


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  49G039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  10/26/2022
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NAME OF PROVIDER OR SUPPLIER  FOREST HILLS GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3018 FOREST HILL CIRCLE LYNCHBURG, VA 24501
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E 000	Initial Comments  An unannounced Emergency Preparedness survey was conducted 10/25/2022 through 10/26/2022. 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.	E 000	Plan of Correction For Horizon Behavioral Health Forest Hills ICF/IID	
W 000	INITIAL COMMENTS  An unannounced Fundamental Medicaid re-certification survey was conducted 10/25/2022 through 10/26/2022. 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.	W 000		
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1)  The census in this ten (10) 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).  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 eight individuals, Individual #2.  The findings were:  Individual #2 did not receive four doses of Flomax 0.4 mg from 08/28/2022 through	W 368	Plan of Correction for W-tag 368  W 368 DRUG ADMINISTRATION  The system for drug administrator 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 eight individuals, Individual #2.  Continued	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE:  CHRISTOPHER BURCA

TITLE: COMPLIANCE COORDINATOR

(X6) DATE: 11/16/2022

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.



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W 368	<p>Continued From page 1</p> <p>08/31/2022. Tamsulosin [Flomax] is used in men to treat the symptoms of an enlarged prostate (benign prostatic hyperplasia or BPH) which include difficulty urinating (hesitation, dribbling, weak stream, and incomplete bladder emptying), painful urination, and urinary frequency and urgency (1).</p> <p>On 10/25//2022, at approximately 11:45 a.m., incident and accident reports for the previous three months were reviewed. An incident report dated 09/01/2022 for Individual #2 contained the following information, including, but not limited to:</p> <p>Date of Incident: 09/01/2022 Time of Incident: 7:32 a.m. Known facts regarding incident: "Upon giving 8am meds I noticed the 8am dose of Flomax wasn't in the cart. The pills came from (Name of pharmacy) and the last one was given on 08/27/2022 at 8am. I notified (Name) and she called in med to (Name of pharmacy). Staff thought the medication was discontinued when the pills ran out." Type of Incident being reported...: Medication Error Date Medication Should Have Been Given: 08/28/2022</p> <p>An additional Incident Report Contained the following:</p> <p><b>HOUSING NURSING INCIDENT</b> Date of Incident: 09/01/2022 Summary: "Last pill in bottle of Tamsulosin [Flomax] 0.4 mg was given to (Name of Individual #2) on 08/27/2022. Nurse had not been notified that the last pill had been given and a refill had not been called in. Original prescription was</p>	W 368	<p><b>Plan of Correction Response to W368:</b></p> <p>1) <u>Address the corrective action taken for the problem.</u></p> <ul style="list-style-type: none"> <li>An Individual counseling was addressed and issued to four staff members who did not administer the medication per physician orders on 11/4/22. The counseling were recorded in the electronic employee performance system.</li> </ul> <p>An individual counseling was addressed and issued to one nurse who failed to check cycle medication refill orders to the physician orders by 11/30/22.</p> <p>2) <u>Address how the facility will identify similar occurrences of the problem.</u></p> <ul style="list-style-type: none"> <li>The medication errors were reviewed during a monthly team meeting on October 17, 2022 and proper medication administration procedures and ICF policy regarding medication administration were discussed to include following the physician orders. Staff signatures were obtained for all in attendance at the team meeting.</li> </ul> <p>3) <u>Identify measures/systemic changes to ensure deficient practices will not recur.</u></p> <ul style="list-style-type: none"> <li>According to current ICF medication administration policy, the nurse that reviews the cycle medication fill will ensure all physician orders have corresponding medications ordered. A second staff member will perform a second check to ensure cycle medication fills correspond with physician orders.</li> </ul> <p>Continued</p>	<p>November 30, 2022</p> <p>November 30, 2022</p> <p>November 30, 2022</p>



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W 368	<p>Continued From page 2</p> <p>obtained from (Name of Pharmacy); however, the prescription is at (Name of another Pharmacy). Four doses of medication were missed (medication is prescribed to be administered once daily). Nurse was notified of situation this morning at 7:30 a.m. (Name of Pharmacy) was called as soon as they opened at 8:30 a.m. and medication was obtained and given this morning within the timeframe. Medication entry on the MAR (medication administration record) was correct. A stop date had not been placed on entry as order was on-going. RT (residential tech) stated she interpreted the bottle being empty as the medication was being discontinued."</p> <p>Individual #2 had the following diagnoses, including but not limited to: urine retention and profound intellectual disability.</p> <p>On 10/25/2022 at approximately 2:00 p.m., the Instructor/Counselor (Admin #4) in the home was interviewed regarding the medication error described above. She stated, "He had been in the hospital and that was a new medication when he came back. We got it filled at (Name of Pharmacy)...that's not our regular pharmacy. I think it got sent there because of the time that he got back. When the bottle was finished the staff assumed it was the end of him needing it." She was asked what should have happened. She stated, "We get all of our medications once a month from (Name of pharmacy), they didn't send that one because they didn't get the original prescription. When we ran out of pills they (the staff) should have called the nurse so she could follow up on it and see what we needed to do."</p> <p>The facility policy, "Medication Errors ICF" was</p>	W 368	<p><u>4) Indicate how facility will monitor its performance.</u></p> <ul style="list-style-type: none"> <li>• After a hospital discharge, the assigned nurse will ensure all physicians' orders are followed and medications are ordered from the pharmacy to ensure no shortages of medication.</li> </ul> <p><u>5) Completion Date:</u> 11/30//22</p>	November 30, 2022	

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W 368	Continued From page 3 reviewed on 10/15/2022 at approximately 4:00 p.m. and contained the following: "Medication Errors consist of: Failure to place an order to the pharmacy for an existing approved refill of medications that results in a shortage of physician ordered medications;...Omitting or failing to administer prescribed medications..."  No further information was obtained prior to the exit conference 10/26/2022.  Reference: (1) <a href="https://medlineplus.gov/druginfo/meds/a698012.html#:~:text=Tamsulosin%20is%20used%20in%20men,and%20urinary%20frequency%20and%20urgency.">https://medlineplus.gov/druginfo/meds/a698012.html#:~:text=Tamsulosin%20is%20used%20in%20men,and%20urinary%20frequency%20and%20urgency.</a> COVID-19 Vaccination of Facility Staff CFR(s): 483.430(f)(1)-(3)(i)-(x)	W 368		
W 508	§ 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. (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	W 508	Plan of Correction: <u>W 508 COVID-19 Vaccination of Facility Staff:</u>  <b>1. Address the corrective action taken for the problem:</b> In addition to our existing and extensive precautions to mitigate the spread of COVID-19, Horizon will implement required weekly COVID-19 testing for unvaccinated employees and independent contractors in ICF Housing.  Horizon will add policy provisions and procedures to our CMS COVID-19 Vaccine Mandate policy, TM 200.08.09 to include a requirement that all employees and independent contractors who work in our ICF Housing who are unvaccinated due to an approved exemption will be required to provide a weekly negative test result from an approved COVID-19 testing product.  Continued	December 7, 2022



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W 508	Continued From page 4 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 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	W 508	<p><b>2. Address how the facility will identify similar occurrences of the problem:</b></p> <p>Horizon will assign all current and new unvaccinated ICF employees training to ensure they understand the new policy provisions regarding weekly testing for COVID-19 and to ensure they understand the consequences for failure to comply.</p> <p><b>3. Identify measures/systemic changes to ensure deficient practices will not recur:</b></p> <p>The weekly COVID-19 testing, and testing results will be tracked and documented by a designated employee in Horizon's Talent Management Department under the supervision of Horizon's Health and Safety Officer and the Director of Talent Management to ensure compliance with this testing requirement. ICF Housing employees will not be allowed to report to work without verification of a negative test result. Confidentiality will be maintained.</p> <p>Horizon will assign new and existing, unvaccinated ICF employees with the revised "CMS COVID-19 VACCINE MANDATE TM 200.08.09" policy in the electronic training system.</p> <p>ICF management staff will continue to monitor for any changes to CMS regulations related to ICF/IIDs and address any changes to meet the regulatory changes of "COVID-19 Vaccination of Facility Staff".</p> <p>Employees who fail to adhere to any of the existing precautions or additional precautions noted in this Plan of Correction will be subject to disciplinary action up to and including termination from employment. Continued</p>	December 7, 2022



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W 508	Continued From page 5 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 recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications;	W 508	<p><b>4. Indicate how facility will monitor its performance:</b></p> <p>The weekly COVID-19 testing, and testing results will be tracked and documented by a designated employee in Horizon's Talent Management Department under the supervision of Horizon's Health and Safety Officer and the Director of Talent Management to ensure compliance with this testing requirement.</p> <p>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 when possible.</p> <p>Compliance with COVID testing policies and procedures will be monitored via monthly audits conducted by Horizon CQI Department of the COVID testing process and documentation.</p> <p><b>5. Completion Date: December 7, 2022</b></p>	December 7, 2022

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W 508	<p>Continued From page 6</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 and implement policy and procedures to ensure additional precautions to mitigate the transmission and spread of COVID-19 for unvaccinated staff were in place throughout the facility</p> <p>The findings were:</p> <p>On 10/25/2022 during the entrance conference at approximately 11:15 a.m., information was requested from the Program Instructor/Counselor (Admin #4) and the Program Manager (Admin #3) regarding staff/contract staff vaccination</p>	W 508		



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W 508	<p>Continued From page 7</p> <p>status, including but not limited to: Policies and procedures regarding vaccinations, percentage of staff vaccinated, type of vaccine received, etc.</p> <p>A list of all staff members and their vaccination status was presented at approximately 3:00 p.m. Twenty total staff members were listed including contract and volunteer staff. Two staff members were listed as having a granted nonmedical exemption. All other staff were fully vaccinated or boosted. Both staff members on the list that were granted nonmedical exemptions were observed wearing surgical masks and working directly with clients in the facility.</p> <p>The facility policy "CMS COVID-19 VACCINE MANDATE TM 200.08.09" (last revision date 08/02/2022) was reviewed on 10/25/2022 at approximately 4:15 p.m., 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 agency] 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)...Other mitigation efforts such as testing, social distancing and universal source control may be</p>	W 508		



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W 508	Continued From page 8 required as part of multi-layered infection control approach for unvaccinated staff at any time if data analysis presents evidence of greater risks of the spread of SARS CoV-2 based on weekly assessment of COVID positive and/or symptomatic cases of vaccinated vs. unvaccinated employees...All unvaccinated employees will receive additional training regarding available vaccines, CDC vaccine recommendations and CDC identified risks for the spread of SARS COV-2...Training: All unvaccinated ICF employees will receive additional training on (Name of Agency) policy and procedure regarding unvaccinated individual [s]. 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 (Name of agency) 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....New Employee Form: Acknowledgement for Unvaccinated Employees: Unvaccinated staff are required to sign and date an "Acknowledgement for Unvaccinated Employees" which states: "I have been informed by my employer, (Name of Agency) that COVID-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. (Name of agency) provided specific training for me to help me understand (Name of Agency) policies and protocols regarding infection control and	W 508		

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W 508	<p>Continued From page 9</p> <p>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...I am also aware that I can learn more about the COVID-19 vaccines by visiting the CDC website...My employer has also advised me of locations near me where I may obtain a COVID-19 vaccination, and has advised me that (Name of agency) will pay me up to 4 hours of leave time during my work hours to get a vaccination. Additional PPE: All ICF staff will be provided additional personal protective equipment as needed to adhere to the policy. ...Unvaccinated staff will be required to sign and date an "Acknowledgement for Unvaccinated Employees".</p> <p>The Residential Managers, Administrative Staff #1 and #2, were interviewed at approximately 4:30 p.m., regarding the above policy and the mitigation strategies for unvaccinated staff. They were asked to define an "FDA-cleared surgical mask". Administrative staff #2 stated that was a regular surgical mask that was worn by all staff in the facility. She was asked if nonvaccinated staff were required to wear any PPE different from the vaccinated staff. She stated, "No." She was asked what "additional" protection was provided to the individuals living in the facility when working with staff who were not vaccinated. She stated that additional education was provided to the nonvaccinated staff as outlined in the policy. She was asked if any COVID testing was being done for nonvaccinated staff. She stated, "No."</p> <p>On 10/26/2022 at approximately 9:30 a.m., the</p>	W 508		



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>49G039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/26/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>FOREST HILLS GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3018 FOREST HILL CIRCLE LYNCHBURG, VA 24501</b>		
(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
W 508	<p>Continued From page 10</p> <p>survey team consulted with a supervisor at the state office. The educational piece that was in place for unvaccinated staff was discussed and it was agreed, that the additional education did not meet the intent of the regulation to mitigate the transmission and spread of COVID-19 for the unvaccinated staff.</p> <p>The above information was discussed with both Residential Managers (Admin #1 and Admin #2) as well as the program director on 10/26/2022 at approximately 9:45 a.m.</p> <p>No further information was received prior to the exit conference.</p>	W 508		