

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

PRINTED: 07/31/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/25/2025
NAME OF PROVIDER OR SUPPLIER VERSABILITY RESOURCES HOLLYWOOD HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 41 HOLLYWOOD AVENUE HAMPTON, VA 23661	
(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 An unannounced Emergency Preparedness survey was conducted onsite from March 24, 2025 through March 25, 2025. The facility was in substantial compliance with 42CFR Part 483.475, Conditions of Participation for Immediate Care Facilities for Individuals with Intellectual Disabilities. No emergency preparedness complaints were investigated during this survey.	E 000		
W 000	INITIAL COMMENTS An unannounced re-certification survey was conducted from March 24, 2025 through March 25, 2025. The facility was not in compliance with 42 CFR Part 483 Requirements for Immediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). No complaints were investigated during the survey. The census in this 4 bed certificated facility was 4 at the time of survey. The survey sample consist of two individual reviews (Client #1 and Client #2) Citations: W180, W262, and W263.	W 000		
W 180	PROFESSIONAL PROGRAM SERVICES CFR(s): 483.430(b)(5)(x) To be designated as a human services professional, an individual must have at least a bachelor's degree in a human services field (including, but not limited to: sociology, special education, rehabilitation counseling, and psychology). This STANDARD is not met as evidenced by: Based on facility document review and interview, the facility failed to ensure 1 of 1 Qualified Intellectual Disabilities Professional (QIDP) met the educational requirements for the position.	W 180		

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 180	<p>Continued From page 1</p> <p>Findings included:</p> <p>A document titled "Job Description," signed on 02/08/2024 by the QIDP, revealed, "Job Title: Support Coordinator - Community Living" and qualifications that included, "Education: Bachelor's degree in human services, psychology or a related field required. Must be able to maintain CPR [cardiopulmonary resuscitation], CPI [crisis prevention intervention], first aid and medication administration certifications on an ongoing basis."</p> <p>A "Decisional/Needs Review" document revealed the QIDP completed a Bachelor of Science degree on 05/06/2017 in tourism and hospitality management. Further record review revealed no other education available.</p> <p>During an interview on 03/25/2025 at 10:50 AM, the QIDP stated she held a Bachelor of Science degree in tourism and hospitality management. The QIDP stated that she was currently in a master's program in special education. The QIDP stated she had been a part of the facility's individual support plan meetings and was helping to develop programming for the facility clients.</p> <p>During an interview on 03/25/2025 at 11:46 AM, the Vice President (VP) of Community Living acknowledged the QIDP did not meet the educational requirements for the Support Coordinator/QIDP position.</p>	W 180		
W 262	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i)</p> <p>The committee should review, approve, and monitor individual programs designed to manage</p>	W 262		

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W 262	<p>Continued From page 2</p> <p>inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on record review, interview, and facility policy review, the facility failed to ensure 1 (Client #2) of 2 client clinical records reviewed included approval by the Specially Constituted Committee (SCC) for psychotropic medications.</p> <p>Findings included:</p> <p>A facility policy titled, "Specially Constituted Committee," revised 09/2024, indicated "The Community Living Program shall designate and use a Specially Constituted Committee which will review and approve those individual program supports and devices which involve risks to individual protections and rights." The policy contained a section titled "Procedures," which included, "2. The Specially Constituted Committee must review and approve restrictive techniques prior to implementation."</p> <p>Client #2's "Face Sheet/Emergency Medical Information," with a facility file review date of 02/06/2025, indicated that Client #2 was admitted to the facility on 09/19/2018. The Face Sheet/Emergency Medical Information document revealed the client had a medical history that included diagnoses of moderate intellectual disability, autism, and anxiety.</p> <p>Client #2's "Plan for Supports," dated 09/24/2024, revealed the client's Individual Support Plan (ISP) began on 10/01/2024.</p> <p>Client #2's "Physician's Order Sheet," signed by a physician on 03/05/2025, contained an order for</p>	W 262		

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W 262	<p>Continued From page 3</p> <p>sertraline 100 milligrams (mg), with instructions to take one tablet by mouth twice a day for anxiety. The Physician's Order Sheet revealed an order for Klonopin orally disintegrating tablets (ODT) 1 mg, with instructions to take one tablet by mouth twice a day as needed for anxiety/agitation. The Physician's Order Sheet revealed an order for risperidone 1 mg, with instructions to take one tablet by mouth once a day as needed for agitation if behaviors were not redirected within 10 minutes. The Physician's Order Sheet revealed an order for risperidone 1 mg, with instructions to take one tablet by mouth at bedtime. The Physician's Order Sheet revealed an order for risperidone 0.5 mg, with instructions to take one tablet by mouth every morning.</p> <p>Client #2's "Specially Constituted Committee Approval Request," dated 08/06/2024, revealed Client #2 was identified on the record as "Individual #82" and was submitted for approval related to Client #2 receiving psychotropic medications. The Specially Constituted Committee Approval Request revealed the section for SCC approval signatures was blank. No further documentation was provided related to the approval of psychotropic medications by the SCC for Client #2.</p> <p>During an interview on 03/25/2025 at 10:50 AM, the Qualified Intellectual Disabilities Professional (QIDP) stated the identifier number for Client #2 on the Specially Constituted Committee Approval Request was Individual #82. The QIDP stated clients were identified with a number on the form to help maintain confidentiality. The QIDP stated the SCC was responsible for ensuring individuals' rights were protected. The QIDP stated the SCC had to approve an individual's use of psychotropic</p>	W 262		

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W 262	Continued From page 4 medications. During an interview on 03/25/2025 at 11:46 AM, the Vice President (VP) of Community Living stated the SCC were to approve psychotropic medications. The VP of Community Living stated necessary signatures were usually obtained during annual Support Plan meetings. During an interview on 03/25/2025 at 3:00 PM, the VP of Community Living acknowledged the facility failed to ensure the SCC approved psychotropic medications for Client #2. PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)	W 262		
W 263	The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review, interview, and facility policy review, the facility failed to ensure 1 (Client #2) of 2 client clinical records reviewed included a signed, written consent for psychotropic medications. Findings included: A facility policy titled, "Specially Constituted Committee," revised 09/2024, indicated, "The Community Living Program shall designate and use a Specially Constituted Committee [SCC] which will review and approve those individual program supports and devices which involve risks to individual protections and rights." The policy contained a section titled "Procedures," which included, "4. The SCC shall ensure that these	W 263		

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W 263	<p>Continued From page 5</p> <p>program supports are conducted with the informed consent of the individual, parent, legal guardian or Authorized Representative [AR]. Verbal consent will be obtained prior to implementation, and written signature will be obtained during the individual's annual review."</p> <p>Client #2's "Face Sheet/Emergency Medical Information," with a facility file review date of 02/06/2025, indicated that Client #2 was admitted to the facility on 09/19/2018. The Face Sheet/Emergency Medical Information document revealed the client had a medical history that included diagnoses of moderate intellectual disability, autism, and anxiety.</p> <p>Client #2's "Physician's Order Sheet," signed by a physician on 03/05/2025, contained an order for sertraline 100 milligrams (mg), with instructions to take one tablet by mouth twice a day for anxiety. The Physician's Order Sheet revealed an order for Klonopin orally disintegrating tablets (ODT) 1 mg, with instructions to take one tablet by mouth twice a day as needed for anxiety/agitation. The Physician's Order Sheet revealed an order for risperidone 1 mg, with instructions to take one tablet by mouth once a day as needed for agitation if behaviors were not redirected within 10 minutes. The Physician's Order Sheet revealed an order for risperidone 1 mg, with instructions to take one tablet by mouth at bedtime. The Physician's Order Sheet revealed an order for risperidone 0.5 mg, with instructions to take one tablet by mouth every morning.</p> <p>Client #2's "Specially Constituted Committee Approval Request," dated 08/06/2024, revealed Client #2 was identified on the record as "Individual #82" and was submitted for approval</p>	W 263		

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W 263	<p>Continued From page 6</p> <p>related to Client #2 receiving psychotropic medications. The Specially Constituted Committee Approval Request revealed the section for SCC approval signatures was blank. No further documentation was provided related to the approval of psychotropic medications by the SCC for Client #2.</p> <p>During an interview on 03/25/2025 at 10:50 AM, the Qualified Intellectual Disabilities Professional (QIDP) stated the identifier number for Client #2 on the Specially Constituted Committee Approval Request was Individual #82. The QIDP stated clients were identified with a number on the form to help maintain confidentiality. The QIDP stated the SCC was responsible for ensuring individuals' rights were protected. The QIDP stated written, informed consent was supposed to be obtained from the client's AR. The QIDP stated she was unsure why the AR's signature was not obtained for Client #2.</p> <p>During an interview on 03/25/2025 at 11:11 AM, the Quality Assurance Specialist (QAS) stated verbal consent was to be obtained from Client's #4's AR. The QAS stated that, once the SCC approved a psychotropic medication order, a signature was to be obtained from the client's AR.</p> <p>During an interview on 03/25/2025 at 11:46 AM, the Vice President (VP) of Community Living stated if a client was prescribed a psychotropic medication, the nurse was to obtain verbal approval from the AR, then send the information to the SCC for approval. The VP of Community Living stated after SCC approval, a written consent should be obtained from the client's AR.</p> <p>During an interview on 03/25/2025 at 3:00 PM,</p>		W 263		

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W 263	Continued From page 7 the VP of Community Living acknowledged the facility failed to obtain a signature for informed consent for psychotropic medications taken by Client #2.		W 263		