

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

PRINTED: 08/06/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G042		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/06/2025	
NAME OF PROVIDER OR SUPPLIER VERSABILITY RESOURCES HILTON HOUSE				STREET ADDRESS, CITY, STATE, ZIP CODE 703 HILTON BLVD NEWPORT NEWS, VA 23605			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
E 000	Initial Comments			E 000			
	An unannounced Emergency Preparedness survey was conducted on site from May 05, 2025 through May 06, 2025. The facility was in substantial compliance with 42 CFR Part 483.475, Conditions of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities. No emergency preparedness complaints were investigated during this survey.						
W 000	INITIAL COMMENTS			W 000			
	An unannounced re-certification survey was conducted from May 05, 2025 through May 06, 2025. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). No complaints were investigated during the survey.						
W 149	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1)			W 149			
	The census in this 5-bed certificated facility was 5 at the time of survey. The survey sample consist of three client reviews (Client #1, Client #2, and Client #3).						
	The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on interview, record review, facility document and policy review, the facility failed to ensure clients were free from neglect, which affected 1 (Client #2) of 3 sampled clients.						
	Findings included:						

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 149	<p>Continued From page 1</p> <p>A facility policy titled, "Individual Abuse, Neglect and Exploitation," revised 10/2024 indicated, "It is the policy of the Community Living Program to ensure that all Individuals are free from verbal, physical, sexual or psychological abuse, exploitation, or criminal offenses." The policy revealed, "The Community Living Facility staff will adhere to [the facility's organization's name] Abuse, Neglect and Exploitation policy #1.00.000.07 and the [the facility's organization's name] Human Rights policy #1.00.000.55 to assure Individuals are free from abuse, neglect and/or exploitation while receiving services from the ICF-IID [Intermediate Care Facility for Individuals with Intellectual Disabilities] Program and report all relative incidents."</p> <p>Client #2's individual support plan (ISP), dated 01/01/2025, indicated the facility admitted the client on 01/03/2014. According to the ISP, the individual had a medical history that included diagnoses of cerebral palsy, Lennox-Gastaut Syndrome (seizure disorder), and mood disorder. The ISP indicated the client utilized a wheelchair.</p> <p>Client #2's annual "Comprehensive Functional Assessment Summary," dated 02/18/2025, indicated the client required physical assistance to complete most tasks. The summary indicated the client required "physical support in areas of personal care, domestic, cognitive, community living, and leisure skills."</p> <p>Client #2's "Strengths and Needs List," dated 02/19/2025, revealed Client #2's "Needs" included self-help skills; independent living skills; support with bathing, dressing, and transfers; and fine motor skills.</p>	W 149			

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W 149	<p>Continued From page 2</p> <p>A facility document titled, "[The facility's name] Allegation of Abuse," dated 02/18/2025, revealed the "Description of the incident/injuries" indicated that on 02/18/2025, Director Support Professional (DSP) #3 provided hygiene care to Client #2, and when she was finished, she pushed Client #2 in their wheelchair to the living room without fastening the client's safety belt. The document indicated that once in the living room, DSP #3 stepped away to turn a light on, then Client #2 reached for something in front of them (Client #2) and fell forward onto the floor. According to the document, Client #2 sustained injuries that included an abrasion to the left knee, contusion on the forehead, and dark bruising on the corner of left eye. Per the document, due to video evidence and DSP #3's admission to the incident, neglect on DSP #3's part was "founded."</p> <p>Client #2's urgent care "After Visit Summary," dated 02/18/2025, revealed Client #2 was diagnosed with a contusion of the forehead and an abrasion on the left knee following a fall.</p> <p>During an interview on 05/06/2025 at 12:27 PM, the House Supervisor (HS) stated DSP #3 was helping due to being short-staffed on the day of the incident. She stated that she was training DSP #3 about Client #2's preferences regarding incontinence care. She stated that when she finished, DSP #3 took Client #2 into the living room to watch television and when DSP #3 walked to turn on the light, Client #2 reached for a remote and fell out of their wheelchair because DSP #3 forgot to put on the client's safety belt. She stated the client fell on their knees and hit their forehead. The HS stated Client #2 was assessed by nursing staff and taken to an urgent care facility. She stated Client #2 had a</p>	W 149			

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W 149	Continued From page 3 hematoma and later developed a bruised left eye. During an interview on 05/06/2025 at 3:00 PM, the Vice President (VP) of Community Living stated Client #2's safety belt was not used. She stated the staff providing care to the client that day had been working in the home for about a week. She stated that when staff came to help in the home, they were given a binder that was used to get to know each individual and the level of care that was required, and there were also signs posted on the wall regarding the use of adaptive equipment. The VP of Community Living stated clients at the facility had the right to be free from neglect, intentional or unintentional.	W 149			
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 record review, interview, and facility document review, the facility failed to ensure 1 (Qualified Intellectual Disabilities Professional [QIDP] #2) of 2 QIDPs reviewed met the educational requirements for the position. Findings included: A facility "Job Description" for "Support Coordinator-Community Living," dated 02/08/2024 and signed by QIDP #2, revealed, "Education: Bachelor's degree in human services, psychology or a related field required. Must be	W 180			

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W 180	<p>Continued From page 4</p> <p>able to maintain CPR [cardiopulmonary resuscitation], CPI [crisis prevention intervention], first aid and medication administration certifications on an ongoing basis."</p> <p>A personnel file review on 05/06/2025 at 11:20 AM revealed QIDP #2's background check indicated QIDP #2 obtained a bachelor's degree in tourism and hospitality management on 05/06/2017. Further review revealed no other education was listed.</p> <p>During an interview on 05/06/2025 at 2:45 PM, QIDP #2 stated she held a Bachelor of Science degree in tourism and hospitality management and was in the process of obtaining a master's degree in special education. She stated she assisted QIDP #1 with QIDP responsibilities to include observing clients at their home, providing day support, and ensuring clients had all the items needed for their active treatment. She stated she had not completed any assessments since the education issue had been brought to her attention during a recent survey at a sister facility.</p> <p>During an interview on 05/06/2025 at 3:00 PM, the Vice President (VP) of Community Living stated QIDP #2 did not meet the educational requirements for the support coordinator/QIDP position.</p>	W 180			