STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G025	A. BUILDING _____ B. WING _____	10/15/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEIGHBOURS PLACE, THE	22501 THOMAS WOODS TRAIL ZUNI, VA 23898

(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 10/13/20 through 10/15/20. The facility was in substantial compliance with 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.	E 000		
W 000	INITIAL COMMENTS An unannounced Fundamental Medicaid re-certification survey was conducted 10/13/20 through 10/15/20. 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 12 certified bed facility was 12 at the time of the survey. The survey sample consisted of 3 Individual reviews (Individuals 1 through 3).	W 000		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to implement the	W 249		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 10/28/2020

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 249	Continued From page 1 active treatment plan for three of 3 clients in the survey sample. The findings include: On 10/13/20 at 11:45 A.M., Individual #1 was observed continuously walking around the common area of the home and walked out the front door. At this time there were two Direct Staff Person's (DSP's) in the common area/kitchen dinning room preparing to serve lunch. DSP #1 was informed that Individual #1 went out of the building. DSP #1 said that Individual #1 goes in and out of the building frequently and when she hears or sees Individual #1 going out, the staff monitors Individual #1 by looking out the window or going outside with Individual #1. Individual #1 was observed going in and out of the home several times throughout the day with staff intermittently monitoring Individual #1. Individual #1was observed going outside unaccompanied at 11:45 AM, 1:30 PM and again at 1:45 PM. On 10/13/20 the current Active Treatment Programs were reviewed for Individual's #1, #2, and #3. Each individual had a goal to "support me in my living environment to maintain household safety." Interventions for maintaining household safety included, "DSP will ensure the door chimes are turned on exterior doors to remain aware when any individuals exits/enters the facility." Client's and staff were observed on 10/13/20 and 10/14/20 entering and exiting the front door without an alarm sounding.	W 249		

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W 249	Continued From page 2 On 9/14/20 at 9:00 AM, the facility manager was informed of the above finding. The facility manager then proceeded to test all exit doors (3 doors) no alarm sounded. Upon further investigation by the staff the alarm was found to be turned off. No other information was provided prior to exit conference on 10/15/20.	W 249		