HORIZON
BEHAVIORAL HEALTH

Nicole Keeney, LTC Supervisor
Division of Long Term Care Services
9960 Mayland Drive, Suite 401
Henrico, VA 23233-1485

October 4, 2019

Dear Nicole Keeney,

Enclosed is the Plan of Corrections for Warren Home. Thank you for the survey and we appreciate the input to improve the quality of care for the individuals at Warren Home. Thank you for your and your team's time. If you have any questions, please feel free to contact me.

Thank you again,

Amy L Ferguson, BS, RM, QIDP

Amy Ferguson
Residential Manager, ICF Housing
Horizon Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G068	A. BUILDING _____ B. WING _____	09/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN ICF	527 RIVERVIEW ROAD MADISON HEIGHTS, VA 24572

(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 09/17/2019 through 09/18/2019. The facility was in substantial compliance with 42 CFR Part 483.73, 483.75, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities.	E 000	1) Address the corrective action taken for the problem. a. The policy regarding disposition of staff pending completion of investigation has been changed to reflect best practice. b. All managers and internal investigators will be inserviced on the changes. 2) Address how the facility will identify similar occurrences of the problem. a. The updated policy applies to all individuals who receive services and all employees who provide services. 3) Identify measures/systemic changes to ensure deficient practices will not recur. a. All employees who are subjects of an investigation will be handled according to the updated policy. 4) Indicate how facility will monitor its performance. a. All employees who are subjects of an investigation will be handled according to the updated policy. 5) Completion date: 10/31/19	10/31/19
W 000	INITIAL COMMENTS An unannounced annual 55 Fundamental Medicaid Certification survey was conducted 09/17/2019 through 09/18/2019. 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. The census in this four certified bed facility was four at the time of the survey. The survey sample consisted of three Individual reviews (Individuals #1 through #3).	W 000		
W 127	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(5) The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment. This STANDARD is not met as evidenced by: Based on staff interview, and facility document review, facility staff failed to ensure staff involved in allegations of abuse did not have any direct contact with individuals receiving services until the investigation was completed.	W 127		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Amy L Ferguson, Residential Manager — TITLE — (X6) DATE: 10/4/19

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 127	Continued From page 1 Findings included: Resident #2 was admitted to the facility on 08/25/2014 with diagnoses including, but not limited to: Profound Intellectual Disability, Bipolar Disorder, Autism, and Blindness. On 09/17/2019 at approximately 12:00 p.m. the Administrator stated there had been an allegation of abuse that was investigated by the facility, (City Name) DSS (department of social services), and the (City Name) Police Department. She further stated they had not received an official statement from DSS or the police, but had been verbally told everything was okay. The facility's internal investigation was reviewed on 09/17/2019 at approximately 2:00 p.m. The report included: Date Reported: 08/06/2019. Date of Alleged Incident: 08/01/2019. Individual making complaint: (Name - Other #1) - DSS. Staff involved: (Name) Residential Technician (RT #3) and (Name) (RT#4). Client involved: (Name) Individual #2. Brief Statement: "[Name - Other #1], DSS, called and reported that [City Name] received a complaint that on 8/1/2019 two of our staff were observed taking [Name - Individual #2] roughly out of the agency vehicle and threw him into his wheelchair. It also appeared that they were yelling at him. It was also reported that his feet were dragging the ground as they pushed him in the building..." Conclusions/Findings: "Both employees reported that a lady sitting in the waiting room told them that [Name - Individual #2] feet were dragging the ground when they entered the building. They reported that they went back to the vehicle to see if the footrests to his wheelchair were there and they were not. They reported that they moved	W 127		

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W 127	Continued From page 2	W 127		

him to a wheelchair that was in the lobby at Radiology. [Name -RT #3] reported that they had no issue with [Name - Individual #2] on August 1, 2019. She stated that they were there for a walk-in appointment and weren't rushed. [Name - RT #3] reported that [Name - RT #4] moved [Name - Individual #2] from the seat to his wheelchair with no issues. [Name - RT#3] stated that they didn't have his foot rests and had to use another wheelchair. [Name - RT #4] reported that [Name - RT #3] went with her to take [Name - Individual #2] to his appointment. [Name - RT #4] reported that [Name - Individual #2] rode in the backseat. She stated that he put his arms around her waist and she transferred him from the seat to his wheelchair. She stated that [Name - RT #3] was standing behind the wheelchair. [Name - RT #4] reported that there was a lady sitting in the lobby and said his foot was dragging. [Name - RT #4] said [Name - RT #3] said 'thank you.' Neither employee reported yelling at the client. The allegations of abuse have been unfounded."

The Administrator and Program Manager were interviewed on 09/17/2019 at 2:20 p.m. The Program Manager stated, "[Name - RT #3] was moved to [Name - another house]. [Name - RT #4] has not been allowed back over here pending investigation. DSS hasn't given us a final written report and neither has the police. I believe they both are waiting on the other so they don't contradict one another. We have been told verbally by both that the incident is unfounded."

The Program Manager was asked if RT #3 and RT #4 have been giving care to other individuals in the other home. The Program Manager stated, "Yes, they have been caring for clients."

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W 127	Continued From page 3 Other #1 was interviewed via phone on 09/17/2019 at 3:20 p.m. Other #1 stated, "Complaint was from someone at the doctor's office. An individual went to the receptionist window and complained. The caller did not see or hear anything herself. What was reported was hearsay. The individual was with a patient in the waiting room. It was visible that the wheelchair didn't have leg rests and his feet were dragging. The Individual confronted the two workers and words were exchanged. I spoke with the two caregivers...Both admitted his feet were dragging and of a verbal altercation in the waiting room. Their stories were consistent. No finding for physical abuse. Facility assured me they would retrain staff. I normally don't send a report. I would send a paper stating, 'Client is not in need of Adult Protective Services.'" Other #2 was interviewed via phone on 09/18/2019 at 11:14 a.m. Other #2 stated, "I have closed the investigation out as unfounded. I spoke with staff at the home and nothing was noted on skin checks that night. Seems the complaint was they were dragging his feet in the wheelchair. I have no complaining witness to interview, so this is complete. I have written a final report. I will email it to you." The facility policy for abuse was reviewed on 09/18/2019 and included, "...Procedures: A. When the Client Privacy and Rights Officer is notified, the appropriate leadership in consultation with the Talent Management Department will immediately take necessary steps to protect the individual receiving services until an investigation is complete. According to the circumstances, this may include the following: 1. Direct the	W 127		

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W 127	Continued From page 4 employee(s) involved to have no further contact with the individual...2. Temporarily reassign / transfer the employee(s) involved to a position that has no direct contact with individuals receiving services. 3. Temporarily suspend the involved employee(s) pending completion of an investigation..." The Program Manager was informed of the above finding on 09/18/2019 at approximately 11:30 a.m. The Administrator, Administrative Staff and facility staff were informed of the above finding during a meeting on 09/18/2019. No further information was received prior to the exit conference.	W 127		