STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G061	A. BUILDING _____ B. WING _____	10/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIAN RIVER RESIDENCE B	2533 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 annual fundamental Medicaid survey was conducted on 10/03/17 through 10/05/17. 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 a closed record review and staff interview, the facility staff failed to obtain consent 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,	W 124	Indian River ICF will develop a policy addressing end-of-life care. Specifically, the policy will address the steps to be taken when an individual's physician indicates that the individual is approaching death and plans must be made 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, those cited in this Statement of Deficiencies Report: obtaining a physician's order for treatment, development with a physician of a medical care plan, obtaining consent for treatment, and obtaining approval for treatment from the Specially Constituted Committee (SCC). The end-of-life care policy will include the following guidance: 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, whenever possible. 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	11/8/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Supervisor II	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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) 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

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INDIAN RIVER RESIDENCE B	2533 LIFETIME CIRCLE VIRGINIA BEACH, VA 23456

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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. 11/19/17

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. 11/19/17

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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INDIAN RIVER RESIDENCE B	2533 LIFETIME CIRCLE VIRGINIA BEACH, VA 23456

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W 262	483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on a closed record review and staff interview, the facility staff failed to obtain approval of the Specially Constituted Committee for comfort care 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 consent and approval of the Specially Constituted Committee. 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	W 262	Indian River ICF will develop an end-of-life care policy 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. The policy will address the regulatory requirements that must be met during end-of-life planning and care, including, but not limited to, obtaining approval for treatment from the Specially Constituted Committee (SCC). The end-of-life care policy will include the following guidance: 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. 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 approval for treatment from the Specially Constituted Committee (SCC) prior to implementation, have been completed. Monthly SCC meetings are attended by the Supervisor II. The Supervisor II will ensure 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 11/19/17 11/19/17

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W 262	Continued From page 3 chair and being physically active for other portions of his (IPP) Individual Program Plan. A review of a Restrictive Treatment Plan signed and dated 11/29/16 did not include Comfort Care Treatment. A review of the Quality Assurance (QA) checklist packet indicated the following: A copy of the "Informed Consent to Treatments and medical/Protective Devices" form signed prior to plan writing by the QIDP and either the client and AR or the guardian. A copy of the medical and protective Devices Plan Schedule. Plan will be reviewed by the Specially Constituted Committee (SCC) prior to implementation. A revised (11/1/16) Rights and Grievances Policy indicated: All restrictive treatment plans will be reviewed by the Specially Constituted Committee, the Department's Restrictive Treatment Review Committee and the Local Human Rights Committee, if applicable. 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 the Specially Constituted Committee had approved Comfort Care Treatment prior to being placed on Comfort Care. The staff stated, the Specially Constituted Committee had not reviewed or approved a restrictive treatment plan to place Individual #3 on Comfort Care.	W 262		
W 333	483.460(c)(2) NURSING SERVICES Nursing services must include the development,	W 333	Indian River ICF will develop an end-of-life care policy by 11/8/17 and all facility staff will be trained on the policy by 11/17/17.	11/19/17

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W 262	Continued From page 3 chair and being physically active for other portions of his (IPP) Individual Program Plan. A review of a Restrictive Treatment Plan signed and dated 11/29/16 did not include Comfort Care Treatment. A review of the Quality Assurance (QA) checklist packet indicated the following: A copy of the "Informed Consent to Treatments and medical/Protective Devices" form signed prior to plan writing by the QIDP and either the client and AR or the guardian. A copy of the medical and protective Devices Plan Schedule. Plan will be reviewed by the Specially Constituted Committee (SCC) prior to implementation. A revised (11/1/16) Rights and Grievances Policy indicated: All restrictive treatment plans will be reviewed by the Specially Constituted Committee, the Department's Restrictive Treatment Review Committee and the Local Human Rights Committee, if applicable. 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 the Specially Constituted Committee had approved Comfort Care Treatment prior to being placed on Comfort Care. The staff stated, the Specially Constituted Committee had not reviewed or approved a restrictive treatment plan to place Individual #3 on Comfort Care.	W 262		
W 333	483.460(c)(2) NURSING SERVICES Nursing services must include the development,	W 333	Indian River ICF will develop an end-of-life care policy by 11/8/17 and all facility staff will be trained on the policy by 11/17/17.	11/19/17

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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. 11/8/17

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. 11/19/17

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. 11/19/17

Monthly SCC meetings are attended by the Supervisor 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 11/19/17

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W 333	Continued From page 5 did not address the clinical treatments and observation that were to be done by the medical staff and other staff of the facility in order to maintain a medically fragile individual as clinically stable as possible. 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 Nursing Care Plan to include treatment for Comfort Care measures had been developed. The staff stated, no Nursing Care Plan to address Comfort Care had been developed.	W 333	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. Indian River ICF will develop an end-of-life care policy 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.	11/19/17
W 368	483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on a closed record review and staff interview, the facility staff failed to have a physician's order 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.	W 368	The policy will address the regulatory requirements that must be met during end-of-life planning and care, including, but not limited to, obtaining a physician's order for comfort care treatment, including parameters, 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.	11/8/17 11/19/17

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W 333	Continued From page 5 did not address the clinical treatments and observation that were to be done by the medical staff and other staff of the facility in order to maintain a medically fragile individual as clinically stable as possible. 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 Nursing Care Plan to include treatment for Comfort Care measures had been developed. The staff stated, no Nursing Care Plan to address Comfort Care had been developed.	W 333	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. Indian River ICF will develop an end-of-life care policy 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.	11/19/17
W 368	483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on a closed record review and staff interview, the facility staff failed to have a physician's order 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.	W 368	The policy will address the regulatory requirements that must be met during end-of-life planning and care, including, but not limited to, obtaining a physician's order for comfort care treatment, including parameters, 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.	11/8/17 11/19/17

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INDIAN RIVER RESIDENCE B	2533 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 368	Continued From page 6 Individual #3 was placed on Comfort Care without a physician's order. A review of the clinical records indicated that on November 20, 2016, Individual #3 went to the hospital for 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 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 Physician's order to include treatment for Comfort Care measures had been obtained. The staff stated, no Physician's order was obtained prior to placing Individual #3 on Comfort Care.	W 368	As part of our current practice at Indian River Residence B, 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 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-of-life 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 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. Monthly SCC meetings are attended by the Supervisor 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 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.	11/19/17