PRINTED: 09/07/2023 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION G		SURVEY PLETED
		49G056	B. WING		07	/13/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 976, 4373/4395 PRUDEN BOULEV SUFFOLK, VA 23439	/ARD	
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W 000	INITIAL COMMENTS	3	W 00	00		
W 153	re-certification survey through 7/13/23. The compliance with 42 of for Intermediate Care with Intellectual Disa Safety Code survey complaints were investigated in the census in this testime of the survey. To fix current individual STAFF TREATMENT CFR(s): 483.420(d)(2). The facility must ensistreatment, neglecting in the census in the accordance established procedur. This STANDARD is Based on staff intervand facility documen failed to report an injutimely manner for on survey sample, Individual #6 (16) report multiple bruise management staff for A review of the facility 2/27/23 revealed, in	CFR Part 483 Requirements of Facilities for Individuals bilities (ICF/IID). The Life report will follow. No estigated during the survey. In bed facility was eight at the the survey sample consisted that reviews. If OF CLIENTS If OF CLIENTS If or abuse, as well as source, are reported deministrator or to other the with State law through these. If of the control of the contro	W 15	53		
ABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE

08/05/2023

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.

Facility ID: VAVINCPLA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G056	B. WING			07/	13/2023
	ROVIDER OR SUPPLIER	•	•	РО	REET ADDRESS, CITY, STATE, ZIP CODE BOX 976, 4373/4395 PRUDEN BOULEVARD JFFOLK, VA 23439		
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W 153	bruising around [I6]'s DSP staff saw the bruise of the nurse informed the describing the bruises (2/17/23), a DSP say informed the house of Monday (2/20/23), the checked the bruises informed by the DSF her legs. The nurse in ID/DD (intellectually disabled) Residentia DirectorThe Office Reliability was inform services) report was Allegation Report was [Name of facility] standuties to support [I6] incident reporting prochose to assume it hor that their attempts despite not following not aware of the devidays. Nevertheless, indication that physical A review of the clinic evidence that I6 was visitors in February 2 record documented walls and hard surfar.	iced what appeared to be is breasts. By evening, other ruising and informed a nurse widing a service. On Friday, the [name of facility]'s nurse, as as oldOn Friday evening widing by bruises on [l6]'s legs and Counselor on site. On the [name of facility]'s nurse on [l6]'s breasts and was of that [l6] also had bruises on informed [l6]'s parent and the disabled/developmentally all Supervisor and of Quality Healthcare and the made. An APS (adult protective made, and an Abuse as enteredConclusion: as enteredConclusion: as entered by another, as to report were adequate a protocol. Management was beloping incident for several there is no evidence or call abuse occurred." The sall record revealed no as abused by facility staff or 2023. Multiple entries in the last facility. And ded credible evidence of a continuous staff interviews allysis.	W	1153			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		49G056	B. WING _			07/13/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP PO BOX 976, 4373/4395 PRUDEN E SUFFOLK, VA 23439		
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W 153	interviewed. When as she found new bruisir reasonable explanation." I would tell the mana on-call manager." She protocol to be followed she would report the would report it immediately to management as soor investigation can begin important in order to the staff member of the said timely reported. She said timely reported she said timely reported she said timely reported. She said timely reported she said timely reported she said timely reported she said timely reported she said timely reported. She said timely reported she said timely reported she said timely reported she said timely reported she said timely reported. She said timely reported she said timely reported.	sked what she would do if any that did not have a con on a resident, she stated: ger, or, if it's after hours, the estated the facility has set a d. When asked how soon bruising, she stated she liately. She stated: "It could esto report it right away." m., DSP #2 was ed she has been taught that resident that does not have atton needs to be reported to a sa possible so that an in. She stated this process to prevent resident abuse. m., ASM (administrative of QIDP (qualified intellectual of the word is as soon as it is discovered. It ing is important in the revent abuse. a.m., ASM #3, the clinical of the word is an injury to continuous the word of the bruising on a continuous the injury to gement, and management	W 1	153		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G056	B. WING		07/	13/2023
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W 153	"Any person having k involved in abuse or r reasonable cause to place, or has taken pl	cidents," revealed, in part: nowledge of such individual	W 15	3		
W 159	QIDP CFR(s): 483.430(a) Each client's active tr integrated, coordinate qualified intellectual of This STANDARD is r Based on observatio document review, and facility QIDP (qualified professional) failed to the IPP (individual professional) f	gress toward independence daily living) for four of six vey sample, Individuals #1, 1), the QIDP failed to ensure ectives likely to promote	W 15	9		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	FIPLE CONSTRUCTION NG		TE SURVEY MPLETED
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W 159	spot. I1 sat down at served I1's plate in the down on I1's placem I1 independently fed standard plate and seating, she pushed I and went back to the cleared I1's dishes, the table, and put the A review of I1's IPP dated 12/20/22 reve "GoalDietaryI will ordered by my physisthe dietician." The probjectives toward into or after mealtimes. On 7/13/23 at 9:45 at (qualified intellectual interviewed. When a treatment, she state and the goals should personalized for each facility staff is "constituent by engaging other than what might of about the obserfor I1, she reviewed stated: "[I1] is probal much more than site if interventions towal attempted despite than individual might of stated those types of should be attempted are saying. We at less the standard of the stated and the goals should be attempted are saying. We at less the stated in the stated those types of should be attempted are saying. We at less the stated in the stated and the stated are saying.	the dining room table at I1's the dinner table. ASM #2 the kitchen, and set the plate the lat on the dining room table. The herself dinner using a silverware. When I1 finished the chair back from the table the recreation room. ASM #2 thapkin, and silverware from the dishes in the dishwasher. (Individual Program Plan) alled, in part: Il follow my meal plan as the cian and recommended by than contained no evidence of dependence before, during, a.m., ASM #1, the QIDP It disability professional) was tasked to define active the different for everyone,		159		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	LE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED		
		49G056	B. WING		0	7/13/2023		
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W 159	tasks like setting the around mealtime. We she was ultimately in the IPP development. The IPP development is a review of the facility revealed in part: "The responsible for ensure provided in accordation in accordati	shing more independent to table and clearing the table then asked, ASM #1 stated desponsible for all aspects of tot and implementation. Ity policy, "Active Treatment," the designated [QIDP] is thing that active treatment is the more with this policy." In was provided prior to exit. It (I2), the QIDP failed to ensure in a clear manner and was dication administration; and dectives likely to promote thing. In m., I2 was observed sitting the common area of the support personnel) #3 ops to I2 in accordance with the common area of the support personnel) #3 ops to I2 in accordance with the common area of the support personnel) #3 ops to I2 in accordance with the common area of the support to I2 in accordance with the common area of the support be supported to the eye drop (individual program plan) aled, in part: SupportI will be healthy and the in my plan DSP will apply	W 15	9				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION NG		OATE SURVEY OMPLETED
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W 159	to bathe dailyI will receive necessary supplies for receive support from personnel) during my the washcloth when I my bath time." On 7/13/23 at 9:45 at staff member) #1, the disability professional asked who is ultimated sure interventions are she is ultimately responsible written with clear instituted in the medication's side ultimately responsible written with clear instituted: "I am." She stated:	eceive support with a support with gathering or my bath/shower. I will DSP (direct support bath/shower. I will accept handed to me by DSP during m., ASM (administrative explicitly and a support of a part of the property of	W 1	159		
		m., I3 was observed sitting dining room table. DSP				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG	, ,	ATE SURVEY DMPLETED
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W 159	I3, and was feeding #2 was not assisting feeding in any way. On 7/11/13 at 5:47 gin a wheelchair at the (direct support personal), and was feeding #4 was not assisting feeding in any way. A review of I3's IPP part: "GoalDietary using hand over har spoon independent! On 7/11/23 at 4:50 gin her wheelchair in behind the wheelchair in behind the wheelchair in behind the wheelchair. "Let's go check you back into her bedroot care. A review of I3's IPP part: "Goal Toiletin constipation and ski supported with my to hours daily DSP w movement each shir checking her briefs on 7/13/23 at 9:45 a staff member) #1, the disability profession asked who is ultima sure interventions a she is ultimately res	onnel) #2 was sitting beside 13 using a soft spoon. DSP g 13 with hand over hand o.m., 13 was observed sitting the dining room table. DSP onnel) #4 was sitting beside 13 using a soft spoon. DSP g 13 with hand over hand dated 6/27/23 revealed, inDSP will support me by and and allowing me to hold my y." o.m., 13 was observed reclined the day room. DSP #2 walked air, unlocked it, and said: ." DSP pushed the individual om and provided incontinence dated 4/26/23 revealed, in gI like to remain free from n breakdownI will be oileting schedule every two	W 1	59		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
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W 159	individual to hold the told about the obser on 7/11/23, she revi She stated: "[I3] is prindependent with to interventions toward attempted despite than individual might of stated those types of should be attempted are saying. We at least ASM #1 stated she all aspects of the IP implementation. No further information. No further information. No further information. No further information. On 7/11/23 at 6:04 prin a chair in the medicate in	ding assistance or allow the expoon independently. When vations regarding toileting I3 ewed I3's IPP for toileting. In standard or might not want to do, she of interventions probably it. She stated: "I see what you ast need to try." When asked, was ultimately responsible for P development and on was provided prior to exit. (I5), the QIDP failed to ensure in a clear manner and was dication administration. D.m., I5 was observed sitting dication room. DSP (direct #3 prepared medications to 5. DSP #3 said to I5: "What's the DSP her name. DSP #3 ions to I5, and I5 poured the emedication cup into her ater to wash the medications of have any further discussion	W 1	59			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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W 159	disability professional asked who is ultimate sure interventions are she is ultimately responsive was not implemented the medication's side resident on identifying asked who is ultimate sure the IPP is writter the DSP, she stated: see how the IPP for n I5 was not clearly written INDIVIDUAL PROGR CFR(s): 483.440(c)(4	QIDP (qualified intellectual) was interviewed. When ly responsible for making implemented, she stated consible. She stated the plan if the staff did not address effects or work with the g the medications. When ly responsible for making n with clear instructions for "I am." She stated she could nedication administration for tten. n was provided prior to exit. AM PLAN)	w :				
	objectives necessary as identified by the corequired by paragraph This STANDARD is repaired on observation document review, and facility staff failed to identify staff failed to identify sample, Individual independently for thresurvey sample, Individual The findings include: 1. For Individual I1 (I1 identify and implement independent function On 7/12/23 at 5:08 p.)	ee of six individuals in the duals #1, #2, and #3.), the facility staff failed to not objectives to promote					

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
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W 227	was almost ready, a hands. I1 independe and washed her han and silverware on th spot. I1 sat down at served I1's plate in the down on I1's placem I1 independently fed standard plate and seating, she pushed hand went back to the cleared I1's dishes, in the table, and put the A review of I1's IPP dated 12/20/22 reve. "GoalDietaryI will ordered by my physis the dietician." The plobjectives toward into or after mealtimes. On 7/13/23, ASM #2 interview. On 7/13/23 at 9:45 at (qualified intellectual interviewed. When a treatment, she state and the goals should personalized for each facility staff is "constitreatment by engagin other than what might told about the obsert for I1, she reviewed stated: "[I1] is probal	unselor, told I1 that dinner and instructed I1 to wash her antily walked to the bathroom ds. ASM #2 set a placemat e dining room table at I1's the dinner table. ASM #2 he kitchen, and set the plate at on the dining room table. herself dinner using a silverware. When I1 finished her chair back from the table e recreation room. ASM #2 hapkin, and silverware from the dishes in the dishwasher. (Individual Program Plan) aled, in part: I follow my meal plan as cian and recommended by an contained no evidence of dependence before, during, I was not available for I.m., ASM #1, the QIDP disability professional) was sked to define active dit is different for everyone,	W 2	227	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION IG		ATE SURVEY DMPLETED	
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W 227	attempted despite the an individual might of stated those types of should be attempted are saying. We at less independent in more capable of accomplitates like setting the around mealtime. A review of the faciline revealed, in part: "Experson-Centered Plant in the progression from defunctioning and should be accomplished of functioning. No further information. No further information. 2. For Individual #2 identify and implement functioning. A review of I2's IPP part: "GoalPerson dailyI will receive receive support with for my bath/shower. I will a handed to me by DS on 7/12/23 at 2:27 frequently with I2, we she tells I2 when it's should be attempted to the state of the state	ge 11 Ind independence should be the staff's expectation of what for might not want to do, she of interventions probably d. She stated: "I see what you that need to try." She stated I1 any functions, and is likely ishing more independent to table and clearing the table and clearing the table and (PCP)/IPPThe goals the interms of the individual's expendent to independent and a general, desired level on was provided prior to exit. (I2), the facility staff failed to the ent objectives to promote in for personal hygiene. I will receive support from personnel) during my ccept the washcloth when the support with bathingI will a gathering mecessary supplies I will receive support from personnel) during my ccept the washcloth when the support with bathingI will a gathering my bath time." Dom., DSP #1, who works was interviewed. She stated is time for a bath, gets all the in wheels I2 into the bathroom.	W 2	27			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` ′	PLE CONSTRUCTION G	· /	TE SURVEY MPLETED	
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W 227	She stated she was expectations or interdaily bath. On 7/13/23 at 9:45 (qualified intellectual interviewed. When a treatment, she state and the goals shoul personalized for ear facility staff is "constreatment by engag other than what mig asked if intervention should be attempted. ADLs (activities of a types of intervention attempted. She state "capable" of much result of types of intervention attempted. She state "least need to try." No further information. For Individual #3 identify and implement independent function. On 7/11/23 at 4:50 in her wheelchair in behind the wheelch "Let's go check you back into her bedrocare. A review of I3's IPP part: "Goal Toileting the state of th	P #1) "does all the washing." In not aware of any other reventions for I2 regarding the a.m., ASM #1, the QIDP Is disability professional) was asked to define active and it is different for everyone, does specific and and individual. She stated the tantly implementing" active ing the individuals in ways that be stated in a plan. When has toward independence dowhenever possible during daily living), she stated those has probably should be hered she was not sure I2 was more than was listed in the see what you are saying. We on was provided prior to exit. (I3), the facility staff failed to ent objectives to promote	W 22	27		

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W 227	hours dailyDSP will movement each shift checking her briefs to On 7/12/23 at 2:35 printerviewed. When a promote I3's indepershe was not sure. She check her every couly when it's needed." On 7/13/23 at 9:45 a (qualified intellectual interviewed. When a treatment, she stated and the goals should personalized for each facility staff is "constitreatment by engaging other than what might told about the observing on 7/11/23, she reviewed she stated: "[I3] is printelle pendent with toil interventions toward attempted despite than individual might of stated those types of should be attempted."	illeting schedule every two I monitor for bowelDSP will support [I3] by o prevent skin breakdown." .m., DSP #2 was sked about what she does to idence in toileting, she stated he stated: "I usually just ble of hours and change her .m., ASM #1, the QIDP disability professional) was sked to define active dit is different for everyone, be specific and he individual. She stated the eartly implementing" active high the individuals in ways hat be stated in a plan. When reations regarding toileting I3 ewed I3's IPP for toileting. Tobably not capable of being leting." When asked if independence should be he staff's expectation of what he might not want to do, she interventions probably In was provided prior to exit.	W 2			
W 234	implement the object	5)(i) program designed to	W 2	34		

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	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIF PO BOX 976, 4373/4395 PRUDEN I SUFFOLK, VA 23439	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN (X (EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE
W 234	Based on observati document review, a facility staff failed to be used for promotin active treatment for survey sample, Indir The findings include 1. For Individual #2 clearly state the steindividual about side during medication a On 7/11/23 at 3:22 pin her wheelchair in facility. DSP (direct administered eye dr the physician's order saying: "Are you reayou. All done." DSP else to the individual administration. A review of I2's IPP dated 12/21/22 reversed as agreed upon [medications] as preinformation about the my medications	s not met as evidenced by: ion, staff interview, facility and clinical record review, the clearly state the methods to ang independence through two of six individuals in the viduals #2 and #5. (I2), the facility staff failed to ps to be taken to educate the e effects of the medication dministration. D.m., I2 was observed sitting the common area of the support personnel) #3 ops to I2 in accordance with ar. DSP #3 addressed I2 addy? One, two, three. Thank #3 did not say anything to all at the time of the eye drop (individual program plan) called, in part: SupportI will be healthy and an in my planDSP will apply described. I will learn the side effects associated with service of the side effects of D.m., DSP #1 was	W 2	234		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		49G056	B. WING		0	7/13/2023
NAME OF PROVIDER OR SUPPLIER VINCES PLACE/CHASES WAY		•	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 976, 4373/4395 PRUDEN BOULEV. SUFFOLK, VA 23439	ARD		
(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 CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 234	I2. She stated: "I will is. I will ask her if it is When asked if she ta the side effects of the don't usually say any look for the side effect. When asked to review support and to determ DSP are clear, DSP stated: "I'm not really say. What is she support in the side effects stated she needed to exactly what is support and inistering her eye IPP, DSP #3 stated sexactly she was supposed to say. On 7/13/23 at 9:45 a. staff member) #1, the disability professional asked who is ultimate sure the IPP is written the DSP, she stated: see how the IPP for row I2 was not clearly writh the state of the state of the state of the IPP is written the DSP, she stated: see how the IPP for row I2 was not clearly writh the state of the state of the state of the state of the IPP is written the DSP, she stated: see how the IPP for row I2 was not clearly writh the state of	ons, including eye drops, to tell her what the medication okay for me to give it." Iks with the individual about medications, she stated: "I thing to her about it, but I to see if she is having it." It is 12's IPP for medication mine if the instructions for the sure what I'm supposed to boosed to do? I'm not sure." Image: Market of the medication. She review I2's IPP to know used to be done while edrops. After reviewing the he was not clear about what bosed to say, and when she it. Image: ASM (administrative of QIDP (qualified intellectual of the with clear instructions for "I am." She stated she could medication administration for ten. In was provided prior to exit. In was provided prior to exit. Is to give it." It is with the individual about the sure it. In was provided prior to exit. In was provided prior to exit. Is to give it." It is with the individual about it. In was provided prior to exit. Is to be taken to educate the effects of the medication	W 23	4		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		49G056	B. WING			7/13/2023
NAME OF PROVIDER OR SUPPLIER VINCES PLACE/CHASES WAY		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 976, 4373/4395 PRUDEN BOULEVAR SUFFOLK, VA 23439		-	-	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 234	in a chair in the medications administered to your name?" I5 told handed the medications from the mouth, and drank with down. DSP #3 did right with I5 about the mouth of I5's IPP part: "GoalMedicidentify my pills and side effects associated." On 7/12/23 at 2:27 interviewed. She standinisters medicate her name. Then I giasked if she talks with side effects of the midden't usually say an look for the side effect when asked how share in place to supp toward independents he stated: "When with supposed to read it we just know." When medication support instructions for the I reviewed the IPP. State of Its clear at all."	p.m., 15 was observed sitting dication room. DSP (direct #3 prepared medications to 15. DSP #3 said to 15: "What's I the DSP her name. DSP #3 tions to 15, and 15 poured the remedication cup into her water to wash the medications not have any further discussion redications. I dated 3/20/23 revealed, in ationI will earn (sic) how to I learn information about the redications." p.m., DSP #1 was reded she frequently tions to 15. She stated: "I'll ask live the medication." When with the individual about the medications, she stated: "I reduct to see if she is having it." The knows what interventions for an individual's progress on the seed of the IPP, we are hired, we are We are here with them, and the asked to review 15's IPP for and to determine if the DSP are clear, DSP #1 she stated: "No. I don't think	W 23	34		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		49G056	B. WING			07/	13/2023
	ROVIDER OR SUPPLIER		•	РО	REET ADDRESS, CITY, STATE, ZIP CODE BOX 976, 4373/4395 PRUDEN BOULEVARD FFOLK, VA 23439		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 234	take all those pills." A #3 stated she was no she was supposed to effects of the medicat supposed to say it. On 7/13/23 at 9:45 a. staff member) #1, the disability professional asked who is ultimate sure the IPP is writter the DSP, she stated: see how the IPP for n I5 was not clearly writter thought the professional sked who is ultimate sure the IPP is writter the DSP, she stated: see how the IPP for n I5 was not clearly writter the professional sked who is ultimate sure the IPP is writter the DSP, she stated: see how the IPP for n I5 was not clearly writter the professional sked with the professional sked	slow; it takes her forever to fter reviewing the IPP, DSP to clear about what exactly say to 15 about the side ions, or how she was m., ASM (administrative QIDP (qualified intellectual) was interviewed. When ally responsible for making in with clear instructions for "I am." She stated she could inedication administration for iten.		234			
W 249	each client must rece treatment program co interventions and sen and frequency to sup objectives identified in plan. This STANDARD is r Based on observatio document review, and facility staff failed to in	isciplinary team has individual program plan, ive a continuous active insisting of needed vices in sufficient number port the achievement of the in the individual program not met as evidenced by: in, staff interview, facility id clinical record review, the implement the IPP (individual ise of six individuals in the	VV	249			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		49G056	B. WING		07/13/2023
NAME OF PROVIDER OR SUPPLIER VINCES PLACE/CHASES WAY (X4) ID SUMMARY STATEMENT OF DEFICIENCIES		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 976, 4373/4395 PRUDEN BOULEVAR SUFFOLK, VA 23439		·	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETION
W 249	Continued From pag		W 24	9	
		(I2), the facility staff failed to or medication administration			
	in her wheelchair in facility. DSP (direct administered eye dr the physician's orde saying: "Are you rea you. All done." DSP	o.m., I2 was observed sitting the common area of the support personnel) #3 ops to I2 in accordance with r. DSP #3 addressed I2 ady? One, two, three. Thank #3 did not say anything to I at the time of the eye drop			
	dated 12/21/22 reversible as agreed upon [medications] as presinformation about the my medicationsDS engaging in conversi	SupportI will be healthy and n in my planDSP will apply			
	I2. She stated: "I wil is. I will ask her if it i When asked if she t the side effects of th don't usually say an look for the side effe When asked how share in place to supp				

NAME OF PROVIDER OR SUPPLIER VINCES PLACE/CHASES WAY STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 976, 4373/4395 PRUDEN BOULEVARD SUFFOLK, VA 23439 (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 976, 4373/4395 PRUDEN BOULEVARD SUFFOLK, VA 23439 ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	3/2023 (X5) COMPLETION DATE
NAME OF PROVIDER OR SUPPLIER VINCES PLACE/CHASES WAY STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 976, 4373/4395 PRUDEN BOULEVARD SUFFOLK, VA 23439 (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 976, 4373/4395 PRUDEN BOULEVARD SUFFOLK, VA 23439 ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION
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she stated: "When we are hired, we are supposed to read it. We are here with them, and we just know." On 7/12/23 at 3:40 p.m., DSP #3 was interviewed. She stated she does not talk to 12 about the side effects of the medication. She stated she needed to review 12's IPP to know exactly what is supposed to be done while administering her eyedrops. On 7/13/23 at 9:45 a.m., ASM (administrative staff member) #1, the OIDP (qualified intellectual disability professional) was interviewed. She stated the plan was not implemented if the staff did not address the medication's side effects. A review of the facility policy, "Active Treatment," revealed, in part: "Each individual will have a Person-Centered Plan/IPP which is a written plan setting forth measurable outcomes foran integrated program of individually designed therapies, activities and experiences necessary to achieve such goals or objectives. The designated [QIDC] is responsible for ensuring that active treatment is provided." 2. For Individual #3 (13), the facility staff failed to implement the IPP for nutrition/eating on 7/11/23. On 7/11/23 at 1:35 p.m., 13 was observed sitting in a wheelchair at the dining room table. DSP (direct support personnel) #2 was sitting beside 13, and was feeding 13 using a soft spoon. DSP #2 was not assisting 13 with hand over hand feeding in any way. On 7/11/13 at 5:47 p.m., 13 was observed sitting	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		49G056	B. WING _		07/13/2023
NAME OF PROVIDER OR SUPPLIER VINCES PLACE/CHASES WAY			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 976, 4373/4395 PRUDEN BOULE SUFFOLK, VA 23439	<u>. </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE COMPLETION
W 249	I3, and was feeding #4 was not assisting feeding in any way. A review of I3's IPP opart: "GoalDietary. using hand over han spoon independently On 7/12/23 at 2:35 p takes care of I3, was would have to check hand over hand feed she did not know the hold the spoon independently On 7/13/23 at 9:45 a staff member) #1, the disability professional stated the plan was add not provide hand assistance or allow the spoon independently No further information 3. For Individual #5 (implement the IPP foon 7/11/23. On 7/11/23 at 6:04 p in a chair in the med support personnel) # be administered to Is your name?" I5 told in handed the medication.	annel) #4 was sitting beside I3 using a soft spoon. DSP I3 with hand over hand dated 6/27/23 revealed, in DSP will support me by d and allowing me to hold my me." .m., DSP #2, who frequently interviewed. She stated she to see if I2 was to receive ing assistance. She stated individual was allowed to bendently. She stated: "It .m., ASM (administrative e QIDP (qualified intellectual all) was interviewed. She not implemented if the staff over hand feeding the individual to hold the	W 2	49	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	(X3) DAT COM	
		49G056	B. WING _		0	7/13/2023
NAME OF PROVIDER OR SUPPLIER VINCES PLACE/CHASES WAY			STREET ADDRESS, CITY, STATE, ZIP COL PO BOX 976, 4373/4395 PRUDEN BOU SUFFOLK, VA 23439	DE		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 249	down. DSP #3 did no with I5 about the med A review of I5's IPP of part: "GoalMedicatidentify my pills and Is side effects associated On 7/12/23 at 2:27 p. interviewed. She stat administers medication her name. Then I give asked if she talks with side effects of the medon't usually say any look for the side effect When asked how she are in place to support toward independence she stated: "When we supposed to read it. We just know." On 7/12/23 at 3:40 p. interviewed. She stated about the side effects not ask the individual She stated: [I5] is so take all those pills." On 7/13/23 at 9:45 a. staff member) #1, the disability professional stated the plan was medicated.	ter to wash the medications to have any further discussion dications. Idated 3/20/23 revealed, in ionI will earn (sic) how to earn information about the ed with my medications." Im., DSP #1 was ed she frequently ons to 15. She stated: "I'll ask to the medication." When the individual about the edications, she stated: "I thing to her about it, but I to see if she is having it." to see if she is having it." to see if she was what interventions it an individual's progress to as documented on the IPP, to are hired, we are We are here with them, and Im., DSP #3 was ed she did not talk to 15 to identify each medication. It is of the medications and did to identify each medication. It is of the medications and did to identify each medication. It is of the staff interviewed. She is of timplemented if the staff interviewed is side effects or	W 24	49		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DA	(X3) DATE SURVEY COMPLETED	
		49G056	B. WING			07/13/2023	
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W 249		e 22 n was provided prior to exit.	W 2	49			