



COMMONWEALTH of VIRGINIA

Department of Health

Office of Licensure and Certification

M Norman Oliver, MD, MA
State Health Commissioner

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9960 Mayland Drive, Suite 401
Henrico, Virginia 23233-1485
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June 12, 2019

Brandi Borwn, Director
Merryfield Residence
111 Horse Mountain View
Covington, VA 24426

RE Merryfield Residence
Covington, Virginia
ICF/ID. 49G057

Dear Ms Curry:

An unannounced Medicaid survey, ending June 11, 2019 was conducted, by the VDH Office of Licensure and Certification staff. All references to regulatory requirements are found in Title 42, Code of Federal Regulations

Survey Results and Plan of Correction

Enclosed is the CMS-2567, Statement of Deficiencies, for the Fundamental Health Survey. This document contains a listing of the deficiencies found at the time of this inspection. [Any deficiencies found as a result of a Life Safety Code inspection will be mailed separately from the office of the State Fire Marshall.]

You are required to file a plan for correcting these deficiencies. Your statements shall reflect the specific detailed actions you will take to correct deficiencies, prevent a recurrence of the deficiencies, and measures implemented to maintain compliance. You must also give the specific calendar date on which correction for each deficiency is expected to be completed. The response "Corrected" is not an acceptable response. That kind of response does not fulfill the requirement to provide information on preventing recurrence or maintaining compliance. The response "will train staff" is not an acceptable response unless specific information is given on the plan for frequency and methods to evaluate results.

APL: BJE
JUN 13 2019

MUTE: S-2
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TE: JJE
JUN 13 2019

VDH VIRGINIA
DEPARTMENT
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Ms Nancy Curry
June 12, 2019
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Correction/completion dates must be within forty-five (45) days from the day of the inspection. If you have been cited for physical plant or Life Safety Code deficiencies that will require more than 45 days to correct and you intend to request an exception, you must provide a specific reason for the request and the expected completion date

After signing and dating your Plan of Correction, retain one copy of the Report for your files and return the original to this office within ten (10) calendar days from receiving the report. You will be notified if your Plan of Correction is not acceptable.

Failure to return your Plan of Correction within the time frame specified above can result in a loss of Medicaid reimbursement

A copy of the completed form (CMS-2567) will be kept on file in this office and will be available for public review. This Division is required to make copies of this report available to other Federal and State regulatory or reimbursement agencies upon request.

Survey Response Form

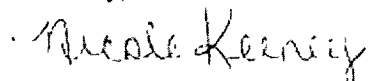
The LTC Survey Response Form is offered as a method to share your review of the onsite survey process. Please take a moment to complete this evaluation, which is available at:

"<http://www.vdh.virginia.gov/content/uploads/sites/96/2019/02/LTC-facility-survey-response-form.pdf>"

We will appreciate your participation

If you have any questions, please call me at (804) 367-2100.

Sincerely,



Nicole Keeney, LTC Supervisor
Division of Long Term Care Services

Enclosures

cc: Bertha Ventura, Department of Medical Assistance Services (Sent Electronically)
Susan Elmore, Department of Behavioral Health and Developmental Services

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

PRINTED: 06/12/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G057	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/11/2019
NAME OF PROVIDER OR SUPPLIER MERRYFIELD RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 111 HORSE MOUNTAIN VIEW COVINGTON, VA 24426		
(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	
E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 6/10/19 through 6/11/19. The facility was in substantial compliance with 42 CFR Part 483.73, Requirements for Long-Term Care Facilities. No complaints were investigated during the survey.	E 000	Provider's Response:	7/9/19	
W 000	INITIAL COMMENTS An unannounced Fundamental Medicaid re-certification survey was conducted 06/10/19 through 06/11/19. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). The Life Safety Code survey/report will follow. No complaints were investigated during the survey.	W 000	1. The Director contacted the pharmacy to develop TAR's (Treatment Administration Record) listing all adaptive equipment for each resident at Merryfield. The pharmacy will deliver and updated TAR of all adaptive equipment monthly to Merryfield Residence and Life Skills Day Support Program. The employees at both locations will check adaptive equipment daily and record the check on the TAR form. The day support program will include the cushion and dycem for Individual #1 in their active treatment plan. An additional cushion and dycem strips will be purchased and stored at the Life Skills Day Support Program. The QDDP at Merryfield will visit the day support program monthly to monitor the day program staff's compliance with the use of the TAR and ensure that the active treatment plan addresses all physician's orders and adaptive equipment. The active treatment plans will be readily accessible in a book at Life Skills Day Support Program.		
W 321	PHYSICIAN SERVICES CFR(s): 483.460(a)(2) The medical care plan of treatment must be integrated in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, record review and staff interview the facility failed to follow physician orders for one of 3 individuals in the survey sample, Individual #1. Resident #1 did not a physician ordered gel cushion or non skid Dycem in place while at the day program.	W 321			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Lynn Brackmidge

QT Manager

6/20/19

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 321	<p>Continued From page 1</p> <p>The Findings Include</p> <p>Individual #1 was admitted to the facility on 1/2/2019 with an intellectual development of mild and a medical diagnoses that included: Diffuse traumatic brain injury, epilepsy, and psoriasis</p> <p>On 6/10/19 at 12 30 P M Individual #1 was observed at the day program in the dining room sitting in a wheelchair. Individual #1 had just finished eating lunch and was performing a task of crushing aluminum cans. After the task was complete, Individual #1 was assisted by a Direct Staff personal (DSP) to another room and participated in spelling words. Individual #1 was then assisted to another room to shred paper with assistance. The total observation time was approximately 2 hours.</p> <p>Just after entrance to the day program a DSP was asked how do staff know what devices each individual needs. The DSP stated each individual has a book that is kept in the room and will let the staff know of an individuals needs and devices. The DSP was then asked for Individual #1's book. The book did not contain any information regarding the needs or devices for Individual #1. When asked about the missing information the DSP stated that the staff can also find the information on the computer.</p> <p>During the observation at the day program Individual #1's physician orders and Individual #1's Individual Service Plan (ISP) that the home facility provided, were reviewed.</p> <p>A physicians order dated 2/11/19 documented that Individual #1 was to have a wheelchair</p>	W 321	<p>2 All adaptive equipment for all residents will be documented on the TAR at Merryfield. There will be a TAR at Life Skills Day Support Program for those individuals attending the program. Physician's orders will be reviewed monthly and stored in the order book in the medication room. Staff will check the adaptive equipment daily and record the check on their TAR form that will be stored with the MAR (Medication Administration Record) in the medication room at each location.</p> <p>3 Each time a physician's order is obtained for adaptive equipment, the order will be documented on the TAR. The QDDP will fax the order to the day support program and communicate the instructions for the day support program to add it to the active treatment plan as well as the TAR. The physician's order will be scanned into the electronic health record. The QDDP will visit the day program monthly and monitor compliance with the adaptive checks and implementation of the active treatment plan.</p>	


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W 321	<p>Continued From page 2</p> <p>cushion in place and another physician's order dated 5/9/19 documented that Individual #1 was to have Dycem placed above and below the seat cushion to prevent sliding</p> <p>On 6/10/19 at 2 00 PM during the time when Individual #1 was shredding paper, the direct care manager (who was assisting Resident #1 to shred paper) was asked to assist Individual #1 to stand Individual #1 stood up and the wheel chair was observed Individual #1's wheelchair had an alarm pad in place but did not have a wheelchair cushion or Dycem</p> <p>When asked about the missing Dycem and cushion the direct care manager stated that this is how Individual #1 presented to the day program</p> <p>On 6/10/19 at 2 30 PM the facilities director and QMRP (Qualified Mental Retardation Professional) were interviewed regarding the missing Dycem and cushion for Individual #1 The director verbalized that the cushion and Dycem were in place when the Individual # 1 left the building for the day program At this time the director, QMRP and this surveyor looked around in Resident #1's room and could not find the cushion or the Dycem The director stated that it might have been left on the bus because the wheelchair gets folded up and Individual #1 sits in a bus seat while traveling. The director stated that she would call down to the day program and try to find out what happened to the cushion and Dycem.</p> <p>On 6/11/19 at 7 30 AM the director stated that she had placed a call to the day program and found out that the cushion had been soiled with urine and was being cleaned at the time of the</p>	W 321	<p>4 The QDDP will monitor the day support program compliance with the active treatment plan monthly. The RN Coordinator will review the TAR's during the monthly medication room audit at Merryfield and the day support program The RN at Merryfield will audit the TAR's at Merryfield monthly.</p> <p>5 The corrective action plan will be accomplished by 7/9/2019</p>	

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W 321	<p>Continued From page 3 surveyor's observation</p> <p>It was explained that when the observation was made and during the interview with the director at the day program, the director stated that Resident #1 had presented to the day program without a cushion or Dycem. It was also explained that during observations of Individual #1 there was no indication or observation noted that Individual #1 had an incontinent episode (stained or wet clothing)</p> <p>Resident #1's treatment plan for the day program was reviewed and did not evidence via documentation that a cushion or Deycem was to be in place</p> <p>On 6/11/19 at 9 10 AM The QMRP was interviewed regarding the day programs treatment plan. The QMRP reviewed the day programs treatment plan and stated that the facility meets regularly with the day program for any updates regarding individuals and Individual #1's cushion and Dycem should have been updated on the day programs treatment plan (as the day program had been made aware) and could understand that this could be a reason for the day program staff not having the Dycem and cushion in place</p> <p>No other information was presented prior to exit conference on 6/11/19</p>	W 321		
W 368	<p>DRUG ADMINISTRATION CFR(s) 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders</p>	W 368	<p>Provider's Response.</p>	<p>7/9/19 </p>

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This STANDARD is not met as evidenced by
Based on facility document review, clinical record review, and staff interview the facility staff failed to ensure one of 3 clients was administered medications without error (Client #2).

The facility staff failed to ensure Client #3 was administered medications ordered by the physician without interruption Client #3 was ordered Seroquel 300 mg (milligrams) every morning, in addition to Seroquel 200 mg at 2 PM and 8 30 PM, Resident #3 did not receive Seroquel 300 mg each morning for 22 days

Findings include

Client #2 was admitted to the facility on 09/04/12 Diagnoses for this client included, but were not limited to: Mild mental retardation, bipolar disorder, ADD (attention deficit disorder), and intermittent explosive disorder

A review of the facility's systems to prevent abuse, neglect, mistreatment, and resolve complaints was conducted on 6/10/18 During this review, an incident for Client #2 identified that the client did not receive Seroquel 300 mg each morning for 21 days during the month of December 2018 The incident dated 12/21/18 and timed 4:04 PM documented, " pharmacy failed to fill prescription for Seroquel 300 mg by mouth every morning . switched to a new pharmacy as of November 1st 2018 and the MARS [medication administration records] from the pharmacy, did not include the Seroquel 300 mg .went 21 days without morning dose of 300 mg MEDICATION ERRORS Type. What type of

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1 All residents at Merryfield will receive medications per the physician's order. At the beginning of the month or anytime there is a new order the staff will implement the following procedures. All physician's orders will be reviewed and verified against the MAR, medications, and the electronic health record All medications for individual #2 will be administered according to the physician's orders

2 All residents at Merryfield will receive medications per the physician's order At the beginning of the month or anytime there is a new order the staff will implement the following procedures. All physician's orders will be reviewed and verified against the MAR, medications, and the electronic health record

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W 368	<p>Continued From page 5</p> <p>med error has occurred? Did not give medication Pharmacy did [sic] Seroquel 300 mg pharmacy did not place on MAR or deliver/fill the medication Is individual experiencing any adverse side effects?. Yes . Individual has been difficult to redirect and unable to follow direction or stay on task. Individual has had trouble getting along with other individuals and been going through others belongings . "</p> <p>The medication Seroquel is an antipsychotic medication and is used to treat conditions such as bipolar disorder, manic depressive disorder, and schizophrenia, etc This is a medication that should not be stopped abruptly</p> <p>Client #2's current physician's orders were reviewed and documented that the client receives Seroquel 300 mg every morning at 6.30 AM and Seroquel 200 mg at 2 00 PM and 8.30 PM, for a total of three doses daily</p> <p>The Client's MARs were reviewed for December 2018 The Seroquel 300 mg, 6 30 AM dose was not on the MAR The physician's orders were reviewed for December 2018 The Seroquel 300 mg, 6 30 AM dose was not on the POS (physician's order set)</p> <p>No orders could be found to evidence that this medication was discontinued by the physician</p> <p>On 6/11/19 at approximately 8 20 AM, the director and the QAS (quality assurance specialist) were interviewed. The above staff were asked how this resident missed getting this medication The above staff stated that they had got a new pharmacy and the pharmacy did not send the medication and the medication was not listed on</p>	W 368	<p>3 The Merryfield "Health Care Nursing Services" policy will be updated to reflect specific duties for checking in new medications and reviewing all medications at the beginning of the month during bulk delivery The Director will provide training to the staff at Merryfield in regards to the revised policy and review the process for receipt of new physician's orders and medication</p> <p>4 The RN Coordinator will conduct a medication audit each month by comparing the physician's orders, MAR's, medications, and the medications listed in the electronic health record The RN at Merryfield will audit the physician's orders, MAR's, medication, and electronic health record monthly</p> <p>5. The corrective action plan will be accomplished by 7/9/2019</p>	

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W 368	<p><i>Continued From page 6</i></p> <p>the MARs received from the pharmacy. The director stated that at the time, the DSP [direct staff professional] and/or nurses would check the medications delivered by the pharmacy for the resident and compare them with the MAR (not physician's order set/POS) that was also sent by the pharmacy. The director stated that the physician orders were not checked against the MARs and that the previous months MARs were not looked for an additional check system. The director and QAS stated that they have a new process at this time. The director and QAS was asked for a policy on procedures to ensure accuracy of medications, including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each client and per the physician's orders. The director stated that the nurse at that time did not check the medications or MARs for December against the previous months MARs to ensure accuracy. The director stated that they have a new process now.</p> <p>The new process information was presented and reviewed. The information was a QA review, root cause analysis form.</p> <p>The facility's policy was presented at 8:40 AM. The policy titled, "Health Care Nursing Services" documented the following: ". nurse audits the medication charts monthly to determine accuracy of medication administration. All medication errors and medications lost, found, or destroyed are documented, and reviewed by the nurse with follow up instructions. Each month the Nurse. Documents the receipt of medications, physician's orders, and Medication Charts. Reviews for accuracy. Follows up as needed. The nurse assures current signed</p>	W 368		

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W 368	<p>Continued From page 7</p> <p>physician's orders are obtained for all medications, treatments, and therapies, which require orders " This policy was dated revised on 5/1/19</p> <p>The director was asked about the policy review (5/1/19). The director stated that this policy was reviewed and revised on that date, but it was mostly just "verbiage" that was changed The previous policy was requested</p> <p>The previous policy before the revision (5/1/19) was reviewed This policy was titled the same and had a revised date of 3/1/18 This policy contained the same information as the revised (5/1/19) policy in relation to the above findings. There was no new or added information in relation to ensuring medications are accurately obtained, checked, verified, or administered</p> <p>No further information and/or documentation was presented prior to the exit conference on 6/11/19 at noon to evidence that the client's medications, specifically Seroquel 300 mg was verified, obtained and administered per the resident's plan of care or the physician' orders</p>	W 368		

**ALLEGHANY HIGHLANDS COMMUNITY SERVICES
MERRYFIELD**

Section:	Health Care	Policy:	15.05	Page	<u>1</u>	of	<u>2</u>
Title:	Nursing Services	Issued:	5/1/2012	Revised:	6/19/19		
Reference:	DBHDS: 770, 780, 790; Federal Regulations. W 343-347						

Policy.

It is the policy of ICF/IID Services to provide quality nursing services to individuals in accordance with their needs, in a timely manner. Nursing services are provided by a Registered Nurse, currently licensed to practice in the state of Virginia. In the event an individual requires a medical care plan, the program will provide 24-hour nursing care.

Procedures

- Prior to admission, the Nurse completes an assessment of health needs, profile of immunizations, medications and health status.
- The Nurse assists in the assessment of each individual, development of appropriate individualized plans of care, and the regular review and modifications of their plans. A preliminary Health Care Plan is developed and implemented upon admission.
- The Nurse develops the annual Health Care Plan within 30 days of admission and annually thereafter. The Health Care Plan is based on the medical assessments of the individual's needs, and specifies the type of health care needed, the goals and objectives to be accomplished, methods to be used, and a quarterly evaluation of progress. Goals are designed to assist in preventing illness or disability as well as to enable the individual to function as independently as possible within the limits of any health impairments. The Nurse provides direct services as needed, and trains and assists direct care professionals in carrying out the care specified by the Plan.
- The Nurse audits the Medication Charts monthly to determine accuracy of medication administration. All medication errors and medications lost, found, or destroyed are documented and reviewed by the Nurse with follow-up instructions.
- The Nurse provides care for minor illnesses, injuries, emergencies, routine care, and consultation on health issues.
- The Nurse weighs each individual monthly and records weight. The Nurse, Dietician, and Medical Director assist employees in determining the optimal weight for each individual and in developing appropriate plans to achieve or maintain adequate weight.
- The Nurse monitors the condition and the use of adaptive devices (i.e. dentures, wheelchair, glasses, and hearing aids monthly). The Nurse facilitates the acquisition, maintenance and repair of adaptive equipment and assists in training individuals to care for and use the devices.

Section.	Medication Management	Policy.	15.05	Page	<u>2</u>	of	<u>2</u>
Title.	Nursing Services	Issued.	5/1/2012	Revised	6/19/19		

- The Nurse provides oversight of direct care professionals in administering of medications and treatments and is available to administer medications should an individual be temporarily unable to self-administer.
- The Nurse explains to individuals, family members, and legally authorized representatives, the need and specifics of necessary medical procedures, reasons for prescribed medications, potential side effects, and changes in medical orders.
- The Nurse provides in-service training to program employees in the areas of:
 - Detecting signs of illness or dysfunction that warrant medical or nursing intervention
 - Basic skills required meeting the health needs and problems of the individuals
 - First aid in the presence of an accident or illness
 - Supervision of medication self-administration program
 - Potential side effects of medications prescribed and the symptoms of each effect
- The Merryfield Residential Administrator participates with AHCS Safety Committee and communicates information to the RN, to prevent and control communicable diseases, infections, and safety hazards, and provide required reports to authorities. The Nurse participates with the ICF/IID Services Safety/Infection Control Committee also.
- Procedure for checking in new and/or monthly medications:
 1. The monthly bulk medication and/or new medication will be checked in by two staff.
 2. The physician orders will be verified against the medication, MARs, and electronic health record.
 3. Any corrections will be noted on the MARs and physician's order form.
 4. The prescribing physician and pharmacist will be notified of any discrepancies.
 5. The Medical Director will review the physician's order form during monthly rounds.
 6. The staff will sign and date the back of the MARs as evidence that the review was completed.
- Monthly the pharmacist and Nurse reviews the drugs and removes outdated and deteriorated drugs as well as those not being used. Discontinued and outdated drugs and containers with worn, illegible, or missing labels are returned to the pharmacy of issue for proper disposition, or destroyed per pharmacy protocol.
- The Nurse assures current signed Physician's Orders are obtained for all medications, treatments and therapies, which require orders.

In the event that an individual requires a medical care plan, the nurse will write the plan and train employees on how to implement plan.