

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

PRINTED: 10/20/2020
FORM APPROVED
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G048	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2020
NAME OF PROVIDER OR SUPPLIER WINBURN PLACE		STREET ADDRESS CITY, STATE, ZIP CODE 71 BROGDEN LANE HAMPTON, VA 23666		
(X4) ID PREFIX TAX	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 10/15/20 through 10/16/20. 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. No emergency preparedness complaints were investigated during the survey. INITIAL COMMENTS	E 000		
W 000	An unannounced Fundamental Medicaid Re-certification survey was conducted 10/15/20 through 10/16/20. 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 these 6 certified bed facilities was 5 at the time of the survey. The survey sample consisted of 3 Individual reviews (Individuals #1 through # 3). DRUG REGIMEN REVIEW CFR(s): 483.4600) (1)	W 000		
W 362	A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly. This STANDARD is not met as evidenced by: Based on record review and staff interview the facility staff failed to ensure the drug regimen was reviewed at least quarterly for 1 of 3 individuals	W 362	W 362 Individual #3 Policy 65-1 "Pharmacy Services" was revised on 10/20/2020 to include procedures for Pharmacy Reviews to be completed in the event of an Infectious Disease/COVID-19 pandemic. In the event of an Infectious disease/COVID-19 pandemic, which may restrict visitors to the facility, the Residential Services Manager will coordinate with the Pharmacist a telehealth visit to discuss the individual and the information needed for the quarterly review. The Consulting Pharmacist has access to the Quick-MAR which is also an option for the quarterly review. In order to ensure that quarterly Pharmacy Reviews occur timely the Outlook calendar will be utilized to generate automated reminders regarding pharmacy reviews. Upon receipt of the pharmacy review, the QIDP will utilize the quarterly pharmacy review checklist to ensure the review is received for each individual and follow up with the pharmacist regarding any missing reports.	10/20/2020 and ongoing
LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Donice Williams</i>		TITLE Residential Services Manager		(X6) DATE 10/29/2020
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.				
FORM CMS-2567(02-99) Previous Versions Obsolete		Event ID LX311	Facility ID VAICFMR57	if continuation sheet Page 1 of 6

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NAME OF PROVIDER OR SUPPLIER WINBURN PLACE		45g048	STREET ADDRESS CITY, STATE, ZIP CODE 71 BROGDEN LANE HAMPTON, VA 23666	10/16/2020
(X4) ID PREFIX TAX	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
W 440	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview the facility staff failed to conduct evacuation drills at least quarterly for each shift.</p> <p>The findings included: During a review of the fire/evacuation drills the following was revealed:</p> <p>The facility had fire drills on the 11 p.m.-7 a.m. shift on 7/17/19 at 5:42 am, 10/31/19 at 11:25 p.m., 4/27/20 at 6:10 a.m. 7/31/20 at 6:45 a.m. And 10/14/20 at 6:39 a.m. There were only five quarterly fire drills conducted since the last survey on the 11 p.m. -7 a.m. shift which indicated that a quarterly evacuation/fire drill was omitted in January 2020.</p> <p>A review of the facility's policy and procedures for Conducting Fire/Safety Drills updated 6/18 indicated:</p> <p>Fire Drill: Residential sites will conduct fire drills on a Monthly basis, rotating between shifts.</p> <p>A Quarterly fire drills (the simulation of fire safety procedures included in the written fire plan) will be conducted at each outpatient and day support site.</p> <p>During an interview with the Residential Supervisor on 10/16/20 at 1:45 P.M. she stated the staff failed to conduct a fire drill on each shift every quarter. EVACUATION DRILLS.</p>	W 440	<p>In order to identify other individuals having the potential to be affected by the same deficient practice, the QIDP will review all evacuation drill reports to ensure that all individuals participated in the evacuation drill held on each shift throughout the quarter. Any identified needs/supports for each individual will be added to the ISP. All Evacuation Drill results will be submitted to the Residential Services Manager for review no later than twenty four hours after each drill is completed.</p> <p>In order to address systemic issues, the Quarterly Fire/Evacuation Drill results will be submitted to the Residential Services Manager no later than twenty four hours after each drill. Residential Services Manager will review the report to assess for any systemic issues. Any areas of concern will be addressed with the QIDP at which time the ISP will be revised if necessary.</p> <p>W 440 Policy 87 "Fire Plan" was revised on 10/20/2020. The revision entails the process by which fire drills will occur throughout the quarter. The Residential Services Supervisor and/or designee which be responsible for performing the fire drill which will occur unannounced and at various times. The Residential Services Supervisor will record the drills on the Quarterly Fire Drill/Evacuation Schedule following the drill. In addition, the fire drills to be completed on revolving shifts will be added to the individuals ISP no later than 11/30/2020. (See Attachment B)</p> <p>In order to identify other individuals having the potential to be affected by the same deficient practice, the QIDP will review all evacuation drill reports to ensure that all individuals participated in the evacuation drill. If necessary, the drill will be repeated if any individual did not participate. Any identified needs/supports for each individual will be added to the ISP.</p> <p>In order to address systemic issues, the Quarterly Fire/Evacuation Drill results will be submitted to the Residential Services Manager no later than twenty four hours after the drill. Residential Services Manager will review the report to assess for any systemic issues. Any areas of concerns will be addressed with the QIDP at which time the IPP will be revised if necessary.</p> <p>In order to monitor the performance and sustain compliance, the Residential Services Manager/QIDP added a section for review on the Residential Monthly report. Any areas of concerns will be addressed with the QIDP at which time the ISP will be revised if necessary. (See Attachment C)</p>	<p>11/30/2020 and ongoing</p> <p>11/30/2020 and ongoing</p> <p>10/20/2020 & 11/30/2020 and ongoing</p> <p>11/30/2020 and ongoing</p> <p>11/30/2020 and ongoing</p> <p>11/30/2020 and ongoing</p>

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NAME OF PROVIDER OR SUPPLIER WINBURN PLACE		STREET ADDRESS CITY, STATE, ZIP CODE 71 BROGDEN LANE HAMPTON, VA 23666		

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W 441	<p>Continued From page 3 CFR(s): 483470(i)(1)</p> <p>The facility must hold evacuation drills under varied conditions.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility staff failed to conduct evacuation drills during various times of the day or night.</p> <p>The findings included:</p> <p>During a review of the fire drills the following was revealed:</p> <p>The facility had evacuation/fire drills on the following shift: (7:00 A.M.-3:00 PM) On 8/25/20 at 8 38 A.M., 5/29/20 at 10 15 A.M., 2/12/20 at 7:57 A.M., 1/21/20 at 11 21 A.M, 11/26/19 at 9:30 A.M. and 9/26/19 at 8:00 A.M. Four of the six drills conducted were between 8:00 A.M. and 10:15 A.M</p> <p>On the (3 P.M. to 11:00 P.M) shift Fire Drills were conducted on 9/12/20 at 4:20 P.M., 6/29/20 at 4:58 P M , 3/20/20 at 6:30 P M., 12/19/19 at 7:50 P.M. and on 8/8/19 at 6:23 P.M Five of the six ' drills conducted were between 4:20 P.M. and 6:30 P.M.</p> <p>On the (11 P.M.- 7 A.M.) shift Fire Drills were conducted on 10/14/20 at 6:39 A.M., 7/31/20 at 6:45 A.M. 4/27/20 at 6:10 A.M., 10/31/19 at 11:25 p.m., and 7/17/19 at 5:42 A.M. Four of the five drills conducted were between 5:42 A.M. and 6:45 A.M.</p> <p>A review of the facility's policy and procedures for Conducting Fire/Safety Drills up-dated 6/18 indicated: Residential sites will conduct fire drills on a monthly basis, rotating between shifts. During an interview with the Residential Supervisor on 10/16/20 at 1:45 P.M. she stated, the staff failed to conduct a fire drill on each shift during various times.</p>	W 441	<p>Policy 87 "Fire Plan" was revised on 10/20/2020. All fire drills will be unannounced as the Residential Services Supervisor and/or designee will perform these drills during all types of weather conditions throughout the year. Residential Services Supervisor will monitor weather conditions to ensure that drills occur during the necessary varied weather conditions. The Residential Services Supervisor will provide the Residential Services Manager the dates that the drills occur. Residential Services Manager will ensure that varied weather conditions are captured in the drill reports and will alert Residential Supervisor if there are any trends that indicate weather conditions are not varied.</p> <p>In order to identify other individuals having the potential to be affected by the same deficient practice, the QIDP will review the outcome of the evacuation drills to determine if there are any special accommodations based on the conditions of the weather resulting in health and safety concerns. QIDP will ensure comments for each individual are captured in the fire drill report. The QIDP will address any concerns/accommodations in the individual's ISP.</p> <p>In order to address systemic issues, the Quarterly Fire/Evacuation Drill form will be sent to the Residential Services Manager each quarter for review. The outcome of these drills will be discussed with the QIDP regarding any issues noted and/or revisions needed to the ISP, if necessary. Residential Services Manager will ensure that varied weather conditions are captured in the drill reports and will alert Residential Supervisor if there are any trends that indicate weather conditions are not varied.</p> <p>In order to monitor performance and to ensure compliance with holding drill under varied conditions, the Residential Services Manager/QIDP added a section for review on to the Residential Monthly report. Residential Services Manager will ensure that varied weather conditions are captured in the drill reports and will alert Residential Supervisor if there are any trends that indicate weather conditions are not varied. Any areas of concerns will be addressed with the QIDP at which time the ISP will be revised, if necessary.</p>	<p>10/20/2020 and ongoing</p> <p>11/30/2020 and ongoing</p> <p>11/30/2020 And ongoing</p> <p>11/30/2020 And ongoing</p>

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W 455		<p>Continued From page 4</p> <p>INFECTION CONTROL CFR(s): 483.470(1)(1)</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>This STANDARD is not met as evidenced by: Based on observations during a medication pass, staff interviews, record review, and facility documentation review, the facility staff failed to ensure infection control measures to include use of gloves and proper hand hygiene, were implemented to prevent opportunities for infection.</p> <p>The findings include:</p> <p>During observation of a medication pass on 0/15/20 at 7:00 a.m., Community Support Professional (CSA) #1 administered Calcitonin nasal spray in the right nare (nostril) of Individual #2 without gloves, did not wash his hands following this administration, and proceeded to pour and administer other medications to the same individual.</p> <p>During another medication pass on 10/15/20 at</p>	W 455	<p>CSA #1 completed a Medication Administration refresher training on 10/22/2020. As part of the refresher training CSA#1 will be observed during a medication pass for Individuals that have an order for nasal sprays and eye medications. CSA #1 received disciplinary action for not following the Infection Control and Medication Administration Policy. On 10/27/2020 the program nurse and QIDP reviewed the Medication Administration Observation Record with all medication certified staff.</p> <p>In order to identify other individuals that may be affected by the deficient practice, the program nurse will schedule a time to observe a medication pass for all medication certified employees. Specifically, the program nurse will observe the medication pass of all individuals requiring nasal sprays and or eye drops to ensure that the staff follow the Infection Control procedures. The program nurse will document any deficient practices observed at that time. The staff will be immediately removed from the duties of passing any medications and will repeat Medication Administration training if they do not successfully practice proper infection control procedures during the medication pass.</p> <p>In order to address systemic issues, the medication pass observation record will be completed by the program nurse for each staff at least quarterly. QIDP and the Residential Services Manager will review to the Observation Record to ensure that the Infection Control Standards are being followed. Any identified trend will be addressed with additional training to address deficient practices. When necessary, the staff will be removed from the duties of passing any medications and will repeat Medication Administration training.</p> <p>In order to monitor performance and to ensure Infection Control Procedures are being implemented, the Residential Services Manager will review the Medication Pass/Observation Records monthly. Any noted issues will be addressed with the QIDP. Any identified trend will be addressed with additional training to address deficient practices. When necessary, the staff will be removed from the duties of passing medications and will repeat Medication Administration training.</p>	<p>10/22/2020 & 10/27/2020</p> <p>11/30/2020 and ongoing</p> <p>11/30/2020 and ongoing</p>
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W 455	<p>Continued From page 5</p> <p>12:30 p.m., CSA #1 proceeded to administer eye medication without gloves when another CSA entered the medication room to assist to position another individual and told him not to proceed to administer the eye medication without donning gloves</p> <p>On 10/16/20 at approximately 240 p.m., during ' the pre-exit meeting with the Residential Supervisor, she stated it was her expectation that the CSA wear gloves during administration of hand washing after administration of Individual #2's nasal spray and or wear gloves during the procedure followed by hand hygiene.</p> <p>The policy and procedure titled Infection Control dated 6/2020 indicated hands should be washed before and after all tasks and contact with clients. Hands should be washed when gloves are Removed after performing a task that involves contact with blood or body fluids, substances mucous membranes or non-intact skin. If hand washing facilities are not available (such as in the field), the employee is to use an antiseptic towelettes after performing the task and then Wash his/her hands as soon as possible.</p>	W 455	<p>CSA #1 completed a Medication Administration refresher training on 10/22/2020. As part of the refresher training CSA#1 will be observed during a medication pass for individuals that have an order for nasal sprays and eye medications. CSA #1 received disciplinary action for not following the Infection Control and Medication Administration Policy due to administering eye medication without donning gloves. On 10/27/2020, the program nurse and QIDP reviewed the "Medication Administration Observation Record" with all medication certified staff.</p> <p>In order to identify other individuals that may be affected by the deficient practice, the program nurse will schedule a time to observe a medication pass for all medication certified employees. Specifically, the program nurse will observe the medication pass of all individuals requiring nasal sprays and eye drops to ensure that the medication certified staff follow the Infection Control procedures by donning gloves and following proper hand hygiene. The program nurse will document any deficient practices observed at that time. The staff will be immediately removed from the duties of passing any medications and will repeat Medication Administration training if they do not successfully practice proper infection control procedures during the medication pass.</p> <p>In order to address systemic issues, the medication pass observation record will be completed by the program nurse for each staff at least quarterly. QIDP and the Residential Services Manager will review the Observation Record to ensure that the Infection Control Standards are being followed by donning gloves and practicing proper hand hygiene. Any identified trends will be addressed with additional training to address deficient practices. In order to monitor performance and to ensure Infection Control Procedures are being implemented, the Residential Services Manager will review the Medication Pass/Observation Records monthly. Any noted issues with Infection control will be addressed with the QIDP. Any identified trend will be addressed with additional training to address deficient practices. When necessary, staff will be removed from the duties of passing medications and will repeat Medication Administration training.</p>	10/22/2020 and ongoing
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October 23, 2020

Laura S. Veuhoff
Division of Long Term Care Services Supervisor
Virginia Department of Health
9960 Mayland Drive Ste. 401
Henrico, VA 23233

RE: Plan of Correction for Winburn Place ICF
Hampton, Virginia 23666
Provider Number: 49-G048

Dear Ms. Veuhoff:

We received your letter on October 20, 2020, advising that during our most recent survey, ending on October 16, 2020, Winburn Place ICF was not in compliance with CFR Part 483 Requirements for Intermediate Care Facilities for the Intellectually Disabled. We are submitting a plan of correction of the stated deficiencies for your review.

Please advise if you have any questions, or require any additional documentation. Please feel free to contact me at (757) 788-0031.

Sincerely,

Lonice D. Williams, Residential Services Manager
Developmental Services

PC: Natale Ward Christian
Carol McCarthy
Daphne Cunningham

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**Hampton-Newport News
COMMUNITY SERVICES BOARD
Developmental Services
Policy Statement**

Attachment A

Intermediate Care Facility for Individuals with Intellectual Disabilities
Winburn Place

ICF- IID #65-1 Pharmacy Services

Reference(s) 483.460; W 361, W 362, W 363, W 364, W 365, W 366

Effective: March 2015
Revised

POLICY STATEMENT:

It is the policy of the Winburn Place facility to provide active treatment pharmaceutical services as outlined in regulations for Intermediate Care Facilities for persons with mental retardation (42 CFR Part 483.440) and detailed in pharmaceutical contracts.

PROCEDURES

1. The program pharmacist will participate in the assessment of the individual, the development of the Individual Program Plan and subsequent IPP reviews, and will participate as member of the ID Team.
2. The program pharmacist will review each individual's medication regimen at least quarterly (every 90 days). Information collected (e.g. drug administration records, physicians orders, laboratory reports) is analyzed to determine whether there are any potential problems with the individual's medication therapy and whether such medication therapy is achieving the stated objectives established by the physician for that individual. The pharmacist will review on a more frequent basis when the individual's response indicates problem with the medication(s).
3. The pharmacist's review of the individual medication regimen will contain at a minimum:
 - Identification of any apparent irregularities and determine their significance
 - Identification of appropriate medication use for established diagnosis
 - Appropriate laboratory testing
 - Apparent effectiveness/outcomes
4. The pharmacist will complete a written quarterly report on each medication review. The report will be reviewed by the program Registered Nurse and then will be submitted to the ICF-IID Medical Director. The report will be shared with all members of the Interdisciplinary Team. The written reports will be filed in each individual's medical record.

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5. The Medical Director and the Interdisciplinary Team will consider the report of the Pharmacist. The Medical Director's response to any irregularities in the Pharmacists report will be documented in the Medical Director's quarterly review. The Medical Director will direct any action to be taken such as notification of any irregularities to the Primary Care Physician, nursing action, etc.
6. The Pharmacist will participate in training for direct support staff as needed and respond as on-call for consultation as needed.
7. The facility will maintain a contract with a licensed pharmacy to provide routine and emergency drugs.
8. In the event of an Infectious disease/COVID-19 pandemic, which may restrict visitors to the facility, The Residential Services Manager will coordinate with the Pharmacist to provide remote pharmacy reviews which are to be completed within the quarter review period.

Approved

 Carol McCarthy
 Director, Developmental Services

10/23/20
Date

ICF IID 65-1 Verification & Review Log

Date	Director/Designee Initials
Issued	
Revised: October 2020	
Reviewed: June 2020	

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Carol McCarthy

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**Hampton-Newport News
COMMUNITY SERVICES BOARD
Developmental Services
Policy Statement**

ATTACHMENT B

Intermediate Care Facility for Individuals with Intellectual Disabilities
Winburn Place

ICF- IID #87 Fire Plan
Reference(s) W440;W441
Effective: March 2015
Revised

POLICY STATEMENT:

In accord with the HNNCSB AGENCY Health and Safety policy #HS-006, it is the policy of Winburn Place Facility to ensure the welfare and safety of persons served, visitors, and staff in the event of a fire or other emergency.

PROCEDURES:

1. This procedure is *in addition to* HNNCSB DISASTER AND EMERGENCY PROCEDURES and shall be made known to all persons served and staff. This procedure shall be approved by the local fire authority, to be implemented in the event of a fire, and shall be reviewed periodically on a regular basis.
2. In the event that fire is detected, the fire alarm will automatically sound via the Fire and Life Safety America Company Alarm System. Fire and Life Safety America Company then calls 911; staff does **not** have to call 911.
3. Staff shall alert occupants to leave the building and gather at the designated assembly point.
4. Staff are to encourage and instruct occupants to leave the building quickly, calmly, and orderly, using the approved escape routes indicated on the posted floor plans. Staff shall provide appropriate support to any persons who have special needs such as deafness, blindness, or difficulty with mobility.
5. Once the building is evacuated, staff on duty will conduct a head count to ensure that all occupants are present and safe.
6. Staff will notify the fire authority if there is an incomplete head count.
7. If possible, portable fire extinguishers may be utilized only as a first line of defense to extinguish small fires or to facilitate evacuation.
8. If possible, staff will secure medications and records of persons served.
9. If possible, staff will close doors and windows.
10. Occupants will be taken to a safe location, as determined by the Residential Supervisor and/or designee.

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11. All staff will be trained initially and annually on fire drill procedures to include how to conduct a fire drill and how to document a fire drill.
12. The Residential Services Supervisor will conduct monthly inspections on the fire monitoring panel box and fire extinguishers to ensure they are operational.
13. The Maintenance department will conduct monthly inspections of the fire equipment, with the Residential Services Supervisor tracking their monthly inspections of all fire equipment.
14. Fire and Life Safety America Company will conduct quarterly and annual inspections of the fire system.
15. Fire and Life Safety America Company will conduct smoke detector sensitivity test every two years with the Residential Services Supervisor informing the maintenance department to schedule the inspection/testing of the equipment.
16. The Residential Services Supervisor will notify the maintenance department of any deficiencies noted during the quarterly and annual inspections conducted by Fire and Life Safety America Company. The Residential Services Supervisor will notify maintenance by telephone and email of any deficiencies noted during inspections.
17. Any maintenance repairs noted during any inspection shall be repaired within 24 hours to ensure the safety of the individuals and staff.
18. The Residential Services Supervisor will schedule fire drills to occur on each shift of personnel each quarter. The Residential Services Supervisor will document and record the quarterly fire/evacuation drills on the Quarterly Fire Drill Schedule Form. The Quarterly Fire Drill Schedule Form will be submitted with the monthly report submitted to the Residential Services Manager for compliance review.

TEST FIRE DRILLS

1. Notify Fire and Life Safety America Company prior to drill. Call Fire and Life Safety America Company and give them program name and account number posted at the site. Tell them how long the drill will last.
2. All fire drills will be timed with an instrument that indicates seconds; the timed interval begins when the alarm or first signal is given.
3. For ICF/IID fire drills, evacuation of the building must be done within six minutes.
4. For ICF/IID fire drills, a fog horn must be used for early morning drills and/or late night drills.
5. At least one fire drill will be conducted each month on a rotating basis to cover all shifts.
6. During any 3 consecutive calendar months, at least one fire drill shall be conducted during each shift.
7. A designated staff member will immediately document the fire drill on the approved agency form.

8. The Residential Services Supervisor will schedule fire/evacuation drills to be held under varied weather conditions during various times of the day and night.

Approved by Carol McCarthy 10/23/20

Carol McCarthy Date
Director, Developmental Services

ICF IID 87 Verification & Review Log

Date	Director/Designee Initials
Issued: 10/19/12	
Revised: March 2015	
Reviewed June 2020	

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QUARTERLY FIRE DRILL SCHEDULE

			Year: 2020
Drill Type	Quarter	Shift	Date
Fire-October	Quarter 1 January	3 rd Shift	
Fire-Nov		1 st Shift	
Fire- Dec		2 nd Shift	
Fire -January	Quarter 2 April	3 rd Shift	
Fire- February		1 st Shift	
Fire-March		2 nd Shift	
Fire- April	Quarter 3 July	3 rd Shift	
Fire -May		1 st Shift	
Fire -June		2 nd Shift	
Fire-July	Quarter 4 October	3 rd Shift	
Fire-August		1 st Shift	
Fire- September		2 nd Shift	

- To be completed by the QIDP during the Quarter Analysis Review

CHECKLIST

MONTHLY REPORTS

MONTH _____ / YEAR 2020

PROGRAM	Monthly Report	Training Grid	Expenditure Report	Staff Meeting Notes/Agenda	Overtime Hrs Reported	OSHA/ First Aid Checklist	Activity Calendar	Staff Schedule	Quarterly Pharmacy Reviews Completed
WINBURN PLACE									
Program #2									
Program #3									

ATTACHMENT C