

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

PRINTED: 06/02/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>49G064</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/26/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>LUCAS STREET</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5701 LUCAS STREET FREDERICKSBURG, VA 22407</b>	
(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)

W 000 INITIAL COMMENTS

W 000

An unannounced annual Medicaid survey for Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) was conducted 5/24/16 through 5/26/16. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for the Intellectually Disabled. The Life Safety Code survey report will follow.  
The census in this four bed facility was four at the time of the survey. The survey sample consisted of three current Individual reviews, (Individual #1, #2 and #3).

W 111 483.410(c)(1) CLIENT RECORDS

W 111

W111

5/26/16

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.

How corrective action will be accomplished for Individual #2:

The Nutrition Tracking Log for Individual #2 was revised with an added instruction to ensure the percentage of food eaten for the lunch meal is documented. The method to complete the Nutrition Tracking Log for Individual # 2 has been reviewed with the day support provider. The forms will be reviewed on a regular basis to ensure accurate tracking information is recorded.

Assurance that other residents are protected from the possibility of the deficiency:

The QIDP has verified that data collection and Nutrition Tracking Logs for all residents are being accurately completed.

This STANDARD is not met as evidenced by:  
Based on staff interviews and clinical record reviews it was determined that the facility staff failed to ensure the clinical record was complete and accurate for one of three individuals in the survey sample, Individual # 2.

Facility staff failed to document the percentage of Individual #2's lunch intake.

The findings include:

Individual #2 was a 44 year old male, who was admitted to (Name of Group Home) on 2/18/14. Diagnoses in the clinical record included but were not limited to: profound intellectual disability, sensorineural hearing loss (type of hearing loss. It

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

TITLE

(X6) DATE

*[Signature]* ID Residential Coordinator 6/9/16

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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occurs from damage to the inner ear, the nerve that runs from the ear to the brain [auditory nerve], or the brain(1)), legally blind, glaucoma (a group of diseases that can damage the eye's optic nerve (2)) and osteopenia (a term to define bone density that is not normal but also not as low as osteoporosis (3)).

Review of Individual #2's day program record at (Name of Day Program) revealed "Nutrition Tracking Logs" dated "March 2016, April 2016" and "May 2016." Under the heading "Action" it documented, "% (percentage) of food eaten."

Individual #2's "Nutrition Tracking Logs" dated "March 2016" documented check marks in the boxes for lunch from 3/21/16 through 3/25/16 and 3/28/16 through 3/31/16.

Individual #2's "Nutrition Tracking Logs" dated "April 2016" documented check marks in the boxes for lunch from 4/4/16 through 4/8/16, 4/11/16 through 4/15/16, 4/18/16 through 4/22/16 and 4/25/16 through 4/29/16.

Individual #2's "Nutrition Tracking Log" dated "May 2016" documented check marks in the boxes for lunch from 5/2/16 through 5/6/16, 5/9/16 through 5/13/16 and 5/23/16 through 5/24/16.

On 5/24/16 at 3:35 p.m. an interview was conducted with OSM (other staff member) # 1, day program counselor. After reviewing Individual #2's "Nutrition Tracking Logs" dated March 2016, April 2016 and May 2016, OSM #1 was asked how she documented Individual # 2's meal intake. OSM # 1 stated, "I put a check mark in the box." When asked what the "Nutrition

W 111 Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:  
The QIDP will monitor to ensure data collection is recorded properly. Instructions on data collection forms will be reviewed by QIDP and/or team members to ensure they are clear for staff to provide accurate data.  
How the facility plans to monitor its performance to make sure that solutions are sustained:  
The RACSB Quality Assurance Department and/or program administration will conduct audits of individual records to ensure compliance is maintained.  
Date of Completion:  
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			(X5) COMPLETION DATE

W 111 Continued From page 2 W 111

Tracking Log" documented under the heading "Action", OSM # 1 stated, "Percentage of food taken." When asked if you would be able to tell how much food Individual # 2 ate during lunch on any day Individual # 2 attended the day program, OSM # 1 stated, "I see what you mean."

On 5/24/16 at 3:50 p.m. an interview was conducted with OSM # 2, director of (Name of Day Program). OSM # 2 was asked to review the "Nutrition Tracking Logs" dated March 2016, April 2016 and May 2016 for Individual # 2. When asked what should be documented on the nutritional tracking logs for Individual # 2's lunch intake, OSM # 2 stated, "I'll ask the QIDP (Qualified Intellectual Disabilities Professional) for clarification of what it should be."

On 5/25/16 at approximately 6:15 p.m. during the end of the day meeting with ASM (administrative staff member) # 1, the ICF (intermediate care facility) supervisor and ASM # 2, the QIDP (Qualified Intellectual Disabilities Professional), an interview was conducted with ASM # 2. ASM #2 was asked what should be documented on Individual # 2's nutritional tracking logs for lunch at the day program. ASM # 2 stated, "They should be tracking the meal percentage on the tracking form."

On 5/25/16 at approximately 6:15 p.m. ASM (administrative staff member) # 1, the ICF (intermediate care facility) supervisor and ASM # 2, the QIDP (Qualified Intellectual Disabilities Professional) were made aware of the findings.

No further information was provided prior to exit.

References:

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W 126	483.420(a)(4) PROTECTION OF CLIENTS RIGHTS  The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.  This STANDARD is not met as evidenced by: Based on clinical record review, staff interview, and facility document review, it was determined that the facility staff failed to ensure that one of three Individuals in the survey sample, (Individual # 1), received training to manage their financial affairs, to the best of their abilities.  The findings include:  Individual #1 was a 52 year old female, who was admitted to (Name of Group Home) on 9/9/14. Diagnoses in the clinical record included but were not limited to: mild intellectual disability, cerebral	W 126	W126 <u>How corrective action will be accomplished for Individual #1:</u> Facility staff will assess Individual #1's interest and ability in managing her personal financial affairs. If assessment indicates capability and interest, QIDP will develop an ISP/PCP outcome to provide training for Individual #1 to assume responsibility of her financial affairs to the best of her abilities. If assessment indicates a lack of capability to learn or a lack of interest in managing her financial affairs, evidences will be included in Individual #1's support plan. <u>Assurance that other residents are protected from the possibility of the deficiency:</u> Facility staff will assess each resident's interest and ability in managing their personal financial affairs. If assessment indicates capability and interest, QIDP will develop a support plan outcome to provide training for each resident to assume	<u>6/30/16</u>

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vascular accident (when blood flow to your brain stops (1)), seizures (symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. (2)), gastroesophageal reflux disease (stomach contents to leak back, or reflux, into the esophagus and irritate it (3)) and bladder spasm (urge incontinence occurs when you have a strong, sudden need to urinate. The bladder then squeezes, or spasms, and you lose urine (4)).

Individual # 1's current ISP (Individual Service Plan) dated 10/08/2015 through 10/07/2016 was reviewed. Under "Outcome # 2. Important To Use Community Services and Participate" it documented, "Provide guidance in budgeting for activities." Under "Outcome # 5. Important To (Individual # 1) to go on trips/vacations" it documented, "Assist (Individual # 1) to budget for her vacation and all other details related with approval and implementation." Further review of Individual # 1's ISP failed to evidence a plan, goal, program, or objective to ensure that Individual # 1 received training to manage financial affairs, to the best of her abilities.

On 5/25/16 at approximately 6:00 p.m., an interview was conducted with ASM # 2, the QIDP (Qualified Intellectual Disabilities Professional) regarding the lack of a money management program for Individual # 1. ASM # 2 stated, "(Individual # 1) is not incapable of learning a money management program. She is able to carry and use money to a limited extent." When asked if Individual # 1 was asked if this was a skill she wanted to learn ASM # 2 stated, "No." When asked if a money management program was attempted with Individual #1 ASM # 2 stated, "No, there is no documentation that a money

W 126 responsibility of their financial affairs to the best of their abilities. If assessment indicates a lack of capability to learn or a lack of interest in managing their financial affairs, evidence will be included in each resident's support plan.  
**Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:**  
Facility staff will complete an annual money management assessment for each resident to address the level of skill and interest in participating in managing their financial affairs to the best of their ability.  
**How the facility plans to monitor its performance to make sure that solutions are sustained:**  
The RACSB Quality Assurance Department and/or program administration will conduct audits of individual records to ensure compliance is maintained.  
**Date of Completion:**  
**6/30/16**

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W 126	<p>Continued From page 5 management program was attempted."</p> <p>The (Name of Group Home's) policy "Section 5-3: Active Treatment" documented, "5. Residents of (Name of Group Home) will be provided with support which will assist them to function with as much self-determination and independence as possible while preventing the deceleration, regression, or loss of current optimal functional status through the development and direction of an Individualized Person Centered Plan."</p> <p>On 5/25/16 at approximately 6:15 p.m. ASM (administrative staff member) # 1, the ICF (intermediate care facility) supervisor and ASM # 2, the QIDP (Qualified Intellectual Disabilities Professional) were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References: (1) This information was obtained from the website: &lt;<a href="https://www.nlm.nih.gov/medlineplus/stroke.html">https://www.nlm.nih.gov/medlineplus/stroke.html</a>&gt;. (2) This information was obtained from the website: &lt;<a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a>&gt; (3) This information was obtained from the website: &lt;<a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a>&gt;. (4) This information was obtained from the website: &lt;<a href="https://www.nlm.nih.gov/medlineplus/ency/article/001270.htm">https://www.nlm.nih.gov/medlineplus/ency/article/001270.htm</a>&gt;.</p>	W 126		

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W 130	<p><b>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS</b></p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations, staff interviews and facility document review, it was determined that the facility staff failed to provide privacy during personal care for two of three individuals in the survey sample, Individuals # 3 and # 1.</p> <p>1. The facility staff failed to close the bedroom door while providing personal care to Individual # 3.</p> <p>2. The facility staff failed to close the bathroom door while Individual # 1 was brushing her teeth.</p> <p>The findings include:</p> <p>1. Individual #3 was admitted to (Name of Group Home) on 3/12/15. Diagnoses in the clinical record included but were not limited to: profound intellectual disability, dysphagia (a swallowing disorder (1)), gastroesophageal reflux disease (stomach contents to leak back, or reflux, into the esophagus and irritate it (2)), bipolar (a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks (3)) and Cornelia de Lange Syndrome (a developmental disorder that affects many parts of the body. It is characterized by slow growth before and after birth, intellectual disability that is usually severe to profound, skeletal abnormalities involving the arms and hands, and distinctive facial features (4)).</p>	W 130	<p><b>W130</b></p> <p><b>1).</b> <b><u>How corrective action will be accomplished for Individual #3:</u></b></p> <p>Facility staff will be retrained to close the bedroom door when supporting Individual #3 with personal care needs. <b><u>Assurance that other residents are protected from the possibility of the deficiency:</u></b> Facility staff will be retrained to close the bedroom door when supporting each resident with personal care needs in their room. <b><u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u></b> QIDP and ICF Management will monitor and document effectiveness of active treatment monthly and quarterly to ensure rights are implemented. <b><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u></b> At mandatory staff meetings, residents' Human Rights will be reviewed and a training log for each staff will be completed to ensure understanding. Management will conduct surveillance camera checks of various shift times to ensure that privacy is being practiced at all times. <b><u>Date of Completion:</u></b> 6/30/16</p> <p>6/30/16</p>

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An observation at (Name of Group Home) conducted on 5/25/16 at approximately 6:40 a.m. revealed a staff member, RC (resident counselor) # 3, assisting Individual # 3 from the bathroom to his bedroom. Individual # 3 was able to ambulate independently. RC # 3 held a bath towel around Individual # 3, covering him completely as they walked to Individual # 3's bedroom. Upon entering Individual # 3's bedroom, RC # 3 assisted Individual # 3 to his bed, then walked across the room to close the bedroom door. RC # 3 pushed the door, however the door did not completely close and Individual # 3 could be seen naked, lying on his bed from the hallway. Further observation from the hallway revealed RC # 3 applying lotion to Individual # 3. At approximately 6:45 a.m. RC # 3 and Individual # 3 came out of the bedroom. Individual # 3 was observed to be dressed, neat and clean and walked to the dining room for breakfast.

On 5/25/16 at 9:30 a.m. an interview was conducted with RC (resident counselor) # 3. When asked about the morning care she was providing for Individual # 3, RC # 3 stated, "I was putting lotion on (Individual # 3)." When asked if she had closed Individual # 3's bedroom door before providing care, RC # 3 stated, "I didn't close the door completely, I left it cracked. Normally I would have closed the door completely but I didn't close the door hard enough."

The (Name of Group Home's) policy "Section 2-1: Individual Rights and Assurances" documented, "Procedures: 4. The following are the rights to be upheld by all staff at (Name of Group Home) for all residents: a. Each individual will be treated with dignity and respect and not subjected to



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W 130	<p>Continued From page 8</p> <p>physical, verbal, sexual, or psychological abuse or punishment."</p> <p>On 5/25/16 at approximately 6:15 p.m. ASM (administrative staff member) # 1, the ICF (intermediate care facility) supervisor and ASM # 2, the QIDP (Qualified Intellectual Disabilities Professional) were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) This information was obtained from the website: &lt;<a href="https://www.nlm.nih.gov/medlineplus/swallowing_disorders.html">https://www.nlm.nih.gov/medlineplus/swallowing_disorders.html</a>&gt;.</p> <p>(2) This information was obtained from the website: &lt;<a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a>&gt;.</p> <p>(3) This information was obtained from the website: &lt;<a href="https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml">https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml</a>&gt;.</p> <p>(4) This information was obtained from the website: This information was obtained from the website: &lt;<a href="https://ghr.nlm.nih.gov/condition/cornelia-de-lange-syndrome">https://ghr.nlm.nih.gov/condition/cornelia-de-lange-syndrome</a>&gt;.</p> <p>2. Individual #1 was admitted to (Name of Group Home) on 9/9/14. Diagnoses in the clinical record included but were not limited to: mild intellectual disability, cerebral vascular accident (when blood flow to your brain stops (5)), seizures (symptoms of a brain problem. They happen</p>	W 130		

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W 130	Continued From page 9 because of sudden, abnormal electrical activity in the brain.) (6), gastroesophageal reflux disease (stomach contents to leak back, or reflux, into the esophagus and irritate it (2)) and bladder spasm (urge incontinence occurs when you have a strong, sudden need to urinate. The bladder then squeezes, or spasms, and you lose urine (7)).  An observation at (Name of Group Home) conducted on 5/25/16 at 7:30 a.m. revealed Individual #1 sitting in her wheelchair, in the bathroom at the end of the hall. Individual #1 could be seen from the hallway brushing her teeth using an electric toothbrush with the bathroom door propped open. Observations also revealed staff members passing the bathroom where Individual #1 was brushing her teeth, to enter bedrooms of other individuals to provide care. Further observation from the hallway revealed that when Individual #1 finished brushing her teeth, LPN (licensed practical nurse) # 1 entered the bathroom and assisted Individual #1 with rinsing her mouth and cleaning up while the bathroom door was open.  On 5/25/16 at 7:45 a.m. an interview was conducted with LPN # 1. When asked if she assisted Individual #1 with her tooth brushing routine earlier that morning, LPN # 1 stated, "I put the tooth paste on her tooth brush and helped her into the bathroom. She uses an electric tooth brush." When asked if she closed the bathroom door to provide privacy for Individual #1 while she brushed her teeth, LPN # 1 stated, "No." When asked if that was something that should have been done, LPN # 1 stated, "Yes, I should have closed the door." LPN # 1 further stated, "She [Individual #1] had a recent med (medication) change due to seizures that why the door was left	W 130	<u>2).</u> <u>How corrective action will be accomplished for Individual #1:</u> Facility staff will be retrained to close the bathroom door when supporting Individual #1 with personal hygiene care needs. <u>Assurance that other residents are protected from the possibility of the deficiency:</u> Facility staff will be retrained to close the bathroom door when supporting each resident with personal hygiene care needs. <u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u> QIDP and ICF Management will monitor and document effectiveness of active treatment monthly and quarterly to ensure rights are implemented. <u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u> Residents' Human Rights will be reviewed at mandatory staff meetings at least annually. ICF Management will monitor and document various shift checks to ensure that individuals' Human Rights are being protected. <u>Date of Completion:</u> 6/30/16	6/30/16

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NAME OF PROVIDER OR SUPPLIER  <b>LUCAS STREET</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5701 LUCAS STREET FREDERICKSBURG, VA 22407</b>		
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W 130	<p>Continued From page 10</p> <p>open. When asked if Individual #1's privacy could have been provided while watching Individual #1, LPN # 1 stated, "Yes, I could have stayed in the bathroom with her and closed the door." When asked if Individual #1 required a line-of-sight observation due to her seizures, LPN # 1 stated, "No, there is no line-of-sight for her." When informed that this surveyor's observations did not evidence staff observing Individual #1 while she was brushing her teeth LPN # 1 did not have a response.</p> <p>On 5/25/16 at approximately 6:15 p.m. ASM (administrative staff member) # 1, the ICF (intermediate care facility) supervisor and ASM # 2, the QIDP (Qualified Intellectual Disabilities Professional) were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(5) This information was obtained from the website: &lt;<a href="https://www.nlm.nih.gov/medlineplus/stroke.html">https://www.nlm.nih.gov/medlineplus/stroke.html</a>&gt;</p> <p>(6) This information was obtained from the website: &lt;<a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a>&gt;</p> <p>(7) This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/ency/article/001270.htm">https://www.nlm.nih.gov/medlineplus/ency/article/001270.htm</a>.</p>	W 130		
W 159	483.430(a) QIDP	W 159		

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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 and day program record reviews, staff interview and facility document review, it was determined that the QIDP (Qualified Intellectual Disabilities Professional) failed to coordinate and monitor the individual's active treatment programs for two of three individuals in the survey sample, Individuals # 1 and # 2; and failed to ensure the residential and day program record was complete and accurate for one of three individuals in the survey sample, Individual # 2.

1a. The QIDP failed to develop an ISP (Individual Service Plan) to promote Individual # 1's progress toward independence.

1b. The QIDP failed to develop an active treatment program to teach Individual # 1 to manage their financial affairs to the best of their abilities.

2a. The QIDP failed to develop an ISP (Individual Service Plan) to promote Individual # 2's progress toward independence.

2b. For Individual #2 the QIDP failed to coordinate and monitor the nutritional tracking logs at the (Name of Day Program) to ensure this Individual's percentage of meal intake was being documented.

The findings include:

1a. The QIDP failed to develop an ISP (Individual Service Plan) to promote Individual # 1's progress toward independence.

W 159 W159 6/30/16

1a.

How corrective action will be accomplished for Individual #1:  
The QIDP will revise the support plan for Individual #1 to reflect outcomes to encourage progress toward independence.

Assurance that other residents are protected from the possibility of the deficiency:  
The QIDP will review and revise support plans as necessary for each resident to ensure there are outcomes that encourage progress towards independence.

Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:  
The facility staff will review the skills of each resident during the annual support plan meeting. The Comprehensive Functional and Clinical assessments will be used to establish skill building outcomes aimed at increasing independence.

How the facility plans to monitor its performance to make sure that solutions are sustained:  
The RACSB Quality Assurance Department and/or program administration will conduct audits of individual records to ensure compliance is maintained.

Date of Completion:  
6/30/16

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Individual #1 was a 52 year old female, who was admitted to (Name of Group Home) on 9/9/14. Diagnoses in the clinical record included but were not limited to: mild intellectual disability, cerebral vascular accident (when blood flow to your brain stops (1)), seizures (symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. (2)), gastroesophageal reflux disease (stomach contents to leak back, or reflux, into the esophagus and irritate it (3)) and bladder spasm (urge incontinence occurs when you have a strong, sudden need to urinate. The bladder then squeezes, or spasms, and you lose urine (4)). On 5/24/16 and 5/25/16 Individual # 1's ISP (Individual Service Plan) dated 10/08/2015 through 10/07/2016 located in Individual # 1's residential clinical record was reviewed at (Name of Group Home). Individual # 1's ISP documented, "Outcome # 6 Health and Safety, Maintain Healthy Habits; Outcome # 7 Health and Safety, Have Healthy Skin." Further review of Individual; # 1's ISP failed to evidence measurable goals for Individual # 1 to progress toward independence.

On 5/26/16 at 9:30 a.m. an interview was conducted with ASM (administrative staff member) # 1, the ICF (intermediate care facility) supervisor and ASM # 2, the QIDP (Qualified Intellectual Disabilities Professional). When asked how the ISP is developed, ASM # 2 stated, "It's developed from the comprehensive functional assessments." When asked the purpose of the ISP, ASM # 2 stated, "The purpose is to promote the skill development, preferences and independence of the individual." ASM # 2 was asked to review Individual # 1's

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W 159	Continued From page 13  current ISP dated 10/08/2015 through 10/07/2016. ASM # 2 was then asked if Individual # 1's outcome # 6 (six) and # 7 (seven) documented measurable goals to promote Individual # 1's progression toward independence. ASM # 2 stated, "No." When asked to described her responsibilities as the QIDP, ASM # 2 stated, "I'm responsible to develop support plans, provide oversight of plans which includes monitoring the plan and ensuring it is implemented, reviewing data collection monthly at the day programs, reading progress notes, look at the data tracking, watch how the active treatment programs are being run at the day programs and in the residence."  The facility's policy "Section 4-2; Qualified Intellectual Disabilities Professional" documented, "b. Ensure that all Person Centered Plans for the residents are individually developed and tailored."  On 5/25/16 at approximately 6:15 p.m. ASM (administrative staff member) # 1, the ICF (intermediate care facility) supervisor and ASM # 2, the QIDP (Qualified Intellectual Disabilities Professional) were made aware of the findings. No further information was provided prior to exit. References: (1) This information was obtained from the website: < <a href="https://www.nlm.nih.gov/medlineplus/stroke.html">https://www.nlm.nih.gov/medlineplus/stroke.html</a> > >  (2) This information was obtained from the website: < <a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a> > >  (3) This information was obtained from the	W 159	

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W 159	<p>Continued From page 14</p> <p>website: &lt;<a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a>&gt;.</p> <p>(4) This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/ency/article/001270.htm">https://www.nlm.nih.gov/medlineplus/ency/article/001270.htm</a>.</p> <p>1b. The QIDP failed to develop an active treatment program to teach Individual # 1 to manage their financial affairs to the best of their abilities. Individual # 1's current ISP (Individual Service Plan) dated 10/08/2015 through 10/07/2016 was reviewed. Under "Outcome # 2. Important To Use Community Services and Participate" it documented, "Provide guidance in budgeting for activities." Under "Outcome # 5. Important To (Individual # 1) to go on trips/vacations" it documented, "Assist (Individual # 1) to budget for her vacation and all other details related with approval and implementation." Further review of Individual # 1's ISP failed to evidence a plan, goal, program, or objectives to ensure that Individual # 1 received training to manage financial affairs, to the best of her abilities. On 5/25/16 at approximately 6:00 p.m., an interview was conducted with ASM # 2, the QIDP (Qualified Intellectual Disabilities Professional) regarding the lack of a money management program for Individual # 1. ASM # 2 stated, "(Individual # 1) is not incapable of learning a money management program. She is able to carry and use money to a limited extent." When asked if Individual # 1 was asked if this was a skill she wanted to learn, ASM # 2 stated, "No." When asked if a money management program was attempted with Individual #1, ASM # 2 stated, "No. There is no documentation that a money</p>	W 159	<p><u>1b.</u> <u>How corrective action will be accomplished for Individual #1:</u> The QIDP will develop an active treatment program to teach Individual #1 management of her financial affairs to the best of her ability. <u>Assurance that other residents are protected from the possibility of the deficiency:</u> All ICF residents' active treatment programs will be reviewed and revised as necessary to ensure there is documentation assessing their money management skills and/or outcomes to encourage progress toward managing their financial affairs to the best of their abilities. <u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u> A money management assessment and plan will be completed for each resident to address the level of skill and interest in participating in managing their financial affairs to the best of their ability.</p>	6/30/16

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W 159	<p>Continued From page 15</p> <p>management program was attempted." The facility's policy "Section 4-2; Qualified Intellectual Disabilities Professional" documented, "b. Ensure that all Person Centered Plans for the residents are individually developed and tailored."</p> <p>On 5/25/16 at approximately 6:15 p.m. ASM (administrative staff member) # 1, the ICF (intermediate care facility) supervisor and ASM # 2, the QIDP (Qualified Intellectual Disabilities Professional) were made aware of the findings. No further information was provided prior to exit.</p> <p>2a. The QIDP failed to develop an ISP (Individual Service Plan) to promote Individual # 2's progress toward independence.</p> <p>Individual #2 was a 44 year old male, who was admitted to (Name of Group Home) on 2/18/14. Diagnoses in the clinical record included but were not limited to: profound intellectual disability, sensorineural hearing loss (type of hearing loss. It occurs from damage to the inner ear, the nerve that runs from the ear to the brain [auditory nerve], or the brain(5)), legally blind, glaucoma (a group of diseases that can damage the eye's optic nerve(6)) and osteopenia (a term to define bone density that is not normal but also not as low as osteoporosis(7) ).</p> <p>On 5/24/16 and 5/25/16 Individual # 2's ISP (Individual Service Plan) dated 3/19/2016 through 3/18/2017 located in Individual # 2's residential clinical record was reviewed at (Name of Group Home). Individual # 2's ISP documented, "Outcome # 3 Explore Community; Outcome # 5 Have a Nutritious Meal menu Consisting of Foods He Enjoys ; Outcome # 6 Nutritious Foods He Prefers; Outcome # 7 (Individual To Be Healthy; Outcome # 8 Personal Care Support." Further</p>	W 159	<p><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u> The RACSB Quality Assurance Department and/or program administration will conduct audits of individual records to ensure compliance is maintained. <u>Date of Completion:</u> 6/30/16</p> <p><u>2a).</u> <u>How corrective action will be accomplished for Individual #2:</u> The QIDP will revise the support plan for Individual #2 to reflect outcomes to encourage progress toward independence. <u>Assurance that other residents are protected from the possibility of the deficiency:</u> The QIDP will review and revise support plans as necessary for each resident to ensure there are outcomes that encourage progress towards independence. <u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u> The facility staff will review the skills of each resident during the annual support plan meeting. The Comprehensive Functional and Clinical assessments will be used to establish skill building outcomes aimed at increasing independence.</p> <p>6/30/16</p>



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W 159	<p>Continued From page 16</p> <p>review of Individual; # 2's ISP failed to evidence measurable goals for Individual # 2 to progress toward independence.</p> <p>On 5/26/16 at 9:30 a.m. an interview was conducted with ASM (administrative staff member) # 1, the ICF (intermediate care facility) supervisor and ASM # 2, the QIDP (Qualified Intellectual Disabilities Professional). When asked how the ISP is developed, ASM # 2 stated, "It's developed from the comprehensive functional assessments." When asked the purpose of the ISP, ASM # 2 stated, "The purpose is to promote the skill development, preferences and independence of the individual." ASM # 2 was asked to review Individual # 2's current ISP dated 3/19/2016 through 3/18/2017. ASM # 2 was then asked if Individual # 2's outcomes # 3 (three), # 5 (five), # 6 (six), # 7 (seven) and # 8 (eight) documented measurable goals to promote Individual # 2's progression toward independence. ASM # 2 stated, "No." When asked to described her responsibilities as the QIDP ASM # 2 stated, "I'm responsible to develop support plans, provide oversight of plans which includes monitoring the plan and ensuring it is implemented, reviewing data collection monthly at the day programs, reading progress notes, look at the data tracking, watch how the active treatment programs are being run at the day programs and in the residence."</p> <p>The facility 's policy "Section 4-2; Qualified Intellectual Disabilities Professional" documented, "b. Ensure that all Person Centered Plans for the residents are individually developed and tailored."</p> <p>On 5/26/16 at approximately 11:00 a.m. ASM (administrative staff member) # 1, the ICF</p>	W 159	<p><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u></p> <p>The RACSB Quality Assurance Department and/or program administration will conduct audits of individual records to ensure compliance is maintained.</p> <p><u>Date of Completion:</u> 6/30/16</p>

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W 159	<p>Continued From page 17</p> <p>(intermediate care facility) supervisor and ASM # 2, the QIDP (Qualified Intellectual Disabilities Professional) were made aware of the findings. No further information was provided prior to exit. References:</p> <p>(5) This information was obtained from the website: &lt;<a href="https://www.nlm.nih.gov/medlineplus/ency/article/003291.htm">https://www.nlm.nih.gov/medlineplus/ency/article/003291.htm</a>&gt;.</p> <p>(6) This information was obtained from the website: &lt;<a href="https://www.nlm.nih.gov/medlineplus/glaucoma.html">https://www.nlm.nih.gov/medlineplus/glaucoma.html</a>&gt;.</p> <p>(7) This information was obtained from the website: &lt;<a href="http://www.ncbi.nlm.nih.gov/pubmed/21234807">http://www.ncbi.nlm.nih.gov/pubmed/21234807</a>&gt;</p> <p>2b. For Individual #2 the QIDP failed to coordinate and monitor the nutritional tracking logs at the (Name of Day Program) to ensure this Individual's percentage of meal intake was being documented.</p> <p>Review of Individual #2's day program record at (Name of Day Program) revealed "Nutrition Tracking Logs" dated "March 2016, April 2016" and "May 2016." Under the heading "Action" it documented, "% (percentage) of food eaten." Individual #2's "Nutrition Tracking Logs" dated "March 2016" documented check marks in the boxes for lunch from 3/21/16 through 3/25/16 and 3/22/16 through 3/31/16 Individual #2's "Nutrition Tracking Logs" dated "April 2016" documented check marks in the boxes for lunch from 4/4/16 through 4/8/16,</p>	W 159	<p>2b. <u>How corrective action will be accomplished for Individual #2:</u> The QIDP reviewed the instructions for the Nutrition Tracking Log for Individual #2 with the day program to ensure the percentage of meal intake is being documented correctly. <u>Assurance that other residents are protected from the possibility of the deficiency:</u></p> <p>5/26/16</p>

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4/11/16 through 4/15/16, 4/18/16 through 4/22/16 and 4/25/16 through 4/29/16.  
Individual #2's "Nutrition Tracking Log" dated "May 2016" documented check marks in the boxes for lunch from 5/2/16 through 5/6/16, 5/9/16 through 5/13/16 and 5/23/16 through 5/24/16.  
On 5/24/16 at 3:35 p.m. an interview was conducted with OSM (other staff member) # 1, day program counselor. After reviewing the Individual #2's "Nutrition Tracking Logs" dated March 2016, April 2016 and May 2016 with OSM #1, OSM #1 was asked how she documented Individual # 2's meal intake. OSM # 1 stated, "I put a check mark in the box." When asked what the "Nutrition Tracking Log" documented under the heading "Action", OSM # 1 stated, "Percentage of food taken." When asked if you would be able to tell how much food Individual # 2 ate during lunch on any day Individual # 2 attended the day program, OSM # 1 stated, "I see what you mean."  
On 5/24/16 at 3:50 p.m. an interview was conducted with OSM # 2, director of (Name of Day Program). OSM # 2 was asked to review the "Nutrition Tracking Logs" dated March 2016, April 2016 and May 2016 for Individual # 2. When asked what should be documented on the nutritional tracking logs for Individual # 2's lunch, OSM # 2 stated, "I'll ask the QIDP (Qualified Intellectual Disabilities Professional) for clarification of what it should be."  
On 5/25/16 at approximately 6:15 p.m. during the end of the day meeting with ASM (administrative staff member) # 1, the ICF (intermediate care facility) supervisor and ASM # 2, the QIDP (Qualified Intellectual Disabilities Professional), an interview was conducted with ASM # 2. ASM # 2 was asked what should be documented on

W 159 The QIDP reviewed the instructions for the Nutrition Tracking Log for each resident to ensure the percentage of meal intake is being documented correctly.  
**Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:** QIDP will review instructions on all data collection forms to ensure they are clear for staff to provide accurate data. The QIDP will monitor data collection forms to ensure accurate tracking of information.  
**How the facility plans to monitor its performance to make sure that solutions are sustained:**  
The RACSB Quality Assurance Department and/or program administration will conduct audits of individual records to ensure compliance is maintained.  
**Date of Completion:**  
5/26/16

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NAME OF PROVIDER OR SUPPLIER  <b>LUCAS STREET</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5701 LUCAS STREET FREDERICKSBURG, VA 22407</b>		
(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
W 159	Continued From page 19  Individual # 2's nutritional tracking logs for lunch at the day program. ASM # 2 stated, "They should be tracking the meal percentage on the tracking form." When asked to described her responsibilities as the QIDP, ASM # 2 stated, "I'm responsible to develop support plans, provide oversight of plans which includes monitoring the plan and ensuring it is implemented, reviewing data collection monthly at the day programs, reading progress notes, look at the data tracking, watch how the active treatment programs are being run at the day programs and in the residence. I review the residence and day program clinical records to ensure they are complete."  The facility's policy "Section 4-2; Qualified Intellectual Disabilities Professional" documented, "f. Monitor and observe the individuals, their activities, the supports and services, progress notes and data."  On 5/25/16 at approximately 6:15 p.m. ASM (administrative staff member) # 1, the ICF (intermediate care facility) supervisor and ASM # 2, the QIDP (Qualified Intellectual Disabilities Professional) were made aware of the findings. No further information was provided prior to exit.	W 159		
W 240	483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN  The individual program plan must describe relevant interventions to support the individual toward independence.  This STANDARD is not met as evidenced by: Based on staff interview, clinical record review and facility document review it was determined that the facility staff failed to develop an ISP	W 240	<u>W240</u> <u>I.</u> <u>How corrective action will be accomplished for Individual #1:</u> The QIDP will revise the support plan for Individual #1 to reflect outcomes to encourage progress toward independence.	6/30/16

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	<p>W 240 Continued From page 20 (Individual Service Plan) to support to support the individual toward independence for two of three individuals in the survey sample, (Individuals # 1 and # 2)</p> <p>1. The facility staff failed to develop an ISP with interventions and measurable goals to support Individual # 1's progress toward independence.</p> <p>2. The facility staff failed to develop an ISP with interventions and measurable goals to support Individual # 2's progress toward independence.</p> <p>The findings include:</p> <p>1. Individual #1 was a 52 year old female, who was admitted to (Name of Group Home) on 9/9/14. Diagnoses in the clinical record included but were not limited to: mild intellectual disability, cerebral vascular accident (when blood flow to your brain stops (1)), seizures (symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. (2)), gastroesophageal reflux disease (stomach contents to leak back, or reflux, into the esophagus and irritate it (3)) and bladder spasm (urge incontinence occurs when you have a strong, sudden need to urinate. The bladder then squeezes, or spasms, and you lose urine (4)).</p> <p>On 5/24/16 and 5/25/16 Individual # 1's ISP (Individual Service Plan) dated 10/08/2015 through 10/07/2016 located in Individual # 1's residential clinical record was reviewed at (Name of Group Home). Individual # 1's ISP documented, "Outcome # 6 Health and Safety, Maintain Healthy Habits; Outcome # 7 Health and Safety, Have Healthy Skin." Further review of Individual; # 1's ISP failed to evidence</p>	W 240	<p><u>Assurance that other residents are protected from the possibility of the deficiency:</u> The QIDP will review and revise support plans as necessary for each resident to ensure there are outcomes that encourage progress towards independence. <u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u> The facility staff will review the skills of each resident during the annual support plan meeting. The Comprehensive Functional and Clinical Assessments will be used to establish skill building outcomes aimed at increasing independence. <u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u> The RACSB Quality Assurance Department and/or program administration will conduct audits of individual records to ensure compliance is maintained. <u>Date of Completion:</u> 6/30/16</p>

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W 240	<p>Continued From page 21</p> <p>measurable goals for Individual # 1 to progress toward independence.</p> <p>On 5/26/16 at 9:30 a.m. an interview was conducted with ASM (administrative staff member) # 1, the ICF (intermediate care facility) supervisor and ASM # 2, the QIDP (Qualified Intellectual Disabilities Professional). ASM # 2 was asked how the ISP is developed. ASM # 2 stated, "It's developed from the comprehensive functional assessments." When asked the purpose of the ISP, ASM # 2 stated, "The purpose is to promote the skill development, preferences and independence of the individual." ASM # 1 and ASM # 2 were asked to review Individual # 1's current ISP dated 10/08/2015 through 10/07/2016. When asked if Individual # 1's outcome # 6 (six) and # 7 (seven) documented measurable goals to promote Individual # 1's progression toward independence ASM # 1 and ASM # 2 stated, "No."</p> <p>ASM # 2 stated, "We developed the ISPs from a Waver Home stand point where the outcomes emphasis is staff support."</p> <p>The (Name of Group Home's) policy "Section 5-3: Active Treatment" documented, "5. Residents of (Name of Group Home) will be provided with support which will assist them to function with as much self-determination and independence as possible while preventing the deceleration, regression, or loss of current optimal functional status through the development and direction of an Individualized Person Centered Plan."</p> <p>On 5/26/16 at approximately 11:00 a.m. ASM (administrative staff member) # 1, the ICF (intermediate care facility) supervisor and ASM # 2, the QIDP (Qualified Intellectual Disabilities</p>	W 240	

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W 240	<p>Continued From page 22</p> <p>Professional) were made aware of the findings. No further information was provided prior to exit. References: (1) This information was obtained from the website: &lt;<a href="https://www.nlm.nih.gov/medlineplus/stroke.html">https://www.nlm.nih.gov/medlineplus/stroke.html</a>&gt; &gt;.</p> <p>(2) This information was obtained from the website: &lt;<a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a>&gt;</p> <p>(3) This information was obtained from the website: &lt;<a href="https://www.nlm.nih.gov/medlineplus/gerd.html">https://www.nlm.nih.gov/medlineplus/gerd.html</a>&gt;.</p> <p>(4) This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/ency/article/001270.htm">https://www.nlm.nih.gov/medlineplus/ency/article/001270.htm</a>.</p> <p>2. Individual #2 was a 44 year old male, who was admitted to (Name of Group Home) on 2/18/14. Diagnoses in the clinical record included but were not limited to: profound intellectual disability, sensorineural hearing loss (type of hearing loss. It occurs from damage to the inner ear, the nerve that runs from the ear to the brain [auditory nerve], or the brain(5)), legally blind, glaucoma (a group of diseases that can damage the eye's optic nerve(6)) and osteopenia (a term to define bone density that is not normal but also not as low as osteoporosis (7)).</p> <p>On 5/24/16 and 5/25/16 Individual # 2's ISP (Individual Service Plan) dated 3/19/2016 through 3/18/2017 located in Individual # 2's residential clinical record was reviewed at (Name of Group</p>	W 240	<p>2. <u>How corrective action will be accomplished for Individual #2:</u> The QIDP will revise the support plan for Individual #2 to reflect outcomes to encourage progress toward independence. <u>Assurance that other residents are protected from the possibility of the deficiency:</u> The QIDP will review and revise support plans as necessary for each resident to ensure there are outcomes that encourage progress towards independence.</p>	6/30/16

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W 240	<p>Continued From page 23</p> <p>Home). Individual # 2 s ISP documented, "Outcome # 3 Explore Community; Outcome # 5 Have a Nutritious Meal menu Consisting of Foods He Enjoys; Outcome # 6 Nutritious Foods He Prefers; Outcome # 7 (Individual To Be Healthy; Outcome # 8 Personal Care Support." Further review of Individual; # 2's ISP failed to evidence measurable goals for Individual # 2 to progress toward independence.</p> <p>On 5/26/16 at 9:30 a.m. an interview was conducted with ASM (administrative staff member) # 1, the ICF (intermediate care facility) supervisor and ASM # 2, the QIDP (Qualified Intellectual Disabilities Professional). ASM # 2 was asked how the ISP is developed. ASM # 2 stated, "It's developed from the comprehensive functional assessments." When asked the purpose of the ISP, ASM # 2 stated, "The purpose is to promote the skill development, preferences and independence of the individual." ASM # 1 and ASM # 2 were asked to review Individual # 2's current ISP dated 3/19/2016 through 3/18/2017. When asked if Individual # 2's outcomes # 3 (three), # 5 (five), # 6 (six), # 7 (seven) and # 8 (eight) documented measurable goals to promote Individual # 2's progression toward independence, ASM # 1 and ASM # 2 stated, "No."</p> <p>ASM # 2 stated, "We developed the ISPs from a Waver Home stand point where the outcomes emphasis is staff support."</p> <p>On 5/26/16 at approximately 11:00 a.m. ASM (administrative staff member) # 1, the ICF (intermediate care facility) supervisor and ASM # 2, the QIDP (Qualified Intellectual Disabilities</p>	W 240	<p><u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u></p> <p>The facility staff will review the skills of each resident during the annual support plan meeting. The Comprehensive Functional and Clinical Assessments will be used to establish skill building outcomes aimed at increasing independence.</p> <p><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u></p> <p>The RACSB Quality Assurance Department and/or program administration will conduct audits of individual records to ensure compliance is maintained.</p> <p><u>Date of Completion:</u> 6/30/16</p>	



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W 240	Continued From page 24 Professional) were made aware of the findings. No further information was provided prior to exit. References: (5) This information was obtained from the website: < <a href="https://www.nlm.nih.gov/medlineplus/ency/article/003291.htm">https://www.nlm.nih.gov/medlineplus/ency/article/003291.htm</a> >.  (6) This information was obtained from the website: < <a href="https://www.nlm.nih.gov/medlineplus/glaucoma.html">https://www.nlm.nih.gov/medlineplus/glaucoma.html</a> >.  (7) This information was obtained from the website: < <a href="http://www.ncbi.nlm.nih.gov/pubmed/21234807">http://www.ncbi.nlm.nih.gov/pubmed/21234807</a> >	W 240	
W 455	483.470(1)(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, clinical record review, and staff interviews it was determined that the facility staff failed to implement infection control practices during the administration of medications for one of three individuals in the survey sample, Individual #2.  The facility staff failed to wash their hands and wear gloves prior to administering eye drops (*Timolol) to Individual # 2.  The findings include:	W 455	<u>W455</u> <u>How corrective action will be accomplished for Individual #2:</u> Facility staff will administer Individual # 2's eye drops in accordance with the RACSB Medication Administration Policy. <u>Assurance that other residents are protected from the possibility of the deficiency:</u> Facility staff will administer all topical ointments/creams to include nasal spray, eye drops, and/or ear medications in accordance with the RACSB Medication Administration Policy. <u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u>  6/30/16

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W 455	<p>Continued From page 25</p> <p>Individual #2 was a 44 year old male, who was admitted to (Name of Group Home) on 2/18/14. Diagnoses in the clinical record included but were not limited to: profound intellectual disability, sensorineural hearing loss (type of hearing loss. It occurs from damage to the inner ear, the nerve that runs from the ear to the brain [auditory nerve], or the brain(1) ), legally blind, glaucoma (a group of diseases that can damage the eye's optic nerve(2)) and osteopenia (a term to define bone density that is not normal but also not as low as osteoporosis(3)).</p> <p>An observation of the medication pass and pour was conducted on 5/25/16 at approximately 6:57 a.m. with RC (resident counselor) # 1. Individual #2 was in the medication room at the (Name of Group Home) with RC # 1. RC # 1 identified the eye drop medication to Individual #2 and showed him the bottle. She then removed the bottle from its box, removed the cap, instructed Individual #2 to tip his head back and provided physical assistance. RC # 1 then used her ungloved hand to widen Individual #2's eye and then administered one drop into Individual #2's left eye. RC # 1 then repeated the same process to Individual #2's right eye.</p> <p>Individual # 2's "E-Script (electronic prescription)" dated 5/13/2016, and electronically signed by the physician on 5/13/2016 documented, "Timolol Maleate 0.5%. Instill 1 (one) drop(s) to affected eye(s) bid (two times a day)."</p> <p>On 5/25/16 at 8:00 a.m. an interview was conducted with RC #1 regarding the medication administration for Individual #2. When asked to describe the procedure for administering eye drops to individuals RC # 1 stated, "Need to wash</p>	W 455	<p>All facility staff will read the RACSB Medication Administration Policy again and will sign a statement of understanding of the information therein. The RACSB Medication Administration Policy will be reviewed and discussed at the next mandatory staff meeting.</p> <p><b><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u></b> ICF Management and Nurse Manager will intermittently observe medication pass times either unannounced in person or through video surveillance footage to ensure policy is being followed.</p> <p><b><u>Date of Completion:</u></b> 6/30/16</p>

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W 455	<p>Continued From page 26</p> <p>hands and wear gloves." When asked if she followed that procedure RC # 1 stated, "No, I should have washed my hands and put on gloves before I gave the eye drops."</p> <p>On 5/25/16 at 8:15 a.m. an interview was conducted with LPN (licensed practical nurse) # 1. When asked to describe the procedure for administering eye drops to individuals LPN # 1 stated, "Wash hands, put on gloves, have the individual come into the medication room, administer the eye drops, remove the gloves and wash your hands."</p> <p>The (Name of Group Home) policy "Medication Management Administration" documented, "Administration of Medication: aa. When administering prescribed topical creams or ointments, nasal sprays, eye and/or ear drops, staff must put on gloves for this process. When finished, remove and dispose of gloves in the trash."</p> <p>On 5/25/16 at approximately 6:15 p.m. ASM (administrative staff member) # 1, the ICF (intermediate care facility) supervisor and ASM # 2, the QIDP (Qualified Intellectual Disabilities Professional) were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>*Timolol ophthalmic (for the eye) - is used to treat open-angle glaucoma and other causes of high pressure inside the eye. This information was provided by RN (registered nurse) # 1 and taken from: <a href="http://www.drugs.com.mtm/timolol-ophthalmic.ht">http://www.drugs.com.mtm/timolol-ophthalmic.ht</a></p>	W 455		

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W 455	<p>Continued From page 27 ml.</p> <p>(1) This information was obtained from the website: &lt;<a href="https://www.nlm.nih.gov/medlineplus/ency/article/003291.htm">https://www.nlm.nih.gov/medlineplus/ency/article/003291.htm</a>&gt;.</p> <p>(2) This information was obtained from the website: &lt;<a href="https://www.nlm.nih.gov/medlineplus/glaucoma.html">https://www.nlm.nih.gov/medlineplus/glaucoma.html</a>&gt;.</p> <p>(3) This information was obtained from the website: &lt;<a href="http://www.ncbi.nlm.nih.gov/pubmed/21234807">http://www.ncbi.nlm.nih.gov/pubmed/21234807</a>&gt;</p>	W 455		