

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

PRINTED: 02/06/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 490080	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/31/2019
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NAME OF PROVIDER OR SUPPLIER INDIAN RIVER RESIDENCE - A	STREET ADDRESS, CITY, STATE, ZIP CODE 2626 LIFETIME CIRCLE VIRGINIA BEACH, VA 23456
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(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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E 000 Initial Comments E 000

An unannounced Emergency Preparedness survey was conducted 1/30/19 through 1/31/19. The facility was in substantial compliance with 42 CFR Part 483.73, 483.475, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities.

No emergency preparedness complaints were investigated during the survey.

W 000 INITIAL COMMENTS W 000

An unannounced Fundamental Medicaid re-certification survey was conducted 1/30/19 through 1/31/19. 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 5 certified bed facility was 5 at the time of the survey. The survey sample consisted of 3 Individual reviews (Individuals #1 through #3).

W 251 PROGRAM IMPLEMENTATION W 251
CFR(s): 483.440(d)(3)

Except for those facets of the individual program plan that must be implemented only by licensed personnel, each client's individual program plan must be implemented by all staff who work with the client, including professional, paraprofessional and nonprofessional staff.

This STANDARD is not met as evidenced by:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Tom Hoch</i>	TITLE <i>ICF Administrator</i>	(X6) DATE 2/22/19
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her 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 251 Continued From page 1

Based on observation, staff interviews, and clinical record review, the facility staff failed to implement an Individual Program Plan (IPP) for one Individual (Individual #2), of 3 Individuals in the survey sample.

The facility staff failed to ensure Individual #2 received nectar thick liquids during the midday meal on 1/31/19.

The findings included:

Individual #2 was originally admitted to the facility 11/21/13. The current diagnoses included; profound intellectual disability, cerebral palsy with spastic quadriplegia and a seizure disorder.

Individual #2 Physician's order summary for 1/2019, revealed an order for a puree low fat diet with nectar thick liquids.

The registered Dietitian assessment dated 9/4/18, aspiration risk; diet ordered puree, low fat with nectar thick liquids.

Individual #2 cycle menu read; puree, low fat, less than 300 milligrams of cholesterol, puree snack hour of sleep, Boost supplement when less than 50% of the meal is consumed or refused meal. 2 ounces of Fibersource daily, Kefir once a day with nectar thickened liquids. Provide small portions and water or calorie free beverages with meals.

The Individual Program Plan (IPP) dated 9/5/18, read; (name of resident) will be offered thickened fluids 50 ounces throughout the day and water 8 ounces, 8 times per day. Pour drink in small tumbler cup ¼-½ full and refill as needed.

W 251 On 2/6/19, the facility's QIDP and Supervisor II met with the Indian River staff who were working in Residence A during the unannounced survey to review the deficiencies, as well as other recommendations shared by the Surveyors. The QIDP reviewed the diet order, including fluid consistency, of Individual #2, as well as the diet orders of all other residents of the facility. She reminded staff that the current diet order may be found along the top of each individual's cycle menu. This information will also be reviewed with all facility staff at the upcoming February staff meeting on 2/27/19.

As part of the current practice at Indian River Residence A, the QIDP provides training to all facility staff on each individual's treatment plan, including the individual's diet order. This training occurs annually and whenever there is a change. In monthly supervision meetings with the facility's direct care staff throughout the month of February, the House Manager will review each resident's diet order and have staff demonstrate that they know where that information can be found.

To ensure diet orders are consistently being followed, effective immediately, the QIDP, House Manager, and/or the Behavioral Specialist will regularly monitor mealtimes. Monitoring of mealtimes will take place at least three times per week to ensure diet orders are being followed and eating programs are being implemented as written. The observations will take place across shifts and with varying staff. In addition, the Supervisor II will complete spot-checks of meal preparation and mealtimes at least monthly to ensure compliance.

2/28/19

2/28/19

Ongoing

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W 251 Continued From page 2

W 251

On 1/31/19 at approximately 12:50 p.m., DSP #5 was observed preparing Individual #2 meal. She poured bottled water into the tumbler, no thick-it was added and served it along with her pureed meal.

On 1/31/19 at approximately 12:50 p.m., Individual #2 was observed seated at the dining table with her peers for the midday meal. Direct Support Personnel (DSP) #4 sat with her to assist with the meal. DSP # 4 gave Individual #2 a drink from her cup, the individual began to cough, DSP #4 looked at what was in the cup and informed DSP #5 the water was not thickened, DSP #5 put some thickener in the cup but DSP #4 got up and thickened the water further. DSP #4 proceeded to aid Individual #2 to complete her meal with no further coughing episodes.

An interview was conducted with DSP #2, on 1/31/19 at approximately 3:45 p.m., she stated the staff assigned to meal preparation is responsible for ensuring the individual's diet served is what's ordered. She further stated all information regarding the meal is on the individual's personal menu. DSP #2 stated she was a full time staff and the staff assisting with helping the individuals with their meal was full time and the part time staff prepared the meal at midday.

An interview was conducted with DSP #4, on 1/31/19 at approximately 3:50 p.m., she stated when Individual #2 began to cough she looked in her cup because she knew she couldn't tolerate thin liquids. She stated the water was thin and she knew she had to get it thickened to prevent the individual from choking.

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W 251 Continued From page 3
The above findings were shared with the Supervisor II, Administrator and Nurse Manager on 1/31/19 at approximately 5:05 p.m. The Supervisor stated dietary instructions are on the individual's cycle menu and they are available for staff use during all meal preparation.

The facility's policy titled "Meal Service" dated 11/19/12 read; it is the policy of the (name of the company) to ensure individuals receive an appropriate diet to assist them in maintaining an ideal body weight and address any health concerns. Under Dining Area and Service #4 read; staff will provide supervision during meal times to ensure safety, adequate intake and implement individual eating programs.

W 331 NURSING SERVICES
CFR(s): 483.460(c)

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

This STANDARD is not met as evidenced by: Based on observation, staff interviews, and clinical record review, the facility staff failed to notify nursing staff of an event which could result in a change in condition and/or require additional interventions for one individual, (Individual #2), of three individuals in the survey sample.

The facility staff failed to notify nursing staff that Individual #2 received thin liquids which caused coughing; when she should have received nectar thickened liquids.

The findings included:

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NAME OF PROVIDER OR SUPPLIER INDIAN RIVER RESIDENCE - A	STREET ADDRESS, CITY, STATE, ZIP CODE 2525 LIFETIME CIRCLE VIRGINIA BEACH, VA 23466
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W 331 Continued From page 4

Individual #2 was originally admitted to the facility 11/21/13. The current diagnoses included; profound intellectual disability, cerebral palsy with spastic quadriplegia and a seizure disorder.

Individual #2 Physician's order summary for 1/2019, revealed an order for a puree low fat diet with nectar thick liquids.

The registered Dietitian assessment dated 9/4/18, aspiration risk; diet ordered puree, low fat with nectar thick liquids.

Individual #2 cycle menu read; puree, low fat, less than 300 milligrams of cholesterol, puree snack hour of sleep, Boost supplement when less than 50% of the meal is consumed or refused meal. 2 ounces of Fibersource daily, Kefir once a day with nectar thickened liquids. Provide small portions and water or calorie free beverages with meals.

The Individual Program Plan (IPP) dated 9/5/18, read; (name of resident) will be offered thickened fluids 50 ounces throughout the day and water 8 ounces, 8 times per day. Pour drink in small tumbler cup ¼ - ½ full and refill as needed.

On 1/31/19 at approximately 12:50 p.m., DSP #5 was observed preparing Individual #2 meal. She poured bottled water into the tumbler, no thick-it was added and served it along with her pureed meal.

On 1/31/19 at approximately 12:50 p.m., Individual #2 was observed seated at the dining table with her peers for the midday meal. Direct Support Personnel (DSP) #4 sat with her to assist with the meal. DSP # 4 gave Individual #2 a drink from her cup, the individual began to cough, DSP

W 331

On 2/6/19, the facility's QIDP and Supervisor II met with the Indian River staff who were working in Residence A during the unannounced survey. The QIDP reviewed the requirement to immediately notify nursing staff of any event which could result in a change in condition and/or require additional interventions for Individual #2, as well as all other residents of the facility. Staff were reminded of their responsibility to recognize and immediately report to a licensed nurse any situation that may lead to complications so the individual may be monitored. Staff were also instructed to document the information on the Shift Report so that it may be passed on to oncoming shifts. The above information, as well as examples of various events which must be immediately reported to a nurse, will be reviewed with all facility staff at the upcoming February staff meeting on 2/27/19.

As part of the current practice at Indian River Residence A, the QIDP and/or the Supervisor II provide training to all facility staff at least annually, which addresses ICF/IID regulations, program implementation, and program documentation. Information regarding the requirement to immediately notify nursing staff of any event which could result in a change in condition and/or require additional interventions, including examples of such events, as well as the requirement to document that information on the shift report, will be added to the PowerPoint training. The PowerPoint training will be reviewed with all facility staff at the upcoming February staff meeting on 2/27/19 and at least annually thereafter.

2/28/19

2/28/19

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W 331 Continued From page 5

#4 looked at what was in the cup and informed DSP #5 the water was not thickened, DSP #5 put some thickener in the cup but DSP #4 got up and thickened the water further. DSP #4 proceeded to aid Individual #2 to complete her meal with no further coughing episodes.

An interview was conducted with DSP #2, on 1/31/19 at approximately 3:45 p.m., she stated the staff assigned to meal preparation is responsible for ensuring the individual's diet served is what's ordered. She further stated all information regarding the meal is on the individual's personal menu. DSP #2 stated she was a full time staff and the staff assisting with helping the individuals with their meal was full time and the part time staff prepared the meal at midday.

An interview was conducted with DSP #4, on 1/31/19 at approximately 3:50 p.m., she stated when Individual #2 began to cough she looked in her cup because she knew she couldn't tolerate thin liquids. She stated the water was thin and she knew she had to get it thickened to prevent the individual from choking. DSP #4 stated the nurse was next door but she had not been notified of the coughing episode.

The above findings were shared with the Supervisor II, Administrator and Nurse Manager on 1/31/19 at approximately 5:05 p.m. The Nurse Manager stated the Individual always coughs when eating that may have been the reason the staff didn't notify the licensed nurse. The Nurse Manager stated it was important for the information to be shared with the licensed nurse because complications may arise.

W 331

Instructions on the Shift Report form have been revised to instruct staff to immediately notify nursing staff of any event which could result in a change in condition and/or require additional interventions, as well as to document the information on the Shift Report so that it may be passed on to oncoming shifts.

Shift Report occurs each shift between the oncoming and outgoing nurses and DSP staff. Starting immediately, to monitor that nursing staff are consistently being notified of events which could result in a change in condition and/or require additional interventions, the staff person conducting Shift Report will ask all staff in attendance to confirm that they have informed a nurse and documented any such events.

A check box has been added to the Shift Report form to record that this discussion occurs each shift.

If found that any staff person has not immediately notified nursing staff of an event which could result in a change in condition and/or require additional interventions, the staff person will promptly receive re-training on this requirement from the Supervisor II or RN.

2/22/19

ongoing

2/22/19

ongoing

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W 331 Continued From page 6
The facility's policy titled "Acute and Chronic Health Conditions" dated 9/18/17 read; procedure "a" read; all staff is responsible for recognizing and reporting the health care needs of each individual and following the plan developed by the interdisciplinary team to address chronic conditions and follow preventative practices. Procedure "b" the policy read; all staff is responsible for recognizing acute conditions and immediately reporting including calling 911.

W 331

W 434 FLOORS
CFR(s): 483.470(f)(3)

W 434

The facility must have exposed floor surfaces and floor coverings that promote maintenance of sanitary conditions.

This STANDARD is not met as evidenced by:
Based on observations and staff interview, the facility staff failed to ensure the environment was maintained in a sanitary condition

The facility staff failed to ensure the kitchen floors were without a build-up of debris at the baseboards and behind the trash can.

The findings include:

After the meal observation on 1/30/19 at approximately 7:00 p.m., an observation of the kitchen was made; a large amount of dark debris was noted on the white baseboards making them appear to have a dark greasy substance. This same substance was observed behind the trash can and throughout the kitchen floors.

On 1/31/19, at approximately 9:00 a.m., the

On 2/5/19, the Supervisor II met with the supervisors of the facility's cleaning company to discuss concerns regarding the cleanliness of the kitchen flooring, including the waxy build-up observed along the baseboards, behind the trash can, and throughout the kitchen floors. Within the coming week, the cleaning company's floor crew will strip the floors to remove the excess wax that is causing the floors to appear to have a dark greasy substance. Once the wax build-up has been removed, the cleaning company will use only non-wax products for regular mopping of the floor and will continue its current schedule of buffing the floors monthly.

2/15/19

The cleaning company submitted an action plan to improve and maintain the cleanliness of the kitchen. The action plan entails an initial deep cleaning of the kitchen, including removal of the waxy build-up on the baseboards and from the floorboards where the cabinets meet the floor, as well as cleaning of the walls, cabinets and appliances. This initial deep cleaning will take place within one week.

2/15/19

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W 434 Continued From page 7
kitchen floors remained with the same debris as the day before.

An interview was conducted with Direct Support Personnel (DSP) #1 on 1/31/19 at approximately 3:20 p.m. DSP #1 stated 3 days per week a cleaning person comes in to clean the floors.

The above findings were shared with the Supervisor II, Administrator and Nurse Manager on 1/31/19 at approximately 5:05 p.m. The Administrator stated the Supervisor II had identified the floor and baseboards needed servicing.

The facility's policy titled "Physical Environment" dated 4/21/17 read at procedure 8; maintenance and/or cleaning will be performed as needed to ensure safe and sanitary conditions of the residence. Under floors #3 read; Floors at the facility will be evaluated on a monthly basis by the House Manager or designee. Maintenance and/or cleaning will be performed as needed to ensure safe and sanitary conditions of the residence.

W 434

Effective immediately, the House Manager and/or Supervisor II will check the cleanliness of the kitchen floor weekly and inform the supervisors of the cleaning company if there are any cleanliness concerns that need to be promptly addressed.

In addition, checking the cleanliness of the floors and baseboards throughout the house has been added to the facility's Maintenance Checklist, which is completed monthly by assigned staff. The assigned staff will be made aware of this addition to the Maintenance Checklist and asked to report any cleanliness concerns to a facility supervisor.

The facility supervisor will immediately address any cleanliness concerns with the supervisors of the cleaning company.

2/15/19

2/15/19

Ongoing

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 observations and staff interview, the facility staff failed to ensure food was stored in a sanitary condition

The facility staff failed to keep the refrigerator and freezer free of debris.

W 454

On 2/5/19, the facility's Supervisor II met with the supervisors of the cleaning company to discuss concerns regarding the cleanliness of the refrigerator, freezer, and the kitchen flooring, including the waxy build-up observed along the baseboards, behind the trash can, and throughout the kitchen floors. Within the coming week, the cleaning company's floor crew will strip the floors to remove the excess wax that is causing the floors to appear to have a dark greasy substance.

2/15/19

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W 454	Continued From page 8	W 454		
	The findings include:		Once the wax build-up has been removed, the cleaning company will use only non-wax products for regular mopping of the floor and will continue its schedule of buffing the floors monthly.	Ongoing
	After the meal observation on 1/30/19 at approximately 7:00 p.m., an observation of the kitchen was made; a large amount of dark debris was noted on the white baseboards making them appear to have a dark greasy substance. This same substance was observed behind the trash can and throughout the kitchen floors. Observation of the refrigerator revealed a large amount of dark debris and the same in the freezer.		The cleaning company submitted an action plan to improve and maintain the cleanliness of the kitchen. The action plan entails an initial deep cleaning of the kitchen, including removal of the waxy build-up on the baseboards and floorboards where the cabinets meet the floors, as well as cleaning of the cabinets, walls, and appliances. This initial deep cleaning will take place within one week.	2/15/19
	On 1/31/19, at approximately 9:00 a.m., refrigerator and freezer were observed again and they remained with the same debris as the day before.		As is the cleaning company's current practice, the custodian will continue to clean the kitchen every Monday, Wednesday, and Friday. In addition, effective immediately, the custodian will complete a deep cleaning of the kitchen twice per month, on the second and fourth Fridays of the month. The deep cleaning will entail a thorough cleaning of the baseboards, floorboards where the cabinets meet the floors, cabinets, walls, and appliances.	2/15/19
	An interview was conducted with Direct Support Personnel (DSP) #1 on 1/31/19 at approximately 3:20 p.m. DSP #1 stated a person is assigned to clean the refrigerator and freezer based on who has meal preparation assignment.		Currently, the facility staff assigned to complete meal preparation is responsible for completing the kitchen clean-up following meal preparation, including wiping up any spills in the refrigerator or freezer. On 2/8/19, the QIDP and Supervisor II reviewed staff responsibilities for maintaining a clean, sanitary kitchen environment with the staff who were working in Residence A during the unannounced survey. This information will also be reviewed with all facility staff at the upcoming February staff meeting on 2/27/19.	2/28/19
	The above findings were shared with the Supervisor II, Administrator and Nurse Manager on 1/31/19 at approximately 5:05 p.m.		The task of cleaning the inside and outside of the refrigerator and freezer has been added to the Overnight Checklist, to occur once per week. Overnight staff will be informed of the addition of this task to their checklist within the coming week. Completion will start as soon as they are notified.	2/15/19
	The facility's policy titled "Physical Environment" dated 4/21/17 read at procedure 8; maintenance and/or cleaning will be performed as needed to ensure safe and sanitary conditions of the residence. Under floors #3 read; Floors at the facility will be evaluated on a monthly basis by the House Manager or designee. Maintenance and/or cleaning will be performed as needed to ensure safe and sanitary conditions of the residence.		Effective Immediately, in order to ensure the cleanliness of the kitchen is brought up to standards and then maintained, a cleaning company supervisor will complete an inspection of the home twice per week for one month, then once per week after that if there are no additional concerns.	Ongoing

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NAME OF PROVIDER OR SUPPLIER INDIAN RIVER RESIDENCE - A	STREET ADDRESS, CITY, STATE, ZIP CODE 2625 LIFETIME CIRCLE VIRGINIA BEACH, VA 23456
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(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 460 FOOD AND NUTRITION SERVICES
CFR(s): 483.480(a)(1)

Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.

This STANDARD is not met as evidenced by: Based on observation, staff interviews, and clinical record review, the facility staff failed to ensure one individual (Individual #2), of three individuals in the survey sample; received the prescribe modified and diet.

The facility staff failed to ensure Individual #2 received nectar thick liquids during the midday meal on 1/31/19.

The findings included:

Individual #2 was originally admitted to the facility 11/21/13. The current diagnoses included; profound intellectual disability, cerebral palsy with spastic quadriplegia and a seizure disorder.

Individual #2 Physician's order summary for 1/2019, revealed an order for a puree low fat diet with nectar thick liquids.

The registered Dietitian assessment dated 9/4/18, aspiration risk; diet ordered puree, low fat with nectar thick liquids.

Individual #2 cycle menu read; puree, low fat, less than 300 milligrams of cholesterol, puree snack hour of sleep, Boost supplement when less than 50% of the meal is consumed or refused meal. 2 ounces of Fibersource daily, Kefir once a day with nectar thickened liquids. Provide small portions

W 460

On 2/6/19, the facility's QIDP and Supervisor II met with the Indian River staff who were working in Residence A during the unannounced survey. The QIDP reviewed the specialty-prescribed diet of Individual #2, as well as the modified and specially-prescribed diets of all other residents of the facility. She reminded staff that the current diet order may be found along the top of each individual's cycle menu. This information will also be reviewed with all facility staff at the upcoming February staff meeting on 2/27/19.

2/28/19

As part of the current practice at Indian River Residence A, the QIDP provides training to all facility staff on each individual's treatment plan, including the individual's specialty-prescribed diet. This training occurs annually and whenever there is a change. In monthly supervision meetings with the facility's direct care staff throughout the month of February, the House Manager will review each resident's modified and specially-prescribed diet and will have staff demonstrate that they know where information about the specialty-prescribed diet can be found.

2/28/19

To ensure modified and specially-prescribed diets are consistently being followed, effective immediately, the QIDP, House Manager, and/or the Behavioral Specialist will regularly monitor mealtimes. Monitoring of mealtimes will take place at least three times per week to ensure modified and specially-prescribed diets are being followed and eating programs are being implemented as written. The observations will take place across shifts and with varying staff. In addition, the Supervisor II will complete spot-checks of meal preparation and mealtimes at least monthly to ensure compliance.

Ongoing

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

PRINTED: 02/08/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G060	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/31/2019
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NAME OF PROVIDER OR SUPPLIER INDIAN RIVER RESIDENCE - A	STREET ADDRESS, CITY, STATE, ZIP CODE 2525 LIFETIME CIRCLE VIRGINIA BEACH, VA 23466
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(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 460 Continued From page 10
and water or calorie free beverages with meals.

W 460

The Individual Program Plan (IPP) dated 9/5/18, read; (name of resident) will be offered thickened fluids 60 ounces throughout the day and water 8 ounces, 8 times per day. Pour drink in small tumbler cup ¼-½ full and refill as needed.

On 1/31/19 at approximately 12:50 p.m., DSP #5 was observed preparing Individual #2 meal. She poured bottled water into the tumbler, no thick-it was added and served it along with her pureed meal.

On 1/31/19 at approximately 12:50 p.m., Individual #2 was observed seated at the dining table with her peers for the midday meal. Direct Support Personnel (DSP) #4 sat with her to assist with the meal. DSP # 4 gave Individual #2 a drink from her cup, the individual began to cough, DSP #4 looked at what was in the cup and informed DSP #5 the water was not thickened, DSP #5 put some thickener in the cup but DSP #4 got up and thickened the water further. DSP #4 proceeded to aid Individual #2 to complete her meal with no further coughing episodes.

An interview was conducted with DSP #2, on 1/31/19 at approximately 3:45 p.m., she stated the staff assigned to meal preparation is responsible for ensuring the individual's diet served is what's ordered. She further stated all information regarding the meal is on the individual's personal menu. DSP #2 stated she was a full time staff and the staff assisting with helping the individuals with their meal was full time and the part time staff prepared the meal at midday.

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

PRINTED: 02/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G060	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/31/2019
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NAME OF PROVIDER OR SUPPLIER INDIAN RIVER RESIDENCE - A	STREET ADDRESS, CITY, STATE, ZIP CODE 2535 LIFETIME CIRCLE VIRGINIA BEACH, VA 23456
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(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 460 Continued From page 11

An interview was conducted with DSP #4, on 1/31/19 at approximately 3:50 p.m., she stated when Individual #2 began to cough she looked in her cup because she knew she couldn't tolerate thin liquids. She stated the water was thin and she knew she had to get it thickened to prevent the individual from choking.

The above findings were shared with the Supervisor II, Administrator and Nurse Manager on 1/31/19 at approximately 5:05 p.m. The Nurse Manager stated the individual always coughs when eating that may have been the reason the staff didn't notify the licensed nurse. The Nurse Manager stated it was important for the information to be shared with the licensed nurse because complications may arise.

The facility's policy titled "Meal Service" dated 11/19/12 read; it is the policy of the (name of the company) to ensure individuals receive an appropriate diet to assist them in maintaining an ideal body weight and address any health concerns. Under Dining Area and Service #4 read; staff will provide supervision during meal times to ensure safety, adequate intake and implement individual eating programs.

W 460