

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

PRINTED: 08/19/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G023	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2020
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NAME OF PROVIDER OR SUPPLIER GREENSTONE RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 32 ANGUS DRIVE WAYNESBORO, VA 22980
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(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	E 000		
W 000	An unannounced Emergency Preparedness survey was conducted 8/11/20 through 8/12/20. The facility was in substantial compliance with 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.	W 000		
W 440	INITIAL COMMENTS An unannounced Fundamental Medicaid re-certification survey was conducted 08/ 11/20 through 08/12/20. 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 13 certified bed facility was 8 at the time of the survey. The survey sample consisted of 3 individual reviews (Individuals 1 through 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 staff interview, and facility document review, the facility staff failed to ensure evacuation drills were performed on each shift quarterly (every three months). Findings included: On 8/11/20 the facility's evacuation drills were reviewed. The drills documented that an	W 440		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Bonetta C Myers TITLE: ICF/IID Service Manager X6 DATE: 8/28/2020

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.

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W 440	<p>Continued From page 1</p> <p>evacuation drill was performed in January 2020 for first shift, February 2020 for second shift, and March 2020 for third shift. April's 2020 drill for first shift was not documented and May's 2020 drill for second shift was not documented in the evacuation log.</p> <p>A "Service Evacuation Drill Schedule" was reviewed and indicated that a evacuation drill should have been performed on 4/29/20 for the first shift and 5/29/20 for the second shift.</p> <p>On 8/11/20 at 12:40 PM, the facility supervisor (administrative staff, AS #2) was interviewed. AS #2 reviewed the evacuation drills and stated that the missing drills maybe in a mailbox for a signature and would check to see.</p> <p>On 8/11/20 at 12:50 PM, AS #2 stated that the drills were not performed.</p> <p>A policy titled "Evacuation Drill Procedures" read in part: "Unannounced, complete evacuation drills are held once every quarter for each shift (monthly)".</p> <p>No other information was provided prior to exit conference on 8/12/20.</p>	W 440	<p>1. In addition to the fire drill scheduled for August, two additional drills were completed. First shift was completed August 20, 2020. Second shift drill was completed on August 27, 2020.</p> <p>2. The ICF Services Shift Coordinators, ICF Services Supervisor and ICF Services Manager have scheduled the fire drills to be completed during the first week of each month. The drills will rotate monthly covering each shift during the quarter. Reminders have been placed on the agency approved electronic calendars on the first Wednesday.</p> <p>3. All forms documenting the fire drill will be due to the ICF Supervisor and the ICF Manager no later than the end of business day on the second Wednesday of each month. Reminders of the events have been placed on the agency approved electronic calendars.</p> <p>4. The drills will continue to be reviewed quarterly by the Safety Committee. The committee will verify that the drills were completed as determined by the schedule.</p>	<p>8/27/2020</p> <p>9/1/2020</p> <p>9/1/2020</p> <p>9/1/2020</p>	