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W 000	INITIAL COMMENTS An unannounced annual Medicaid survey for Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) was conducted 7/18/17 through 7/20/17. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for the Mentally Retarded. The Life Safety Code survey report will follow. The census in this six bed facility was six at the time of the survey. The survey sample consisted of three current Individual reviews (Individuals # 1, # 2 and # 3).	W 000		
W 159	483.430(a) QIDP Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. This STANDARD is not met as evidenced by: Based on residential record review and staff interview, it was determined that the facility staff failed to ensure that the QIDP (Qualified Intellectual Disabilities Professional) coordinated, integrated and monitored an individual's active treatment program for three of three individuals in the survey sample, Individuals # 1, # 2, and # 3. 1. The QIDP failed to coordinate and monitor the active treatment plan for Individual # 1 to ensure this Individual's medication management skills program was accurately implemented. 2. The QIDP failed to coordinate and monitor the active treatment plan for Individual # 2 to ensure this Individual's medication management program was accurately implemented.	W 159		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Clinical Director — (X6) DATE: 7/31/17

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

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W 159	Continued From page 1 3. The QIDP failed to coordinate and monitor the active treatment plan for Individual # 3 to ensure this Individual's medication management program was accurately implemented. The findings include: 1. The QIDP (Qualified Intellectual Disabilities Professional) failed to coordinate and monitor the active treatment plan for Individual # 1 to ensure this Individual's medication management skills program was accurately implemented. Individual # 1 was admitted to the facility on 3/14/82 with diagnoses that included but were not limited to: moderate intellectual disability (1), schizophrenia (2), gastroesophageal reflux disease (3), and depression. Individual # 1's current ISP dated 03/01/2017 through 2/28/2018 documented, "(Individual # 1) will improve his medication management skills. Support Activities & Instructions: (Individual # 1) will pop all of his 8 pm medications with staff assistance every day." Under "Support Instructions" it documented, "1. When it is time for mediation, (Individual # 1) will be asked to bring a cup of water to the medication. 2. (Individual # 1) will be handed the bubble pack and asked to put the bubble pack firmly over the medication cup. 3. (Individual # 1) will be assisted in identifying the correct pill as needed. 4. (Individual # 1) will pop the pill out. 5. This goal will be met if (Individual # 1) is able to hold the bubble pack over the medication cup and pop the pill out for all of his 8 PM mediations. Staff may assist him by holding the medication cup in place. 6. (Individual # 1) will be praised for his participation upon completion of this task."	W 159	8/31/17 The QMRP will review and update individuals #1, 2, and 3 Medication Administration outcomes/ objectives to ensure that it accurately reflect their needs. The Program Manager/ QMRP will review all other individuals Medication Administration outcomes/ objectives to ensure that it accurately reflects their needs and it is incorporated within the Person Center Plan. the Program Manager/ QMRP will provide training to all staff to review all individuals' Medication Administration outcomes/ objectives within the next staff meeting. The Program Manager will provide supervision to all staff to ensure that the Person Center Plan accurately reflects the needs and is implemented appropriately. The Program manger/ QMRP will provide monthly assessments to ensure that all services and needs are met and are accurately reflected on the QMRP note. The Clinical Director will review within supervision with Program Manager the documentation to support the coordination of services for each of the individuals needs.	

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W 159	Continued From page 2 The "Progress Note" for Individual # 1 dated 7/1/2017 through 7/17/17 were reviewed. The progress notes failed to evidence accurate implementation of Individual # 1's medication management skills program. On 7/1/17 the weekend shift "Progress Note" documented, "Individual's Participation: (Individual # 1's initials) took his medication when prompted. (Individual # 1's initials) brought his cup of water to the medication room where he took his medication." On 7/2/17 the weekend shift "Progress Note" documented, "Individual's Participation: Staff asked (Individual # 1's initials) what colors were his pills. (Individual # 1's initials) identified one of the colors by saying, 'blue'." On 7/9/17 the weekend shift "Progress Note" documented, "Individual's Participation: (Individual # 1's initials) took his medication when prompted. (Individual # 1's initials) brought a cup of water to the medication room when prompted." During an interview on 7/20/17 at 8:50 a.m. with ASM (administrative staff member) # 2, the Program Director and QIDP (Qualified Intellectual Disabilities Professional), the responsibilities of a QDIP were discussed. ASM # 2 stated that the responsibilities of the QDIP include coordinating the ISP (Individual Support Plan), assisting in developing goals, monitoring and revising the program (ISP), and ensuring that ISP is being implemented. When asked what "daily' meant ASM # 2 stated that it should be done daily and if it is a goal that should be done daily it should be worked daily no matter what day of the week. During an interview on 7/20/17 at 9:05 a.m. with	W 159		

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ASM # 2, Individual # 1's ISP and each daily progress notes that was lacking documentation were reviewed. ASM # 2 was given the opportunity to present any documentation at this time and was unable to provide any further information for the progress notes outlined above.

During an interview on 7/20/17 at 10:10 a.m. with ASM # 1, the Clinical Director, and ASM # 2 these concerns were reviewed.

The facility's policy "8.1 Qualified Mental Retardation Professional" documented, "The QMRP is responsible for the integration, coordination, monitoring and development of the Individual Service Plan, and to ensure quality active treatment in the program." Under "8.1.2 Qualified Intellectual Disabilities Professional Monitoring Of Services" it documented, "A. Review consumer records to include clinical, financial and medical to ensure prescribed treatment and services are being implemented correctly, documented appropriately and that any outside services have been incorporated into program services."

NOTE: QDIP and QMRP refer to the same professional.

No further information was provided prior to exit.

REFERENCES:

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

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

(2) A mental disorder that makes it hard to tell the difference between what is real and not real. This information was obtained from the website: https://medlineplus.gov/ency/article/000928.htm.

(3) Stomach contents to leak, or reflux, into the esophagus and irritate it. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/gerd.html.

2. The QIDP failed to coordinate and monitor the active treatment plan for Individual # 2 to ensure this Individual's medication management program was accurately implemented.

Individual # 2 was admitted to the facility on 5/19/09 with diagnoses that included but were not limited to: severe intellectual disability (1), cerebral palsy (2), and history of seizures.

Individual # 2's current ISP dated 07/01/2017 through 06/30/2018 documented, "(Individual # 2) will become more independent in my daily living by increasing my ability to stay on task and improve my skills in medication management ..." Under "Support Activities & Instructions: (Individual # 2) will pour his pm medication into a cup to be mixed every evening. (Individual # 2) will be informed that it is time for his mediation to

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be given. After (individual # 2) arrives at the medication room, he will be handed his Natural Fiber medication, already poured, and properly measured. (Individual # 2) will then be asked to pour the powder into the cup of water. He will then be handed fiber supplement, and asked to pour the fiber into a cup of water. Close attention will be paid to the grip that (Individual # 2) has on the cup to ensure it does not fall out of his hand or spill. (Individual # 2)'s hand will be guided while pouring the medication into the cup, if needed. The contents of the cup will be mixed and handed to (Individual # 2) to drink. Staff will praise (Individual # 2) for his participation. Goal will be met if (Individual # 2) participates in the process."

The "Progress Note" for Individual # 2 dated 7/1/2017 through 7/17/17 were reviewed. The progress notes failed to evidence accurate implementation of Individual # 1's medication management skills program.

On 7/1/17 the weekend shift "Progress Note" documented, "Individual's Participation: Not addressed: Individual does not work on this outcome during this shift."
On 7/2/17 the evening shift "Progress Note" documented, "Individual's Participation: Not addressed: Individual does not work on this outcome during this shift."
On 7/8/17 the weekend shift "Progress Note" documented, "Individual's Participation: Staff assisted (Individual # 2) to improve on his skills in medication management."

During an interview on 7/20/17 at 9:25 a.m. with ASM # 2, the Program Director and QIDP (Qualified Intellectual Disabilities Professional),

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W 159	Continued From page 6 Individual # 2's ISP and each daily progress notes that was lacking documentation were reviewed. ASM # 2 was given the opportunity to present any documentation at this time and was unable to provide any further information for the progress notes outlined above. During an interview on 7/20/17 at 10:10 a.m. with ASM # 1, the Clinical Director, and ASM # 2 these concerns were reviewed. No further information was provided prior to exit. References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>. (2) A group of 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. The QIDP failed to coordinate and monitor the active treatment plan for Individual # 3 to ensure	W 159		

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this Individual's medication management program was accurately implemented.

Individual # 3 was admitted to the facility on 9/10/10. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), autistic disorder (2) PICA (3), microcephaly (4), and gastroesophageal reflux disease (5).

Individual # 3's current ISP dated 10/01/2016 through 09/30/2017 documented, "(Individual # 3) wants to learn how to manage his medications independently. Support Activities & Instructions: I will pour my Benefiber powder into a cup of water and mix it every morning and evening. 1. (Individual # 3) will walk to the medication room when notified by staff that it is time to take his morning or evening medications. 2. Staff will measure the appropriate dose of Benefiber and give (Individual # 3) instructions on how to pour the medications into a cup and mix it. Staff will provide 6-8 oz of fluid and then hand over the medication cup to (individual # 3). 3. (Individual # 3) will take his medication cup from staff and pour the medication from the medication cup into 6-8 oz of fluid. Staff will provide supervision and assistance as needed. 4. (Individual # 3) will use a spoon to mix the powder into the water. Staff will provide verbal directions and hand over hand assistance as needed. 5. This goal will be met if (Individual # 3) pours his medication (Benefiber) into 6-8 oz (ounce) of fluid and stirs the medication. 6. Staff will praise (Individual # 3) if he participates in this goal. 7. Staff will document progress in credible."
The "Progress Note" for Individual # 3 dated 7/1/2017 through 7/17/17 were reviewed. The progress notes failed to evidence accurate

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implementation of Individual # 3's medication management skills program.

On 7/09/17 the weekend shift "Progress Note" documented, "Individual's Participation: (Individual # 3' initials) went to the medication room when prompted by staff."
On 7/17/17 the evening shift "Progress Note" documented, "Individual's Participation: (Individual # 3' initials) took his medication as ordered."

During an interview on 7/20/17 at 9:40 a.m. with ASM # 2, the Program Director and QIDP (Qualified Intellectual Disabilities Professional), Individual # 3's ISP and each daily progress notes that was lacking documentation were reviewed. ASM # 2 was given the opportunity to present any documentation at this time and was unable to provide any further information for the progress notes outlined above.

During an interview on 7/20/17 at 10:10 a.m. with ASM # 1, the Clinical Director, and ASM # 2 these concerns were reviewed.

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

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W 159	Continued From page 9 responsiveness. This information was obtained from the website: <https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>. (2) A neurological and developmental disorder that begins early in childhood and lasts throughout a person's life. It affects how a person acts and interacts with others, communicates, and learns.) This information was obtained from the website: <https://www.nlm.nih.gov/medlineplus/autismspectrumdisorder.html>. (3) A pattern of eating non-food materials, such as dirt or paper. This information was obtained from the website: https://medlineplus.gov/ency/article/001538.htm. (4) 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. (5) Stomach contents to leak, or reflux, into the esophagus and irritate it. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/gerd.html.	W 159		
W 252	483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.	W 252		

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This STANDARD is not met as evidenced by:
Based on staff interview, clinical record review and facility document review it was determined that the facility staff failed collect data of objectives accurately for three of three individuals in the survey sample, Individual # 1, # 2 and # 3.

1. Facility staff failed to document the data collection of Individual # 1's ISP (Individual Support Plan) outcome/goal for medication management skills program accurately.

2. Facility staff failed to document the data collection of Individual # 2's ISP outcome/goal for medication management program accurately.

3. Facility staff failed to document the data collection of Individual # 3's ISP outcome/goal for medication management program accurately.

The findings include:

1. Facility staff failed to document the data collection of Individual # 1's ISP (Individual Support Plan) outcome/goal for medication management skills program accurately.

Individual # 1 was admitted to the facility on 3/14/82 with diagnoses that included but were not limited to: moderate intellectual disability (1), schizophrenia (2), gastroesophageal reflux disease (3), and depression.

Individual # 1's current ISP dated 03/01/2017 through 2/28/2018 documented, "(Individual # 1) will improve his medication management skills. Support Activities & Instructions: (Individual # 1) will pop all of his 8 pm medications with staff assistance every day." Under "Support

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The QMRP will review and update the outcome for Medication management for individuals #1,2, and 3 and ensure the appropriate and accurate data is collected.

The Program Manager/ QMRP will review the outcome for Medication management update, and incorporate the data collection sheets to ensure accurate data is collected for all other individuals.

The Program Manager will complete this process for all individuals to prevent further deficiencies.

The Program Manager will continue to monitor to ensure that all service needs of the individuals are accurately reflected through the use of weekly operation meetings.

The Clinical Director will review within supervision with the Program Manager for documentation to support the coordination of services for each individual needs.

The Clinical Director will ensure that all documentation is completed as identified in the Person Center Plan through monthly supervision with the Program Manager.

A quarterly peer review will be completed on-going that will audit records to monitor to ensure that all service needs of individuals are accurately documented. This report will be submitted to the Clinical Director.

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Instructions" it documented, "1. When it is time for mediation, (Individual # 1) will be asked to bring a cup of water to the medication. 2. (Individual # 1) will be handed the bubble pack and asked to put the bubble pack firmly over the medication cup. 3. (Individual # 1) will be assisted in identifying the correct pill as needed. 4. (Individual # 1) will pop the pill out. 5. This goal will be met if (Individual # 1) is able to hold the bubble pack over the medication cup and pop the pill out for all of his 8 PM mediations. Staff may assist him by holding the medication cup in place. 6. (Individual # 1) will be praised for his participation upon completion of this task."

The "Progress Note" for Individual # 1 dated 7/1/2017 through 7/17/17 were reviewed. The progress notes failed to evidence accurate implementation of Individual # 1's medication management skills program.

On 7/1/17 the weekend shift "Progress Note" documented, "Individuals Participation: (Individual # 1's initials) took his medication when prompted. (Individual # 1's initials) brought his cup of water to the medication room where he took his medication."
On 7/2/17 the weekend shift "Progress Note" documented, "Individuals Participation: Staff asked (Individual # 1's initials) what colors were his pills. (Individual # 1's initials) identified one of the colors by saying, 'blue'."
On 7/9/17 the weekend shift "Progress Note" documented, "Individuals Participation: (Individual # 1's initials) took his medication when prompted. (Individual # 1's initials) brought a cup of water to the medication room when prompted."

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During an interview on 7/20/17 at 8:50 a.m. with ASM (administrative staff member) # 2, the Program Director and QIDP (Qualified Intellectual Disabilities Professional), the responsibilities of a QDIP were discussed. ASM # 2 stated that the responsibilities of the QDIP include coordinating the ISP (Individual Support Plan), assisting in developing goals, monitoring and revising the program (ISP), and ensuring that ISP is being implemented. When asked what "daily' meant ASM # 2 stated that it should be done daily and if it is a goal that should be done daily it should be worked daily no matter what day of the week.

During an interview on 7/20/17 at 9:05 a.m. with ASM # 2, Individual # 1's ISP and each daily progress notes that was lacking documentation were reviewed. ASM # 2 was given the opportunity to present any documentation at this time and was unable to provide any further information for the progress notes outlined above.

During an interview on 7/20/17 at 10:10 a.m. with ASM # 1, the Clinical Director, and ASM # 2 these concerns were reviewed.

The facility's policy "4.1 Individual Service Plan (ISP)" documented, "4.1.4 Individual Service Plan (ISP) Development. H. Data Collection: Data collection is recorded on all objectives/desired outcomes in a format that accurately represents the consumer's progress. Data is tracked, documented in measureable terms and analyzed to ensure that appropriate objectives/desired outcomes and interventions/support strategies are in place for the consumer. On-going documentation is kept in the progress notes regarding the progress, changes or significant events relating to the functioning of the

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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
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consumer."

No further information was provided prior to exit.

REFERENCES:

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

(2) A mental disorder that makes it hard to tell the difference between what is real and not real. This information was obtained from the website: https://medlineplus.gov/ency/article/000928.htm.

(3) Stomach contents to leak, or reflux, into the esophagus and irritate it. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/gerd.html.

2. Facility staff failed to document the data collection of Individual # 2's ISP outcome/goal for medication management program accurately.

Individual # 2 was admitted to the facility on 5/19/09 with diagnoses that included but were not limited to: severe intellectual disability (1), cerebral palsy (2), and history of seizures.

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Individual # 2's current ISP dated 07/01/2017 through 06/30/2018 documented, "(Individual # 2) will become more independent in my daily living by increasing my ability to stay on task and improve my skills in medication management ..." Under "Support Activities & Instructions: (Individual # 2) will pour his pm medication into a cup to be mixed every evening. (Individual # 2) will be informed that it is time for his mediation to be given. After (individual # 2) arrives at the medication room, he will be handed his Natural Fiber medication, already poured, and properly measured. (Individual # 2) will then be asked to pour the powder into the cup of water. He will then be handed fiber supplement, and asked to pour the fiber into a cup of water. Close attention will be paid to the grip that (Individual # 2) has on the cup to ensure it does not fall out of his hand or spill. (Individual # 2)'s hand will be guided while pouring the medication into the cup, if needed. The contents of the cup will be mixed and handed to (Individual # 2) to drink. Staff will praise (Individual # 2) for his participation. Goal will be met if (Individual # 2) participates in the process."

The "Progress Note" for Individual # 2 dated 7/1/2017 through 7/17/17 were reviewed. The progress notes failed to evidence accurate implementation of Individual # 1's medication management skills program.

On 7/1/17 the weekend shift "Progress Note" documented, "Individuals Participation: Not addressed: Individual does not work on this outcome during this shift."
On 7/2/17 the evening shift "Progress Note" documented, "Individuals Participation: Not addressed: Individual does not work on this

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W 252	Continued From page 15 outcome during this shift." On 7/8/17 the weekend shift "Progress Note" documented, "Individuals Participation: Staff assisted (Individual # 2) to improve on his skills in medication management." During an interview on 7/20/17 at 9:25 a.m. with ASM # 2, the Program Director and QIDP (Qualified Intellectual Disabilities Professional), Individual # 2's ISP and each daily progress notes that was lacking documentation were reviewed. ASM # 2 was given the opportunity to present any documentation at this time and was unable to provide any further information for the progress notes outlined above. During an interview on 7/20/17 at 10:10 a.m. with ASM # 1, the Clinical Director, and ASM # 2 these concerns were reviewed. No further information was provided prior to exit. References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100>. (2) A group of disorders that affect a person's ability to move and to maintain balance and	W 252		

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posture. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/cerebralpalsy.html.

3. Facility staff failed to document the data collection of Individual # 3's ISP outcome/goal for medication management program accurately.

Individual # 3 was admitted to the facility on 9/10/10. Diagnoses in the clinical record included but were not limited to: profound intellectual disability (1), autistic disorder (2) PICA (3), microcephaly (4), and gastroesophageal reflux disease (5).

Individual # 3's current ISP dated 10/01/2016 through 09/30/2017 documented, "(Individual # 3) wants to learn how to manage his medications independently. Support Activities & Instructions: I will pour my Benefiber powder into a cup of water and mix it every morning and evening. 1. (Individual # 3) will walk to the medication room when notified by staff that it is time to take his morning or evening medications. 2. Staff will measure the appropriate dose of Benefiber and give (Individual # 3) instructions on how to pour the medications into a cup and mix it. Staff will provide 6-8 oz of fluid and then hand over the medication cup to (individual # 3). 3. (Individual # 3) will take his medication cup from staff and pour the medication from the medication cup into 6-8 oz of fluid. Staff will provide supervision and assistance as needed. 4. (Individual # 3) will use a spoon to mix the powder into the water. Staff will provide verbal directions and hand over hand assistance as needed. 5. This goal will be met if (Individual # 3) pours his medication (Benefiber)

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into 6-8 oz (ounce) of fluid and stirs the medication. 6. Staff will praise (Individual # 3) if he participates in this goal. 7. Staff will document progress in credible."

The "Progress Note" for Individual # 3 dated 7/1/2017 through 7/17/17 were reviewed. The progress notes failed to evidence accurate implementation of Individual # 3's medication management skills program.

On 7/09/17 the weekend shift "Progress Note" documented, "Individuals Participation: (Individual # 3' initials) went to the medication room when prompted by staff."
On 7/17/17 the evening shift "Progress Note" documented, "Individuals Participation: (Individual # 3' initials) took his medication as ordered."

During an interview on 7/20/17 at 9:40 a.m. with ASM # 2, the Program Director and QIDP (Qualified Intellectual Disabilities Professional), Individual # 3's ISP and each daily progress notes that was lacking documentation were reviewed. ASM # 2 was given the opportunity to present any documentation at this time and was unable to provide any further information for the progress notes outlined above.

During an interview on 7/20/17 at 10:10 a.m. with ASM # 1, the Clinical Director, and ASM # 2 these concerns were reviewed.

No further information was provided prior to exit.

References:

(1) Refers to a group of disorders characterized

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W 252	Continued From page 18 by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csId=100>. (2) A neurological and developmental disorder that begins early in childhood and lasts throughout a person's life. It affects how a person acts and interacts with others, communicates, and learns.) This information was obtained from the website: <https://www.nlm.nih.gov/medlineplus/autismspectrumdisorder.html>. (3) A pattern of eating non-food materials, such as dirt or paper. This information was obtained from the website: https://medlineplus.gov/ency/article/001538.htm. (4) 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. (5) Stomach contents to leak, or reflux, into the esophagus and irritate it. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/gerd.html.	W 252		
W 420	483.470(b)(4)(iv) CLIENT BEDROOMS	W 420		

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W 420	Continued From page 19 The facility must provide each client with functional furniture, appropriate to the clients needs. This STANDARD is not met as evidenced by: Based on observations and staff interview, it was determined that the facility staff failed to maintain the environment in good repair. Floor tile in the Lower Level laundry room was broken and missing. The findings include: Observations of the Lower Level of the group home on 7/19/17 at 7:52 a.m. and 2:30 p.m. and 7/20/17 at 9:55 a.m. revealed that the floor of the Lower Level laundry room had broken and missing tile. There were two areas of missing tile; the first area was across the hallway from the lower level medication room. The area was inside the entry door to the right and was about six inches by five inches exposing the concrete floor below. The second area was to the left of the clothes dryer and was about five by four inches exposing the concrete floor below. The tile was approximately ¼ inch thick and could pose a tripping hazard. On 7/20/17 at 9:55 a.m. a tour was conducted with ASM (administrative staff member) # 2, program manager. ASM # 2 agreed with observation of the floor tiles being broken and missing. ASM # 2 stated that the environment is audited monthly and that the laundry room was not on the check sheet but that she would be adding it. ASM # 2 further stated that she was	W 420	8/31/17 The Property Department will address the following deficiencies outline: *Two areas of missing and broken tiles in the laundry room on the lower level. The Program and Property Manager will complete a walk-through of the program to identify potential hazardous areas and items that needs to be addressed to ensure the safety of the individuals. The Program Manager and QMRP will complete weekly environmental checks in the program. The Property Manager and the Assets Director will also complete bi-annual program assessment to evaluate and address the environmental needs of the program.	

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W 420	Continued From page 20 not aware of the condition of the floor. A request for any environmental maintenance policy was requested at this time. During an interview on 7/20/17 at 10:10 a.m. with ASM # 1, the clinical director, and ASM # 2 these concerns were reviewed. No further information was provided prior to exit.	W 420		