COMMONWEALTH of VIRGINIA

Department of Health

Office of Licensure and Certification

M. Norman Oliver, MD, MA
State Health Commissioner

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Henrico, Virginia 23233-1485
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August 23, 2018

Alicia Eversole, Director
Minerva Fisher Hall Group Home
8207 Wolftrap Rd
Vienna, VA 22180

RE: Minerva Fisher Hall Group Home
Vienna, Virginia
ICF/ID: 49G014

Dear Ms Eversole:

An unannounced Medicaid survey, ending August 16, 2018 was conducted, by the VDH Office of Licensure and Certification staff. All references to regulatory requirements are found in Title 42, Code of Federal Regulations

Survey Results and Plan of Correction

Enclosed is the CMS-2567, Statement of Deficiencies, for the Fundamental Health Survey. This document contains a listing of the deficiencies found at the time of this inspection. [Any deficiencies found as a result of a Life Safety Code inspection will be mailed separately from the office of the State Fire Marshall.]

You are required to file a plan for correcting these deficiencies. Your statements shall reflect the specific detailed actions you will take to correct deficiencies, prevent a recurrence of the deficiencies, and measures implemented to maintain compliance. You must also give the specific calendar date on which correction for each deficiency is expected to be completed. The response "Corrected" is not an acceptable response. That kind of response does not fulfill the requirement to provide information on preventing recurrence or maintaining compliance. The response "will train staff" is not an acceptable response unless specific information is given on the plan for frequency and methods to evaluate results.

Correction/completion dates must be within forty-five (45) days from the day of the inspection. If you have been cited for physical plant or Life Safety Code deficiencies that will require more than 45 days to correct and you intend to request an exception, you must provide a specific reason for the request and the expected completion date.

After signing and dating your Plan of Correction, retain one copy of the Report for your files and return the original to this office within ten (10) calendar days from receiving the report. You will be notified if your Plan of Correction is not acceptable.

Failure to return your Plan of Correction within the time frame specified above can result in a loss of Medicaid reimbursement.

A copy of the completed form (CMS-2567) will be kept on file in this office and will be available for public review. This Division is required to make copies of this report available to other Federal and State regulatory or reimbursement agencies upon request.

Survey Response Form

The Survey Response Form is offered as a method to share your review of the onsite survey process. Please take a moment to complete this evaluation, which is available at: "http://www.vdh.virginia.gov/OLC/Downloadables/documents/2011/pdf/LTC%20facility%20survey%20response%20form.pdf". We will appreciate your participation.

If you have any questions, please call me at (804) 367-2100.

Sincerely,

Wietske G. Weigel-Delano, LTC Supervisor
Division of Long Term Care Services

Enclosures

cc: Bertha Ventura, Department of Medical Assistance Services (Sent Electronically)
Susan Elmore, Department of Behavioral Health and Developmental Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G014	A. BUILDING _____ B. WING _____	08/16/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MINERVA FISHER HALL GROUP HOME	8207 WOLFTRAP RD VIENNA, VA 22180

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 08/14/18 through 08/16/18. Corrections are required for compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000		
E 037	EP Training Program CFR(s): 483.475(d)(1) (1) Training program. The [facility, except CAHs, ASCs, PACE organizations, PRTFs, Hospices, and dialysis facilities] must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected role. (ii) Provide emergency preparedness training at least annually. (iii) Maintain documentation of the training. (iv) Demonstrate staff knowledge of emergency procedures. *[For Hospitals at §482.15(d) and RHCs/FQHCs at §491.12:] (1) Training program. The [Hospital or RHC/FQHC] must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing on-site services under arrangement, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least annually. (iii) Maintain documentation of the training. (iv) Demonstrate staff knowledge of emergency procedures. *[For Hospices at §418.113(d):] (1) Training. The	E 037		

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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E 037	Continued From page 1 hospice must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing hospice employees, and individuals providing services under arrangement, consistent with their expected roles. (ii) Demonstrate staff knowledge of emergency procedures. (iii) Provide emergency preparedness training at least annually. (iv) Periodically review and rehearse its emergency preparedness plan with hospice employees (including nonemployee staff), with special emphasis placed on carrying out the procedures necessary to protect patients and others. *[For PRTFs at §441.184(d):] (1) Training program. The PRTF must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) After initial training, provide emergency preparedness training at least annually. (iii) Demonstrate staff knowledge of emergency procedures. (iv) Maintain documentation of all emergency preparedness training. *[For PACE at §460.84(d):] (1) The PACE organization must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing on-site services under arrangement, contractors, participants, and volunteers, consistent with their expected roles.	E 037		

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E 037	Continued From page 2 (ii) Provide emergency preparedness training at least annually. (iii) Demonstrate staff knowledge of emergency procedures, including informing participants of what to do, where to go, and whom to contact in case of an emergency. (iv) Maintain documentation of all training. *[For CORFs at §485.68(d):](1) Training. The CORF must do all of the following: (i) Provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least annually. (iii) Maintain documentation of the training. (iv) Demonstrate staff knowledge of emergency procedures. All new personnel must be oriented and assigned specific responsibilities regarding the CORF's emergency plan within 2 weeks of their first workday. The training program must include instruction in the location and use of alarm systems and signals and firefighting equipment. *[For CAHs at §485.625(d):] (1) Training program. The CAH must do all of the following: (i) Initial training in emergency preparedness policies and procedures, including prompt reporting and extinguishing of fires, protection, and where necessary, evacuation of patients, personnel, and guests, fire prevention, and cooperation with firefighting and disaster authorities, to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected	E 037		

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E 037	Continued From page 3 roles. (ii) Provide emergency preparedness training at least annually. (iii) Maintain documentation of the training. (iv) Demonstrate staff knowledge of emergency procedures. *[For CMHCs at §485.920(d):] (1) Training. The CMHC must provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles, and maintain documentation of the training. The CMHC must demonstrate staff knowledge of emergency procedures. Thereafter, the CMHC must provide emergency preparedness training at least annually. This STANDARD is not met as evidenced by: Based on staff interview and facility document review it was determined that the facility staff failed to have a complete emergency preparedness plan. The facility staff failed to provide evidence of documentation that facility staff received initial and annual emergency preparedness training. The findings include: On 08/16/18 at approximately 9:00 a.m. a review and interview of the facility's emergency preparedness plan was conducted with ASM (administrative staff member) # 1, program director of (Name of Group Home) and OSM (other staff member) # 1, QIDP (Qualified Intellectual Disabilities Professional). Review of the facility's emergency preparedness plan failed	E 037		

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E 037	Continued From page 4 to provide evidence of documentation that facility staff received initial and annual emergency preparedness training. ASM # 1 stated that they haven't initiated training the staff. On 08/16/18 at approximately 12:10 p.m., ASM (administrative staff member) # 1, program director and OSM (other staff member) # 1, the QIDP and RN (registered nurse) # 1 were made aware of the findings. No further information was provided prior to exit.	E 037		
W 000	INITIAL COMMENTS An unannounced annual Medicaid survey for Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) was conducted 08/14/18 through 08/16/18. 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 nine bed facility was nine at the time of the survey. The survey sample consisted of six current Individual reviews (Individuals # 1, # 2, # 3, # 4, # 5 and # 6).	W 000		
W 111	CLIENT RECORDS CFR(s): 483.410(c)(1) The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. This STANDARD is not met as evidenced by: Based on residential program record reviews,	W 111		

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W 111	Continued From page 5 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 four individuals in the survey sample, Individuals # 1, # 2, and # 3. 1a. The QIDP (Qualified Intellectual Disabilities Professional) failed to ensure the current nutritional assessment, dementia, falls and aspiration protocols were in (Name of Day Program) clinical record for Individual # 1. 1b. The QIDP failed to ensure the "Physical Therapy Evaluation" dated 01/31/2018 was in (Name of Group Home) clinical record for Individual # 1. 2a. The QIDP failed to ensure the current nutritional assessment was in (Name of Day Program) clinical record for Individual # 2. 2b. The QIDP failed to implement Individual # 2's home management skills program 2c. The QIDP (Qualified Intellectual Disabilities Professional) failed to ensure Individual # 2 was provided with the appropriate utensil when eating lunch. 3. The QIDP (Qualified Intellectual Disabilities Professional) failed to ensure the data collection at (Name of Group Home) for Individual # 3's ISP (Individual Service Plan) outcome of "Home Management Skills" was accurate, and failed to implement Individual # 3's home management skills program.	W 111		

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W 111	Continued From page 6 The findings include: 1a. The QIDP failed to ensure the current nutritional assessment, dementia, falls and aspiration protocols were in (Name of Day Program) clinical record for Individual # 1. Individual # 1 was a 74-year-old female, who was admitted to (Name of Group Home) on 11/16/11. Diagnoses in the clinical record included but were not limited to: mild intellectual disability (1), dementia (2), depression (3), hiatal hernia (4), anxiety (5), and high cholesterol. On 08/15/18 at approximately 10:00 a.m., Individual # 1's clinical record was reviewed at (Name of Day Program). Individual # 1's clinical record evidenced a "Nutritional Assessment" dated "03/10/2016", "Dementia Protocol" dated "5/12/16", "Fall Protocol" dated "5/12/16" and an "Aspiration Protocol" dated "5/12/16." On 08/15/18 at approximately 10:25 a.m., an interview was conducted with OSM (other staff member) # 2, program coordinator at (Name of Day Program). When asked for the current nutritional assessment, dementia, falls and aspiration protocols for Individual # 1, OSM # 2 reviewed the clinical record for Individual # 1 and stated, "I don't see the current protocol; or the nutritional assessment, we don't have them. I need to call the group home and get the updated one." When asked why it was important to have the current nutritional assessment and protocols, OSM # 2 stated, "To keep our files updated and provide appropriate support for individuals. If the needs of the individual change we can do it at our end as well."	W 111		

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W 111	Continued From page 7 On 08/16/18 at approximately 12:00 p.m., an interview was conducted with ASM (administrative staff member) # 1, program director and OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional). When asked to describe the responsibilities of the QIDP OSM # 1 stated, "I check the group home and day programs to ensure documentation is up to date, ensure they have the appropriate adaptive equipment, ensure active treatment is being implemented, make sure individual's needs are being met, observe how they respond with staff, ensure their privacy and dignity." When asked how often he visits the day program OSM # 1 stated, "I visit routinely on a monthly basis." When asked about the procedure to ensure the day programs have the current assessments and protocols for Individual # 1, ASM # 1and OSM # 1 stated, "We send the updated protocols and assessments to the day program. We use a confirmation sheet that the day program signs indicating that they received the paperwork." ASM # 1 further stated, "I don't know why they don't have it." OSM # 1 was unable to provide evidence that the current nutritional assessment, dementia, falls and aspiration protocols for Individual # 1 were sent to (Name of Day Program). On 08/16/18 at approximately 12:10 p.m., ASM (administrative staff member) # 1, program director and OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and RN (registered nurse) # 1 were made aware of the findings. No further information was provided prior to exit. References:	W 111		

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W 111	Continued From page 8 (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://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100 (2) A loss of brain function that occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior. This information was obtained from the website: https://medlineplus.gov/ency/article/000739.htm. (3) Depression may be described as feeling sad, blue, unhappy, miserable, or down in the dumps. Most of us feel this way at one time or another for short periods. Clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for weeks or more. This information was obtained from the website: https://medlineplus.gov/ency/article/003213.htm. (4) A condition in which the upper part of the stomach bulges through an opening in the diaphragm. This information was obtained from the website: https://medlineplus.gov/hiatalhernia.html. (5) Fear. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/anxiety.html#summary.	W 111		

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W 111	Continued From page 9	W 111		

1b. The QIDP failed to ensure the "Physical Therapy Evaluation" dated 01/31/2018 was in (Name of Group Home) clinical record for Individual # 1.

On 08/14/18 a review of the (Name of Group Home) "Incident Report" dated 01/28/2018 for Individual # 1 documented in part, "Corrective Action Plan: Will request PT (Physical Therapy) to complete an evaluation."

Review of the (Name of Group Home) clinical record for Individual # 1 revealed a physician's "Referral Order" dated 1/29/2018. The "Referral Order" documented, "PHYSICAL THERAPY REFERRAL."

On 08/14/18 at approximately 2:00 p.m., a review of the (Name of Group Home) clinical record for Individual # 1 failed to evidence a physical therapy evaluation.

On 08/14/18 at approximately 3:00 p.m. RN (registered nurse) # 1 provided a copy of the "Physical Therapy Evaluation" dated 01/31/2018." The evaluation documented, "Client" (Individual # 1)."

On 08/14/18 at approximately 3:00 p.m., an interview was conducted with RN # 1. When asked if Individual # 1's clinical record contained the physical therapy evaluation RN # 1 stated, "No. We called the home health agency and they faxed it over today.

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W 111	Continued From page 10 On 08/16/18 at approximately 12:00 p.m., an interview was conducted with OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional). When asked about the PT evaluation not in the clinical record at the day program, OSM stated he wasn't aware of it being missing. On 08/16/18 at approximately 12:10 p.m., ASM (administrative staff member) # 1, program director and OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and RN (registered nurse) # 1 were made aware of the findings. No further information was provided prior to exit. 2a. The QIDP failed to ensure the current nutritional assessment was in (Name of Day Program) clinical record for Individual # 2. Individual # 2 was a 37-year-old male, who was admitted to (Name of Group Home) on 08/30/02. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), seizure disorder (2), Lennox-Gastaut syndrome (3) and hypothyroidism (4). On 08/15/18 at approximately 12:00 p.m., Individual # 2's clinical record was reviewed at (Name of Day Program). Individual # 2's clinical record evidenced a "Nutritional Assessment" dated "07/11/17." On 08/15/18 at approximately 12:25 p.m., an interview was conducted with OSM (other staff member) #3, assistant side manager at (Name of	W 111		

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W 111	Continued From page 11 Day Program). When this surveyor asked for the current nutritional assessment, this surveyor was provided with a "Nutritional Assessment" dated 07/11/17 for Individual # 2. On 08/16/18 at approximately 12:00 p.m., an interview was conducted with OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional). When asked about the "Nutritional Assessment" dated 07/11/17 for Individual # 2, OSM stated he wasn't aware that the day program did not have the current nutritional assessment. On 08/16/18 at approximately 12:10 p.m., ASM (administrative staff member) # 1, program director and OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and RN (registered nurse) # 1 were made aware of the 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://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100 (2) Symptoms of a brain problem. They happen	W 111		

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W 111	Continued From page 12 because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/seizures.html. (3) This syndrome usually begins between the ages of 3 and 5, but can start as late as adolescence. Children may have several different types of seizure with this syndrome. These include tonic (where the muscles suddenly become stiff), atonic (where the muscles suddenly relax), myoclonic, tonic clonic and atypical absences. Atypical absences often last longer than normal absences and are different as a child may be responsive and aware of their surroundings. Many children also develop learning difficulties as well as behavior problems. This syndrome can be very difficult to treat with AEDs, and most children need a combination of different drugs. Some non-drug treatments such as the ketogenic diet and vagus nerve stimulation therapy (VNS) can also be helpful. Seizures often continue into adult life. This information was obtained from the website: https://www.epilepsysociety.org.uk/childhood-epilepsy-syndromes?gclid=EAIaIQobChMIj4H9z6P03AIVwpCfCh2x7wFfEAAYASAAEgJ__PD_BwE (4) Not enough thyroid hormone to meet your body's needs. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/hypothyroidism.html. 2b. The QIDP (Qualified Intellectual Disabilities Professional) failed to implement Individual # 2's home management skills program	W 111		

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W 111	Continued From page 13 On 08/14/18 at approximately 5:40 p.m., an observation was conducted of Individual # 2 in the dining room at (Name of Group Home). Individual # 2 was seated at the dining room table. DSP (direct support professional) # 2 placed Individual # 2's plate of food, and drink in front of Individual # 2. Individual # 2 was then verbally cued to eat and was observed eating his meal independently. When Individual # 2 finished eating, DSP # 2 stood, picked up Individual # 2's plate and utensil from the table and took it to the kitchen sink while Individual # 2 remained seated at the dining room table. The ISP (individual support plan) for Individual # 2 dated 10/01/2018 documented, "Desired Outcome: Home Management Skills. Support Activities & Instructions: (Individual # 2) will place his dishes in the sink after eating within 5 (five) minutes and with no more than 3 (three) verbal prompts at 100% accuracy for 12 consecutive months. Support Instructions: 1. After eating meals, staff will verbally prompt (Individual # 2) to take his dishes to the sink. 2. (Individual # 2) will place his dishes in the sink with no more than 3 verbal prompts from staff. 3. Staff will praise (Individual # 2) for his participation. 4. Progress will be documented in Credible (electronic record). 5. Progress will be monitored monthly by the QIDP (Qualified Intellectual Disabilities Professional). 6. (Individual # 2) will have achieved this outcome when place his dishes in the sink after eating within 5 (five) minutes and with no more than 3 (three) verbal prompts at 100% accuracy for 12 consecutive months. Frequency: Daily." On 08/16/18 at 7:55 a.m., an interview was conducted with DSP # 2 regarding Individual # 2's	W 111		

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W 111	Continued From page 14	W 111		

active treatment. When asked how often the active treatment for Individual # 2 should be implemented, DSP # 2 stated, "All the time." When asked to describe Individual # 2's home management skill, outcome, DSP # 2 stated, "To take his dishes to the sink." When asked if the outcome was initiated during after Individual # 2 finished eating DSP # 2 stated, "I didn't prompt him."

On 08/16/18 at approximately 12:00 p.m., an interview was conducted with OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional). When asked about the active treatment program of Individual # 2 taking his dishes to the sink OSM # 1 stated, "It should have been implemented."

On 08/16/18 at approximately 12:10 p.m., ASM (administrative staff member) # 1, program director and OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and RN (registered nurse) # 1 were made aware of the findings.

No further information was provided prior to exit.

2c. The QIDP (Qualified Intellectual Disabilities Professional) failed to ensure Individual # 2 was provided with the appropriate utensil when eating lunch.

On 08/15/18 at approximately 11:45 a.m., an observation was conducted of Individual # 2 eating lunch at (Name of Day Program). Individual # 2 was seated at a table with other individuals. OSM (other staff member) # 3, assistant side manager at (Name of Day Program) provided Individual # 2 a high-sided

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W 111	Continued From page 15 plate, nosey cup and spoon with a built up handle. The "Nutritional Assessment" for Individual # 2 dated "March 2018" documented, "Dining Skills. Adaptive Equipment: Nosey cup, scooper plate." Further review of the "Nutritional Assessment" failed to evidence the use of a built up handle spoon. The POS (physician's order sheet) for Individual # 2 dated 08/01/18 to 08/31/18 documented, "Treatment Orders. Nosey cup. Scooper plate." Further review of the POS failed to evidence an order for the use of a built up handle spoon. On 08/15/18 at approximately 12:25 p.m., an interview was conducted with OSM (other staff member) # 3, assistant side manager at (Name of Day Program). When asked how he knew what adaptive equipment Individual # 2 used for meals, OSM # 3 stated, "The group home provides it." On 08/16/18 at approximately 12:00 p.m., an interview was conducted with OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional). When asked about Individual # 2's use of a built up handle spoon at the day program, ASM (administrative staff member) # 1 stated, "He shouldn't use it." On 08/16/18 at approximately 12:10 p.m., ASM (administrative staff member) # 1, program director and OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and RN (registered nurse) # 1 were made aware of the findings.	W 111		

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W 111	Continued From page 16 No further information was provided prior to exit. 3. The QIDP (Qualified Intellectual Disabilities Professional) failed to ensure the data collection at (Name of Group Home) for Individual # 3's ISP (Individual Service Plan) outcome of "Home Management Skills" was accurate, and failed to implement Individual # 3's home management skills program. Individual # 3 was a 44-year-old female, who was admitted to (Name of Group Home) on 05/27/03. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), cerebral palsy (2), depression (3) and hiatal hernia (4). On 08/14/18 at 4:50 p.m., an observation was conducted of Individual # 3 receiving a cup of coffee after arriving home from the day program. Individual # 3 walked into the kitchen at (Name of Group Home) with DSP (direct support professional) # 1. DSP # 1 opened a kitchen cabinet door and verbally asked Individual # 3 to get the jar of coffee. Individual # 3 reached into the cabinet, took out the jar of coffee, and placed it on the kitchen counter. DSP # 1 then went to the kitchen refrigerator, opened the refrigerator door and asked Individual # 3 to get the milk. Individual # 3 went to the refrigerator, reached in the refrigerator, took out a gallon jug of milk, and placed it on the kitchen counter next to the coffee. DSP # 1 then obtained a cup and placed it on the kitchen counter next to the milk and coffee. As Individual # 3 stood next to DSP # 1 while DSP # 1 opened the jar of coffee, scooped out some coffee, poured it into the cup, added the milk, stirred the coffee and milk together, placed the cup of coffee into the microwave for a short	W 111		

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W 111	Continued From page 17 period of time. DSP # 1 then verbally instructed Individual # 3 to put the coffee away. Individual # 3 was observed picking up the coffee jar, walking across the kitchen, opening the kitchen cabinet, placing the coffee jar into the cabinet, closing the cabinet door independently and then standing back next to DSP # 1. DSP # 1 then asked Individual # 3 to put the milk back into the refrigerator. Individual # 3 was observed picking up the gallon of milk, taking it to the refrigerator, opening the refrigerator, placing the milk into the refrigerator, closing the refrigerator independently and then standing back next to DSP # 1. Individual # 3's coffee was then taken out of the microwave, and carried into the dining room by DSP # 1, while Individual # 3 followed DSP # 1 into the dining room. Individual # 3 was observed sitting at the table in a regular chair and drinking her coffee independently. The ISP (individual support plan) for Individual # 3 dated 03/04/2018 documented, "Desired Outcome: Home Management Skills. Support Activities & Instructions: At the appropriate times, (Individual # 3) will follow a three step task of making her coffee each day for 5 (five) minutes with 100% (percent) accuracy for 12 consecutive months by 3/31/19." Support Instructions: 1. (Individual # 3) signs to staff that she would like to have coffee. 2. (Individual # 3) fills mug up with water. 3. (Individual # 3) scoops coffee grounds into cup. 4. (Individual # 3) stirs cup. 5. (Individual # 3) receives praise from staff for her attempts. 6. Staff will document her responses to services and the level of participating via (by) Credible (electronic documentation). 7. Progress will be monitored Monthly by the QIDP (Qualified Intellectual Disabilities Professional). 8. When (Individual # 3) has followed a 3 step task of	W 111		

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W 111	Continued From page 18 making her coffee each day for 5 (five) minutes with 100% (percent) accuracy for 12 consecutive months, she will have achieved this outcome. Frequency: Daily." The data collection sheet for Individual # 3 dated August 2018 documented, "Need # 2. She would like to improve her home management skills." Under "Support activity # 2:" it documented, "Support instructions: 1. (Individual # 3) signs to staff that she would like to have coffee. 2. (Individual # 3) fills mug up with water. 3. (Individual # 3) scoops coffee grounds into cup. 4. (Individual # 3) stirs cup. 5. (Individual # 3) receives praise from staff for her attempts. 6. Staff will document her responses to services and the level of participating via (by) Credible (electronic documentation). 7. Progress will be monitored Monthly by the QIDP (Qualified Intellectual Disabilities Professional). 8. When (Individual # 3) has followed a 3 step task of making her coffee each day for 5 (five) minutes with 100% (percent) accuracy for 12 consecutive months, she will have achieved this outcome." Further review of the data collection sheet revealed a '+' (plus sign) under "Participation" for 08/14/18. On 08/15/18 at 5:20 p.m., an interview was conducted with DSP # 1 and ASM # 1, program director and OSM (other staff member) 1 , QIDP (Qualified Intellectual Disabilities Professional) regarding Individual # 3's data collection on 08/14/18. When asked to describe Individual # 3's outcome for home management skills, DSP # 1 stated, "To assist her to prepare the coffee. After reviewing the ISP for Individual # 3's home management skills DSP # 1 was asked to describe how he implemented the active	W 111		

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W 111	Continued From page 19 treatment program. DSP # 1 stated, "I allowed her to get and put away the coffee and milk. I poured the coffee and milk into her cup and stirred it." After reviewing the data collection sheet for Individual # 3's home management skills DSP was asked what the plus sign indicated. DSP # 1 stated, "That she participated in the outcome." When asked if the documentation of the plus sign was accurate given the fact that Individual # 3 did not participate in any of the steps outlined on the ISP and data collection sheet. DSP # 1, ASM # 1 and OSM # 1 stated, "No." When asked if he implemented Individual # 3's outcome for making coffee DSP # 1 stated, "No." On 08/16/18 at approximately 12:00 p.m., an interview was conducted with OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional). When asked about the data collection being inaccurate for Individual # 3's coffee outcome OSM # 1 stated, "I hadn't seen it. It wasn't coded correctly." When asked about the implementation of the active treatment program for Individual # 3 making her own coffee, OSM # 1 stated, "It should have been implemented." On 08/16/18 at approximately 12:10 p.m., ASM (administrative staff member) # 1, program director and OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and RN (registered nurse) # 1 were made aware of the findings. No further information was provided prior to exit. References:	W 111		

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W 111	Continued From page 20 (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://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100 (2) A group of disorders that affect a person's ability to move and to maintain balance and posture. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/cerebralpalsy.html. (3) Depression may be described as feeling sad, blue, unhappy, miserable, or down in the dumps. Most of us feel this way at one time or another for short periods. Clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for weeks or more. This information was obtained from the website: https://medlineplus.gov/ency/article/003213.htm. (4) A condition in which the upper part of the stomach bulges through an opening in the diaphragm. This information was obtained from the website: https://medlineplus.gov/hiatalhernia.html.	W 111		
W 112	CLIENT RECORDS CFR(s): 483.410(c)(2)	W 112		

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W 112	Continued From page 21 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 observation, staff interview and clinical record review it was determined that the facility staff failed to ensure the confidentiality of individual's personal information for two of six individuals in the survey sample, Individuals # 4 and # 5. 1. The name and phone number of an acquaintance of Individual # 4's was posted on the outside of his bedroom door. 2. The information for Individual # 5's foot orthosis was posted on the outside of her bedroom door. The findings include: 1. The name and phone number of an acquaintance of Individual # 4 was posted on the outside of his bedroom door. Individual # 4 was admitted to the facility on 07/20/05 with diagnoses that included but were not limited to: moderate mental retardation (1), spastic cerebral palsy (2), dysphagia (3), and gastroesophageal reflux disease. On 08/14/18 at approximately 11:05 a.m., during an initial tour of the group home, an observation of Individual # 4's bedroom door, revealed a bulletin board attached on the outside of the door. Observation of the bulletin board revealed photographs of Individual # 4 and a name and	W 112		

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W 112	Continued From page 22 phone number. On 08/15/18 at approximately 6:50 a.m., an observation of Individual # 4's bedroom door, revealed a bulletin board attached on the outside of the door. Observation of the bulletin board revealed photographs of Individual # 4 and a name and phone number. On 08/16/18 at approximately 10:00 a.m., an observation of Individual # 4's bedroom door, revealed a bulletin board attached on the outside of the door. Observation of the bulletin board revealed photographs of Individual # 4 and a name and phone number. On 08/16/18 at approximately 10:15 a.m., an observation of Individual # 4's bedroom door, was conducted with ASM (administrative staff member) 1, (Name of Group Home) program director and OSM (other staff member) # 1, QIDP (Qualified Intellectual Disabilities Professional). When asked to identify the name and phone number posted on the bulletin board mounted on the outside of Individual # 4's bedroom door, ASM # 1 and OSM # 1 stated they did not know the identity of the name posted on the bulletin board nor were they familiar with the phone number posted with the name. ASM # 1 further stated, "I didn't see this. I don't know who it is but will find out. At 10:30 a.m. ASM # 1 stated, "I spoke with (Individual # 4's) father and he thinks it was the name and phone number of someone from another facility who assisted (Individual # 4) with his transfer to (Name of Group Home)." ASM # 1 then removed the name and phone number from Individual # 4's bulletin board. On 08/16/18 at approximately 12:10 p.m., ASM	W 112		

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W 112	Continued From page 23 (administrative staff member) # 1, program director and OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and RN (registered nurse) # 1 were made aware of the findings. No further information was provided prior to exit. Reference: (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://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100 (2) A group of disorders that affect a person's ability to move and to maintain balance and posture. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/cerebralpalsy.html. (3) A swallowing disorder. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html. (4) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/gerd.html.	W 112		

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W 112	Continued From page 24 2. The information for Individual # 5's foot orthosis was posted on the outside of her bedroom door. Individual # 5 was admitted to the facility on 02/16/05 with diagnoses that included but were not limited to: profound mental retardation (1), cerebral palsy (2), epilepsy (3), and quadriplegia. On 08/14/18 at approximately 11:05 a.m., during an initial tour of the group home, an observation of Individual # 5's bedroom door, revealed a bulletin board attached on the outside of the door. Observation of the bulletin board revealed photographs of Individual # 5 and paper that documented, "VK's (Individual # 5's Initials) AFO (ankle-foot orthotic) [5]. PLEASE MAKE SURE THAT THE AFO LABELED RIGHT IS ON HER RIGHT, LEFT IS ON HER LEFT." On 08/15/18 at approximately 6:50 a.m., an observation of Individual # 5's bedroom door, revealed a bulletin board attached on the outside of the door. Observation of the bulletin board revealed photographs of Individual # 5 and paper that documented, "VK's (Individual # 5's Initials) AFO (ankle-foot orthotic) [5]. PLEASE MAKE SURE THAT THE AFO LABELED RIGHT IS ON HER RIGHT, LEFT IS ON HER LEFT." On 08/16/18 at approximately 10:00 a.m., an observation of Individual # 5's bedroom door, revealed a bulletin board attached on the outside of the door. Observation of the bulletin board revealed photographs of Individual # 5 and paper that documented, "VK's (Individual # 5's Initials) AFO (ankle-foot orthotic) [5]. PLEASE MAKE SURE THAT THE AFO LABELED RIGHT IS ON HER RIGHT, LEFT IS ON HER LEFT."	W 112		

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(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 112	Continued From page 25 On 08/16/18 at approximately 10:15 a.m., an observation of Individual # 5's bedroom door, was conducted with ASM (administrative staff member) 1, (Name of Group Home) program director and OSM (other staff member) # 1, QIDP (Qualified Intellectual Disabilities Professional). When asked the paper post on Individual # 5's bulletin board that documented her AFO, ASM # 1 and OSM # 1 stated "It shouldn't be posted on the outside of her door." ASM # 1 then removed the paper from Individual # 5's bulletin board. On 08/16/18 at approximately 12:10 p.m., ASM (administrative staff member) # 1, program director and OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and RN (registered nurse) # 1 were made aware of the findings. No further information was provided prior to exit. References: (1) (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://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100 (2) (2) A group of disorders that affect a person's ability to move and to maintain balance and	W 112		

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	49G014	A. BUILDING _____ B. WING _____	08/16/2018

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W 112	Continued From page 26 posture. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/cerebralpalsy.html. (3) 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. (4) The loss of muscle function in part of your body. It happens when something goes wrong with the way messages pass between your brain and muscles. Paralysis can be complete or partial. It can occur on one or both sides of your body. It can also occur in just one area, or it can be widespread. Paralysis of the lower half of your body, including both legs, is called paraplegia. Paralysis of the arms and legs is quadriplegia. This information was obtained from the website: https://medlineplus.gov/paralysis.html. (5) An ankle-foot orthosis, or AFO, is a support intended to control the position and motion of the ankle, compensate for weakness, or correct deformities. AFOs can be used to support weak limbs, or to position a limb with contracted muscles into a more normal position. In addition, AFOs are used to control foot drop caused by a variety of neurologic and musculoskeletal disorders. Due to the common use for addressing foot drop, AFO has become synonymous with the term "foot-drop brace". The goal of AFO use is to stabilize the foot and ankle and provide toe	W 112		

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W 112	Continued From page 27 clearance during the swing phase of gait. This helps decrease the risk of catching the toe and falling. A typical AFO creates an L-shaped frame around the foot and ankle, extending from just below the knee to the metatarsal heads of the foot. This information was obtained from the website: https://www.alimed.com/afo-info-blog/.	W 112		
W 125	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3) The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on observation, clinical record review and facility document review, it was determined that the facility staff failed to allow individuals to exercise their rights for two of six individuals in the survey sample, Individuals # 2 and # 3. 1. The facility staff failed to ensure Individual # 2's dignity was respected during meals. 2. The facility staff failed to ensure Individual # 3's dignity was respected during a snack. The findings include: 1. The facility staff failed to ensure Individual # 2's dignity was respected during meals. Individual # 2 was a 37-year-old male, who was admitted to (Name of Group Home) on 08/30/02. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1),	W 125		

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W 125	Continued From page 28 seizure disorder (2), Lennox-Gastaut syndrome (3) and hypothyroidism (4). On 08/14/18 at approximately 5:40 p.m., an observation was conducted of Individual # 2 in the dining room at (Name of Group Home). Individual # 2 was seated at the dining room table. DSP (direct support professional) # 2 provided and placed a clothing protector on Individual # 2. After attaching the clothing protector around Individual # 2's neck, DSP # 2 placed the remaining length of the clothing protector on top of the table in front of Individual # 2. DSP # 2 then placed Individual # 2's plate of food, and drink on top of the clothing protector that was on the table. Individual # 2 was then verbally cued to eat and Individual # 2 was observed to eat his meal independently while the plate was on the clothing protector. On 08/15/18 at approximately 11:45 a.m., an observation was conducted of Individual # 2 eating lunch at (Name of Day Program). Individual # 2 was seated at a table with other individuals. OSM (other staff member) # 3, assistant side manager at (Name of Day Program) provided and placed a clothing protector on Individual # 2. After attaching the clothing protector around Individual # 2's neck OSM # 3 placed the remaining length of the clothing protector on top of the table in front of Individual # 2. OSM # 3 then placed Individual # 2's plate of food, and drink on top of the clothing protector that was placed on the table. Individual # 2 was then verbally cued to eat and Individual # 2 was observed to eat his meal independently while the plate was on the clothing protector. On 08/15/18 at approximately 12:25 p.m., an	W 125		

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W 125	Continued From page 29 interview was conducted with OSM (other staff member) # 3, assistant side manager at (Name of Day Program). When asked why Individual # 2's clothing protector was placed on the table and then the lunch plate placed on top of the clothing protector, OSM # 3 stated, "To keep food from spilling on (Individual # 2) and to keep the table clean." On 08/15/18 at approximately 4:00 p.m., an interview was conducted with DSP # 2 and ASM (administrative staff member) # 1, program director of (Name of Group Home). When asked why Individual # 2's clothing protector was placed on the table and then the lunch plate placed on top of the clothing protector, DSP # 2 stated, "To keep spillage off the floor, his lap and the table." After being informed of the meal observation at Individual # 2's day program on 08/15/18, ASM # 1 was asked if the practice of placing the remaining length of the clothing protector on top of the table in front of Individual # 2, and then placing his plate on top of the clothing was dignified. ASM # 1 stated, "It's probably not the best practice." The facility's policy "2.1 Human Rights Plan" documented in part, "2.1.4 Dignity. Individuals shall be treated with dignity as a human being and free from abuse." On 08/16/18 at approximately 12:10 p.m., ASM (administrative staff member) # 1, program director and OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and RN (registered nurse) # 1 were made aware of the findings.	W 125		

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W 125	Continued From page 30 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://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100 (2) 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. (3) This syndrome usually begins between the ages of 3 and 5, but can start as late as adolescence. Children may have several different types of seizure with this syndrome. These include tonic (where the muscles suddenly become stiff), atonic (where the muscles suddenly relax), myoclonic, tonic clonic and atypical absences. Atypical absences often last longer than normal absences and are different as a child may be responsive and aware of their surroundings. Many children also develop learning difficulties as well as behaviour problems. This syndrome can be very difficult to treat with AEDs, and most children need a combination of different drugs. Some non-drug treatments such	W 125		

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W 125	Continued From page 31 as the ketogenic diet and vagus nerve stimulation therapy (VNS) can also be helpful. Seizures often continue into adult life. This information was obtained from the website: https://www.epilepsysociety.org.uk/childhood-epilepsy-syndromes?gclid=EAIaIQobChMIj4H9z6P03AIVwpCfCh2x7wFfEAAYASAAEgJ__PD_BwE (4) Not enough thyroid hormone to meet your body's needs. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/hypothyroidism.html. 2. The facility staff failed to ensure Individual # 3's dignity was respected during a snack. Individual # 3 was a 44-year-old female, who was admitted to (Name of Group Home) on 05/27/03. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), cerebral palsy (2), depression (3) and hiatal hernia (4). On 08/15/18 at approximately 1:50 p.m., an observation was conducted of Individual # 3 at (Name of Day Program) while having a snack. Individual # 3 was sitting in a chair at the end of a table. OSM (other staff member) # 4, community integration specialist from (Name of Day Program) was seated in a chair in front of Individual # 3. OSM # 4 was holding a plastic cup, and a plastic spoon. The plastic cup contained a chopped up nutri-grain bar. OSM # 4 proceeded to feed Individual # 3 from the plastic cup using the plastic spoon. Further observation revealed Individual # 3 was not provided the opportunity to feed herself throughout the consumption of the snack.	W 125		

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W 125	Continued From page 32 The "Nutritional Assessment" for Individual # 3 dated "March 2018" documented, "Dining skills. Completely independent. Adaptive Equipment: may use plate guard during meal and uses a small flat bowled spoon to enhance safe eating." The (Name of Day Program) protocol for eating and aspiration for Individual # 3 dated 02/21/18 documented, "High sided scoop dish or plate with plate guard opening positioned to the left, apron, small flat bowled spoon, Dycem mat." On 08/15/18 at approximately 2:40 p.m., with OSM (other staff member) # 4, community integration specialist from (Name of Day Program). When asked to describe the adaptive equipment Individual # 3 uses when eating, OSM # 4 stated, "Plate with guard, small flat bowled spoon and regular cup. She eats independently but requires supervision to monitor how fast she eats." When asked if she allowed Individual # 3 to eat her snack independently, OSM # 4 stated, "I did not, I used a regular spoon and I fed her. It was a time factor and it was a short cut." When asked if it was dignified to feed Individual # 3 who had the capability to feed herself, OSM # 4 stated, "It's not." On 08/15/18 at approximately 4:0 p.m., an interview was conducted with DSP # 2 and ASM (administrative staff member) # 1, program director of (Name of Group Home). After being informed of the observation at Individual # 3's day program. When asked if it was dignified to feed Individual # 3, who had the capability to feed herself, ASM # 1 stated, "No." On 08/16/18 at approximately 12:10 p.m., ASM	W 125		

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W 125	Continued From page 33 (administrative staff member) # 1, program director and OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and RN (registered nurse) # 1 were made aware of the 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://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100 (2) A group of disorders that affect a person's ability to move and to maintain balance and posture. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/cerebralpalsy.html. (3) Depression may be described as feeling sad, blue, unhappy, miserable, or down in the dumps. Most of us feel this way at one time or another for short periods. Clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for weeks or more. This information was obtained from the website: https://medlineplus.gov/ency/article/003213.htm.	W 125		

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W 125	Continued From page 34 (4) A condition in which the upper part of the stomach bulges through an opening in the diaphragm. This information was obtained from the website: https://medlineplus.gov/hiatalhernia.html.	W 125		
W 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) 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 the medication administration observation for one of six individuals in the survey sample, Individual # 6. The facility staff failed to provide Individual # 6 privacy while administering her tube feeding. The findings include: Individual # 6 was a 46 year old female, who was admitted to (Name of Group Home) on 02/05/13. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), encephalopathy (2), epilepsy (3), dysphagia (4), microcephaly (5) and esotropia (6). On 08/14/18 at 4:05 p.m., the medication administration observation was conducted with LPN (licensed practical nurse) # 1. Observation of the medication cart revealed it was located in a hallway in (Name of Group Home). Further observation revealed a Gerri chair located next to	W 130		

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W 130	Continued From page 35 the medication cart. A door with the top half being a window separated the group homes day room and the hallway with the medication cart and Gerri-chair. Individual # 6 was assisted from the day room where several staff members and individuals were engaged with activities, to the Gerri-chair next to the medication cart located in the hallway. LPN # 1 set up a small folding table next to the Gerri-chair, placed all tube feeding supplies on the table, put on a pair of plastic gloves, pushed in the lock on the medication cart, removed his keys. LPN #1 then raised Individual # 6's shirt, removed the abdominal binder exposing her midsection, from below her chest to her belly button, then opened the cap on the abdominal tube. While holding up Individual # 6's shirt exposing the midsection of her body, LPN # 1 placed the feeding syringe into the tubing and began administering a container of Ensure (liquid supplement) into the syringe connected to the tubing. While Individual # 6 was receiving her supplement, another individual who resided at the group home came to the door separating the hallway from the day room on two occasions and looked toward Individual # 6. Further observation during the time LPN # 1 had Individual # 6's midsection exposed, a staff member entered the hallway through the door from the day room, walked in front of Individual # 6, retrieved a book from a desk located in the same hallway and walked back through the door to the day room. When the syringe was empty, LPN # 1 recapped the feeding tube, placed the abdominal binder back on Individual # 6 and pulled her shirt down covering the midsection of her body. On 08/15/18 at approximately 4:10 p.m., an interview was conducted with LPN # 1 and RN (registered nurse) # 1 regarding privacy during	W 130		

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W 130	Continued From page 36 Individual # 6's tube feeding. When asked if privacy was provided during Individual # 6's tube feeding, LPN # 1 stated, "I provided limited privacy." When asked if complete privacy should have been provided, LPN # 1 and RN # 1 asked how it was to be accomplished. The facility's policy "3.4 Medication Management" documented, "Medication Administration Procedures: A. Administer medications to only one individual at a time ensuring privacy if possible." On 08/16/18 at approximately 12:10 p.m., ASM (administrative staff member) # 1, program director and OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and RN (registered nurse) # 1 were made aware of the 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://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100 (2) A term for any diffuse disease of the brain that alters brain function or structure. This information was obtained from the website:	W 130		

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W 130	Continued From page 37 http://www.ninds.nih.gov/disorders/encephalopathy/encephalopathy.htm. (3) 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. (4) A swallowing disorder. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html. (5) A condition in which a person's head size is much smaller than that of others of the same age and sex. This information was obtained from the website: https://medlineplus.gov/ency/article/003272.htm. (6) esotropia (strabismus) A disorder in which both eyes do not line up in the same direction. Therefore, they do not look at the same object at the same time. The condition is more commonly known as "crossed eyes." This information was obtained from the website: https://medlineplus.gov/ency/article/001004.htm	W 130		
W 159	QIDP CFR(s): 483.430(a) 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:	W 159		

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W 159	Continued From page 38 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 four individuals in the survey sample, Individuals # 1, # 2, and # 3. 1a. The QIDP (Qualified Intellectual Disabilities Professional) failed to ensure the current nutritional assessment, dementia, falls and aspiration protocols were in (Name of Day Program) clinical record for Individual # 1. 1b. The QIDP failed to ensure the "Physical Therapy Evaluation" dated 01/31/2018 was in (Name of Group Home) clinical record for Individual # 1. 2a. The QIDP failed to ensure the current nutritional assessment was in (Name of Day Program) clinical record for Individual # 2. 2b. The QIDP failed to implement Individual # 2's home management skills program 2c. The QIDP (Qualified Intellectual Disabilities Professional) failed to ensure Individual # 2 was provided with the appropriate utensil when eating lunch. 3. The QIDP (Qualified Intellectual Disabilities Professional) failed to ensure the data collection at (Name of Group Home) for Individual # 3's ISP (Individual Service Plan) outcome of "Home Management Skills" was accurate, and failed to implement Individual # 3's home management skills program.	W 159		

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W 159	Continued From page 39 The findings include: 1a. The QIDP failed to ensure the current nutritional assessment, dementia, falls and aspiration protocols were in (Name of Day Program) clinical record for Individual # 1. Individual # 1 was a 74-year-old female, who was admitted to (Name of Group Home) on 11/16/11. Diagnoses in the clinical record included but were not limited to: mild intellectual disability (1), dementia (2), depression (3), hiatal hernia (4), anxiety (5), and high cholesterol. On 08/15/18 at approximately 10:00 a.m., Individual # 1's clinical record was reviewed at (Name of Day Program). Individual # 1's clinical record evidenced a "Nutritional Assessment" dated "03/10/2016", "Dementia Protocol" dated "5/12/16", "Fall Protocol" dated "5/12/16" and an "Aspiration Protocol" dated "5/12/16." On 08/15/18 at approximately 10:25 a.m., an interview was conducted with OSM (other staff member) # 2, program coordinator at (Name of Day Program). When asked for the current nutritional assessment, dementia, falls and aspiration protocols for Individual # 1, OSM # 2 reviewed the clinical record for Individual # 1 and stated, "I don't see the current protocol; or the nutritional assessment, we don't have them. I need to call the group home and get the updated one." When asked why it was important to have the current nutritional assessment and protocols, OSM # 2 stated, "To keep our files updated and provide appropriate support for individuals. If the needs of the individual change we can do it at our end as well."	W 159		

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W 159	Continued From page 40 On 08/16/18 at approximately 12:00 p.m., an interview was conducted with ASM (administrative staff member) # 1, program director and OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional). When asked to describe the responsibilities of the QIDP OSM # 1 stated, "I check the group home and day programs to ensure documentation is up to date, ensure they have the appropriate adaptive equipment, ensure active treatment is being implemented, make sure individual's needs are being met, observe how they respond with staff, ensure their privacy and dignity." When asked how often he visits the day program OSM # 1 stated, "I visit routinely on a monthly basis." When asked about the procedure to ensure the day programs have the current assessments and protocols for Individual # 1, ASM # 1and OSM # 1 stated, "We send the updated protocols and assessments to the day program. We use a confirmation sheet that the day program signs indicating that they received the paperwork." ASM # 1 further stated, "I don't know why they don't have it." OSM # 1 was unable to provide evidence that the current nutritional assessment, dementia, falls and aspiration protocols for Individual # 1 were sent to (Name of Day Program). On 08/16/18 at approximately 12:10 p.m., ASM (administrative staff member) # 1, program director and OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and RN (registered nurse) # 1 were made aware of the findings. No further information was provided prior to exit.	W 159		

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W 159	Continued From page 41 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://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100 (2) A loss of brain function that occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior. This information was obtained from the website: https://medlineplus.gov/ency/article/000739.htm. (3) Depression may be described as feeling sad, blue, unhappy, miserable, or down in the dumps. Most of us feel this way at one time or another for short periods. Clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for weeks or more. This information was obtained from the website: https://medlineplus.gov/ency/article/003213.htm. (4) A condition in which the upper part of the stomach bulges through an opening in the diaphragm. This information was obtained from the website: https://medlineplus.gov/hiatalhernia.html. (5) Fear. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/anxiety.html	W 159		

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W 159	Continued From page 42 #summary. 1b. The QIDP failed to ensure the "Physical Therapy Evaluation" dated 01/31/2018 was in (Name of Group Home) clinical record for Individual # 1. On 08/14/18 a review of the (Name of Group Home) "Incident Report" dated 01/28/2018 for Individual # 1 documented in part, "Corrective Action Plan: Will request PT (Physical Therapy) to complete an evaluation." Review of the (Name of Group Home) clinical record for Individual # 1 revealed a physician's "Referral Order" dated 1/29/2018. The "Referral Order" documented, "PHYSICAL THERAPY REFERRAL." On 08/14/18 at approximately 2:00 p.m., a review of the (Name of Group Home) clinical record for Individual # 1 failed to evidence a physical therapy evaluation. On 08/14/18 at approximately 3:00 p.m. RN (registered nurse) # 1 provided a copy of the "Physical Therapy Evaluation" dated 01/31/2018." The evaluation documented, "Client" (Individual # 1)." On 08/14/18 at approximately 3:00 p.m., an interview was conducted with RN # 1. When asked if Individual # 1's clinical record contained the physical therapy evaluation RN # 1 stated, "No. We called the home health agency and they	W 159		

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W 159	Continued From page 43 faxed it over today. On 08/16/18 at approximately 12:00 p.m., an interview was conducted with OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional). When asked about the PT evaluation not in the clinical record at the day program, OSM stated he wasn't aware of it being missing. On 08/16/18 at approximately 12:10 p.m., ASM (administrative staff member) # 1, program director and OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and RN (registered nurse) # 1 were made aware of the findings. No further information was provided prior to exit. 2a. The QIDP failed to ensure the current nutritional assessment was in (Name of Day Program) clinical record for Individual # 2. Individual # 2 was a 37-year-old male, who was admitted to (Name of Group Home) on 08/30/02. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), seizure disorder (2), Lennox-Gastaut syndrome (3) and hypothyroidism (4). On 08/15/18 at approximately 12:00 p.m., Individual # 2's clinical record was reviewed at (Name of Day Program). Individual # 2's clinical record evidenced a "Nutritional Assessment" dated "07/11/17." On 08/15/18 at approximately 12:25 p.m., an interview was conducted with OSM (other staff	W 159		

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W 159	Continued From page 44 member) #3, assistant side manager at (Name of Day Program). When this surveyor asked for the current nutritional assessment, this surveyor was provided with a "Nutritional Assessment" dated 07/11/17 for Individual # 2. On 08/16/18 at approximately 12:00 p.m., an interview was conducted with OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional). When asked about the "Nutritional Assessment" dated 07/11/17 for Individual # 2, OSM stated he wasn't aware that the day program did not have the current nutritional assessment. On 08/16/18 at approximately 12:10 p.m., ASM (administrative staff member) # 1, program director and OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and RN (registered nurse) # 1 were made aware of the 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://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100	W 159		

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W 159	Continued From page 45 (2) 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. (3) This syndrome usually begins between the ages of 3 and 5, but can start as late as adolescence. Children may have several different types of seizure with this syndrome. These include tonic (where the muscles suddenly become stiff), atonic (where the muscles suddenly relax), myoclonic, tonic clonic and atypical absences. Atypical absences often last longer than normal absences and are different as a child may be responsive and aware of their surroundings. Many children also develop learning difficulties as well as behavior problems. This syndrome can be very difficult to treat with AEDs, and most children need a combination of different drugs. Some non-drug treatments such as the ketogenic diet and vagus nerve stimulation therapy (VNS) can also be helpful. Seizures often continue into adult life. This information was obtained from the website: https://www.epilepsysociety.org.uk/childhood-epilepsy-syndromes?gclid=EAIaIQobChMIj4H9z6P03AIVwpCfCh2x7wFfEAAYASAAEgJ__PD_BwE (4) Not enough thyroid hormone to meet your body's needs. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/hypothyroidism.html. 2b. The QIDP (Qualified Intellectual Disabilities Professional) failed to implement Individual # 2's home management skills program	W 159		

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W 159	Continued From page 46 On 08/14/18 at approximately 5:40 p.m., an observation was conducted of Individual # 2 in the dining room at (Name of Group Home). Individual # 2 was seated at the dining room table. DSP (direct support professional) # 2 placed Individual # 2's plate of food, and drink in front of Individual # 2. Individual # 2 was then verbally cued to eat and was observed eating his meal independently. When Individual # 2 finished eating, DSP # 2 stood, picked up Individual # 2's plate and utensil from the table and took it to the kitchen sink while Individual # 2 remained seated at the dining room table. The ISP (individual support plan) for Individual # 2 dated 10/01/2018 documented, "Desired Outcome: Home Management Skills. Support Activities & Instructions: (Individual # 2) will place his dishes in the sink after eating within 5 (five) minutes and with no more than 3 (three) verbal prompts at 100% accuracy for 12 consecutive months. Support Instructions: 1. After eating meals, staff will verbally prompt (Individual # 2) to take his dishes to the sink. 2. (Individual # 2) will place his dishes in the sink with no more than 3 verbal prompts from staff. 3. Staff will praise (Individual # 2) for his participation. 4. Progress will be documented in Credible (electronic record). 5. Progress will be monitored monthly by the QIDP (Qualified Intellectual Disabilities Professional). 6. (Individual # 2) will have achieved this outcome when place his dishes in the sink after eating within 5 (five) minutes and with no more than 3 (three) verbal prompts at 100% accuracy for 12 consecutive months. Frequency: Daily." On 08/16/18 at 7:55 a.m., an interview was	W 159		

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W 159	Continued From page 47 conducted with DSP # 2 regarding Individual # 2's active treatment. When asked how often the active treatment for Individual # 2 should be implemented, DSP # 2 stated, "All the time." When asked to describe Individual # 2's home management skill, outcome, DSP # 2 stated, "To take his dishes to the sink." When asked if the outcome was initiated during after Individual # 2 finished eating DSP # 2 stated, "I didn't prompt him." On 08/16/18 at approximately 12:00 p.m., an interview was conducted with OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional). When asked about the active treatment program of Individual # 2 taking his dishes to the sink OSM # 1 stated, "It should have been implemented." On 08/16/18 at approximately 12:10 p.m., ASM (administrative staff member) # 1, program director and OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and RN (registered nurse) # 1 were made aware of the findings. No further information was provided prior to exit. 2c. The QIDP (Qualified Intellectual Disabilities Professional) failed to ensure Individual # 2 was provided with the appropriate utensil when eating lunch. On 08/15/18 at approximately 11:45 a.m., an observation was conducted of Individual # 2 eating lunch at (Name of Day Program). Individual # 2 was seated at a table with other individuals. OSM (other staff member) # 3, assistant side manager at (Name of Day	W 159		

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Program) provided Individual # 2 a high-sided plate, nosey cup and spoon with a built up handle.

The "Nutritional Assessment" for Individual # 2 dated "March 2018" documented, "Dining Skills. Adaptive Equipment: Nosey cup, scooper plate." Further review of the "Nutritional Assessment" failed to evidence the use of a built up handle spoon.

The POS (physician's order sheet) for Individual # 2 dated 08/01/18 to 08/31/18 documented, "Treatment Orders. Nosey cup. Scooper plate." Further review of the POS failed to evidence an order for the use of a built up handle spoon.

On 08/15/18 at approximately 12:25 p.m., an interview was conducted with OSM (other staff member) # 3, assistant side manager at (Name of Day Program). When asked how he knew what adaptive equipment Individual # 2 used for meals, OSM # 3 stated, "The group home provides it."

On 08/16/18 at approximately 12:00 p.m., an interview was conducted with OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional). When asked about Individual # 2's use of a built up handle spoon at the day program, ASM (administrative staff member) # 1 stated, "He shouldn't use it."

On 08/16/18 at approximately 12:10 p.m., ASM (administrative staff member) # 1, program director and OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and RN (registered nurse) # 1 were made aware of the findings.

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W 159	Continued From page 49 No further information was provided prior to exit. 3. The QIDP (Qualified Intellectual Disabilities Professional) failed to ensure the data collection at (Name of Group Home) for Individual # 3's ISP (Individual Service Plan) outcome of "Home Management Skills" was accurate, and failed to implement Individual # 3's home management skills program. Individual # 3 was a 44-year-old female, who was admitted to (Name of Group Home) on 05/27/03. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), cerebral palsy (2), depression (3) and hiatal hernia (4). On 08/14/18 at 4:50 p.m., an observation was conducted of Individual # 3 receiving a cup of coffee after arriving home from the day program. Individual # 3 walked into the kitchen at (Name of Group Home) with DSP (direct support professional) # 1. DSP # 1 opened a kitchen cabinet door and verbally asked Individual # 3 to get the jar of coffee. Individual # 3 reached into the cabinet, took out the jar of coffee, and placed it on the kitchen counter. DSP # 1 then went to the kitchen refrigerator, opened the refrigerator door, and asked Individual # 3 to get the milk. Individual # 3 went to the refrigerator, reached in the refrigerator, took out a gallon jug of milk, and placed it on the kitchen counter next to the coffee. DSP # 1 then obtained a cup and placed it on the kitchen counter next to the milk and coffee. Individual # 3 stood next to DSP # 1, while DSP # 1 opened the jar of coffee, scooped out some coffee, poured it into the cup, added the milk,	W 159		

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W 159	Continued From page 50 stirred the coffee and milk together, placed the cup of coffee into the microwave for a short period of time. DSP # 1 then verbally instructed Individual # 3 to put the coffee away. Individual # 3 was observed picking up the coffee jar, walking across the kitchen, opening the kitchen cabinet, placing the coffee jar into the cabinet, closing the cabinet door independently and then standing back next to DSP # 1. DSP # 1 then asked Individual # 3 to put the milk back into the refrigerator. Individual # 3 was observed picking up the gallon of milk, taking it to the refrigerator, opening the refrigerator, placing the milk into the refrigerator, closing the refrigerator independently and then standing back next to DSP # 1. Individual # 3's coffee was then taken out of the microwave and carried into the dining room by DSP # 1 while Individual # 3 followed DSP # 1 into the dining room. Individual # 3 was observed sitting at the table in a regular chair drinking her coffee independently. The ISP (individual support plan) for Individual # 3 dated 03/04/2018 documented, "Desired Outcome: Home Management Skills. Support Activities & Instructions: At the appropriate times, (Individual # 3) will follow a three step task of making her coffee each day for 5 (five) minutes with 100% (percent) accuracy for 12 consecutive months by 3/31/19." Support Instructions: 1. (Individual # 3) signs to staff that she would like to have coffee. 2. (Individual # 3) fills mug up with water. 3. (Individual # 3) scoops coffee grounds into cup. 4. (Individual # 3) stirs cup. 5. (Individual # 3) receives praise from staff for her attempts. 6. Staff will document her responses to services and the level of participating via (by) Credible (electronic documentation). 7. Progress will be monitored Monthly by the QIDP (Qualified	W 159		

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W 159	Continued From page 51 Intellectual Disabilities Professional). 8. When (Individual # 3) has followed a 3 step task of making her coffee each day for 5 (five) minutes with 100% (percent) accuracy for 12 consecutive months, she will have achieved this outcome. Frequency: Daily." The data collection sheet for Individual # 3 dated August 2018 documented, "Need # 2. She would like to improve her home management skills." Under "Support activity # 2:" it documented, "Support instructions: 1. (Individual # 3) signs to staff that she would like to have coffee. 2. (Individual # 3) fills mug up with water. 3. (Individual # 3) scoops coffee grounds into cup. 4. (Individual # 3) stirs cup. 5. (Individual # 3) receives praise from staff for her attempts. 6. Staff will document her responses to services and the level of participating via (by) Credible (electronic documentation). 7. Progress will be monitored Monthly by the QIDP (Qualified Intellectual Disabilities Professional). 8. When (Individual # 3) has followed a 3 step task of making her coffee each day for 5 (five) minutes with 100% (percent) accuracy for 12 consecutive months, she will have achieved this outcome." Further review of the data collection sheet revealed a '+' (plus sign) under "Participation" for 08/14/18. On 08/15/18 at 5:20 p.m., an interview was conducted with DSP # 1 and ASM # 1, program director and OSM (other staff member) 1 , QIDP (Qualified Intellectual Disabilities Professional) regarding Individual # 3's data collection on 08/14/18. When asked to describe Individual # 3's outcome for home management skills, DSP # 1 stated, "To assist her to prepare the coffee. After reviewing the ISP for Individual # 3's home	W 159		

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	49G014	A. BUILDING _____ B. WING _____	08/16/2018

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W 159	Continued From page 52	W 159		

management skills DSP # 1 was asked to describe how he implemented the active treatment program. DSP # 1 stated, "I allowed her to get and put away the coffee and milk. I poured the coffee and milk into her cup and stirred it." After reviewing the data collection sheet for Individual # 3's home management skills DSP was asked what the plus sign indicated. DSP # 1 stated, "That she participated in the outcome." When asked if the documentation of the plus sign was accurate given the fact that Individual # 3 did not participate in any of the steps outlined on the ISP and data collection sheet. DSP # 1, ASM # 1 and OSM # 1 stated, "No." When asked if he implemented Individual # 3's outcome for making coffee DSP # 1 stated, "No."

On 08/16/18 at approximately 12:00 p.m., an interview was conducted with OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional). When asked about the data collection being inaccurate for Individual # 3's coffee outcome OSM # 1 stated, "I hadn't seen it. It wasn't coded correctly." When asked about the implementation of the active treatment program for Individual # 3 making her own coffee, OSM # 1 stated, "It should have been implemented."

On 08/16/18 at approximately 12:10 p.m., ASM (administrative staff member) # 1, program director and OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and RN (registered nurse) # 1 were made aware of the findings.

No further information was provided prior to exit.

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W 159	Continued From page 53 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://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100 (2) A group of disorders that affect a person's ability to move and to maintain balance and posture. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/cerebralpalsy.html. (3) Depression may be described as feeling sad, blue, unhappy, miserable, or down in the dumps. Most of us feel this way at one time or another for short periods. Clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for weeks or more. This information was obtained from the website: https://medlineplus.gov/ency/article/003213.htm. (4) A condition in which the upper part of the stomach bulges through an opening in the diaphragm. This information was obtained from the website: https://medlineplus.gov/hiatalhernia.html.No further information was provided prior to exit.	W 159		

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W 249	Continued From page 54	W 249		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, staff interview and clinical record review, it was determined that the residential staff failed to ensure an Individual was receiving services consistent with the Individual Support Plan (ISP) for two of six individuals in the survey sample, Individuals # 2 and # 3. 1. The facility staff failed to implement Individual # 2's home management skills program. 2. The facility staff failed to implement Individual # 3's home management skills program. The findings include: 1. The facility staff failed to implement Individual # 2's home management skills program. Individual # 2 was a 37-year-old male, who was admitted to (Name of Group Home) on 08/30/02. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), seizure disorder (2), Lennox-Gastaut syndrome (3) and hypothyroidism (4).	W 249		

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W 249	Continued From page 55 On 08/14/18, at approximately 5:40 p.m., an observation was conducted of Individual # 2 in the dining room at (Name of Group Home). Individual # 2 was seated at the dining room table. DSP (direct support professional) # 2 placed Individual # 2's plate of food, and drink in front of Individual # 2. Individual # 2 was then verbally cued to eat and was observed to eat his meal independently. When Individual # 2 finished eating, DSP # 2 stood, picked up Individual # 2's plate and utensil from the table and took it to the kitchen sink while Individual # 2 remained seated at the dining room table. The ISP (individual support plan) for Individual # 2 dated 10/01/2018 documented, "Desired Outcome: Home Management Skills. Support Activities & Instructions: (Individual # 2) will place his dishes in the sink after eating within 5 (five) minutes and with no more than 3 (three) verbal prompts at 100% accuracy for 12 consecutive months. Support Instructions: 1. After eating meals, staff will verbally prompt (Individual # 2) to take his dishes to the sink. 2. (Individual # 2) will place his dishes in the sink with no more than 3 verbal prompts from staff. 3. Staff will praise (Individual # 2) for his participation. 4. Progress will be documented in Credible (electronic record). 5. Progress will be monitored monthly by the QIDP (Qualified Intellectual Disabilities Professional). 6. (Individual # 2) will have achieved this outcome when place his dishes in the sink after eating within 5 (five) minutes and with no more than 3 (three) verbal prompts at 100% accuracy for 12 consecutive months. Frequency: Daily." On 08/16/18 at 7:55 a.m., an interview was	W 249		

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W 249	Continued From page 56 conducted with DSP # 2 regarding Individual # 2's active treatment. When asked how often the active treatment for Individual # 2 should be implemented, DSP # 2 stated, "All the time." When asked to describe Individual # 2's home management skill, outcome, DSP # 2 stated, "To take his dishes to the sink." When asked if the outcome was initiated during after Individual # 2 finished eating, DSP # 2 stated, "I didn't prompt him." On 08/16/18 at approximately 12:10 p.m., ASM (administrative staff member) # 1, program director and OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and RN (registered nurse) # 1 were made aware of the 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://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100 (2) 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.ht	W 249		

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W 249	Continued From page 57 ml. (3) This syndrome usually begins between the ages of 3 and 5, but can start as late as adolescence. Children may have several different types of seizure with this syndrome. These include tonic (where the muscles suddenly become stiff), atonic (where the muscles suddenly relax), myoclonic, tonic clonic and atypical absences. Atypical absences often last longer than normal absences and are different as a child may be responsive and aware of their surroundings. Many children also develop learning difficulties as well as behavior problems. This syndrome can be very difficult to treat with AEDs, and most children need a combination of different drugs. Some non-drug treatments such as the ketogenic diet and vagus nerve stimulation therapy (VNS) can also be helpful. Seizures often continue into adult life. This information was obtained from the website: https://www.epilepsysociety.org.uk/childhood-epilepsy-syndromes?gclid=EAIaIQobChMIj4H9z6P03AIVwpCfCh2x7wFfEAAYASAAEgJ__PD_BwE (4) Not enough thyroid hormone to meet your body's needs. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/hypothyroidism.html. 2. The facility staff failed to implement Individual # 3's home management skills program. Individual # 3 was a 44-year-old female, who was admitted to (Name of Group Home) on 05/27/03. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1),	W 249		

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W 249	Continued From page 58 cerebral palsy (2), depression (3) and hiatal hernia (4). On 08/14/18 at 4:50 p.m., an observation was conducted of Individual # 3 receiving a cup of coffee after arriving home from the day program. Individual # 3 walked into the kitchen at (Name of Group Home) with DSP (direct support professional) # 1. DSP # 1 opened a kitchen cabinet door and verbally asked Individual # 3 to get the jar of coffee. Individual # 3 reached into the cabinet, took out the jar of coffee, and placed it on the kitchen counter. DSP # 1 then went to the kitchen refrigerator, opened the refrigerator door and asked Individual # 3 to get the milk. Individual # 3 went to the refrigerator, reached in the refrigerator, took out a gallon jug of milk, and placed it on the kitchen counter next to the coffee. DSP # 1 then obtained a cup and placed it on the kitchen counter next to the milk and coffee. As Individual # 3 stood next to DSP # 1 while DSP # 1 opened the jar of coffee, scooped out some coffee, poured it into the cup, added the milk, stirred the coffee and milk together, placed the cup of coffee into the microwave for a short period of time. DSP # 1 then verbally instructed Individual # 3 to put the coffee away. Individual # 3 was observed picking up the coffee jar, walking across the kitchen, opening the kitchen cabinet, placing the coffee jar into the cabinet, closing the cabinet door independently and then standing back next to DSP # 1. DSP # 1 then asked Individual # 3 to put the milk back into the refrigerator. Individual # 3 was observed picking up the gallon of milk, taking it to the refrigerator, opening the refrigerator, placing the milk into the refrigerator, closing the refrigerator independently and then standing back next to DSP # 1. Individual # 3's coffee was then taken out of the	W 249		

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W 249	Continued From page 59 microwave, and carried into the dining room by DSP # 1, while Individual # 3 followed DSP # 1 into the dining room. Individual # 3 was observed sitting at the table in a regular chair and drinking her coffee independently. The ISP (individual support plan) for Individual # 3 dated 03/04/2018 documented, "Desired Outcome: Home Management Skills. Support Activities & Instructions: At the appropriate times, (Individual # 3) will follow a three step task of making her coffee each day for 5 (five) minutes with 100% (percent) accuracy for 12 consecutive months by 3/31/19." Support Instructions: 1. (Individual # 3) signs to staff that she would like to have coffee. 2. (Individual # 3) fills mug up with water. 3. (Individual # 3) scoops coffee grounds into cup. 4. (Individual # 3) stirs cup. 5. (Individual # 3) receives praise from staff for her attempts. 6. Staff will document her responses to services and the level of participating via (by) Credible (electronic documentation). 7. Progress will be monitored Monthly by the QIDP (Qualified Intellectual Disabilities Professional). 8. When (Individual # 3) has followed a 3 step task of making her coffee each day for 5 (five) minutes with 100% (percent) accuracy for 12 consecutive months, she will have achieved this outcome. Frequency: Daily." On 08/15/18 at 5:20 p.m., an interview was conducted with DSP # 1 and ASM # 1, program director and OSM (other staff member) 1 , QIDP (Qualified Intellectual Disabilities Professional) regarding Individual # 3's data collection on 08/14/18. When asked to describe Individual # 3's outcome for home management skills, DSP # 1 stated, "To assist her to prepare the coffee. After reviewing the ISP for Individual # 3's home	W 249		

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W 249	Continued From page 60 management skills DSP # 1 was asked to describe how he implemented the active treatment program. DSP # 1 stated, "I allowed her to get and put away the coffee and milk. I poured the coffee and milk into her cup and stirred it." When asked if he implemented Individual # 3's outcome for making coffee, DSP # 1 stated, "No." On 08/16/18 at approximately 12:10 p.m., ASM (administrative staff member) # 1, program director and OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and RN (registered nurse) # 1 were made aware of the 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://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100 (2) A group of disorders that affect a person's ability to move and to maintain balance and posture. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/cerebralpalsy.html.	W 249		

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W 249	Continued From page 61 (3) Depression may be described as feeling sad, blue, unhappy, miserable, or down in the dumps. Most of us feel this way at one time or another for short periods. Clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for weeks or more. This information was obtained from the website: https://medlineplus.gov/ency/article/003213.htm. (4) A condition in which the upper part of the stomach bulges through an opening in the diaphragm. This information was obtained from the website: https://medlineplus.gov/hiatalhernia.html.	W 249		
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observation and staff interview it was determined that the facility staff failed to maintain the facility's hallway lights in a sanitary manner for six of 18 ceiling hall lights. The facility staff failed to ensure the globes of the ceiling light in the hallways of the facility were free from insects and dirt. The findings include: On 08/14/18 at approximately 11:05 a.m., during an initial tour of the group home, an observation of the globes of the ceiling light in the hallways revealed insects and dirt on the inside of the	W 454		

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W 454	Continued From page 62 globes. On 08/14/18 at approximately 3:45 p.m., an observation of the globes of the ceiling light in the hallways revealed insects and dirt on the inside of the globes. On 08/15/18 at approximately 4:00 p.m., an observation of the globes of the ceiling light in the hallways revealed insects and dirt on the inside of the globes. On 08/15/18 at approximately 4:35 p.m., observation of the globes of the ceiling light in the hallways was conducted with ASM (administrative staff member) # 1, program director of (Name of Group Home). Observation of six of the 18 globes revealed insects and dirt on the inside of the globes. ASM # 1 stated the globes were recently cleaned and didn't notice some were dirty. On 08/16/18 at approximately 12:10 p.m., ASM (administrative staff member) # 1, program director and OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and RN (registered nurse) # 1 were made aware of the findings. No further information was provided prior to exit.	W 454		
W 455	INFECTION CONTROL CFR(s): 483.470(l)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases.	W 455		

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W 455	Continued From page 63 This STANDARD is not met as evidenced by: Based on observations and staff interviews it was determined that the facility staff failed to follow infection control practices during the medication administration observation for one of six individuals in the survey sample, Individual # 6. The facility staff failed to change gloves when administering Individual # 6's tube feeding. The findings include: Individual # 6 was a 46-year-old female, who was admitted to (Name of Group Home) on 02/05/13. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), encephalopathy (2), epilepsy (3), dysphagia (4), microcephaly (5) and esotropia (6). On 08/14/18 at 4:05 p.m., the medication administration observation was conducted with LPN (licensed practical nurse) # 1. Individual # 6 was assisted from the day room to the Gerri-chair next to the medication cart located in the hallway. LPN # 1 set up a small folding table next to the Gerri-chair, placed all tube feeding supplies on the table, put on a pair of plastic gloves, pushed in the lock on the medication cart, removed his keys, and raised Individual # 6's shirt. LPN # 1 then removed the abdominal binder exposing her midsection, from below her chest to her belly button, and then opened the cap on the abdominal tube. LPN # 1 placed the feeding syringe into the tubing and began administering a container of Ensure (liquid supplement) into the syringe connected to the tubing. When the syringe was empty, LPN # 1 recapped the feeding tube.	W 455		

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W 455	Continued From page 64 On 08/15/18 at approximately 4:10 p.m., an interview was conducted with LPN # 1 and RN (registered nurse) # 1 regarding infection control during Individual # 6's tube feeding. When asked to describe the purpose of wearing gloves during medication administration, LPN # 1 stated, "I wear them for the tube feeding so I don't contaminate the g-tube." When asked if he changed his gloves after pushing in the lock on the medication cart and removing his keys, and before removing the cap on Individual # 6's tube feeding, LPN # 1 stated, "No." RN # 1 stated, "He should have changed his gloves before removing the cap on the g-tube." On 08/16/18 at approximately 12:10 p.m., ASM (administrative staff member) # 1, program director and OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and RN (registered nurse) # 1 were made aware of the 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://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100 (2) A term for any diffuse disease of the brain that	W 455		

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	49G014	A. BUILDING _____ B. WING _____	08/16/2018

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W 455	Continued From page 65 alters brain function or structure. This information was obtained from the website: http://www.ninds.nih.gov/disorders/encephalopathy/encephalopathy.htm. (3) 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. (4) A swallowing disorder. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html. (5) A condition in which a person's head size is much smaller than that of others of the same age and sex. This information was obtained from the website: https://medlineplus.gov/ency/article/003272.htm. (6) esotropia (strabismus) A disorder in which both eyes do not line up in the same direction. Therefore, they do not look at the same object at the same time. The condition is more commonly known as "crossed eyes." This information was obtained from the website: https://medlineplus.gov/ency/article/001004.htm	W 455		
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv) Food must be served with appropriate utensils.	W 475		

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W 475	Continued From page 66 This STANDARD is not met as evidenced by: Based on observation, clinical record review and staff interview, it was determined that the facility staff failed to provide the appropriate utensil during a meal for one of six individuals in the survey sample, Individual # 2. The facility staff failed to ensure Individual # 2 was provided with the appropriate utensil when eating lunch. The findings include: Individual # 2 was a 37-year-old male, who was admitted to (Name of Group Home) on 08/30/02. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), seizure disorder (2), Lennox-Gastaut syndrome (3) and hypothyroidism (4). On 08/15/18 at approximately 11:45 a.m., an observation was conducted of Individual # 2 eating lunch at (Name of Day Program). Individual # 2 was seated at a table with other individuals. OSM (other staff member) # 3, assistant side manager at (Name of Day Program) provided Individual # 2 a high-sided plate, nosey cup and spoon with a built up handle. The "Nutritional Assessment" for Individual # 2 dated "March 2018" documented, "Dining Skills. Adaptive Equipment: Nosey cup, scooper plate." Further review of the "Nutritional Assessment" failed to evidence the use of a built up handle spoon. The POS (physician's order sheet) for Individual #	W 475		

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W 475	Continued From page 67 2 dated 08/01/18 to 08/31/18 documented, "Treatment Orders. Nosey cup. Scooper plate." Further review of the POS failed to evidence an order for the use of a built up handle spoon. On 08/15/18 at approximately 12:25 p.m., an interview was conducted with OSM (other staff member) # 3, assistant side manager at (Name of Day Program). When asked how he knew what adaptive equipment Individual # 2 used for meals, OSM # 3 stated, "The group home provides it." On 08/15/18 at approximately 4:50 p.m., an interview was conducted with DSP # 2 and ASM (administrative staff member) # 1, program director of (Name of Group Home). When asked about Individual # 2's use of a built up handle spoon at the day program, ASM (administrative staff member) # 1 stated, "There're no order for it, he shouldn't use it." On 08/16/18 at approximately 12:10 p.m., ASM (administrative staff member) # 1, program director and OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and RN (registered nurse) # 1 were made aware of the 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 475		

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W 475	Continued From page 68 causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100 (2) 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. (3) This syndrome usually begins between the ages of 3 and 5, but can start as late as adolescence. Children may have several different types of seizure with this syndrome. These include tonic (where the muscles suddenly become stiff), atonic (where the muscles suddenly relax), myoclonic, tonic clonic and atypical absences. Atypical absences often last longer than normal absences and are different as a child may be responsive and aware of their surroundings. Many children also develop learning difficulties as well as behavior problems. This syndrome can be very difficult to treat with AEDs, and most children need a combination of different drugs. Some non-drug treatments such as the ketogenic diet and vagus nerve stimulation therapy (VNS) can also be helpful. Seizures often continue into adult life. This information was obtained from the website: https://www.epilepsysociety.org.uk/childhood-epilepsy-syndromes?gclid=EAIaIQobChMIj4H9z6P03AIVwpCfCh2x7wFfEAAYASAAEgJ__PD_BwE (4) Not enough thyroid hormone to meet your body's needs. This information was obtained from the website:	W 475		

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W 475	Continued From page 69 https://www.nlm.nih.gov/medlineplus/hypothyroidism.html.	W 475		
W 488	DINING AREAS AND SERVICE CFR(s): 483.480(d)(4) The facility must assure that each client eats in a manner consistent with his or her developmental level. This STANDARD is not met as evidenced by: Based on observation, clinical record review and staff interview, it was determined that the facility staff failed to ensure the individual ate in a manner consistent with their developmental level for one of six individuals in the survey sample, Individual # 3. The facility staff failed to allow Individual # 3 to feed herself a snack. The findings include: Individual # 3 was a 44-year-old female, who was admitted to (Name of Group Home) on 05/27/03. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), cerebral palsy (2), depression (3) and hiatal hernia (4). On 08/15/18 at approximately 1:50 p.m., an observation was conducted of Individual # 3 at (Name of Day Program) while having a snack. Individual # 3 was sitting in a chair at the end of a table. OSM (other staff member) # 4, community integration specialist from (Name of Day Program) was seated in a chair in front of Individual # 3. OSM # 4 was holding a plastic	W 488		

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W 488	Continued From page 70 cup, and a plastic spoon. The plastic cup contained a chopped up nutri-grain bar. OSM # 4 proceeded to feed Individual # 3 from the plastic cup using the plastic spoon. Further observation revealed Individual # 3 was not provided the opportunity to feed herself throughout the consumption of the snack. The "Nutritional Assessment" for Individual # 3 dated "March 2018" documented, "Dining skills. Completely independent. Adaptive Equipment: may use plate guard during meal and uses a small flat bowled spoon to enhance safe eating." The (Name of Day Program) protocol for eating and aspiration for Individual # 3 dated 02/21/18 documented, "High sided scoop dish or plate with plate guard opening positioned to the left, apron, small flat bowled spoon, Dycem mat." On 08/15/18 at approximately 2:40 p.m., with OSM (other staff member) # 4, community integration specialist from (Name of Day Program). When asked to describe the adaptive equipment Individual # 3 using when eating OSM # 4 stated, "Plate with guard, small flat bowled spoon and regular cup. She eats independently but requires supervision to monitor how fast she eats." When asked if she allowed Individual # 3 to eat her snack independently, OSM # 4 stated, "I did not, I used a regular spoon and I fed her. It was a time factor and it was a short cut." On 08/15/18 at approximately 4:0 p.m., an interview was conducted with DSP # 2 and ASM (administrative staff member) # 1, program director of (Name of Group Home). After informed of the observation at Individual # 3's day program. When asked if Individual # 3 was capable to feed herself ASM # 1 stated, "Yes."	W 488		

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W 488	Continued From page 71 On 08/16/18 at approximately 12:10 p.m., ASM (administrative staff member) # 1, program director and OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional) and RN (registered nurse) # 1 were made aware of the 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://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100 (2) A group of disorders that affect a person's ability to move and to maintain balance and posture. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/cerebralpalsy.html. (3) Depression may be described as feeling sad, blue, unhappy, miserable, or down in the dumps. Most of us feel this way at one time or another for short periods. Clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for weeks or more. This information was obtained from the website:	W 488		

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W 488	Continued From page 72 https://medlineplus.gov/ency/article/003213.htm. (4) A condition in which the upper part of the stomach bulges through an opening in the diaphragm. This information was obtained from the website: https://medlineplus.gov/hiatalhernia.html.	W 488		