

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

PRINTED: 07/05/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/23/2022
NAME OF PROVIDER OR SUPPLIER POWELL AND PEARSON			STREET ADDRESS, CITY, STATE, ZIP CODE 722 A AND B OLD GRAVES MILL ROAD LYNCHBURG, VA 24502		
(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 on 06/22/2022. 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.	W 000			
	INITIAL COMMENTS				
	An unannounced Focused Fundamental Medicaid re-certification survey was conducted 06/22/2022 through 06/23/2022. 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.				
	The census in this nine (9) certified bed facility was eight (8) at the time of the survey. The survey sample consisted of three (3) individual reviews (Individuals #1 through Individual #3).				
W 455	INFECTION CONTROL CFR(s): 483.470(l)(1)	W 455	1) Address the corrective action taken for the problem: - An individual counseling note will be documented for each staff member that was present on the day of the audit who failed to screen the visitors upon entering the homes. The counseling note will address their failure to provide screening to each visitor and/or manager that came into the facility. The counseling note will also reflect that the manager discussed it is a requirement to screen all individuals entering the facility. - On 06/29/22, during a team meeting, the Instructor Counselor reviewed and reminded all staff of the policies in place for visitors. - Staff who fail to comply with these protocols will receive disciplinary action consistent with Horizon Talent Management Policies and Procedures.	6/29/22	
	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 observation, staff interview, and facility document review, the facility staff failed to provide screening to the survey team upon entry to the facility on 06/22/2022.				
	Findings were:				
	The survey team entered the facility on 06/22/2022 at approximately 9:30 a.m. A screening for COVID-19 (i.e. temperature				

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Continued From page 1 check/symptoms) was not done upon entry to either of the two houses. Three staff members (residential manager, instructor/counselor, and the program manager) were all observed entering one of the homes without a screening being completed.

Facility policies regarding COVID-19 were reviewed on 06/22/2022 beginning at approximately 12:30 p.m. The following information was observed regarding screening of staff and visitors prior to entering the facility. Section "XXII Visitation Procedures for ICF-IID Facilities" included the following:

"(Name of Facility) will screen visitors entering the facility for signs and symptoms of COVID-19 and for a history of close contact with someone with suspected or confirmed COVID-19 infection within 14 days prior to the visitation." Also in the policy, "Infectious Disease (COVID-19)

Preparedness and Response Plan", the following was observed, "Any individual entering one of (Name of Facility) may have their temperature checked and/or a questionnaire completed prior to entry." An additional policy, "CMS COVID-19 Vaccine Mandate, TM 200.08.09" included: "...employees and contractors must complete a self-screening prior to entering an ICF home, including a temperature screening and must not report to work should they have symptoms upon self-screening."

The program manager was interviewed at approximately 1:30 p.m. on 06/22/2022 regarding the screening process. She was asked why she or the other staff members had not done any screening upon arrival to the facility. She stated, "We go to different locations and we screen ourselves at the first one we go to each day. I

All staff who visit multiply sites, will complete the screening process at each location visited throughout the workday.

2) Address how the facility will identify similar occurrences of the problem:

- During a staff meeting on 06/29/22, all staff were reminded of, and instructed on the visitation policy regarding anyone entering the home.

"Horizon ICF-IID facilities will screen visitors entering the facility for signs and symptoms of COVID-19 for a history of close contact with someone with or suspected or confirmed COVID 19 infection". Any individual entering the home may/will have their temperature checked and/or a questionnaire completed prior to entry".

Staff who fail to comply with these protocols will receive disciplinary action consistent with Horizon Talent Management Policies and Procedures.

6/29/22

3) Identify measures/systemic changes to ensure deficient practices will not recur:

The following measures will be implemented by the stated completion date to ensure that all employees in ICF Housing are in compliance with standards of practice with infection control and prevention. Such measures include the following:

In the event that unplanned schedule variations and vacancies occur the Senior Portfolio Director and Program Manager will develop plans for coverage of the following duties based on available personnel resources.

7/31/22

- All ICF supervisors will receive refresher training to ensure their understanding of applicable infection control and prevention policies and protocols. Training will be completed by **July 31, 2022**.

- Each ICF home is assigned a front line supervisor (job title of Instructor Counselor). Instructor Counselors (ICs) will be present in their assigned homes during their entire workweek schedule unless specifically assigned to perform other duties at another location. Each IC will make rounds throughout the home at a minimum three times per shift to observe staff providing care to determine compliance with current standards of practice with infection control and prevention. Observations will be documented in a shared folder with Housing managerial staff. Horizon's disciplinary policy will be followed with any employee found to be out of compliance with standards. The above protocols to ensure compliance with standards of practice will be fully implemented by **August 5, 2022** and will be ongoing

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- ICF staff will be assigned to observe employees arriving for their assigned shifts at least once per

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 started out at (Name of facility) so I screened there." She was asked who was supposed to have screened the survey team. She stated, "The staff should have done that when you got here." She was informed that no screening had been completed at either ICF home upon entry. The above information was discussed during an end of day meeting and exit conference on 06/23/2022.

week for day shift and at least once per week for night shift to ensure that employees are conducting a temperature and symptom check relevant to COVID-19 prior to entering the home. In the event that assigned ICF staff are unable to personally observe check-ins, the assigned staff will review the *Employee Screening Log* to verify that all staff present have completed and initialed the log for their shift. These checks will be random and unscheduled. These checks will be documented and stored in a shared folder with Housing managerial staff. Horizon's disciplinary policy will be followed with any employee found to be out of compliance with standards. The above protocols to ensure compliance with standards of practice will be fully implemented by **August 5, 2022** and will be ongoing

- ICF Housing night shift supervisors will make unannounced rounds of their designated homes throughout their scheduled shifts. Unannounced rounds must occur within each of the night shifts designated ICF homes at least once per week on night shift with documentation of the observations, including checks of Employee Screening Logs, mask compliance, in the shared folder with Housing managerial staff. Horizon's disciplinary policy will be followed with any employee found to be out of compliance with standards. The above protocols to ensure compliance with standards of practice will be fully implemented by **August 5, 2022** and will be ongoing

The above protocols to ensure compliance with standards of practice will be fully implemented by **August 5, 2022** and will be ongoing.

4) Indicate how facility will monitor its performance:

- The ICF supervisors and Residential Managers will regularly monitor ICF program locations for compliance with the above protocols and standards of practice. To be fully implemented by **August 5, 2022** and will be ongoing

- The Program Manager will review the shared folder of documentation at least weekly. The Program Manager will visit each ICF Home at least once per month to observe staff providing care to determine compliance with current standards of practice with infection control and prevention. The above protocols to ensure compliance with standards of practice will be fully implemented by **August 5, 2022** and will be ongoing

- The Senior Portfolio Director to whom the Director of Housing reports will periodically monitor the shared documentation folder and have discussion with the Director of Housing to ensure ongoing compliance. The above protocols to ensure

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Original Page 3	W508	compliance with standards of practice will be fully implemented by August 5, 2022 and will be ongoing.	8/5/22
W 508 COVID-19 Vaccination of Facility Staff CFR(s): 483.430(f)(1)-(3)(i)-(x)		- CQI will verify the implementation of these procedures and conduct quarterly audits of the documents stored in the shared drive. A written report of the findings of the audits will be provided quarterly to the Senior Portfolio Director and Program Manager. The above protocols to ensure compliance with standards of practice will be fully implemented by August 5, 2022 and will be ongoing	7/31/22
§ 483.430 Condition of Participation: Facility staffing. (f) Standard: COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine.		Completion Date: - Training will be completed by July 31, 2022 - The above protocols to ensure compliance with standards of practice will be fully implemented by August 5, 2022 and will be ongoing	8/5/22
(1) Regardless of clinical responsibility or client contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its clients: (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the facility and/or its clients, under contract or by other arrangement.		W508 1. Address the corrective action taken for the problem:	
		Policy: The Horizon Talent Management Policies and Procedure titled, "CMS COVID-19 VACCINE MANDATE TM 200.08.09" will be revised to add procedures for unvaccinated staff.	7/31/22
		Training: All unvaccinated ICF employees will receive additional training on Horizon policy and procedure regarding unvaccinated individual. The training titled, "Supplemental COVID-19" will be assigned to all unvaccinated ICF staff that includes the revised policy and additional information regarding employee health. The training for unvaccinated employees will address the availability of COVID-19 vaccinations and ensure that staff have been offered the opportunity for vaccination. The training will reinforce Horizon policies and CDC guidelines for infection control and prevention, including wearing PPE to mitigate the risk of spreading COVID-19, other COVID variants, and other infectious diseases.	8/5/22
		Horizon Talent Management conducts all required training for new hires and existing employees and tracks training completion in the employee's personnel record.	
		New Employee Form: Acknowledgement for Unvaccinated Employees: Unvaccinated staff will be required to sign and date an "Acknowledgement for Unvaccinated Employees" which states: <i>I have been informed by my employer, Horizon Behavioral Health that COVID-</i>	8/5/22

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(2) The policies and procedures of this section do not apply to the following facility staff: (i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section; and (ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section.

(3) The policies and procedures must include, at a minimum, the following components:

(i) A process for ensuring all staff specified in paragraph (f)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its clients;

(iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19; (iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (f)(1) of this section;

(v) A process for tracking and securely documenting the COVID-19 vaccination status of

19 vaccines are recommended by the Centers for Disease Control and Prevention (CDC) and that the CDC states that COVID-19 vaccines are safe, effective, and free. Horizon provided specific training for me to help me understand Horizon's policies and protocols regarding infection control and prevention, including wearing PPE to mitigate the risk of spreading COVID-19, other COVID variants, and other infectious diseases. I am aware that more information about COVID-19 risks and precautions to prevent the spread of COVID-19 is available at the CDC website, www.cdc.gov. I am also aware that I can learn more about the COVID-19 vaccines by visiting the CDC website or the specific link: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>. My employer has also advised me of locations near me where I may obtain a COVID-19 vaccination and has advised me that Horizon will pay me up to 4 hours of leave time during my work hours to get a vaccination.

Address how the facility will identify similar occurrences of the problem:

Horizon will assign new and existing unvaccinated employees with the revised "CMS COVID-19 VACCINE MANDATE TM 200.08.09" policy in the electronic training system.

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Unvaccinated staff will be required to sign and date an "Acknowledgement for Unvaccinated Employees" as shown above.

Identify measures/systemic changes to ensure deficient practices will not recur:

ICF management staff will monitor for any changes in regards to CMS regulations related to ICF/IIDs and address any changes to meet the regulation of "COVID-19 Vaccination of Facility Staff".

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In the event that unplanned schedule variations and vacancies occur the Senior Portfolio Director and Program Manager will develop plans for coverage of the following duties based on available personnel resources.

All ICF supervisors will receive refresher training to ensure their understanding of applicable infection control and prevention policies and protocols. Training will be completed by **July 31, 2022**.

7/31/22

Each ICF home is assigned a front line supervisor (job title of Instructor Counselor). Instructor Counselors (ICs) will be present in their assigned homes during their entire workweek schedule

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<p>Continued From (original) page 4 W 508 any staff who have obtained any booster doses as recommended by the CDC;</p> <p>(vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law;</p> <p>(vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements;</p> <p>(viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains:</p> <p>(A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and</p> <p>(B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications;</p> <p>(ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to</p>	W508	<p>unless specifically assigned to perform other duties at another location.</p> <p>Each IC will make rounds throughout the home at a minimum three times per shift to observe staff providing care to determine compliance with current standards of practice with infection control and prevention. Observations will be documented in a shared folder with Housing managerial staff. Horizon's disciplinary policy will be followed with any employee found to be out of compliance with standards. The above protocols to ensure compliance with standards of practice will be fully implemented by August 5, 2022 and will be ongoing</p> <p>ICF staff will be assigned to observe employees arriving for their assigned shifts at least once per week for day shift and at least once per week for night shift to ensure that employees are conducting a temperature and symptom check relevant to COVID-19 prior to entering the home. In the event that assigned ICF staff are unable to personally observe check-ins, the assigned staff will review the <i>Employee Screening Log</i> to verify that all staff present have completed and initialed the log for their shift. These checks will be random and unscheduled. These checks will be documented and stored in a shared folder with Housing managerial staff. Horizon's disciplinary policy will be followed with any employee found to be out of compliance with standards. The above protocols to ensure compliance with standards of practice will be fully implemented by August 5, 2022 and will be ongoing</p> <p>ICF Housing night shift supervisors will make unannounced rounds of their designated homes throughout their scheduled shifts. Unannounced rounds must occur within each of the night shifts designated ICF homes at least once per week on night shift with documentation of the observations, including checks of Employee Screening Logs, mask compliance, in the shared folder with Housing managerial staff. Horizon's disciplinary policy will be followed with any employee found to be out of compliance with standards. The above protocols to ensure compliance with standards of practice will be fully implemented by August 5, 2022 and will be ongoing</p> <p>The above protocols to ensure compliance with standards of practice will be fully implemented by August 5, 2022 and will be ongoing.</p>	8/5/22	8/5/22	8/5/22	8/5/22
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 COVID-19, and individuals who received
 monoclonal antibodies or convalescent plasma
 for COVID-19 treatment; and
 (x) Contingency plans for staff who are not fully
 vaccinated for COVID-19.
 Effective 60 Days After Publication:
 (ii) A process for ensuring that all staff specified in
 paragraph (f)(1) of this section are fully
 vaccinated for COVID-19, except for those staff
 who have been granted exemptions to the
 vaccination requirements of this section, or those
 staff for whom COVID-19 vaccination must be
 temporarily delayed, as recommended by the
 CDC, due to clinical precautions and
 considerations;
 This STANDARD is not met as evidenced by:
 Based on observation, staff interview, and facility
 document review, the facility failed to develop
 policy and procedures to ensure additional
 precautions to mitigate the transmission and
 spread of COVID-19 for unvaccinated staff were
 in place.
 Findings were:
 On 06/22/2022 during the entrance conference at
 approximately 11:15 a.m., information was
 requested from the Residential Manager
 regarding staff/contract staff vaccination status,
 including but not limited to: Policies and
 procedures regarding vaccinations, percentage of
 staff vaccinated, type of vaccine received, etc.
 A list of all staff members and their vaccination
 status was presented at approximately 12:30 p.m.
 Twenty-six total staff members were listed
 including contract and volunteer staff. One staff
 member was listed as having an approved

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4. **Indicate how facility will monitor its performance:**

ICF management staff will discuss during team meetings the importance of mitigating the transmission and spread of COVID-19 with all staff to include mask wearing, wearing personal protective equipment and social distancing consistent with Horizon policies and procedures.

5. **Completion Date:**

- Employee training will be completed by **July 31, 2022**.
- All other measures listed in this section will be completed and/or fully implemented by **August 5, 2022** and will be ongoing

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religious exemption. All other staff were fully vaccinated or boosted.
The policy "CMS COVID-19 VACCINE MANDATE TM 200.08.09" was reviewed and contained the following: "Effective February 28, 2022...all employees, contractors who may interact with clients and/or staff, and volunteers must be fully vaccinated or have an approved medical deferral...exemption or religious exemption from the COVID-19 vaccine.... Mitigation of transmission and spread of COVID-19 for all staff and visitors, ...If an ICF employee is not fully vaccinated (with an approved exemption), the unvaccinated employee must wear an FDA-cleared surgical mask at all times while in an ICF Home, including in common areas such as hallways, kitchens, bathrooms, etc, ([Name of facility] reserves the right to require such additional precautions for fully vaccinated employees based on the monitoring of the vaccination status of SARS Cov-2 positive and/or symptomatic employees as noted above)....All unvaccinated employees will receive additional training regarding available vaccines, CDC vaccine recommendations and CDC identified risks for the spread of SARS COV-2."
The program manager was interviewed at approximately 12:45 p.m., regarding the mitigation procedures described in the above policy. She was asked what an "FDA-cleared surgical mask" was." She stated, "That's an N95." Then reread the policy and stated, "No, it's one of these and pointed at the blue surgical mask she was wearing." For clarity she was asked if what was described in the policy was a regular surgical mask worn by all staff in the facility. She stated, "Yes." She was asked what

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the "Additional training" for unvaccinated staff was. She stated, "That was my idea, just trying to do what I can.. The talent management (Human resources) will notify the unvaccinated staff that they need to do the training. Only the employee and talent management will know." She was asked how additional training/education to staff would mitigate the spread of COVID-19. She stated, "We just want them to know that if they change their minds the vaccine and the different types are available." She was asked if the staff person listed as having a religious exemption had received the training and if so when. She stated, "We haven't implemented this yet...it's been approved, but it hasn't been implemented. The regulation regarding vaccination of staff and mitigation strategies suggested were discussed. She was asked how training provided an additional layer of protection for the individuals in the facility when care was being provided by unvaccinated staff. She stated, "I see what you are saying...I just don't want a mass exodus by staff if we tell them they have to wear N95s if they aren't vaccinated, testing is a logistical nightmare for us, I was just trying to get something in place." The survey team consulted with the supervisor at the state office on 06/22/2022 at approximately 1:00 p.m. It was agreed that the educational piece, did not meet the intent of the regulation to mitigate the transmission and spread of COVID-19 for the unvaccinated staff. No further information was received prior to the exit conference on 06/23/2022.

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