DEPARTMENT OF HEALTH AND HUM(SERVICES
CENTERS FOR MEDICARE & MEDICA.D SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G044	A. BUILDING _____ B. WING _____	01/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRI OAK STREET ICF/MR	7811 OAK STREET MANASSAS, VA 20111

(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 OATE
W 000	INITIAL COMMENTS An unannounced annual Medicaid survey for Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) was conducted 1/18/17 through 1/20/17. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for the Mentally Retarded. The Life Safety Code survey report will follow. The census in this seven bed facility was seven at the time of the survey. The survey sample consisted of five current Individual reviews (Individuals # 1, # 2, # 3, # 4 and # 5).	W 000		
W 111	483.410(c)(1) CLIENT RECORDS 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 it was determined that the facility staff failed to ensure the clinical record was complete and accurate for one of five individuals in the survey sample, Individual # 1. 1a. The facility staff failed to ensure Individual # 1's current consents forms in the (Name of Day Program) clinical record were complete. 1a. The facility staff failed to ensure Individual # 1's current "Local Human Rights Committee Review Form" dated 10/24/16 was in the (Name of Group Home) clinical record.	W 111	W111-483.410(c)(1). 1a 1=: A meeting will be held between residential and day program teams to discuss the imperativeness of completing all consents/ local human rights committee review form for individual #1 correctly, completely and dated . 2=: During the coordination meeting, all records for individual #1 and all other individuals from the residence that attend the same day program will be reviewed to ensure that they are in place and completely appropriately. 3=: Program manager or designee will conduct observations and record reviews at day programs at least once per month to ensure that all records including consents are in place and filled out completely and signed by all parties concerned.	3/5/17

FEB 03 2017
VDH/OLC

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Clinical Director 2/1/17

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 111	Continued From page 1	W 111		

The findings include:

1a. The facility staff failed to ensure Individual # 1's current consents forms in the (Name of Day Program) clinical record were complete.

Individual # 1 was a 24 year old male, who was admitted to (Name of Group Home) on 10/12/11. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), pervasive developmental disorder (2), mood disorder and seasonal allergies.

On 1/18/17 at approximately 12:00 p.m. Individual # 1's clinical record was reviewed at (Name of Day Program). Individual # 1's clinical record evidenced consents for "Annual Confirmation of Policies", "Media Release", "Authorization for Release of Protected Health Information" and the "Individual Rights and Informed Consent Handbook." Review of the consents revealed they were signed by Individual # 1. Further review of the consents revealed the consent form "Annual Confirmation of Policies" failed to evidence what policies Individual # 1 consented to and failed to evidence the signature of "(Name of Day Program) Representative", the consent form "Media Release" failed to evidence the type of media and social media Individual # 1 consented to and failed to evidence the signature of "(Name of Day Program) Representative", the consent form "Authorization for Release of Protected Health Information" failed to evidence Individual # 1 full name, social security number, date of birth, the name and/or organization address and phone number the authorized information was being released to, the type of records being released, the purpose of why the information is being shared and failed to evidence

4=Clinical Director will oversee the implementation of the above measures by reviewing day program observation notes monthly and discussing potential areas for improvement with the program manager during supervision. =The Department of Mission Effectiveness will conduct Quality Assurance audits at day programs periodically as needed or upon written request from the clinical director.	3/5/17

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W 111	Continued From page 2	W 111		

the signature of "(Name of Day Program) Representative", and the consent form "Individual Rights and Informed Consent Handbook" failed to evidence the expiration date and the signature of "(Name of Day Program) Representative."

On 1/18/17 at 12:40 p.m. an interview was conducted with ASM (administrative staff member) # 3, program manager of (Name of Day Program). ASM # 3 was asked to review the consent forms "Annual Confirmation of Policies", "Media Release", "Authorization for Release of Protected Health Information" and the "Individual Rights and Informed Consent Handbook" for Individual # 1. When asked if the consent forms were complete ASM # 3 stated, "They're incomplete. It's an oversight on my part."

On 1/19/17 at 1:15 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) reviewed the above consent forms for individual #1. ASM # 1 agreed that the consents were incomplete.

The facility's policy "1.3 Written Record Management" documented, "A. Individual Records: At the time of admission, (Name of Corporation) compiles individual records that include current and past pertinent information.."

On 1/19/17 at 1:15 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) was made aware of the above findings.

No further information was provided prior to exit.

References:
(1) Refers to a group of disorders characterized

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by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100.

(2) Autism spectrum disorder (ASD) is a neurological and developmental disorder that begins early in childhood and lasts throughout a person's life. It affects how a person acts and interacts with others, communicates, and learns. It includes what used to be known as Asperger syndrome and pervasive developmental disorders. This information was obtained from the website: https://medlineplus.gov/autismspectrumdisorder.html.

1b. The facility staff failed to ensure Individual # 1's current "Local Human Rights Committee Review Form" dated 10/24/16 was in the (Name of Day Program) clinical record.

On 1/20/17 at approximately 11:00 a.m. Individual # 1's clinical record was reviewed at (Name of Group Home). The clinical record failed to evidence the current "Local Human Rights Committee (LHRC) Review Form" for Individual # 1. ASM # 1, (Name of Day Program) program manager, was informed of the missing LHRC form and was asked to locate the form.

W111-483.410(c)(1). 1b 1=: A meeting will be held between residential and day program teams to discuss the imperativeness of completing all consents/ local human rights committee review form for individual #1 correctly, completely and dated . 2=: During the coordination meeting, all records for individual #1 and all other individuals from the residence that attend the same day program will be reviewed to ensure that they are in place and completely appropriately. 3=: Program manager or designee will conduct observations and record reviews at day programs at least once per month to ensure that all records including consents are in place and filled out completely and signed by all parties concerned.	3/5/17

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W 111	Continued From page 4 On 1/20/17 at approximately 11:15 a.m. ASM # 1 provided this surveyor with a copy of Individual # 1's current "Local Human Rights Committee Review Form" dated 10/24/16. When asked where the form came from, ASM # 1 stated, "It was emailed to me. It wasn't in the electronic or paper part of the clinical record." On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings. No further information was provided prior to exit.	W 111	4=Clinical Director will oversee the implementation of the above measures by reviewing day program observation notes monthly and discussing potential areas for improvement with the program manager during supervision. =The Department of Mission Effectiveness will conduct Quality Assurance observations at day programs periodically as needed or upon written request from the clinical director.	3/5/17
W 112	483.410(c)(2) CLIENT RECORDS The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records. This STANDARD is not met as evidenced by: Based on staff interview and clinical record review it was determined that the facility staff failed to maintain the privacy of the clinical record for one of five individuals in the survey sample, Individual # 3. A nutritional assessment for another individual was found in the (Name of Group Home) clinical record for Individual # 3. The findings include: Individual # 3 was a 57 year old female, who was admitted to (Name of Group Home) on 1/24/96. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1),	W 112	W112-483.410(c)(2) Individual #3 1=: Nutrition assessment will removed from individual #3's clinical chart and be re-filed in the right clinical chart. 2=: A thorough verification of individual #3 and all other individuals' clinical charts will be done to ensure that there are no other misfiled records. 3=: To avoid possible misfiling of hard copy assessments,clinical assessments including nutrition assessment will be henceforth stored in the online clinical system for all staff to review and/update as needed. 4=: In coordination with the clinical director, the program manager and fellow team mates will conduct periodic audits of program files to ensure that they are complete and filed in the right clinical charts.	3/5/17

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W 112	Continued From page 5 PICA (2), grand maul seizure disorder (3), non-verbal and status/post (condition after) right ankle fracture. On 1/20/17 at approximately 12:00 p.m. the (Name of Group Home) clinical record for Individual # 3 was reviewed. The clinical record contained a "Nutritional Assessment" dated 2/10/16 for another individual. On 1/20/17 at approximately 12:20 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) was informed of this concern. After reviewing the clinical record for Individual # 3 and the "Nutritional Assessment" dated 2/10/16 for another individual, ASM # 1 stated, "The dietician was reviewing the clinical record on Wednesday (1/18/17). The assessment was misfiled." On 1/20/17 at approximately 12:30 p.m. an attempt was made to contact OSM (other staff member) # 2, the dietician, without success. On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings. No further information was provided prior to exit. References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical	W 112	=:Clinical Director will oversee the implementation of the above measures by discussing potential areas for improvement with the program manager during monthly supervisions. =:The Department of Mission Effectiveness will conduct Quality Assurance audit at residential locations periodically as needed or upon written request from the clinical director.	3/5/17

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causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>.

(2) A pattern of eating non-food materials, such as dirt or paper. This information was obtained from the website: https://medlineplus.gov/ency/article/001538.htm.

(3) Epilepsy is a brain disorder in which a person has repeated seizures over time. Seizures are episodes of uncontrolled and abnormal firing of brain cells that may cause changes in attention or behavior. Generalized tonic-clonic (grand mal) seizure (involves the entire body, including aura, rigid muscles, and loss of alertness). This information was obtained from the website: <https://medlineplus.gov/ency/article/000694.htm>.

W 124 483.420(a)(2) PROTECTION OF CLIENTS RIGHTS

The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.

This STANDARD is not met as evidenced by:
Based on record review and staff interview, it was determined that the facility staff failed to ensure consent was obtained for one of five individuals in the survey sample, Individual # 1.

W 124

W 124-483.420(a)(2). Individual #1 1=: Consent to implement behavior plan for individual #1 will be obtained from him as soon as possible. 2=: A record review of all other records for individual #1 and every other individual in the home will be conducted by the QIDP to ensure complete compliance with consenting to services by all individuals.	3/5/17

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W 124	Continued From page 7 The facility staff failed to obtain consent for the "Behavior Intervention Plan" for Individual #1. The findings include: Individual # 1 was a 24 year old male, who was admitted to (Name of Group Home) on 10/12/11. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), pervasive developmental disorder (2), mood disorder and seasonal allergies. Review of the (Name of Group Home) clinical record for Individual # 1 revealed a "Behavior Intervention Plan" dated 12/1/2016 - 11/30/2017. Review of the clinical record evidenced a form that documented, "Behavior Intervention Plan Consent Form. Date of Plan: 12-1-2015 - 11/30/2016. Restrictive Components: Safety Vest." Further review of the clinical record for Individual # 1 failed to evidence a current consent for Individuals # 1's "Behavior Intervention Plan" dated 12/1/2016 - 11/30/2017. On 1/20/17 at 2:25 p.m. an interview was conducted with ASM (administrative staff member) # 1, program manager of (Name of Group Home). When asked about a current consent for Individual # 1's behavior intervention plan. ASM # 1 stated, "I'm unable to locate the current consent." On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1 and RN (registered nurse) # 1were made aware of the above findings. No further information was provided prior to exit.	W 124	3=: In coordination with the clinical director, the program manager and fellow team mates will conduct periodic audits of program files to ensure that they are complete and filed in the right clinical charts. 4=: Clinical Director will oversee the implementation of the above measures by discussing potential areas for improvement with the program manager during monthly supervisions. =:The Department of Mission Effectiveness will conduct Quality Assurance audit at residential locations periodically as needed or upon written request from the clinical director.	3/5/17

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References:
(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>.

(2) Autism spectrum disorder (ASD) is a neurological and developmental disorder that begins early in childhood and lasts throughout a person's life. It affects how a person acts and interacts with others, communicates, and learns. It includes what used to be known as Asperger syndrome and pervasive developmental disorders. This information was obtained from the website: https://medlineplus.gov/autismspectrumdisorder.html.

W 130	483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations and staff interviews it was determined that the facility staff failed to provide privacy during personal care for one of five individuals in the survey sample, Individual #	W 130	W 130 483.420(a)(7). Individual #5 1=: Temporary window coverings will be put up on individual #5's window to ensure privacy during care while long term temper-proof window coverings are being acquired. 2=: Window coverings for all other individuals in the home will be checked and any deficiencies reported to the property department for rapid fixing.	3/5/17

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W 130	Continued From page 9 5. The facility staff failed to provide window coverings in Individual # 5's bedroom during personal care. The findings include: Individual # 5 was a 69 year old male, who was admitted to (Name of Group Home) on 1/27/10. Diagnoses in the clinical record included but were not limited to: mild intellectual disability (1), dementia (2), seizure disorder (3), cerebral vascular accident (4) and vitamin D deficiency (5). On 1/19/17 at 6:45 a.m. an observation of Individual # 5's bedroom was conducted during his medication administration. Upon entering Individual # 5's bedroom, Individual # 5 was dressed, neat and clean, sitting upright in his wheelchair in the middle of the room. Further observation of the bedroom revealed a double window (side by side) on the right outside wall as you enter the room. Individual # 5's bed was positioned on the same wall as the windows with the top of the mattress at the level of the window sill. Two staff members were observed in the room making up Individual # 5's bed (straightening the sheets and blankets). On 1/19/17 at 6:50 a.m. an interview was conducted with DSP (direct support professional) # 2. When asked if she provided care to Individual # 5 earlier that morning, DSP # 2 stated, "Yes. (DSP # 3) assisted me." When asked to describe the care that was provided, DSP # 2 stated, "We provided a bed bath, incontinence care, brushed his teeth, put lotion on	W 130	3=: The property department will order and install a new window (with in-built blinds) on individual #5's bedroom window to enable him adjust the blinds for out-door lighting using a knob rather than pulling (possibly ripping them). 4=: Program manager will conduct daily walk-throughs in the building at the start of the shift to ensure that privacy issues for individual #5 and all others are in compliance with regulations. Any deficiencies noticed will be submitted to the property department via a work order request to fix the deficiency. =: Clinical director will follow up on any pending work orders to ensure that privacy issues are addressed in a timely manner. =: The department of Mission Effectiveness will conduct environmental audit periodically as needed or upon written request from the Clinical Director.	3/5/17

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his hands, arms, feet, leg and back, brushed his hair and dressed him." When asked where the care was provided, DSP # 2 stated, "In the bedroom on the bed." When asked if the windows were covered during the care for Individual # 5, DSP # 2 stated, "They (other staff) told me there was something on the windows so you can't see in from the outside." DSP # 2 then accompanied this surveyor outside of the home to Individual # 5's bedroom windows. While looking at Individual # 5's windows from the outside of the home, DSP # 2 was asked if she could see into Individual # 5's bedroom. DSP stated that she could see right into Individual # 5's bedroom. Further observation of the Individual # 5's bedroom windows revealed that they faced the deck of the next door neighbor's house.

On 1/19/17 at 7:10 a.m. an interview was conducted with DSP # 3. When asked if she provided care to Individual # 5 earlier that morning, DSP # 3 stated, "Yes." When asked to describe the care that was provided, DSP # 3 stated, "We undressed him gave him a bed bath, brushed his teeth and dressed him." When asked where the care was provided, DSP # 3 stated, "In the bedroom on the bed." When asked if the windows were covered during the care for Individual # 5, DSP # 3 stated, "We don't have anything for the windows, you can't see in from the outside."

On 1/19/17 at 7:20 a.m. ASM (administrative staff member) # 1, (Name of Group Home) program manager and DSP # 3 were asked to accompany this surveyor outside of the home to view Individual # 5's bedroom windows. While looking at Individual # 5's windows from the outside of the home, DSP # 3 agreed that she could see into

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Individual # 5's bedroom. When asked if Individual # 5 was provided privacy during morning care, DSP # 3 stated, "Yes, there was no one outside." When asked if she could see into Individual # 5's bedroom from outside, ASM # 1 stated, "Yes. It's obvious that the tint on the windows does not work. He's entitled to privacy and he doesn't have it. I'll call the property manager and put in a work order to get this fixed."

An observation of Individual # 5's bedroom on 1/20/17 at 8:00 a.m. revealed curtains hanging over and covering the bedroom windows.

On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings.

No further information was provided prior to exit.

References:
(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>.

(2) A group of symptoms caused by disorders that affect the brain. This information was obtained from the website:

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https://www.nlm.nih.gov/medlineplus/dementia.html.

(3) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/seizures.html.

(4) A stroke. When blood flow to a part of the brain stops. A stroke is sometimes called a "brain attack." If blood flow is cut off for longer than a few seconds, the brain cannot get nutrients and oxygen. Brain cells can die, causing lasting damage. This information was obtained from the website: https://medlineplus.gov/ency/article/000726.htm.

(5) (5) Vitamin D helps your body absorb calcium. This information was obtained from the website: https://medlineplus.gov/vitamind.html.

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 residential program record reviews, day program record review and staff interview, it was determined that the QIDP (Qualified Intellectual Disabilities Professional) failed to coordinate and monitor the individuals' active treatment programs for three of five individuals in the survey sample, Individuals # 2, # 3 and # 4. 1a. The QIDP failed to ensure objectives on the ISP (Individual Service Plan) for Individual # 2	W 159	W 159 483.430(a) QIDP- Individual # 2-1a, 1b, 1=: QIDP will update the ISP objectives and data collection outcomes for individual #2's outcomes # 1(independent living skills), outcome #3(socialization skills), #4 (exercise skills), #5 (money management skills), #6 (communication skills), #7 (personal hygiene skills) to ensure that they are measurable and quantifiable.	3/5/17

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W 159	Continued From page 13 were developed in measurable terms. 1b. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 2 were in measurable terms. 2a. The QIDP failed to ensure objectives on the ISP for Individual # 3 were developed in measurable terms. 2b. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 3 were in measurable terms. 3a. The QIDP failed to ensure objectives on the ISP for Individual # 4 were developed in measurable terms. 3b. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 4 were in measurable terms. The findings include: 1a. The QIDP failed to ensure objectives on the ISP (Individual Service Plan) for Individual # 2 were developed in measurable terms. Individual # 2 was a 46 year old male, who was admitted to (Name of Group Home) on 8/22/95. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), legally blind, self-injurious behavior and vitamin D deficiency (2). Individual # 2's current ISP dated 11/01/2016 through 10/31/2017 documented, "Desired Outcome: Outcome # 1: Independent living skills. I take care of my dirty clothes at	W 159	2=: QIDP and Program Manager will review the ISP objectives and data collection outcomes of all other individuals in the home and update as needed to ensure that they are measurable and quantifiable. 3=: Program manager and the interdisciplinary team that develops the ISPs for each individual will ensure that subsequent ISP objectives and data collection outcomes of all individuals are developed in a measurable manner. 4=: Clinical Director and the department of Mission Effectiveness will provide support and oversight as needed to ensure that ISPs for all individuals meet the standard as stipulated by Medicaid regulations.	3/5/17

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home and my back pack at the day program. "Support Activities & Instructions: I am going to separate my clean clothes from the dirty ones. I am going to take care of my bag pack / book bag at the day program. Instructions: 1. I am informed that it is time for me to work on my laundry. 2. I am prompted to separate my clean clothes from the dirty ones. 3. I am prompted to place the clean clothes in the short hamper. Frequency: Weekly. Amount: 45 minutes."

"Desired Outcome: Outcome # 3: Socialization Skills. I like socializing with my family members, friends, peers, neighbors, people in my community and staff. Support Activities & Instructions: 1. I go out into my community to participate in community events. 2. I interact with the people at the event by making friends, having a friendly conversation with him or her. 3. I enjoy when I say hi to someone I meet in my neighborhood. 4. I am happy when the people I get to meet treat me with respect and are willing to engage in a conversation with me. Frequency: Weekly. Amount: 30 minutes."

"Desired Outcome: Outcome # 4: Exercise Skills. Support Activities & Instructions: I like to stay physically fit and active. I am reminded that it is time to go do some exercises. I am prompted to put on appropriate footwear. I am prompted to go for a walk at the park or neighborhood with my peers. I am prompted to some aerobic activities indoors when the weather is not very welcoming for outdoor activities. Frequency: Weekly. Amount: 30 minutes."

"Desired Outcome: Outcome # 5: Money Management. It is important for me to shop for my personal needs and also do grocery for the

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house [sic]. Support Activities & Instructions: 1. At my leisure time, I practice differentiating types of money using 3D money. For example, the dollar bill as opposed to the quarter, dime, nickel and penny. 2. I am presented with a schedule on when I can go and shop. 3. I am encouraged to pick out some three household items I want to get from the shop. 4. I am encouraged to do my personal shopping to get what I need. 5. I am provided the support I need by staff. Frequency: Daily. Amount: continually."

"Desired Outcome: Outcome # 6: Communication. I like to be understood when I communicate with the people I interact with both at home and in the community. Support Activities & Instructions: 1. I am encouraged to make my views known to staff and my peers. 2. I am prompted to share my stories with the people I care about. 3. I am prompted and given the opportunity to listen to a narrative and answer questions later. 4. Staff praises me for having a constructive conversation. Frequency: Daily. Amount: continually."

"Desired Outcome: Outcome # 7: Personal Hygiene. It is important for me to be clean and presentable all the time. Support Activities & Instructions: 1. I am prompted to prepare for a shower by removing all clothing articles and placing them in the laundry basket meant for dirty clothes. 2. I am prompted to use some show hygiene tools to wash my body parts. 3. I spend adequate time under the water to ensure that all soap lather is properly rinsed. 4. I am prompted to use soap to wash my hands so as to get them clean. 5. I am provided some support by staff to shave and get a haircut. 6. I am reminded to wipe after a bowel movement. 7. I am praised by

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staff for doing a good job each time. Frequency: Daily. Amount: 45 minutes."

During an interview on 1/19/17 at 1:15 p.m. with ASM (administrative staff member) # 1, the program manager for (Name of Group Home), and OSM (other staff member) # 1, QDIP (Qualified Intellectual Disabilities Professional), the ISP for Individuals # 2 was reviewed. When asked how the outcomes are developed for an individual's ISP, ASM # 1 and OSM # 1 stated that they review the current goals, the preferences, and look at the communication, health and safety. ASM # 1 and OSM # 1 further stated that the outcomes are developed to help individuals develop skills to reach a level of independence. ASM # 1 further stated, "Skill building is important and it affects the overall wellness of the individual." ASM # 1 and OSM # 1 stated, "Outcomes should be developed in both in qualitative and quantitative forms." During the interview OSM # 1 was asked to describe the responsibility of the QIDP. OSM # 1 stated, "I'm part of the interdisciplinary team, responsible for the ISP, I conduct the quarterly reviews, conduct observations at the day programs and observe how the individual is engaged in the program and activities and how they take their lunch. I meet with the day program staff to discuss the individual's goals prior to the ISP review date and maintain communication between the day program and the home. Supervise the DSPs (direct support professionals), review the program notes to make sure they're done each day and occasionally read them. I read the progress notes to make sure they reflect the outcomes and make sure active treatment is being done." When asked if the clinical records at the day programs were supposed to be reviewed by the

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QIDP, OSM # 1 stated, "Yes, once a month but I haven't done that yet." When asked how long he had been the QIDP, OSM # 1 stated, "About four and a half months."

OSM # 1 was asked to review the ISP outcomes for Individuals # 2. When asked if Individual # 2's ISP (individual service plan) outcomes/goals for independent living skills, socialization skills, exercise skills, money management, communication and personal hygiene were written in measurable terms, OSM # 1 stated, "No."

The facility's policy "8.1 Qualified Intellectual Disabilities Professional" documented, "The QMRP is responsible for the integration, coordination, monitoring and development of the Individual Service Plan, and to ensure quality active treatment in the program." Under "8.1.2 Qualified Intellectual Disabilities Professional Monitoring Of Services" it documented, "A. Review consumer records to include clinical, financial and medical to ensure prescribed treatment and services are being implemented correctly, documented appropriately and that any outside services have been incorporated into program services."
On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1 were made aware of the above findings.

No further information was provided prior to exit.

References:
(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money,

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schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>.

(2) Vitamin D helps your body absorb calcium. This information was obtained from the website: https://medlineplus.gov/vitamind.html.

1b. The QIDP failed to ensure the data collection of the ISP (Individual Service Plan) outcomes/goals for Individual # 2 were in measurable terms.

The "Progress Note" for Individual # 2 dated 12/01/2016 through 1/170/2017 were reviewed. The progress notes failed to evidence documentation of the data collection of Individual # 2's ISP outcome/goals in measurable terms.

OSM # 1 was asked to review the ISP outcomes for Individuals # 2. When asked if the data collection for Individual # 2's ISP (individual service plan) outcomes/goals for independent living skills, socialization skills, exercise skills, money management, communication and personal hygiene were written in measurable terms, OSM # 1 stated, "No."

2a. The QIDP failed to ensure objectives on the ISP (Individual Service Plan) for Individual # 3

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W 159	Continued From page 19	W 159	W 159 483.430(a) QIDP-Individual #3- 2a, 2b. 1=: QIDP will update the ISP objectives and data collection outcomes for individual #3's outcomes # 2(independent living skills), outcome #3 (community integration) to ensure that they are measurable and quantifiable. 2=: QIDP and Program Manager will review the ISP objectives and data collection outcomes of all other individuals in the home and update as needed to ensure that they are measurable and quantifiable. 3=: Program manager and the interdisciplinary team that develops the ISPs for each individual will ensure that subsequent ISP objectives and data collection outcomes of all individuals are developed in a measurable manner. 4=: Clinical Director and the department of Mission Effectiveness will provide support and oversight as needed to ensure that ISPs for all individuals meet the standard as stipulated by Medicaid regulations.	3/5/17

were developed in measurable terms.

Individual # 3 was a 57 year old female, who was admitted to (Name of Group Home) on 1/24/96. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), PICA (2), grand maul seizure disorder (3), non-verbal and status/post (condition after) right ankle fracture.

Individual # 3's current ISP dated 11/01/2016 through 10/31/2017 documented,

"Desired Outcome: Outcome # 2: Independent living skills. (Individual # 3) works on her skills such as cleaning, meal preparation, washing and folding laundry, house chores and her personal hygiene. "Support Activities: (Individual # 3) assists in washing dishes, laundering, meal preparation and other house chores. 2. (Individual # 3) walks to the task area where the job needs to be done. Support Instructions: Provide (Individual # 3) hand-on-hand assistance if necessary. Explain to (Individual #3) the reason for doing things in a particular way. Ask (Individual #3) to do the task on her own. Praise (Individual #3) if she completes the task. Frequency: Daily. Amount: 15 minutes."

"Desired Outcome: Outcome # 3: Community Integration. (Individual # 3) participates in community outings, events and activities of her choice. Support Activities: 1. (Individual # 3) attends advocacy events. 2. (Individual # 3) volunteers in the community. 3. (Individual # 3) goes out for grocery and personal shopping. Support Instructions: Allow (Individual # 3) to choose the outing she wants to participate in by asking and/or showing her pictures and offering

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her choices. 2. Assist (Individual # 3) on the outing, ensuring she is safe and all needs/protocols are met. 3. While shopping allow (Individual # 3) the freedom to select what she wants to buy. If staff does not agree with her choice, offer the reason why you don't agree. 4. If (Individual # 3) is attending a community event, explain the type of event, the location, and the rationale to her. Frequency: Weekly. Amount: 60 minutes."

During an interview on 1/19/17 at 1:15 p.m. with ASM (administrative staff member) # 1, the program manager for (Name of Group Home), and OSM (other staff member) # 1, QDIP (Qualified Intellectual Disabilities Professional), the ISP for Individuals # 3 was reviewed. When asked how the outcomes are developed for an individual's ISP, ASM # 1 and OSM # 1 stated that they review the current goals, the preferences, and look at the communication, health and safety. ASM # **1** and OSM # 1 further stated that the outcomes are developed to help individuals develop skills to reach a level of independence. ASM # 1 further stated, "Skill building is important and it affects the overall wellness of the individual." ASM # 1 and OSM # 1 stated, "Outcomes should be developed in both in qualitative and quantitative forms." During the interview OSM # **1** was asked to describe the responsibility of the QIDP. OSM # 1 stated, "I'm part of the interdisciplinary team, responsible for the ISP, I conduct the quarterly reviews, conduct observations at the day programs and observe how the individual is engaged in the program and activities and how they take their lunch. I meet with the day program staff to discuss the individual's goals prior to the ISP review date and maintain communication between the day

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program and the home. Supervise the DSPs (direct support professionals), review the program notes to make sure they're done each day and occasionally read them. I read the progress notes to make sure they reflect the outcomes and make sure active treatment is being done." When asked if the clinical records at the day programs were supposed to be reviewed by the QIDP, OSM # 1 stated, "Yes, once a month but I haven't done that yet." When asked how long he had been the QIDP, OSM # 1 stated, "About four and a half months."

During an interview on 1/19/17 at 1:15 p.m. ASM # 1 and OSM # 1 were asked to review the ISP outcomes for Individuals # 3. When asked if Individual # 3's ISP (individual service plan) outcomes/goals for independent living skills and community integration were written in measurable terms OSM # 1 stated, "No."

On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings.

No further information was provided prior to exit.

References:
(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website:

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<https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>.

(2) A pattern of eating non-food materials, such as dirt or paper. This information was obtained from the website: https://medlineplus.gov/ency/article/001538.htm.

(3) Epilepsy is a brain disorder in which a person has repeated seizures over time. Seizures are episodes of uncontrolled and abnormal firing of brain cells that may cause changes in attention or behavior. Generalized tonic-clonic (grand mal) seizure (involves the entire body, including aura, rigid muscles, and loss of alertness). This information was obtained from the website: <https://medlineplus.gov/ency/article/000694.htm>.

2b. The QIDP failed to ensure the data collection of the ISP (Individual Service Plan) outcomes/goals for Individual # 3 were in measurable terms.

The "Progress Note" for Individual # 3 dated 12/01/2016 through 1/170/2017 were reviewed. The progress notes failed to evidence documentation of the data collection of Individual # 3's ISP outcome/goals in measurable terms.

During an interview on 1/19/17 at 1:15 p.m. ASM # 1 and OSM # 1 were asked to review the ISP outcomes for Individuals # 3. When asked if the data collection for Individual # 3's ISP (individual service plan) outcomes/goals for independent living skills and community integration were written in measurable terms, ASM # 1 and OSM # 1 stated, "No."

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On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings.

No further information was provided prior to exit.

3a. The QIDP failed to ensure objectives on the ISP for Individual # 4 were developed in measurable terms.

Individual # 4 was a 63 year old female, who was admitted to (Name of Group Home) on 11/23/10. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), epilepsy (2), mild dysphagia (3), myopia (4) and vitamin D deficiency (5).

Individual # 4's current ISP dated 08/01/2016 through 07/31/2017 documented,
"Desired Outcome: Outcome # 4: Communication. (Individual # 4) is non-verbal and she communicates using her non-verbal cues. Support Activities & Instructions: (Individual # 4) uses her body gesture to communicate her wants and needs to staff and to her peers. (Individual # 4) walks toward staff when she needs something. (Individual # 4) walks into the kitchen when she wants to eat. (Individual # 4) is presented with a picture book to choose what she wants and she points to it. (Individual # 4) makes loud vocalizations when she is tired, hungry, engage in something or when she wants to go somewhere. Frequency: Daily."

"Desired Outcome: Outcome # 6: Socialization Skills. (Individual # 4) is good at using body

W 159 483.430(a) QIDP-Individual #4- 3a, 3b. 1=: QIDP will update the ISP objectives and data collection outcomes for individual #4's outcomes # 4(communication skills), outcome #6 (socialization skills), outcome #7 (money management skills) to ensure that they are measurable and quantifiable. 2=: QIDP and Program Manager will review the ISP objectives and data collection outcomes of all other individuals in the home and update as needed to ensure that they are measurable and quantifiable. 3=: Program manager and the interdisciplinary team that develops the ISPs for each individual will ensure that subsequent ISP objectives and data collection outcomes of all individuals are developed in a measurable manner. 4=: Clinical Director and the department of Mission Effectiveness will provide support and oversight as needed to ensure that ISPs for all individuals meet the standard as stipulated by Medicaid regulations.	3/5/17

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gestures and body language to greet. Support Activities & Instructions: (Individual # 4) is encouraged to make eye contact or smile with the people she meets. (Individual # 4) is encouraged to shake hands with the people she meets in the community. (Individual # 4) is supported by staff who takes her to the places in the community where she wants to go. Frequency: Weekly."

"Desired Outcome: Outcome # 7: Money Management. (Individual # 4) enjoys shopping for the house or for her personal needs. Support Activities & Instructions: (Individual # 4) chooses two items for the house she wants to go and get from the shop. (Individual # 4) decides which personal needs she wants to get from the shop. (Individual # 4) is supported to the shop and given step by step prompts. (Individual # 4) is supported by staff to the shop of her choice to get what she planned to buy. (Individual # 4) is supported by staff who does hand-over-hand to swipe the card, collect her items and her receipt from the cashier. Frequency: Monthly. Amount: 120 minutes."

During an interview on 1/19/17 at 1:15 p.m. with ASM (administrative staff member) # 1, the program manager for (Name of Group Home), and OSM (other staff member) # 1, QDIP (Qualified Intellectual Disabilities Professional), the ISP for Individuals # 4 was reviewed. When asked how the outcomes are developed for an individual's ISP, ASM # 1 and OSM # 1 stated that they review the current goals, the preferences, and look at the communication, health and safety. ASM # 1 and OSM # 1 further stated that the outcomes are developed to help individuals develop skills to reach a level of independence. ASM # 1 further stated, "Skill

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building is important and it affects the overall wellness of the individual." ASM # 1 and OSM # 1 stated, "Outcomes should be developed in both in qualitative and quantitative forms." During the interview OSM # 1 was asked to describe the responsibility of the QIDP. OSM # 1 stated, "I'm part of the interdisciplinary team, responsible for the ISP, I conduct the quarterly reviews, conduct observations at the day programs and observe how the individual is engaged in the program and activities and how they take their lunch. I meet with the day program staff to discuss the individual's goals prior to the ISP review date and maintain communication between the day program and the home. Supervise the DSPs (direct support professionals), review the program notes to make sure they're done each day and occasionally read them. I read the progress notes to make sure they reflect the outcomes and make sure active treatment is being done." When asked if the clinical records at the day programs were supposed to be reviewed by the QIDP, OSM # 1 stated, "Yes, once a month but I haven't done that yet." When asked how long he had been the QIDP, OSM # 1 stated, "About four and a half months."

During an interview on 1/19/17 at 1:15 p.m. ASM # 1 and OSM # 1 were asked to review the ISP outcomes for Individuals # 4. When asked if Individual # 4's ISP (individual service plan) outcomes/goals for communication, socialization skills and money management were written in measurable terms, OSM # 1 stated, "No."

On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings.

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No further information was provided prior to exit.

References:

(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>.

(2) A brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain send out the wrong signals. People may have strange sensations and emotions or behave strangely. They may have violent muscle spasms or lose consciousness. This information was obtained from the website: https://medlineplus.gov/epilepsy.html.

(3) A swallowing disorder. This information was obtained from the website: <https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html>.

(4) Nearsightedness is when light entering the eye is focused incorrectly, making distant objects appear blurred. Nearsightedness is a type of refractive error of the eye. This information was obtained from the website: https://medlineplus.gov/ency/article/001023.htm.

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(5) Vitamin D helps your body absorb calcium. This information was obtained from the website: https://medlineplus.gov/vitamind.html.

3b. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 4 were in measurable terms.

The "Progress Note" for Individual # 4 dated 12/01/2016 through 1/170/2017 were reviewed. The progress notes failed to evidence documentation of the data collection of Individual # 4's ISP outcome/goal in measurable terms.

OSM # 1 was asked to review the ISP outcomes for Individuals # 4. When asked if the data collection for Individual # 4's ISP (individual service plan) outcomes/goals for communication, socialization skills and money management were written in measurable terms, OSM # 1 stated, "No."

On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings.

No further information was provided prior to exit.

W 231 483.440(c)(4)(iii) INDIVIDUAL PROGRAM PLAN W 231

The objectives of the individual program plan must be expressed in behavioral terms that provide measurable indices of performance.

This STANDARD is not met as evidenced by:

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W 231	Continued From page 28 Based on residential program record reviews, day program record review and staff interview, it was determined that the QIDP (Qualified Intellectual Disabilities Professional) failed to coordinate and monitor the individuals' active treatment programs for three of five individuals in the survey sample, Individuals # 2, # 3 and # 4. 1a. The QIDP failed to ensure objectives on the ISP (Individual Service Plan) for Individual # 2 were developed in measurable terms. 1b. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 2 were in measurable terms. 2a. The QIDP failed to ensure objectives on the ISP for Individual # 3 were developed in measurable terms. 2b. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 3 were in measurable terms. 3a. The QIDP failed to ensure objectives on the ISP for Individual # 4 were developed in measurable terms. 3b. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 4 were in measurable terms. The findings include: 1a. The QIDP failed to ensure objectives on the ISP (Individual Service Plan) for Individual # 2 were developed in measurable terms. Individual # 2 was a 46 year old male, who was	W 231	W 231 483.440(c)(4)(iii) Individual program plan-Individual #2-1a/1b 1=: QIDP will update the ISP objectives and data collection outcomes for individual #2's outcomes # 1(independent living skills), outcome #3(socialization skills), #4 (exercise skills), #5 (money management skills), #6 (communication skills), #7 (personal hygiene skills) to ensure that they are measurable and quantifiable. 2=: QIDP and Program Manager will review the ISP objectives and data collection outcomes of all other individuals in the home and update as needed to ensure that they are measurable and quantifiable. 3=: Program manager and the interdisciplinary team that develops the ISPs for each individual will ensure that subsequent ISP objectives and data collection outcomes of all individuals are developed in a measurable manner. 4=: Clinical Director and the department of Mission Effectiveness will provide support and oversight as needed to ensure that ISPs for all individuals meet the standard as stipulated by Medicaid regulations.	3/5/17

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admitted to (Name of Group Home) on 8/22/95. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), legally blind, self-injurious behavior and vitamin D deficiency (2).

Individual # 2's current ISP dated 11/01/2016 through 10/31/2017 documented,
"Desired Outcome: Outcome # 1: Independent living skills. I take care of my dirty clothes at home and my back pack at the day program.
"Support Activities & Instructions: I am going to separate my clean clothes from the dirty ones. I am going to take care of my bag pack / book bag at the day program. Instructions: 1. I am informed that it is time for me to work on my laundry. 2. I am prompted to separate my clean clothes from the dirty ones. 3. I am prompted to place the clean clothes in the short hamper. Frequency: Weekly. Amount: 45 minutes."

"Desired Outcome: Outcome # 3: Socialization Skills. I like socializing with my family members, friends, peers, neighbors, people in my community and staff. Support Activities & Instructions: 1. I go out into my community to participate in community events. 2. I interact with the people at the event by making friends, having a friendly conversation with him or her. 3. I enjoy when I say hi to someone I meet in my neighborhood. 4. I am happy when the people I get to meet treat me with respect and are willing to engage in a conversation with me. Frequency: Weekly. Amount: 30 minutes."

"Desired Outcome: Outcome # 4: Exercise Skills. Support Activities & Instructions: I like to stay physically fit and active. I am reminded that it is time to go do some exercises. I am prompted to

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put on appropriate footwear. I am prompted to go for a walk at the park or neighborhood with my peers. I am prompted to some aerobic activities indoors when the weather is not very welcoming for outdoor activities. Frequency: Weekly. Amount: 30 minutes."

"Desired Outcome: Outcome # 5: Money Management. It is important for me to shop for my personal needs and also do grocery for the house [sic]. Support Activities & Instructions: 1. At my leisure time, I practice differentiating types of money using 3D money. For example, the dollar bill as opposed to the quarter, dime, nickel and penny. 2. I am presented with a schedule on when I can go and shop. 3. I am encouraged to pick out some three household items I want to get from the shop. 4. I am encouraged to do my personal shopping to get what I need. 5. I am provided the support I need by staff. Frequency: Daily. Amount: continually."

"Desired Outcome: Outcome # 6: Communication. I like to be understood when I communicate with the people I interact with both at home and in the community. Support Activities & Instructions: 1. I am encouraged to make my views known to staff and my peers. 2. I am prompted to share my stories with the people I care about. 3. I am prompted and given the opportunity to listen to a narrative and answer questions later. 4. Staff praises me for having a constructive conversation. Frequency: Daily. Amount: continually."

"Desired Outcome: Outcome # 7: Personal Hygiene. It is important for me to be clean and presentable all the time. Support Activities & Instructions: 1. I am prompted to prepare for a

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shower by removing all clothing articles and placing them in the laundry basket meant for dirty clothes. 2. I am prompted to use some show hygiene tools to wash my body parts. 3. I spend adequate time under the water to ensure that all soap lather is properly rinsed. 4. I am prompted to use soap to wash my hands so as to get them clean. 5. I am provided some support by staff to shave and get a haircut. 6. I am reminded to wipe after a bowel movement. 7. I am praised by staff for doing a good job each time. Frequency: Daily. Amount: 45 minutes."

During an interview on 1/19/17 at 1:15 p.m. with ASM (administrative staff member) # 1, the program manager for (Name of Group Home), and OSM (other staff member) # 1, QDIP (Qualified Intellectual Disabilities Professional), the ISP for Individuals # 2 was reviewed. When asked how the outcomes are developed for an individual's ISP, ASM # 1 and OSM # 1 stated that they review the current goals, the preferences, and look at the communication, health and safety. ASM # 1 and OSM # 1 further stated that the outcomes are developed to help individuals develop skills to reach a level of independence. ASM # 1 further stated, "Skill building is important and it affects the overall wellness of the individual." ASM # 1 and OSM # 1 stated, "Outcomes should be developed in both in qualitative and quantitative forms." During the interview OSM # 1 was asked to describe the responsibility of the QIDP. OSM # 1 stated, "I'm part of the interdisciplinary team, responsible for the ISP, I conduct the quarterly reviews, conduct observations at the day programs and observe how the individual is engaged in the program and activities and how they take their lunch. I meet with the day program staff to discuss the

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individual's goals prior to the ISP review date and maintain communication between the day program and the home. Supervise the DSPs (direct support professionals), review the program notes to make sure they're done each day and occasionally read them. I read the progress notes to make sure they reflect the outcomes and make sure active treatment is being done."
When asked if the clinical records at the day programs were supposed to be reviewed by the QIDP, OSM # 1 stated, "Yes, once a month but I haven't done that yet." When asked how long he had been the QIDP, OSM # 1 stated, "About four and a half months."

OSM # 1 was asked to review the ISP outcomes for Individuals # 2. When asked if Individual # 2's ISP (individual service plan) outcomes/goals for independent living skills, socialization skills, exercise skills, money management, communication and personal hygiene were written in measurable terms, OSM # 1 stated, "No."

The facility's policy "8.1 Qualified Intellectual Disabilities Professional" documented, "The QMRP is responsible for the integration, coordination, monitoring and development of the Individual Service Plan, and to ensure quality active treatment in the program." Under "8.1.2 Qualified Intellectual Disabilities Professional Monitoring Of Services" it documented, "A. Review consumer records to include clinical, financial and medical to ensure prescribed treatment and services are being implemented correctly, documented appropriately and that any outside services have been incorporated into program services."
On 1/20/17 at 3:00 p.m. ASM (administrative staff

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member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1 were made aware of the above findings.

No further information was provided prior to exit.

References:
(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>.

(2) Vitamin D helps your body absorb calcium. This information was obtained from the website: https://medlineplus.gov/vitamind.html.

1b. The QIDP failed to ensure the data collection of the ISP (Individual Service Plan) outcomes/goals for Individual # 2 were in measurable terms.

The "Progress Note" for Individual # 2 dated 12/01/2016 through 1/170/2017 were reviewed. The progress notes failed to evidence documentation of the data collection of Individual # 2's ISP outcome/goals in measurable terms.

OSM # 1 was asked to review the ISP outcomes for Individuals # 2. When asked if the data

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collection for Individual # 2's ISP (individual service plan) outcomes/goals for independent living skills, socialization skills, exercise skills, money management, communication and personal hygiene were written in measurable terms, OSM # 1 stated, "No."

2a. The QIDP failed to ensure objectives on the ISP (Individual Service Plan) for Individual # 3 were developed in measurable terms.

Individual # 3 was a 57 year old female, who was admitted to (Name of Group Home) on 1/24/96. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), PICA (2), grand maul seizure disorder (3), non-verbal and status/post (condition after) right ankle fracture.

Individual # 3's current ISP dated 11/01/2016 through 10/31/2017 documented,

"Desired Outcome: Outcome # 2: Independent living skills. (Individual # 3) works on her skills such as cleaning, meal preparation, washing and folding laundry, house chores and her personal hygiene. "Support Activities: (Individual # 3) assists in washing dishes, laundering, meal preparation and other house chores. 2. (Individual # 3) walks to the task area where the job needs to be done. Support Instructions: Provide (Individual # 3) hand-on-hand assistance if necessary. Explain to (Individual #3) the reason for doing things in a particular way. Ask (Individual #3) to do the task on her own. Praise (Individual #3) if she completes the task. Frequency: Daily. Amount: 15 minutes."

W 231 483.440(c)(4)(iii) Individual program plan-Individual #3-2a/2b 1=: QIDP will update the ISP objectives and data collection outcomes for individual #3's outcomes # 2(independent living skills), outcome #3 (community integration) to ensure that they are measurable and quantifiable. 2=: QIDP and Program Manager will review the ISP objectives and data collection outcomes of all other individuals in the home and update as needed to ensure that they are measurable and quantifiable. 3=: Program manager and the interdisciplinary team that develops the ISPs for each individual will ensure that subsequent ISP objectives and data collection outcomes of all individuals are developed in a measurable manner. 4=: Clinical Director and the department of Mission Effectiveness will provide support and oversight as needed to ensure that ISPs for all individuals meet the standard as stipulated by Medicaid regulations.	3/5/17

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"Desired Outcome: Outcome # 3: Community Integration. (Individual # 3) participates in community outings, events and activities of her choice. Support Activities: 1. (Individual # 3) attends advocacy events. 2. (Individual # 3) volunteers in the community. 3. (Individual # 3) goes out for grocery and personal shopping. Support Instructions: Allow (Individual # 3) to choose the outing she wants to participate in by asking and/or showing her pictures and offering her choices. 2. Assist (Individual # 3) on the outing, ensuring she is safe and all needs/protocols are met. 3. While shopping allow (Individual # 3) the freedom to select what she wants to buy. If staff does not agree with her choice, offer the reason why you don't agree. 4. If (Individual # 3) is attending a community event, explain the type of event, the location, and the rationale to her. Frequency: Weekly. Amount: 60 minutes."

During an interview on 1/19/17 at 1:15 p.m. with ASM (administrative staff member) # 1, the program manager for (Name of Group Home), and OSM (other staff member) # 1, QDIP (Qualified Intellectual Disabilities Professional), the ISP for Individuals # 3 was reviewed. When asked how the outcomes are developed for an individual's ISP, ASM # 1 and OSM # 1 stated that they review the current goals, the preferences, and look at the communication, health and safety. ASM # 1 and OSM # 1 further stated that the outcomes are developed to help individuals develop skills to reach a level of independence. ASM # 1 further stated, "Skill building is important and it affects the overall wellness of the individual." ASM # 1 and OSM # 1 stated, "Outcomes should be developed in both in qualitative and quantitative forms." During the

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interview OSM # 1 was asked to describe the responsibility of the QIDP. OSM # 1 stated, "I'm part of the interdisciplinary team, responsible for the ISP, I conduct the quarterly reviews, conduct observations at the day programs and observe how the individual is engaged in the program and activities and how they take their lunch. I meet with the day program staff to discuss the individual's goals prior to the ISP review date and maintain communication between the day program and the home. Supervise the DSPs (direct support professionals), review the program notes to make sure they're done each day and occasionally read them. I read the progress notes to make sure they reflect the outcomes and make sure active treatment is being done." When asked if the clinical records at the day programs were supposed to be reviewed by the QIDP, OSM # 1 stated, "Yes, once a month but I haven't done that yet." When asked how long he had been the QIDP, OSM # 1 stated, "About four and a half months."

During an interview on 1/19/17 at 1:15 p.m. ASM # 1 and OSM # 1 were asked to review the ISP outcomes for Individuals # 3. When asked if Individual # 3's ISP (individual service plan) outcomes/goals for independent living skills and community integration were written in measurable terms OSM # 1 stated, "No."

On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings.

No further information was provided prior to exit.

References:

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(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>.

(2) A pattern of eating non-food materials, such as dirt or paper. This information was obtained from the website: https://medlineplus.gov/ency/article/001538.htm.

(3) Epilepsy is a brain disorder in which a person has repeated seizures over time. Seizures are episodes of uncontrolled and abnormal firing of brain cells that may cause changes in attention or behavior. Generalized tonic-clonic (grand mal) seizure (involves the entire body, including aura, rigid muscles, and loss of alertness). This information was obtained from the website: <https://medlineplus.gov/ency/article/000694.htm>.

2b. The QIDP failed to ensure the data collection of the ISP (Individual Service Plan) outcomes/goals for Individual # 3 were in measurable terms.

The "Progress Note" for Individual # 3 dated 12/01/2016 through 1/170/2017 were reviewed. The progress notes failed to evidence documentation of the data collection of Individual

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3's ISP outcome/goals in measurable terms.

During an interview on 1/19/17 at 1:15 p.m. ASM # 1 and OSM # 1 were asked to review the ISP outcomes for Individuals # 3. When asked if the data collection for Individual # 3's ISP (individual service plan) outcomes/goals for independent living skills and community integration were written in measurable terms, ASM # 1 and OSM # 1 stated, "No."

On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings.

No further information was provided prior to exit.

3a. The QIDP failed to ensure objectives on the ISP for Individual # 4 were developed in measurable terms.

Individual # 4 was a 63 year old female, who was admitted to (Name of Group Home) on 11/23/10. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), epilepsy (2), mild dysphagia (3), myopia (4) and vitamin D deficiency (5).

Individual # 4's current ISP dated 08/01/2016 through 07/31/2017 documented,
Based on staff interview, clinical record review and facility document review it was determined that the facility staff failed to develop objectives in measurable terms for three of five individuals in the survey sample, Individual # 1, # 2 and # 3.

1. The facility staff failed to define the following

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W 231	Continued From page 39	W 231	W 231 483.440(c)(4)(iii) Individual program plan-Individual #4-3a/3b 1=: QIDP will update the ISP objectives and data collection outcomes for individual #4's outcomes # 4(communication skills), outcome #6 (socialization skills), outcome #7 (money management skills) to ensure that they are measurable and quantifiable. 2=: QIDP and Program Manager will review the ISP objectives and data collection outcomes of all other individuals in the home and update as needed to ensure that they are measurable and quantifiable. 3=: Program manager and the interdisciplinary team that develops the ISPs for each individual will ensure that subsequent ISP objectives and data collection outcomes of all individuals are developed in a measurable manner. 4=: Clinical Director and the department of Mission Effectiveness will provide support and oversight as needed to ensure that ISPs for all individuals meet the standard as stipulated by Medicaid regulations.	3/5/17

ISP (individual service plan) outcomes/goals in measurable terms for Individual # 2: "Outcome # 1: Independent living skills; Outcome # 3: Socialization Skills; Outcome # 4: Exercise Skills; Outcome # 5: Money Management; Outcome # 6: Communication; Outcome # 7: Personal Hygiene."

2. The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 3: "Outcome # 2: Independent living skills; Outcome # 3: Community Integration; Outcome # 4: Socialization."

3. The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 4: "Outcome # 4: Communication; Outcome # 6: Socialization Skills and Outcome # 7: Money Management."

The findings include:

1. The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 2: "Outcome # 1: Independent living skills; Outcome # 3: Socialization Skills; Outcome # 4: Exercise Skills; Outcome # 5: Money Management; Outcome # 6: Communication; Outcome # 7: Personal Hygiene."

Individual # 2 was a 46 year old male, who was admitted to (Name of Group Home) on 8/22/95. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), legally blind, self-injurious behavior and vitamin D deficiency (2).

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Individual # 2's current ISP dated 11/01/2016 through 10/31/2017 documented,
"Desired Outcome: Outcome # 1: Independent living skills. I take care of my dirty clothes at home and my back pack at the day program. "Support Activities & Instructions: I am going to separate my clean clothes from the dirty ones. I am going to take care of my bag pack / book bag at the day program. Instructions: 1. I am informed that it is time for me to work on my laundry. 2. I am prompted to separate my clean clothes from the dirty ones. 3. I am prompted to place the clean clothes in the short hamper. Frequency: Weekly. Amount: 45 minutes."

"Desired Outcome: Outcome # 3: Socialization Skills. I like socializing with my family members, friends, peers, neighbors, people in my community and staff. Support Activities & Instructions: 1. I go out into my community to participate in community events. 2. I interact with the people at the event by making friends, having a friendly conversation with him or her. 3. I enjoy when I say hi to someone I meet in my neighborhood. 4. I am happy when the people I get to meet treat me with respect and are willing to engage in a conversation with me. Frequency: Weekly. Amount: 30 minutes."

"Desired Outcome: Outcome # 4: Exercise Skills. Support Activities & Instructions: I like to stay physically fit and active. I am reminded that it is time to go do some exercises. I am prompted to put on appropriate footwear. I am prompted to go for a walk at the park or neighborhood with my peers. I am prompted to some aerobic activities indoors when the weather is not very welcoming for outdoor activities. Frequency: Weekly. Amount: 30 minutes."

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"Desired Outcome: Outcome # 5: Money Management. It is important for me to shop for my personal needs and also do grocery for the house [sic]. Support Activities & Instructions: 1. At my leisure time, I practice differentiating types of money using 3D money. For example, the dollar bill as opposed to the quarter, dime, nickel and penny. 2. I am presented with a schedule on when I can go and shop. 3. I am encouraged to pick out some three household items I want to get from the shop. 4. I am encouraged to do my personal shopping to get what I need. 5. I am provided the support I need by staff. Frequency: Daily. Amount: continually."

"Desired Outcome: Outcome # 6: Communication. I like to be understood when I communicate with the people I interact with both at home and in the community. Support Activities & Instructions: 1. I am encouraged to make my views known to staff and my peers. 2. I am prompted to share my stories with the people I care about. 3. I am prompted and given the opportunity to listen to a narrative and answer questions later. 4. Staff praises me for having a constructive conversation. Frequency: Daily. Amount: continually."

"Desired Outcome: Outcome # 7: Personal Hygiene. It is important for me to be clean and presentable all the time. Support Activities & Instructions: 1. I am prompted to prepare for a shower by removing all clothing articles and placing them in the laundry basket meant for dirty clothes. 2. I am prompted to use some show hygiene tools to wash my body parts. 3. I spend adequate time under the water to ensure that all soap lather is properly rinsed. 4. I am prompted

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to use soap to wash my hands so as to get them clean. 5. I am provided some support by staff to shave and get a haircut. 6. I am reminded to wipe after a bowel movement. 7. I am praised by staff for doing a good job each time. Frequency: Daily. Amount: 45 minutes."

During an interview on 1/19/17 at 1:15 p.m. with ASM (administrative staff member) # 1, the program manager for (Name of Group Home), and OSM (other staff member) # 1, QDIP (Qualified Intellectual Disabilities Professional), the ISP for Individuals # 2 was reviewed. When asked how the outcomes are developed for an individual's ISP, ASM # 1 and OSM # 1 stated that they review the current goals, the preferences, and look at the communication, health and safety. ASM # 1 and OSM # 1 further stated that the outcomes are developed to help individuals develop skills to reach a level of independence. ASM # 1 further stated, "Skill building is important and it affects the overall wellness of the individual." ASM # 1 and OSM # 1 stated, "Outcomes should be developed in both in qualitative and quantitative forms." During the interview ASM # 1 and OSM # 1 were asked to review the ISP outcomes for Individuals # 2. When asked if Individual # 2's ISP (individual service plan) outcomes/goals for independent living skills, socialization skills, exercise skills, money management, communication and personal hygiene were written in measurable terms, ASM # 1 and OSM # 1 stated, "No."

The facility's policy "4.1 Individual Service Plan (ISP)" documented, "4.1.3 Procedures: C. (Name of Corporation) ensures that an ISP will contain at a minimum: 4. Goals / outcomes and

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measurable objectives / desired outcomes for addressing each identified need. 4.1.4 Individual Service Plan (ISP) Development. E. Goals / Outcomes and Objectives/Desired Outcomes: The objectives / desired outcomes will be expressed in terms that are behavioral and provide measurable indexes of progress."

On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings.

No further information was provided prior to exit.

References:
(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>.

(2) Vitamin D helps your body absorb calcium. This information was obtained from the website: https://medlineplus.gov/vitamind.html.

2. The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 3: "Outcome # 2: Independent living skills; Outcome # 3: Community Integration; Outcome # 4:

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Socialization."

Individual # 3 was a 57 year old female, who was admitted to (Name of Group Home) on 1/24/96. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), PICA (2), grand maul seizure disorder (3), non-verbal and status/post (condition after) right ankle fracture.

Individual # 3's current ISP dated 11/01/2016 through 10/31/2017 documented,

"Desired Outcome: Outcome # 2: Independent living skills. (Individual # 3) works on her skills such as cleaning, meal preparation, washing and folding laundry, house chores and her personal hygiene. "Support Activities: (Individual # 3) assists in washing dishes, laundering, meal preparation and other house chores. 2. (Individual # 3) walks to the task area where the job needs to be done. Support Instructions: Provide (Individual # 3) hand-on-hand assistance if necessary. Explain to (Individual #3) the reason for doing things in a particular way. Ask (Individual #3) to do the task on her own. Praise (Individual #3) if she completes the task. Frequency: Daily. Amount: 15 minutes."

"Desired Outcome: Outcome # 3: Community Integration. (Individual # 3) participates in community outings, events and activities of her choice. Support Activities: 1. (Individual # 3) attends advocacy events. 2. (Individual # 3) volunteers in the community. 3. (Individual # 3) goes out for grocery and personal shopping. Support Instructions: Allow (Individual # 3) to choose the outing she wants to participate in by asking and/or showing her pictures and offering

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her choices. 2. Assist (Individual # 3) on the outing, ensuring she is safe and all needs/protocols are met. 3. While shopping allow (Individual # 3) the freedom to select what she wants to buy. If staff does not agree with her choice, offer the reason why you don't agree. 4. If (Individual # 3) is attending a community event, explain the type of event, the location, and the rationale to her. Frequency: Weekly. Amount: 60 minutes."

During an interview on 1/19/17 at 1:15 p.m. with ASM (administrative staff member) # 1, the program manager for (Name of Group Home), and OSM (other staff member) # 1, QDIP (Qualified Intellectual Disabilities Professional), the ISP for Individuals # 3 was reviewed. When asked how the outcomes are developed for an individual's ISP, ASM # 1 and OSM # 1 stated that they review the current goals, the preferences, and look at the communication, health and safety. ASM # 1 and OSM # 1 further stated that the outcomes are developed to help individuals develop skills to reach a level of independence. ASM # 1 further stated, "Skill building is important and it affects the overall wellness of the individual." ASM # 1 and OSM # 1 stated, "Outcomes should be developed in both in qualitative and quantitative forms." During the interview, ASM # 1 and OSM # 1 were asked to review Individuals # 3's ISP outcomes. When asked if Individuals # 3's ISP (individual service plan) outcomes/goals for independent living skills, community integration and socialization skills were written in measurable terms, ASM # 1 and OSM # 1 stated, "No."

On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of

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Group Home) and RN (registered nurse) # 1were made aware of the above findings.

No further information was provided prior to exit.

References:
(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>.

(2) A pattern of eating non-food materials, such as dirt or paper. This information was obtained from the website: https://medlineplus.gov/ency/article/001538.htm.

(3) Epilepsy is a brain disorder in which a person has repeated seizures over time. Seizures are episodes of uncontrolled and abnormal firing of brain cells that may cause changes in attention or behavior. Generalized tonic-clonic (grand mal) seizure (involves the entire body, including aura, rigid muscles, and loss of alertness). This information was obtained from the website: <https://medlineplus.gov/ency/article/000694.htm>.

3. The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 4: "Outcome #

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4: Communication; Outcome # 6: Socialization Skills and Outcome # 7: Money Management."

Individual # 4 was a 63 year old female, who was admitted to (Name of Group Home) on 11/23/10. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), epilepsy (2), mild dysphagia (3), myopia (4) and vitamin D deficiency (5).

Individual # 4's current ISP dated 08/01/2016 through 07/31/2017 documented, "Desired Outcome: Outcome # 4: Communication. (Individual # 4) is non-verbal and she communicates using her non-verbal cues. Support Activities & Instructions: (Individual # 4) uses her body gesture to communicate her wants and needs to staff and to her peers. (Individual # 4) walks toward staff when she needs something. (Individual # 4) walks into the kitchen when she wants to eat. (Individual # 4) is presented with a picture book to choose what she wants and she points to it. (Individual # 4) makes loud vocalizations when she is tired, hungry, engage in something or when she wants to go somewhere. Frequency: Daily."

"Desired Outcome: Outcome # 6: Socialization Skills. (Individual # 4) is good at using body gestures and body language to greet. Support Activities & Instructions: (Individual # 4) is encouraged to make eye contact or smile with the people she meets. (Individual # 4) is encouraged to shake hands with the people she meets in the community. (Individual # 4) is supported by staff who takes her to the places in the community where she wants to go. Frequency: Weekly."

"Desired Outcome: Outcome # 7: Money

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Management. (Individual # 4) enjoys shopping for the house or for her personal needs. Support Activities & Instructions: (Individual # 4) chooses two items for the house she wants to go and get from the shop. (Individual # 4) decides which personal needs she wants to get from the shop. (Individual # 4) is supported to the shop and given step by step prompts. (Individual # 4) is supported by staff to the shop of her choice to get what she planned to buy. (Individual # 4) is supported by staff who does hand-over-hand to swipe the card, collect her items and her receipt from the cashier. Frequency: Monthly. Amount: 120 minutes."

During an interview on 1/19/17 at 1:15 p.m. with ASM (administrative staff member) # 1, the program manager for (Name of Group Home), and OSM (other staff member) # 1, QDIP (Qualified Intellectual Disabilities Professional), the ISP for Individuals # 3 was reviewed. When asked how the outcomes are developed for an individual's ISP, ASM # 1 and OSM # 1 stated that they review the current goals, the preferences, and look at the communication, health and safety. ASM # 1 and OSM # 1 further stated that the outcomes are developed to help individuals develop skills to reach a level of independence. ASM # 1 further stated, "Skill building is important and it affects the overall wellness of the individual." ASM # 1 and OSM # 1 stated, "Outcomes should be developed in both in qualitative and quantitative forms." During the interview, ASM # 1 and OSM # 1 were asked to review the ISP outcomes for Individual # 4. When asked if Individuals # 4's (individual service plan) outcomes/goals for socialization skills and money management were written in measurable terms, ASM # 1 and OSM # 1 stated, "No."

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On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings.

No further information was provided prior to exit.

References:

(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>.

(2) A brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain send out the wrong signals. People may have strange sensations and emotions or behave strangely. They may have violent muscle spasms or lose consciousness. This information was obtained from the website: https://medlineplus.gov/epilepsy.html.

(3) A swallowing disorder. This information was obtained from the website: <https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html>.

(4) Nearsightedness is when light entering the

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eye is focused incorrectly, making distant objects appear blurred. Nearsightedness is a type of refractive error of the eye. This information was obtained from the website: https://medlineplus.gov/ency/article/001023.htm.

(5) Vitamin D helps your body absorb calcium. This information was obtained from the website: https://medlineplus.gov/vitamind.html.

During an interview on 1/19/17 at 1:15 p.m. with ASM (administrative staff member) # 1, the program manager for (Name of Group Home), and OSM (other staff member) # 1, QDIP (Qualified Intellectual Disabilities Professional), the ISP for Individuals # 4 was reviewed. When asked how the outcomes are developed for an individual's ISP, ASM # 1 and OSM # 1 stated that they review the current goals, the preferences, and look at the communication, health and safety. ASM # 1 and OSM # 1 further stated that the outcomes are developed to help individuals develop skills to reach a level of independence. ASM # 1 further stated, "Skill building is important and it affects the overall wellness of the individual." ASM # 1 and OSM # 1 stated, "Outcomes should be developed in both in qualitative and quantitative forms." During the interview OSM # 1 was asked to describe the responsibility of the QIDP. OSM # 1 stated, "I'm part of the interdisciplinary team, responsible for the ISP, I conduct the quarterly reviews, conduct observations at the day programs and observe how the individual is engaged in the program and activities and how they take their lunch. I meet with the day program staff to discuss the individual's goals prior to the ISP review date and maintain communication between the day program and the home. Supervise the DSPs

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(direct support professionals), review the program notes to make sure they're done each day and occasionally read them. I read the progress notes to make sure they reflect the outcomes and make sure active treatment is being done." When asked if the clinical records at the day programs were supposed to be reviewed by the QIDP, OSM # 1 stated, "Yes, once a month but I haven't done that yet." When asked how long he had been the QIDP, OSM # 1 stated, "About four and a half months."

During an interview on 1/19/17 at 1:15 p.m. ASM # 1 and OSM # 1 were asked to review the ISP outcomes for Individuals # 4. When asked if Individual # 4's ISP (individual service plan) outcomes/goals for communication, socialization skills and money management were written in measurable terms, OSM # 1 stated, "No."

On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings.

No further information was provided prior to exit.

References:

(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website:

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<https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>.

(2) A brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain send out the wrong signals. People may have strange sensations and emotions or behave strangely. They may have violent muscle spasms or lose consciousness. This information was obtained from the website: https://medlineplus.gov/epilepsy.html.

(3) A swallowing disorder. This information was obtained from the website: <https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html>.

(4) Nearsightedness is when light entering the eye is focused incorrectly, making distant objects appear blurred. Nearsightedness is a type of refractive error of the eye. This information was obtained from the website: https://medlineplus.gov/ency/article/001023.htm.

(5) Vitamin D helps your body absorb calcium. This information was obtained from the website: https://medlineplus.gov/vitamind.html.

3b. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 4 were in measurable terms.

The "Progress Note" for Individual # 4 dated 12/01/2016 through 1/170/2017 were reviewed. The progress notes failed to evidence documentation of the data collection of Individual # 4's ISP outcome/goal in measurable terms.

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W 231	Continued From page 53 OSM # 1 was asked to review the ISP outcomes for Individuals # 4. When asked if the data collection for Individual # 4's ISP (individual service plan) outcomes/goals for communication, socialization skills and money management were written in measurable terms, OSM # 1 stated, "No." On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings. No further information was provided prior to exit.	W 231		
W 252	483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on residential program record reviews, day program record review and staff interview, it was determined that the QIDP (Qualified Intellectual Disabilities Professional) failed to coordinate and monitor the individuals' active treatment programs for three of five individuals in the survey sample, Individuals # 2, # 3 and # 4. 1a. The QIDP failed to ensure objectives on the ISP (Individual Service Plan) for Individual # 2 were developed in measurable terms. 1b. The QIDP failed to ensure the data collection	W 252		

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W 252	Continued From page 54	W 252	W 252 483.440(e)(1)-Program documentation: Individual #2- 1a/1b. 1=: QIDP will update the ISP objectives and data collection outcomes for individual #2's outcomes # 1(independent living skills), outcome #3(socialization skills), #4 (exercise skills), #5 (money management skills), #6 (communication skills), #7 (personal hygiene skills) to ensure that they are measurable and quantifiable. 2=: QIDP and Program Manager will review the ISP objectives and data collection outcomes of all other individuals in the home and update as needed to ensure that they are measurable and quantifiable. 3=: Program manager and the interdisciplinary team that develops the ISPs for each individual will ensure that subsequent ISP objectives and data collection outcomes of all individuals are developed in a measurable manner. 4=: Clinical Director and the department of Mission Effectiveness will provide support and oversight as needed to ensure that ISPs for all individuals meet the standard as stipulated by Medicaid regulations.	3/5/17

of the ISP outcomes/goals for Individual # 2 were in measurable terms.

2a. The QIDP failed to ensure objectives on the ISP for Individual # 3 were developed in measurable terms.

2b. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 3 were in measurable terms.

3a. The QIDP failed to ensure objectives on the ISP for Individual # 4 were developed in measurable terms.

3b. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 4 were in measurable terms.

The findings include:

1a. The QIDP failed to ensure objectives on the ISP (Individual Service Plan) for Individual # 2 were developed in measurable terms.

Individual # 2 was a 46 year old male, who was admitted to (Name of Group Home) on 8/22/95. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), legally blind, self-injurious behavior and vitamin D deficiency (2).

Individual # 2's current ISP dated 11/01/2016 through 10/31/2017 documented,
"Desired Outcome: Outcome # 1: Independent living skills. I take care of my dirty clothes at home and my back pack at the day program.
"Support Activities & Instructions: I am going to separate my clean clothes from the dirty ones. I

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am going to take care of my bag pack / book bag at the day program. Instructions: 1. I am informed that it is time for me to work on my laundry. 2. I am prompted to separate my clean clothes from the dirty ones. 3. I am prompted to place the clean clothes in the short hamper. Frequency: Weekly. Amount: 45 minutes."

"Desired Outcome: Outcome # 3: Socialization Skills. I like socializing with my family members, friends, peers, neighbors, people in my community and staff. Support Activities & Instructions: 1. I go out into my community to participate in community events. 2. I interact with the people at the event by making friends, having a friendly conversation with him or her. 3. I enjoy when I say hi to someone I meet in my neighborhood. 4. I am happy when the people I get to meet treat me with respect and are willing to engage in a conversation with me. Frequency: Weekly. Amount: 30 minutes."

"Desired Outcome: Outcome # 4: Exercise Skills. Support Activities & Instructions: I like to stay physically fit and active. I am reminded that it is time to go do some exercises. I am prompted to put on appropriate footwear. I am prompted to go for a walk at the park or neighborhood with my peers. I am prompted to some aerobic activities indoors when the weather is not very welcoming for outdoor activities. Frequency: Weekly. Amount: 30 minutes."

"Desired Outcome: Outcome # 5: Money Management. It is important for me to shop for my personal needs and also do grocery for the house [sic]. Support Activities & Instructions: 1. At my leisure time, I practice differentiating types of money using 3D money. For example, the

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dollar bill as opposed to the quarter, dime, nickel and penny. 2. I am presented with a schedule on when I can go and shop. 3. I am encouraged to pick out some three household items I want to get from the shop. 4. I am encouraged to do my personal shopping to get what I need. 5. I am provided the support I need by staff. Frequency: Daily. Amount: continually."

"Desired Outcome: Outcome # 6: Communication. I like to be understood when I communicate with the people I interact with both at home and in the community. Support Activities & Instructions: 1. I am encouraged to make my views known to staff and my peers. 2. I am prompted to share my stories with the people I care about. 3. I am prompted and given the opportunity to listen to a narrative and answer questions later. 4. Staff praises me for having a constructive conversation. Frequency: Daily. Amount: continually."

"Desired Outcome: Outcome # 7: Personal Hygiene. It is important for me to be clean and presentable all the time. Support Activities & Instructions: 1. I am prompted to prepare for a shower by removing all clothing articles and placing them in the laundry basket meant for dirty clothes. 2. I am prompted to use some show. hygiene tools to wash my body parts. 3. I spend adequate time under the water to ensure that all soap lather is properly rinsed. 4. I am prompted to use soap to wash my hands so as to get them clean. 5. I am provided some support by staff to shave and get a haircut. 6. I am reminded to wipe after a bowel movement. 7. I am praised by staff for doing a good job each time. Frequency: Daily. Amount: 45 minutes."

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During an interview on 1/19/17 at 1:15 p.m. with ASM (administrative staff member) # 1, the program manager for (Name of Group Home), and OSM (other staff member) # 1, QDIP (Qualified Intellectual Disabilities Professional), the ISP for Individuals # 2 was reviewed. When asked how the outcomes are developed for an individual's ISP, ASM # 1 and OSM # 1 stated that they review the current goals, the preferences, and look at the communication, health and safety. ASM # 1 and OSM # 1 further stated that the outcomes are developed to help individuals develop skills to reach a level of independence. ASM # 1 further stated, "Skill building is important and it affects the overall wellness of the individual." ASM # 1 and OSM # 1 stated, "Outcomes should be developed in both in qualitative and quantitative forms." During the interview OSM # 1 was asked to describe the responsibility of the QIDP. OSM # 1 stated, "I'm part of the interdisciplinary team, responsible for the ISP, I conduct the quarterly reviews, conduct observations at the day programs and observe how the individual is engaged in the program and activities and how they take their lunch. I meet with the day program staff to discuss the individual's goals prior to the ISP review date and maintain communication between the day program and the home. Supervise the DSPs (direct support professionals), review the program notes to make sure they're done each day and occasionally read them. I read the progress notes to make sure they reflect the outcomes and make sure active treatment is being done." When asked if the clinical records at the day programs were supposed to be reviewed by the QIDP, OSM # 1 stated, "Yes, once a month but I haven't done that yet." When asked how long he had been the QIDP, OSM # 1 stated, "About four

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and a half months."

OSM # 1 was asked to review the ISP outcomes for Individuals # 2. When asked if Individual # 2's ISP (individual service plan) outcomes/goals for independent living skills, socialization skills, exercise skills, money management, communication and personal hygiene were written in measurable terms, OSM # 1 stated, "No."

The facility's policy "8.1 Qualified Intellectual Disabilities Professional" documented, "The QMRP is responsible for the integration, coordination, monitoring and development of the Individual Service Plan, and to ensure quality active treatment in the program." Under "8.1.2 Qualified Intellectual Disabilities Professional Monitoring Of Services" it documented, "A. Review consumer records to include clinical, financial and medical to ensure prescribed treatment and services are being implemented correctly, documented appropriately and that any outside services have been incorporated into program services."
On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1 were made aware of the above findings.

No further information was provided prior to exit.

References:
(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as

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autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>.

(2) Vitamin D helps your body absorb calcium. This information was obtained from the website: https://medlineplus.gov/vitamind.html.

1b. The QIDP failed to ensure the data collection of the ISP (Individual Service Plan) outcomes/goals for Individual # 2 were in measurable terms.

The "Progress Note" for Individual # 2 dated 12/01/2016 through 1/170/2017 were reviewed. The progress notes failed to evidence documentation of the data collection of Individual # 2's ISP outcome/goals in measurable terms.

OSM # 1 was asked to review the ISP outcomes for Individuals # 2. When asked if the data collection for Individual # 2's ISP (individual service plan) outcomes/goals for independent living skills, socialization skills, exercise skills, money management, communication and personal hygiene were written in measurable terms, OSM # 1 stated, "No."

2a. The QIDP failed to ensure objectives on the ISP (Individual Service Plan) for Individual # 3 were developed in measurable terms.

Individual # 3 was a 57 year old female, who was

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W 252	Continued From page 60	W 252	W 252 483.440(e)(1)-Program documentation: Individual #3- 2a/2b. 1=: QIDP will update the ISP objectives and data collection outcomes for individual #3's outcomes # 2(independent living skills), outcome #3 (community integration) to ensure that they are measurable and quantifiable. 2=: QIDP and Program Manager will review the ISP objectives and data collection outcomes of all other individuals in the home and update as needed to ensure that they are measurable and quantifiable. 3=: Program manager and the interdisciplinary team that develops the ISPs for each individual will ensure that subsequent ISP objectives and data collection outcomes of all individuals are developed in a measurable manner. 4=: Clinical Director and the department of Mission Effectiveness will provide support and oversight as needed to ensure that ISPs for all individuals meet the standard as stipulated by Medicaid regulations.	3/5/17

admitted to (Name of Group Home) on 1/24/96. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), PICA (2), grand maul seizure disorder (3), non-verbal and status/post (condition after) right ankle fracture.

Individual # 3's current ISP dated 11/01/2016 through 10/31/2017 documented,

"Desired Outcome: Outcome # 2: Independent living skills. (Individual # 3) works on her skills such as cleaning, meal preparation, washing and folding laundry, house chores and her personal hygiene. "Support Activities: (Individual # 3) assists in washing dishes, laundering, meal preparation and other house chores. 2. (Individual # 3) walks to the task area where the job needs to be done. Support Instructions: Provide (Individual # 3) hand-on-hand assistance if necessary. Explain to (Individual #3) the reason for doing things in a particular way. Ask (Individual #3) to do the task on her own. Praise (Individual #3) if she completes the task. Frequency: Daily. Amount: 15 minutes."

"Desired Outcome: Outcome # 3: Community Integration. (Individual # 3) participates in community outings, events and activities of her choice. Support Activities: 1. (Individual # 3) attends advocacy events. 2. (Individual # 3) volunteers in the community. 3. (Individual # 3) goes out for grocery and personal shopping. Support Instructions: Allow (Individual # 3) to choose the outing she wants to participate in by asking and/or showing her pictures and offering her choices. 2. Assist (Individual # 3) on the outing, ensuring she is safe and all needs/protocols are met. 3. While shopping

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allow (Individual # 3) the freedom to select what she wants to buy. If staff does not agree with her choice, offer the reason why you don't agree. 4. If (Individual # 3) is attending a community event, explain the type of event, the location, and the rationale to her. Frequency: Weekly. Amount: 60 minutes."

During an interview on 1/19/17 at 1:15 p.m. with ASM (administrative staff member) # 1, the program manager for (Name of Group Home), and OSM (other staff member) # 1, QDIP (Qualified Intellectual Disabilities Professional), the ISP for Individuals # 3 was reviewed. When asked how the outcomes are developed for an individual's ISP, ASM # 1 and OSM # 1 stated that they review the current goals, the preferences, and look at the communication, health and safety. ASM # 1 and OSM # 1 further stated that the outcomes are developed to help individuals develop skills to reach a level of independence. ASM # 1 further stated, "Skill building is important and it affects the overall wellness of the individual." ASM # 1 and OSM # 1 stated, "Outcomes should be developed in both in qualitative and quantitative forms." During the interview OSM # 1 was asked to describe the responsibility of the QIDP. OSM # 1 stated, "I'm part of the interdisciplinary team, responsible for the ISP, I conduct the quarterly reviews, conduct observations at the day programs and observe how the individual is engaged in the program and activities and how they take their lunch. I meet with the day program staff to discuss the individual's goals prior to the ISP review date and maintain communication between the day program and the home. Supervise the DSPs (direct support professionals), review the program notes to make sure they're done each day and

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occasionally read them. I read the progress notes to make sure they reflect the outcomes and make sure active treatment is being done." When asked if the clinical records at the day programs were supposed to be reviewed by the QIDP, OSM # 1 stated, "Yes, once a month but I haven't done that yet." When asked how long he had been the QIDP, OSM # 1 stated, "About four and a half months."

During an interview on 1/19/17 at 1:15 p.m. ASM # 1 and OSM # 1 were asked to review the ISP outcomes for Individuals # 3. When asked if Individual # 3's ISP (individual service plan) outcomes/goals for independent living skills and community integration were written in measurable terms OSM # 1 stated, "No."

On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings.

No further information was provided prior to exit.

References:
(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>.

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(2) A pattern of eating non-food materials, such as dirt or paper. This information was obtained from the website: https://medlineplus.gov/ency/article/001538.htm.

(3) Epilepsy is a brain disorder in which a person has repeated seizures over time. Seizures are episodes of uncontrolled and abnormal firing of brain cells that may cause changes in attention or behavior. Generalized tonic-clonic (grand mal) seizure (involves the entire body, including aura, rigid muscles, and loss of alertness). This information was obtained from the website: <https://medlineplus.gov/ency/article/000694.htm >.

2b. The QIDP failed to ensure the data collection of the ISP (Individual Service Plan) outcomes/goals for Individual # 3 were in measurable terms.

The "Progress Note" for Individual # 3 dated 12/01/2016 through 1/170/2017 were reviewed. The progress notes failed to evidence documentation of the data collection of Individual # 3's ISP outcome/goals in measurable terms.

During an interview on 1/19/17 at 1:15 p.m. ASM # 1 and OSM # 1 were asked to review the ISP outcomes for Individuals # 3. When asked if the data collection for Individual # 3's ISP (individual service plan) outcomes/goals for independent living skills and community integration were written in measurable terms, ASM # 1 and OSM # 1 stated, "No."

On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of

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W 252	Continued From page 64	W 252	W 252 483.440(e)(1)-Program documentation: Individual #4-3a/3b 1=: QIDP will update the ISP objectives and data collection outcomes for individual #4's outcomes # 4(communication skills), outcome #6 (socialization skills), outcome #7 (money management skills) to ensure that they are measurable and quantifiable. 2=: QIDP and Program Manager will review the ISP objectives and data collection outcomes of all other individuals in the home and update as needed to ensure that they are measurable and quantifiable. 3=: Program manager and the interdisciplinary team that develops the ISPs for each individual will ensure that subsequent ISP objectives and data collection outcomes of all individuals are developed in a measurable manner. 4=: Clinical Director and the department of Mission Effectiveness will provide support and oversight as needed to ensure that ISPs for all individuals meet the standard as stipulated by Medicaid regulations.	3/5/17

Group Home) and RN (registered nurse) # 1were made aware of the above findings.

No further information was provided prior to exit.

3a. The QIDP failed to ensure objectives on the ISP for Individual # 4 were developed in measurable terms.

Individual # 4 was a 63 year old female, who was admitted to (Name of Group Home) on 11/23/10. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), epilepsy (2), mild dysphagia (3), myopia (4) and vitamin D deficiency (5).

Individual # 4's current ISP dated 08/01/2016 through 07/31/2017 documented,
Based on staff interview, clinical record review and facility document review it was determined that the facility staff failed to develop objectives in measurable terms for three of five individuals in the survey sample, Individual # 1, # 2 and # 3.

1. The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 2: "Outcome # 1: Independent living skills; Outcome # 3: Socialization Skills; Outcome # 4: Exercise Skills; Outcome # 5: Money Management; Outcome # 6: Communication; Outcome # 7: Personal Hygiene."

2. The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 3: "Outcome # 2: Independent living skills; Outcome # 3: Community Integration; Outcome # 4:

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Socialization."

3. The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 4: "Outcome # 4: Communication; Outcome # 6: Socialization Skills and Outcome # 7: Money Management."

The findings include:

1. The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 2: "Outcome # 1: Independent living skills; Outcome # 3: Socialization Skills; Outcome # 4: Exercise Skills; Outcome # 5: Money Management; Outcome # 6: Communication; Outcome # 7: Personal Hygiene."

Individual # 2 was a 46 year old male, who was admitted to (Name of Group Home) on 8/22/95. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), legally blind, self-injurious behavior and vitamin D deficiency (2).

Individual # 2's current ISP dated 11/01/2016 through 10/31/2017 documented, "Desired Outcome: Outcome # 1: Independent living skills. I take care of my dirty clothes at home and my back pack at the day program. "Support Activities & Instructions: I am going to separate my clean clothes from the dirty ones. I am going to take care of my bag pack / book bag at the day program. Instructions: 1. I am informed that it is time for me to work on my laundry. 2. I am prompted to separate my clean clothes from the dirty ones. 3. I am prompted to place the clean clothes in the short hamper.

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Frequency: Weekly. Amount: 45 minutes."

"Desired Outcome: Outcome # 3: Socialization Skills. I like socializing with my family members, friends, peers, neighbors, people in my community and staff. Support Activities & Instructions: 1. I go out into my community to participate in community events. 2. I interact with the people at the event by making friends, having a friendly conversation with him or her. 3. I enjoy when I say hi to someone I meet in my neighborhood. 4. I am happy when the people I get to meet treat me with respect and are willing to engage in a conversation with me. Frequency: Weekly. Amount: 30 minutes."

"Desired Outcome: Outcome # 4: Exercise Skills. Support Activities & Instructions: I like to stay physically fit and active. I am reminded that it is time to go do some exercises. I am prompted to put on appropriate footwear. I am prompted to go for a walk at the park or neighborhood with my peers. I am prompted to some aerobic activities indoors when the weather is not very welcoming for outdoor activities. Frequency: Weekly. Amount: 30 minutes."

"Desired Outcome: Outcome # 5: Money Management. It is important for me to shop for my personal needs and also do grocery for the house [sic]. Support Activities & Instructions: 1. At my leisure time, I practice differentiating types of money using 3D money. For example, the dollar bill as opposed to the quarter, dime, nickel and penny. 2. I am presented with a schedule on when I can go and shop. 3. I am encouraged to pick out some three household items I want to get from the shop. 4. I am encouraged to do my personal shopping to get what I need. 5. I am

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provided the support I need by staff. Frequency: Daily. Amount: continually."

"Desired Outcome: Outcome # 6: Communication. I like to be understood when I communicate with the people I interact with both at home and in the community. Support Activities & Instructions: 1. I am encouraged to make my views known to staff and my peers. 2. I am prompted to share my stories with the people I care about. 3. I am prompted and given the opportunity to listen to a narrative and answer questions later. 4. Staff praises me for having a constructive conversation. Frequency: Daily. Amount: continually."

"Desired Outcome: Outcome # 7: Personal Hygiene. It is important for me to be clean and presentable all the time. Support Activities & Instructions: 1. I am prompted to prepare for a shower by removing all clothing articles and placing them in the laundry basket meant for dirty clothes. 2. I am prompted to use some show hygiene tools to wash my body parts. 3. I spend adequate time under the water to ensure that all soap lather is properly rinsed. 4. I am prompted to use soap to wash my hands so as to get them clean. 5. I am provided some support by staff to shave and get a haircut. 6. I am reminded to wipe after a bowel movement. 7. I am praised by staff for doing a good job each time. Frequency: Daily. Amount: 45 minutes."

During an interview on 1/19/17 at 1:15 p.m. with ASM (administrative staff member) # 1, the program manager for (Name of Group Home), and OSM (other staff member) # 1, QDIP (Qualified Intellectual Disabilities Professional),

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the ISP for Individuals # 2 was reviewed. When asked how the outcomes are developed for an individual's ISP, ASM # 1 and OSM # 1 stated that they review the current goals, the preferences, and look at the communication, health and safety. ASM # 1 and OSM # 1 further stated that the outcomes are developed to help individuals develop skills to reach a level of independence. ASM # 1 further stated, "Skill building is important and it affects the overall wellness of the individual." ASM # 1 and OSM # 1 stated, "Outcomes should be developed in both in qualitative and quantitative forms." During the interview ASM # 1 and OSM # 1 were asked to review the ISP outcomes for Individuals # 2. When asked if Individual # 2's ISP (individual service plan) outcomes/goals for independent living skills, socialization skills, exercise skills, money management, communication and personal hygiene were written in measurable terms, ASM # 1 and OSM # 1 stated, "No."

The facility's policy "4.1 Individual Service Plan (ISP)" documented, "4.1.3 Procedures: C. (Name of Corporation) ensures that an ISP will contain at a minimum: 4. Goals / outcomes and measurable objectives / desired outcomes for addressing each identified need. 4.1.4 Individual Service Plan (ISP) Development. E. Goals / Outcomes and Objectives/Desired Outcomes: The objectives / desired outcomes will be expressed in terms that are behavioral and provide measurable indexes of progress."

On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings.

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No further information was provided prior to exit.

References:
(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>.

(2) Vitamin D helps your body absorb calcium. This information was obtained from the website: https://medlineplus.gov/vitamind.html.

2. The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 3: "Outcome # 2: Independent living skills; Outcome # 3: Community Integration; Outcome # 4: Socialization."

Individual # 3 was a 57 year old female, who was admitted to (Name of Group Home) on 1/24/96. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), PICA (2), grand maul seizure disorder (3), non-verbal and status/post (condition after) right ankle fracture.

Individual # 3's current ISP dated 11/01/2016 through 10/31/2017 documented,

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"Desired Outcome: Outcome # 2: Independent living skills. (Individual # 3) works on her skills such as cleaning, meal preparation, washing and folding laundry, house chores and her personal hygiene. "Support Activities: (Individual # 3) assists in washing dishes, laundering, meal preparation and other house chores. 2. (Individual # 3) walks to the task area where the job needs to be done. Support Instructions: Provide (Individual # 3) hand-on-hand assistance if necessary. Explain to (Individual #3) the reason for doing things in a particular way. Ask (Individual #3) to do the task on her own. Praise (Individual #3) if she completes the task. Frequency: Daily. Amount: 15 minutes."

"Desired Outcome: Outcome # 3: Community Integration. (Individual # 3) participates in community outings, events and activities of her choice. Support Activities: 1. (Individual # 3) attends advocacy events. 2. (Individual # 3) volunteers in the community. 3. (Individual # 3) goes out for grocery and personal shopping. Support Instructions: Allow (Individual # 3) to choose the outing she wants to participate in by asking and/or showing her pictures and offering her choices. 2. Assist (Individual # 3) on the outing, ensuring she is safe and all needs/protocols are met. 3. While shopping allow (Individual # 3) the freedom to select what she wants to buy. If staff does not agree with her choice, offer the reason why you don't agree. 4. If (Individual # 3) is attending a community event, explain the type of event, the location, and the rationale to her. Frequency: Weekly. Amount: 60 minutes."

During an interview on 1/19/17 at 1:15 p.m. with ASM (administrative staff member) # 1, the

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program manager for (Name of Group Home), and OSM (other staff member) # 1, QDIP (Qualified Intellectual Disabilities Professional), the ISP for Individuals # 3 was reviewed. When asked how the outcomes are developed for an individual's ISP, ASM # 1 and OSM # 1 stated that they review the current goals, the preferences, and look at the communication, health and safety. ASM # 1 and OSM # 1 further stated that the outcomes are developed to help individuals develop skills to reach a level of independence. ASM # 1 further stated, "Skill building is important and it affects the overall wellness of the individual." ASM # 1 and OSM # 1 stated, "Outcomes should be developed in both in qualitative and quantitative forms." During the interview, ASM # 1 and OSM # 1 were asked to review Individuals # 3's ISP outcomes. When asked if Individuals # 3's ISP (individual service plan) outcomes/goals for independent living skills, community integration and socialization skills were written in measurable terms, ASM # 1 and OSM # 1 stated, "No."

On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings.

No further information was provided prior to exit.

References:
(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical

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causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>.

(2) A pattern of eating non-food materials, such as dirt or paper. This information was obtained from the website: https://medlineplus.gov/ency/article/001538.htm.

(3) Epilepsy is a brain disorder in which a person has repeated seizures over time. Seizures are episodes of uncontrolled and abnormal firing of brain cells that may cause changes in attention or behavior. Generalized tonic-clonic (grand mal) seizure (involves the entire body, including aura, rigid muscles, and loss of alertness). This information was obtained from the website: <https://medlineplus.gov/ency/article/000694.htm>.

3. The facility staff failed to define the following ISP (individual service plan) outcomes/goals in measurable terms for Individual # 4: "Outcome # 4: Communication; Outcome # 6: Socialization Skills and Outcome # 7: Money Management."

Individual # 4 was a 63 year old female, who was admitted to (Name of Group Home) on 11/23/10. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), epilepsy (2), mild dysphagia (3), myopia (4) and vitamin D deficiency (5).

Individual # 4's current ISP dated 08/01/2016 through 07/31/2017 documented, "Desired Outcome: Outcome # 4:

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Communication. (Individual # 4) is non-verbal and she communicates using her non-verbal cues. Support Activities & Instructions: (Individual # 4) uses her body gesture to communicate her wants and needs to staff and to her peers. (Individual # 4) walks toward staff when she needs something. (Individual # 4) walks into the kitchen when she wants to eat. (Individual # 4) is presented with a picture book to choose what she wants and she points to it. (Individual # 4) makes loud vocalizations when she is tired, hungry, engage in something or when she wants to go somewhere. Frequency: Daily."

"Desired Outcome: Outcome # 6: Socialization Skills. (Individual # 4) is good at using body gestures and body language to greet. Support Activities & Instructions: (Individual # 4) is encouraged to make eye contact or smile with the people she meets. (Individual # 4) is encouraged to shake hands with the people she meets in the community. (Individual # 4) is supported by staff who takes her to the places in the community where she wants to go. Frequency: Weekly."

"Desired Outcome: Outcome # 7: Money Management. (Individual # 4) enjoys shopping for the house or for her personal needs. Support Activities & Instructions: (Individual # 4) chooses two items for the house she wants to go and get from the shop. (Individual # 4) decides which personal needs she wants to get from the shop. (Individual # 4) is supported to the shop and given step by step prompts. (Individual # 4) is supported by staff to the shop of her choice to get what she planned to buy. (Individual # 4) is supported by staff who does hand-over-hand to swipe the card, collect her items and her receipt from the cashier. Frequency: Monthly. Amount:

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120 minutes."

During an interview on 1/19/17 at 1:15 p.m. with ASM (administrative staff member) # 1, the program manager for (Name of Group Home), and OSM (other staff member) # 1, QDIP (Qualified Intellectual Disabilities Professional), the ISP for Individuals # 3 was reviewed. When asked how the outcomes are developed for an individual's ISP, ASM # 1 and OSM # 1 stated that they review the current goals, the preferences, and look at the communication, health and safety. ASM # 1 and OSM # 1 further stated that the outcomes are developed to help individuals develop skills to reach a level of independence. ASM # 1 further stated, "Skill building is important and it affects the overall wellness of the individual." ASM # 1 and OSM # 1 stated, "Outcomes should be developed in both in qualitative and quantitative forms." During the interview, ASM # 1 and OSM # 1 were asked to review the ISP outcomes for Individual # 4. When asked if Individuals # 4's (individual service plan) outcomes/goals for socialization skills and money management were written in measurable terms, ASM # 1 and OSM # 1 stated, "No."

On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings.

No further information was provided prior to exit.

References:

(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money,

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schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <hIttps://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>.

(2) A brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain send out the wrong signals. People may have strange sensations and emotions or behave strangely. They may have violent muscle spasms or lose consciousness. This information was obtained from the website: https://medlineplus.gov/epilepsy.html.

(3) A swallowing disorder. This information was obtained from the website: <https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html>.

(4) Nearsightedness is when light entering the eye is focused incorrectly, making distant objects appear blurred. Nearsightedness is a type of refractive error of the eye. This information was obtained from the website: https://medlineplus.gov/ency/article/001023.htm.

(5) Vitamin D helps your body absorb calcium. This information was obtained from the website: https://medlineplus.gov/vitamind.html.

During an interview on 1/19/17 at 1:15 p.m. with ASM (administrative staff member) # 1, the program manager for (Name of Group Home),

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and OSM (other staff member) # 1, QDIP (Qualified Intellectual Disabilities Professional), the ISP for Individuals # 4 was reviewed. When asked how the outcomes are developed for an individual's ISP, ASM # 1 and OSM # 1 stated that they review the current goals, the preferences, and look at the communication, health and safety. ASM # 1 and OSM # 1 further stated that the outcomes are developed to help individuals develop skills to reach a level of independence. ASM # 1 further stated, "Skill building is important and it affects the overall wellness of the individual." ASM # 1 and OSM # 1 stated, "Outcomes should be developed in both in qualitative and quantitative forms." During the interview OSM # 1 was asked to describe the responsibility of the QIDP. OSM # 1 stated, "I'm part of the interdisciplinary team, responsible for the ISP, I conduct the quarterly reviews, conduct observations at the day programs and observe how the individual is engaged in the program and activities and how they take their lunch. I meet with the day program staff to discuss the individual's goals prior to the ISP review date and maintain communication between the day program and the home. Supervise the DSPs (direct support professionals), review the program notes to make sure they're done each day and occasionally read them. I read the progress notes to make sure they reflect the outcomes and make sure active treatment is being done." When asked if the clinical records at the day programs were supposed to be reviewed by the QIDP, OSM # 1 stated, "Yes, once a month but I haven't done that yet." When asked how long he had been the QIDP, OSM # 1 stated, "About four and a half months."

During an interview on 1/19/17 at 1:15 p.m. ASM

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1 and OSM # 1 were asked to review the ISP outcomes for Individuals # 4. When asked if Individual # 4's ISP (individual service plan) outcomes/goals for communication, socialization skills and money management were written in measurable terms, OSM # 1 stated, "No."

On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings.

No further information was provided prior to exit.

References:

(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>.

(2) A brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain send out the wrong signals. People may have strange sensations and emotions or behave strangely. They may have violent muscle spasms or lose consciousness. This information was obtained from the website: https://medlineplus.gov/epilepsy.html.

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(3) A swallowing disorder. This information was obtained from the website: <https://www.nlm.nih.gov/medlineplus/swallowing disorders.html>.

(4) Nearsightedness is when light entering the eye is focused incorrectly, making distant objects appear blurred. Nearsightedness is a type of refractive error of the eye. This information was obtained from the website: https://medlineplus.gov/ency/article/001023.htm.

(5) Vitamin D helps your body absorb calcium. This information was obtained from the website: https://medlineplus.gov/vitamind.html.

3b. The QIDP failed to ensure the data collection of the ISP outcomes/goals for Individual # 4 were in measurable terms.

The "Progress Note" for Individual # 4 dated 12/01/2016 through 1/170/2017 were reviewed. The progress notes failed to evidence documentation of the data collection of Individual # 4's ISP outcome/goal in measurable terms.

OSM # 1 was asked to review the ISP outcomes for Individuals # 4. When asked if the data collection for Individual # 4's ISP (individual service plan) outcomes/goals for communication, socialization skills and money management were written in measurable terms, OSM # 1 stated, "No."

On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings.

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W 252	Continued From page 79 No further information was provided prior to exit.	W 252		
W 255	483.440(f)(1)(i) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on residential record review and staff interview, it was determined that the QIDP (Qualified Intellectual Disabilities Professional) failed to revise the ISP (Individual Service Plan) for one of five individuals in the survey sample, Individual # 3. The QIDP (Qualified Intellectual Disabilities Professional) failed to review Individual # 3's ISP (Individual Service Plan) to determine if outcomes for community integration and medication management. The findings include: The QIDP (Qualified Intellectual Disabilities Professional) failed to review Individual # 3's ISP (Individual Service Plan) to determine if outcomes for community integration and medication management. Individual # 3 was a 57 year old female, who was admitted to (Name of Group Home) on 1/24/96. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), PICA (2), grand maul seizure disorder (3), non-verbal and status/post (condition after) right ankle fracture.	W 255	W 255 483.440(f)(i). Program monitoring and change- Individual #3. 1=: QIDP will revise and update the community integration and medication management outcomes for individual #3. 2=: ISP outcomes for other individuals in the home will be reviewed in a coordinated team audit (QIDP/Manager/Nurse) to determine if there are outcomes (similar to individual #3's) that need to be revised and updated. 3=: The program manager will review all quarterly reports completed by the QIDP every quarter to ensure that the outcomes are being worked on and make recommendations to the individual/team on how to amend the outcomes to suit their particular needs and abilities. 4=: The clinical director will coordinate and participate in quality clinical audits involving other managers and QIDPs so as to share ideas on how to improve reports across the board. Quality improvement audits will also be conducted by the the department of Mission effectiveness as deemed necessary or upon written request from the clinical director.	3/5/17

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Individual # 3's current ISP dated 11/01/2016 through 10/31/2017 documented,
"Support Activities & Instructions: (Individual# 3) participates in community."
"Support Activities & Instructions: (Individual# 3) fills her cup with water to take her medication."

Individual # 3's quarterly review dated 05/01/2016 through 07/31/2016 documented,
"Support Activities & Instructions: (Individual# 3) participates in community." Status of Outcome: Met."
"Support Activities & Instructions: (Individual# 3) fills her cup with water to take her medication." Status of Outcome: Met."

Further review of Individual # 3's ISP dated 11/01/2016 through 10/31/2017 failed to evidence updates and/ or revisions to outcomes for dressing himself and motor skills and mobility.

On 1/20/17 at 9:50 a.m. an interview was conducted with ASM (administrative staff member) # 1, (Name of Group Home) program manager. When asked about the quarterly reviews ASM # 1 stated that if an outcome is met then the outcome is continued for stability of the skill and introduce the next step. The ISP would be revised or amended. When asked if Individual # 3's ISP was revised ASM stated, "No." ASM # 1 stated that the QDIP is responsible to ensure documentation is accurate.

The QIDP was not available for an interview.

The facility's policy "8.1 Qualified Intellectual Disabilities Professional" documented, "The QMRP is responsible for the integration,

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coordination, monitoring and development of the Individual Service Plan, and to ensure quality active treatment in the program." Under "8.1.2 Qualified Intellectual Disabilities Professional Monitoring Of Services" it documented, "A. Review consumer records to include clinical, financial and medical to ensure prescribed treatment and services are being implemented correctly, documented appropriately and that any outside services have been incorporated into program services."

On 1/20/17 at 3:00 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) and RN (registered nurse) # 1were made aware of the above findings.

No further information was provided prior to exit.

References:
(1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100.

(2) Autism spectrum disorder (ASD) is a neurological and developmental disorder that begins early in childhood and lasts throughout a person's life. It affects how a person acts and interacts with others, communicates, and learns. It includes what used to be known as Asperger

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syndrome and pervasive developmental disorders. This information was obtained from the website: https://medlineplus.gov/autismspectrumdisorder.html.

W 440 483.470(i)(1) EVACUATION DRILLS

The facility must hold evacuation drills at least quarterly for each shift of personnel.

This STANDARD is not met as evidenced by:
Based on facility document review and staff interview, it was determined that the facility failed to conduct fire drills for each shift quarterly.

The finding include:

Review of the facility's "Fire Drill Forms" dated 1/2016 through 12/2016 failed to evidence that a fire drill was conducted in November 2016.

On 1/18/17 at approximately 11:00 a.m. ASM (administrative staff member) # 1, (Name of Group Home) program manager was asked to provide evidence of a fire drill conducted in November 2016. ASM # 1 stated, "I'll look for it."

On 1/20/17 at 2:45 p.m. ASM # 1 stated, "I'm unable to locate any documentation of a fire drill in in November 2016. I can't say it was done."

The facility's policy "7.5 Emergency Preparedness and Response" documented, "B. Preparedness: activities that build organization capacity to manage the effects of emergencies. This includes creating an inventory of resources, including supplies and equipment that may be

W 440

W 440 483.470(I)(1) Evacuation drills	3/5/17
1. A schedule will be put up for fire drills to be conducted every month rotated through three shifts (morning, evening, and overnight) throughout every quarter. A particular staff will be designate to lead the fire drill and give feedback to the program manager on the next business day. The manager will review the documented drill and give advice (if needed) to staff on how to improve the drill/ documentation and filing. 2. Impromptu/unannounced fire drills will be conducted under the supervision of the Program Manager or Clinical Director to ensure that staff can complete the drills safely within the time limits specified. Any deficiencies noticed will be discussed with staff on shift immediately following the drill. More follow up and/or training will be done periodically during monthly all staff meetings. 3. Quality Improvement Coordinator will conduct audits of program clinical/medical and environmental records as deemed appropriate or as requested by the Clinical Director to ensure compliance with standards in place. 4. Clinical Director will oversee the quality of all services in the program to include ISP planning/ implementation, active treatment, diligence in care routines and safety of the work environment including fire drills.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G044	A. BUILDING _____ B. WING _____	01/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRI OAK STREET ICF/MR	7811 OAK STREET MANASSAS, VA 20111

(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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needed in an emergency; maintaining an ongoing planning process, holding staff orientation and training on basic response actions; and implementing organization wide drills."

No further information was provided.

W 455 483.470(l)(1) INFECTION CONTROL

There must be an active program for the prevention, control, and investigation of infection and communicable diseases.

This STANDARD is not met as evidenced by:
Based on observations and staff interviews it was determined that the facility staff failed to implement infection control practices during the medication administration for one of one individuals during the medication administration observation, Individual #5.

The facility staff placed her finger on the inside of the medication cup while administering medications to Individual #5.

The findings include:

Individual # 5 was a 69 year old male, who was admitted to (Name of Group Home) on 1/27/10. Diagnoses in the clinical record included but were not limited to: mild intellectual disability (1), dementia (2), seizure disorder (3), cerebral vascular accident (4) and vitamin D deficiency (5).

An observation of the medication administration was conducted on 1/19/17 at 6:30 a.m. DSP (direct support professional) # 1 donned a pair of

W 455	W 455 483.470(i)(1). Infection control-Individual #5. 1=: Individual staff # 1 will receive retraining/ counseling from the program nurse on proper ways to handle medications to reduce possibility of infection. 2=: Individual staff #1 will attend the next staff meeting during which the nurse or designee will discuss infection control and universal precautions to all staff present during the meeting. Hands-on demonstration of various scenarios that may violate infection control guidelines will be demonstrated to staff. 3=Program manager and nurse will periodically complete medication administration observation of newly hired staff and all others deemed to be deficient in med management. 4=: Clinical director will discuss all medication deficiencies with the program manager during 1:1 supervision and offer guidance on how to make structural and procedural changes to reduce risk of infection. Mission Effectiveness will conduct quality audits as needed or upon request and will include med observations.	3/5/17

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plastic gloves then opened the medication cabinet located in the office on the bottom floor of the group home. DSP # 1 removed a basket containing Individual # 5's medications and proceeded to dispense the medications from a bubble pack into a plastic medicine cup. After dispensing all of Individual # 5's medications into the cup and while wearing the same gloves, DSP # 1 then place the basket back into the cabinet, closed the door and locked it. Wearing the same gloves DSP # 1 then picked up the medication cup containing Individual # 5's medications, walked out of the office, closed the door, retrieved a key from a shelf located in the hallway and locked the door, proceeded up the stairs to the first floor. Continuing to wear the same gloves DSP # 1 grabbed the door handle to the upstairs door, turned it and opened the door. Still wearing the same gloves, DSP # 1 walked into the kitchen, obtained a cup from the kitchen counter, turned on the faucet, filled the cup with water and mixed a laxative in the cup. Keeping the same gloves on, DSP # 1 walked to Individual # 5's bedroom door, knocked on the door, grabbed the door handle, opened the door and entered Individual # 5's bedroom. Individual # 5 was observed to be dressed, neat and clean, sitting in his wheelchair in the middle of his room. DSP # 1 greeted Individual # 5, informed him that it was time for his medication, and asked him what the medication was for. Keeping the same gloves on her hands, DSP # 1 placed the plastic medication cup in Individual # 5's hand and provided hand-over-hand assistance in bringing the cup to his mouth to take the medication. Individual # 5 took some of the tablets and pills and lowered the cup. DSP # 1 prompted Individual # 5 to take more of the medication and placed a gloved finger inside the medication cup. Individual # 5

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raised the medication cup to his mouth again with hand-over-hand assistance from DSP # 1. Individual # 5 consumed more of the medication and lowered the cup again. Keeping the gloves on DSP # 1 again placed a gloved finger inside the medication cup. Individual # 5 raised the medication cup to his mouth again with hand-over-hand assistance from DSP # 1 and consumed the remaining medication. DSP # 1 then left the bedroom, returned to the office on the bottom floor of the home and removed her gloves.

On 1/19/17 at 8:15 a.m. an interview was conducted with DSP #1 regarding the medication administration for Individual #5. DSP #1 stated she had placed her finger inside the medication cup to straighten the edges of the cup so that the medication could roll out. DSP # 1 further stated that she should not have placed her finger inside the medication cup.

On 1/19/17 at approximately 8:50 a.m. an interview was conducted with LPN (licensed practical nurse) # 1 regarding the observation of DSP # 1 during the medication administration for Individual # 5. LPN # 1 stated the staff should not have placed their finger inside the medication cup when dispensing medications.

On 1/19/17 at 1:15 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) was made aware of the above findings.

No further information was provided prior to exit.

References:
(1) Refers to a group of disorders characterized

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by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>.

(2) A group of symptoms caused by disorders that affect the brain. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/dementia.html.

(3) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/seizures.html.

(4) A stroke. When blood flow to a part of the brain stops. A stroke is sometimes called a "brain attack." If blood flow is cut off for longer than a few seconds, the brain cannot get nutrients and oxygen. Brain cells can die, causing lasting damage. This information was obtained from the website: https://medlineplus.gov/ency/article/000726.htm .

(5) (5) Vitamin D helps your body absorb calcium. This information was obtained from the website: https://medlineplus.gov/vitamind.html.