child Abuse

RS #4's Time Card indicated he Supervisory care to Individual #4 on 11/12/17 from 3:07 PM to 11:52 PM, indicating that Individual remained in the care of his abuser for approximately 6 hours and 22 minutes after he was initially physically abused.

On 4/25/19 the Administrator was asked what training was provided after the abuse incident with Individual #4 on 11/12/17. The Administrator stated, "We went over TOVA training with our staff and went over Individual #4's new Safety Plan with the staff responsible for his care." The Administrator was asked if all staff were retrained on the Abuse and Neglect Policy and Mandated Reporting of Abuse and Neglect after the abuse incident with Individual #4. The Administrator stated, "No , we did not do training on abuse or neglect or mandated reporting in hindsight we should have."

Individual #4's Notice of Individual Right and Grievances signed 4/18/17 was reviewed and is documented in part, as follows:

Every individual deserves to be treated with consideration and respect.

Every individual of the Holiday House shall:

1. Retain legal rights as provided by State and Federal laws;
3. Be treated with dignity as a human being; Be free from abuse, neglect, and exploitation included but not limited to verbal, physical, sexual etc. You can tell a staff if you have been hurt so they can help you.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 150	Continued From page 184 4. Be free from seclusion and restraint; 7. Be treated under the least restrictive conditions consistent with condition and not be subjected to unnecessary physical restraint and isolation. The facility policy titled Abuse of Individuals revised 3/26/19 was reviewed and is documented in part, as follows: Policy: It is the policy of the Board to prohibit any form of abuse to individuals. Abuse, is defined as any negligent act by an employee or other person responsible for the care of an individual receiving services that was performed knowingly, recklessly, or intentionally. Abuse will cause or may have potential to cause physical or psychological harm, injury, or death to a person receiving care or treatment for mental retardation. All Holiday House personnel shall strictly adhere to the following directives, including part-time and consulting staff: 1. Personnel shall, at all times, conduct themselves toward individuals in such a manner that such persons will be free from every form of physical and mental abuse, harassment, or unnecessary (and un-prescribed) restraint, and from any other acts which are demeaning in nature. 2. Examples of abuse for the purpose of this policy include, but are not limited to, the following: a. Physical Abuse: Any kind of physical intimidation or intrusion such as pushing, pulling, scratching, hitting, kicking, slapping, throwing	W 150		

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things, torturing, burning with cigarettes, pulling hair, unauthorized holds, and cutting.

Procedure:
2. Any employee who believes or witnesses that an individual has been harmed, abused or exploited by any program shall intervene to prevent further harm to the individual and report such activity immediately to their immediate supervisor (or to the Chief Administrative Officer, if not comfortable reporting to immediate supervisor); then the supervisor will report the incident to the Chief Administrative Officer. The immediate supervisor will start an initial investigation and submit statements and initial information immediately to the Chief Administrative Officer.

4. Upon receipt of an allegation of abuse or neglect, the Chief Administrative Officer or his designee shall:
a. Take steps to protect the safety and welfare of the individuals.
c. The individual involved in the abuse will immediately be transported to the emergency room for medical evaluation and treatment as needed.
f. Immediately contact the local law enforcement in all cases of suspected criminal activity.

15. If at any time, the Chief Administrative Officer has reason to suspect that the abusive act is a crime, the CAO or his designee shall immediately contact the appropriate law enforcement authorities and cooperate fully with any investigations that result.

The facility policy titled "Behavioral Support/Crisis Intervention Policy" prepared 1/1/13 was

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reviewed and is documented in part, as follows:

It is the policy of Holiday House of Portsmouth to employ Therapeutic Options as a behavioral intervention technique.

Therapeutic Options is implemented as a crisis intervention using physical interaction as needed to restrict or limit an individual's behavior/ The specific skills must maintain the normal range of motion for the individual (no hyperextension of joints) and minimize bruising, injury, or pain by specific design.

The facility policy "Behavioral Intervention Policy" revised 4/4/19 was reviewed and is documented in part, as follows:

Policy: It is the policy of Holiday House of Portsmouth, Inc. to develop a behavior intervention plan that provides guidelines for all employees when dealing with individuals who may exhibit verbal and/or physical aggression.

* It ensures that all special interventions utilized will be consistent with applicable human rights regulations and emphasizes positive interventions and approaches.

*It requires that all employees limit their interventions to the least restrictive and least intrusive intervention possible while ensuring that individuals are treated with dignity and respect at all times

Definitions:

"Abuse" (37.2-100 of the Code of Virginia) means any act or failure to act by an employee or other

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLIDAY HOUSE OF PORTSMOUTH 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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 150	Continued From page 187	W 150		

person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department that was performed or was failed to performed knowingly, recklessly,or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, mental retardation (intellectual disability), or substance abuse. Examples of abuse include acts such as:
2. Assault and battery.
5. Use of excessive force when placing a person in a physical or mechanical restraint.
6. Use of physical or mechanical restraints on a person that is not in compliance with federal and state laws, regulations, and policies, professional standards of practice, or the person's individualized services plan.

I. Use of Behavior Intervention:
Holiday House of Portsmouth, Inc. will appropriately approach all verbal and physical aggression according to behavioral plans and according to the level of intensity. The following are ABSOLUTELY Prohibited Behavioral Intervention Techniques and Actions:

PROHIBITED ACTIONS:
*Corporal punishment will not be employed or permitted.
*Degrading, treating harshly, abusing or humiliating persons served will not be permitted.
*Excessive or inappropriate use of permitted behavior interventions.

The facility policy titled "Electronic Monitoring and Recording " revised 3/29/13 was reviewed and is documented in part, as follows:

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V. General Procedures:
A. Holiday House of Portsmouth is committed to enhancing the quality of life for its individuals by integrating available technology to increase security and safety. The facility's use of CCTV (closed circuit television) system in common areas is a critical component pf its security and safety. The principle objectives of Holiday House of Portsmouth's use of a CCTV system include:
1. Enhancing individual's safety.
2. Identifying and gathering of information.
3. Documenting actions to safeguard individuals.

J. Any untoward or questionable incidences regarding safety or quality of care discovered as a result of viewing a recording should be reported immediately to the Chief Administrative Officer and to the Virginia Department of Behavioral Health and Developmental Services and the Office of Human Rights.

VI. Training, Operations, and Oversight Procedures:
B. Operations Procedures:
1. CCTV cameras will be monitored at various times by the Social Worker, Chief Administrative Officer and Designated Staff.
2. The Designated Staff shall be responsible for reviewing the monitor located in the Nursing Medical Office from 5:30 PM to 8:30 PM Monday through Friday; and on Saturday and Sunday, from 12 noon to 5 pm.
6. Personnel shall report any concerns observed during monitoring of the CCTV system to the Chief Administrative Officer.
C. Oversight Procedures:
1. The Chief Administrative Officer is responsible for oversight and coordination of the use of CCTV system.

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W 150	Continued From page 189 2. The Chief Administrative Officer has primary responsibility for ensuring adherence to this Policy and for distributing the Policy to persons requesting information on it. On 4/26/19 at 10:30 A.M. an interview was conducted with the Chief Administrative Officer. The Chief Administrative Officer was asked if who monitored the CCTV system. The Chief Administrative Officer stated, "I monitor the live video feed during the week and my social worker does as well. On the weekends the therapy staff and nursing the system from their departments." The Chief Administrative Officer was asked if this monitoring was being done should the abuse have been caught and reported at the time the abuse occurred with Individual #4 or at least been reviewed to see if any abuse occurred when the large groin/hip bruise was discovered. The Chief Administrative Officer stated, "Yes, I would have expected the staff who have access to have viewed the video and alerted me of their findings immediately." On 4/29/19 at 4:10 P.M. a pre-exit conference was held with the Chief Administrative Officer, the Social Worker and Medical Records where the above information was shared. The Chief Administrative Officer stated, "We are currently installing software so myself and the social worker will be able to view live camera feeds from our phones when we are not in the facility. This has been a valuable learning experience for us and we plan on making changes to ensure the safety of our individuals so this doesn't happen again.."	W 150		
W 153	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2)	W 153		

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The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.

This STANDARD is not met as evidenced by:
Based on a complaint investigation, medical record review, facility document review and staff interviews the facility staff failed to ensure allegations of neglect and abuse were immediately reported to the Administrator for 1 of 4 individuals in the survey sample, Individual #4.

1. The facility staff failed to ensure that allegations of abuse were immediately reported to the Administrator for Individual on 11/12/17.

The findings included:

Individual #4 was a 15 year old admitted to the facility on 8/18/16 with diagnoses to include but not limited to *Profound Intellectual Disability, *Autism and Unspecified Behavior and Emotional Disorders and *Optic Nerve Hypoplasia (right eye legally blind). Based on Individual #4's Annual Nursing Summary dated 9/11/17 he weighed 111 pounds and was 63 3/4 inches tall. Individual #4's Annual Nursing Summary dated 9/11/17 also stated that he was 1:1 supervision and is monitored very closely by Holiday House staff to ensure that he is in a safe environment. Individual #4's Annual Evaluation dated 8/14/17 was reviewed and the a Slosson Intelligence Test completed 4/15/16 revealed a mental age of 23 months and an intelligence quotient of 14.

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W153-Facility Staff failed to ensure that allegations of abuse were immediately reported to the Administrator for Individual #4 on 11/12/2017

1. **Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice**

Individual #4 was discharged from Holiday House of Portsmouth, Inc. on 11/27/2017.

2. **Address how the facility will identify other residents having the potential to be affected by the same deficient practice;**

Holiday House of Portsmouth Chief Administrative has designated the facility Social Worker to train all staff on Mandatory Reporting, Abuse, Neglect, and Mistreatment policies at the time of initial orientation, monthly at all staff meeting, annually in the month of February, Holiday House of Portsmouth staff will be trained on All Holiday House of Portsmouth Prevention Policies at the all staff meeting on 5/22/2019. Emphasis will be informing all staff with notifying the administrator immediately upon occurrences of abuse and neglect. All supervisors will be retrained on informing the Administrator of all incidents of abuse. Evidence of compliance will be staff signatures on staff training logs. Upon completing the Accident/Incident Report Form, the Residential Supervisor will immediately notify The Chief Administrative Officer, Social Worker and Director of Nursing in order for the Administrators to immediately review the incident.
Completion Date: May 22, 2019

3. **Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;**

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W 153	Continued From page 191 Individual #4's Monthly Programming Progress Notes for October 2017 were reviewed and are documented in part, as follows: Progress Note: Name (Individual #4) made stable progress with the support of the direct support professional staff. He continues to require one to one supervision procedures with 2 staff for safety and behavioral issues. On 4/23/19 during the initial entrance conference with the Administrator the question was asked if there were any active abuse investigations with any individuals. The Administrator stated, "No" and left the room. Approximately 15 minutes later the Administrator re-entered the conference room and stated. "After discussing with my staff I want to let you know that we are in an active law suit regarding a case of abuse with an individual (Individual #4). On 11/12/17 the individual was physically abused/assaulted by one of our direct support staff and it also involved our residential supervisor. After reviewing the video footage of the incident we have terminated both employees." The Administrator was asked to allow the survey team to view the incident footage and to bring all facility documents regarding the investigation of the abuse incident for Individual #4. The video footage dated 11/12/17 involving Individual #4 was reviewed by the survey team. The video footage lasted over 2 minutes. In the video Individual #4 was observed crawling/being pushed out of the bathroom on his hands and knees from the gymnasium bathroom followed by 2 adult males. One male was observed kicking forcefully (more than 4 times), dragging and twisting the individuals body by one leg and lying	W 153	Continued from page 191 employed by a private or state operated facility, institution or facility where personals have been placed for care and treatment. Any person employed as a social worker Any probation officer, Any teacher or other person employed in a public or private school, kindergarten or nursery school ,Any mental health professional Any person employed to take care of children, Law Enforcement Officers, Any person employed by or contracted with the facility and working with the individuals in an administrative, supportive or direct care capacity. Any guardian or conservatory of an adult Any person providing full, intermittent or occasional care to a child/adult for compensation including, but not limited to homemaker, personal care workers, companion etc. Holiday House of Portsmouth, Inc. expects and enforces that all staff that has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect, or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect, that person shall IMMEDIATELY report or cause a report to be made. Mandated reporters employed at Holiday House of Portsmouth, Inc. play a crucial role in keeping the children safe and helping family's access important resources. Mandated reporters at Holiday House often come into frequent contact with children at risks, and families in crisis, and have an early opportunity to help them get the intervention, support or services they need to stay safe. Anyone employed at Holiday House of Portsmouth, Inc. who is mandated to reported suspected child abuse or maltreatment-and fails to do so, could be charged with a Class A misdemeanor and subject to criminal penalties. Mandated reported can be sued in a civil court for monetary damages for any harm caused by the mandated reporter's failure to make a report. This new policy will be reviewed at the all staff meeting on 5/22/2019. Holiday House of Portsmouth CAO also revised the Abuse, Neglect and Mistreatment Policies. This policy	5.22.19

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with his whole body on top of individual #4 during the footage of the video. At one point in the video you can only see Individual's arm waving for help. The second male staff member was observed sitting on Individual #4's head and shoulder area while the other staff member was lying on top of him. The second staff member was also observed walking around the gym with his back turned to Individual #4 while he was being physically abused by the other staff member. The only time in the 2 minutes of the video that Individual #4 was on his feet was when he broke free from the support staff and ran towards the exit door with the first staff member following him. The second staff member went back into the bathroom and collected a trash bag then exited the gym. The Administrator was asked who were the 2 staff members. The Administrator stated, "The staff member that was having the physical contact with the individual was his 1:1 Direct Support Staff member and the second person was the Residential Supervisor.

After watching the video and reviewing the Comprehensive Human Rights Information System (CHRIS) Abuse Allegation Report for Individual #4, Abuse #20170016 an interview was conducted with the Administrator. The Administrator was asked if there was any criminal activity in the video. The Administrator stated, "No, Name "Individual #4 was abused but we didn't feel there was criminal activity. However, the family did file charges against Name (DSP #5) after they viewed the video." The Administrator was asked if someone was repeatedly kicking him in his groin, dragging him by one of his limps and applying his entire body weight on top of his body what would that be considered. The Administrator stated, "It's

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indicates that: Holiday House of Portsmouth, Inc. ICF/IID prohibits any form of abuse, neglect, and mistreatment of the individuals. **Abuse** is defined as any negligent act by an employee or other person responsible for the care of an individual receiving services that was performed knowingly, recklessly, or intentionally. Abuse will cause or may have potential to cause physical or psychological harm, injury, or death to a person receiving care or treatment. Holiday House of Portsmouth will not permit individuals to be abused by anyone, including staff members, consultants, volunteers, and staff of other agencies providing service to the individual.
Examples of abuse for the purpose of this policy include, but are not limited to, the following:
Physical Abuse: Any kind of physical intimidation or intrusion such as pushing, pulling, scratching, hitting, kicking, slapping, throwing things, torturing, burning with cigarettes, pulling hair, unauthorized holds, and cutting.
Verbal Abuse: Abuse that is achieved primarily with words. Criticizing an individual, belittling, or making fun of someone.
Sexual Abuse: Forced sex or sex that takes unfair advantage of an individual, fondling, or inappropriate touching. Emotional Abuse: Abusive behavior that uses emotions to intimidate the victim.
Mistreatment can be defined for the purpose of this policy to include but not limited to:
Failure to act/neglect that leads to or is in imminent danger of causing physical injury through negligent omission, treatment, or maltreatment of an individual, including but not limited to failure by staff to provide an individual with adequate food, clothing, shelter, medical care, supervision, or through condoning or permitting abuse of an individual by any other person.
Verbal mistreatment: by subjecting the individual to the use of derogatory names, phrases, profanity, ridicule, harassment, coercion, or intimidation and threatening injury or withholding of services or supports, including implied or direct threat of

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assault." The Administrator was asked if assault was a criminal charge and if Individual #4 was assaulted by the staff in the video. The Administrator stated, "Yes, assault is a a criminal charge and Individual #4 was assaulted by the staff. In hindsight we should have called the police and pressed charges." The Administrator was also asked when he would have expected his staff to notify him Individual #4's abuse that occured. The Administrator stated, "I expected to be notified immediately, however in this case the abuser was who should have notified me."

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

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

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

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

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

The facility social worked provided a written description of the video dated 11/12/17 involving

Plan of Correction (W 153)

termination of services.
Restrictions on an individual's freedom of movement by seclusion in a locked room under any condition. Restriction to an area of the residence or restricting access to ordinarily accessible areas of the residence is not allowed, unless arranged for and agreed to on the Individual's' Support Plan. Use of Physical restraint: without a written physician's order, or as part of an Individual Support Plan, unless an individual's actions present an imminent danger to himself/herself or others, and only until appropriate action is taken by medical, emergency, or police personnel. Financial exploitation which may include, but is not limited to: unauthorized rate increases, staff borrowing from or loaning money to individuals, witnessing wills in which the caregiver is beneficiary, adding caregiver's name to individual's bank accounts, inappropriately expending individual's personal funds, and theft of an individual's personal funds. **Neglect**: To assist this facility in defining incidents of neglect; neglect is defined as any recent act or failure to act that results in death, serious physical or emotional harm.
Examples of neglect for the purpose of this policy include: Abandonment
Nutritional neglect (under-nourished); failure to provide food/hydration, inadequate hygiene (wearing soiled clothing) inadequate supervision (sleeping on the job), duration and frequency of unsupervised times. Exposure to hazardous materials Failure to protect by jeopardizing health and safety, any other form of reckless behavior with disregard for the individual's health and safety Failure to implement behavioral support plan procedures, as it relates to safety of the individual. All Holiday House employees are Mandated Reporters and all personnel shall strictly adhere to the following procedures: Any Staff, Individual, Authorized representative, consultant, legal guardian, local or regional advocate, or other interested person who believes that an individual has

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W 153	Continued From page 194 an altercation HHP (Holiday House Personnel) staff and Name (Individual #4) which was reviewed and documented in part, as follows: Name (Individual #4) was in a dark gymnasium. He was observed crawling on his hands and knees coming out of the bathroom with two male staff Names (Resident Supervisor (RS) #4 and Direct Support Personal (DSP) #5). He appeared to be in distress attempting to get away from the staff that were in the bathroom with him. Immediately exiting bathroom DSP #5 kicked him two times on his side. Name (Individual #4) was still lying on the gymnasium floor with the two male staff standing over him. Name (Individual #4) began sliding on the floor attempting to get away from the two male staff. DSP #5 then grabs Name (Individual #4) shirt while Name (Individual #4) was still lying on the gymnasium floor. Name (Individual #4) was resisting; DSP #5 pulled Name (Individual #4) by his left leg and dragged him across the gymnasium floor towards the door. DSP #5 grabbed Name (Individual #4's) legs causing him to flip over several times. DSP #5 is now sitting on Name (Individual #4's) side and RS #4 comes and sits on Name (Individual #4's) head. Both Staff are in this position approximately 13 seconds. Name (Individual #4) continues to remain on the floor. DSP #5 continues to pull at Name (Individual #4's) leg in efforts to get him out of the gymnasium. RS #4 is standing over Name (Individual #4) observing the physical grabbing done by DSP #5. DSP #5 continues to attempt to drag Name (Individual #4) by his leg. Name (Individual #4) is crawling on his legs and hands to get away from DSP #5. DSP #5 and RS #4 follow him while he is crawling away. DSP #5 grabs Name (Individual #4) around his midsection with both arms and tackles	W 153	Continued From page 194 been harmed, abused, or exploited by any person shall immediately report such to the Chief Administrative Officer and/or their IMMEDIATE SUPERVISOR. It is the supervisor's responsibility to ensure that he alleged abuser is removed from providing any care to the individual immediately after the allegation is made. In the event the supervisor does not respond appropriately ANY staff may call 911 to ensure the individuals of the facility is safe. The Chief Administrative Officer, in no case, shall punish or retaliate against a volunteer, consultant, or student for reporting an allegation of abuse, neglect, or exploitation to an outside entity. Any employee who believes or witnesses that an individual has been harmed, abused or exploited, neglected or mistreated by any person shall INTERVENE to prevent further harm to the individual and report such activity immediately to their immediate supervisor. The Immediate Supervisor must IMMEDIATELY suspend the employee who has been alleged to abuse, neglect, or mistreat the individual. The Immediate Supervisor will conduct an initial investigation and submit written statements, conduct interviews, and get as much initial information as possible. This information should be forwarded immediately to the Chief Administrative Officer/Social Worker. The investigator shall include dates, times of interviews and written statements etc. The Immediate Supervisor must ensure that the Individual is assessed immediately by the Nurse on duty and the individual MUST be transported to the emergency room for further medical evaluation and treatment. The Immediate supervisor and the Nurse on duty must NOTIFY the Chief Administrative Officer, Director of Nursing, Social Worker as soon as possible. The Chief Administrative Officer will ensure the facility's Social Worker (Investigator)	5.22.19

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W 153	Continued From page 195 him to the gymnasium floor. RS #4 is walking around the gymnasium failing to intervene pacing the room. DSP #5 then lays on top of Name (Individual #4) while RS #4 paces around the gymnasium and looks away in another room. Name (Individual #4) continues to be on the floor in distress. DSP #5 is applying pressure to Name (Individual #4's) neck and shoulder area. DSP #5 stands up removing body weight from Name (Individual #4) but still stands over him with Name (Individual #4) in the middle of his legs. RS #4 continues to pace around the gymnasium. DSP #5 then swings his legs around Name (Individual #4) to let him loose. Name (Individual #4) begins crawling away on his hands and knees and DSP #5 starts to walk toward Name (Individual #4) again. RS #4 then enters the bathroom. DSP #5 grabs Name (Individual #4) by the neck area one more time. DSP #5 takes his jacket off and walks away from Name (Individual #4). Name (Individual #4) continues to roll around on the floor. After DSP #5 removes his jacket he kicked Name(Individual #4) twice again on his side. Name (Individual #4) rolls to his feet to stand up and begins running out of the gymnasium door. DSP #5 follows him directly out of the door. RS #4 then leaves the bathroom carrying a bag of trash. Total Time of Incident: 2 minutes and 37 seconds. On 4/24/19 at approximately 1:40 PM the Social Worker was asked what she thought about the video involving Individual #4 and the facility staff members. The Social Worker stated, "Honestly it made me sick. I wanted to cry. I have a three year old and if anyone every did that to my child I would go crazy. He (Individual #4) should have	W 153	Continued From page 195 immediately investigate and report the alleged abuse, neglect, mistreatment in accordance with established state policies and procedures. The Social Worker is responsible for entering all allegations of abuse, neglect, mistreatment, complaints, and suspicious injuries of unknown origin in accordance with state laws and established procedures. The Social Worker will ensure that incidents are thoroughly investigated. Investigations will consists of monitoring the CCTV camera system, interviewing staff, interviewing the individual, etc. The Social Worker upon receipt of any allegation allegations of abuse, neglect, mistreatment, complaints, and suspicious injuries of unknown origin will conduct an investigation and will be entered into the CHRIS (Comprehensive Human Rights Information System program within 24 hours of the initial report. The Social Worker will document times, dates, timelines, phone calls regarding the allegation of abuse, neglect, mistreatment investigative findings. Upon completion of the investigation as indicated in the Holiday House of Portsmouth, Inc. Abuse, Neglect, and Mistreatment Policies, the Social Worker will complete a final investigation into CHRIS (Comprehensive Human Rights Information System) within 5 working days (these days also include weekends and holidays). An employee's failure to report or cooperate with an abuse and/or neglect investigation may result in disciplinary action. Any action by an employee that compromises the integrity or outcome of a factual investigation may be cause for disciplinary action and/or immediate termination. Volunteers, contractors, contract employees, student interns and/or consultants who fail to comply with this departmental instruction may be terminated from employment/service.	5.22.19

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never been abused like that, we have behavior support plans for all of our Individuals and they should be followed."

Individual #4's Nurses Notes were reviewed and are documented in part, as follows:

11/12/17 5:30 PM: Focal Assessment to left upper thigh near hip/groin area. Noted large bruised area. Nontender to touch. Activity WNL (within normal limits) without sign/symptoms pf pain/discomfort. Skin intact without swelling. No Tx. (treatment) needed, monitoring continues. PCP (patient care provider) notified. Residential Supervisor will notify parent.

11/13/17 7:30 AM: After being showered observed a large bruise to left hip and groin area that was dark blue and green in color, nontender to touch, no signs or symptoms of pain/discomfort noted, no treatment needed

On 4/24/19 at 3:30 PM an interview was conducted with LPN (Licensed Practical Nurse) #2 who performed the above focal assessment on Individual #4 on 11/12/17 at 5:30 PM. LPN #2 was asked to describe what she saw when she assessed Individual #4 on 11/12/17. LPN #2 stated, "I was in the nursing office and I was called and asked if I could come over to assess Name (Individual #4's) bruise on his leg. I went over and walked up to the bathroom and said "Oh my God what happened to him?" They (RS #4 and DSP #5) said " We don't know". I said, "No one knows what happened?" I was so emotional, we (me and RS #4) did an incident report and called the mom. I told the mom what the area looked like." LPN #2 was asked to describe the area on Individual #4's hip/groin area. LPN #2

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Completion date: 5.22.19

Upon receipt of an allegation of abuse, neglect, and/or mistreatment the protocol is identified as follows: Take steps to protect the safety and welfare of the individuals. Suspend the alleged abuser immediately. Ensure an assessment is completed by the nurse if allegations involve any type of Injury or claim that staff may have injured individual.
The individual involved in the abuse will immediately be transported to the emergency room for medical evaluation and treatment as needed.
Ensure that employees are reminded that they are to cooperate with the investigation, Ensure to investigate get written statements, be sure to document thoroughly
Immediately contact the local law enforcement in all cases of suspected criminal activity.
Notify the Chief Administrative Officer, Director of Nursing, Social Worker.
The Social Worker will initiate an impartial investigation within 24 hours of receiving a report of potential abuse or neglect. In the absence of the Social Worker the Chief Administrative Officer will appoint an employee who is not involved in the issues of the investigation to complete the investigation. The facility will use closed circuit cameras to assist with the investigation.
In all cases, the Chief Administrative Officer will provide his written decision, including
Actions taken as a result of the investigation within completion of the investigation to the individual, individual's parent/guardian. If the individual affected by the alleged abuse or his authorized representative is not satisfied with the Chief Administrative Officer's actions, he or his authorized representative or anyone acting on his behalf, may file a complaint and request for a Local Human Rights Committee (LHRC) hearing under 12VAC 35-115-180.
In the event that the investigation is unfounded the facility will complete the following:
The employee will be monitored by the supervisor or designee during a 3-month period. He or she shall

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

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

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

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

Large bruise to left upper thigh near hip/groin area. Nontender to touch. No swelling, activity WNL (within normal limits). No treatment

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be supervised closely while assigned to individuals. Daily documentation will occur.
The Social Worker will review Holiday House of Portsmouth's Abuse, Neglect, and Mistreatment policies with the staff person.
A certified TOVA Trainer will discuss with the staff person the TOVA philosophy and the TOVA technique as it relates to the incident. (If applicable)
At the end of the 3-month period, the Director of Residential Services will review the documentation with the staff person. The supervisor will prepare a written report with recommendations to be submitted to the Chief Administrative Officer within ten days.
All staff will be informed and review the Abuse of Individuals/Mistreatment/Neglect Policies at the time of orientation, monthly at all staff meetings, and annually in the month of February. Documentation of this review shall be on the orientation sheet and staff training log.
This policy and procedure will be reviewed with each employee during the initial employment, monthly at all staff meetings, and annually in the month of February. This policy will be reviewed with all staff on 5/22/2019.
The injuries of unknown origin protocol was created and states: It is the policy of Holiday House of Portsmouth that injuries of unknown origin be investigated and reported in accordance with state and federal procedures. Injuries of an unknown origin is defined as follows: **The injury wasn't observed by anyone or can't be explained by the individual or staff**. The injury is suspicious requiring additional medical evaluation due to the location (and in an area not usually vulnerable to trauma), extent of the injury, number of injuries that occur at the same time, or the number of injuries over time. (Hip, upper chest, back, head, neck (front and back), these body parts are listed as a guide but does not exclude other body parts)In the event of an unknown injury the following must take place: RESIDENTIAL DEPARTMENT PROTOCOL: INITIATE INVESTIGATION IMMEDIATELY. The Residential

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needed. Monitoring continues.

Individual #4's facility Accident Incident Report dated 11/12/17 at 5:33 P.M. completed by DSP #5 was reviewed and is documented in part, as follows:

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 P.M., By Whom: Name (RS #4).
Summary of response from the Parent/Guardian: Parents were notified of how big the bruise was and said thanks. signed by RS #4.

The facility Comprehensive Human Rights Information System (CHRIS) Abuse Allegation Report for Individual #4, Abuse #20170016 was reviewed and is documented in part, as follows:

Alleged Abuse Date: 11/12/17
Individual Name: Name (Individual #4)
Abuse Alleged: Physical, Seclusion/Restraint

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Supervisor and Nurse will continue to phone the family together. The Residential Supervisor will continue to notify the family of the incident, and the nurse will then provide the parents with information regarding the assessment and treatment given if any. The nurse will also notify the Individual's primary care physician of injuries and treatment given. The nurse will document this information in the individual's medical chart and on the nursing daily report sheet. If the employee has knowledge or reason to believe the injury involves abuse or neglect, the employee shall immediately report the event to the CAO in accordance with the Holiday House Abuse Prevention Policies and Procedures. The Director of Nursing/Nursing Department will ensure individuals receive the appropriate medical attention for all unexplained injuries. In cases of suspected criminal activity the CAO or designated staff involved must call local law enforcement. All staff will be trained on this protocol in the all staff meeting on **5/22/2019**. Staff will be trained by the facility Social Worker on this protocol at initial orientation. Evidence of compliance will be on the facility's training log. The Chief Administrative Officer will have the CCTV Camera System placed on lap top as well as the facility Social Worker lap top so facility monitoring can be conducted on weekends as well. Live Video Monitoring is conducted by the CAO and/or designee during the weekdays. All Holiday House of Portsmouth, Inc will receive training in Therapeutic Options at the time of initial orientation and annually. Evidence of compliance will be located in the Staff Human Resource Record as well as facility training logs.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained;

The Risk Management committee will review the training roster each month to ensure that all staff receive the training in areas of mandatory reporting,

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W 153	Continued From page 199 Abuse Occurred: Physical, Seclusion/Restraint Type of Restraint: Unnecessary use of seclusion and restraint. Description: Unknown large bruise noted to Name (Individual #4's) upper thigh near his hip groin area. Bruise was observed on November 12, 2017 Video surveillance was reviewed from 4pm-5:30pm it was observed that staff Name (DSP #5) used unnecessary use of restraint and inappropriate TOVA (Therapeutic Options of Virginia) techniques. They were observed coming out of the bathroom and Name (Individual #4) refused to leave the gymnasium area and staff attempted to get him to go to the cottage area. The more Name (Individual #4) refused the more physical staff was observed to get. The unnecessary use of physical techniques were pulling individual by the leg to get him into another room, kicked on the hip area one time, and pressing his body weight on the individual. Name (RS #4) was present and failed to intervene to prevent the unnecessary physical actions that staff were exhibiting. Information was recorded to provide to Child protective services. Injuries: Individual Injured?: Yes Type of Injury: Bruises Reporting: Date Allegation Made: 11/12/2017 Who Made Allegation: Name (RS #4) Who Reported To Director: Name (Individual #4's Father) Date Reported: 11/12/17 8:45 PM. Investigation: Investigation Begin Date: 11/14/17 Date Investigation Final Report: 11/14/17	W 153	Continued From page 199 abuse, neglect, and mistreatment. The Accident/Incident Committee (composed of the Facility QIDP's, Director of Nursing, Director of Residential Services and Social Worker) will review monthly all Accident/Incident Forms to ensure and monitor that all accident/incident reporting follows Holiday House of Portsmouth's Accident/Incident Policy. **Completion Date: May 22, 2019**	5.22.19

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W 153	Continued From page 200 Rationale: Failure to Follow Behavior/Management Plan, Failure to Follow Policy, Other. Other Rationale: Video surveillance camera confirmed physical and unnecessary use of force. Reason for Corrective Action: Unauthorized use of restraint techniques, Performance Issue-Substantiated. Corrective Action Taken: Reinforce policy and procedure, Increase supervision (change patterns of supervision), Appropriate staff action taken, Appropriate notification to Office of Licensing made. Polices: Suspected Criminal Activity: No Local Police Notification: blank State Police Notification: blank Abused Accused: Name: DSP #5 Actions Taken: Terminated Action Remark: Terminated due to using excessive physical force and using inappropriate TOVA techniques. Name: RS #4 Actions Taken: Terminated Action Remark: Terminated due to failing to intervene while staff was using inappropriate excessive force to transition from one building to another. The facility letter sent to Individual #4's parents regarding Investigation into unknown bruise dated 11/15/17 was reviewed and is documented in part, as follows: This letter is to inform you that we have	W 153		

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W 153	Continued From page 201 concluded the investigation regarding the large unknown bruise discovered on November 12, 2017. The surveillance camera was also reviewed. Investigative Findings/Conclusion: Founded; this video had evidence of abuse and neglect and violated Holiday House Abuse of Individuals Policy. The reviewing of the video surveillance disclosed the following: *During transition from the gym area to the residential area after leaving the restroom Name (Individual #4) was observed coming out of the bathroom with a male staff. *The Staff provided unnecessary physical support and did not use ANY appropriate TOVA interventions as trained by Holiday House of Portsmouth. *Evidence revealed male staff placing body weight on Name (Individual #4). *Evidence of a kick to Name (Individual #4's) hip/groin area. *Residential Supervisor was present and failed to intervene which was a violation of Holiday House Policy. *Termination of employee #1 for violation of Holiday House Policy. *Termination of employee #2 for failing to intervene and providing oversight to prevent abuse/neglect. *Behavior episodes from this point on must be	W 153		

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W 153	Continued From page 202 reported to the CAO (Chief Administration Officer) and SW (Social Worker), All hands on interaction investigated and viewed on surveillance camera. *All staff meeting will be held on November 15, 2017 additional TOVA training will be discussed and trained with all staff. The facility Visitors Sign IN/OUT sheet for the week of November 9th through the 14th was reviewed and revealed that Individual #4's parents and siblings were in the facility on 11/12/17 from 3:20 P.M.-4:20 P.M.. Email correspondence between Individual #4's Father and the Chief Administration Officer(CAO) was reviewed and is documented in part, as follows: Sunday, November 12, 2017 8:45 PM: Hi Name (CAO), We received a call after we left Holiday House this evening. We missed the call and it went to voicemail. A message was left, but apparently Name (RS #4) didn't hang up the phone all of the way and our voicemail continued to record a conversation between Name (RS #4), and what sounded like the nurse about our son that raised a few concerns: *A bruise wasn't noticed all day it seems because it also seems he hadn't been changed all day. We never saw a bruise ourselves, so I am saying he wasn't changed all day solely based on what was said in the recorded voicemail. Based on the reactions within the conservation that was recorded, the nurse seemed concerned like it is something that should have been noticed sooner.	W 153		

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We called back, (we didn't mention the recording) and we were told that the bruise didn't appear too bad, had colored some, but wasn't tender, and that he didn't seem in pain. No one mentioned any of the other information in the recorded voicemail. When you listen to the voicemail, the nurse describes the bruise as sounding worse than the way she described it to us when we returned the call.

*Name (RS #4): We didn't hear Name (RS #4) say anything bed and we genuinely like Name (RS #4) and he does good with Name (Individual #4). We still wish he or the nurse would have told us everything when we called back.

*Nurse (LPN #2): She should have told us about all of her concerns. She didn't.

Their first duty should be to the child, and by extension the parents, not to making sure no on e gets in trouble by withholding information. Nor should they be operating in an Us (employee) versus Them (parent) mentality. We just have concerns about our child's care and wanted to discuss the situation with you.

Response Email from CAO Sunday, November 12, 2017 8:59 PM:

Any concerns from my parents, staff or Name (Individual #4's) care is a concern for me as the Administrator. I will call you tomorrow when I get in to work. I will have my social worker follow up with an investigation.

The facility document titled "Interview and Discussion with Name (RS #4) in regards to

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

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

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

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

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

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

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

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

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

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(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, 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's) Care and/or bruise on the evening on 11/12/17.

Name (DSP #5) responded that Name (Individual #4) had behaviors but nothing out of the ordinary happened. He was able to say this statement

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W 153	Continued From page 206 with a blank face without indication of telling the team false information. CAO then asked Name (DSP #5) to review the video footage from the gymnasium on the evening of 11/12/17. Name (DSP #5) and the team watched the video of incident which occurred on 11/12/17 in the conference room of the administration building. Name (DSP #5's) head went down when he noticed that the altercation was on video surveillance. After watching the video CAO asked him to explain his behavior. CAO also asked him was his techniques considered "TOVA". Name (DSP #5) responded "No" by shaking his head side to side. He had no words. Name (DSP #5) in a remorseful manner stated that "he messed up". He stated that Name (Individual #4) was difficult to work with and it's hard to work with someone so difficult over and over. He did realize that his actions were wrong. He apologized for his actions. CAO informed Name (DSP #5) that he violated Holiday House of Portsmouth Abuse Policy and that he will be terminated, and the care is reported to Child Protective Services. Name (DSP #5) accepted the termination and he was escorted off of Holiday House Portsmouth Premises. The Critical Incident Report from Individual #4's	W 153		

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Day School program dated 11/13/17 at 9:30 Am was reviewed and is documented in part, as follows:

Type of incident:
Other: arrived to school with large bruise on front of left hip and upper thigh.

Incident reported to:

Parents: 11/13/17 at 9:45 AM, picture of bruise sent at 10:09 AM
Holiday House: 11/13/17 at 10:00 AM

Description of incident: Name (Individual #4) arrived at school and transitioned to class. When taken to the bathroom at 9:30, staff noticed bruising on his hip and thigh. Staff called mom and was asked to send pictures. Mom and dad arrived, looked at the bruise, called doctor. Holiday House was called and came to get Name (Individual #4) to transport to the doctor. Parents shared that they had received a call last night from Holiday House that Name (Individual #4) had a behavior and had a bruise on his back. We looked and did not find a bruise on Name (individual #4's) back. Holiday House said they did not see a bruise on Name (Individual #4's) hip when he left for school.

Individual #4 was seen at Name (Children's Hospital) on 11/13/17 at 1:25 PM with chief complaint of Bruising and Swelling of Jaw/Lump.

Individual #4's Positive Behavioral Support Plan dated 9/18/17-9/18/18 was reviewed and is documented in part, as follows:

Rational::

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Plan written in accordance to VAC12-200-105 Behavioral treatment Plans with restrictive recommendations.

Target Behaviors: Physical Aggression, Self-Injury, Property Destruction, and PICA. It is important to note that Name (Individual #4) seeks out the person who blocked his access to the item he is wanting.

Quality Of Life- A quality life for Name (Individual #4) is to be in a safe environment and doing activities that he prefers without displaying behaviors of concern.

What is not working-
-Gently touching him or trying to sooth him when he is displaying behaviors of concern.

Recommendations and Procedures for Name (Individual #4):
-When walking and transitioning to another location offer Name (Individual #4) an object to hold from his clear tote bag to help keep him engaged in an activity.

Physical Aggression:
-When staff is not able to stop Name (individual #4) from physical aggressive behaviors they should follow the agency crisis plan.
-Do not hug or pat his back to help calm him down. Do not stare or frown when he is engaging in target behavior. These actions tend to provoke hostile reaction from Name (Individual #4).

remember redirection means ignore the use of disruptive behavior, refocus the person's attention on a preferred activity and reinforce the

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W 153	Continued From page 209 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 has been unsuccessful or you cannot change the environment or address his needs, be prepared for Name (Individual #4) to possibly escalate in aggressive behavior. Understand that now, Name (Individual #4's) behavior is beyond his control. A. If he becomes aggressive or disruptive, clear the area of other individuals. B. If he becomes self injurious, clear the area of objects that may cause him injury. C. If you can leave the area and still monitor Name (Individual #4) safely then do so. D. When communicating with Name (Individual #4) , make sure that you are not using a tone of voice that indicates fear, uncertainty or anger. Name (Individual #4) needs to feel like you are in control of the situation. Remember being in control of the situation does not mean that you must control Name (Individual #4) it means you need to be in control of you and your emotions. DO NOT GET DIRECTIVE-STAY CALM. F. If you are unable to leave, then block any attempts that Name (Individual #4) makes to be aggressive or self injurious. G. Call for back up and follow 911 protocols. The facility's Virginia Employment Commission Employer's Report of Separation and Wage for	W 153		

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W 153	Continued From page 210 DSP #5 was reviewed and is documented in part, as follows: What date was the claimant first told of discharge or suspension? 11/13/17 What reason was given to the claimant? Violation of Abuse to Individual Policy. What was the final incident that led to discharge/suspension? Abuse of an Individual. How was claimant informed of rule/policy? Training/received policy 3/6/17 DSP #5 signed the facility Abuse of Individuals Policy revised 3/4/15 on 3/6/17. DSP #5's TOVA Certification was current with an expiration date of 3/3/18. DSP #5's Job Description signed on 5/1/17 was reviewed and is documented in part, as follows: Purpose: The position of Direct Support Professional I is under the direct supervision if the Residential Supervisor. The Direct Support Professional I provides active treatment and training to individuals with disabilities receiving services in a residential setting. Active treatment, training and support services are provided to reflect the identified target goals on the Individual Services Plans. Ay all times compliance with the Virginia Department of Behavioral Health and Developmental Services and the Office of Licensure and Recertification required. Major Duties and Responsibilities: 1. Provide services and supports as identified in each individuals' Individualized Service Plan. 2. Interacts with all individuals and staff with appropriate voice tone, language, gestures and	W 153		

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physical movements in accordance with Human Rights Policies and Procedures.
13. Ensure a healthy, clean and safe environment, and report any safety concerns to management immediately.
14. Provide behavior support services as identified on the Positive Behavior Support Plan.

Physical Demands:
Some individuals may become physically aggressive and require the employee to physically redirect. This requires physical flexibility and endurance, emotional calmness and the ability to follow the individuals Crisis Plan, implementing the approved intervention techniques and adhering to policy.

On 3/7/17 DSP #5 signed that he had received, read, and understood that he was to comply with the following facility policies while carrying out his responsibilities as an employee:
1. Mandated Reporting
2. Human Right Training
4. Child Abuse and Neglect
7. Abuse of Individuals's Harm, Abuse, or Exploitation
8.. Abuse Reporting Policy
11. Examples of Child Abuse and Neglect
12. Causes of Child Abuse

DSP #5's Time Card indicated he provided 1:1 care to Individual #4 on 11/12/17 from 3:05 PM to 11:16 PM, indicating that Individual remained in the care of his abuser for approximately 5 hours and 46 minutes after he was initially physically abused.

The facility's Virginia Employment Commission Employer's Report of Separation and Wage for

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W 153	Continued From page 212 RS #4 was reviewed and is documented in part, as follows: What date was the claimant first told of discharge or suspension? 11/14/17 What reason was given to the claimant? Failed to provide oversight over staff What was the final incident that led to discharge/suspension? Failed to intervene in an abusive situation. How was claimant informed of rule/policy? Job Description 7/3/2017 RS #4's signed Job Description was reviewed and is documented in part, as follows: Purpose: The position of Residential Supervisor is under the direct supervision of the Assistant Residential Manager. The Residential Supervisor is responsible for the provision of care and training of the individuals we support in a manner consistent with behavioral principles. The incumbent has twenty-four hour supervisory responsibilities for staff members and administrative responsibilities for the maintenance and upkeep of the physical plant. Major Duties and Responsibilities: Ensures the monitoring and documenting of program delivery according to the Holiday House of Portsmouth, Inc Policy and Procedures, Virginia Department of Behavioral Health and Developmental Services, Licensure Guidelines, Medicaid Guidelines, and Department of Public Health Guidelines. Responsible for the management of the cottage in a manner which ensures individuals/staff	W 153		

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safety.

The Manage directly supervises the Direct Support Professional Staff,

Implements and enforces facilities policies and procedures.

Ability to supply behavior-modification techniques to assigned training areas.

RS #4's TOVA Certification was current with an expiration date of 5/31/18.

On 6/10/15 RS #4 signed that he had received, read, and understood that he was to comply with the following facility policies while carrying out his responsibilities as an employee:
1. Mandated Reporting
2. Human Right Training
4. Child Abuse and Neglect
7. Abuse of Individuals's Harm, Abuse, or Exploitation
8.. Abuse Reporting Policy
11. Examples of Child Abuse and Neglect
12. Causes of Child Abuse

RS #4's Time Card indicated he Supervisory care to Individual #4 on 11/12/17 from 3:07 PM to 11:52 PM, indicating that Individual remained in the care of his abuser for approximately 6 hours and 22 minutes after he was initially physically abused.

On 4/25/19 the Administrator was asked what training was provided after the abuse incident with Individual #4 on 11/12/17. The Administrator stated, "We went over TOVA training with our staff and went over Individual #4's new Safety

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Plan with the staff responsible for his care." The Administrator was asked if all staff were retrained on the Abuse and Neglect Policy and Mandated Reporting of Abuse and Neglect after the abuse incident with Individual #4. The Administrator stated, "No , we did not do training on abuse or neglect or mandated reporting in hindsight we should have."

The facility policy titled "Holiday House of Portsmouth Event Reporting" revised 6/8/15 was reviewed and is documented in part, as follows:

2. Policy:
The Facility's policy is to determine to the fullest extent the cause of all accidents, injuries and events, and to take corrective action to prevent further occurrences. Immediate reporting of events is essential in the provision of health care, corrective actions and the management of risk or liability to the Facility.
5. Responsibility:
Any employee who is involved in, witnesses, discovers, or receives a report of an event that causes or has the potential to cause harm or injury to individuals who live at Holiday House, visitors, or poses risks and/or liabilities to the organization. If the employee has knowledge or reason to believe the event involves abuse or neglect, the employee shall complete an incident/accident report; and shall immediately report the event to the Chief Administrative Officer according to our Abuse/Neglect Policy.

8. Assessment:
A. The reporting staff will begin the assessment of the event and document the known cause or probable cause on the Incident Report. If the injury is unexplained, the nurse shall immediately

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notify the DON (Director of Nursing). If the employee has knowledge or reason to believe the event involves abuse or neglect, the employee shall immediately report the event to the CAO., in accordance with the Abuse/Neglect Policy.

Individual #4's Notice of Individual Right and Grievances signed 4/18/17 was reviewed and is documented in part, as follows:

Every individual deserves to be treated with consideration and respect.

Every individual of the Holiday House shall:

1. Retain legal rights as provided by State and Federal laws;
3. Be treated with dignity as a human being; Be free from abuse, neglect, and exploitation included but not limited to verbal, physical, sexual etc. You can tell a staff if you have been hurt so they can help you.
4. Be free from seclusion and restraint;
7. Be treated under the least restrictive conditions consistent with condition and not be subjected to unnecessary physical restraint and isolation.

The facility policy titled Abuse of Individuals revised 3/26/19 was reviewed and is documented in part, as follows:

Policy: It is the policy of the Board to prohibit any form of abuse to individuals.

Abuse, is defined as any negligent act by an employee or other person responsible for the care of an individual receiving services that was performed knowingly, recklessly, or intentionally.

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Abuse will cause or may have potential to cause physical or psychological harm, injury, or death to a person receiving care or treatment for mental retardation.

All Holiday House personnel shall strictly adhere to the following directives, including part-time and consulting staff:

1. Personnel shall, at all times, conduct themselves toward individuals in such a manner that such persons will be free from every form of physical and mental abuse, harassment, or unnecessary (and un-prescribed) restraint, and from any other acts which are demeaning in nature.

2. Examples of abuse for the purpose of this policy include, but are not limited to, the following:
a. Physical Abuse: Any kind of physical intimidation or intrusion such as pushing, pulling, scratching, hitting, kicking, slapping, throwing things, torturing, burning with cigarettes, pulling hair, unauthorized holds, and cutting.

Procedure:
2. Any employee who believes or witnesses that an individual has been harmed, abused or exploited by any program shall intervene to prevent further harm to the individual and report such activity immediately to their immediate supervisor (or to the Chief Administrative Officer, if not comfortable reporting to immediate supervisor); then the supervisor will report the incident to the Chief Administrative Officer. The immediate supervisor will start an initial investigation and submit statements and initial information immediately to the Chief Administrative Officer.

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4. Upon receipt of an allegation of abuse or neglect, the Chief Administrative Officer or his designee shall:
a. Take steps to protect the safety and welfare of the individuals.
c. The individual involved in the abuse will immediately be transported to the emergency room for medical evaluation and treatment as needed.
f. Immediately contact the local law enforcement in all cases of suspected criminal activity.

15. If at any time, the Chief Administrative Officer has reason to suspect that the abusive act is a crime, the CAO or his designee shall immediately contact the appropriate law enforcement authorities and cooperate fully with any investigations that result.

The facility policy titled "Behavioral Support/Crisis Intervention Policy" prepared 1/1/13 was reviewed and is documented in part, as follows:

It is the policy of Holiday House of Portsmouth to employ Therapeutic Options as a behavioral intervention technique.

Therapeutic Options is implemented as a crisis intervention using physical interaction as needed to restrict or limit an individual's behavior/ The specific skills must maintain the normal range of motion for the individual (no hyperextension of joints) and minimize bruising, injury, or pain by specific design.

The facility policy "Behavioral Intervention Policy" revised 4/4/19 was reviewed and is documented in part, as follows:

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Policy: It is the policy of Holiday House of Portsmouth, Inc. to develop a behavior intervention plan that provides guidelines for all employees when dealing with individuals who may exhibit verbal and/or physical aggression.

* It ensures that all special interventions utilized will be consistent with applicable human rights regulations and emphasizes positive interventions and approaches.

*It requires that all employees limit their interventions to the least restrictive and least intrusive intervention possible while ensuring that individuals are treated with dignity and respect at all times

Definitions:

"Abuse" (37.2-100 of the Code of Virginia) means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department that was performed or was failed to performed knowingly, recklessly,or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, mental retardation (intellectual disability), or substance abuse. Examples of abuse include acts such as:
2. Assault and battery.
5. Use of excessive force when placing a person in a physical or mechanical restraint.
6. Use of physical or mechanical restraints on a person that is not in compliance with federal and state laws, regulations, and policies, professional standards of practice, or the person's

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W 153	Continued From page 219 individualized services plan. I. Use of Behavior Intervention: Holiday House of Portsmouth, Inc. will appropriately approach all verbal and physical aggression according to behavioral plans and according to the level of intensity. The following are ABSOLUTELY Prohibited Behavioral Intervention Techniques and Actions: PROHIBITED ACTIONS: *Corporal punishment will not be employed or permitted. *Degrading, treating harshly, abusing or humiliating persons served will not be permitted. *Excessive or inappropriate use of permitted behavior interventions. The facility policy titled "Electronic Monitoring and Recording " revised 3/29/13 was reviewed and is documented in part, as follows: V. General Procedures: A. Holiday House of Portsmouth is committed to enhancing the quality of life for its individuals by integrating available technology to increase security and safety. The facility's use of CCTV (closed circuit television) system in common areas is a critical component pf its security and safety. The principle objectives of Holiday House of Portsmouth's use of a CCTV system include: 1. Enhancing individual's safety. 2. Identifying and gathering of information. 3. Documenting actions to safeguard individuals. J. Any untoward or questionable incidences regarding safety or quality of care discovered as a result of viewing a recording should be reported immediately to the Chief Administrative Officer	W 153		

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and to the Virginia Department of Behavioral Health and Developmental Services and the Office of Human Rights.

VI. Training, Operations, and Oversight Procedures:
B. Operations Procedures:
1. CCTV cameras will be monitored at various times by the Social Worker, Chief Administrative Officer and Designated Staff.
2. The Designated Staff shall be responsible for reviewing the monitor located in the Nursing Medical Office from 5:30 PM to 8:30 PM Monday through Friday; and on Saturday and Sunday, from 12 noon to 5 pm.
6. Personnel shall report any concerns observed during monitoring of the CCTV system to the Chief Administrative Officer.
C. Oversight Procedures:
1. The Chief Administrative Officer is responsible for oversight and coordination of the use of CCTV system.
2. The Chief Administrative Officer has primary responsibility for ensuring adherence to this Policy and for distributing the Policy to persons requesting information on it.

On 4/26/19 at 10:30 A.M an interview was conducted with the Chief Administrative Officer. The Chief Administrative Officer was asked if who monitored the CCTV system. The Chief Administrative Officer stated, "I monitor the live video feed during the week and my social worker does as well. On the weekends the therapy staff and nursing the system from their departments." The Chief Administrative Officer was asked if this monitoring was being done should the abuse have been caught and reported at the time the abuse occurred with Individual #4 or at least been

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W 153	Continued From page 221 reviewed to see if any abuse occurred when the large groin/hip bruise was discovered. The Chief Administrative Officer stated, "Yes, I would have expected the staff who have access to have viewed the video and alerted me of their findings immediately." On 4/29/19 at 4:10 P.M. a pre-exit conference was held with the Chief Administrative Officer, the Social Worker and Medical Records where the above information was shared. The Chief Administrative Officer stated, "We are currently installing software so myself and the social worker will be able to view live camera feeds from our phones when we are not in the facility. This has been a valuable learning experience for us and we plan on making changes to ensure the safety of our individuals so this doesn't happen again.."	W 153		
W 159	QIDP CFR(s): 483.430(a) Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews the facility staff failed to monitor the implementation of the speech program for one Individual (Individual #2) in the survey sample of four (4) individuals. The Findings included: Individual #2 was admitted to the facility on March 20, 2018 for behavior consultation services for physical aggression, self-injury and property destruction. Diagnoses included autism spectrum	W 159	**W 159 QIDP- Facility staff failed to monitor the implementation of the speech program for Individual #2** **Point 1: Address how corrective action will be accomplished to address the issue(s), for those individuals found to have been affected by the deficient practice.** The Facility QIDP will give HHP Speech Therapist Individual #2's current IEP and progress report to review IEP Speech goal. The Facility QIDP has scheduled an IEP meeting on May 16, 2019 with the school principal and classroom teacher, and HHP Speech Therapist to discuss the continuity of the speech goal in the school and residential setting. The Facility QIDP will amend his Individualized Support Plan speech goal to ensure that the information that is discussed at the meeting is put	5.16.19

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 159	Continued From page 222 disorder, attention deficit with hyperactivity disorder, conduct disorder, celiac disease, PICA and profound intellectual disability. This individuals behavior disorders include self-injury, biting, hitting his head, running away, property destruction. Individual #2 is non-verbal. He communicates mostly through crying, body/facial gestures and a few signs: more, eat, drink and finish. The facility's Qualified Intellectual Disability Professional (QIDP) staff failed to ensure Individual #2's Speech Program was implemented consistently. Individual #2 was observed in his day school program on April 24, 2019 at 11:00 A.M. participating in his speech program. Individual #2's teacher was observed using American Sign Language as part of his speech program. A Residential Speech Therapy Annual Evaluation dated 4/7/19 indicated: "Individual #2 is an early communicator who uses vocalizations, pointing and gestures to communicate his wants and needs. Individual #2 continues to struggle completing traditional diagnostic assessments, therefore various screening assessments and scales were attempted to gauge his current level of functioning. ISP (Individualized Service Plan) Goal: Speech Therapy to evaluate and treat as needed and annually. Short Term Goals: Individual #2 will identify core vocabulary needed for communication in the home during ADL's (Activities of Daily Living) by matching objects with pictures in 4 out of 4 trails across 2 consecutive sessions (data collected 3	W 159	Continued From page 222 put into place. The Assistant Director of Therapy Services will provide carryover and training to the Direct Support Professionals to implement the amended speech program. **Completion Date: May 16, 2019** **Point #2: Address how the facility will identify other individuals having the potential to be affected by the same deficient practice.** The Facility QIDP will review all individuals IEP's to determine if that individual has a speech goal. If the individual has a speech goal on their IEP, the Facility QIDP will review the individual's ISP to ensure that the speech goal is the same. If the individual's speech goals are not the same, the Facility QIDP will schedule an Interdisciplinary Team meeting to discuss the continuity of the speech goal in the school and residential setting. The Facility QIDP will amend the individual's Individualized Support Plan speech goal to ensure that the information that is discussed at the meeting is put into place. The Assistant Director of Therapy Services will provide carryover and training to the Direct Support Professionals to implement the amended speech program. **Completion Date: June 7, 2019**	5.16.19 6.7.19

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times a quarter. (Concept list: clothing/mealtime/hygiene).

A Speech Therapy Support Plan dated 4/20/19 Indicated: "Individual #2 will identify core vocabulary needed for communication in the home during ADL's by matching objects with pictures in trials across 2 consecutive sessions, data collected monthly (see speech therapy data)."

Speech Therapy 30 day Evaluation:

Short Term Goals: 1. Individual #2 will use identified core vocabulary needed for communication in the home and school settings.
A Speech Daily Note dated April 20, 2019 indicated: "Target Goal: Speech Therapy (ST) evaluate and treat annually).
Obj: #1 Use core vocabulary needed for communication in the home and school setting with 80% accuracy.

An Individualized Educational Program (IEP) dated 4/18/18 indicated: Individual #2 pre-speech and general language is at the 15 to 18 month range as he can follow directions, respond to his name, point to familiar objects when requested, food or drink when hungry or thirsty. Individual #2 does not make any pre- speech sounds but will gesture, point. and take an adults hand to make request.

A Strengths and Needs of Student area indicated: "Area Considered - Communication (Speech and Language Skills) Strengths-Individual #2 uses gestures and modified sign to indicate his wants and needs when offered an item, he responds by pushing the item away or accepting the item.

Point #3: Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. — 6.7.19

The Facility QIDP will ensure that the speech goal is the same in the school and residential setting when attending the individual's IEP meeting. In the event that the individual's Individualized Support Plan and Individualized Education Plan speech goals are not consistent, the Facility QIDP will schedule an Interdisciplinary Team meeting to discuss the continuity of the speech goal in the school and residential setting. The Facility QIDP will amend the individual's Individualized Support Plan speech goal to ensure that the information that is discussed at the meeting is put into place. The Assistant Director of Therapy Services will provide carryover and training to the Direct Support Professionals to implement the amended speech program. The Facility QIDP will amend the Education Collaboration form to include the review of the individual's speech goal (if applicable) to ensure the continuity of the speech goal in the school and residential setting. The Facility QIDP will also address the continuity of the speech goal in the school and residential setting on the QIDP's monthly summary and Individual's quarterly report.

Completion Date: June 7, 2019

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Individual #2 physically taps staff in order to gain their attention. Needs- His communication skills are impacted by his disabilities. He currently grabs the hand of staff and attempts to move it toward a preferred item in order to request a need or want. Individual #2 needs to learn to use sign and /or modified language to request preferred items.

A Short Term Objective indicated: "Communication- description-By the end of this IEP, when taught ASL (American Sign Language) or modified, Individual #2 will use language to request 5 (five) different items at a rate of 10 demands per day, per items for 10 consecutive data days per sign/item."

A Data collection procedure indicated: "Manding procedure- Continue to collect data on manding rates for independent and prompted signs throughout the school day, across all settings (classroom. cafeteria, community, etc). Individual #2 was observed during the School Day Program on 4/24/19 at 11:00 A.M. being taught by teacher using sign language for the words eat, hug, string and go. The teacher was observed to sign the word and ask Individual #2 to model the word with a sign or gesture. After each attempt the teacher would reward Individual #2 with a piece of skittle candy.

During an interview on 4/25/19 at 10:00 A.M. with the Qualified Intellectually Disability Professional (QIDP), she was asked, why Individual #2 speech program was not being implemented consistently in the residential and school setting. The QIDP stated, She wondering the same thing after observing Individual #2 perform his speech program."

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6.7.19

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 ensure the continuity of the speech goal in the school and residential setting. The Facility QIDP will bring the individuals' Education Collaboration Forms to the Risk Management Meeting monthly for review of continuity of the speech goal in the school and residential setting.

Completion Date: June 7, 2019

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W 159	Continued From page 225 A Program Implementation Active Treatment Policy indicated: "Each individual will have an individual plan of care which is a written plan setting forth measurable short and long term goals, and prescribing an integrated program of individually designed therapies, activities, and experience necessary to achieve such goals and objectives. Active treatment is consistently implemented in all relevant settings both formally and informally as the need arises or opportunities present themselves. The Support Coordinators are responsible for implementing and assuring that active treatment is provided in accordance with this policy." The facility designed QIDP staff failed to ensure Individual #2 speech program was implemented consistently.	W 159		
W 186	DIRECT CARE STAFF CFR(s): 483.430(d)(1-2) The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit. This STANDARD is not met as evidenced by: Based on record review and staff interviews, the facility staff failed to provide sufficient staff to prevent an elopement for one individual (Individual #2) in the survey sample of four (4)	W 186	**W186-Direct Care Staff: failed to provide sufficient staff to prevent elopement for one Individual #2** **Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;** Individual #2 is assigned level one to one supervision (within arm's length) during waking hours and will be assigned and he is assigned one to one supervision level 2(within eyesight of staff) during sleeping hours. The QIDP will document on Individual #2 Individualized Support Plan regarding his supervision levels to prevent elopement.	6.7.19

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Individuals.

The findings included:

Individual #2 was admitted to the facility on March 20, 2018 for behavior consultation services for physical aggression, self-injury and property destruction. Diagnoses included autism spectrum disorder, attention deficit with hyperactivity disorder, conduct disorder, celiac disease, PICA and profound intellectual disability. This individuals behavior disorders include self-injury, biting, hitting his head, running away, property destruction. Individual #2 is non-verbal. He communicates mostly through crying, body/facial gestures and a few signs: more, eat, drink and finish.

A Behavior Support Plan dated 4/20/18 Indicated the following:

Quality of Life- A quality of life for Individual #2 would be for his medical and social needs to be met in a safe environment and doing the activities he likes.
What Works (Strength's) Individual #2 is friendly to people he knows.
What Does not work (Antecedents or Triggers).
New environment, changes and transitions
Being hit or scratched by others
Using to too many words talking with him
Early warning signs for Individual #2-trying to escape attention:
Crying
Running away.

An Abuse Allegation Report dated 1/17/19 indicated: On Thursday January 17, 2019 at approximately 5:00 P.M. an overhead all page

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6.7.19

Address how the facility will identify other residents having the potential to be affected by the same deficient practice;

An elopement risks assessment will be completed by the Director of Nursing/Charge Nurse for every individual residing at Holiday House of Portsmouth. If there is a risk for elopement based on the elopement risks assessment tool the QIDP will facilitate an Interdisciplinary Team Meeting to discuss the individual's risk of elopement. During the Interdisciplinary Team (IDT) members will review the completed elopement risks assessment. The IDT will review the level of supervision that the individual is currently on and determine if the level of supervision is appropriate to prevent elopement. If the IDT determines that the individual's level of supervision needs changing the QIDP will make the necessary changes on the Individualized Support Plan.

Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;

The Residential Supervisor is responsible for assigning sufficient staff to individuals' on a daily basis. The individuals will be sufficiently staffed based on the needs identified in their Individualized Support Plan.
There are 4 levels of one to one supervision: They are listed as follows:
Level 1: The staff providing the 1:1 supervision must be visually focused (individual must be within eyesight of staff at all times) and be within arm's length of the individual. Holiday House of Portsmouth staff providing Level 1 one to one supervision will only work with the individual for a maximum of two (2) hours. The Residential Supervisor on duty will designate the appropriate staff to work with individual every two (2) hours. If an individual requires 24 hour one to one supervision,

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W 186	Continued From page 227 was made. The announcement stated that "all residential supervisors are needed in the front yard. The announcement was made twice by the secretary. Once outside it was brought to the attention (sic) that the she observed one of the individuals left out of the facility gate and ran. She also stated that she saw him leaving out of the gate and messing with a staff person's vehicle. Also, outside the gate was Director of Nursing, Chief Administrative Officer and the Human Resource Clerk. At this time, Residential Supervisors found out that Individual #2 had ran off the facility grounds. Staff went in different directions on and off grounds to try and locate Individual #2. Eventually (Direct Support Professional #1 DB) found him across the street. Individual #2 had crossed over a street and was coming up hill behind some brick apartments. (DSP #1) stated, that he was coming up out of the pond behind the apartments. She stated, that Individual #2 was covered with mud and his clothes were soaked, She ran up to him and carried him across the street back to facility. She brought him back to the cottage. Undressed him in the bathroom and started drying him off and cleaning his face. A nurse staff along with a residential staff supported him with checking his body. Staff also stated that mud was in his mouth. He was taken to the room to warm up with a cover. An Individualized Service Plan dated 4/20/18 indicated: "Behavior support: Individual #2 is being monitored for the following behaviors: SIB (self injuries behaviors), PICA, physical aggression, disruptive behavior, property destruction and leaving the area of supervision. Staff will continue to monitor under one to one supervision level 1 due to escaping behavior and	W 186	Continued From page 227 Holiday of House staff will sit inside of the individual bedroom and be visually focused and within arm's length of the individual during sleeping hours to monitor the individual. **Level 2**: The staff providing Level 2 one to one supervision must be visually focused (individual must be within eyesight of staff at all times) to that one individual. Level 2 one to one supervision does not require staff to be within arm's length of the individual or require staff to work for a maximum of 2 hours. Staff can work with an Individual requiring Level 2 one to one supervision for an entire 8 hour shift. **Level 3**: Level 3 one to one supervision is based on individuals requiring one to one supervision, post medical procedure, requiring more nursing care than prehospital admission. **Level 4**: Level 4 one to one supervision is based on individuals requiring one to one supervision for medical reasons (i.e. injuries, post medical procedures) but does not require direct supervision from nursing staff. DSP staff will perform Level 4 supervision for the individual. **Procedures for Level 1 and 2 One to one supervision:** The Support Coordinator will inform Holiday House of Portsmouth staff of the following procedures: The Interdisciplinary Team will identify the level of one to one supervision for all individuals requiring 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 1:1 supervision daily (during waking hours or otherwise specified) in all areas of programs and supports to individuals requiring this level of supervision. Holiday House of Portsmouth staff providing any level of 1:1 supervision may not leave the individual with another staff at any time, unless authorized by Residential Supervisor.	6.7.19

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PICA."

An individualized Service Plan (ISP) dated 4/20/19 indicated: "Individual #2 will participate in being monitored by the direct support professional staff under one to one supervision (level 1).
The facility's designated staff will monitor Individual #2 with one to one supervision level 1. The designated staff person will be visually focused on him, be within one arms's length, the staff person will implement his schedule of activities for the day, the assign person will rotate with another assign staff person every 2 hours during waking hours, implement his behavior support plan and addendum and document at the end of every two (2) hour shift. The designated staff person will notify supervisor if additional support is needed."

An Initial Investigative Report indicated:
"Individual Name- Individual #2, Date of Incident 1/30/19. Time of Incident approximately 6:00 PM; No injuries. Location: Cottage One (right wing).
Type of Incident: Elopement.
Description of Incident: Individual #2 was in cottage one living area walking inside the living room.
Cause of Incident: Individual #2 eloped form cottage one living area to the swing set on grounds near cottage two.

On Wednesday, January 30, 2019 at approximately 6:00 PM staff asked Residential Supervisor if Individual #2 was with him. Residential Supervisor informed staff no, and staff then stated that Individual #2 has ran out of the building through kitchen door, staff immediately ran outside to if they could find

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6.7.19

Holiday House of Portsmouth staff providing any level of 1:1 supervision may not ask or appoint another staff person to take their place when working with an individual; the Residential Supervisor on duty 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 House of Portsmouth staff that are providing any level of 1:1 is visually focused.
Holiday House of Portsmouth staff will sit inside of the individual bedroom and be visually focused and within arm's length of the individual during sleeping hours to monitor the individual. If the individual cannot tolerate being within arm's length of the supervising staff, the staff will be stationed at the bedroom door.

Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and

The Director of Residential Services/Residential Managers will provide oversight of the daily staffing schedule to ensure there is sufficient Staff.
The Director of Residential Services will report to the Chief Administrative Officer daily regarding staffing patterns.
The Director of Residential Services will bring a copy of the daily schedules to the Risk Management Committee meeting on a monthly basis to ensure staffing patterns remain sufficient.

Include dates when the corrective action will be completed: June 7, 2019

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W 186	Continued From page 229 Individual #2. Shortly after Individual #2 was found on the swing set outside hear Cottage Two side of the building. Nursing staff assessed him and no new areas were observed. Witness statement attached to report to provide support for this report. Also, prior to realizing that Individual #2 was not inside the building, the staff person assigned to Individual #2 asked Residential Supervisor if he could watch Individual #2 while she uses the restroom. Supervisor watched Individual #2, when staff returned she asked why the door was open in the kitchen? A Behavior Support Plan Addendum dated January 24, 2019 Indicated: Target Behavior: Elopement Rational: Individual #2 has a history of running away from staff and leaving grounds of facility. This behavior support plan addendum will address appropriate prevention and responses in the event he elopes from the supervised area. The following strategies will be implemented when supporting Individual #2 while on grounds and out in the community with designated staff: 1. Residential Supervisors and/or Managers will designate the appropriate staff to work with Individual #2 during waking hours. The assigned staff will follow the guidelines of One to One Supervision (LEVEL ONE), which means the assigned staff will be visually focused on him (individual must be with in eyesight of staff at all times), the staff person will be within one arms's length of Individual #2, this person will implement his schedule of activities for the day, the assigned staff will rotate every 2 hours with another designated staff person, the one to one staff will be responsible for implementing his behavior support plan and document every 2 hours	W 186		

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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 186		
W 189	STAFF TRAINING 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 #2) and to prevent abuse for one individual (Individual #4) in the survey sample of four (4) Individuals. 1. The facility staff failed to provide all staff with	W 189	W189-Staff Training Program- 1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice; Individual #2 is assigned level one to one supervision (within arm's length) during waking hours and will be assigned one to one supervision level 2(within eyesight of staff) during sleeping hours. The QIDP will document on Individual #2 Individualized Support Plan regarding his supervision levels. All staff will be trained on the one to one supervision policy in reference to Individual #2 on May 22, 2019 all staff meeting. This policy reads: Holiday House of Portsmouth will ensure the safety of individuals requiring One to One (1:1) supervision during waking hours or otherwise specified.	

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one to one supervision training, following an elopement of Individual #2.

2. The facility staff failed to ensure that staff training was provided to include abuse and neglect after an incident of abuse that occurred to Individual #4 on 11/12/17.

The findings included:

1. Individual #2 was admitted to the facility on March 20, 2018 for behavior consultation services for physical aggression, self-injury and property destruction. Diagnoses included autism spectrum disorder, attention deficit with hyperactivity disorder, conduct disorder, celiac disease, PICA and profound intellectual disability. This individuals behavior disorders include self-injury, biting, hitting his head, running away, property destruction. Individual #2 is non-verbal. He communicates mostly through crying, body/facial gestures and a few signs: more, eat, drink and finish.

A Behavior Support Plan dated 4/20/18 Indicated the following:

Quality of Life-A quality of life for Individual #2 would be for his medical and social needs to be met in a safe environment and doing the activities he likes.
What Works (Strength's) Individual #2 is friendly to people he knows.
What Does not work (Antecedents or Triggers).
New environment, changes and transitions
Being hit or scratched by others
Using to too many words talking with him
Early warning signs for Individual #2 -trying to escape attention:

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One to One supervision will be implemented for behavioral or medical reasons per recommendations by the Interdisciplinary Team or individual's physician.
One to one supervision is defined as Holiday House of Portsmouth staff whose daily responsibility is to manage, supervise and provide direct support to one individual. The assigned staff is responsible for implementing the individual's behavioral support plan or plan of care from the individual's physician. The 1:1 staff is also responsible for implementation of scheduled activities.
There are 4 levels of one to one supervision. They are listed as follows:
<u>Level 1</u>: The staff providing the 1:1 supervision must be visually focused (individual must be within eyesight of staff at all times) and be within arm's length of the individual. Holiday House of Portsmouth staff providing Level 1 one to one supervision will only work with the individual for a maximum of two (2) hours. The Residential Supervisor on duty will designate the appropriate staff to work with individual every two (2) hours. If an individual requires 24 hour one to one supervision, Holiday of House staff will sit inside of the individual bedroom and be visually focused and within arm's length of the individual during sleeping hours to monitor the individual.
<u>Level 2</u>: The staff providing Level 2 one to one supervision must be visually focused (individual must be within eyesight of staff at all times) to that one individual. Level 2 one to one supervision does not require staff to be within arm's length of the individual or require staff to work for a maximum of 2 hours. Staff can work with an Individual requiring Level 2 one to one supervision for an entire 8 hour shift.
<u>Level 3</u>: Level 3 one to one supervision is based on individuals requiring one to one supervision, post medical procedure, requiring more nursing care than prehospital admission.
<u>Level 4</u>: Level 4 one to one supervision is based on

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Crying
Running away.

An Abuse Allegation Report dated 1/17/19 indicated: "On Thursday January 17, 2019 at approximately 5:00 P.M. an overhead all page was made. The announcement stated that "all residential supervisors are needed in the front yard. The announcement was made twice by the secretary. Once outside it was brought to the attention (sic) that the she observed one of the individuals left out of the facility gate and ran. She also stated that she saw him leaving out of the gate and messing with a staff person's vehicle. Also, outside the gate was Director of Nursing, Chief Administrative Officer and the Human Resource Clerk. At this time, Residential Supervisors found out that Individual #2 had ran off the facility grounds. Staff went in different directions on and off grounds to try and locate Individual
#2. Eventually (Direct Support Professional #1 DB) found him across the street. Individual #2 had crossed over a street and was coming up hill behind some brick apartments. (DSP #1) stated, that he was coming up out of the pond behind the apartments. She stated, that Individual #2 was covered with mud and his clothes were soaked, She ran up to him and carried him across the street back to facility. She brought him back to the cottage. Undressed him in the bathroom and started drying him off and cleaning his face. A nurse staff along with a residential staff supported him with checking his body. Staff also stated that mud was in his mouth. He was taken to the room to warm up with a cover.

An Individualized Service Plan dated 4/20/18 indicated: "Behavior support: Individual #2 is

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individuals requiring one to one supervision for medical reasons (i.e. injuries, post medical procedures) but does not require direct supervision from nursing staff. DSP staff will perform Level 4 supervision for the individual.

Procedures for Level 1 and 2 One to one supervision:

The Support Coordinator will inform Holiday House of Portsmouth staff of the following procedures:
The Interdisciplinary Team will identify the level of one to one supervision for all individuals requiring 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 1:1 supervision daily (during waking hours or otherwise specified) in all areas of programs and supports to individuals requiring this level of supervision.
Holiday House of Portsmouth staff providing any level of 1:1 supervision may not leave the individual with another staff at any time, unless authorized by Residential Supervisor.
Holiday House of Portsmouth staff providing any level of 1:1 supervision may not ask or appoint another staff person to take their place when working with an individual; the Residential Supervisor on duty 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 House of Portsmouth staff that are providing any level of 1:1 is visually focused.
Holiday House of Portsmouth staff will sit inside of the individual bedroom and be visually focused and within arm's length of the individual during sleeping hours to monitor the individual. If the individual cannot tolerate being within arm's length of the supervising staff, the staff will be stationed at the bedroom door. Evidence of Compliance will be staff signatures on a training roster.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLIDAY HOUSE OF PORTSMOUTH 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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

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being monitored for the following behaviors: SIB (self injuries behaviors), PICA, physical aggression, disruptive behavior, property destruction and leaving the area of supervision. Staff will continue to monitor under one to one supervision level 1 due to escaping behavior and PICA."

An individualized Service Plan (ISP) dated 4/20/19 indicated: "Individual #2 will participate in being monitored by the direct support professional staff under one to one supervision (level 1).
The facility's designated staff will monitor Individual #2 with one to one supervision level 1. The designated staff person will be visually focused on him, be within one arms's length, the staff person will implement his schedule of activities for the day, the assign person will rotate with another assign staff person every 2 hours during waking hours, implement his behavior support plan and addendum and document at the end of every two (2) hour shift. The designated staff person will notify supervisor if additional support is needed."

An Initial Investigative Report indicated:
"Individual Name- Individual #2, Date of Incident 1/30/19. Time of Incident approximately 6:00 PM; No injuries. Location: Cottage One (right wing).
Type of Incident: Elopement.
Description of Incident: Individual #2 was in cottage one living area walking inside the living room.
Cause of Incident: Individual #2 eloped form cottage one living area to the swing set on grounds near cottage two.

On Wednesday, January 30, 2019 at

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Individual #4 was discharged from Holiday House of Portsmouth on 11/27/2017.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice;

All staff will be trained on the one to one supervision policy in reference to all individuals on May 22, 2019 all staff meeting. This policy reads:
Holiday House of Portsmouth will ensure the safety of individuals requiring One to One (1:1) supervision during waking hours or otherwise specified. One to One supervision will be implemented for behavioral or medical reasons per recommendations by the Interdisciplinary Team or individual's physician.
One to one supervision is defined as Holiday House of Portsmouth staff whose daily responsibility is to manage, supervise and provide direct support to one individual. The assigned staff is responsible for implementing the individual's behavioral support plan or plan of care from the individual's physician. The 1:1 staff is also responsible for implementation of scheduled activities.
There are 4 levels of one to one supervision. They are listed as follows:
Level 1: The staff providing the 1:1 supervision must be visually focused (individual must be within eyesight of staff at all times) and be within arm's length of the individual. Holiday House of Portsmouth staff providing Level 1 one to one supervision will only work with the individual for a maximum of two (2) hours. The Residential Supervisor on duty will designate the appropriate staff to work with individual every two (2) hours. If an individual requires 24 hour one to one supervision, Holiday of House staff will sit inside of the individual bedroom and be visually focused and within arm's length of the individual during sleeping hours to monitor the individual.

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approximately 6:00 PM staff asked Residential Supervisor if Individual #2 was with him. Residential Supervisor informed staff no, and staff then stated that Individual #2 has ran out of the building through kitchen door, staff immediately ran outside to if they could find Individual #2. Shortly after Individual #2 was found on the swing set outside hear Cottage Two side of the building. Nursing staff assessed him and no new areas were observed. Witness statement attached to report to provide support for this report.
Also, prior to realizing that Individual #2 was not inside the building, the staff person assigned to Individual #2 asked Residential Supervisor if he could watch Individual #2 while she uses the restroom. Supervisor watched Individual #2, when staff returned she asked why the door was open in the kitchen?

A Behavior Support Plan Addendum dated January 24, 2019 Indicated: Target Behavior: Elopement
Rational: Individual #2 has a history of running away from staff and leaving grounds of facility. This behavior support plan addendum will address appropriate prevention and responses in the event he elopes from the supervised area. The following strategies will be implemented when supporting Individual #2 while on grounds and out in the community with designated staff:
1. Residential Supervisors and/or Managers will designate the appropriate staff to work with Individual #2 during waking hours. The assigned staff will follow the guidelines of One to One Supervision (LEVEL ONE), which means the assigned staff will be visually focused on him (individual must be with in eyesight of staff at all times), the staff person will be within one arms's

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Level 2: The staff providing Level 2 one to one supervision must be visually focused (individual must be within eyesight of staff at all times) to that one individual. Level 2 one to one supervision does not require staff to be within arm's length of the individual or require staff to work for a maximum of 2 hours. Staff can work with an Individual requiring Level 2 one to one supervision for an entire 8 hour shift.
Level 3: Level 3 one to one supervision is based on individuals requiring one to one supervision, post medical procedure, requiring more nursing care than prehospital admission.
Level 4: Level 4 one to one supervision is based on individuals requiring one to one supervision for medical reasons (i.e. injuries, post medical procedures) but does not require direct supervision from nursing staff. DSP staff will perform Level 4 supervision for the individual.
Procedures for Level 1 and 2 One to one supervision:
The Support Coordinator will inform Holiday House of Portsmouth staff of the following procedures:
The Interdisciplinary Team will identify the level of one to one supervision for all individuals requiring 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 1:1 supervision daily (during waking hours or otherwise specified) in all areas of programs and supports to individuals requiring this level of supervision.
Holiday House of Portsmouth staff providing any level of 1:1 supervision may not leave the individual with another staff at any time, unless authorized by Residential Supervisor.
Holiday House of Portsmouth staff providing any level of 1:1 supervision may not ask or appoint another staff person to take their place when working with an individual; the Residential Supervisor on duty will ensure that the individual is assigned to the appropriate staff person.

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length of Individual #2, this person will implement his schedule of activities for the day, the assigned staff will rotate every 2 hours with another designated staff person, the one to one staff will be responsible for implementing his behavior support plan and document every 2 hours regarding engagement activities with Individual #2.
2. The designated staff person cannot leave the area where he/she is working with Individual without notifying the Supervisor on duty, i.e. restroom break. lunch break, etc.

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 provide one to one supervision to prevent elopements. The QIDP stated, "No". The QIDP was asked if Individual #2 had been assessed by the facility for elopement following an elopement incident on 1/17/19 and the QIDP stated, "Yes".

During an interview on 4/26/19 at 12:40 P.M. with the Chief Administrative Officer (CAO), he was asked had all staff been trained on Individual #2's Individualized Service Plan for one to one supervision and he stated, "No".

The CAO stated only the supervisors were trained on the one to one program for Individual #2.

The facility staff failed to provide effective training to prevent neglect and abuse.

2. Individual #4 was a 15 year old admitted to the facility on 8/18/16 with diagnoses to include but not limited to Profound Intellectual Disability, Autism and Unspecified Behavior and Emotional

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The Residential Supervisor on duty will ensure through hourly round checks that the Holiday House of Portsmouth staff that are providing any level of 1:1 is visually focused.
Holiday House of Portsmouth staff will sit inside of the individual bedroom and be visually focused and within arm's length of the individual during sleeping hours to monitor the individual. If the individual cannot tolerate being within arm's length of the supervising staff, the staff will be stationed at the bedroom door. Evidence of Compliance will be staff signatures on a training roster.

Holiday House of Portsmouth Chief Administrative has designated the facility Social Worker to train all staff on Mandatory Reporting, Abuse, Neglect, and Mistreatment policies at the time of initial orientation, monthly at all staff meeting, annually in the month of February, and upon significant incidents that require additional training in the areas abuse and neglect. Upon admission to Holiday House of Portsmouth the facility Social Worker will notify the individual of their human right to be free from abuse, neglect mistreatment while residing the facility. Evidence of notification will be located in the Individual's medical records chart. All current staff will be re-trained on 5/22/2019.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;

The facility QIDPs trains all staff in one to one supervision procedures at the time of initial orientation, twice a year in the month of September and January at the all staff meetings.

Holiday House of Portsmouth has implemented a Mandated Reporter Policy created on 5/6/2019.
The policy Indicates that all Holiday House of Portsmouth staff report any suspected cases of child

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W 189	Continued From page 236 Disorders and Optic Nerve Hypoplasia (right eye legally blind). Based on Individual #4's Annual Nursing Summary dated 9/11/17 he weighed 111 pounds and was 63 3/4 inches tall. Individual #4's Annual Nursing Summary dated 9/11/17 also stated that he was 1:1 supervision and is monitored very closely by Holiday House staff to ensure that he is in a safe environment. Individual #4's Annual Evaluation dated 8/14/17 was reviewed and the a Slosson Intelligence Test completed 4/15/16 revealed a mental age of 23 months and an intelligence quotient of 14. Individual #4's Monthly Programming Progress Notes for October 2017 were reviewed and are documented in part, as follows: Progress Note: Name (Individual #4) made stable progress with the support of the direct support professional staff. He continues to require one to one supervision procedures with 2 staff for safety and behavioral issues. On 4/23/19 during the initial entrance conference with the Administrator the question was asked if there were any active abuse investigations with any individuals. The Administrator stated, "No" and left the room. Approximately 15 minutes later the Administrator re-entered the conference room and stated. "After discussing with my staff I want to let you know that we are in an active law suit regarding a case of abuse with an individual (Individual #4). On 11/12/17 the individual was physically abused/assaulted by one of our direct support staff and it also involved our residential supervisor. After reviewing the video footage of the incident we have terminated both employees." The Administrator was asked to allow the survey team to view the incident footage and to bring all	W 189	Continued From page 236 abuse/neglect in accordance with the Code of Virginia and Holiday House of Portsmouth established child abuse reporting procedures. This policy emphasizes ALL staff in their professional or official capacity while employed at Holiday House Mandated reporters includes but is not limited to the following: Any person licensed to practice medicine or any of the healing arts; any professional staff person employed by a private or state operated facility, institution or facility where personals have been placed for care and treatment. Any person employed as a social worker Any probation officer, Any teacher or other person employed in a public or private school, kindergarten or nursery school ,Any mental health professional Any person employed to take care of children, Law Enforcement Officers, Any person employed by or contracted with the facility and working with the individuals in an administrative, supportive or direct care capacity. Any guardian or conservatory of an adult Any person providing full, intermittent or occasional care to a child/adult for compensation including, but not limited to homemaker, personal care workers, companion etc. Holiday House of Portsmouth, Inc. expects and enforces that all staff that has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect, or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect, that person shall IMMEDIATELY report or cause a report to be made. Anyone employed at Holiday House of Portsmouth, Inc. Who is mandated to report suspected child abuse or maltreatment-and fails to do so, could be charged with a Class A misdemeanor and subject to criminal penalties. Mandated reported can be sued in a civil court for monetary damages for any harm caused by the mandated reporter's failure to make a report. This new policy will be reviewed at the all staff meeting on 5/22/2019.	5.22.19

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facility documents regarding the investigation of the abuse incident for Individual #4.

The video footage dated 11/12/17 involving Individual #4 was reviewed by the survey team. The video footage lasted over 2 minutes. In the video Individual #4 was observed crawling/being pushed out of the bathroom on his hands and knees from the gymnasium bathroom followed by 2 adult males. One male was observed kicking forcefully (more than 4 times), dragging and twisting the individuals body by one leg and lying with his whole body on top of individual #4 during the footage of the video. At one point in the video you can only see Individual's arm waving for help. The second male staff member was observed sitting on Individual #4's head and shoulder area while the other staff member was lying on top of him. The second staff member was also observed walking around the gym with his back turned to Individual #4 while he was being physically abused by the other staff member. The only time in the 2 minutes of the video that Individual #4 was on his feet was when he broke free from the support staff and ran towards the exit door with the first staff member following him. The second staff member went back into the bathroom and collected a trash bag then exited the gym. The Administrator was asked who were the 2 staff members. The Administrator stated, "The staff member that was having the physical contact with the individual was his 1:1 Direct Support Staff member and the second person was the Residential Supervisor.

After watching the video and reviewing the Comprehensive Human Rights Information System (CHRIS) Abuse Allegation Report for Individual #4, Abuse #20170016 an interview was

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Holiday House of Portsmouth CAO also revised the Abuse, Neglect and Mistreatment Policies. This policy indicates that: Holiday House of Portsmouth, Inc. ICF/IID prohibits any form of abuse, neglect, and mistreatment of the individuals. **Abuse** is defined as any negligent act by an employee or other person responsible for the care of an individual receiving services that was performed knowingly, recklessly, or intentionally. Abuse will cause or may have potential to cause physical or psychological harm, injury, or death to a person receiving care or treatment. Holiday House of Portsmouth will not permit individuals to be abused by anyone, including staff members, consultants, volunteers, and staff of other agencies providing service to the individual.
Examples of abuse for the purpose of this policy include, but are not limited to, the following:
Physical Abuse: Any kind of physical intimidation or intrusion such as pushing, pulling, scratching, hitting, kicking, slapping, throwing things, torturing, burning with cigarettes, pulling hair, unauthorized holds, and cutting.
Verbal Abuse: Abuse that is achieved primarily with words. Criticizing an individual, belittling, or making fun of someone.
Sexual Abuse: Forced sex or sex that takes unfair advantage of an individual, fondling, or inappropriate touching. Emotional Abuse: Abusive behavior that uses emotions to intimidate the victim.
Mistreatment can be defined for the purpose of this policy to include but not limited to:
Failure to act/neglect that leads to or is in imminent danger of causing physical injury through negligent omission, treatment, or maltreatment of an individual, including but not limited to failure by staff to provide an individual with adequate food, clothing, shelter, medical care, supervision, or through condoning or permitting abuse of an individual by any other person.
Verbal mistreatment: by subjecting the individual to the use of derogatory names, phrases, profanity, ridicule, harassment, coercion, or intimidation and threatening injury or withholding of services or

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W 189	Continued From page 239 11/12/17 5:30 PM: Focal Assessment to left upper thigh near hip/groin area. Noted large bruised area. Nontender to touch. Activity WNL (within normal limits) without sign/symptoms pf pain/discomfort. Skin intact without swelling. No Tx. (treatment) needed, monitoring continues. PCP (patient care provider) notified. Residential Supervisor will notify parent. 11/13/17 7:30 AM: After being showered observed a large bruise to left hip and groin area that was dark blue and green in color, nontender to touch, no signs or symptoms of pain/discomfort noted, no treatment needed On 4/24/19 at 3:30 PM an interview was conducted with LPN (Licensed Practical Nurse) #2 who performed the above focal assessment on Individual #4 on 11/12/17 at 5:30 PM. LPN #2 was asked to describe what she saw when she assessed Individual #4 on 11/12/17. LPN #2 stated, "I was in the nursing office and I was called and asked if I could come over to assess Name (Individual #4's) bruise on his leg. I went over and walked up to the bathroom and said "Oh my God what happened to him?" They (RS #4 and DSP #5) said " We don't know". I said, "No one knows what happened?" I was so emotional, we (me and RS #4) did an incident report and called the mom. I told the mom what the area looked like." LPN #2 was asked to describe the area on Individual #4's hip/groin area. LPN #2 stated, "It was a dark purple with a red spot. It was about the size of a pineapple. It didn't need any treatment but I did notify the doctor by fax. LPN #2 was asked if she was a mandated reported and if it ever occurred to her that Individual #4 may have been abused. LPN #2 stated, "Yes I am a mandated reporter but no it	W 189	Continued From page 239 legal guardian, local or regional advocate, or other interested person who believes that an individual has been harmed, abused, or exploited by any person shall immediately report such to the Chief Administrative Officer and/or their IMMEDIATE SUPERVISOR. It is the supervisor's responsibility to ensure that the alleged abuser is removed from providing any care to the individual immediately after the allegation is made. In the event the supervisor does not respond appropriately ANY staff may call 911 to ensure the individuals of the facility are safe. The Chief Administrative Officer, in no case, shall punish or retaliate against a volunteer, consultant, or student for reporting an allegation of abuse, neglect, or exploitation to an outside entity. Any employee who believes or witnesses that an individual has been harmed, abused or exploited, neglected or mistreated by any person shall INTERVENE to prevent further harm to the individual and report such activity immediately to their immediate supervisor. The Immediate Supervisor must IMMEDIATELY suspend the employee who has been alleged to abuse, neglect, or mistreat the individual. The Immediate Supervisor will conduct an initial investigation and submit written statements, conduct interviews, and get as much initial information as possible. This information should be forwarded immediately to the Chief Administrative Officer/Social Worker. The investigator shall include dates, times of interviews and written statements etc. The Immediate Supervisor must ensure that the Individual is assessed immediately by the Nurse on duty and the individual MUST be transported to the emergency room for further medical evaluation and treatment. The Immediate supervisor and the Nurse on duty must NOTIFY the Chief Administrative	6.7.19

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never occurred to me he was abused." LPN #2 was then asked if she reviewed the video footage from the monitor in the Nursing Office on 11/12/17 when the bruise of unknown injury was reported to her to see if there was any indications that Individual #4 was abused. LPN #2 stated, "No, I never checked the camera system that day."

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

Individual #4's facility Accident Incident Report dated 11/12/17 at 5:33 P.M. completed by DSP #5 was reviewed and is documented in part, as follows:

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 P.M., By Whom: Name (RS #4).

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Officer, Director of Nursing, Social Worker as soon as possible. The Chief Administrative Officer will ensure the facility's Social Worker (Investigator) immediately investigate and report the alleged abuse, neglect, mistreatment in accordance with established state policies and procedures. The Social Worker is responsible for entering all allegations of abuse, neglect, mistreatment, complaints, and suspicious injuries of unknown origin in accordance with state laws and established procedures. The Social Worker will ensure that incidents are thoroughly investigated. Investigations will consists of monitoring the CCTV camera system, interviewing staff, interviewing the individual, etc.
The Social Worker upon receipt of any allegation allegations of abuse, neglect, mistreatment, complaints, and suspicious injuries of unknown origin will conduct an investigation and will be entered into the CHRIS (Comprehensive Human Rights Information System program within 24 hours of the initial report. The Social Worker will document times, dates, timelines, phone calls regarding the allegation of abuse, neglect, mistreatment investigative findings.
Upon completion of the investigation as indicated in the Holiday House of Portsmouth, Inc. Abuse, Neglect, and Mistreatment Policies, the Social Worker will complete a final investigation into CHRIS (Comprehensive Human Rights Information System) within 5 working days (these days also include weekends and holidays). An employee's failure to report or cooperate with an abuse and/or neglect investigation may result in disciplinary action. Any action by an employee that compromises the integrity or outcome of a factual investigation may be cause for disciplinary action and/or immediate termination.
Volunteers, contractors, contract employees, student

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Summary of response from the Parent/Guardian: Parents were notified of how big the bruise was and said thanks. signed by RS #4.

The facility letter sent to Individual #4's parents regarding Investigation into unknown bruise dated 11/15/17 was reviewed and is documented in part, as follows:

This letter is to inform you that we have concluded the investigation regarding the large unknown bruise discovered on November 12, 2017. The surveillance camera was also reviewed.

Investigative Findings/Conclusion: Founded; this video had evidence of abuse and neglect and violated Holiday House Abuse of Individuals Policy. The reviewing of the video surveillance disclosed the following:

*During transition from the gym area to the residential area after leaving the restroom Name (Individual #4) was observed coming out of the bathroom with a male staff.

*The Staff provided unnecessary physical support and did not use ANY appropriate TOVA interventions as trained by Holiday House of Portsmouth.

*Evidence revealed male staff placing body weight on Name (Individual #4).

*Evidence of a kick to Name (Individual #4's) hip/groin area.

*Residential Supervisor was present and failed to intervene which was a violation of Holiday House

Provider's Plan of Correction (W 189) — Continued From page 241 — 6.7.19

interns and/or consultants who fail to comply with this departmental instruction may be terminated from employment/service.

Upon receipt of an allegation of abuse, neglect, and/or mistreatment the protocol is identified as follows: Take steps to protect the safety and welfare of the individuals. Suspend the alleged abuser immediately. Ensure an assessment is completed by the nurse if allegations involve any type of Injury or claim that staff may have injured individual.
The individual involved in the abuse will immediately be transported to the emergency room for medical evaluation and treatment as needed.
Ensure that employees are reminded that they are to cooperate with the investigation, Ensure to investigate get written statements, be sure to document thoroughly
Immediately contact the local law enforcement in all cases of suspected criminal activity.
Notify the Chief Administrative Officer, Director of Nursing, Social Worker.
The Social Worker will initiate an impartial investigation within 24 hours of receiving a report of potential abuse or neglect. In the absence of the Social Worker the Chief Administrative Officer will appoint an employee who is not involved in the issues of the investigation to complete the investigation. The facility will use closed circuit cameras to assist with the investigation.
In all cases, the Chief Administrative Officer will provide his written decision, including
Actions taken as a result of the investigation within completion of the investigation to the individual, individual's parent/guardian. If the individual affected by the alleged abuse or his authorized representative is not satisfied with the Chief Administrative Officer's actions, he or his authorized representative or anyone acting on his behalf, may file a complaint and request for a Local Human Rights Committee (LHRC) hearing under 12VAC 35-115-180.
In the event that the investigation is unfounded the

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Policy.

*Termination of employee #1 for violation of Holiday House Policy.

*Termination of employee #2 for failing to intervene and providing oversight to prevent abuse/neglect.

*Behavior episodes from this point on must be reported to the CAO (Chief Administration Officer) and SW (Social Worker), All hands on interaction investigated and viewed on surveillance camera.

*All staff meeting will be held on November 15, 2017 additional TOVA training will be discussed and trained with all staff.

The Critical Incident Report from Individual #4's Day School program dated 11/13/17 at 9:30 Am was reviewed and is documented in part, as follows:

Type of incident:
Other: arrived to school with large bruise on front of left hip and upper thigh.

Incident reported to:

Parents: 11/13/17 at 9:45 AM, picture of bruise sent at 10:09 AM
Holiday House: 11/13/17 at 10:00 AM

Description of incident: Name (Individual #4) arrived at school and transitioned to class. When taken to the bathroom at 9:30, staff noticed bruising on his hip and thigh. Staff called mom and was asked to send pictures. Mom and dad arrived, looked at the bruise, called doctor.

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In the event that the investigation is unfounded the facility will complete the following:
The employee will be monitored by the supervisor or designee during a 3–month period. He or she shall be supervised closely while assigned to individuals. Daily documentation will occur.
The Social Worker will review Holiday House of Portsmouth's Abuse, Neglect, and Mistreatment policies with the staff person.
A certified TOVA Trainer will discuss with the staff person the TOVA philosophy and the TOVA technique as it relates to the incident. (If applicable)
At the end of the 3-month period, the Director of Residential Services will review the documentation with the staff person. The supervisor will prepare a written report with recommendations to be submitted to the Chief Administrative Officer within ten days.
All staff will be informed and review the Abuse of Individuals/Mistreatment/Neglect Policies at the time of orientation, monthly at all staff meetings, and annually in the month of February. Documentation of this review shall be on the orientation sheet and staff training log.
This policy and procedure will be reviewed with each employee during the initial employment, monthly at all staff meetings, and annually in the month of February. This policy will be reviewed with all staff on 5/22/2019.
The injuries of unknown origin protocol was created and states: It is the policy of Holiday House of Portsmouth that injuries of unknown origin be investigated and reported in accordance with state and federal procedures. Injuries of an unknown origin is defined as follows: **The injury wasn't observed by anyone or can't be explained by the individual or staff**. The injury is suspicious requiring additional medical evaluation due to the location (and in an area not usually vulnerable to trauma), extent of the injury, number of injuries that occur at the same time, or the number of injuries over time. (Hip, upper chest, back, head, neck (front and back), these body parts are listed as a guide but does not

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W 189	Continued From page 243 Holiday House was called and came to get Name (Individual #4) to transport to the doctor. Parents shared that they had received a call last night from Holiday House that Name (Individual #4) had a behavior and had a bruise on his back. We looked and did not find a bruise on Name (individual #4's) back. Holiday House said they did not see a bruise on Name (Individual #4's) hip when he left for school. Individual #4 was seen at Name (Children's Hospital) on 11/13/17 at 1:25 PM with chief complaint of Bruising and Swelling of Jaw/Lump. Individual #4's Positive Behavioral Support Plan dated 9/18/17-9/18/18 was reviewed and is documented in part, as follows: Rational:: Plan written in accordance to VAC12-200-105 Behavioral treatment Plans with restrictive recommendations. Target Behaviors: Physical Aggression, Self-Injury, Property Destruction, and PICA. It is important to note that Name (Individual #4) seeks out the person who blocked his access to the item he is wanting. Quality Of Life- A quality life for Name (Individual #4) is to be in a safe environment and doing activities that he prefers without displaying behaviors of concern. What is not working- -Gently touching him or trying to sooth him when he is displaying behaviors of concern. Recommendations and Procedures for Name	W 189	Continued Form page 243 exclude other body parts)In the event of an unknown injury the following must take place: RESIDENTIAL DEPARTMENT PROTOCOL: INITIATE INVESTIGATION IMMEDIATELY. The Residential Supervisor must initiate an Accident/Incident Report and IMMEDIATELY begin the investigation into the injury of unknown origin. (Follow Accident/Incident Report Policy and Procedures). The initial investigation should explore the known cause or probable cause on the Incident Report. The Residential Department Supervisor must notify the Chief Administrative Officer, Social Worker, Director of Nursing IMMEDIATELY in the event there is NOT a probable cause or known cause of the injury. NURSING ASSESSMENT & PROTOCOL The nurse should be notified immediately upon observation of all injuries and complete the nursing assessment for the individual. This information should be documented on the Accident and Incident Report Form, and in the nursing notes. As licensed professionals the expectation from the Nurse on Duty is to identify injuries that are suspicious in areas that are NOT vulnerable to trauma. If the injury is unexplained, the nurse shall IMMEDIATELY notify the Director of Nursing. Social Worker, Chief Administrative Officer. The Residential Supervisor and Nurse will continue to phone the family together. The Residential Supervisor will continue to notify the family of the incident, and the nurse will then provide the parents with information regarding the assessment and treatment given if any. The nurse will also notify the Individual's primary care physician of injuries and treatment given. The nurse will document this information in the individual's medical chart and on the nursing daily report sheet. If the employee has knowledge or reason to believe the injury involves abuse or neglect, the employee shall immediately report the event to the CAO in accordance with the Holiday House Abuse Prevention Policies and Procedures. The Director of Nursing/Nursing Department will ensure individuals receive the appropriate medical attention for all	6.7.19

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(Individual #4):
-When walking and transitioning to another location offer Name (Individual #4) an object to hold from his clear tote bag to help keep him engaged in an activity.

Physical Aggression:
-When staff is not able to stop Name (individual #4) from physical aggressive behaviors they should follow the agency crisis plan.
-Do not hug or pat his back to help calm him down. Do not stare or frown when he is engaging in target behavior. These actions tend to provoke hostile reaction from Name (Individual #4). remember redirection means ignore the use of disruptive behavior, refocus the person's attention 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 has been unsuccessful or you cannot change the environment or address his needs, be prepared for Name (Individual #4) to possibly escalate in aggressive behavior. Understand that now, Name (Individual #4's) behavior is beyond his control.
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

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unexplained injuries. In cases of suspected criminal activity the CAO or designated staff involved must call local law enforcement. All staff will be trained on this protocol in the all staff meeting on **5/22/2019**. Staff will be trained by the facility Social Worker on this protocol at initial orientation. Evidence of compliance will be on the facility's training log. The Chief Administrative Officer will have the CCTV Camera System placed on lap top as well as the facility Social Worker lap top so facility monitoring can be conducted on weekends as well. Live Video Monitoring is conducted by the CAO and/or designee during the weekdays.

4.Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and
The QIDP provides a quiz to all staff in reference to their knowledge of the one to one supervision policy. The quiz is kept in the personnel records in Human Resources.
The Risk Management committee will review the training roster each month to ensure that all staff receive the training in areas of mandatory reporting, abuse, neglect, and mistreatment.

5.Include dates when the corrective action will be completed-June 7,2019

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Name (Individual #4) safely then do so.
D. When communicating with Name (Individual #4) , make sure that you are not using a tone of voice that indicates fear, uncertainty or anger. Name (Individual #4) needs to feel like you are in control of the situation. Remember being in control of the situation does not mean that you must control Name (Individual #4) it means you need to be in control of you and your emotions. DO NOT GET DIRECTIVE-STAY CALM.
F. If you are unable to leave, then block any attempts that Name (Individual #4) makes to be aggressive or self injurious.
G. Call for back up and follow 911 protocols.

On 4/25/19 the Administrator was asked what training was provided after the abuse incident with Individual #4 on 11/12/17. The Administrator stated, "We went over TOVA training with our staff and went over Individual #4's new Safety Plan with the staff responsible for his care." The Administrator was asked if all staff were retrained on the Abuse and Neglect Policy and Mandated Reporting of Abuse and Neglect after the abuse incident with Individual #4. The Administrator stated, "No, we did not do training on abuse or neglect or mandated reporting in hindsight we should have."

On 4/29/19 at 4:10 P.M. a pre-exit conference was held with the Chief Administrative Officer, the Social Worker and Medical Records where the above information was shared. The Chief Administrative Officer stated, "We are currently installing software so myself and the social worker will be able to view live camera feeds from our phones when we are not in the facility. This has been a valuable learning experience for us

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W 189	Continued From page 246 and we plan on making changes to ensure the safety of our individuals so this doesn't happen again.."	W 189		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews the facility staff failed to implement speech and behavior supervision program for one Individual (Individual #2) in the survey sample of four (4) individuals. The findings included: Individual #2 was admitted to the facility on March 20, 2018 for behavior consultation services for physical aggression, self-injury and property destruction. Diagnoses included autism spectrum disorder, attention deficit with hyperactivity disorder, conduct disorder, celiac disease, PICA and profound intellectual disability. This individuals behavior disorders include self-injury, biting, hitting his head, running away, property destruction. Individual #2 is non-verbal. He communicates mostly through crying, body/facial gestures and a few signs: more, eat, drink and	W 249	**W 249 Program Implementation- The facility staff failed to implement speech and behavior supervision program for Individual #2.** **Point 1: Address how corrective action will be accomplished to address the issue(s), for those individuals found to have been affected by the deficient practice.** The Facility QIDP will give HHP Speech Therapist Individual #2's current IEP and progress report to review IEP Speech goal. The Facility QIDP has scheduled an IEP meeting on May 16, 2019 with the school principal and classroom teacher, and HHP Speech Therapist to discuss the continuity of the speech goal in the school and residential setting. The Facility QIDP will amend his Individualized Support Plan speech goal to ensure that the information that is discussed at the meeting is put into place. The Assistant Director of Therapy Services will provide carryover and training to the Direct Support Professionals to implement the amended speech program. The Facility QIDP will re-train all staff working directly with Individual #2 on his Behavior Support Plan Addendum regarding elopement, Crisis Code Call Policy, and One to One Supervision Policy at the All Staff Meeting scheduled for May 22, 2019. Evidence of compliance will be on documented on the facility's training log. **Completion Date: May 22, 2019**	5.22.19

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finish.

The facility staff failed to ensure Individual #2's Speech Program was implemented consistently. As well as implement his behavior support program consistently.

Individual #2 was observed in his day school program on April 24, 2019 at 11:00 A.M. participating in his speech program. Individual #2's teacher was observed using American Sign Language as part of his speech program.

A Residential Speech Therapy Annual Evaluation dated 4/7/19 indicated: "Individual #2 is an early communicator who uses vocalizations, pointing and gestures to communicate his wants and needs. Individual #2 continues to struggle completing traditional diagnostic assessments, therefore various screening assessments and scales were attempted to gauge his current level of functioning.

ISP (Individualized Service Plan) Goal: Speech Therapy to evaluate and treat as needed and annually.

Short Term Goals: Individual #2 will identify core vocabulary needed for communication in the home during ADL's (Activities of Daily Living) by matching objects with pictures in 4 out of 4 trails across 2 consecutive sessions (data collected 3 times a quarter. (Concept list: clothing/mealtime/hygiene).

A Speech Therapy Support Plan dated 4/20/19 Indicated: "Individual #2 will identify core vocabulary needed for communication in the home during ADL's by matching objects with

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Point #2: Address how the facility will identify other individuals having the potential to be affected by the same deficient practice.

The Facility QIDP will review all individuals IEP's to determine if that individual has a speech goal. If the individual has a speech goal on their IEP, the Facility QIDP will review the individual's ISP to ensure that the speech goal is the same. If the individual's speech goals are not the same, the Facility QIDP will schedule an Interdisciplinary Team meeting to discuss the continuity of the speech goal in the school and residential setting. The Facility QIDP will amend the individual's Individualized Support Plan speech goal to ensure that the information that is discussed at the meeting is put into place. The Assistant Director of Therapy Services will provide carryover and training to the Direct Support Professionals to implement the amended speech program. The Facility QIDP will review all individuals Behavior Support Plans to determine if that individual has a targeted behavior of elopement. If the individual does have elopement on their Behavior Support Plan, the Facility QIDP will re-train all staff on those Individual's Behavior Support Plans regarding elopement. Evidence of compliance will be on documented on the facility's training log.

Completion Date: June 7, 2019

Point #3: Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

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pictures in trials across 2 consecutive sessions, data collected monthly (see speech therapy data)."

Speech Therapy 30 day Evaluation:

Short Term Goals: 1. Individual #2 will use identified core vocabulary needed for communication in the home and school settings.
A Speech Daily Note dated April 20, 2019 indicated: "Target Goal: Speech Therapy (ST) evaluate and treat annually).
Obj: #1 Use core vocabulary needed for communication in the home and school setting with 80% accuracy.

A Individualized Educational Program (IEP) dated 4/18/18 indicated: " Individual #2 pre-speech and general language is at the 15 to 18 month range as he can follow directions, respond to his name, point to familiar objects when requested, food or drink when hungry or thirsty. Individual #2 does not make any pre- speech sounds but will gesture, point. and take an adults hand to make request.

A Strengths and Needs of Student area indicated: "Area Considered-Communication (Speech and Language Skills) Strengths-Individual #2 uses gestures and modified sign to indicate his wants and needs when offered an item, he responds by pushing the item away or accepting the item. Individual #2 physically taps staff in order to gain their attention. Needs- His communication skills are impacted by his disabilities. He currently grabs the hand of staff and attempts to move it toward a preferred item in order to request a need or want. Individual #2 needs to learn to use sign and /or modified language to request preferred

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The Facility QIDP will ensure that the speech goal is the same in the school and residential setting when attending the individual's IEP meeting. In the event that the individual's Individualized Support Plan and Individualized Education Plan speech goals are not consistent, the Facility QIDP will schedule an Interdisciplinary Team meeting to discuss the continuity of the speech goal in the school and residential setting. The Facility QIDP will amend his Individualized Support Plan speech goal to ensure that the information that is discussed at the meeting is put into place. The Assistant Director of Therapy Services will provide carryover and training to the Direct Support Professionals to implement the amended speech program. The Facility QIDP will amend the Education Collaboration form to include the review of the individual's speech goal (if applicable) to ensure the continuity of the speech goal in the school and residential setting. The Facility QIDP will also address the continuity of the speech goal in the school and residential setting on the QIDP's monthly summary and Individual's quarterly report. During the individual's quarterly review, the Facility QIDP will ensure that the individual's Behavior Support Plan regarding elopement strategies are effective. If the elopement strategies are not effective, the Facility QIDP will seek feedback from the Interdisciplinary Team to amend the Behavior Support Plan. The Facility QIDP will re-train all Direct Support Staff on the amended Behavior Support Plan regarding elopement. Evidence of compliance will be on documented on the facility's training log.

Completion Date: June 7, 2019

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items."

A Short Term Objective indicated: " Communication-description-By the end of this IEP, when taught ASL (American Sign Language) or modified, Individual #2 will use language to request 5 (five) different items at a rate of 10 demands per day, per items for 10 consecutive data days per sign/item."

A Data collection procedure indicated: "Manding procedure-Continue to collect data on manding rates for independent and prompted signs throughout the school day, across all settings (classroom. cafeteria, community, etc).

Individual #2 was observed during the School Day Program on 4/24/19 at 11:00 A.M. being taught by teacher using sign language for the words eat, hug, string and go. The teacher was observed to sign the word and ask Individual #2 to model the word with a sign or gesture. After each attempt the teacher would reward Individual #2 with a piece of skittle candy.

During an interview on 4/25/19 at 10:00 A.M. with the Qualified Intellectually Disability Professional (QIDP), she was asked, why Individual #2 speech program was not being implemented consistently in the residential and school setting. The QIDP stated, She wondering the same thing after observing Individual #2 perform his speech program."

A Program Implementation Active Treatment Policy indicated: "Each individual will have an individual plan of care which is a written plan setting forth measurable short and long term goals, and prescribing an integrated program of

W 249

Continued From page 249

6.7.19

Point #4: Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.

The Facility QIDP will meet with the Interdisciplinary Team quarterly to discuss the progress of the individual's speech goals and if the Behavior Support Plan strategies are effective in the residential setting. If the elopement strategies are not effective, the Facility QIDP will seek feedback from the Interdisciplinary Team to amend the Behavior Support Plan. The Facility QIDP will re-train all Direct Support Staff on the amended Behavior Support Plan regarding elopement. Evidence of compliance will be on documented on the facility's training log. The Facility QIDP initially trains the Behavior Support Plan strategies to all new employees at orientation and to all staff twice a year at the All Staff Meetings. Evidence of compliance will be on the facility's training log.

Completion Date: June 7, 2019

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HOLIDAY HOUSE OF PORTSMOUTH 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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 249	Continued From page 250 individually designed therapies, activities, and experience necessary to achieve such goals and objectives. Active treatment is consistently implemented in all relevant settings both formally and informally as the need arises or opportunities present themselves. The Support Coordinators are responsible for implementing and assuring that active treatment is provided in accordance with this policy." The facility staff failed to implement Individual #2 speech program consistently. B. The facility staff failed to implement Individual #2's behavior support program consistently to prevent elopement. An Accident and Incident Report dated 1/30/19 indicated: "Date Occurred: 1/30/19. Time Occurred: approximately 6:00 PM. Describe any injuries: No injury Account of what Happened: It was reported by staff that Individual #2 ran out of Cottage one living area and he was found on grounds on the swing set. Condition of person involved: Head to toe body assessment was done. No new areas noted. Skin intact, no tenderness, no swelling. Activity with in limits, no sign of pain/discomfort. mood. Vital signs taken- none. Was Individualized Support Plan Modified: NO Name of Parent/Guardian/Authorized Representative notified: Mother - Time Notified: Approximate 6:50 PM. Summary of response from Parent/Guardian / Authorized Representative: 'Mother made aware. And she also, stated that she was not surprised	W 249		

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W 249	Continued From page 251	W 249		

Continued From page 251
to hear this because he did a lot of eloping at home.'
Summary of corrective action taken: No Tx needed monitoring continued."

An Initial Investigative Report indicated:
"Individual Name-Individual #2, Date of Incident 1/30/19. Time of Incident approximately 6:00 PM; No injures. Location: Cottage One (right wing).
Type of Incident: Elopement.
Description of Incident: Individual #2 was in cottage one living area walking inside the living room.
Cause of Incident: Individual #2 eloped form cottage one living area to the swing set on grounds near cottage two.

On Wednesday, January 30, 2019 at approximately 6:00 PM staff asked Residential Supervisor if Individual #2 was with him. Residential Supervisor informed staff no, and staff then stated that Individual #2 has ran out of the building through kitchen door, staff immediately ran outside to if they could find Individual #2. Shortly after Individual #2 was found on the swing set outside hear Cottage Two side of the building. Nursing staff assessed him and no new areas were observed. Witness statement attached to report to provide support for this report.
Also, prior to realizing that Individual #2 was not inside the building, the staff person assigned to Individual #2 asked Residential Supervisor if he could watch Individual #2 while she uses the restroom. Supervisor watched Individual #2, when staff returned she asked why the door was open in the kitchen?

Corrective Actions Taken: Recommend - ensure

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W 249	Continued From page 252 that communication occurs when a supporting an individual to another staff person." A Nursing Department Notification to the physician indicated: "Date 1/30/19; Attention: physician; From: facility nursing department; Reason: Individual #2. Comments: Individual #2 ran out of the building w/o (with out) shoes on feet and coat/jacket. head to toe focal assessment completed. no findings noted. Activity (wnl), no s/s (signs/symptoms) of pain/discomfort. laughing... A Behavior Support Plan Addendum dated January 24, 2019 Indicated: Target Behavior: Elopement Rational: Individual #2 has a history of running away from staff and leaving grounds of facility. This behavior support plan addendum will address appropriate prevention and responses in the event he elopes from the supervised area. The following strategies will be implemented when supporting Individual #2 while on grounds and out in the community with designated staff: 1. Residential Supervisors and/or Managers will designate the appropriate staff to work with Individual #2 during waking hours. The assigned staff will follow the guidelines of One to One Supervision (LEVEL ONE), which means the assigned staff will be visually focused on him (individual must be with in eyesight of staff at all times), the staff person will be within one arms's length of Individual #2, this person will implement his schedule of activities for the day, the assigned staff will rotate every 2 hours with another designated staff person, the one to one staff will be responsible for implementing his behavior support plan and document every 2 hours regarding engagement activities with Individual	W 249		

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W 249	Continued From page 253 #2. 2. The designated staff person cannot leave the area where he/she is working with Individual without notifying the Supervisor on duty, i.e. restroom break. lunch break, etc. 3. The assigned staff person will encourage Individual #2 to hold their hand while out in the community. If he is resistant staff must be within arm's length of Individual #2 at all times. 4. If Individual #2 runs out the exit door (on grounds) the assigned staff person will immediately follow him and at the same time verbally say to another staff in the vicinity to call an ALL Page CODE: GREEN (code for: elopement), the person making the All page will announce Individual #2's initials, the location he is leaving and possible direction Individual #2 is going towards. All available staff person will come to the area stated for support. 5. Once located the assigned staff person will escort him back to the safe area. 6. If any injuries should occur during elopement an accident and incident report will be completed and Individual #2 will be assessed by nursing staff. Parents will be notified. 7. When Individual #2 is out in the community the assigned staff person must have access to a cell phone. 8. If Individual runs away from the assigned staff person out in the community and not within eyesight then staff must call 911. 9. The designed staff person will instruct another staff person to call supervisor at facility to inform of the situation and get further instructions. 10. The Supervisor will contact the Residential Manager, Chief Administrative Officer, Social Worker, Nursing department to inform of the situation and get further instructions. 11. Once Individual #2 is found and returned to	W 249		

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W 249	Continued From page 254 facility a designed staff person will take him to nursing department to be assessed. An accident/incident report will be written if an injury occurred. If an injury occurred he will be provided treatment and monitored closely by staff. Parents will be notified. 12. Failure to implement these procedures could result in disciplinary actions. Signed and dated 1/24/19 by the Support Coordinator /QIDP (Qualified Intellectual Disability Professional) and Chief Administrative Officer." During an interview on 4/25/19 at 10:30 AM with the designated QIDP for Individual #2 when asked 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 Program Plan and he stated, "No." The facility staff failed to consistently implement Resident #2's behavior support program.	W 249		
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on record review and staff interviews, the facility staff failed to provide nursing services for	W 331	**W331 Point #1: How corrective action will be accomplished for those individuals found to have been affected by the deficient practice.** The Director of Nursing will meet with the nursing staff including agency nurses to review the current survey. Post incident 1/17/2019 Individual#2 was wrapped in a blanket, assessed, oral hygiene and vitals completed post incident. The nurse documented that the individual temperature was 97.7, no nausea or vomiting noted. The nurse assessed individual #2 and checked temperature	5.30.19

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W 331	Continued From page 255	W 331	Continued From page 255	5.30.19

W 331 Continued From page 255

one individual (Individual #2) in the survey sample of four (4) individuals.

The findings included:

Individual #2 was admitted to the facility on March 20, 2018 for behavior consultation services for physical aggression, self-injury and property destruction. Diagnoses included autism spectrum disorder, attention deficit with hyperactivity disorder, conduct disorder, celiac disease, PICA and profound intellectual disability. This individuals behavior disorders include self-injury, biting, hitting his head, running away, property destruction. Individual #2 is non-verbal. He communicates mostly through crying, body/facial gestures and a few signs: more, eat, drink and finish.

The facility staff failed to provide medical attention to Individual #2 after he eloped from the facility and was found coming out of a body of water.

An Abuse Allegation Report dated 1/17/19 indicated: "On Thursday January 17, 2019 at approximately 5:00 P.M. an overhead all page was made. The announcement stated that "all residential supervisors are needed in the front yard. The announcement was made twice by the secretary. Once outside it was brought to the attention (sic) that the she observed one of the individuals left out of the facility gate and ran. She also stated that she saw him leaving out of the gate and messing with a staff person's vehicle. Also, outside the gate was Director of Nursing, Chief Administrative Officer and the Human Resource Clerk. At this time, Residential Supervisors found out that Individual #2 had ran

W 331 Provider's Plan of Correction — Continued From page 255 (Completion date: 5.30.19)

every 2 hours until individual was calm and resting. The nurse continue to make rounds on individual#2 every 2 hours while resting until the next shift. The oncoming nurse, documented that individual #2 was vomiting and refused breakfast. Individual #2 was seen by PCP for sick visit on 1/18/2019 at 9:30am.

Point#2: How the facility will identify other individuals having the potential to be affected by the same deficient practice: The Director of Nursing will meet with the nursing staff including agency nurses to review the current survey. The Director of Nursing will train the nurses on the Health Status Focal Assessment and Elopement Policy and procedure. The health status focal assessment will consist of a nurse making rounds every two hours to ensure that their assigned individuals are free of sign and symptoms of illness or injuries.

In addition, any changes in an individual health status or in the event of an Elopement sustaining minor injuries such as but not limited to scratches vitals will be completed every two hours. **Post an Elopement Encounter Requiring Medical attention**, if the individual sustain any injuries that cannot be treated by a nurse, found in a life threating environment such as but not limited to a body of water or have digested an inedible substances or if there is a change in health condition from initial elopement assessment, the individual will be seen by a physician. The nurses will acknowledge understanding by signing off on the training roster.

Completion Date: May 30, 2019

Point #3: What measures will be put into place or systemic changes made to ensure that the deficient practice will not reoccur: The Director of Nursing will amend the Health Status Focal Assessment to include post an elopement encounter, Post an elopement encounter, if the individual sustain any injuries that cannot be treated by a nurse, found in a life threating

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W 331	Continued From page 256 off the facility grounds. Staff went in different directions on and off grounds to try and locate Individual #2. Eventually (Direct Support Professional #1 DB) found him across the street. Individual #2 had crossed over a street and was coming up hill behind some brick apartments. (DSP #1) stated, that he was coming up out of the pond behind the apartments. She stated, that Individual #2 was covered with mud and his clothes were soaked, She ran up to him and carried him across the street back to facility. She brought him back to the cottage. Undressed him in the bathroom and started drying him off and cleaning his face. A nurse staff along with a residential staff supported him with checking his body. Staff also stated that mud was in his mouth. He was taken to the room to warm up with a cover. A incident report indicated: "Injuries: Individual injured? No Description of Medical Treatment provided & findings: Individual #2 was assessed by nursing; no new areas noted to upper arm and left lower leg small scratch to nose. No treatment was required at this time. Investigation: A Nursing note dated 1/18/19 indicated: Individual #2 was sent to school following his elopement encounter. While at school, the school called the facility and reported that Individual #2 had been vomiting. "A Physician's Encounter Summary dated 1/18/19 at 9:42 A.M. indicated: "Patient Demographics Individual #2 Visit Information: 01/18/2019 @ 09:42 AM	W 331	Continued From page 256 environment such as but not limited to a body of water or evidence of digested inedible substances or if there is a change in health condition from initial assessment, the individual will be seen by a physician. The nurses will acknowledge understanding by signing off on the training roster. Completion Date May 30, 2019 **Point #4: How the facility plans to monitor it performance to make sure that solutions are sustained; Dates when the corrective action will be completed.** Significant elopement occurrences requiring medical attention will be reviewed during the risk management meetings. Completion Date: May 30, 2019	5.30.19

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Chief Complaint: Vomiting
History of Present Illness: Fever: None; Onset: Yesterday; Duration: Acute; Severity: Mild; Quality; Unchanged
Exposure to ill contacts: suite mates at facility got into mud yesterday and ate a little then vomited once, no other symptoms and seems improved today.
ROS Findings: Constitutional: Reports fatigue, malaise, loss of appetite,
Respiratory: Reports daytime cough
Gastrointestinal: Reports vomiting, decreased appetite,
Vital Signs: Temp-97.9 F @09:43
Weight:69 lb /31.30 kg (51%ile)
Height 54.0 in /137.2 cm (48%ile)
BMI 16.6 (52%ile)
Exam Findings:
Assessment:
Vomiting due to viral illness without dehydration
Plan: Treat symptoms as needed
Clear fluids, no food until vomiting has stopped for 6 hours, then advance slowly.
Review signs of dehydration
Discussed abdominal cramping and that diarrhea may develop later."

An Event Reporting Policy indicated: "Purpose to establish reporting policies and procedures to be followed when an "Event" occurs at the facility involving individuals who live here, visitors, parents/authorized representatives, practicum students or volunteers. These policies and reporting procedures do not apply to staff injuries.
2. Policy: The facility's policy is to determine to the fullest extent the cause of all accidents, injuries and events, and to take corrective action to prevent future occurrences. Immediate reporting of events is essential in the provision of

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W 331	Continued From page 258 health care, corrective actions and the management of risk or liability to the facility. The primary emphasis in this system is on the prompt reporting of events which involve injuries to persons other than facility staff members, however, a wide range of events not involving injury are also covered. 4. Definition: Event-Any occurrence, incident or experience that alters or changes the status or condition of an individual receiving services, a visitor, or the routine operation of the organization. During an interview on 4/29/19 at 10:00 A.M. with the Director of Nursing (DON), she was asked if Individual #2 could have possibly suffered hypothermia from the cold air and water. The DON stated, given that he did not have on any protective clothing and he was wet it was possible. When asked why no one took Individual #2 to the hospital for an assessment, she stated, there were no injuries noted. The DON was asked if Individual #2 was assessed for pain, she stated, No. There were no vital signs documented after the incident occurred. The facility staff failed to provide Individual #2 with medical treatment after being found emerging from a body of water after an elopement.	W 331		
W 455	INFECTION CONTROL CFR(s): 483.470(l)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases.	W 455	**W 455 Infection Control** **Point 1: Address how corrective action will be accomplished to address the issue(s), for those individuals found to have been affected by the deficient practice.**	6.7.19

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W 455	Continued From page 259 This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews the facility staff failed to implement speech programs free of infection and communicable disease potential for one Individual (Individual #2) in the survey sample of four (4) individuals. The Findings included: Individual #2 was admitted to the facility on March 20, 2018 for behavior consultation services for physical aggression, self-injury and property destruction. Diagnoses included autism spectrum disorder, attention deficit with hyperactivity disorder, conduct disorder, celiac disease, PICA and profound intellectual disability. This individuals behavior disorders include self-injury, biting, hitting his head, running away, property destruction. Individual #2 is non-verbal. He communicates mostly through crying, body/facial gestures and a few signs: more, eat, drink and finish. Individual #2 was observed in his day school program on April 24, 2019 at 11:00 A.M. participating in his speech program. Individual #2's teacher was observed using American Sign Language as part of his speech program. Individual #2 was observed during the School Day Program on 4/24/19 at 11:00 A.M. being taught by teacher using sign language for the words eat, hug, string and go. The teacher was observed to sign the word and ask Individual #2 to model the word with a sign or gesture. After each attempt the teacher would reward Individual #2 with a piece of skittle candy.	W 455	Continued From page 259 The Facility QIDP will request a meeting with the school principal and classroom teacher to discuss maintaining an effective infection control environment to prevent infections and communicable diseases while participating in Individual #2's sign language task. The Facility QIDP will discuss the use of a barrier and wearing protective gloves while using candy as a reinforcement during the sign language task to decrease the risk of infection to Individual #2. The facility will provide protective gloves, napkins, wipes and hand sanitizer to Individual #2's classroom. **Completion Date: May 16, 2019** **Point #2: Address how the facility will identify other individuals having the potential to be affected by the same deficient practice.** The facility will provide protective gloves, napkins, wipes and hand sanitizer to all individuals' classrooms to maintain an effective infection control environment to prevent infections and communicable diseases. **Completion Date: June 7, 2019** **Point #3: Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.** The Facility QIDP will collaborate with the teachers every nine weeks regarding if supplies (protective gloves, napkins, wipes and hand sanitizer) are needed. Evidence of compliance will be documented on the Education Collaboration Form.	6.7.19

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W 455	Continued From page 260 The teacher was observed to use her hands to reach inside a bag of skittles and place the candy on the bare desk table. Individual #2 then would grab the candy with his bare hands and eat it. Individual #2 was observed in between the sign language task also engaged in playing with a string, bouncing on a large rubber ball and crawling on the floor. There was no barrier between the desk and the candy. Individual #2 did not wash or wipe his hands between task and the teacher did not wash her hands nor wear protective gloves. During an interview on 4/24/19 at 11:10 A.M. with the Qualified Intellectual Disability Professional (QIDP) she as asked if it was ok for staff to place the skittle candy on the desk and have Individual #2 eat without a barrier or washing of hands. The QIDP stated, no the teacher as well as Individual #2 should have been washing their hands. An Infection Control Policy indicated: "The facility as part of quality improvement, has established within its program an Infection Control Committee. The Committee will address activities related to the health, safety and welfare of individuals receiving services, employees, contractors and visitors. Goals: A. Decrease the risk of infection to individual and personnel. C. Identify and correct problems relating to infection control practices. Scope of the Infection Control Program: A. Prevention of spread of infections is accomplished by use of hand hygiene, standard precautions and other barriers, appropriate treatment and follow-up. Staff and individual education focuses on risk of	W 455	Continued From page 260 . **Completion Date: June 7, 2019** **Point #4: Indicate how the facility plans to monitor its performance to make sure that 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 practices in the classroom. **Completion Date: June 7, 2019**	5.16.19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G013	A. BUILDING ________ B. WING ________	C 04/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLIDAY HOUSE OF PORTSMOUTH 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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 455	Continued From page 261 infection and practices to decrease risk." The facility staff failed to maintain an effective infection control environment to prevent infections and communicable diseases.	W 455		

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