STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G060	A. BUILDING _____ B. WING _____	07/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIAN RIVER RESIDENCE - A	2525 LIFETIME CIRCLE VIRGINIA BEACH, VA 23456

(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 000	INITIAL COMMENTS The unannounced 55 Fundamental Medicaid Certification survey was conducted on 07/05/17 through 07/07/17. Corrections are required for compliance with CFR Part 483 Intermediate Care Facilities for Individuals with Disabilities. (ICF/ID) Federal Regulations. The Life Safety Code report will follow. The census in this 5 bed facility at the time of the survey was 5. The survey sample consisted of 3 current Individual records (Individual #1 through #3).	W 000		
W 124	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility staff failed to obtain a consent for one Individual (Individual #1) in the survey sample of three Individuals. The findings included: Individual #1 was admitted to the facility on 4/1/15 with diagnoses which included autism, cerebral palsy, quadriplegia, depression, dysphasia, seizures, GERD (gastroesophageal reflux disease), and insomnia. The facility staff failed to	W 124	Informed consent for Melatonin was obtained from Individual #1 and his Authorized Representative on 3/3/16 when Melatonin was initially ordered by the physician. However, when the Informed Consent to Treatment with Medication form was developed in January 2017 for the new plan year, the Melatonin was not carried over onto the new consent form. This resulted in the medication continuing to be given without a current consent in place. On 7/8/17, informed consent for the continuing use of Melatonin was obtained from Individual #1 and his Authorized Representative (AR). On 7/13/17, the RN completed a review of orders for all current medications for Individual #1. Additional medications were found that did not have a current consent in place. Informed consent is currently being obtained from Individual #1 and his Authorized Representative (AR) for those medications. On 7/13/17, the RN completed a review of records for all other residents of Indian River Residence A, checking consents against orders for all current medications. Medications without current consents were found for two other residents of Indian River Residence A. Informed consent is currently being obtained from these individuals and their Authorized Representative/legal guardian.	7/8/17 7/21/17 7/21/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Supervisor II — 7/14/17

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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INDIAN RIVER RESIDENCE - A	**2525 LIFETIME CIRCLE VIRGINIA BEACH, VA 23456**

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W 124 Continued From page 1

obtain an informed consent for the use of Melatonin.

Individual #1 was diagnosed with Insomnia. A Physician's order dated 4/26/17 indicated: Melatonin 5 milligrams (MG), take one tablet by mouth at bedtime for Insomnia. The facility staff failed to obtain Informed Consent for the use of Melatonin (as a sleep agent) medication.

During an interview on 7/7/17 at 8:45 A.M. with the Qualified Intellectual Disability Professional (QIDP), she stated the facility had not obtained a current Informed consent.

Policy and Procedures -Informed consent for Medication Administration -Indicated "Purpose To provide guidelines for obtaining informed consent from individuals for DS staff assistance with medication and treatments. Procedure- Informed consent for medication will be obtained prior to assisting with the first dose of a new medication. Prepare consent by reviewing admission/annual orders to identify all current medication."

A review of the clinical records did not indicate informed consent was obtained prior to use.

The facility staff failed to obtain consent for the use of a medication (Melatonin).

W 263 483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE

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.

W 124

To prevent reoccurrence, the instructions for obtaining annual Informed Consent to Treatment with Medication will be revised. The LPN will review the orders to identify all current medications and complete the annual Informed Consent to Treatment with Medication form. When complete, the LPN will inform the RN and QIDP that the form is ready for signatures. Prior to the individual and their Authorized Representative or legal guardian being contacted to obtain consent, the RN (or QIDP as back-up) will complete a second check of the orders for all current medications to ensure that all of medications are listed on the consent form. The RN (or QIDP as back-up) will initial the consent form, next to the list of medications, to indicate that this review was completed. 7/26/17

At the mandatory staff meeting on 7/26/17, all nurses and QIDPs will be trained on this change to the instructions for obtaining annual Informed Consent to Treatment with Medication. 7/26/17

When the annual treatment plan packet, which contains all annual consents, is submitted to the Supervisor II for review prior to the new plan year, the Supervisor II will review the annual Informed Consent to Treatment with Medication form to ensure the initials of the RN or QIDP are present, indicating that the double check of medications has occurred and all medications are listed on the consent form. 7/26/17

W 263

After receiving informed consent from Individual #1 and his Authorized Representative for the use of Melatonin, consent was obtained from the Specially Constituted Committee (SCC) on 7/12/17. 7/12/17

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INDIAN RIVER RESIDENCE - A	2525 LIFETIME CIRCLE VIRGINIA BEACH, VA 23456

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W 263	Continued From page 2 This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility staff failed to obtain a consent for one Individual (Individual #1) in the survey sample of three Individuals. The findings included: Individual #1 was admitted to the facility on 4/1/15 with diagnoses which included autism, cerebral palsy, quadriplegia, depression, dysphasia, seizures, GERD (gastroesophageal reflux disease), and insomnia. The facility staff failed to obtain Informed consent for the use of Melatonin and informed consent from the Specially Constituted Committee. Individual #1 was diagnosed with Insomnia. A Physician's order dated 4/26/17 indicated: Melatonin 5 milligrams (MG), take one tablet by mouth at bedtime for Insomnia. The facility staff failed to obtain Informed Consent of the Specially Constituted Committee for the use of Melatonin (as a sleep agent) medication. During an interview on 7/7/17 at 8:45 A.M. with the Qualified Intellectual Disability Professional (QIDP), she stated the facility had not obtained consent of the Specially Constituted Committee prior to the use of a medication used to treat insomnia. A review of the facility policy for the Specially Constituted Committee indicated: "Purpose- To review, provide prior approval for, and to monitor all programs that involve risks to clients protection and rights. F. ii To ensure that these programs are conducted only with the written informed	W 263	On 7/13/17, the Supervisor II completed a review of records for Individul #1 and all other residents of Indian River Residence A, ensuring that written consent from SCC was present for all current programs involving risk to client protections and rights. SCC consent was present for all current programs involving risk to client protections and rights for Individual # 1 and all other residents. As part of our current practice at Indian River Residence A, the nurses scan completed Medical Consult forms and scripts to the RN, QIDP, Supervisor II, and other facility nurses following each medical/ dental visit and whenever there is a new order. Upon receipt, the QIDP will review all new recommendations and orders to determine if their use constitutes a risk to client protections and rights. If so, the QIDP will inform the RN, Supervisor II, and facility nurses that SCC review and approval is required prior to use. The QIDP will obtain consent from the Individual and the AR or legal guardian and complete a modification to the Restrictive Treatment Plan, which will be presented to the SCC for review and approval prior to use. The Supervisor II will also review of all new recommendations and orders to determine if their use constitutes a risk to client protections and rights. If the Supervisor II determines that a new recommendation or order constitutes a risk to client protections and rights but has not yet been informed of this by the QIDP, the Supervisor II will follow-up with the QIDP to ensure the above process takes place.	7/13/17 7/13/17 7/13/17

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W 263	Continued From page 3 consent of the client and authorized representative or legal guardian, as appropriate." A review of the clinical records did not indicate informed consent was obtained prior to use. The facility staff failed to obtain consent for the use of a medication (Melatonin).	W 263	Monthly SCC meetings are attended by the Supervisor II, who will ensure that the QIDP or designee presents information regarding the program involving risk to client protections and rights to the SCC for review and approval prior to use.	7/25/17