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	•	& MEDICAID SERVICES			FORM A OMB NO.	APPROVI
STATEMENT	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) OATE	
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	survey was conduc 10/05/17. Correctio with CFR Part 483 Individuals with Dis	annual fundamental Medicaid ted on 10/03/17 through ns are required for compliand Intermediate Care Facilities for abilities. (ICF/ID) Federal fe Safety Code report will	ce			
W 124	survey was 5. The s current Individual re #3).	bed facility at the time of the survey sample consisted of 3 scords (Individual #1 through TECTION OF CLIENTS		4		
	RIGHTS		Indian Rive	r ICF will develop a policy addres	sing end-of-	11/8/17
	Therefore the facility parent (if the client is of the client's medicand behavioral state treatment, and of the	sure the rights of all clients.  y must inform each client, s a minor), or legal guardian, al condition, developmental us, attendant risks of e right to refuse treatment.	an individu death and p address the planning ar Statement of treatment, obtaining of	pecifically, the policy will address al's physician indicates that the ir plans must be made for end-of-life regulatory requirements that mund care, including, but not limited of Deficiencies Report: obtaining development with a physician of consent for treatment, and obtain pecially Constituted Committee (Secondary).	adividual is approace care. The policy we st be met during end to, those cited in the aphysician's order a medical care plan, ing approval for trea	hing vill d-of-life his for
	Based on a closed interview, the facility	dividual #3) in the survey	legal guardi to attend vi	-life care policy will include the folian or authorized representative (, sits with the physician to discuss	AR) will be encoura the individual's spec	aged
	The findings include	d:		options for care, whenever possibl inary Team (IDT) will meet pron		ions
	9/17/13 with diagnos Intellectual Disability	mitted to the facility on ses which included Profound , Down Syndrome, Dementia rbances, history of Bipolar Explosive Disorder,	about end-o the wishes o Following t individual v	of life care that best meet the indic of the individual and their AR or l he meeting of the IDT, if it is dete wishes to remain at the ICF to rec the service capacity to meet the i	vidual's care needs a legal guardian ermined that the eive comfort care ar	and

Supervisor 11 10/19/17 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. program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) OATE

PRINTED: 10/12/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION (X:	B) DATE SURVEY COMPLETED
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### W 124 Continued From page 1

psychosis, masked Tardive Dyskinesia, blind in both eyes, hypertension and seizures.

Individual #3 was placed on Comfort Care without consent.

A review of the clinical records indicated that on November 20, 2016, Individual #3 went to the hospital for a distended abdomen and jaundice. He was discharged on November 23, 2016 with a diagnoses of cirrhosis of the liver and he is on comfort care. The QIDP (Qualified Intellectual Disability Professional) has suspended portions of his active treatment that involve Individual #3 being ambulatory, standing, moving his wheel chair and being physically active from other portions of his (IPP) Individual Program Plan.

A review of an Informed Consent Policy for Medication and Treatments documented: "Purpose: To ensure compliance with Human Rights Regulations.

Procedure: The individual /AR ( authorized representative) is provided information based on written fact sheet provided by the pharmacy/doctor. Staff instructions the individual to contact doctor or pharmacist for further information or clarification."

During an interview on 10/4/17 at 2:30 P.M. with the QIDP and the Registered Nurse (RN), they were asked for information indicating that Individual #3's AR had given informed consent prior to being placed on Comfort Care. The staff after several hours of searching records did not have communication or documentation that Informed Consent had been obtained to place Individual #3 on Comfort Care.

#### W 124

care needs, a physician's order for comfort care, including parameters, will be obtained. The RN or designee will work with the individual's physician and/or the ICF Medical Director to develop a medical care plan for comfort care treatment. The medical care plan will address the medical treatments and observations that are to be completed by the medical staff and other staff of the facility to meet the needs of the individual. Prior to the individual being placed on comfort care, the QIDP and/or the RN will obtain consent from the individual and their AR or legal guardian for the specific comfort care ordered by the physician; consent will be documented on the INFORMED CONSENT TO TREATMENTS AND MEDICAL/ PROTECTIVE DEVICES form. The QIDP will then develop the restrictive treatment plan for comfort care and present it to the SCC for approval prior to implementation.

The end-of-life care policy will be developed by 11/8/17 and all facility staff will be trained on the policy by 11/17/17. The end-of-life care policy will then be implemented for any resident of

Indian River Residence B when a physician indicates the need for end-of-life care.

As part of the current practice at Indian River Residence B, the nurses scan any new orders to the RN, QIDP, Supervisor II, and other facility nurses. To prevent reoccurrence, upon receipt of a new order for comfort care, the Supervisor II will follow-up with the QIDP and RN to ensure the steps contained in the end-of-life care policy, including obtaining consent for comfort care, have been implemented.

Monthly SCC meetings are attended by the Supervisor II. The Supervisor II will ensure that any restrictive treatment plan for comfort care contains the signed INFORMED CONSENT TO TREATMENTS AND MEDICAL/ PROTECTIVE DEVICES form and that the QIDP or designee presents the restrictive treatment plan for comfort care to the SCC for review and approval prior to implementation.

11/19/17

11/19/17

PRINTED: 10/12/2017 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	l'	3) DATE SURVEY CDMPLETED
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### W 124 Continued From page 1

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#### W 124

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Monthly SCC meetings are attended by the Supervisor II. The Supervisor II will ensure that any restrictive treatment plan for comfort care contains the signed INFORMED CONSENT TO TREATMENTS AND MEDICAL/ PROTECTIVE DEVICES form and that the QIDP or designee presents the restrictive treatment plan for comfort care to the SCC for review and approval prior to implementation.

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CEŅTEI	RS FOR MEDICARE	& MEDICAID SERVICES	·-		OMB NO	<u>). 0938-039</u>
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W 262	483.440(f)(3)(i) PRO CHANGE	OGRAM MONITORING &		62 Liver ICF will develop an end-of-life car and all facility staff will be trained on th		11/19/17
	monitor individual p inappropriate behav	uld review, approve, and rograms designed to manage rior and other programs that, committee, involve risks to	11/17/17 for any r indicates	7. The end-of-life care policy will then be resident of Indian River Residence B what is the need for end-of-life care. cy will address the regulatory requirem	e implemen ien a physici	ian
	This STANDARD is Based on a closed interview, the facility of the Specially Con comfort care one inc	not met as evidenced by: record review and staff r staff failed to obtain approval stituted Committee for dividual (Individual #3) in the	be met of not limi Specially The end guidance care, the	luring end-of-life planning and care, in- ted to, obtaining approval for treatment of Constituted Committee (SCC). -of-life care policy will include the follo e: Prior to the individual being placed of QIDP and/or the RN will obtain conse	cluding, but t from the wing on comfort nt from the	11 <b>/</b> 19 <b>/</b> 17
		d: Imitted to the facility on	comfort docume TREATI form. T	al and their AR or legal guardian for the care ordered by the physician; consent nted on the INFORMED CONSENT TO MENTS AND MEDICAL/PROTECTIVE QIDP will then develop the restrictive	will be O VE DEVICE ve treatment	t
	Intellectual Disability	ses which included Profound y, Down Syndrome, Dementia irbances, history of Bipolar Explosive Disorder,	prior to	comfort care and present it to the SCC implementation.  of the current practice at Indian River R		l 11/19/17
	both eyes, hypertens		B, the nu Supervis	orses scan any new orders to the RN, QI or II, and other facility nurses. To prevence, upon receipt of a new order for co	IDP, vent	
		aced on Comfort Care without all of the Specially Constituted	care, the RN to er policy, in	Supervisor II will follow-up with the Q isure the steps contained in the end-of- ncluding obtaining approval for treatme	IDP and life care ent from	
	November 20, 2016	al records indicated that on Individual #3 went to the ded abdomen and jaundice.		ially Constituted Committee (SCC) pricentation, have been completed.	л Ю	
	He was discharged a diagnoses of cirrho	on November 23, 2016, with osis of the liver and he is on IDP (Qualified Intellectual	Supervis	y SCC meetings are attended by the sor II. The Supervisor II will ensure r designee presents the restrictive tro		11/19/17

FORM CMS-2567(02-99) Previous Versions Obsolete

Disability Professional) has suspended portions

of his active treatment that involve Individual #3

being ambulatory, standing, moving his wheel

Event ID: SKDN1t

Facility ID: VAICFID72

approval prior to implementation.

plan for comfort care to the SCC for review and

If conlinuation sheet Page 3 of 7

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W 262	portions of his (IPP)  A review of a Restri	ge 3 sically active for other Individual Program Plan. ctive Treatment Plan signed did not include Comfort Care	W:	262			
	A review of the Qua packet indicated the A copy of the "Informand medical/Protect prior to plan writing client and AR or the A copy of the medic Plan Schedule.	med Consent to Treatments tive Devices" form signed by the QIDP and either the					
	A revised (11/1/16) I indicated: All restrict reviewed by the Spethe Department's Re	Rights and Grievances Policy tive treatment plans will be cially Constituted Committee, estrictive Treatment Review Local Human Rights					
	the QIDP and the Rewere asked for infor Specially Constituted Comfort Care Treatr Comfort Care. The s Constituted Committed approved a restrictive Individual #3 on Constituted Committed						
W 333	483.460(c)(2) NURS Nursing services mu	ist include the development,	poli	ian Rive icy by 11	r ICF will develop an end-of-life /8/17 and all facility staff will be y by 11/17/17.		11/19/17

	IT OF OEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILOING		TE SURVEY MPLETEO
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W 262	portions of his (IPP) A review of a Restriand dated 11/29/16 Treatment.  A review of the Quapacket indicated the A copy of the "Informand medical/Protect prior to plan writing client and AR or the A copy of the medical Plan Schedule.  Plan will be reviewed Committee (SCC) positive (SCC) positive and the Lagrangian and the Lagrangian and the Lagrangian interview of the QIDP and the Rewere asked for information Specially Constituted Comfort Care Treatmand Comfort Care. The same constituted Committee Com	sically active for other Individual Program Plan.  ctive Treatment Plan signed did not include Comfort Care lity Assurance (QA) checklist of following:  ned Consent to Treatments in the Devices form signed by the QIDP and either the guardian.  all and protective Devices  d by the Specially Constituted from to implementation.  Rights and Grievances Policy ive treatment plans will be cially Constituted Committee, estrictive Treatment Review Local Human Rights	W	262	
W 333	Individual #3 on Com 483.460(c)(2) NURS	fort Care.	poli	33 an River ICF will develop an end-of-life care cy by 11/8/17 and all facility staff will be trained he policy by 11/17/17.	11/19/17

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11/19/17

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		TE SURVEY MPLETED
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INDIAN RI	VER RESIDENCE B			2533 LIFETIME CIRCLE VIRGINIA BEACH, VA 23456		
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### W 333 Continued From page 4

with a physician, of a medical care plan of treatment for a client when the physician has determined that an individual client requires such a plan.

This STANDARD is not met as evidenced by: Based on a closed record review and staff interview, the facility staff failed to develop a medical care plan for treatment for one individual (Individual #3) in the survey sample of three individuals.

### The findings included:

Individual #3 was admitted to the facility on 9/17/13 with diagnoses which included Profound Intellectual Disability, Down Syndrome, Dementia with behavioral disturbances, history of Bipolar Disorder, History of Explosive Disorder, psychosis, masked Tardive Dyskinesia, blind in both eyes, hypertension and seizures.

Individual #3 was placed on Comfort Care without a medical care plan.

A review of the clinical records indicated that on November 20, 2016, Individual #3 went to the hospital for a distended abdomen and jaundice. He was discharged on November 23, 2016, with a diagnosis of cirrhosis of the liver and he is on comfort care. The QIDP (Qualified Intellectual Disability Professional) has suspended portions of his active treatment that involve Individual #3 being ambulatory, standing, moving his wheel chair and being physically active from other portions of his (IPP) Individual Program Plan.

A Nursing Care Plan signed and dated 11/28/16

### W 333

The end-of-life care policy will then be implemented for any resident of Indian River Residence B when a physician indicates the need for end-of-life care.

The policy will address the regulatory requirements that must be met during end-of-life planning and care, including, but not limited to, development with a physician of a medical care plan for comfort care when that is the decision of the IDT.

The end-of-life care policy will include the following guidance: Following the meeting of the IDT, if it is determined that the individual wishes to remain at the ICF to receive comfort care and the ICF has the service capacity to meet the individual's care needs, a physician's order for comfort care, including parameters, will be obtained. The RN or designee will work with the individual's physician and/or the ICF Medical Director to develop a medical care plan for comfort care treatment. The medical care plan will address the medical treatments and observations that are to be completed by the medical staff and other staff of the facility to meet the needs of the individual.

As part of the current practice at Indian River Residence
B, the nurses scan any new orders to the RN, QIDP,
Supervisor II, and other facility nurses. To prevent
reoccurrence, upon receipt of a new order for comfort
care, the Supervisor II will follow-up with the QIDP and
RN to ensure the steps contained in the end-of-life care
policy, including development with a physician of a
medical care plan for comfort care, have been completed.

Monthly SCC meetings are attended by the Supervisor 11/19/17
II. The Supervisor II will ensure that any restrictive treatment plan for comfort care contains a copy of the physician's order for comfort care, including parameters, as well as information from the medical care plan for comfort care treatment describing the medical

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Event ID: SKDN11

Facility ID: VAICFID72

If continuation sheet Page 5 of 7

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				VIRGINIA BEACH, VA 23456		
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		clinical treatments and		ments and observations that are t	to ha completed	l L.,
		ere to be done by the medical		medical staff and other staff of the	-	•
	staff and other staff of the facility in order to maintain a medically fragile individual as clinically stable as possible.			needs of the individual.	Tacinty to mee	ı
	Individual #3 expire	d of 12/2/16.				
W 368	the QIDP and the R were asked for infor Nursing Care Plan t Comfort Care meas The staff stated, no Comfort Care had b	on 10/4/17 at 2:30 P.M. with Registered Nurse (RN), they rmation indicating that a to include treatment for sures had been developed. Nursing Care Plan to address been developed. G ADMINISTRATION	by 11 polic be in Resid	an River ICF will develop an end-of- 1/8/17 and all facility staff will be train y by 11/17/17. The end-of-life care penplemented for any resident of India dence B when a physician indicates the of-life care.	ned on the olicy will then n River	11/19/17
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	The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.		must inclu for co	policy will address the regulatory req be met during end-of-life planning a ding, but not limited to, obtaining a comfort care treatment, including par s the decision of the IDT.	and care, physician's order	11/8/17 r
,	Based on a closed interview, the facility physician's order for (Individual #3) in the individuals.  The findings include Individual #3 was ad 9/17/13 with diagnos Intellectual Disability with behavioral distu Disorder, History of I	dmitted to the facility on ses which included Profound y, Down Syndrome, Dementia urbances, history of Bipolar Explosive Disorder, Tardive Dyskinesia, blind in	The er guidar detern to rece to mee comfo RN or and/or plan for address to be comfo to	nd-of-life care policy will include the ince: Following the meeting of the ID nined that the individual wishes to releve comfort care and the ICF has the et the individual's care needs, a physicat care, including parameters, will be designee will work with the individual the ICF Medical Director to develop or comfort care treatment. The medical the medical treatments and observe completed by the medical staff and of the to meet the needs of the individual.	T, if it is emain at the ICF eservice capacity cian's order for obtained. The nal's physician p a medical care cal care plan will ations that are ther staff of the	i

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFILE	NO FOR MEDICARE	& MEDICAID SERVICES				OMB NO	<u>. 0938-039</u>
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		clinical treatments and			and observations that are to be	complete	J h
	observation that we	re to be done by the medical			al staff and other staff of the facil	-	4
	staff and other staff of the facility in order to maintain a medically fragile individual as clinically stable as possible.				of the individual.	ity to mee	
	Individual #3 expire						
W 368	the QIDP and the R were asked for infor Nursing Care Plan t Comfort Care meas The staff stated, no Comfort Care had b	•	by 11/ policy be im Reside end-o	/8/17 a by 11 pleme ence E f-life a	or ICF will develop an end-of-life ca and all facility staff will be trained o 1/17/17. The end-of-life care policy ented for any resident of Indian Rive B when a physician indicates the nee care.	n the will then er	11/19/17
VV 300	463.460(K)(T) DRUC	ADMINISTRATION	W 3	38			
	that all drugs are ad the physician's order		must l includ for co	oe me ing, b mfort	will address the regulatory requirem t during end-of-life planning and ca ut not limited to, obtaining a physic care treatment, including paramete ecision of the IDT.	ıre, cian's order	11/8/17
	Based on a closed r interview, the facility physician's order for	not met as evidenced by: record review and staff staff failed to have a treatment for one individual survey sample of three	guidano determi to recei to meet	e: Fo ined t ve cor the ir	ife care policy will include the following the meeting of the IDT, if is hat the individual wishes to remain infort care and the ICF has the servindividual's care needs, a physician's	t is at the ICF ce capacity order for	11/19/17
	The findings included	d:	RN or c	lesign	including parameters, will be obtain ee will work with the individual's p	hysician	
; ; !	9/17/13 with diagnos Intellectual Disability, with behavioral distur Disorder, History of E	ardive Dyskinesia, blind in	plan for address to be co	the model	CF Medical Director to develop a moter fort care treatment. The medical can nedical treatments and observations ted by the medical staff and other stet the needs of the individual.	e plan will that are	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NIJMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NIJMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		49G061	B. WING		10/05/2017
NAME OF PRO	OVIDER OR SUPPLIER			STREET AODRESS, CITY, STATE, ZIP CODE	
INDIAN RIV	'ER RESIDENCE B			2533 LIFETIME CIRCLE VIRGINIA BEACH, VA 23456	
(X4) ID PREFIX TAG	(EACH OEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC ( (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION

### W 368 Continued From page 6

a physician's order.

A review of the clinical records indicated that on November 20, 2016, Individual #3 went to the was discharged on November 23, 2016, with a diagnoses of cirrhosis of the liver and he is on comfort care. The QIDP (Qualified Intellectual Disability Professional) has suspended portions of his active treatment that involve Individual #3 being ambulatory, standing, moving his wheel chair and being physically active from other portions of his (IPP) Individual Program Plan.

A review of the closed clinical records did not indicate a physician's order for Comfort Care had been obtained for Individual #3.

Individual #3 expired of 12/2/16.

During an interview on 10/4/17 at 2:30 P.M. with the QIDP and the Registered Nurse (RN), they were asked for information indicating that a Care measures had been obtained. The staff placing Individual #3 on Comfort Care.

#### W 368

As part of our current practice at Indian River Residence B, Individual #3 was placed on Comfort Care without the nurses scan completed Medical Consultation forms and physician's orders to the RN, QIDP, Supervisor II, and other facility nurses following each medical visit and whenever there is a new order. Upon receipt, the Supervisor II will review all new recommendations on the Medical Consult form and any hospital for distended abdomen and jaundice. He new orders. To prevent reoccurrence, if the physician indicates the need for end-of-life care, the Supervisor II will check with the RN and QIDP to ensure the steps in the end-oflife care policy are being implemented. The end-of-life care policy will include the following guidance: Whenever possible, the legal guardian or authorized representative (AR) will be encouraged to attend visits with the physician to discuss the individual's specific needs and options for care. The Interdisciplinary Team (IDT) will meet promptly to make decisions about end-of life care that best meet the individual's care needs and the wishes of the individual and their AR or legal guardian. Following the meeting of the IDT, if it is determined that the individual wishes to remain at the ICF to receive comfort care and the ICF has the service capacity to meet the individual's care needs, a physician's order for comfort care, including parameters, will be obtained. The RN or designee will work with the individual's physician and/or the ICF Medical Director to develop a medical care plan for Physician's order to include treatment for Comfort comfort care treatment. The medical care plan will address the medical treatments and observations that are to be completed stated, no Physician's order was obtained prior to by the medical staff and other staff of the facility to meet the needs of the individual.

> Monthly SCC meetings are attended by the Supervisor II. The 11/19/17 Supervisor II will ensure that any restrictive treatment plan for comfort care contains a copy of the physician's order for comfort care, including parameters, as well as information from the medical care plan for comfort care treatment describing the medical treatments and observations that are to be completed by the medical staff and other staff of the facility to meet the needs of the individual.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: SKDN11

Facility ID: VAICFID72

If continuation sheet Page 7 of 7

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