COMMONWEALTH of VIRGINIA

Department of Health

Office of Licensure and Certification

M. Norman Oliver, MD, MA
State Health Commissioner

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Henrico, Virginia 23233-1485
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January 10, 2020

Lysaundra Armstrong, Director
Brandon Home
51 Poplar Creek Street
South Boston, VA 24592

RE: Brandon Home
South Boston, Virginia
ICF/ID: 49G066

Dear Ms Armstrong:

An unannounced Medicaid survey, ending January 8, 2020 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.

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G066	A. BUILDING _____ B. WING _____	01/08/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDON HOME	51 POPLAR CREEK STREET SOUTH BOSTON, VA 24592

(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 01/07/2020 through 01/08/2020. 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		
W 000	INITIAL COMMENTS An unannounced Fundamental Medicaid re-certification survey was conducted 01/07/2020 through 01/08/2020. 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 (4) bed certified facility was four (4) at the time of the survey. The survey sample consisted of two (2) Individual reviews (Individual #1 and Individual #2).	W 000		
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on medication pass and pour observation, staff interview, and clinical record review, the facility staff failed to ensure one of four individuals was free from a medication error, Individual #1. Findings were: A medication pass and pour observation was	W 369	**DRUG ADMINISTRATION (W369):** **January 9, 2020 Quick Mar implemented a new Training Gateway for Caregiver Training to refresh staff on specific skills. The training module is called CareSuite Client. The program facilitates use to administer all sorts of orders including medications, treatments, vitals, behaviors and ADL's. Our specific Lesson Index will involve: Administering Routines, PRNs, Alerts and Sliding Scale beginning January 27, 2020.**	**2/07/2020**

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Lois Coleman — Quality Administrator — 1/23/2020

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W 369	Continued From page 1 conducted at the facility on 01/07/2020 at approximately 4:30 p.m. OS (Other Staff) #1, was giving afternoon medications. She identified herself as a Group Home Counselor. OS #1 asked Individual #1 to come to the medication room. OS #1 stated, "She [Individual #1] gets three medications now." She prepared the first oral medication (Vitamin D3) and handed it to Individual #1 with a glass of water. After that medication was swallowed, OS #1 pulled the second medication (Haldol) from the cart. The Haldol was in liquid form, was labeled with Individual #1's name and had the following dosage and instructions on the label: Haldol 2 mg/ ml Give .5 ml (1 mg) TID [three times per day]..." OS #1 compared the label to the order on the electronic record. She then obtained a medication cup from the cart. The smallest measurement on the cup was for 2.5 mls. OS #1 poured the Haldol into the medication cup and stated, "She gets five." The medication cup was observed with liquid filled to the 5 ml mark. OS #1 was asked, "How much are you giving?" She replied, "She gets 5." She held the cup up to a lamp beside the medication cart and stated, "See 5." She then turned to Individual #1 and stated, "[Name] here is your Haldol." The medication pass was then stopped. OS #1 was asked to re-read the label on the Haldol bottle. She re-read the label and compared it to the computer. She stated, "She gets 5." The label was reviewed with OS #1 and the dosage of .5 ml (1 mg) was pointed out. She was asked if there was a syringe or a measuring device available to measure the smaller increment. OS #1 looked through the medication cart and stated, "I don't see a syringe in here...I think there is one in the kitchen that we use." She left the medication room and returned with a 1 cc syringe that was marked in smaller	W 369	January 8, 2020 the Residential Supervisor was able to get in touch with the psychiatrist who prescribed the liquid and was able to get a new order in pill form. The new prescription was faxed over to the Pharmacy and individual #1 began the new prescription (Haloperidol 1mg tablet) on January 9, 2020. RN will observe one medication pass for each shift for 90-days to ensure medications are passed as ordered weekly beginning January 29, 2020.	2/07/2020
			RN will complete medication "in-service" for all staff at Brandon Home involving drawing up liquid medication with documentation of attendance and completion maintained on site and with HR February 10, 2020.	2/11/2020
			Staff member in observed medication pass during survey will complete a one day medication refresher class with Board LPN Medication Trainer February 27, 2020.	

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W 369	Continued From page 2	W 369		

increments (.1, .2, .3, etc). OS #1 was asked to use the medication cup already containing Haldol to draw up the physician ordered amount of Haldol for Individual #1. OS #1 drew up .5 mls (1 mg) and administered it to Individual #1. OS #1 was then asked to use the syringe to measure the remaining amount of Haldol in the medication cup that had originally been prepared. She measured an additional 3.5 mls, equivalent to seven (7) mg of Haldol. OS #1 was asked if how she usually measured Individual #1's Haldol. She stated, "I don't normally work this time of day and she doesn't get Haldol when I am here."

If the medication pass had not been stopped, Individual #1 would have received a total of 8 mg of Haldol versus the physician ordered amount of 1 mg.

The physician orders were observed in the electronic medical record. The following was observed: "Haloperidol [Haldol] 2 mg/ml Oral SO [solution] Take 0.5 ml (1 mg) by mouth 3 times a day..."

The Facility Administrator and the Residential Supervisor were notified of the above observation on 01/07/2020 at approximately 5:15 p.m. The facility administrator stated that OS #1 didn't usually give Individual #1 her Haldol but agreed that OS #1 should know how to measure the smaller dosage and the difference between .5 mls and 5 mls. The Residential Supervisor stated, "I'm glad you stopped her [Name of Individual #1] would have been out."

No further information was obtained prior to the exit conference on 01/08/2020.

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W 440	Continued From page 3 EVACUATION DRILLS CFR(s): 483.470(i)(1) The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on facility document review and staff interview the facility staff failed to hold evacuation drills at least quarterly for all personnel shifts. Findings were: On 01/07/2020 at approximately 10:30 a.m., evacuation drills since the previous survey were requested. Personnel shifts were verified with the Facility Administrator and the Residential Support Supervisor. Personnel shifts for the facility were explained as: 8:00 a.m.-4:00 p.m. (Day shift); 2:00 p.m.-12:00 a.m. (Evening shift); and 11:00 p.m.- 9:00 a.m. (Night shift). Overlapping of staff between shifts 2:00 p.m.-4:00 p.m.; 11:00 p.m.-12:00 a.m.; and 8:00 a.m.-9:00 a.m. Also verified was the definition of "quarter" for the facility and per the Residential Support Supervisor. the quarters ran on a calendar year basis (Jan-March; April-June; July-Sept; and Oct-Dec). The evacuation drills were reviewed. An evacuation drill during the day shift was conducted in October 2018. The next day shift evacuation drill was conducted November 2019. There was no drill conducted at all in December 2019. The Resident Support Supervisor was interviewed about the drill times. She stated, "It looks like the overnight staff were conducting the drills before they left in the mornings and were	W 440 W 440	EVACUATION DRILLS (W440): All staff will complete an in-service on how to hold an actual fire drill and window of time for each shift will be reviewed and provided to staff and posted in the office with the fire drill record form February 10, 2020. Facility Administrator and staff members will complete an actual fire drill for first, second and third shift together. There will be complete compliance paperwork and documentation of each procedure. Each staff members completing the fire drill with the site administrator will know the proper protocol advised in how to conduct an actual fire drill per shift per quarter beginning January 23, 2020.	2/11/2020 1/25/2020

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W 440	Continued From page 4 counting them as day shift drills before the day shift go there...we'll need to make sure the drills are done later in the day with the day shift staff." She was asked why no drill had been done in December. She stated, "I'm not sure." No further information was obtained prior to the exit conference on 01/08/2020.	W 440		