

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

PRINTED: 10/19/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G032	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/11/2017
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NAME OF PROVIDER OR SUPPLIER

MOUNTAIN VIEW ICFMR

STREET ADDRESS, CITY, STATE, ZIP CODE

PO BOX 615

KEEN MOUNTAIN, VA 24624

(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
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W 000 INITIAL COMMENTS

W 000

11-8-17

An unannounced annual Medicaid ICF/ID recertification survey was conducted 10/11/17. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for the Intellectually Disabled. The Life Safety Code survey report will follow.

The census in this 8 certified bed facility was 8 Individuals at the time of survey. The survey sample consisted of 4 current Individual reviews (Individuals #1 through #4).

W 159 483.430(a) QIDP

Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. This STANDARD is not met as evidenced by:
Based on observation, Resident interview, staff interview, and clinical record review, the QIDP (qualified intellectual disabilities professional) failed to ensure that direct support staff implemented physician's orders for (1 of 4 Individuals) in the survey sample, Individual #2.

The findings included:

The facility direct support staff failed to apply TED hose as ordered by physician on Individual #2.

Individual # 2 was admitted to the group home on 10/1/15. Diagnosis included but were not limited to: Mild Intellectual Disability, Congestive Heart Failure, Systolic Heart Murmur, history of Deep Vein Thrombosis in right leg (2009), Large Blood Clot of right leg with diagnosis on 6/14/17. Inferior Vena Cava filter placement in right leg on 6/26/17.

W 159 On 10/17/17, QIDP met with the Facility Manager, Senior Team Leader and Team Leader to discuss individual #2's order for TED hose and the best way to ensure daily documentation from direct care staff on the daily implementation of the physician order. It was decided to add TED hose to individual #2's a.m. medication administration sheet for direct care staff to document every morning if he has them on or if he refused. The QIDP will continue to monitor staff's daily documentation of TED hose as ordered by the physician. The QIDP will also continue providing documentation to the facility manager stating her findings.

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

TITLE

(X6) DATE

Andrea Rye

Facility Manager

11-8-17

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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W 159	Continued From page 1		W 159		11-8-17
	<p>On 10/11/17 at 9:42am clinical record was reviewed. The 90 day renewal of orders that was signed by the physician on 10/3/17 included an order for "TED hose". Upon further review of the clinical record, the surveyor noted documentation in the Interdisciplinary Notes dated 8/19/17 at 3:00. Documentation stated that "Individual #2 was weighed today at 10:00am". "Staff noticed a significant weight gain of 13 lbs. since last week". "Staff weighed Individual #2 again and it was the same". "Staff then noticed that Individual #2's right leg was a lot bigger than the other". Individual #2 was sent to the emergency room on 8/19/17 for evaluation.</p> <p>On 8/21/17 the Attending physician wrote orders "to apply elastic stockings to both legs". Individual # 2 current ISP included the plan "Implement measures to prevent thrombus formation". "Apply anti embolism stockings as ordered by physician".</p> <p>On 10/11/17 at 2:15pm surveyor observed Individual #2 sitting in his wheelchair wearing black socks with tennis shoes. Individual #2 independently lifted the leg of his pants at the request of the surveyor. Surveyor noted that TED hose were not in place on both legs as ordered by the physician.</p> <p>On 10/11/17 at 2:30pm surveyor asked the facility manager for documentation of application of TED hose in the treatment record. Facility manager stated that they do not document on TED hose.</p> <p>On 10/11/17 at 3:10pm the facility manager was notified of the statements above. Facility manager stated that Individual #2 sometimes refuses to wear TED hose, but staff should be documenting</p>				

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W 159 Continued From page 2
the refusal.

W 159

11-8-17

On 10/11/17 at 3:15pm 2 surveyors spoke with Individual #2 regarding his TED hose. Individual #2 stated "They didn't put them on me this morning".

On 10/11/17 at 3:40pm surveyor reviewed the clinical record starting from 8/21/17 the day the attending physician initially wrote the order for compression stockings to both legs to the present date. There was only one documented notation of refusal to wear TED hose on 8/24/17 at 9:10pm

On 10/11/17 at 3:54pm surveyor spoke with RT#1(residential technician) who stated that she had gotten Individual #2 dressed on the morning of 10/11/17. Surveyor asked RT#1 why TED hose were not applied on both legs of Individual #2 as ordered by physician? RT #1 stated that Individual #2 refused to wear TED hose on 10/11/17 and that "he refuses them a lot". RT#1 was made aware by surveyor that there was no documentation of refusal to wear TED hose on 10/11/17.

No further information regarding this issue was provided to the survey team prior to the exit conference.

W 331 483.460(c) NURSING SERVICES

W 331

The facility must provide clients with nursing services in accordance with their needs.

This STANDARD is not met as evidenced by:
Based on observation, Resident interview, staff interview, and clinical record review, the facility

*TED hose was added by the facility nurse to individual #2's a.m.
Medication administration sheet for daily documentation of application.
Daily documentation by direct care staff began on the morning of 10/18/17.*

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W 331	<p>Continued From page 3</p> <p>staff failed to follow physicians orders for (1 of 4 Individuals) in the survey sample, Individual #2.</p> <p>The findings included:</p> <p>For Individual #2 the facility direct support staff failed to apply physician ordered TED hose.</p> <p>Individual # 2 was admitted to the group home on 10/1/15. Diagnosis included but were not limited to: Mild Intellectual Disability, Congestive Heart Failure, Systolic Heart Murmur, history of Deep Vein Thrombosis in right leg (2009), Large Blood Clot of right leg with diagnosis on 6/14/17; Inferior Vena Cava filter placement in right leg on 6/26/17.</p> <p>On 10/11/17 at 9:42am clinical record was reviewed. The 90 day renewal of orders that was signed by the physician on 10/3/17 included an order for "TED hose". Upon further review of the clinical record, the surveyor noted documentation in the Interdisciplinary Notes dated 8/19/17 at 3:00. Documentation stated that "Individual #2 was weighed today at 10:00am". "Staff noticed a significant weight gain of 13 lbs. since last week". "Staff weighed Individual #2 again and it was the same". "Staff then noticed that Individual #2's right leg was a lot bigger than the other". Individual #2 was sent to the emergency room on 8/19/17 for evaluation.</p> <p>On 8/21/17 the Attending physician wrote orders "to apply elastic stockings to both legs". Individual # 2 current ISP included the plan "Implement measures to prevent thrombus formation". "Apply anti embolism stockings as ordered by physician".</p> <p>On 10/11/17 at 2:15pm surveyor observed</p>		W 331	<p>Individual #2's TED hose will remain on the a.m. medication Administration sheet to ensure daily documentation. The facility nurse has and will continue to stress to the individual and staff the importance of wearing his TED hose as ordered.</p>	11-8-17

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W 331	<p>Continued From page 4</p> <p>Individual #2 sitting in his wheelchair wearing black socks with tennis shoes. Individual #2 independently lifted the leg of his pants at the request of the surveyor. Surveyor noted that TED hose were not in place on both legs as ordered by the physician.</p> <p>On 10/11/17 at 2:30pm surveyor asked the facility manager for documentation of application of TED hose in the treatment record. Facility manager stated that they do not document on TED hose</p> <p>On 10/11/17 at 3:10pm the facility manager was notified of the statements above. Facility manager stated that Individual #2 sometimes refuses to wear TED hose, but staff should be documenting the refusal.</p> <p>On 10/11/17 at 3:15pm 2 surveyors spoke with Individual #2 regarding his TED hose. Individual #2 stated "They didn't put them on me this morning".</p> <p>On 10/11/17 at 3:40pm surveyor reviewed the clinical record starting from 8/21/17 the day the attending physician initially wrote the order for compression stockings to both legs to the present date. There was only one documented notation of refusal to wear TED hose on 8/24/17 at 9:10pm</p> <p>On 10/11/17 at 3:54pm surveyor spoke with RT#1(residential technician) who stated that she had gotten Individual #2 dressed on the morning of 10/11/17. Surveyor asked RT#1 why TED hose were not applied on both legs of Individual #2 as ordered by physician? RT #1 stated that Individual #2 refused to wear TED hose on 10/11/17 and that "he refuses them a lot". RT#1 was made aware by surveyor that there was no</p>		W 331		11-8-17

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W 331 Continued From page 5
documentation of refusal to wear TED hose on
10/11/17.

No further information regarding this issue was
provided to the survey team prior to the exit
conference.

W 331

11-8-17

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