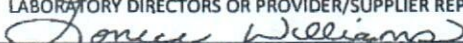


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 49G075	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/14/2020
NAME OF PROVIDER OR SUPPLIER ABERDEEN GARDENS		STREET ADDRESS CITY, STATE, ZIP CODE 1421 ABERDEEN ROAD HAMPTON, VA 23666		
(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	<p>E 000 Initial Comments</p> <p>An unannounced Emergency Preparedness survey was conducted onsite from 10/07/20 through 10/08/20 and continued with offsite review on 10/09/20 and 10/13/20 through 10/14/20. 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.</p> <p>No emergency preparedness complaints were investigated during the survey.</p> <p>W 000 INITIAL COMMENTS</p> <p>An unannounced Fundamental Medicaid re-certification survey was conducted onsite from 10/07/20 through 10/08/20 and continued with offsite review on 10/09/20 and 10/13/20 through 10/14/20. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/110). The Life Safety Code survey/report will follow. No complaints were 1 investigated during the survey.</p> <p>The census in this 4 certified bed facility was 4 at the time of the survey. The survey sample consisted of 2 Individual reviews (Individuals #1 and #2).</p>	E 000		
W 251	<p>PROGRAM IMPLEMENTATION</p> <p>CFR(s): 483.440(d)(3)</p> <p>Except for those facets of the individual program plan that must be implemented only by licensed personnel, each client's individual program plan must be implemented by all staff who work with the client, including professional, paraprofessional</p>	W 251	<p>Individual #1: The QIDP verified that the individual's behavior of putting inedible objects in her mouth was addressed in the behavior plan. The QIDP will consult with the Occupational Therapist to review this behavior and make recommendations for positive interventions and alternatives. The QIDP will review the behavior tracking form weekly.</p> <p>The psychologist conducted a training with all staff by reviewing all aspects of the Behavior Support Plan to ensure that staff are implementing the plan regarding the individual's behavior of putting inedible objects in her mouth. The QIDP will observe the staff weekly to ensure the implementation of the behavior plan and will review the performance of the DSP on a quarterly basis. The verification of the quarterly observation will be documented on the In-Service Form signed by the DSP and QIDP. ATTACHMENT E</p>	<p>11/28/2020</p> <p>11/02/2020</p>
LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 		TITLE Residential Services Manager		(X6) DATE 11/04/2020

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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W251	<p>Continued From page 1 And nonprofessional staff.</p> <p>This STANDARD is not met as evidenced by: Based on observations, staff interviews, record review, and facility documentation review, the facility staff failed to consistently implement the Behavioral Support Plan for putting inedible objects in the mouth for 1 of 2 individuals (Individual #1) in the survey sample.</p> <p>the findings included;</p> <p>Individual #1 was admitted to the facility on 6/28/18. The primary diagnoses included; profound intellectual disabilities, bipolar I, obsessive compulsive disorder, a mood disorder, reflux, epilepsy and irritable bowel syndrome.</p> <p>Individual #1 was observed 10/8/20 at 12:15 p.m. chewing on her fingers in the living room. Community Service Associate (CSA) II #2 assisted the Individual to the bathroom to prepare for lunch but no redirection or interventions were instituted to discourage further finger chewing.</p> <p>Individual #1 was observed again on 10/8/20 at 1:40 p.m., with a device made of a hard paper used during a musical activity. Instead of Individual #1 making music and sounds with the device she chewed on it. Again CSA II #2 didn't intervene to deter chewing on an inedible object.</p> <p>Individual #1 was observed on 10/8/20 at approximately 4:05 p.m., with her clothing top in her mouth chewing on it. The Activity CSA II stated she was going to take Individual #1 outside</p>	W 251	<p>In order to identify other individuals that may be affected by the deficient practice, the QIDP and Consulting Psychologist reviewed all Behavior Support Plans and strategies with the staff. The Behavior Plans will be discussed at the quarterly Interdisciplinary Team to address progress, what is working/not working, and or need for modifying the behavior plan.</p> <p>In order to address systemic issues the QIDP and Manager will review behavior support plans quarterly to ensure all behavior supports are being implemented as written by the psychologist. Any identified trends will be addressed with the psychologist and the plan will be revised accordingly. The psychologist will provide a training to the QIDP & DSP's on the revised plan.</p> <p>The Residential Services Manager will monitor the quarterly In-Service forms and will ensure that any recommendations are addressed. Training and or Performance Counseling will be issued as appropriate, to ensure adherence to this action plan.</p>	<p>11/2/2020</p> <p>11/28/2020</p> <p>11/28/2020 and ongoing</p>

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W 251	<p>Continued From page 2</p> <p>For while but she didn't assist the Individual to remove the clothing top from her mouth.</p> <p>Review of Individual #1's Behavioral Support Plan dated 8/9/20, revealed strategies for mouthing or attempting to put inedible objects into her mouth. The Plan stated if sheets or blankets are being chewed are frayed, staff should put new sheets/blankets on the bed and discard the frayed items. It also stated if the Individual was chewing on her shirts during the day, staff should attempt to engage her in an activity. If the Individual attempts to put other inedible objects in her mouth, the staff should remove the object from her grasp, ask her to spit the object out and contact the nurse if they believe she has swallowed and inedible object.</p> <p>Review of a facility incident report dated 8/22/20 at 6:59 a.m., revealed "staff noticed multiple strings and on piece of fabric in Individual bowel movement that morning". Another incident report dated 9/9/20 at 1:28 p.m., revealed Individual #1 "had a bowel movement and the writer noticed string mixed in with the stool".</p> <p>An interview was conducted with Activity CSA II # 2 on 10/8/20. Activity CSA II #2 stated Individual #1 should be redirected when she is observed chewing non-food items and attempt activities to distract her.</p> <p>On 10/14/20 at approximately 10:15 a.m., the above information was shared with the Residential Manager, the Residential Services Supervisor and Licensed Practical Nurse #1. The Residential Services Supervisor stated the staff should follow the Behavioral Support Plan as well as intervene to keep inedible objects out the</p>	W 251	<p>The Behavior Support Plan was reviewed with all staff by the consulting psychologist and re-training of the strategies specific to discarding any frayed blankets and putting new sheets/blankets on the bed as necessary to prevent any ingesting of the strings/fabric was discussed. To ensure that there are enough sheets and blankets the QIDP will purchase extra blankets, sheets, & any items that the individual may attempt to fray. The QIDP will review progress notes and data collection to ensure that staff are adhering to the behavior support plan. The staff working with the individual will report any ingestion of frayed material to the program nurse as a way to track any potential bowel issues. The Manager & QIDP will review Incident Reports weekly to remain proactive in ensuring the health and safety of the individual. The QIDP will ensure that staff replace frayed items as necessary.</p> <p>In order to identify other individuals that maybe affected by the deficient practice, all Behavior Support Plans were reviewed by all staff with the psychologist and re-training of strategies was completed. If ingesting inedible objects occurs with other individuals, a behavior plan will be developed accordingly. The QIDP will ensure that staff are following the behavior plan as written.</p> <p>In order to address systemic issues, all staff will review all behavior support plans each quarter to ensure all behavior supports are being implemented as written by the psychologist. The QIDP will review all behavior support plans with all staff. Any identified issues will be brought to the attention of the psychologist.</p>	<p>11/2/2020</p> <p>11/2/2020</p> <p>11/28/2020</p>

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W 251	Continued From page 3 Individual's mouth.	W 251		
W 454	<p>INFECTION CONTROL CFR(s): 483.470(1)(1)</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>This STANDARD is not met as evidenced by: Based on observations, staff interviews, and record review, the facility staff failed to assure Individual equipment was maintained in a clean and sanitary manner for 1 of 2 individuals ' (Individual #1) in the survey sample.</p> <p>The findings included;</p> <p>Individual #1 was admitted to the facility on 6/28/18. The primary diagnoses included; profound intellectual disabilities, bipolar I, obsessive compulsive disorder, a mood disorder, reflux, epilepsy and irritable bowel syndrome.</p> <p>Individual #1 was observed on 10/8/20 at 12:15 p.m., seated in a wheel chair. The seat belt was observed with a white substance, stains and dried food across the entire front of the seat belt.</p> <p>Further observations of Individual #1's wheel chair revealed a large amount of crumbs, dirt and debris between the wheels of the wheel chair.</p> <p>An interview was conducted with Community Service Associate II (CSA) #1 on 10/8/20 at approximately 7:15 p.m. CSA #1 stated the wheel chairs are cleaned weekly but she wasn't sure what day Individual #1's wheelchair would be cleaned.</p>	<p>W 454</p> <p>Individual #1's wheelchair was immediately cleaned on 10/8/2020 as it was observed to have a dried substance on the seat belt area. The QIDP implemented an equipment cleaning and sanitizing checklist to include cleaning of wheelchairs during each shift daily. (See Attachment A)</p> <p>In order to identify other individuals that may be affected by the deficient practice, the equipment cleaning and sanitizing checklist was implemented for all individuals with wheelchairs in the program.</p> <p>In order to address systematic issues, the equipment cleaning and sanitizing checklist was implemented for all individuals with wheelchairs in the program. The QIDP will review the sanitizing checklist each weekday and will inspect all wheelchairs for cleanliness. Any identified trends will be addressed with additional staff training and updating the checklist as needed.</p> <p>In order to monitor performance to ensure solutions are maintained, the QIDP will review the equipment cleaning and sanitizing checklist and inspect the wheelchairs and initial the equipment cleaning and sanitizing checklist during each week day.</p>	<p>10/12/2020 & ongoing</p> <p>10/12/2020 and ongoing</p> <p>10/12/2020 and ongoing</p> <p>10/12/2020 and ongoing</p>	

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W 454	Continued From page 4 An interview was also conducted with the Residential Manager on 10/8/20 at approximately 7:20 p.m. The Residential Manager stated she would clean the wheel chair immediately and all wheel chairs are on a schedule to be cleaned and they would clean it in between if deemed necessary. On 10/14/20 at approximately 10:15 a.m., the above information was shared with the Residential Manager, the Residential Services Supervisor and Licensed Practical Nurse #1. The Residential Services Supervisor stated moving forward more attention would be given to wheel chair cleanliness.	W 454		
W 455	INFECTION CONTROL CFR(s): 483.470(1)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observations and staff interviews, the facility staff failed to maintain an active infection control program which included good handwashing protocols. The findings included; Observations were made on 10/7/20 at approximately 4:20 p.m. of staff working in the kitchen. Community Service Associate II (CSA) #1 was observed preparing the meal and washing her hands at intervals. Each time after hand washing she walked from the sink across the kitchen to the island at the end of the kitchen to	W 455	CSA #1 received training in proper hand washing protocols by attending Food Handlers Training. CSA #1 also received training with the Infection Control Manager (RN) on proper hand washing techniques and protocols. Facility maintenance installed a mounted paper towel dispenser located by the hand washing station in the kitchen. In order to identify other individuals that may be affected by the deficient practice, all staff will receive training on proper hand washing techniques and food safety from the Infection Control Manager (RN). In order to address systemic issues, the QIDP and RN will address trends by sending staff back through Food Handlers and Infection Control training. In order to monitor performance and ensure solutions are sustained, the QIDP will observe all staff to ensure that they are following Infection Control guidelines and proper hand washing protocols. QIDP will observe the staff during various shifts to ensure that protocols are followed. These observations will be documented to address areas of concern by requiring staff to repeat training.	11/2/2020 10/15/2020 11/28/2020 11/28/2020 and ongoing 11/28/2020 and ongoing

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W 455	<p>Continued From page 5</p> <p>Obtain paper towels to dry her hands. Along the way water dripped from her hands to the floor. The water faucet was closed with her bare hands.</p> <p>Also on 10/7/20 at approximately 5:35 p.m. CSA II #5 assisted Individual #1 to consume the dinner meal. CSA II #5 washed her hands at the kitchen sink, walked across the kitchen to the island to obtain a paper towel while dripping water across the kitchen floor.</p> <p>On 10/8/20 at approximately 5:30 p.m., the Residential Manager assisted Individual #1 with the dinner meal. The Residential Manager washed her hands at the sink, walked across the kitchen with water dripping from her hands to obtain a paper towel to dry her hands.</p> <p>On 10/8/20 at approximately 7:15 p.m., an interview was conducted with the Residential Manager. She stated she would relocate the paper towels next to the sink to prevent staff from dripping water across the kitchen in the future.</p> <p>On 10/14/20 at approximately 10:15 a.m., the above information was shared with the Residential Manager, the Residential Services Supervisor and Licensed Practical Nurse #1. The Residential Services Supervisor stated recently someone had moved the paper towels to the island but they had been relocated to the sink area in the kitchen.</p> <p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p>	W 455	<p>CSA #1 received training in proper hand washing protocols by attending Food Handlers Training on 11/2/2020. CSA #1 also received training with the Infection Control Manager (RN) on proper hand washing techniques and protocols. The facility maintenance installed a mounted paper towel dispenser located by the hand washing station in the kitchen on 10/15/2020.</p> <p>In order to identify other individuals that may be affected by the deficient practice, all staff will receive training on proper hand washing techniques and food safety from the Infection Control Manager (RN).</p> <p>In order to address systemic issues annual food handlers training and annual Infection Control training will be completed.</p> <p>In order to monitor performance and ensure solutions are sustained, the QIDP will observe all staff to ensure all staff are following all Infection Control guidelines and proper hand washing protocols. QIDP will address any areas of concerns and address any observed improper Infection control practices with the staff by providing immediate correction and training.</p>	<p>11/2/2020 and ongoing</p> <p>11/28/2020</p> <p>11/28/2020 and ongoing</p> <p>11/28/2020 and ongoing</p>
W 460	<p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p>	W 460	<p>Individual #2 ISP was revised to include a new outcome in order to formally address the appropriate consistency of nectar thick liquids.</p>	<p>11/2/2020 and ongoing</p>

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W 460	<p>W 460: Continued From page 6</p> <p>This STANDARD is not met as evidenced by: Based on observations, staff interviews, record review, and facility documentation review, the facility staff failed to ensure 1 of 2 Individuals 1: (Individual #2) in the survey sample, received the appropriate consistency of nectar thick liquids.</p> <p>The findings included:</p> <p>Individual #2 was admitted to the facility on 11/29/18. The primary diagnoses included; moderate Intellectual disability, dysphagia and obesity.</p> <p>Individual #2's active care plan dated 08/25/20 has a nursing diagnosis that read; "Impaired swallowing related to abnormal function mechanism as evidence by coughing after meals." The objective read; Individual #2 will improve ability to swallow by next review. The interventions included but not limited to; staff will assess for causative factors or contributing factors and staff will follow order as prescribed (Nectar thickened liquids) with meals and throughout the day.</p> <p>Review of Individual #2's Plan for Supports included but not limited to the following: Community Service Associate (CSA) II will ensure liquids consistency is nectar.</p> <p>Review of Individual #2's Medication Administrator Record (MAR) for October 2020 included the following directions: Title: Nectar Thick-it, Details: Drink offered every 3-4 bites to ensure mouth is clear of residual.</p>	W 460	<p>Individual #2 ISP was revised to include a new outcome to address the consistency of nectar thick liquids. The Speech Therapist and program nurse provided training on how to prepare the nectar thick it and clarified the importance of drinking after every 3-4 bites to ensure the mouth is clear of residual.</p> <p>The program nurse contacted the PCP to get a new Thick It order due to the undated order in the record. The program nurse will review all medication orders to ensure that they are dated.</p> <p>The program nurse will observe the staff once a week for the next thirty days to ensure that the staff are offering a drink after 3-4 bites of the nectar. The program nurse will demonstrate the mixing of Thick It with the staff if the consistently is not acceptable.</p> <p>In order to identify other individuals that may be affected by the deficient practice, the program nurse will notify the QIDP when the individuals PCP orders Thick It at which time a training will be scheduled with the staff as individuals may tolerate the consistency of thick it differently. The speech therapist and program nurse will provide training to staff as to how to prepare the Thick-It when ordered for any other individual in the facility</p> <p>In order to address systemic issues, the program nurse will observe all medication administration certified staff preparing Individual #2 Thick- It during a meal time setting and a medication pass.</p> <p>In order to monitor the performance and to ensure solutions are sustained, the program nurse and QIDP will review the Medication Pass Observation Record to monthly to ensure that the consistency of the nectar thick-it is prepared accurately.</p>	<p>11/2/2020 and ongoing</p> <p>10/13/2020</p> <p>11/28/2020</p> <p>11/28/2020 and ongoing</p> <p>11/28/2020 & ongoing</p> <p>11/20/2020</p>

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W 460	<p>Continued From page 7</p> <p>Review of Individual #2's Thick-It medication container included the following directions: use as directed to achieve nectar thick liquids due to reflux, coughing; drink after every 3-4 bites.</p> <p>Review of Medication Information Fact Sheet/ Consent Form included the following: Medication: Thick-It (used to prevent choking) with an assessment date of 11/07/19.</p> <p>During a medication pass and pour observation on 10/7/20, at approximately 6:05 p.m. Surveyor #1 observed Residential Manager #2 escorted Individual #2 into the medication room, obtained her temperature and blood pressure prior to administering Tylenol two tablets for a headache. Residential Manager #2 asked Individual #2 if her preference was water from the sink or water from the refrigerator. Individual #2 stated water from the refrigerator. Residential Manager #2, poured water from the refrigerator and handed it to Individual #2 along with the two Tylenol. The individual put the pills into her mouth and drank the water. Review of Individual #1's clinical record revealed an undated order for nectar Thick-It, consistency fluids prior to consumption.</p> <p>An interview was conducted with Community Service Assistant (CSA) II #1 on 10/13/20 at approximately 3:50 p.m. CSA II #2 stated inside the medication room as well as in the kitchen are containers of Thick-It for staff to mix with Individual #2's fluids prior to consumption. CSA II #2 stated Residential Manager #2 should have retrieved the Thick-It from one of the locations and added it to the water to achieve a nectar thick prior to serving it to Individual #1.</p> <p>On 10/07/20 at approximately 4:00 p.m., Surveyor:</p>	W 460	<p>Individual #2 ISP was revised to include a new outcome to address the consistency of nectar thick liquids. The Speech Therapist and program nurse provided training on how to prepare the nectar thick it and clarified the importance of drinking after every 3-4 bites to ensure the mouth is clear of residual.</p> <p>The program nurse contacted the PCP to get a new nectar Thick It order due to the undated order in the record. The program nurse will review all medication orders are dated.</p> <p>The program nurse will observe the staff once a week for the next thirty days to ensure that the staff are offering a drink after 3-4 bites of the Thick It. The program nurse will demonstrate the mixing of Thick It with the staff if the consistently is not acceptable.</p> <p>In order to identify other individuals that may be affected by the deficient practice, the program nurse will notify the QIDP when the individuals PCP orders Thick It for an individual at which time a training will be scheduled with the staff as individuals may tolerate the consistency of Thick It. The speech therapist and program nurse will provide training to staff as to how to prepare the Thick-It when ordered for any other individual in the facility</p> <p>In order to address systemic issues, the program nurse will observe all medication administration certified staff preparing Individual #2 Thick-It during a meal time setting and a medication pass.</p> <p>In order to monitor the performance and to ensure solutions are sustained, the program nurse and QIDP will review the Medication Pass Observation Record to monthly to ensure that the consistency of the Thick-It is prepared accurately.</p>	<p>11/2/2020 and ongoing</p> <p>10/13/2020</p> <p>11/28/2020</p> <p>11/28/2020 and ongoing</p> <p>11/28/2020 & ongoing</p> <p>11/20/2020</p>

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NAME OF PROVIDER OR SUPPLIER ABERDEEN GARDENS				STREET ADDRESS CITY, STATE, ZIP CODE 1421 ABERDEEN ROAD HAMPTON, VA 23666			
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W 460	<p>Continued From page 8</p> <p>#1 observed Individual #2's nectar thicken beverage (water) being prepared by CSA II #2 using Thick-It (a food thickener used to assist people experiencing swallowing problems.) The CSA II put (3) scoops of Thick-It into the water (8 ounces) then gave the thickened water to Individual #2. The consistency of the thickened water was so thick Individual #2 had to use a spoon to scoop the water out of her cup instead of drinking the thickened water. Throughout the day, Individual #2's beverages were made with only (1) scoop of Thick-It by the CSA's.</p> <p>On 10/08/20 at approximately 5:25 p.m., (8 ounces) of tea was made by CSA II #5, with (1) scoop of Thick-It. On the same day at approximately 5:40 p.m., the House Manager prepared (8 ounces) of water at with (1) scoop of Thick-It.</p> <p>Review of Speech Therapy (ST) Professional Services (Communication & Dysphagia Assessment Report) dated 11/06/19 included the following but not limited to; a dysphagia assessment was completed on 09/09/19 due to concerns regarding increased coughing at meals. Recommendations: Feeding/Swallowing: continue to provide nectar thick liquids to Individual #2 during meals.</p> <p>A debriefing was held with the House Manager, Residential Service Manager and Licensed Practical Nurse on 10/14/20 at approximately 10:05 a.m. The Residential Service Manager stated, "Education was provided to the staff on 10/13/20; on how to properly prepare and serve nectar thicken liquids. She said Speech Therapy (ST) was contacted to re-evaluate Individual #2 related to her swallowing issues requiring nectar</p>	W 460	<p>Individual #2 ISP was revised to include a new outcome to address the consistency of nectar thick liquids. The Speech Therapist and program nurse provided training on how to prepare the Thick It and clarified the importance of drinking after every 3-4 bites to ensure the mouth is clear of residual. The CSA II involved in this observation received a 1:1 training to ensure that the orders are being followed on how many scoops of Thick-It to mix with water. (See Attachment B)</p> <p>The Speech Therapist will observe the staff over the next thirty days to ensure that the Thick-It is being administered properly.</p> <p>In order to identify other individuals that may be affected by the deficient practice, the speech therapist and program nurse will provide training to all staff as to how to prepare the Thick-It consistency when it is ordered for any other individual in the facility.</p> <p>In order to address systemic issues, the program nurse will observe all medication administration certified staff preparing Individual #2 Thick-It during a meal time setting and a medication pass. The program nurse will meet with the QIDP to review the outcome of the observations. The QIDP will address any concerns with the CSA II by removing them from the medication pass schedule and they will receive a refresher on administering Thick- It. If trends are identified, QIDP will schedule staff training for all staff to be conducted by the speech therapist.</p> <p>In order to monitor the performance and to ensure solutions are sustained, the program nurse and QIDP will review the Medication Pass Observation Record monthly in order to ensure that the Thick-It is prepared at the correct consistency. Training and or Performance Counseling will be issued to staff as appropriate to ensure adherence to the medication orders.</p>			<p>11/2/2020 and ongoing</p> <p>11/2/2020</p> <p>11/28/2020 & ongoing</p> <p>11/2/2020 and ongoing</p> <p>11/2/2020 and ongoing</p>	

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W 460	Continued From page 9 Thicken liquids.	W 460		
W 474	<p>MEAL SERVICES CFR(s): 483.480(b)(2)(iii)</p> <p>Food must be served in a form consistent with the developmental level of the client.</p> <p>This STANDARD is not met as evidenced by: Based on observations, staff interviews, record review, and facility documentation review, the facility staff failed to provide nectar thick liquids as ordered by the physician to 1 of 2 individuals (Individual #2) in the survey sample.</p> <p>The findings included:</p> <p>Individual #2 was admitted to the facility on 11/29/18. The primary diagnoses included; moderate intellectual disability, dysphagia and obesity.</p> <p>Individual #2's active care plan dated 08/25/20 has a nursing diagnosis that read; "Impaired swallowing related to abnormal function mechanism as evidence by coughing after meals." The objective read; Individual #2 will improve ability to swallow by next review. The interventions included but not limited to; staff will assess for causative factors or contributing factors and staff will follow order as prescribed (nectar thickened liquids) with meals and throughout the day.</p> <p>Review of Individual #2's Plan for Supports included but not limited to the following Community Service Associate (CSA) II will ensure liquids consistency is nectar.</p>	<p>W 474</p> <p>Individual #2's electronic medication administration record (MAR) was updated on 10/30/2020 to add the Thick It (Nectar Consistency) to water given with medications during medication administration passes at the following times: 6:30am, 7:30am, and 7:30pm</p> <p>Individual #2's ISP was revised to include a new outcome order to formally address the appropriate consistency of nectar thick liquids after three or four bites of food. All staff received training on how to appropriately document liquid consistency on the MAR. (See Attachment B)</p> <p>All staff, including the Residential Supervisor/QIDP who failed to add the thickener during the observation, received training on how to appropriately prepare the Thick-It by the Speech Therapist and program nurse (See Attachment C).</p> <p>In order to identify other individuals that may be affected by the deficient practice, the speech therapist and program nurse will provide training to all staff on how to prepare liquids to Thick It consistency when it is ordered for any individual in the facility. This training will be documented on the training in service form. If/when a thickener is ordered, the speech therapist and program nurse will provide staff training on the consistency and ensure all staff are proficient in preparing the liquid. The consistency of the liquid will be captured in the MAR and on the individual's ISP. Observation will occur on all shifts to ensure consistent implementation.</p> <p>In order to address systemic issues, the program nurse will observe all medication administration certified staff preparing Individual #2's Thick-It during a meal time setting as well as during medication administration during the quarterly review of the medication pass. This review will be documented on the Medication Pass Observation Record. Any deficiencies will be addressed with additional training by the program nurse. If trends are identified, QIDP will schedule staff training for all staff to be conducted by the speech therapist.</p> <p>In order to monitor the performance and to ensure solutions are sustained, the program nurse and QIDP will review the MAR monthly in order to ensure that the Thick It is prepared at the correct consistency. QIDP and RN will conduct random checks in addition to scheduled quarterly observations to ensure that staff are preparing the liquids at the proper consistency. These observations will be documented on the Medication Pass Observation Record.</p>	<p>11/2/2020 and ongoing</p> <p>11/28/2020</p> <p>11/2/2020 and ongoing</p> <p>11/2/2020 and ongoing</p> <p>11/28/2020 and ongoing</p> <p>11/28/2020 and ongoing</p>	

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W 474	<p>Continued From page 10</p> <p>Review of Individual #2's Medication Administrator Record (MAR) for October 2020 included the following directions: Title: Nectar Thick-it, Details: Drink offered every 3-4 bites to ensure mouth is clear of residual.</p> <p>Review of Individual #2's Thick-It medication container included the following directions: use as directed to achieve nectar thick liquids due to reflux, coughing; drink after every 3-4 bites.</p> <p>Review of Medication Information Fact Sheet/ Consent Form included the following: 1 Medication: Thick-It (used to prevent choking) with an assessment date of 11/07/19.</p> <p>During a medication pass and pour observation on 10/7/20, at approximately 6:05 p.m. Surveyor #1 observed Residential Manager #2 escorted Individual #2 into the medication room, obtained her temperature and blood pressure prior to administering Tylenol two tablets for a headache. Residential Manager #2 asked Individual #2 if her preference was water from the sink or water from the refrigerator. Individual #2 stated water from the refrigerator. Residential Manager #2, poured water from the refrigerator and handed it to Individual #2 along with the two Tylenol. The individual put the pills into her mouth and drank the water. Review of Individual #1's clinical record revealed an undated order for nectar Thick-It, consistency fluids prior to consumption.</p> <p>An interview was conducted with Community Service Assistant (CSA) II #1 on 10/13/20 at approximately 3:50 p.m. CSA II #2 stated inside the medication room as well as in the kitchen are containers of Thick-It for staff to mix with Individual #2's fluids prior to consumption. CSA II #2 stated Residential Manager #2 should have retrieved the Thick-It from one of the locations and added it to the water to achieve a nectar thick prior to serving it to Individual #1.</p>	W 474	<p>Individual's #2 electronic medication administration record was updated on 10/30/2020 to add the Thick IT (Nectar Consistency) to water given with medications during medication administration passes at the following times: 6:30am, 7:30am, and 7:30pm</p> <p>Individual #2's ISP was updated to include a new goal in order to formally address the appropriate consistency of nectar thick liquids after three or four bites of food. All staff received training on how to appropriately document liquid consistency on the MAR. (See Attachment B)</p> <p>All staff, including the Residential Supervisor/QIDP, who failed to add the thickener during the observation, received training on how to appropriately prepare the Thick-It on 11/2/2020 by the Speech Therapist and program nurse (See Attachment B).</p> <p>In order to identify other individuals that may be affected by the deficient practice, the speech therapist and program nurse will provide training to all staff on how to prepare liquids to Thick It consistency when it is ordered for any individual in the facility. This training will be documented on the training in service form. If/when a thickener is ordered, the speech therapist and program nurse will provide staff training on the consistency and ensure all staff are proficient in preparing the liquid. The consistency of the liquid will be captured in the MAR and on the individual's ISP. Observation will occur on all shifts to ensure consistent implementation.</p> <p>In order to address systemic issues, the program nurse will observe all medication administration certified staff preparing Individual #2's nectar thick-it during a meal time setting as well as during medication administration during the quarterly review of the medication pass. This review will be documented on the Medication Pass Observation Record Any deficiencies will be addressed with additional training by the program nurse. If trends are identified, QIDP will schedule staff training for all staff to be conducted by the speech therapist.</p>	<p>10/30/2020</p> <p>11/28/2020 and ongoing</p> <p>11/2/2020 and ongoing</p> <p>11/2/2020 and ongoing</p> <p>11/28/2020 and ongoing</p>

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W 474	<p>Continued From page 11</p> <p>On 10/07/20 at approximately 4:00 p.m., Surveyor #1 observed Individual #2's nectar thicken beverage (water) being prepared by CSA II #2 using Thick-It (a food thickener used to assist people experiencing swallowing problems.) The CSA II put (3) scoops of Thick-It into the water (8 1 ounces) then gave the thickened water to Individual #2. The consistency of the thickened water was so thick; Individual #2 had to use a spoon to scoop the water out of her cup instead of drinking the thickened water. Throughout the day, Individual #2's beverages were made with only (1) scoop of Thick-It by the CSA's.</p> <p>On 10/08/20 at approximately 5:25 p.m., (8 ounces) of tea was made by CSA II #5, with (1) scoop of Thick-It. On the same day at approximately 5:40 p.m., the House Manager prepared (8 ounces) of water at with (1) scoop of Thick-It.</p> <p>Review of Speech Therapy (ST) Professional Services (Communication & Dysphagia Assessment Report) dated 11/06/19 included the following but not limited to; a dysphagia assessment was completed on 09/09/19 due to concerns regarding increased coughing at meals. Recommendations Feeding/Swallowing; continue to provide nectar thick liquids to Individual #2 during meals.</p> <p>A debriefing was held with the House Manager, Residential Service Manager and Licensed</p>	W 474	<p>In order to monitor the performance and to ensure solutions are sustained, the program nurse and QIDP will review the MAR monthly in order to ensure that the nectar thick-It is prepared at the correct consistency. QIDP and RN will conduct random checks in addition to scheduled quarterly observations to ensure that staff are preparing the liquids at the proper consistency. These observations will be documented on the Medication Pass Observation Record.</p> <p>Instructions for preparing the Thick IT (Nectar Consistency) has been posted in all areas for staff reference and guidance. (See Attachment D)</p>	<p>11/28/2020 and ongoing</p> <p>10/13/2020 and ongoing</p>

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W 474	Continued From page 12 Practical Nurse on 10/14/20 at approximately 10:05 a.m. The Residential Service Manager stated, "Education was provided to the staff on 10/13/20; on how to properly prepare and serve nectar thicken liquids. She said Speech Therapy ' (ST) was contacted to re-evaluate Individual #2 related to her swallowing issues requiring nectar thicken liquids.	W 474	The Speech Therapist provided a consultation and completed an assessment on 11/2/2020. The results and recommendations will be included in individual #2 upcoming annual ISP scheduled 11/28/2020.	11/28/2020