PRINTED: 09/12/2019 FORM APPROVED OMB NO. 0938-0391

PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) E 000 Initial Comments An unannounced Emergency Preparedness survey was conducted on 9/3/19. The facility was in substantial compliance with 42 CFR Part 483.475, Condition of Participaton for Intermediate Care Facilities for Individuals with Intellectual Disabilities. W 000 INITIAL COMMENTS W 000 An unannounced annual Medicaid ICF/ID recertification survey was conducted 09/03/2019. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for the Intellectual Disabilities. The cansus in this 12 certified bed facility was 12 Individuals at the time of survey. The survey sample consisted of 3 current Individual reviews (Individuals at Through #3). 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 observation, staff interview, and clinical record review, the day support staff failed to	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
MAME OF PROVIDER OR SUPPLIER BAXTER HOUSE CALL DATE DATE			49G018	B. WING		09/	03/2019
PREFIX TAG REGULATORY OR ISC IDENTIFYING INFORMATION) E 000 Initial Comments An unannounced Emergency Preparedness survey was conducted on 9/3/19. The facility was in substantial compliance with 42 CFR Part 483.475, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities. W 000 INITIAL COMMENTS W 000 An unannounced annual Medicaid ICF/ID recertification survey was conducted 09/03/2019. The facility was conducted 09/03/2019. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for the Intellectual Disabled. The Life Safety Code survey report will follow. The census in this 12 certified bed facility was 12 Individuals at the time of survey. The survey sample consisted of 3 current Individual reviews (Individuals #1 through #3). 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 observation, staff interview, and clinical record review, the day support staff failed to					POST OFFICE BOX 621	IP CODE	
An unannounced Emergency Preparedness survey was conducted on 9/3/19. The facility was in substantial compliance with 42 CFR Part 483.475, Condition of Participaton for Intermediate Care Facilities for Individuals with Intellectual Disabilities. W 000 An unannounced annual Medicaid ICF/ID recertification survey was conducted 09/03/2019. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for the Intellectually Disabled. The Life Safety Code survey report will follow. The census in this 12 certified bed facility was 12 Individuals at the time of survey. The survey sample consisted of 3 current Individual reviews (Individuals #1 through #3). 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. **RECEIVED** OCT 02 2019 **VDH/OLC** This STANDARD is not met as evidenced by: Based on observation, staff interview, and clinical record review, the day support staff failed to	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	TION SHOULD BE THE APPROPRIATE	COMPLETION DATE
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Individuals at the time of survey. The survey sample consisted of 3 current Individual reviews (Individuals #1 through #3). 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. RECEIVED OCT 0 2 2019 VDH/OLC This STANDARD is not met as evidenced by: Based on observation, staff interview, and clinical record review, the day support staff failed to		recertification survey The facility was no Part 483 Requirem Facilities for the Int	ey was conducted 09/03/2019. t in compliance with 42 CFR ents for Intermediate Care tellectually Disabled. The Life				
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. RECEIVED OCT 0 2 2019 VDH/OLC This STANDARD is not met as evidenced by: Based on observation, staff interview, and clinical record review, the day support staff failed to	W 249	Individuals at the ti sample consisted of (Individuals #1 thro PROGRAM IMPLE	me of survey. The survey of 3 current Individual reviews ough #3). EMENTATION	W 2	49		
This STANDARD is not met as evidenced by: Based on observation, staff interview, and clinical record review, the day support staff failed to		formulated a client each client must re treatment program interventions and s and frequency to s objectives identified	's individual program plan, eceive a continuous active consisting of needed services in sufficient number upport the achievement of the		R	ECEIVED	
Based on observation, staff interview, and clinical record review, the day support staff failed to							
implement the active treatment plan regarding		Based on observa	ition, staff interview, and clinical		V	DH/OFC	

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G018	B. WING		09/	03/2019	
NAME OF PROVIDER OR SUPPLIER BAXTER HOUSE				STREET ADDRESS, CITY, STATE, ZIP POST OFFICE BOX 621 KEEN MOUNTAIN, VA 24624			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
W 249	The findings included for Individual #1, in program failed to into receive liquids of the face sheet revibeen admitted to the Diagnoses included disorder, impulsive moderate intellection pigmentosa of both with mild reflux, he obstructive pulmor Individual #1's ISP start date of 01/29 01/28/2020 (part 50 Day Services/Centoutcome 03.2 " To ounce at a time in repeat giving him of drinking" On 09/03/2019 at staff at the day suppreparing and adminedication for admodiservation, DSP and #2 measured measuring cup and	ded: the staff at the day support mplement the Individuals plan ounce at a time. yealed that Individual #1 had he facility 04/22/2004. The determined by the facility of the		On September 4, 20 Facility Manager, R met with the Grow Assistant Manager #1 and #2 to 90 0 #1's outcome 03.2 in part 5 of his F	H immediate Op Day Servin - and DsP Over individua 1, lacated	es al	
	Individual #1 and I	ndividual #1 drank the water. ated the water without difficulty. 12:05 p.m., the surveyor		and # 2 both state and demonstrated how individual # receive all liquid	d correctly correctly		

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			1 12120
		49G018	B. WING		09/	03/2019
NAME OF PROVIDER OR SUPPLIER BAXTER HOUSE			F	POST OFFICE BOX 621 KEEN MOUNTAIN, VA 24624		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLA 1 OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED (CROSS-REFERENCE)	D BE	(X5) COMPLETION DATE
W 339	#1, and DSP #2. If surveyor that Individual and inch at a time. DS the Individual and in assistant program the Individual had they would drink to them get choked. The senior team in notified of the issuintake on 09/03/20 manager was notified to the suconference. NURSING SERVICER(s): 483.460(c) Nursing services in as prescribed by toclient needs. This STANDARD Based on observice or review, the follow physician of 1 of 3 Individuals, The findings inclusion. For Individual #1, program failed to	sistant program manager, DSP #2 verbalized to the vidual #1 had received an entire should have only received an P #1 stated they usually gave nch of water at a time. The manager stated she thought a problem with aspiration and of fast but she had never seen eader at the group home was be regarding the Individuals fluid 019 at 3:00 p.m. The facility fied on 09/03/2019 at 3:50 p.m. ation regarding this issue was rivey team prior to the exit CES c)(4) must include other nursing care the physician or as identified by is not met as evidenced by: ation, staff interview, and clinical day support staff failed to rder in regards to fluid intake for Individual #1.	W 339	also discussed with the DSP the complications can arise if the outer isn't implement correct at any time the indivision of the stated they have a computated they have a considerational of the importance of it. The Group Day Service the importance of it. The Group Day Service manager have schedul manager have schedul manager have schedul it will be stressed against the important implementing outcome this nature correctly RIDP and Facility Now will also be present answer questions and reiterate the complications of this type outcomes o	that some street as the street of the street	10/2/19

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		COMPLETED	
		49G018	B. WING		09/0	3/2019
NAME OF PROVIDER OR SUPPLIER BAXTER HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE POST OFFICE BOX 621 KEEN MOUNTAIN, VA 24624			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
W 339	The face sheet revibeen admitted to the Diagnoses included disorder, impulsive moderate intellecture pigmentosa of both with mild reflux, herobstructive pulmon. This face sheet also indicate the Reside liquid at a time in a lindividual #1's 90 do 07/10/2019 include "fluids, receive 1 once swallowed region of the Individual's "An O1/29/2019 read in oz at a time due to the annual nursing 01/29/2019 also increceive 1 oz. of a list swallowed repeat von the original of the day suppreparing and adminedication for administration of the annual nursing 01/29/2019 also increceive 1 oz. of a list swallowed repeat von 09/03/2019 at a staff at the day suppreparing and adminedication for administration of the annual nursing outpart of the day suppreparing and adminedication for administration of the day suppreparing and administration of the	ealed that Individual #1 had be facility 04/22/2004. If but were not limited to, mood aggression/poor tolerance, all disabilities, retinitis a eyes, diabetes, hiatal hernia aring loss, and chronic ary disease. In included a diet order to ent was to receive 1 ounce of cup. It is represented by the factor of the cup o	W 339	In addition, DSP #10 #2 will each receive written warning for for to implement an indice outcome correctly. The Group Day Servi Assistant Manage Continue to monitor Correct implementati of individual outcom by requiar observed	failing sidual's ice's ice's it will the ice's ice's	

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AND PLAN OF CORRECTION NOMBER. A. BUILDING	(X3) DATE SURVEY COMPLETED	
49G018 B. WING	09/03/2019	
NAME OF PROVIDER OR SUPPLIER BAXTER HOUSE STREET ADDRESS, CITY, STATE, ZIP CODE POST OFFICE BOX 621 KEEN MOUNTAIN, VA 24624		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		
Individual #1 tolerated the water without difficulty. On 09/03/2019 at 12:05 p.m., the surveyor interviewed the assistant program manager, DSP #1, and DSP #2. DSP #2 verbalized to the surveyor that Individual #1 had received an entire cup of water and should have only received an inch at a time. DSP #1 stated they usually gave the Individual an inch of water at a time. The assistant program manager stated she thought the Individual had a problem with aspiration and they would drink to fast but she had never seen them get choked. The senior team leader at the group home was notified of the issue regarding the Individuals fluid intake on 09/03/2019 at 3:00 p.m. The facility manager was notified on 09/03/2019 at 3:50 p.m. No further information regarding this issue was provided to the survey team prior to the exit conference.		

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