



WHERE ABILITY MEETS OPPORTUNITY

May 28, 2019

Laura S. Veuhoff, LTC Supervisor
Division of Long-Term Care Services
Office of Licensure and Certification
Virginia Department of Health
9960 Mayland Drive, Suite 401
Henrico, Virginia 23233-1485

RE: VersAbility Resources
Hollywood House
41 Hollywood Avenue
Hampton, VA. 23661
Provider Number: ICF/IID 49G041

Dear Ms. Veuhoff,

Enclosed is the Plan of Correction for Hollywood House including the completed form CMS-2567 which was received on May 21, 2019.

Please contact me at (757) 896-8431 if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Linda R. Kerns, LCSW".

Linda R. Kerns, LCSW
Chief Community Living Officer

cc: Kasia Grzelkowski, President CEO
Joyce Cofield, Assistant Director of Compliance Community Living
Rosilyn Dodson, Assistant Director of Operations Community Living
Yashica James, Community Living Manager
Tiffani Bradley, Lead RN, Community Living

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

PRINTED: 05/21/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2019
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NAME OF PROVIDER OR SUPPLIER VERSABILITY RESOURCES HOLLYWOOD HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 41 HOLLYWOOD AVENUE HAMPTON, VA 23661
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E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 05/14/19 through 05/16/19. Corrections are required for 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.	E 000	E007 Facility failed to identify the specific population served within the facility.	
E 007	EP Program Patient Population CFR(s): 483.475(a)(3) [(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:] (3) Address patient/client population, including, but not limited to, persons at-risk; the type of services the [facility] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.** *Note: ["Persons at risk" does not apply to: ASC, hospice, PACE, HHA, CORF, CMCH, RHC, FQHC, or ESRD facilities.] This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility staff failed to identify the specific population served within the facility. The findings included: During an interview on 05/16/19 at 9:40 A.M. with the (CLM) Community Living Manager, she was asked for identification of individuals who are at risk. The CLM stated, one individual identified as	E 007	1. Facility failed to identify at risk population in Emergency Plan (e.g. elopement). Functional Assessments for Individual #1 was updated to reflect his at risk behavior (i.e. elopement) Reference Attachment #1: Individual #1 Functional Assessment 2. The Support Coordinators will review all Functional Assessments and update to reflect at risk population for all ICF-IID facilities operated by VersAbility Resources. 3. All ICF-IID facilities will clearly identify the person(s) individually who are at risk during and emergency and include this information in their Emergency Plan. 4. The list of persons identified as "at risk population" for the facility will be updated as needed and reviewed at least annually by the Support Coordinator and CL Manager.	5/24/19 6/5/19 6/1/19 Annually

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Linda K. Kuro, LCSW</i>	TITLE Chief Community Living Officer	(X6) DATE 05/28/2019
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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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E 007	Continued From page 1 an elopement risk had not been included in the "at risk population" assessment. When asked what happens if the individual eloped while out in the community the CLM stated "Staff would need to develop an emergency program plan for this individual." The CLM stated the Emergency Plan did not specify the population served within the the facility with elopement behaviors.	E 007	E 018 Facility failed to provide documentation that staff have been trained on the facility's tracking system.	5/28/19	
E 018	The facility staff failed to specify the population served within the facility. Procedures for Tracking of Staff and Patients CFR(s): 483.475(b)(2) [(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually.] At a minimum, the policies and procedures must address the following: (2) A system to track the location of on-duty staff and sheltered patients in the [facility's] care during an emergency. If on-duty staff and sheltered patients are relocated during the emergency, the [facility] must document the specific name and location of the receiving facility or other location. *[For PRTFs at §441.184(b), LTC at §483.73(b), ICF/IIDs at §483.475(b), PACE at §460.84(b):] Policies and procedures. (2) A system to track the location of on-duty staff and sheltered residents in the [PRTF's, LTC, ICF/IID or PACE] care during and after an emergency. If on-duty staff and	E 018	1. Facility provided Surveyor a copy of Hollywood House ICF-IID's tracking sheet used to record location of individuals in event they would need to relocate but did not provide documentation of staff receiving training on this document. Facility will ensure all facility staff are trained on how to complete the Tracking Sheet. 2. Review of Emergency Binder indicates all residents of VersAbility Resources' ICF-IID facilities are affected by this deficient practice. 3. All ICF-IID facility staff will be trained on the use of the tracking sheet to record individual and staff location in event of relocation during an emergency. A signature sheet will be completed to assure compliance with this regulation and maintained on file at the facility. 4. The Tracking Sheet will be reviewed by the CL Manager upon return to the facility following an evacuation, and/or annually as needed.	5/24/19 6/1/19 Annually	

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E 018	Continued From page 2 sheltered residents are relocated during the emergency, the [PRTF's, LTC, ICF/IID or PACE] must document the specific name and location of the receiving facility or other location. *[For Inpatient Hospice at §418.113(b)(6):] Policies and procedures. (ii) Safe evacuation from the hospice, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s) and primary and alternate means of communication with external sources of assistance. (v) A system to track the location of hospice employees' on-duty and sheltered patients in the hospice's care during an emergency. If the on-duty employees or sheltered patients are relocated during the emergency, the hospice must document the specific name and location of the receiving facility or other location. *[For CMHCs at §485.920(b):] Policies and procedures. (2) Safe evacuation from the CMHC, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance. *[For OPOs at § 486.360(b):] Policies and procedures. (2) A system of medical documentation that preserves potential and actual donor information, protects confidentiality of potential and actual donor information, and secures and maintains the availability of records.	E 018		
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E 018	<p>Continued From page 3</p> <p>*[For ESRD at § 494.62(b):] Policies and procedures. (2) Safe evacuation from the dialysis facility, which includes staff responsibilities, and needs of the patients.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to train staff on the system to track the location of on-duty staff and sheltered patients who may be relocated during an emergency.</p> <p>The findings included:</p> <p>The facility failed to provide documentation that staff have been trained on the facility's tracking system.</p> <p>During review of the facility's emergency preparedness plan on 05/16/19 at 10:05 A.M., which included a system to track on-duty staff and sheltered individuals who may be located during an emergency, the Community Living Manager (CLM) was asked to provide documentation that facility staff have been trained on the facility's system to track the location of on-duty staff and sheltered resident who are relocated during an emergency. The CLM stated, "We have not trained our staff on the tracking system."</p> <p>The facility staff failed to train staff on the system to track the location of on-duty staff and sheltered residents who are relocated during an emergency.</p>	E 018			
W 000	<p>INITIAL COMMENTS</p> <p>The unannounced Fundamental Medicaid re-certification survey was conducted 05/14/19</p>	W 000			

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W 000	Continued From page 4 through 05/16/19. No corrections are required for compliance with CFR Part 483 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. The census in this 4 bed facility at the time of the survey was 4. The survey sample consisted of 1 current Individual review (Individual #1) and one closed Individual record (Individual #2).	W 000			

ATTACHMENT

#1

**FUNCTIONAL
ASSESSMENT**

VersAbility Resources, Inc.

FUNCTIONAL NEEDS ASSESSMENT AND PLAN

DATE: 5/28/2019
HOUSE: Hollywood

#1
INDIVIDUAL: [REDACTED]
ASSESSOR: [REDACTED]

This is a document to cover possible consideration for scenarios of access and functional needs. This is not an all-inclusive checklist, but rather serves as a simple guideline for referral purposes.

COMMUNICATION

NEED	ACTION
Access to auxiliary communication services <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Written materials in alternative format (Braille, large and high contrast print, audio recording, or readers) <input type="checkbox"/> Visual public announcements <input type="checkbox"/> Qualified sign language or oral interpreter
Access to auxiliary communication device(s) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Provide access to teletypewriter (TTY, TDD, etc...) or cell phone with texting capabilities <input type="checkbox"/> Pen and paper
Replacement of auxiliary communication equipment <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Need replacement eyeglasses <input type="checkbox"/> Need replacement hearing aid and/or batteries

MAINTAINING HEALTH

NEED	ACTION
<p><input type="checkbox"/> Special Diet</p> <p><input checked="" type="checkbox"/> Food Allergies <u>NKFA</u></p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Provide alternative (low sugar, low sodium, pureed, gluten-free, dairy-free, peanut-free) food and beverages</p> <p><u>Regular</u> (diet type)</p>
<p><input checked="" type="checkbox"/> Medical supplies and/or equipment for every day care (including medications) not related to mobility</p> <p><i>*For replacement eyeglasses or hearing aid, see Communication</i></p> <p><i>*For assistive mobility equipment (e.g. wheelchair), see Independence</i></p>	<p>Refer to Disaster Health Services to provide or procure one or more of the following:</p> <p><input checked="" type="checkbox"/> Replacement medication</p> <p><input type="checkbox"/> Wound management/dressing supplies</p> <p><input type="checkbox"/> Diabetes management supplies (e.g. test strips, lances, syringes)</p> <p><input type="checkbox"/> Bowel or bladder management supplies (e.g. colostomy supplies, catheters)</p> <p><input type="checkbox"/> Oxygen supplies and or equipment</p>
<p><input checked="" type="checkbox"/> Assistance with medical care normally provided in the home setting</p>	<p><input checked="" type="checkbox"/> Refer to Disaster Health Services to provide assistance with one or more of the following:</p> <p><input checked="" type="checkbox"/> Administration of medication</p> <p><input checked="" type="checkbox"/> Storage of medication (e. g. refrigeration)</p> <p><input type="checkbox"/> Wound Management</p> <p><input type="checkbox"/> Bowel or bladder management</p>

<input checked="" type="checkbox"/> Allergies (environmental or other high risk) <u>NKDA</u> (type) <i>*For medical treatments that are not normally provided in the home setting (e.g. dialysis), see Transportation</i>	<input type="checkbox"/> Use of medical equipment <input type="checkbox"/> Universal precautions and infection prevention and control (e.g. disposal of biohazard materials, such as needles in sharps containers)
<input checked="" type="checkbox"/> Access to a quiet area	<input checked="" type="checkbox"/> Provide access to a quiet room or space within the shelter (e. g. for elderly persons, people with psychiatric disabilities, parents with very young children, children and adults with autism)
<input checked="" type="checkbox"/> Access to a temperature-controlled area	<input checked="" type="checkbox"/> Provide access to an air-conditioned and/or heated environment (e.g. for those who cannot regulate body temperature)
<input type="checkbox"/> Mental health care (e. g. anxiety and stress management) <u>N/A</u>	<input type="checkbox"/> Refer to Disaster Mental Health Services
<input type="checkbox"/> Durable medical equipment for individuals with conditions that affect mobility <u>N/A</u>	<input type="checkbox"/> Provide assistive mobility equipment (e. g. wheelchair, walker, cane, crutches) <input type="checkbox"/> Provide assistive equipment for bathing and/or toileting (e.g. raised toilet seat with \grab bars, handled shower, bath bench) <input type="checkbox"/> Provide accessible cot (may be a crib, inclined head or other bed type)
<input checked="" type="checkbox"/> Power source to charge battery-powered assistive devices <u>Tablet</u>	<input checked="" type="checkbox"/> Provide power source to charge battery-powered assistive devices
<input type="checkbox"/> Bariatric accommodations <u>N/A</u>	<input type="checkbox"/> Provide Bariatric Cot or bed
<input type="checkbox"/> Service animal accommodations <u>N/A</u>	<input type="checkbox"/> Provide area where service animal can be housed, exercised, and toileted <input type="checkbox"/> Provide food and supplies for service animal
<input type="checkbox"/> Other supplies and/or equipment <u>N/A</u>	<input type="checkbox"/> Provide supplies (e. g. adult undergarments, etc...)

FUNCTIONAL NEEDS ASSESSMENT AND PLAN

SERVICES, SUPPORT, AND SELF-DETERMINATION

NEED	ACTION
<input checked="" type="checkbox"/> Adult personal assistance services	<input checked="" type="checkbox"/> Identify family member or friend caregiver <input type="checkbox"/> Assign qualified shelter volunteer to provide personal assistance services
NA <input type="checkbox"/> Child personal assistance services *Include general observation and/or assistance with non-medical activities of daily living, such as grooming, eating, bathing, toileting, dressing and undressing, walking, etc..	<input type="checkbox"/> Contact local agency to provide personal assistance services <input type="checkbox"/> Coordinate childcare support such as play areas; age-appropriate activities; equal access to resources

TRANSPORTATION

NEED	ACTION
<input type="checkbox"/> Transportation to designated facility for medical care or treatment	<input type="checkbox"/> Coordinate provision of accessible shelter vehicle and driver for transportation
NA <input type="checkbox"/> Transportation for non-medical appointment	<input type="checkbox"/> Contact local transit service to provide accessible transportation

Recommendations: (Re: At Risk Behaviors)

Behavior Support Plan in place to address anxiety and possibility of leaving area of supervision. Staff must refer to strategies noted in this plan during emergency situations to ensure safety.

BEHAVIORAL SUPPORT PLAN

Name: INDIVIDUAL #1

Date Written: 10/11/18

Program: Hollywood House ICF/IID

Consultant: [REDACTED]
Clinical Psychologist

TARGET BEHAVIOR

Signs of Anxiety: Appearing anxious or worried, asking repeated questions, speaking in a loud voice, ignoring requests to engage in activities, leaving supervised areas


STRATEGIES


1. Staff of Hollywood House and Envisions day support will develop a schedule of daily activities for INDIVIDUAL #1 the defines the types of activities that will be offered to him throughout each day. Specifically, this schedule should indicate when he should and should not use his iPad.
2. During times with INDIVIDUAL #1 is supposed to be doing something other than using his iPad, staff should ask him to put it away. If he wishes, he may keep it in a location where he can see it. However, he should not take it with him during trips to community activities.
3. Staff might wish to prepare a written schedule or a picture schedule that describes the daily activities and the times of each. Staff also might want to give INDIVIDUAL #1 a clock to use during day support to help him follow the routine.
4. INDIVIDUAL #1 routine should include some activities that involve interaction with staff. During these activities, staff should encourage him to talk to them and to make eye contact.
5. INDIVIDUAL #1 routine should include physical activities where possible. This type of activity might include walking outdoors in the area around Envisions or in the neighborhood near Hollywood House.
6. If INDIVIDUAL #1 asks repeated questions of staff, they should give the same answer every time. In many cases, it might be best to say, "What do you think, INDIVIDUAL #1?" Staff then should encourage him to resume his ongoing activity.
7. If INDIVIDUAL #1 "pokes" staff for attention or interaction, the staff should move himself or herself more than arm's length from him and should encourage him to continue with his activity.
8. If INDIVIDUAL #1 ignores requests to begin an activity, staff should not continue to prompt him. Instead, staff should say nothing for the next two minutes before asking again. Staff might improve the likelihood of participation by handing him something whenever they ask him to do something.
9. Staff should avoid taking INDIVIDUAL #1 to community activities that are likely to be difficult for him. For example, staff should avoid taking him to stores with electronics departments. Instead, staff might wish to take him to a dollar store or another store that does not sell electronics.

[REDACTED]

10. If INDIVIDUAL #1 leaves a supervised area, staff should approach him and ask him to return to the appropriate area. If he does not return immediately, staff should wait for one minute while saying nothing to him. Staff then should ask him again.
11. Staff will document INDIVIDUAL #1 anxiety during each day and evening shift using the rating scale developed for this plan. The possible ratings are:
- 5 = Great Day: Smiles frequently, transitions easily to activities other than the iPad, follows staff instructions, speaks in appropriate tone of voice, makes few repetitive statements, does not leave supervised areas
 - 4 = Not a "Great Day," but better than a "Fair Day"
 - 3 = Fair Day: Occasionally appears anxious, makes some repetitive statements or loud speech, will engage in some activities other than the iPad with encouragement
 - 2 = Not a completely "Unhappy Day," but not as good as a "Fair" day
 - 1 = Anxious Day: Often looks anxious or worried, shows no interest in activities other than the iPad, seems unwilling to follow staff requests, constantly makes repetitive statements, often speaks in a loud voice, "bolts" away from supervised areas frequently

The Psychology Associate will summarize data by calculating the average rating for each month.


Guardian/Authorized Representative

 10/12/18
Ph.D.
Clinical Psychologist