

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

PRINTED: 07/24/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/06/2023
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NAME OF PROVIDER OR SUPPLIER

INDIAN RIVER RESIDENCE B

STREET ADDRESS, CITY, STATE, ZIP CODE

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
E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted onsite from 07/05/23 through 07/06/23. 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.	E 000		
W 000	No emergency preparedness complaints were investigated during the survey. INITIAL COMMENTS	W 000		
W 104	An unannounced Fundamental Medicaid re-certification survey was conducted 07/05/2023 through 07/06/2023. 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) GOVERNING BODY CFR(s) 483.410(a)(1) The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observations, and staff interview, the facility staff failed to provide a clean, comfortable homelike environment for 1 of 3 individuals (Individual #1) in the survey sample. The findings included:	W 104	A work order was already submitted to complete patching and painting in all of the residents' bedrooms and throughout the home. At the time of the survey, the work had not yet been started. The Supervisor II and Facilities Manager have scheduled a meeting with the contractor for 07/28/23 to finalize the project scope and begin the work. The patching, painting and protective wall coverings is scheduled to be completed by 08/18/23.	08/18/23

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

TITLE

(X6) DATE

Katasha Polson

Developmental Services Division Director

08/01/2023

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 104	Continued From page 1 Individual #1 was admitted to the facility on 09/13/17. The primary diagnoses included profound intellectual disability, spastic quadriplegic Cerebral Palsy and blindness in both eyes. During general observation on 07/06/23, Individual #1 was observed at 4:15 p.m., seated in a wheelchair, in her room with the television on. The wall next to the closet door was filled with plaster, sanded but unpainted. The closet door observed with chipped and missing paint. Behind the entrance door into Individual #1's room had a hole in the wall that measured the size of a silver dollar. On 07/07/23 at 10:25 a.m., Individual #1's room remained unchanged. Supervisor II completed an observation of Individual #1's room along with the surveyor. She stated she was aware the walls and closet door needed to be painted but was not aware of the hole in the wall behind the entrance door into Individual #1's room. On 07/07/23 at approximately 3:15 p.m., the above information was shared with Supervisor II, Qualified Intellectual Disability Professional (QIDP), House Manager, Registered Nurse (RN) #1 and on the phone was Clinical Services Administrator. The facility did not present any further information about the findings.	W 104	To ensure maintenance needs are addressed in a timely manner, the assigned Shift Leader will complete a Monthly Maintenance Checklist that will incorporate reporting any damage to the internal structure. The checklist is then submitted to the House Manager on a monthly basis who will submit work orders for maintenance repair as needed. The Supervisor II will monitor work orders and their timely completion while addressing delays as needed.	Ongoing	
W 206	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(1) Each client must have an individual program plan developed by an interdisciplinary team that represents the professions, disciplines or service	W 206	The assigned QIDP will gather information from the direct care staff on personalized activities that each resident enjoys or may enjoy no later than 08/02/23.	8/2/23	

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W 206	<p>Continued From page 2</p> <p>areas that are relevant to:</p> <p>(i) Identifying the client's needs, as described by the comprehensive functional assessments required in paragraph (c)(3) of this section; and</p> <p>(ii) Designing programs that meet the client's needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations, staff interviews, and facility documentation, the facility staff failed to develop a personalize activity plan for 1 of 3 individuals (Individual #1) in the survey sample.</p> <p>The findings included:</p> <p>Individual #1 was admitted to the facility on 09/13/17. The primary diagnoses included profound intellectual disability, spastic quadriplegic Cerebral Palsy and blindness in both eyes.</p> <p>During general observation on 07/06/23, Individual #1 was observed at 4:15 p.m., seated in a wheelchair, in her room with the television on. While dinner was being served at 5:45 p.m., Individual #1 was sitting in the day room, in the front of the TV. On the same day at 7:00 p.m., Individual #1 observed sitting in the resident sitting area with three (3) other Individuals with the TV on and music being played.</p> <p>On 07/07/23 at 9:30 a.m., Individual #1 observed sitting at the dining table with Direct Support Professional (DSP) doing 1:1 activity. On the same day at 10:03 a.m., Individual #1 observed in the day room in front of the TV. At 11:35 a.m., Individual #1 remained in the day room in front of the TV. Individual #1, at 1:43 p.m., incontinent</p>	W 206	<p>The House Manager or designee will ensure all needed supplies are purchased for the identified activities that will be implemented by 08/18/23 and monthly there forward.</p> <p>The QIDP will develop a personalized activity schedule for Individual #1, as well as for the four other residents of Residence B. The QIDP will add a Support Activity to the Plan of Supports for Individual #1, as well as for the four other residents of Residence B, to include participation in individualized leisure activities.</p> <p>The QIDP will monitor the implementation and documentation of individualized leisure activities and update the personalized activity schedules as new activities of interest are identified.</p> <p>On a monthly basis, the Supervisor II will review progress on the implementation of personalized activities plans and address any identified concerns or needs that may occur. The review will be captured in the monthly supervision for the House Manager and QIDDP.</p> <p>The Supervisor II assigned to this location will receive additional training and supervisory follow-up from the Developmental Services Division Director in regards to not properly implementing the plan changes to ensure all plans are personalized and appropriately written.</p>	<p>08/18/23 and ongoing</p> <p>08/18/23</p> <p>Ongoing</p> <p>Ongoing</p> <p>08/15/23</p>	

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W 206	<p>Continued From page 3</p> <p>care provided then returned to the day room.</p> <p>An interview was conducted with DSP #2 on 07/07/23 at 9:45 a.m. She stated she had never seen a specific activity plan for Individual #1.</p> <p>On 07/07/23 at 1:00 p.m., an interview was conducted with DSP #1. She stated she worked on 07/06/23, the day the activity calendar called to bake cookies. She stated she just did not have time to bake cookies that day. She also stated Individual #1 did not have a specific activity care plan developed just for her. She stated activities are usually done in a group.</p> <p>An interview was conducted with Supervisor II on 07/07/23 at 1:20 p.m., who stated the Computerized Health Record (CHR) is not working well for the facility right now in developing personalize activity care plans. She stated a proposal with new documentation ideas have been submitted on how to personalize the Individual's plan of care but had not been approved.</p> <p>An interview was conducted with the House Manager on 07/07/23 at 1:35 p.m. She stated Individual #1 did not have a personalized activity plan of care. She stated they did not have time to create a personalized activity plan for Individual #1, but they are in the process of creating personalized activity care plans for all the Individuals.</p> <p>On 07/07/23 at approximately 3:15 p.m., the above information was shared with Supervisor II, Qualified Intellectual Disability Professional (QIDP), House Manager, Registered Nurse (RN) #1 and on the phone was Clinical Services</p>	W 206	<p>A significant staffing shortage is impacting the ability for plans to be implemented as thoroughly as they typically would be. The Hiring Manager will continue their best efforts in recruiting the needed talent and manpower to provide services in the manner required.</p>	Ongoing	

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W 206	Continued From page 4 Administrator. The QIDP stated she already has ideas on how to develop and personalized an activity care plan for Individual #1.	W 206			