STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G077	A. BUILDING _____ B. WING _____	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGE VIEW PLACE ICF/ID	505 KEEN STREET DANVILLE, VA 24540

(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 05/06/25 through 05/07/25. 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 annual Medicaid ICF/ID recertification survey was conducted 05/06/25-05/07/25. 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 6 certified bed facility was 5 Individuals at the time of survey. The survey sample consisted of 3 current Individual reviews (Individuals #1 through #3) and 1 closed record review (Individual #4).	W 000		
W 111	CLIENT RECORDS CFR(s): 483.410(c)(1) The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. This STANDARD is not met as evidenced by: Based on staff interview and clinical record review, the facility staff failed to ensure complete and accurate clinical records for 3 of 3 current sampled individuals, Individuals #1, #2, and #3. The findings included:	W 111		

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 111	Continued From page 1	W 111		

1. For Individual #1, the facility staff failed to ensure routine medications ordered by the provider(s) included a diagnosis/indication for use.

Individual #1's diagnoses included severe intellectual disabilities, diabetes, and seizure disorder.

A review of Individual #1's current provider orders revealed that this Individual was receiving 9 different routine medications. None of these 9 medications included a diagnosis for use.

On 05/06/25 at 11:05 a.m., during an interview with the facility director, this staff stated they were trying to pull the diagnoses from the providers.

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

2. For Individual #2, the facility staff failed to ensure routine medications ordered by the provider(s) included a diagnosis/indication for use.

Individual #2's diagnoses included moderate intellectual disabilities, impulse control disorder, and history of seizures.

A review of Individual #2's current provider orders revealed that this Individual was receiving 12 different medication doses on a routine basis. Of these 12 only 1 had an indication for use/diagnosis. This medication was the antibiotic Keflex for prevention of urinary tract infections.

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W 111	Continued From page 2 On 05/06/25 at 11:05 a.m., during an interview with the facility director, this staff stated they were trying to pull the diagnoses from the providers. No further information regarding this issue was provided to the surveyor prior to the exit conference. 3. For Individual #3, the facility staff failed to ensure routine medications ordered by the provider(s) included a diagnosis/indication for use. Individual #3's diagnoses included mild intellectual disabilities, autism, cerebral palsy, and seizure disorder. A review of Individual #3's current provider orders revealed that this Individual was receiving 13 medications by mouth on a routine basis, 1 eye drop, and 2 medications that were applied topically. Of these 16 medications only 2 had a diagnosis/indication for use. The medications Benztropine (anticholinergic) and Lithium (mood stabilizer) both included the diagnosis impulse disorder. On 05/06/25 at 11:05 a.m., during an interview with the facility director, this staff stated they were trying to pull the diagnoses from the providers. No further information regarding this issue was provided to the surveyor prior to the exit conference.	W 111		
W 159	QIDP CFR(s): 483.430(a) Each client's active treatment program must be	W 159		

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W 159	Continued From page 3	W 159		

integrated, coordinated and monitored by a qualified intellectual disability professional who-
This STANDARD is not met as evidenced by:
Based on staff interview and clinical record review, the Qualified Intellectual Disability Professional (QIDP) failed to identify and have discrepancies corrected in the clinical record for 3 of 3 current sampled individuals, Individual #1, #2, and #3.

The findings included:

1. For Individual #1, the QIDP failed to identify that Individual #1's routine medications did not include a diagnosis/indication for use.

Individual #1's diagnoses included severe intellectual disabilities, diabetes, and seizure disorder.

A review of Individual #1's current provider orders revealed that this Individual was receiving 9 different routine medications. None of these 9 medications had a diagnosis for use.

On 05/06/25 at 11:05 a.m., during an interview with the facility director, this staff stated they were trying to pull the diagnoses from the providers.

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

2. For Individual #2, the QIDP failed to identify that all but 1 of Individual #2's routine medication doses did not include a diagnosis/indication for use.

Individual #2's diagnoses included moderate

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W 159	Continued From page 4	W 159		

intellectual disabilities, impulse control disorder, and history of seizures.

A review of Individual #2's current provider orders revealed that this Individual was receiving 12 different medication doses on a routine basis. Of these 12 only 1 had an indication for use/diagnosis. This medication was the antibiotic Keflex for prevention of urinary tract infections.

On 05/06/25 at 11:05 a.m., during an interview with the facility director, this staff stated they were trying to pull the diagnoses from the providers.

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

3. For Individual #3, the QIDP failed to identify that 14 of Individual #3's routine medications did not include a diagnosis/indication for use.

Individual #3's diagnoses included mild intellectual disabilities, autism, cerebral palsy, and seizure disorder.

A review of Individual #3's current provider orders revealed that this Individual was receiving 13 medications by mouth on a routine basis, 1 eye drop, and 2 medications that were applied topically. Of these 16 medications 2 had a diagnosis/indication for use. The medications Benztropine (anticholinergic) and Lithium (mood stabilizer) both included the diagnosis of impulse disorder.

On 05/06/25 at 11:05 a.m., during an interview with the facility director, this staff stated they were trying to pull the diagnoses from the providers.

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W 159	Continued From page 5 No further information regarding this issue was provided to the surveyor prior to the exit conference.	W 159		