STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G051	A. BUILDING _____ B. WING _____	04/25/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE HOUSE	154 CHARLOTTE AVENUE LA CROSSE, VA 23950

(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 An unannounced Fundamental Medicaid re-certification survey was conducted 04/24/18 through 04/25/18. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). The Life Safety Code survey/report will follow. No complaints were investigated during the survey. The census in this 8 certified bed facility was 7 at the time of the survey. The survey sample consisted of 4 Individual reviews (Individuals 1 through 4).	W 000		
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) 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 staff interview and clinical record review, the facility staff failed to ensure consent was obtained prior to the implementation of a restrictive measure for one of 4 individuals, Individual # 1. Individual # 1 was prescribed an increase in an antipsychotic for behavioral management, without obtaining consent from the individual's AR (authorized representative). Findings include: Individual #1 was admitted to the facility on	W 263		

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 263	Continued From page 1	W 263		

07/01/17. Diagnoses for Individual #1 included, but were not limited to mild, mental intellectual disability, seizure disorder, insomnia, and communication deficit.

During clinical record review on 04/25/18, the Individual's SCC (specially constituted committee) meetings were reviewed. The Individual had one review on 07/25/18 which included the medication Seroquel 200 mg (milligrams) QHS (every night) as part of the behavioral plan. No other SCC meetings were documented for this Individual.

Physician's orders for April 2018 were reviewed and revealed that the medication Seroquel had been increased to 300 mg QHS.

On 04/25/18 at approximately 12:30 p.m., LPN (Licensed Practical Nurse) # 1 was interviewed and asked if the Individual's AR (authorized representative) gave consent for the medication increase. The LPN stated, "Yes." The LPN was asked for the documentation. The LPN stated that the AR was informed via telephone and gave consent verbally over the phone. The LPN was asked for that documentation. The LPN presented a nursing note dated 01/03/18, which documented: "...Sister [name of sister/AR] was made aware of this change."

The QIDP (Qualified Intellectual Disability Professional) was asked about a written consent for Individual #1. The QIDP stated that they [the facility] will get verbal consent, but did not have a form.

The QIDP, LPN and the supervisor were made aware that an informed consent is given in writing of the specific restrictive measure and/or

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W 263	Continued From page 2 treatment, along with risks versus benefits and has to be obtained prior to the initiation of said restrictive measure prior to implementation of the restrictive measure. The QIDP, LPN and supervisor were made aware of concerns regarding this in a meeting 04/25/18 at approximately 1:00 p.m. No further information and/or documentation was presented prior to the exit conference on 04/25/18 to evidence that Individual # 1's AR was informed in writing prior to the implementing of the psychotropic medication increase.	W 263		
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observation, staff interview and facility document review, the facility staff failed to ensure infection control practices were followed during a medication pass and pour observation. The facility staff touched medication with bare hands during a medication pass and pour observation prior to administration. Findings include: On 04/25/18 at 7:15 a.m., RT (residential tech/med aide) prepared medications for administration for Individual # 1. The RT removed five medication cards from the drawer and placed them on top of the medication cart.	W 454		

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W 454	Continued From page 3 The RT then punched one pill from one card into her bare hand and then placed the pill into the plastic medication dispensing cup. The RT did this with each of the medications (fives times) each time, touching the pill with her bare hand before placing the pill into the cup prior to administration. At approximately 2:00 p.m., the QIDP (Qualified Intellectual Disability Professional) and the supervisor were made aware of the above observation and a policy was requested at this time. The QIDP and the supervisor both stated that the proper technique is punch the card over top of the plastic medication dispensing cup and not to touch any medications. A policy was presented and reviewed and documented, "...POURING/PREPARING MEDICATIONS...if pill falls to floor or is contaminated, follow facility policy...NEVER USE A CONTAMINATED PILL...NEVER TOUCH THE PILL WITH YOUR HANDS..." No further information and/or documentation was presented prior to the exit on 04/25/18.	W 454		