



September 5, 2019

Laura S. Veuhoff
Division of Long Term Care Services Supervisor
Virginia Department of Health
9960 Mayland Drive Ste. 401
Henrico, VA 23233-1485

RE: Plan of Correction for Gilbertson Lodge
Newport News, Virginia
Provider Number: 49-G058

Dear Ms. Veuhoff:

We have received your letter advising of the deficiencies cited during the recent recertification review of Gilbertson Lodge which ended August 22, 2019 for your review. Please find enclosed the aforementioned Plan of Correction and its associated attachments. I am submitting electronically to expedite and document our submission. The plan of correction is also being processed to you via next day delivery mail.

Should there be any further information or clarification needed, please feel free to contact me at (757) 788-0031 or by email at: lowillia@hnncsb.org

Sincerely,

Lonice Williams
Residential Services Manager
Developmental Services

PC: Natale Christian
Daphne Cunningham
Carol McCarthy
Susan Elmore

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

PRINTED: 08/26/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G058	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/22/2019
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NAME OF PROVIDER OR SUPPLIER

GILBERTSON LODGE

STREET ADDRESS, CITY, STATE, ZIP CODE

301 BOWMAN LANE
NEWPORT NEWS, VA 23606

(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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E 000 Initial Comments

An unannounced Emergency Preparedness survey was conducted 08/20/19 through 08/22/19. The facility was in compliance with 42 CFR Part 483.73, 483.475, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities. No emergency preparedness complaints were investigated during the survey.

W 000 INITIAL COMMENTS

An unannounced Fundamental Medicaid recertification survey was conducted on 08/20/19 through 08/22/19. The facility was not compliance with CFR Part 483 Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Federal Regulations. The Life Safety Code report will follow. No complaints were investigated during the survey.

W 312 DRUG USAGE
CFR(s): 483.450(e)(2)

Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.

This STANDARD is not met as evidenced by:
Based on record review and staff interviews the facility staff failed to ensure the psychotropic

E 000

W 000

W 312

Individual #1 Policy 76 "Psychotropic Medicines Review" was updated on August 28, 2019 to include the following:
Psychiatric medications used for behavior management will not be ordered on a PRN basis for any individual. The program nurse must contact the physician to obtain a one-time emergency order if the individual needs to use psychiatric medications due to a behavior.

8/28/19

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

TITLE

(X6) DATE

Amice Williams, Residential Services Manager

9/5/19

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 312	<p>Continued From page 1</p> <p>medication Seroquel was integrated into the program plan and failed to evidence behaviors in the Individual's record to support it's use, for 1 of 2 Individuals in the survey sample, Individual #1.</p> <p>The findings included:</p> <p>Individual #1 was admitted to the facility on 1/29/18 with diagnoses of Severe Intellectual Disability, Down Syndrome, seizures, depression, and hypothyroidism. Individual #1 was placed on a psychotropic medication Queitapine (Seroquel) 50 Milligrams (mg) without a full review and alternative interventions being considered.</p> <p>A Nursing Progress Note dated 6/21/19 indicated "(Individual #1) was seen by primary physician to have fasting labs completed. Physician also addressed (Individual #1's) issue of not sleeping well at night. Physician's office will be setting up an appointment for her to have a sleep study completed. The office will call with scheduled appointment."</p> <p>A Psychological Assessment Report dated 7/5/19 indicated: "Psychologist evaluated (Individual #1) on July 2,2019 using the Dementia Scale for Down Syndrome (DSDS)." The DSDS is an observational instrument that is completed by means of interviews of two or more staff or family that interact with the person on a daily basis.</p> <p>Results of the DSDS indicated that Individual #1 was exhibiting seventeen Early Stage signs of dementia and seventeen Middle Stage signs. The resulting Early + Middle Tally score of 34 was consistent with the middle stage of dementia. Individual #1 received a Late Stage Tally of ten, suggesting that she was exhibiting several signs</p>	W 312	<p>The maximum number of times the one-time order for psychiatric medication can be used for behavior management in an emergency situation is established at three doses; with each separate usage, the program nurse must contact the physician to obtain a one-time order.</p> <p>If an individual receives three doses of the psychiatric medication on an emergency basis, the facility program nurse and QIDP, with the approval of the ID Team, will incorporate the use of the medication into the individual's program plan, behavior support plan and the nursing care plan.</p> <p>The Psychiatrist will re-evaluate, at least quarterly, the need to prescribe psychotropic/neuroleptic drugs and other medications for an individual with the purpose of managing a behavior or treatment of mental illness, with the approval of the Special Constituted Committee and review of interdisciplinary team (IDT).</p> <p>Prior to requesting the use of psychiatric medication to address behavior, a behavior support plan will be developed to include baseline behavioral data. When the behavioral plan is not successful in addressing behavior, the QIDP and facility nurse, with the approval of the ID Team may request evaluation for the use of psychiatric medication (see attachment A)</p>	8/28/19

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NAME OF PROVIDER OR SUPPLIER GILBERTSON LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 301 BOWMAN LANE NEWPORT NEWS, VA 23606
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W 312	<p>Continued From page 2</p> <p>associated with the late stage of dementia.</p> <p>Conclusions: Results of the Dementia Scale for Down Syndrome suggest that Individual #1 is exhibiting signs associated with middle stage dementia.</p> <p>Recommendations: (1). (Individual #1) should be referred to her Neurologist to determine whether a diagnosis of dementia is appropriate, (2) Staff of facility and day Program should implement the recommendations of the Physical Therapist, Occupational Therapist, and Speech Therapist in providing support to (Individual #1)."</p> <p>A Nursing Progress Note dated 7/10/19 indicated: "(Individual #1) was seen by physician for a follow up appointment. She have (sic) a new order for Quetiapine (Seroquel) 25 mg for sleep and anxiety. Next appointment set for October 2019."</p> <p>A physician's order dated 7/10/19 indicated: "Quetiapine Fumarate 25 mg oral tablet, take 1 tablet (25 mg total) by mouth at bedtime to help with sleep and agitation."</p> <p>A Behavior Support Plan dated 7/23/19 Indicated: "Target Behavior-Combative Behavior: Shouting, pushing, or hitting, during personal hygiene routines or other tasks.</p> <p>Strategies: 1. Staff of the facility and day program should utilize the following general strategies when working with (Individual #1).</p> <p>a. (Individual #1) should complete the same types of activities in roughly the same order everyday. Staff should avoid unplanned activities if possible.</p>	W 312	<p>The medication that was prescribed for individual #1, Seroquel as a PRN was discontinued on August 29, 2019 by the prescribing physician. Although Individual #1 was prescribed the psychiatric medication as a PRN for behavior, the medication was never administered as such. (See Attachment B.) Staff have been trained that the prescribing of a PRN for behavior is not permissible per program policy #76 and ICF regulations in order to avoid future occurrences of prescribing a PRN for behavior management. (See attachment A).</p> <p>The Psychologist has revised the Behavioral Support Plan and data sheet for this individual. Staff no longer will track progress using the rating scale. Instead, the revised plan instructs staff to document the number of incidents of Combative Behavior using a partial interval method of data collection. (See Attachment C)</p>	8/30/19

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W 312	<p>Continued From page 3</p> <p>e. When staff are beginning an activity with (Individual #1), they should tell her what she is about to do and allow her a few minutes to comprehend what has been said.</p> <p>g. When staff give verbal instructions, they should never ask (Individual #1) more than once to complete an activity. Repeated verbal requests to complete an activity are likely to be confusing and might cause her to "shut down." Staff should make the request once and then should wait a few minutes before asking again.</p> <p>i. Staff should follow the recommendations of the Physical Therapist regarding mobility and use of adaptive equipment.</p> <p>3. Staff should try to complete (Individual #1's) bathing routine in a manner that is most agreeable to her. Staff should complete the task in steps. Pausing along the way to allow her acclimate to each step of the routine. Staff should avoid excessive talk when she is resisting an activity.</p> <p>6. Staff will document (Individual # 1's) combative behavior during each day and evening shift using the rating scale developed for this plan. The possible ratings are:</p> <p>5 = Best Day: Usually cooperative with activities and hygiene routines, never combative during care</p> <p>4 = Not her Best Day. "but better than a Fair Day," rarely combative</p> <p>3 = Fair Day: Cooperative with some activities</p>	W 312	<p>Prior to requesting the use of psychiatric medication to address behavior, a behavior support plan will be developed to include baseline behavioral data. When the behavioral plan is not successful in addressing behavior, the QIDP and facility nurse, with the approval of the ID Team, may request evaluation for the use of psychiatric medication (see attachment A).</p> <p>The Psychologist has revised the Behavioral Support Plan and data sheet for this individual. Staff no longer will track progress using the rating scale. Instead, the revised plan instructs staff to document the number of incidents of Combative Behavior using a partial interval method of data collection. (See Attachment C)</p>	8/30/19	

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W 312	<p>Continued From page 4</p> <p>and hygiene routines, sometimes inattentive, occasionally combative during hygiene routines</p> <p>2 = Not her "Worst Day," but not as good as a "Fair Day," combative behavior during hygiene routines about half of the time</p> <p>1 = Worst Day: Almost no interest in activities, combative behavior during hygiene routines almost all of the time</p> <p>The Psychologist will summarize data by calculating the average rating for each month.</p> <p>A Rating Sheet for Behavior Support Plan indicated: Individual #1 from July 26, 2019 until August 21 2019 did not have a rating score of (1) one and one rating score of 2 during this time period.</p> <p>A 7/22/19 Physician's Progress note indicated: "(Individual #1) appears well and no complaints. Assessment: Seizure stable Continue to go to Day Program</p> <p>Plan: Continue current medications."</p> <p>During an interview on 8/21/19 at 2:30 P.M. with the Residential Manager she was asked if there was base line data of the Individual's Combative Behaviors of shouting, pushing, or hitting during personal hygiene routines or other tasks prior to Individual #1 being placed on Seroquel. The Residential Manager stated no, the doctor thought it was best to address her sleepiness and agitation with the use of Seroquel.</p>	W 312	<p>The Psychologist has revised the Behavioral Support Plan and data sheet for this individual. Staff no longer will track progress using the rating scale. Instead, the revised plan instructs staff to document the number of incidents of Combative Behavior using a partial interval method of data collection (See Attachment C)</p> <p>Prior to requesting the use of psychiatric medication to address behavior, a behavior support plan will be developed to include baseline behavioral data. When the behavioral plan is not successful in addressing behavior, the QIDP and facility nurse, with the approval of the ID Team, may request evaluation for the use of psychiatric medication (see attachment A).</p>	8/30/19	

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W 312	<p>Continued From page 5</p> <p>The Residential Manager was asked what other alternatives were tried prior to Individual #1 being placed on Seroquel. The Residential Manager stated, "None."</p> <p>During an interview on 8/22/19 at 10:30 P.M. with the assigned Licensed Practical Nurse (LPN) she was asked if the doctors had scheduled Individual #1 for a sleep study. The LPN stated, "No, the study had not been scheduled." The LPN was asked if other alternatives had been tried prior to Individual #1 receiving Seroquel for sleep and agitation. The LPN stated, no other alternatives were tried.</p> <p>A Psychotropic Medication Review Policy Indicated: "It is the policy of the facility to ensure that individuals are free from unnecessary drug use.</p> <p>1. A Physician or Psychiatrist may prescribe psychotropic/neuroleptic drugs and other medications for a individual with the purpose of managing a behavior or treatment of mental illness, with the approval of the Special Constituted Committee and review of interdisciplinary team (ID)...</p> <p>3. When psychiatric medications are used, the ID team, in conjunction with the psychiatrist or attending physician, will specify which behavior/psychiatric symptoms are targeted for change and should be monitored for both desired effects and adverse reactions."</p> <p>No further information was provided by facility staff.</p>	W 312	<p>Policy 76 "Psychotropic Medicines Review" was updated on August 28, 2019 to include the following: Psychiatric medications used for behavior management will not be ordered on a PRN basis for any individual. The program nurse must contact the physician to obtain a one-time emergency order if the individual needs to use psychiatric medications due to a behavior.</p> <p>The maximum number of times the one-time order for psychiatric medication can be used for behavior management in an emergency situation is established at three doses; with each separate usage, the program nurse must contact the physician to obtain a one-time order.</p> <p>If an individual receives three doses of the psychiatric medication on an emergency basis, the facility program nurse and QIDP, with the approval of the ID Team, will incorporate the use of the medication into the individual's program plan, behavior support plan and the nursing care plan.</p> <p>They Psychiatrist will re-evaluate, , at least quarterly, the need to prescribe psychotropic/neuroleptic drugs and other medications for an individual with the purpose of managing a behavior or treatment of mental illness, with the approval of the Special Constituted Committee and review of interdisciplinary team (IDT).</p>	8/28/19	



**Hampton-Newport News
COMMUNITY SERVICES BOARD
Developmental Services
Policy Statement**

Intermediate Care Facility for Individuals with Intellectual Disabilities
Gilbertson Lodge

ICF- IID #76 Psychotropic Medicines Review

Reference(s) **483.400, W365, W 367, W 368, W 369, W 370, W 371, W 372, W373, W 374,
W 375, W 376, W 310, W 311, W 312, W 313, W 314, W 315, W 16, W 317**

Effective: **March 2015**
Revised

POLICY STATEMENT:

It is the policy of the Gilbertson Lodge Facility to ensure that individuals are free from unnecessary drug use.

PROCEDURES:

1. A Physician or Psychiatrist may prescribe psychotropic/neuroleptic drugs and other medications for an individual with the purpose of managing a behavior or treatment of mental illness, with the approval of the Special Constituted Committee and review of interdisciplinary team (ID).
2. All individuals receiving psychoactive medication will also have a behavior plan in place.
3. When psychiatric medications are used, the ID team, in conjunction with the psychiatrist, psychologist or attending physician, will identify each behavior/ psychiatric symptoms are targeted for change and should be monitored for both desired effects and adverse reactions.
4. Medication will be prescribed at dosages that do not interfere with the individual's level of alertness and participation in activities of daily living.
5. Psychiatric medications should be reviewed by the psychiatrist or physician at least quarterly and document the statues of the individual and any adverse effects.
6. When Tardive Dyskinesia is suspected the physician will inform the individual and/or legal guardian and follow HNNCSB policy MM-010.
7. The drug review process should provide for gradually decreasing medication dosages and ultimately discontinuing the drug unless clinical evidence justifies that the medication is helping the individual or the benefits outweigh the risks.
8. Psychiatric medications used for behavior management will not be ordered on a PRN basis for any individual. The program nurse must contact the physician to obtain a one-time emergency order if the individual needs to use psychiatric medications due to a behavior.

9. The maximum number of times the one-time order for psychiatric medication can be used for behavior management in an emergency situation is established at three doses; with each separate usage, the program nurse must contact the physician to obtain a one-time order.
10. If an individual receives three doses of the psychiatric medication on an emergency basis, the facility program nurse and QIDP will incorporate the use of the medication into the individual's program plan, behavior support plan and the nursing care plan.
11. They Psychiatrist will re-evaluate the need to prescribe psychotropic/neuroleptic drugs and other medications for an individual with the purpose of managing a behavior or treatment of mental illness, with the approval of the Special Constituted Committee and review of interdisciplinary team (ID).
12. Prior to requesting the use of psychiatric medication to address behavior, a behavior support plan will be developed to include baseline behavioral data. When the behavioral plan is not successful in addressing behavior, the QIDP and facility nurse, with the approval of the ID Team may request evaluation for the use of psychiatric medication.

Approved by

Carol McCarthy

Date

Director, Developmental Services

ICF IID 76 Verification & Review Log

DATE	Director/Designee Initials
Issued: 11/29/11	
Revised: March 2015; August 2019	

Course In-Service Sign-In sheet
Developmental Services (DS)
Intermediate Care Facility For Individuals with Intellectual Disabilities (ICF/ID)

Class ID:		Class Name:		Review of W 312/Policy #76	
Date: 8/30/19		Janel Scott, QIDP		Employee ID:	
Other Trainer: Lonice William, RSM					
Employee #	Printed Name	Signature	Program/Location	Supervisor's Name	
5513	Shawna Darden, LPN	<i>Shawna Darden</i>	Gilbertson Lodge	Janel Scott	
6151	Melissa Mack, Res. Counselor	<i>Melissa Mack</i>	Gilbertson Lodge	Janel Scott	
3819	Alisa Blow	<i>Alisa Blow</i>	Gilbertson Lodge	Janel Scott	
2812	Julia Brown	<i>Julia Brown</i>	Gilbertson Lodge	Janel Scott	
	Rhonda Crews	<i>Rhonda Crews</i>	Gilbertson Lodge	Janel Scott	
0377	Lakia Carmichael	<i>Lakia Carmichael</i>	Gilbertson Lodge	Janel Scott	
	Kimberly Grimes	<i>Kimberly Grimes</i>	Gilbertson Lodge	Janel Scott	
	Richard Harris	<i>Richard Harris</i>	Gilbertson Lodge	Janel Scott	
	Ursula Holloman	<i>Ursula P. Holloman</i>	Gilbertson Lodge	Janel Scott	
	Lamin Jammeh	<i>Lamin Jammeh</i>	Gilbertson Lodge	Janel Scott	
	Shaneka Morris	<i>Shaneka Morris</i>	Gilbertson Lodge	Janel Scott	
5329	Tiffany Preston	<i>Tiffany Preston</i>	Gilbertson Lodge	Janel Scott	
5458	Sade Richardson	<i>Sade Richardson</i>	Gilbertson Lodge	Janel Scott	
	Derek Robinson	<i>Derek Robinson</i>	Gilbertson Lodge	Janel Scott	
4937	Mary Steele	<i>Mary Steele</i>	Gilbertson Lodge	Janel Scott	
0361	Angela Windley	<i>Angela Windley</i>	Gilbertson Lodge	Janel Scott	
	Gregory Yerby	<i>Gregory Yerby</i>	Gilbertson Lodge	Janel Scott	

Detailed Medication and Allergy Report for MICHELE LEA NEWCOMER (DOB 11/20/1971)

Date of Birth: 11/20/1971
 Responsible Provider: Baltej Singh Gill MD
 HNNCSB
 300 Medical Drive, Hampton VA 23666
 Tel. (757) 788-0300 Fax. (757) 788-0300

Active/Current Allergies

This patient has no known drug allergies (NKDA).

Inactive Allergies

This patient has no inactive allergies.

Active Medications

(S) Last reviewed by Kristina Provenzano, 08/16/2019 08:50 AM EDT

Drug	Sig	Qty	Notes	Rfl(s)	Start Date	Last Fill Date
Zoloft 50 mg tablet	Take 1/2 tablet by mouth every morning	30 tablet	for 5 days then 1 every morning	No Rfl	08/16/2019	08/16/2019

Medication History

Drug	Sig	Qty	Started	Stopped	Reason Stopped
Seroquel 25 mg tablet	Take 1 tablet by mouth once a day as needed for agitation	30 tablet	08/16/2019	08/29/2019	Completion of Therapy-Discontinued
Comments: on it from dr Butler,neurologist.					
Zoloft 25 mg tablet	Take 1 tablet by mouth every night FOR 3 WEEKS THEN STOP.	21 tablet	06/12/2018	08/16/2019	Dosage Change
Zoloft (sertraline) 50 mg tablet	Take 1 tablet by mouth every night	31 tablet	03/20/2018	06/12/2018	Dosage Change

Problems

Code	Description	Status	Onset Date	Modified Date
E66.9	Obesity, unspecified	Active		03/20/2018
F02.81	Dementia in other diseases classified elsewhere with behavioral disturbance	Active		08/16/2019
F32.89	Other specified depressive episodes	Active		08/16/2019
G30.9	Alzheimer's disease, unspecified	Active		08/16/2019
K21	Gastro-esophageal reflux disease	Active		03/20/2018
Q90	Down syndrome	Active		03/20/2018
F32.89	Other specified depressive episodes	Deleted		08/16/2019
F71	Moderate intellectual disabilities	Deleted		03/20/2018
F72	Severe intellectual disabilities	Deleted		08/16/2019

Default Pharmacy: Pharmacy Alternatives VA Corrected # 866-772-3398

255 Industrial Drive , Christiansburg, VA 24073

Phone: (866) 772-3398 Fax: (866) 915-8861

Generated by DrFirst.com UNI/CARE Systems Inc on 08/30/2019.

CHALLENGING BEHAVIOR DATA SHEET

Name: Michele Newcomer

Month: _____

Target behavior: Combative Behavior: Shouting, pushing, or hitting, during personal hygiene routines or other tasks

Instructions: When an incident of combative behavior occurs, place an "X" in the box that corresponds to the time and date of the incident. There is no need to mark more than one occurrence during any period. Remember to initial at the end of your shift.

		Day of the Month																														
Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
5:00-7:00am																																
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5:00-6:00																																
6:00-7:00																																
7:00-8:00																																
8:00-9:00pm																																
Night Staff																																
Day Staff																																
Evening Staff																																

Staff Name: _____	Staff Initials _____	Staff Name: _____	Staff Initials _____	Staff Name: _____	Staff Initials _____
Staff Name: _____	Staff Initials _____	Staff Name: _____	Staff Initials _____	Staff Name: _____	Staff Initials _____
Staff Name: _____	Staff Initials _____	Staff Name: _____	Staff Initials _____	Staff Name: _____	Staff Initials _____
Staff Name: _____	Staff Initials _____	Staff Name: _____	Staff Initials _____	Staff Name: _____	Staff Initials _____

Course In-Service Sign-In sheet
 Developmental Services (DS)
 Intermediate Care Facility For Individuals with Intellectual Disabilities (ICF/ID)

Class ID:		Class Name:	M. Newcomer Behavioral Support Plan-Revision	
Date: 9/4/19		Janel Scott, QIDP ; Rex Walker, Ry.		Employee ID:
Other Trainer: Lonice William, RSM				
Employee #	Printed Name	Signature	Program/Location	Supervisor's Name
5613	Shawna Darden, LPN	<i>Shawna Darden</i>	Gilbertson Lodge	Janel Scott
6151	Melissa Mack, Res. Counselor	<i>Melissa Mack</i>	Gilbertson Lodge	Janel Scott
3319	Alisa Blow	<i>Alisa Blow</i>	Gilbertson Lodge	Janel Scott
	Julia Brown	<i>Julia Brown</i>	Gilbertson Lodge	Janel Scott
	Rhonda Crews	<i>Rhonda Crews</i>	Gilbertson Lodge	Janel Scott
4377	Lakia Carmichael	<i>Lakia Carmichael</i>	Gilbertson Lodge	Janel Scott
	Kimberly Grimes	<i>Kimberly Grimes</i>	Gilbertson Lodge	Janel Scott
	Richard Harris	<i>Richard Harris</i>	Gilbertson Lodge	Janel Scott
	Ursula Holloman	<i>Ursula Holloman</i>	Gilbertson Lodge	Janel Scott
	Lamin Jammeh	<i>Lamin Jammeh</i>	Gilbertson Lodge	Janel Scott
	Shaneka Morris	<i>Shaneka Morris</i>	Gilbertson Lodge	Janel Scott
5329	Tiffany Preston	<i>Tiffany Preston</i>	Gilbertson Lodge	Janel Scott
5458	Sade Richardson	<i>Sade Richardson</i>	Gilbertson Lodge	Janel Scott
	Derek Robinson	<i>Derek Robinson</i>	Gilbertson Lodge	Janel Scott
4937	Mary Steele	<i>Mary Steele</i>	Gilbertson Lodge	Janel Scott
6311	Angela Windley	<i>Angela Windley</i>	Gilbertson Lodge	Janel Scott
	Gregory Yerby	<i>Gregory Yerby</i>	Gilbertson Lodge	Janel Scott