

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

PRINTED: 05/30/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  <b>49G061</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/23/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>INDIAN RIVER RESIDENCE B</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2533 LIFETIME CIRCLE VIRGINIA BEACH, VA 23456</b>		
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E 000	Initial Comments  An unannounced Emergency Preparedness survey was conducted 5/21/19 through 5/23/19. 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.	E 000			
W 000	INITIAL COMMENTS  An unannounced Fundamental Medicaid re-certification survey was conducted 5/21/19 through 5/23/19. 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.	W 000			
W 362	DRUG REGIMEN REVIEW CFR(s): 483.460(j)(1)  A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly.  This STANDARD is not met as evidenced by: Based on review of the individual's medical chart, staff interview, and review of the facility's policy the facility staff failed to assure each individual's medication regimen was reviewed quarterly for 2 of 2 Individual's (Individual #1 and #2), in the	W 362			

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

TITLE

(X6) DATE

*man hant, JUP 11*

*6/6/19*

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 362	Continued From page 1 survey sample.  1. The facility staff failed to assure a pharmacist reviewed Individual #1's medication regimen quarterly. There was no review for January 2019.  2. The facility staff failed to assure a pharmacist reviewed Individual #2's medication regimen quarterly. There was no review for January 2019.  The findings included:  1. Individual #1 was originally admitted to the facility 9/20/17, and the current diagnoses included: profound intellectual disability, cerebral palsy, seizures, encephalopathy, blindness in both eyes, GERD, and use of a G-tube (feeding tube).  The comprehensive functional assessment revealed Individual #1 required total care with all aspects of care except eating.  Review of the clinical record revealed the following dates for pharmacy reviews; 7/26/18, 10/30/18, 2/12/19, there was no review documented for May 2019 however the pharmacist was on site 5/23/19. There was no review for January 2019.  Individual #1's Physician's order summary for May 2019, revealed the resident was currently receiving 16 prescribed medications and 4 medications were for seizure management.  2. Individual #2 was originally admitted to the facility 6/21/17, and the current diagnoses included; profound intellectual disability, cerebral	W 362	Individuals #1 and #2, as well as two other residents of the facility, were affected by this deficient practice. The consultant pharmacist reported that his quarterly drug regimen review was off cycle by two weeks due to a clerical scheduling error.  Effective immediately, the consultant pharmacist will complete the drug regimen review quarterly for each individual. The most recent review occurred on 5/23/19. Upcoming reviews will be completed quarterly, by the 23 <sup>rd</sup> day of the quarter, but no later than by the end of the review month as a window for emergencies. The next review is scheduled for 8/23/19. The consultant pharmacist has agreed to this schedule and has updated his "consulting schedule" with upcoming due dates.		6/5/19

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W 362	<p>Continued From page 2</p> <p>palsy, seizures, hydrocephalus, dysphagia, spasticity and use of a G-tube</p> <p>The comprehensive functional assessment revealed Individual #2 required total care with all aspects of care.</p> <p>Review of the clinical record revealed the following dates for pharmacy reviews; 7/26/18, 10/30/18, 2/12/19. There was no documented review for May however, the pharmacist was on site 5/23/19. There was no review for January 2019.</p> <p>Individual #2 had been experiencing breakthrough menstrual bleeding while receiving Depo-Provera injections. She was eventually seen by the OB/GYN for a medication adjustment.</p> <p>An interview was conducted with Supervisor II on 5/23/19 at approximately 11:45 a.m.. Supervisor II stated, the pharmacist interpretation of the regulation was he could come any day during the month the review was to be completed.</p> <p>On 5/23/19, at approximately 12:05 p.m., the above findings were shared with the Administrator, Supervisor, Qualified Mental Health Profession and the Licensed Practical Nurse. The Supervisor II stated this will be an easy fix.</p> <p>The facility's policy titled "Profession Program Services", with a revision dated of 11/1/16, read at #3a., Professional program staff will be employed in sufficient number and type to deliver all professional program services required by each individual program plan ... These</p>	W 362	<p>To prevent reoccurrence, effective immediately, two weeks prior to each quarterly due date, the RN Supervisor will email the consultant pharmacist, reminding him of the due date and requesting a reply to inform the facility of the date he intends to visit. On or immediately following the intended date of the visit, the RN Supervisor will check each chart to ensure that the quarterly drug regimen review has been completed.</p> <p>If the review has not been completed by the intended date, the RN Supervisor will contact the consultant pharmacist to confirm an alternate date within the required timeframe. She will again check the charts and continue to communicate with the pharmacist as needed to ensure the review takes place within required timeframe.</p>	<p>Ongoing</p> <p>Ongoing</p>

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FORM CMS-2567(02-99) Previous Versions Obsolete      Event ID: WOGJ11      Facility ID: VAICFID72      If continuation sheet Page 4 of 8

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W 469	Continued From page 4 afternoon.  Individual #2's annual nutrition assessment dated 2/26/19, revealed the following nutritional information: diet order; puree pleasure feedings with honey thick liquids. Tube feeding: Kate Farms Core Essentials Peptide three times a day mixed with 100 milliliters of water via g-tube. Provide 60 milliliters of water flush after each feeding. Provide additional 250 milliliters water flush daily.  Desirable body weight range 80-104 pounds; 1150-1240 calories per day and 1,400 milliliters of fluids daily. Tolerating tube feedings will be evidenced by no residuals. Tube feedings provide 1,500 calories daily. Desirable 2.6 pounds weight gain in three months, a 3 percent gain and weight stable past six months. Obtain weight weekly.  Review of Individual #2's weights revealed the follow; 2/13/19, 82.4, 2/27/19; 82.1, 3/6/19; 82.4, 3/13/19; 81, 3/20/19; 83, 3/27/19; 82.1, 4/3/19; 83.6, 4/10/19; 84, 4/17/19; 83.8, 4/24/19; 83.2, 5/8/19; 82, 5/15/19; 83.2, 5/22/19; 83.3.  An interview was conducted with Direct Service Personnel (DSP) #1 who stated Individual #2's feedings are scheduled at the same times her peers meals are scheduled. They were 8:00 a.m., 12:00 noon and 5:00 p.m.  Review of the defined times indicated 4 hours between breakfast and lunch, 5 hours between lunch and dinner and 15 hours between dinner and breakfast.  On 5/23/19, at approximately 12:05 p.m., the above findings were shared with the	W 469	All staff have been informed of the change in scheduled meal times and the reason for the change; this will be reviewed again with all staff at the upcoming mandatory staff meeting on 6/26/19. This review will also include the requirement for a nourishing snack provided at bedtime, with no more than 16 hours between the substantial evening meal and breakfast, in the event that dinner must be unavoidably served earlier.  As part of the current practice at Indian River Residence B, refresher training on ICF/IID regulations is provided to facility staff annually. For future trainings, information regarding these regulations related to mealtimes will be included in this training.	6/27/19	Ongoing

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W 469	Continued From page 5 Administrator, Supervisor, Qualified Mental Health Profession and the Licensed Practical Nurse. The Supervisor II stated we are exceeding the 14 hour regulation. "We will fix that."  Definitions:  Dysphagia: difficulty swallowing.  G-tube/Gastrostomy tube: a tube inserted through the abdominal wall and into the stomach for feeding or drainage.	W 469	To ensure the scheduled meal times are consistently being followed, the House Managers, who also serve as the facility's Food Service Managers, will regularly monitor mealtimes. Effective immediately, monitoring of mealtimes will occur at least 3 times weekly. The observations will take place across shifts and with varying staff. In addition, the Supervisor II will complete spot-checks of mealtimes at least monthly to ensure compliance		
W 472	MEAL SERVICES CFR(s): 483.480(b)(2)(i)  Food must be served in appropriate quantity.  This STANDARD is not met as evidenced by: Based on observation, staff interviews, and clinical record review, the facility staff failed to ensure individuals received appropriate meal serving sizes for 1 of 2 residents (Individual #1), in the survey sample.  The facility staff failed to ensure Individual #1 received a four ounce serving of protein for lunch on 5/22/19.  The findings included:  Individual #1 was originally admitted to the facility 9/20/17, and the current diagnoses included; profound intellectual disability, cerebral palsy, seizures, encephalopathy, blindness in both eyes, GERD, and use of a G-tube (tube feeding).  The comprehensive functional assessment	W 472	The menu for resident #1, as well as two other residents of the facility, are being updated by the Registered Dietitian (RD) to include specific serving sizes for each menu item. The RD is updating the menu book with recipes for the new summer menus. In addition, the RD is providing reference materials which will be posted in the kitchen to assist staff.	Ongoing	

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W 472 Continued From page 6

revealed Resident #1 required total care with all aspects of care except eating.

A review of Individual #1's annual nutrition assessment dated 6/4/18 revealed a desired weight range of 73-90 pounds, 1,000-1,150 calories per day, 30-40 grams of protein per day, 1,200 milliliters of fluids daily. The 5/2018 weight was 71.8 pounds. The individual's diet ordered was puree with thin liquids and Ensure pudding twice daily.

The individual's 5/22/19, weight was 89.1 pounds.

On 5/22/19, an observation was made of lunch preparation. Lunch consisted of a salad bar with protein, yogurt, fruit and a sugar free beverage. Direct Service Personnel (DSP) #2 had a large bowl consisting of lettuce, red cabbage, peppers, and cucumbers; croutons and ranch dressing was also available to add. On the stove were chicken strips (the protein) of various sizes. DSP #2 put approximately two cups of the vegetable mixture in the food processor along with six strips of chicken (estimated 3 ounces) with approximately one tablespoonful of ranch dressing. Then DSP #2 proceeded to run water (estimated 1 cup) from the faucet directly into the food processor with the other ingredients. The food processor was turned on and the ingredients pureed. The pureed salad with protein was scooped up and plated on two plates and approximately one half cup was left over and discarded.

An interview was conducted with the Registered Dietitian on 5/22/19, at approximately 1:40 p.m., regarding the above prepared meal. The Registered Dietitian opened the recipe book but it

W 472

The first includes a visual/descriptive guide as to what different serving sizes should look like, as well as the scoop size or measurement tool that should be used to obtain the desired amount. The RD is also providing charts which describe how to prepare a wide variety of food items to the proper modified consistency.

6/26/19

At the upcoming mandatory staff meeting on 6/26/19, the RD and House Managers will provide training to all facility staff on the updates to the menus, on providing correct serving sizes, and on preparing different food items to the desired consistency.

6/27/19

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W 472 Continued From page 7

only had instructions to make a regular texture meal. Nowhere in the recipe did it have instructions of how to convert the regular texture item to a chopped or puree consistency. The Registered Dietitian stated she wasn't exactly sure how recipes could be modified to obtain chopped, puree, etc., but a normal serving of protein is 4 ounces. The Registered Dietitian stated it is recommended for the protein to be measured separately to ensure an appropriate serving size is served.

On 5/23/19, at approximately 12:05 p.m., the above findings were shared with the Administrator, Supervisor, Qualified Mental Health Profession and the Licensed Practical Nurse. The Supervisor II stated items should be scooped in the proper scoop and plated for each individual.

W 472

When menus are updated by the RD, seasonally or as needed, they are sent to the House Manager/ Food Service Manager for posting. To prevent reoccurrence, the House Manager will check all newly revised menus to ensure serving sizes are noted for each menu item.

To ensure food is served in the appropriate quantity, the House Managers will regularly monitor meal preparation. Effective immediately, monitoring of meal preparation will occur at least three times per week. The observations will take place across shifts and with varying staff. In addition, the Supervisor II will complete spot-checks of meal preparation at least monthly to ensure compliance.

Ongoing