

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  49G057	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  08/19/2020
NAME OF PROVIDER OR SUPPLIER  MERRYFIELD RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 111 HORSE MOUNTAIN VIEW COVINGTON, VA 24426	
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E 000	Initial Comments  An unannounced Emergency Preparedness survey was conducted 08/18/20 through 08/19/20 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	E 000		
W 000	INITIAL COMMENTS  An unannounced Focused Fundamental Medicaid re-certification survey was conducted 08/17/20 through 08/18/20 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 9 certified bed facility was 8 at the time of the survey The survey sample consisted of 3 Individual reviews (Individuals #1 through 3)	W 000		
W 448	EVACUATION DRILLS CFR(s) 483.470(i)(2)(iv)  The facility must investigate all problems with evacuation drills, including accidents  This STANDARD is not met as evidenced by: Based on staff interview and facility document review, the facility staff failed to ensure all problems with evacuation drills were investigated for one of three individuals in the survey sample, Individual #1  Findings include	W 448	Provider's Response. 1 Evacuation drills for Individual #1 were investigated and reviewed by the ICF Administrator, Quality Manager, and DS Director. The ICF Administrator will inform the interdisciplinary team of any problems and a support plan will be developed for Individual #1 During problems with evacuation with individual #1, staff will use the Med Sled to evacuate individual #1 All staff will be trained on the use of the Med Sled The Med Sled will be implemented in the evacuation outcome of individual #1 Individual Program Plan (IPP)  2 Evacuation drills are reviewed and investigated for all residents by the ICF	9/15/20

		<p>Administrator as all residents have the potential to have problems during an evacuation. The ICF Administrator will inform the interdisciplinary team of any problems and a support plan will be implemented for the individual. The Med Sled may be used on any resident during a problem with the evacuation. If the Med Sled is used during evacuation, the Med Sled will be implemented in the evacuation outcome in the IPP. All evacuation drills will be reviewed during the Merryfield safety meeting to ensure all problems are investigated.</p> <p>3 All evacuation drills will be investigated and reviewed by the ICF Administrator. All evacuation drills will be reviewed during the Merryfield safety committee meeting. Any specific evacuation issues will be discussed during the individual's team meetings and addressed on the IPP. Employees will be educated about changes when the plan is updated and during staff meetings. The policy 17 08 Evacuation Drill Procedures will be updated to include all evacuations drills and corrective action plans will be reviewed during staff meetings and safety meetings.</p> <p>4 The ICF Administrator will monitor all monthly drills for six months and report any problems. Any problems noted during evacuations for any resident will be reviewed and a plan of correction will be implemented. On-going monitoring of problems during evacuations drills will be reviewed during interdisciplinary team meetings, staff meetings and safety meetings.</p> <p>5 The corrective action plan will be accomplished by 9/15/20</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Symon Blackenidge*

*Quality Improvement Manager*

*9/1/20*

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 448	<p>Continued From page 1</p> <p>Individual #1 was admitted to the facility originally on 01/10/13, with the most recent readmission on 03/17/20. Diagnoses for Individual #1 included, but were not limited to anxiety disorder, psychosis, and severe intellectual disability.</p> <p>On 08/18/20 at approximately 9:30 AM, a review of the facility's evacuation drills was conducted.</p> <p>An evacuation drill dated 12/30/19 documented, " # of clients 3 resident was having a real bad day behaviorally. The individual could not be maintained safely during the drill due to trying to unbuckle. safety belt and throw self on floor. Several attempts made throughout the day to complete the entire procedure. "</p> <p>An evacuation drill dated 04/30/20 documented, "One individual was screaming, yelling and attempting to throw self from wheelchair. "</p> <p>On 08/18/20 at approximately 10:15 AM, the administrator and the director were interviewed regarding the above information.</p> <p>The administrator stated that individual in both drills was Individual #1. The administrator stated that the staff had been trying to work with the individual, and further stated that it "depended on how the individual was that day", that it really depends on the type of mood the individual is in and that the staff just try to work with her. The administrator was asked if an investigation had been completed regarding the difficulties encountered and had a plan been put in place, in an attempt to resolve the safety concerns with the evacuation drills. The administrator stated that an investigation and/or plan had not been</p>	W 448		

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W 448	Continued From page 2 completed for the concerns listed  The administrator and director were asked for a policy and procedure for evacuation drills  The policy and procedure titled, "Evacuation Drill Procedures" was presented and documented, " implementing an evacuation plan, conduct fire drills, evaluate problems and take corrective action purpose of an evacuation drill is to evacuate in an orderly and safe manner in the event of an emergency practice the most effective method for evacuating the home in the safest way possible .lessen the possibility of further unnecessary harm to any individual each drill should be timed and documented noting any problems leave as you are do not stop for coats, pocketbooks, other personal items or any other items in the home each drill can be announced/or unannounced immediately following the drill there will be an evaluation of the drill by the employees in order to determine the effectiveness of the the drill administrator will review all drills for problems and take corrective action to resolve problems immediately "	W 448			
W 449	EVACUATION DRILLS CFR(s) 483 470(1)(2)(iv)  The facility must investigate all problems with evacuation drills and take corrective action	W 449			

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49G057

B WING

08/19/2020

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MERRYFIELD RESIDENCE

111 HORSE MOUNTAIN VIEW  
COVINGTON, VA 24426

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W 449	<p>Continued From page 3</p> <p>This STANDARD is not met as evidenced by Based on staff interview and facility document review, the facility staff failed to develop and implement a corrective action plan for problems identified during evacuation drills for one of three individuals in the survey sample, Individual #1</p> <p>Findings include</p> <p>Individual #1 was admitted to the facility originally on 01/10/13, with the most current readmission on 03/17/20 Diagnoses for Individual #1 included, but were not limited to anxiety disorder, psychosis, and severe intellectual disability</p> <p>On 08/18/20 at approximately 9 30 AM, a review of the facility's evacuation drills was conducted</p> <p>An evacuation drill dated 12/30/19 documented, " # of clients 3 resident was having a real bad day behaviorally. The individual could not be maintained safely during the drill due to trying to unbuckle safety belt and throw self on floor Several attempts made throughout the day to complete the entire procedure "</p> <p>An evacuation drill dated 04/30/20 documented, "One individual was screaming, yelling and attempting to throw self from wheelchair. "</p> <p>On 08/18/20 at approximately 10 15 AM, the administrator and the director were interviewed regarding the above information</p> <p>The administrator stated that the staff were trying to work with the individual, and further stated that it "depended on how the individual was that day", that it really depended on the the type of mood</p>	W 449	<ol style="list-style-type: none"> <li>1 Implementation of a corrective action plan for Individual #1 to assist with behaviors exhibited during evacuations Staff will use Med Sleds during evacuations for Individual #1 when challenging behaviors are exhibited that may impede evacuation The ICF Administrator discussed the use of Med Sled during evacuation for Individual #1 with the physician Physician is in agreement with the use of Med Sled for evacuation when needed.</li> <li>2 The ICF Administrator will conduct 100% audit of all evacuation drills to ensure all potential problems are investigated with all residents. Med Sleds will be ordered for all bedrooms</li> <li>3. The evacuation drill record has been updated to include "action taken to address problems" The updated evacuation drill records has been uploaded to the J Drive for staff access An email communication has been sent to all supervisors on 8/20/20 of the updated evacuation drill record The updated evacuation drill record was also discussed during the Supervisor meeting on 8/20/20 The policy 17 08 Evacuation Drill Procedures will be updated to include all evacuation drills and corrective action plans will be reviewed during staff meetings and safety meeting Additional Med Sleds will be ordered for the front and back of facility and for all bedrooms as all residents have the potential to have a problem during an evacuation</li> <li>4. The ICF Administrator will monitor all evacuation drills for problems monthly for the next six months On-going monitoring of problems during evacuations drills will be reviewed during staff meetings and safety meetings</li> <li>5 The corrective action plan will be accomplished by 9/15/20</li> </ol>	9/15/20

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W 449	<p>Continued From page 4</p> <p>the individual was in and that the staff just try to work with her The administrator was asked if an investigation had been completed regarding the difficulties encountered during these evacuation drills and had a plan been put in place, in an attempt to resolve the safety concerns with the evacuation drills The administrator stated that a corrective action plan had not been developed for the identified concerns found on the evacuation drills dated 12/30/19 and 04/30/20</p> <p>The director then stated that this individual had a plan in the ISP (individual support plan) that addressed the concerns.</p> <p>The individual's current ISP dated 04/17/20 through 03/16/21 was reviewed and documented an evacuation plan, however the ISP did not address the specific problems identified during the evacuation drills</p> <p>The administrator and director were asked for a policy and procedure for evacuation drills</p> <p>The policy and procedure titled, "Evacuation Drill Procedures" was presented and documented, " implementing an evacuation plan, conduct fire drills, evaluate problems and take corrective action purpose of an evacuation drill is to evacuate in an orderly and safe manner in the event of an emergency practice the most effective method for evacuating the home. in the safest way possible lessen the possibility of further unnecessary harm to any individual each drill should be timed and documented noting any problems leave as you are do not stop for coats, pocketbooks, other personal items or any other items in the home .each drill can be announced/or unannounced immediately</p>	W 449	
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<p>W 449</p>	<p>Continued From page 5</p> <p>following the drill there will be an evaluation of the drill by the employees in order to determine the effectiveness of the the drill administrator will review all drills for problems and take corrective action to resolve problems immediately "</p> <p>No further information and/or documentation was presented prior to the exit conference to evidence that a corrective action plan was developed and/or implemented for identified issues with evacuation drills</p>	<p>W 449</p>		
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**ALLEGHANY HIGHLANDS COMMUNITY SERVICES  
EVACUATION DRILL RECORD**

Site:			
Date of Drill:			
Time Started:		Total Time:	
Time Finished:			
Total Head Count:		# of Clients:	
Pull Station Location:		Outside Temperature:	
Location of Fire:		Was alarm pulled?	
Was Code Red announced overhead? If not, why?		Was any assistive devices used during the evacuation?	
What exit was used to evacuate?			

**List all Individuals:**

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**List all Staff Members:**

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**Problems Noted:**

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**Actions taken to address problems:**

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Signature and Title

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Date

