STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 49G030		· ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			
		B. WING		04/28/2022		
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
				1406 BLYTHEWWOOD LANE		
JAY'S PLA	ACE			SUFFOLK, VA 23434		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)
PRÉFIX	•	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S		COMPLETIC DATE
TAG	REGULATORY	OR LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE A DEFICIENCY)	PPROPRIATE	DATE
E 000	Initial Comments		E 00	0		
		Emergency Preparedness				
		cted on 04/26/22 through				
		ons are required for compliance 183, requirement for Long Term				
		gency preparedness				
		ivestigated during the survey.				
F 036	EP Training and Te		E 03	6		
	CFR(s): 483.475(d	0				
	§403.748(d), §416	.54(d), §418.113(d),				
		.84(d), §482.15(d), §483.73(d),				
		.102(d), §485.68(d),				
		.727(d), §485.920(d),				
	§486.360(d), §491	.12(d), §494.62(d).				
	*[For RNCHIs at §	403.748, ASCs at §416.54,				
		13, PRTFs at §441.184, PACE				
		als at §482.15, HHAs at				
		at §485.68, CAHs at §486.625,				
		der 485.727, CMHCs at				
		it §486.360, and RHC/FHQs at				
		ing and testing. The [facility] maintain an emergency				
		ning and testing program that is				
		rgency plan set forth in				
		is section, risk assessment at				
	paragraph (a)(1) o	f this section, policies and				
		agraph (b) of this section, and				
		n plan at paragraph (c) of this				
		ng and testing program must				
	be reviewed and u	pdated at least every 2 years.				
		at §483.73(d):] (d) Training				
	-	TC facility must develop and				
		ency preparedness training				
	•. •	m that is based on the et forth in paragraph (a) of this				
	energency plan se	sciorar in paragraph (a) or uns				

05/25/2022

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.

	-	ID HUMAN SERVICES MEDICAID SERVICES			FOR	D: 08/31/2022 M APPROVED O. 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING	CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		49G030	B. WING		04	/28/2022
NAME OF PF	ROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, ZIP (CODE	
JAY'S PLA	ACF		14	06 BLYTHEWWOOD LANE		
•/··· • · _			su	JFFOLK, VA 23434		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
E 036	section, risk assessm this section, policies a (b) of this section, and paragraph (c) of this section, and paragraph (c) of this section, and least annually. *[For ICF/IIDs at §483 testing. The ICF/IID m an emergency prepare program that is based forth in paragraph (a) assessment at paragr policies and procedur section, and the comm paragraph (c) of this section, and the comm paragraph (c) of this section, and the comm paragraph (c) of this section, and orientation develop and maintain preparedness training orientation program the emergency plan set for section, risk assessm this section, policies a (b) of this section, and paragraph (c) of this se and orientation program this STANDARD is m Based on review of th Preparedness plan, se	and procedures at paragraph d the communication plan at section. The training and be reviewed and updated at 3.475(d):] Training and nust develop and maintain redness training and testing d on the emergency plan set of this section, risk raph (a)(1) of this section, res at paragraph (b) of this munication plan at section. The training and be reviewed and updated at the ICF/IID must meet the cuation drills and training at at §494.62(d):] Training, on. The dialysis facility must an emergency g, testing and patient hat is based on the orth in paragraph (a) of this tent at paragraph (a) (1) of and procedures at paragraph d the communication plan at section. The training, testing am must be evaluated and tears. not met as evidenced by: he Emergency taff interview, the facility iscumentation of the facility's	E 036			

Facility ID: VAICFMR10

If continuation sheet Page 2 of 12

	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA		PLE CONSTRUCTION		O. 0938-039 E SURVEY	
	CORRECTION	IDENTIFICATION NUMBER:	. ,	<u> </u>	· · ·	COMPLETED	
		49G030	B. WING		04	/28/2022	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
JAY'S PLA	ACE			1406 BLYTHEWWOOD LANE SUFFOLK, VA 23434			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETIC DATE	
E 036	Continued From page The findings included		E 03	36			
E 037	with the Residential S Residential Program I for documentation of Preparedness Plan w program. Four staff na facility staff for docum Preparedness training The Residential Servi Residential Program I provide documentation Emergency Prepared program. EP Training Program CFR(s): 483.475(d)(1) §403.748(d)(1), §416 §441.184(d)(1), §460 §483.73(d)(1), §485.1 §485.68(d)(1), §485.1 §485.920(d)(1), §486.1 Kasser Service Hospitals at §482.15, at §484.102, "Organiz OPOs at §486.360, R (1) Training program the following: (i) Initial training in em policies and procedur staff, individuals provi arrangement, and vol expected roles.	vritten training and testing ames were provided to the inentation of Emergency g and testing program. ce Director and the Manager were not able to in for the four named staff's ness training and testing) .54(d)(1), §418.113(d)(1), .84(d)(1), §482.15(d)(1), .75(d)(1), §482.15(d)(1), .75(d)(1), §484.102(d)(1), .625(d)(1), §485.727(d)(1), .360(d)(1), §491.12(d)(1). 3.748, ASCs at §416.54, ICF/IIDs at §483.475, HHAs zations" under §485.727, HC/FQHCs at §491.12:] . The [facility] must do all of mergency preparedness es to all new and existing	E 03	37			

Facility ID: VAICFMR10

If continuation sheet Page 3 of 12

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	08/31/2022 APPROVED 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G030	B. WING		_	04/2	8/2022
NAME OF PF	ROVIDER OR SUPPLIER		ST	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
JAY'S PLA	CE			406 BLYTHEWWOOD LAN	NE		
			S	UFFOLK, VA 23434			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE) CROSS-REFEREI	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 037	Continued From page	3	E 037				
	preparedness training	ntation of all emergency g. f knowledge of emergency					
	procedures.						
	• • • •	preparedness policies and icantly updated, the [facility]					
		on the updated policies and					
	procedures.						
	*[For Hospices at §41 hospice must do all of	18.113(d):] (1) Training. The f the following:					
	(i) Initial training in em	nergency preparedness					
	• •	res to all new and existing and individuals providing					
		gement, consistent with their					
	expected roles.	knowledge of emergency					
	procedures.	KIIOWIEUge of efficigency					
	least every 2 years.	cy preparedness training at					
	(iv) Periodically review	<i>w</i> and rehearse its ness plan with hospice					
		nonemployee staff), with					
		ced on carrying out the					
	others.	y to protect patients and					
		ntation of all emergency					
	preparedness training (vi) If the emergency	J. preparedness policies and					
		icantly updated, the hospice					
	-	on the updated policies and					
	procedures.						
	*[For PRTFs at §441.						
		must do all of the following: nergency preparedness					
		es to all new and existing					
	staff, individuals provi	ding services under					

Facility ID: VAICFMR10

If continuation sheet Page 4 of 12

		ID HUMAN SERVICES MEDICAID SERVICES				FORM	: 08/31/2022 APPROVED . 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		49G030	B. WING		_	04/2	28/2022
NAME OF P	ROVIDER OR SUPPLIER		ST	TREET ADDRESS, CITY, STA	ATE, ZIP CODE		
JAY'S PLA	ACE .			406 BLYTHEWWOOD LANI UFFOLK, VA 23434	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD BE ICED TO THE APPROPRIA EFICIENCY)		(X5) COMPLETION DATE
E 037	arrangement, and vol expected roles. (ii) After initial training preparedness training (iii) Demonstrate staff procedures. (iv) Maintain documer preparedness training (v) If the emergency p procedures are signifi must conduct training procedures. *[For PACE at §460.8 organization must do (i) Initial training in em policies and procedur staff, individuals provi arrangement, contract volunteers, consistent (ii) Provide emergenc least every 2 years. (iii) Demonstrate staff procedures, including what to do, where to g case of an emergency (iv) Maintain documer (v) If the emergency procedures are signifi must conduct training procedures. *[For LTC Facilities at Program. The LTC fac following: (i) Initial training in em	unteers, consistent with their g, provide emergency g every 2 years. knowledge of emergency htation of all emergency preparedness policies and icantly updated, the PRTF on the updated policies and 4(d):] (1) The PACE all of the following: hergency preparedness res to all new and existing iding on-site services under tors, participants, and t with their expected roles. by preparedness training at knowledge of emergency informing participants of go, and whom to contact in y. htation of all training. preparedness policies and icantly updated, the PACE on the updated policies and icantly updated, the PACE on the updated policies and icantly updated policies and icantly updated the PACE on the updated policies and icantly	E 037				

Facility ID: VAICFMR10

If continuation sheet Page 5 of 12

-				FORM	D: 08/31/2022 MAPPROVED D. 0938-0391
OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE	
	49G030	B. WING		04/	28/2022
ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
CE					
			SUFFOLK, VA 23434		
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	IOULD BE	(X5) COMPLETION DATE
arrangement, and vol expected role. (ii) Provide emergenc least annually. (iii) Maintain documer preparedness training	unteers, consistent with their y preparedness training at ntation of all emergency g.	E 037	7		
CORF must do all of t (i) Provide initial training preparedness policies and existing staff, indi- under arrangement, a with their expected ro (ii) Provide emergence least every 2 years. (iii) Maintain documer (iv) Demonstrate staff procedures. All new p and assigned specifice the CORF's emergence their first workday. The include instruction in the alarm systems and sign equipment. (v) If the emergency procedures are signiff must conduct training procedures. *[For CAHs at §485.6] The CAH must do all (i) Initial training in em- policies and procedure reporting and extinguing	the following: ing in emergency s and procedures to all new ividuals providing services and volunteers, consistent iles. by preparedness training at thation of the training. f knowledge of emergency bersonnel must be oriented c responsibilities regarding cy plan within 2 weeks of the location and use of gnals and firefighting preparedness policies and icantly updated, the CORF on the updated policies and 225(d):] (1) Training program. of the following: nergency preparedness res, including prompt ishing of fires, protection,				
	S FOR MEDICARE & I PEDEFICIENCIES CORRECTION ROVIDER OR SUPPLIER CE SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From page arrangement, and vol expected role. (ii) Provide emergency least annually. (iii) Maintain documer preparedness training (iv) Demonstrate staff procedures. *[For CORFs at §485. CORF must do all of t (i) Provide initial training preparedness policies and existing staff, indi under arrangement, a with their expected ro (ii) Provide emergency least every 2 years. (iii) Maintain documer (iv) Demonstrate staff procedures. All new p and assigned specific the CORF's emergency their first workday. Th include instruction in t alarm systems and sig equipment. (v) If the emergency procedures are signiff must conduct training procedures. *[For CAHs at §485.6] The CAH must do all (i) Initial training in em- policies and procedures and extinguing and extinguing and extinguing policies and procedures (ii) Initial training in em- policies and procedures	CORRECTION IDENTIFICATION NUMBER: IDENTIFICION SUPPLIER IDENTIFICION SUPPLIER CONTINUE (IDENTIFICIES (EACH OF FIGIENCY OR LSC IDENTIFYING INFORMATION) CONTINUMER: IDENTIFICIES (IDENTI	S FOR MEDICARE & MEDICAID SERVICES PF DEFICIENCIES CORRECTION (X1) PROVIDER/SUPPLIEVICLA IDENTIFICATION NUMBER. (X2) MULTIPL A BUILDING 496030 B. WING ROVIDER OR SUPPLIER 496030 RCE ID REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG Continued From page 5 ID arrangement, and volunteers, consistent with their expected role. E 031 (ii) Provide emergency preparedness training at least annually. E 031 (iii) Maintain documentation of all emergency procedures. F *[For CORFs at §485.68(d):](1) Training. The CORF must do all of the following: F (i) Provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least every 2 years. (iii) Mointain documentation of the training. (iv) Demonstrate staff knowledge of emergency procedures. All new personnel must be oriented and assigned specific responsibilities regarding the CORF's emergency preparedness policies and procedures. All new personnel must be of alarm systems and signals and firefighting equipment. (v) If the emergency preparedness policies and procedures are significantly updated, the CORF must conduct training on the updated policies and procedures. *[For CAHs at §485.625(d):] (1) Training progr	S FOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES (x1) PROVIDERSUPPLIERICLIA IDENTIFICATION NUMBER: (x2) MULTIPLE CONSTRUCTION A BUILDING IDENTIFICATION NUMBER: (x2) MULTIPLE CONSTRUCTION A BUILDING INDUCER OR SUPPLIER INTREET ADDRESS, CITY, STATE, ZIP CODE 1406 BLYTHEWWOOD LANE SUFFOLK, VA 23434 SUMMARY STREMENT OF DEFICIENCIES (EACH DEFICIENCY MLIST BE PRECEDED BY FULL REGULATORY OR LS: DENTIFYING INFORMATION) ID PRETX (EACH DEFICIENCY MLIST BE PRECEDED BY FULL REGULATORY OR LS: DENTIFYING INFORMATION) Continued From page 5 arrangement, and volunteers, consistent with their expected role. E 037 (ii) Provide emergency preparedness training at least annually. E 037 (iii) Provide initial training in emergency preparedness training. E 037 (i) Provide initial training in emergency preparedness training. FO (POR TOUS do all of the following: (i) Provide initial training in emergency procedures. (ii) Provide initial training in emergency procedures. IP RETX (iii) Maintain documentation of the training. (iii) Maintain documentation of the training. (iii) Provide initial training providing services under arrangement, and volunteers, consistent with their expected roles. (iii) Provide initial training program. The CAH mux do all of the following: (iii) Maintain documentation of the training. (iii) Maintain documentation of the training. (iii) Maintain documentation of the training torgram. The CAH mux do all of the following: (iii) Maintain documentation of the upated policies and procedures.	MENT OF HEALTH AND HUMAN SERVICES OMB NC SFORM EDICARE & MEDICALD SERVICES OMB NC GORRECTION (x1) PROVIDER SUPPLETCUA IDENTIFICATION NUMBER 49030 (x2) MULTIFIC CONSTRUCTION 49030 (x3) PROVIDER OR SUPPLER 49030 (x4) PROVIDER OR SUPPLER COMP CONFECTION (x5) MULTIFICATION NUMBER 49030 (x5) MULTIFICATION 49030 (x5) MULTIFICATION (x5) MULTIFI

Facility ID: VAICFMR10

If continuation sheet Page 6 of 12

	-	ID HUMAN SERVICES MEDICAID SERVICES			F	NTED: 08/31/2022 ORM APPROVED NO. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING		(X3) I	DATE SURVEY COMPLETED
		49G030	B. WING			04/28/2022
NAME OF PI	ROVIDER OR SUPPLIER		STF	REET ADDRESS, CITY, STATE, ZIP CO	ODE	
JAY'S PLA	ACE.		140	6 BLYTHEWWOOD LANE		
JAISPLA			SU	FFOLK, VA 23434		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
E 037	and volunteers, consi roles. (ii) Provide emergence least every 2 years. (iii) Maintain documer (iv) Demonstrate staff procedures. (v) If the emergency procedures are signifi must conduct training procedures. *[For CMHCs at §485 CMHC must provide if preparedness policies and existing staff, ind under arrangement, a with their expected ro documentation of the demonstrate staff kno procedures. Thereaff emergency preparedr years. This STANDARD is r Based on review of tt Preparedness, staff in failed to have docume written training Emerge program. The findings included	s, fire prevention, and ghting and disaster and existing staff, services under arrangement, stent with their expected y preparedness training at nation of the training. I knowledge of emergency preparedness policies and icantly updated, the CAH on the updated policies and 5.920(d):] (1) Training. The nitial training in emergency and procedures to all new ividuals providing services and volunteers, consistent les, and maintain training. The CMHC must owledge of emergency ter, the CMHC must provide ness training at least every 2 not met as evidenced by: he Emergency netrview, the facility staff entation of the facility's gency Preparedness training	E 037	DEFICIENC	Y)	
	with the Residential S	n 04/27/22 at 12:43 P.M. Services Director and the Manager they were asked				

Facility ID: VAICFMR10

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	OF DEFICIENCIES	MEDICAID SERVICES		CONSTRUCTION	OMB NO	
	CORRECTION	IDENTIFICATION NUMBER:				PLETED
49G030		B. WING		04/28/2022		
NAME OF P	ROVIDER OR SUPPLIER	•	s	TREET ADDRESS, CITY, STATE, ZIP CODE		
JAY'S PL/	ACE			406 BLYTHEWWOOD LANE SUFFOLK, VA 23434		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETIO DATE
E 037	Continued From page		E 037			
	staff names were pro documentation of Em	vritten training program. Four vided to the facility staff for nergency Preparedness e facility staff were not able ation of Emergency				
W 000			W 000			
	re-certification survey through 04/28/22. Th compliance with corre compliance with 42 C	ections are required for FR Part 483 requirements Facilities for Individuals				
W 137	of the survey. The su current Individual rec #2) and one closed (LIENTS RIGHTS	W 137			
	Therefore, the facility have the right to reta personal possessions This STANDARD is Based on observation interviews the facility	not met as evidenced by: ons, record review and staff staff failed to ensure 1 8) in the survey sample of 3				

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FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING 49G030 B. WING 04/28/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1406 BLYTHEWWOOD LANE JAY'S PLACE SUFFOLK, VA 23434 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 137 Continued From page 8 W 137 The findings included: Resident #3 was admitted to the facility on 09/09/16 with diagnoses which included severe intellectual disabilities, anemia, dementia with behavioral disturbance. Resident #3 was discharged from the facility on 04/08/22. Resident #3 was hospitalized on 5/2021 diagnosed with bilateral broken hips. Resident #3 has not participated in services for the past 11 months due to being hospitalized and in rehab center. A review of the personal fund account for Resident #3 indicated an expenditure on 07/20/20 for \$431.98. The purchase was for a power recliner chair. During the environmental task and resident room check, the recliner chair was observed not to be in Resident #3's bedroom. Upon guestioning of the Residential Program Manager, she stated the recliner chair was in Resident #2's bedroom. The Residential Program Manager was asked to unlock the bedroom door of Resident #2. The recliner chair was observed in the bedroom of Resident #2. The Residential Program Manager was asked why was the recliner chair in Resident #2's bedroom. The Residential Program Manager stated, the Authorized Representative of Resident #3 had given verbal approval of the recliner chair to be donated to Resident #2. The Residential Program Manager was asked for documentation that approval had been given for the facility to give Resident #3's personal recliner chair to Resident #2. The Residential Program Manager stated, she did not have documentation to support the approval of Resident #2 taking possession of Resident #3 recliner chair.

FORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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PRINTED: 08/31/2022

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 08/31/2022
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED	
		49G030	B. WING			04/	28/2022
NAME OF P	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE	.	
JAY'S PLA				14	406 BLYTHEWWOOD LANE		
JATSPLA	UCE			S	UFFOLK, VA 23434		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 260	PROGRAM MONITO CFR(s): 483.440(f)(2)		w	260			
	must be revised, as a process set forth in pa This STANDARD is r Based on record revi facility staff failed to re Behavioral Support P						
	intellectual disabilities cachexia, prediabetes hypertension, and chr	dmitted to the facility ses which included moderate s, major depression, s, vascular implants, anxiety, ronic kidney disease stage					
	Behavior Support Pla Resident #1 most rec assessment was cond #1 was identified as re areas of Health Status Living Skills. Resident #1's Behavio 05/23/18. The Plan in Making inappropriate individuals, telling oth shouting at others, cu staff and other individ at others.	ent Level of Function ducted 09/17/21. Resident equiring dependency in the s, Behavior and Community or Support Plan was dated cluded Target Behavior's of					
	use of psychotropic m						

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FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING 49G030 B. WING 04/28/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1406 BLYTHEWWOOD LANE JAY'S PLACE SUFFOLK, VA 23434 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Continued From page 10 W 260 W 260 Resident #1 Behavior Support Plan included behaviors monitored at the day support program. During an interview at 1:55 PM on 04/27/22 with the Residential Support Director she was asked if Resident #1 had an updated or revised Behavioral Support Program since 5/23/18. The Residential Support Director stated, there was not a revised Behavior Support Program and the Consultant Psychologist who developed the program was no longer employed with the agency as of December, 2021. The Residential Support Director was asked when did the new Consultant Psychologist began employment. The Resident Support Director stated, end of February or first part of March of 2022. The Residential Support Director was asked if the newly hired Consultant Psychologist developed or revise the Behavior Support Plan for Resident #1, and she stated, No. 2. Resident #2 was admitted to the facility on 09/16/15 with diagnoses which included severe intellectual disabilities, autistic disorder. Resident #2 most recent Level of Function assessment was conducted 09/17/21. Resident #2 was identified as requiring dependency in the areas of Health Status, Communication, Personal/Self Care, Behavior and Community Living Skills. Resident #2's Behavior Support Plan was dated 09/07/21. The Plan included Target Behavior's of striking his head against walls or objects. 2. Aggression towards others. Resident #2 has a Physician's order for a padded helmet to protect him from self injury.

FORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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PRINTED: 08/31/2022

	-	ID HUMAN SERVICES MEDICAID SERVICES				PRINTED: 08/31/202 FORM APPROVEI OMB NO. 0938-039
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		(X3) DATE SURVEY COMPLETED
		49G030	B. WING			04/28/2022
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S		
JAY'S PLA	ACE			1406 BLYTHEWWOOD LA SUFFOLK, VA 23434	NE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)	
W 260	Resident #2's Behavi use of psychotropic n Resident #2's Behavi behaviors monitored During an interview a the Residential Support Resident #2 had an u Behavioral Support P Psychologist who dev longer employed with December, 2021. The Residential Supp when did the new Co employment. The Resistated, end of Februa Residential Support D newly hired Consultat	or Support Plan included the nedications. or Support Plan included at the day support program. t 1:55 PM on 04/27/22 with ort Director she was asked if updated or revised rogram since the Consultant veloped the program was no	W 260			

Facility ID: VAICFMR10

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