

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

PRINTED: 07/15/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G066	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/06/2022
NAME OF PROVIDER OR SUPPLIER BRANDON HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 51 POPLAR CREEK STREET SOUTH BOSTON, VA 24592		
(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	INITIAL COMMENTS	W 000			
W 368	<p>DRUG ADMINISTRATION</p> <p>CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on staff interview, clinical record review, and facility document review, the facility staff failed to administer medications per physician orders for one of two individuals. Individual #1 received Fexofenadine HCL 60 mg at 4:22 a.m. on 03/11/2022. The medication was ordered by the physician to be given at 8:00 a.m.</p> <p>Findings were:</p>	W 368	<p>Provider Response:</p> <p>Southside Behavioral Health's procedure 4500.P2 ID/DD Services Medication Administration was updated on 7/18/22.</p> <p>Brandon Home's LPN will review procedure 4500.P2 ID/DD Services Medication Administration with all</p> <p>Responsible Employee: Divisional Director of Residential Services</p>	8/11/2022	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 368	<p>Continued From page 1</p> <p>On 07/06/2022, at approximately 9:00 a.m., incident and accident reports for the previous six months were reviewed. An incident report dated 03/11/2022 for Individual #1 contained the following information, including, but not limited to:</p> <p>"Date of Incident: 03/11/2022 Time of Incident: 4:22 a.m. Type of Incident: Medication Error Incident Description: ...medication variance report for (name of facility)...observed on the ...report on March 11, 2022 at 4:22 a.m., (name of staff) administered (name of Individual #1) her Fexofenadine HCL 60 mg tablet. This medication is due to be administered at 8:00 a.m." What intervention was implemented to prevent future incidents? Follow the five rights of medication administration to decrease the likelihood of medication errors in the future."</p> <p>Individual #1 had the following diagnoses, including but not limited to: Severe intellectual disability, bipolar disorder, hypertension, Type 2 diabetes mellitus, and COPD (chronic obstructive pulmonary disease).</p> <p>On 07/06/2022 at approximately 10:30 a.m., the Divisional Director for Residential Services was interviewed regarding the medication error. She stated, "Yes, they are supposed to scan the medication card into the (electronic) system when the meds are given. Then they give the medication. That medication was scanned at 4:22 a.m. I had to write her up, she said she didn't do it but the only way it would be on the variance</p>	W 368			

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W 368	Continued From page 2 report would be if she scanned it." The medication tech/support staff worked night shift and was not available for interview. The facility policy, "ID/DD Services Medication Administration", contained the following: "The six right of Medication Administration shall be utilized before administration/assistance with medications/treatments: Right Individual; Right Medication; Right Time; Right Dose; Right Route; Documentation of administration of medication/treatment." On 07/06/2022 at approximately 1:45 p.m., the above information was discussed with the ID Director and the Divisional Director of Rehab Services. No further information was obtained prior to the exit conference 07/06/2022.	W 368			
W 508	COVID-19 Vaccination of Facility Staff CFR(s): 483.430(f)(1)-(3)(i)-(x) § 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.	W 508	Provider Response: The Medical Director for the facility has submitted his resignation and will no longer be associated with the facility as of 8/1/2022. All Southside Behavioral Health employees were notified through agency email on 7/6/2022 that if they held an exemption for COVID-19 vaccination they would have to wear a fit tested N95 mask while on agency		8/23/22

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W 508	Continued From page 3 (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. (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	W 508	property. Policy 1395 Mandatory COVID-19 Vaccination will be updated to include mitigating the transmission and spread of COVID-19 by unvaccinated staff to include staff wearing a fit tested N95 mask. Policy 1395 will go before Southside Behavioral Health's Board of Directors on 8/23/2022 for approval. Responsible Employee: Director of Quality and Compliance		

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W 508	Continued From page 4 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 any staff who have obtained any booster doses as recommended by the CDC; (vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law; (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; (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: (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 (B) A statement by the authenticating practitioner	W 508		

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W 508	<p>Continued From page 5</p> <p>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 COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and</p> <p>(x) Contingency plans for staff who are not fully vaccinated for COVID-19.</p> <p>Effective 60 Days After Publication:</p> <p>(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;</p> <p>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 and failed to ensure that one of one medical exemptions were completed as required.</p> <p>Findings were:</p> <p>On 07/05/2022 during the entrance conference at</p>	W 508			

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W 508	<p>Continued From page 6</p> <p>approximately 4:00 p.m., information was requested from LPN (licensed practical nurse) #1 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. She stated that she did not have access to that information but would request it from administration.</p> <p>A list of all staff members and their vaccination status was presented at approximately 8:00 a.m. on 07/06/2022. Twelve (12) staff members were listed with one (1) person having an approved religious exemption. Also presented was a "medical exemption" form the for the facility physician who was not on the list of staff members. The medical exemption had been completed by the contract physician, was for himself and was signed by himself.</p> <p>The ID director was asked why the physician had signed his own exemption form. He stated, "I'm not sure, this is the first time I have seen it. I'll look into it."</p> <p>The facility policy, "Mandatory COVID-19 Vaccinations" was reviewed. There was nothing in the policy regarding mitigating the transmission and spread of COVID-19 by unvaccinated staff. The one staff with the approved religious exemption was working in the facility and was donned in a surgical mask, the same as other staff. The QA (quality assurance) director was interviewed at approximately 9:00 a.m. regarding the policy. She stated, "That's my fault, I missed that. I will send something out today that all staff who are not vaccinated will be required to wear N95s."</p>	W 508			

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W 508	Continued From page 7 At approximately 11:30 a.m., the ID director stated, "I spoke with the physician. I told him he can't sign his own exemption...I'll need to speak with him again." No further information was received prior to the exit conference on 07/06/2022.	W 508			