STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G063	A. BUILDING _____ B. WING _____	01/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE ZIP CODE
HIGHLANDS PLACE WEST	1825 ROKEBY AVENUE CHESAPEAKE, VA 23320

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREF X TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	ix5i COMPLETION DATE

E 000 Initial Comments

E 000

An unannounced Emergency Preparedness survey was conducted 01/28/20 through 01/29/20. The facility was in substantial compliance with 42 CFR Part 483.73, 483.475, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/11D). No emergency preparedness complaints were investigated during the survey.

W 000 INITIAL COMMENTS

W 000

An unannounced Fundamental Medicaid re-certification survey was conducted 01/28/20 through 01/29/20. 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. No complaints were investigated during the survey.

The census in this 5 certified bed facility was 5 at the time of the survey. The survey sample consisted of 3 Individual reviews (Individuals #1 through #3).

W 262 PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i)

W 262

The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.

This STANDARD is not met as evidenced by:
Based on clinical record review, staff interview and review of facility documentation, the facility

The Specially Constituted Committee (SCC) reviews physician orders, behavioral data and medication documentation of the use of antipsychotic medications and medications that can be prescribed for treatment of behavioral disorders. Individual #2 prescribing physician gave physician order change of Propranolol 60 mg, 1 tablet by mouth twice daily as needed (PRN) for anxiety on 11/18/19.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	ID Residential Program Sup.	2/7/2020

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDERISUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G063	A BUILDING B. WING	01129/2020

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W 262	Continued From page 1 staff failed to ensure drugs to manage behaviors were reviewed and approved by the specially constituted committee for 1 of 3 Individuals (Individual #2) in the survey sample. The findings include: Individual #2 was admitted to the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) on 5/20/14 with diagnoses that included obsessive compulsive disorder (OCD), blindness, swallowing problems and seizures. The Annual Psychological Review dated 5/13/19 assessed Individual #2 as intellectually disabled at the profound level. It was documented that the individual's behavioral support plan dated 5/13/19 addressed aggressive behavior characterized primarily by scratching at the staff. This repetitive picking scratch like behavior was considered to be a component of OCD. The Psychiatrist evaluation dated 11/18/19 was a six month follow-up for the OCD disorder. Symptoms included repetitive compulsions with associated symptoms of manic symptoms (anxiety and aggressive behavior). *Propranolol HCL 60 milligram (mg) tablet, 1 (one) by mouth two times daily was started on 5/29/19 for anxiety. This scheduled medication to manage his behavior was addressed by the Specially Constituted Committee (SCC) and approved on **7/11/19.** The Propranolol was changed during this follow-up visit to 60 mg 1 tablet by **mouth** to an as needed **(PRN)** medication for anxiety twice a day. *Propranolol is a beta-blocker. Beta-blockers	W 262	Documentation for Individual #2 did not reflect a review of 11/18/19 physician order by SCC. There is a potential for other individuals on antipsychotic medications and medications that can be prescribed for treatment of behavior disorders to be affected. RN will review Individual #1, Individual #3, Individual #4 and Individual #5 physician orders for any antipsychotic medications or medications that can be prescribed for treatment of behavioral disorders to ensure review by SCC. In order to minimize the discrepancy from this time forward, a Specially Constituted Committee meeting will be held annually and whenever a physician order is received for antipsychotic medications or medications that can be prescribed for treatment of behavioral disorders as stated in Policy 7.3. Propranolol has been discontinued as of 1/30/20. Individual will be monitored for any adverse reactions due to discontinuation of medication. AOC Date – 3/10/20	

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	49G063	A. BUILDING B WING	0112912020

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W 262	Continued From page 2	W 262		

affect the heart and circulation (blood flow through arteries and veins). Propranolol is used to treat tremors, angina (chest pain), hypertension (high blood pressure), heart rhythm disorders, and other heart or circulatory conditions. It is also used to treat or prevent heart attack, and to reduce the severity and frequency of migraine headaches, tremors and anxiety (https://wvvw,rxlist.com/consumer_propranolol_inderal_innopran/drugs-condition.htm).

On 1/29/20 at 2:50 p.m., an interview was conducted with the Registered Nurse (RN). She stated the interdisciplinary team recognized a decrease in manic behaviors and as a result, the physician changed Propranolol 60 mg to PRN during his follow-up visit on 11/18/19. She said although Propranolol was ordered to manage behaviors, due to its possible affect on stabilizing blood pressure she monitored the blood pressure after the medication was changed to PRN, which had no negative effects. She stated, "The change in the schedule of the medication to PRN that managed his behaviors should have been readdressed by the SCC. It was just an oversight."

On 1/29/20 at 3:23 p.m., Individual #2's assigned Qualified Intellectual Disability Professional (QIDP) and Program Supervisor concurred that once the Propranolol was changed to PRN, it should have gone for approval by the SCC.

The facility's policy and procedure titled Resident Behavior and Facility Practices, Specially Constituted Committee (un-dated) indicated special meetings of the SCC may be called to review changes in medications that require authorization prior to implementation of the

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W 262	Continued From page 3 change...psychotropic medications and medications to manage behaviors will be brought to the SCC for review and approval.	W 262		