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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G065	A. BUILDING ______ B. WING ______	05/23/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSS DRIVE	5604 ROSS DRIVE FREDERICKSBURG, VA 22407

(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 5/21/19 through 5/23/19. The facility was in compliance with 42 CFR Part 483.73, Requirement for Intermediate Care Facilities for Persons with Intellectual Disabilities.	E 000		
W 000	INITIAL COMMENTS An unannounced annual Medicaid survey for Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) was conducted 5/21/19 through 5/23/19. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for the Intellectually Disabled. The Life Safety Code survey report will follow. The census in this four bed facility was four at the time of the survey. The survey sample consisted of two current individual reviews, (Individuals #1 and #2).	W 000	W111 How corrective action will be accomplished for individual #1: Facility staff will ensure the quarterly reviews for individual #1 accurately reflect the number of successful trials and progress for each outcome. Assurance that other residents are protected from the possibility of the deficiency: The facility staff will ensure the quarterly reviews for each individual accurately reflect the number of successful trials and progress for each outcome. Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:	6/3/19
W 111	CLIENT RECORDS CFR(s): 483.410(c)(1) The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. This STANDARD is not met as evidenced by: Based on staff interviews and clinical record review it was determined that the facility staff failed to ensure the clinical record was accurate for one of two individuals in the survey sample, Individual # 1. The facility staff failed to accurately calculate the	W 111	Facility staff will ensure that each monthly review is double checked for accuracy for each individual to ensure that the progress calculations in each quarterly review is an accurate representation of what progress has been made toward outcomes. How the facility plans to monitor its performance to make sure that solutions are sustained: The Program supervisor or designee will review each quarterly for each individual to ensure that they are accurate and representative of what progress has been made toward outcomes for each individual. Date of Completion: 6/3/19	

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

TITLE: DD Residential Coordinator

(X6) DATE: 6/7/19

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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number of successful trials and accurately document the progress on Individual # 1's second quarter PCP (person-centered plan) review.

The findings include:

Individual # 1 was a 39 year-old male, with diagnoses that included but were not limited to: profound intellectual disability (1), and autistic disorder (2).

Individual # 1's PCP (Person Centered Plan) dated 10/29/2018 through 10/28/2019 documented, "Outcomes Important To/or #: 6. (Individual # 1) takes his medications." Under the heading "List the actions/supports needed" it documented, "With no more than two verbal prompts, (Individual # 1) goes to the med (medication) room to take his medications in the morning and evening at (Name of Group Home). Success will be measured when he completes this task with the supports as outlined daily, for 6 (six) consecutive months." Under the heading "Describe how this will be provided based on individual preferences and location where program strategy can be found" it documented, "(Individual # 1) takes medications daily, he will often go to the medication room at the incorrect times for his medications but is willing to come at the appropriate times when verbally prompted, at times it takes two prompts. If it takes more than two prompts for (Individual # 1) to come to the med (medication) room at the appropriate time record a "-" (minus sign) on the data collection sheet... Success will be measured when (Individual # 1) is successful [sic] going to the med room daily, in the morning and evening for his medications at (Name of Group Home) with no more than two verbal prompts A "+" (plus

W 111 Continued From page 2 — W 111

sign) is recorded for meeting outcome criteria per the indicated level of support."

The second quarter PCP review for Individual # 1 dated "May 6, 2019" documented, "Outcome # 6." Under "Describe progress toward each outcome" it documented, "(Individual # 1) receives his medications at scheduled times and typically shows a willingness to receive his medications when asked if he is ready to take them. (Individual # 1) receives his medications whole, in applesauce and typically enjoys a cup of after afterwards. (Individual # 1) very rarely requires more than 2 (two) verbal prompts to see if he is ready for his medications. (Individual # 1) has been successful 178 times with 2 (two) unsuccessful attempts. Although he continues to excel in this goal (Individual # 1) has shown he [sic] capable of achieving this goal, and staff will work with him to offer encouragement and praise as he nears completing this outcome." Under "Condition" it documented, "Regression."

The facility's "PCP Outcome Data Collection" for Individual # 1 dated November 1, 2018 through April 30, 2019 documented, "Outcome # 6. 2x (two times) daily. Important To: (Individual # 1) takes his medications. With no more than two verbal prompts, (Individual # 1) goes to the med (medication) room to take his medications in the morning and evening at (Name of Group Home). Success will be measured when he completes this task 5 (five) days in a row. A "+" (plus sign) is recorded for meeting outcome criteria per the indicated level of support." A "-" (minus sign) is recorded for requiring a higher level of support." Further review of the data collection sheets dated November 1, 2018 through April 30, 2019 revealed Individual # 1 was successfully met the

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criteria for outcome # 6 362 time out of 362 opportunities indicating that Individual # 1 met the outcome with 100% (percent) accuracy for six consecutive months.

On 05/22/19 at 2:30 p.m., an interview was conducted with OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional). When asked if he was responsible for completing the quarterly reviews, OSM # 1 stated, "Yes." When asked to describe the process for completing the quarterly reviews, OSM # 1 stated, "I use the data collection each month, compare it to the previous month, and determine if the numbers are increasing or decreasing. There are some outcomes that are measured for six months.

On 05/22/19 at 2:30 p.m., an interview was conducted with OSM # 1, the QIDP. After review of Individual # 1's data collection sheets dated November 1, 2018 through April 30, 2019 and the second quarter PCP review dated 05/06/1, OSM # 1 was asked if the quarterly review accurately calculated the number of successful trials and accurately document the progress OSM # 1 stated no. When asked why Individual # 1's progress was marked as "Regression" OSM # 1 stated, "It was marked as regression because I compared it to the last quarter but it is not accurate."

On 05/22/19 at approximately 3:00 p.m. ASM (administrative staff member) # 1, ICF (Intermediate care facility) supervisor, was made aware of the findings.

No further information was provided prior to exit.

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

W 127 PROTECTION OF CLIENTS RIGHTS W 127
CFR(s): 483.420(a)(5)

The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment.

This STANDARD is not met as evidenced by:
Based on staff interviews and clinical record review and facility document review, it was determined that the facility staff failed to ensure one of two individuals in the survey sample, Individual # 1, was free from abuse.

Provider's Plan of Correction:

W127 — 6/3/19

How corrective action will be accomplished for individual #1:
Facility staff have been re-trained since this incident on policies prohibiting mistreatment for Individual #1 to ensure he is free from abuse.
Assurance that other residents are protected from the possibility of the deficiency:
Facility staff have retaken the Human Rights training which specifies the right of all individuals to be free from abuse.
Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:
QIDP and ICF Management will monitor facility staff adherence to Human Rights policies to ensure compliance in the facility.
How the facility plans to monitor its performance to make sure that solutions are sustained:
Resident's Human Rights will be reviewed at mandatory staff meetings at least annually.
ICF Management will monitor and document various shift checks to ensure that individuals' Human Rights are being protected.
Date of Completion:
6/3/19

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The facility staff escorted Individual # 1 into his bedroom and held the bedroom door closed preventing Individual # 1 from leaving his room.

The findings include:

Individual # 1 was a 39 year-old male, with diagnoses that included but were not limited to: profound intellectual disability (1), and autistic disorder (2).

The facility's "Behavior Support Plan" for Individual # 1 dated 05/28/2018 documented, "(Individual # 1) exhibits aggressive behavior, which is unpredictable. In addition, staff report thay can not determine any precipitating factors which may cause his behavior. Given this impulsiveness and the lack of clear causal factors, staff should continue to redirect him when he engages in these behaviors. Since he prefers being in his room, staff should continue to redirect him to his room when he is exhibiting aggressive behavior. In addition, (Individual # 1) enjoys going to the basement [with staff] to play on the indoor swing, every effort should be made to reinforce his adaptive behavior with time in the basement."

The facility "Incident Report" completed by RC (residential counselor) # 3 for Individual # 1 dated 10/31/2019 documented, "Provide a Detailed Description of the Incident: (Individual # 1) and I were walking in the driveway and he wanted to go further. He went to the house next door and went up to the door and tried to get in. I told him that this wasn't his house and that we had to leave. He became aggressive and head butted me in the head and on my shoulder." Under "Supervisor Comments:" dated 11/1/18,

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completed and signed by ASM (administrative staff member) # 1, ICF (Intermediate Care Facility) supervisor it documented, "(Individual # 1) had a very hard day yesterday starting in the morning. When he returned home he was still very upset. Staff attempted to calm him down by offering some of his favorite items. (RC# 3) offered to take him for a walk. He became upset and [sic] headbutted her in the face and shoulder. Her nose was a little swollen in the spot and (RN [registered nurse] # 1), made her an ice pack to use. I checked in on her this morning and she reported that her nose is sore, but nothing major. (Individual # 1) was able to sit and eat dinner with no issue and continue on with his normal evening routine." Further review of the facility "Incident Report" revealed a "Human Rights Investigation. Allegation of Human Rights Violation: Seclusion" for "(Individual # 1) stapled to the facility's "Incident Report."

The facility's "Human Rights Investigation" with a completion date of 11/05/2018, documented in part the following: "Complaint: An incident report was received on October 31st, 2018 which reported the following: ... ICF (intermediate care facility) Manager reviewed video footage and reported the following: Prior to providing (Individual # 1) his breakfast [sic] decided to remove (Individual # 1's) top shirt (long sleeve orange shirt) and keep his undershirt on while he ate breakfast. This was done to prevent (Individual # 1's) shirt from becoming dirty while he was eating. After (RC # 4) removed (Individual # 1's) shirt, she tossed it to (RC # 1) who was sitting in the living room. (Individual # 1) then got angry and ran over to (RC # 1) and started to grab on her wrists. According to (RC # 5) they, (staff) tried to redirect (Individual # 1's)

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W 127	Continued From page 7 attention to the kitchen but he kept grabbing on (RC #1's) wrists. (Individual # 1) finally stopped and went into the kitchen and began grabbing and pulling on (RC # 4's) arm. (Individual # 1) returned to the living room and started to grab (RC # 1) again until all three staff redirected him to his room. (RC # 5) stated that (Individual # 1) did go in his room for a few seconds until he came back out, ran down the hallway and slapped (RC # 5) in the right arm which caused her to fall over. (RC # 4) put (Individual # 1's) shirt back on him, however (Individual # 1) was still aggressive and [sic] continue to hit staff. (RC # 4, RC # 5 and RC # 1) guided (Individual # 1) back into his room for a second time. While doing so, (Individual # 1) continued to hit and pull (RC # 1 and RC# 4) while (RC # 5) opened (Individual # 1's) room door. While in the room, (Individual # 1) attempted to pull (RC # 1) into his room with him. (RC # 1) was able to make it out of (Individual # 1's) room and closed the door behind her with (Individual # 1) inside. While standing outside (Individual # 1's) door (RC # 1) held the door shut." Under "OSM (other staff member) # 3, utilization review specialist and OSM # 4, utilization review specialist, viewed video footage from (Name of Group Home) from the morning of October 31st , 2018" it documented in part," ...(RC # 1) holds (Individual # 1's) door knob for approximately three minutes before the video footage turns off." Under "OSM # 3, utilization review specialist and OSM # 4, utilization review specialist, completed a face to face interview at (Address in Name of City) on November 5th ,2018 at 2:00pm with staff who was present during the event time: (Name of RC # 1)" it documented in part: " ...She stated she was able to close the door [with (OSM (other staff member) # 3, utilization review specialist and	W 127		

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W 127	Continued From page 8 OSM # 4, utilization review specialist,) in the room] and stood outside of the door. As she stood outside the door she said she placed her hand on the door knob and began speaking to (Individual # 1) through the door. When asked how long her hand was on the door knob, she stated that her hand was on the door knob for approximately two minutes. When asked what happened after she removed her hand from the door knob, she [RC# 1] stated that she walked away and (Individual # 1) came out when he was ready to leave his room. When asked if anyone checked on (Individual # 1) while he was in his room she reported no. When asked when did (Individual # 1) come out of his room, she stated that when (RC # 5) informed him, that it was time for his medication. (RC # 1) also reported that he appeared fine at the time. When asked if (Individual # 1) has a Positive Behavior Plan and if holding his door is in the plan, (RC # 1) stated that (Individual # 1) did have a plan and holding the door is not in his plan. She was asked if (Individual # 1) tried to open the door during the time she had her hand on the door knob and she responded no, I heard him slamming and banging his closet doors which is common when he is agitated. When asked whether or not she is aware of other staff previously standing in front of (Individual # 1's) door or holding the door knob in the past, she stated yes, we do that as a last resort so that he does not harm himself or others. She also reported that they (staff) don't know what to do or how to handle (Individual # 1). She was asked if she was familiar with (Individual # 1's) plan or have access to his plan and she reported that she does have access to the plan, but is not familiar with it." Further review of the facility "Human Rights Investigation" revealed the facility's (Name of Service Board) Standards Of	W 127		

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Conduct Violation" for (RC # 1) stapled to the "Human Rights Investigation."

The facility's (Name of Service Board) Standards Of Conduct Violation" for (RC # 1) signed by RC # 1 and ASM # 1 on 11/28/18 documented, "EMPLOYEE NAME: (Name of RC # 1). VIOLATION: Code of Ethics policy and Human Rights Violation. VIOLATION DATE: 10/31/18. PLACE OF VIOLATION: (Name of Group Home). MAJOR OFFENSE."

On 05/21/19 at 3:07 p.m., an interview was conducted with RC # 1. When asked to describe the incident on 10/31/19, with Individual # 1, RC # 1 stated, "(Individual # 1) was upset because his shirt was taken off while he was eating because he had food on it. He became aggressive, head butted a staff and grabbed my shirt and tried to head butt me. We got is shirt back on him and he went back to eat. He went towards his room, staff followed and he started to hit and push. I took him toward his room but he went toward another room but got him to his room and he turned to grab me and pull me in. Verbally I told him no and I closed the door and I held it closed. He was yelling, I could hear him and he was slamming his closet doors." When asked how long she held the door closed RC # 1 sated, "Two to three minutes." When asked if she implemented Individual # 1's behavior plan RC # 1 stated, "No." When asked if she secluded Individual # 1 by holding his door closed while Individual # 1 was inside his room, RC # 1 stated, "Yes." When asked what could have happened to Individual # 1 while being secluded in his room RC # 1 stated, "He could have hurt himself and it was a violation of his rights." When asked if seclusion was a form of abuse, RC # 1 stated,

W 127 Continued From page 10 W 127

"Yes."

On 05/22/19 at 2:00 p.m., an interview was conducted with ASM (administrative staff member) # 1, ICF (intermediate care facility) supervisor. When asked how she found out that Individual # 1 was being secluded in his room, ASM # 1 stated, "I found out when I reviewed the video. When there is a major incident I review the video to complete the incident report." When asked why RC # 1 secluded Individual # 1 in his room, ASM # 1 stated, "She felt it was her only option and she wanted to keep staff, other individuals and (Individual # 1) safe." When asked if seclusion was a form of abuse, ASM # 1 stated, "Yes."

The facility's policy "Client Protection Section 2-3: Abuse and Neglect" documented,"9. Abuse and Neglect includes the following but is not limited to this list. Any of these events will lead to an investigation; all of these are prohibited:
b. Abuse: any act or failure to act by an employee or other person responsible for the care of an individual, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury or death to a person."

On 05/22/19 at approximately 3:00 p.m. ASM (administrative staff member) # 1, ICF supervisor, was 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,

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W 127	Continued From page 11 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 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.	W 127		
W 155	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3) The facility must prevent further potential abuse while the investigation is in progress. This STANDARD is not met as evidenced by: Based on staff interviews and clinical record review and facility document review, it was determined that the facility staff failed to ensure the safety of individuals during an abuse investigation for one of two individuals in the survey sample, Individual # 1. The facility staff failed to suspend a staff member during an investigation of an allegation of abuse regarding Individual # 1. The findings include:	W 155	W155 How corrective action will be accomplished for individual #1: Facility staff will ensure the safety of individual #1 by suspending any alleged staff member during an investigation into any allegation of abuse. Assurance that other residents are protected from the possibility of the deficiency: Facility staff will ensure the safety of all individuals by suspending any alleged staff member during an investigation into any allegation of abuse. Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur: The Director of Compliance and Human Rights will monitor facility staff to ensure the suspension of any alleged staff member during an investigation into any allegation of abuse. How the facility plans to monitor its performance to make sure that solutions are sustained: The DD Residential Coordinator, or designee, will monitor to ensure this suspension process is followed through on for any alleged staff member during an investigation into any allegation of abuse. Date of Completion: 6/3/19	6/3/19

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Individual # 1 was a 39 year-old male, with diagnoses that included but were not limited to: profound intellectual disability (1), and autistic disorder (2).

The facility's "Behavior Support Plan" for Individual # 1 dated 05/28/2018 documented, "(Individual # 1) exhibits aggressive behavior, which is unpredictable. In addition, staff report they can not determine any precipitating factors which may cause his behavior. Given this impulsiveness and the lack of clear causal factors, staff should continue to redirect him when he engages in these behaviors. Since he prefers being in his room, staff should continue to redirect him to his room when he is exhibiting aggressive behavior. In addition, (Individual # 1) enjoys going to the basement [with staff] to play on the indoor swing, every effort should be made to reinforce his adaptive behavior with time in the basement."

The facility "Incident Report" completed by RC (residential councilor) # 3 for Individual # 1 dated 10/31/2019 documented, "Provide a Detailed Description of the Incident: (Individual # 1) and I were walking in the driveway and he wanted to go further. He went to the house next door and went up to the door and tried to get in. I told him that this wasn't his house and that we had to leave. He became aggressive and head butted me in the head and on my shoulder." Under "Supervisor Comments:" dated 11/1/18, completed and signed by ASM (administrative staff member) # 1, ICF [Intermediate Care Facility] supervisor it documented, "(Individual # 1) had a very hard day yesterday starting in the morning. When he returned home he was still

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very upset. Staff attempted to calm him down by offering some of his favorite items. (RC# 3) offered to take him for a walk. He became upset and [sic] headbutted her in the face and shoulder. Her nose was a little swollen in the spot and (RN [registered nurse] # 1), made her an ice pack to use. I checked in on her this morning and she reported that her nose is sore, but nothing major. (Individual # 1) was able to sit and eat dinner with no issue and continue on with his normal evening routine." Further review of the facility's "Incident Report" revealed a "Human Rights Investigation. Allegation of Human Rights Violation: Seclusion" for "(Individual # 1) stapled to the facility's "Incident Report."

The facility's "Human Rights Investigation" with a completion date of 11/05/2018, documented in part the following: "Complaint: An incident report was received on October 31st, 2018 which reported the following: ... ICF (intermediate care facility) Manager reviewed video footage and reported the following: Prior to providing (Individual # 1) his breakfast [sic] decided to remove (Individual # 1's) top shirt (long sleeve orange shirt) and keep his undershirt on while he ate breakfast. This was done to prevent (Individual # 1's) shirt from becoming dirty while he was eating. After (RC # 4) removed (Individual # 1's) shirt, she tossed it to (RC # 1) who was sitting in the living room. (Individual # 1) then got angry and ran over to (RC # 1) and started to grab on her wrists. According to (RC # 5) they, (staff) tried to redirect (Individual # 1's) attention to the kitchen but he kept grabbing on (RC #1's) wrists. (Individual # 1) finally stopped and went into the kitchen and began grabbing and pulling on (RC # 4's) arm. (Individual # 1)

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returned to the living room and started to grab (RC # 1) again until all three staff redirected him to his room. (RC # 5) stated that (Individual # 1) did go in his room for a few seconds until he came back out, ran down the hallway and slapped (RC # 5) in the right arm which caused her to fall over. (RC # 4) put (Individual # 1's) shirt back on him, however (Individual # 1) was still aggressive and [sic] continue to hit staff. (RC # 4, RC # 5 and RC # 1) guided (Individual # 1) back into his room for a second time. While doing so, (Individual # 1) continued to hit and pull (RC # 1 and RC# 4) while (RC # 5) opened (Individual # 1's) room door. While in the room, (Individual # 1) attempted to pull (RC # 1) into his room with him. (RC # 1) was able to make it out of (Individual # 1's) room and closed the door behind her with (Individual # 1) inside. While standing outside (Individual # 1's) door (RC # 1) held the door shut." Under "OSM (other staff member) # 3, utilization review specialist and OSM # 4, utilization review specialist, viewed video footage from (Name of Group Home) from the morning of October 31st , 2018" it documented in part," ...(RC # 1) holds (Individual # 1's) door knob for approximately three minutes before the video footage turns off." Under "OSM # 3, utilization review specialist and OSM # 4, utilization review specialist, completed a face to face interview at (Address in Name of City) on November 5th ,2018 at 2:00pm with staff who was present during the event time: (Name of RC # 1)" it documented in part: " ...She stated she was able to close the door [with (OSM (other staff member) # 3, utilization review specialist and OSM # 4, utilization review specialist,) in the room] and stood outside of the door. As she stood outside the door she said she placed her hand on the door knob and began speaking to

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W 155	Continued From page 15 (Individual # 1) through the door. When asked how long her hand was on the door knob, she stated that her hand was on the door knob for approximately two minutes. When asked what happened after she removed her hand from the door knob, she [RC# 1] stated that she walked away and (Individual # 1) came out when he was ready to leave his room. When asked if anyone checked on (Individual # 1) while he was in his room she reported no. When asked when did (Individual # 1) come out of his room, she stated that when (RC # 5) informed him, that it was time for his medication. (RC # 1) also reported that he appeared fine at the time. When asked if (Individual # 1) has a Positive Behavior Plan and if holding his door is in the plan, (RC # 1) stated that (Individual # 1) did have a plan and holding the door is not in his plan. She was asked if (Individual # 1) tried to open the door during the time she had her hand on the door knob and she responded no, I heard him slamming and banging his closet doors which is common when he is agitated. When asked whether or not she is aware of other staff previously standing in front of (Individual # 1's) door or holding the door knob in the past, she stated yes, we do that as a last resort so that he does not harm himself or others. She also reported that they (staff) don't know what to do or how to handle (Individual # 1). She was asked if she was familiar with (Individual # 1's) plan or have access to his plan and she reported that she does have access to the plan, but is not familiar with it." Further review of the facility "Human Rights Investigation" revealed the facility's (Name of Service Board) Standards Of Conduct Violation" for (RC # 1) stapled to the "Human Rights Investigation." The facility's (Name of Service Board) Standards	W 155		

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Of Conduct Violation" for (RC # 1) signed by RC # 1 and ASM # 1 on 11/28/18 documented, "EMPLOYEE NAME: (Name of RC # 1). VIOLATION: Code of Ethics policy and Human Rights Violation. VIOLATION DATE: 10/31/18. PLACE OF VIOLATION: (Name of Group Home). MAJOR OFFENSE." Under "Effective Dates of Suspension" it documented, "N/A (non-applicable)."

Review of the facility's "Time Card Report" for RC # 1 revealed RC # 1 worked at (Name of Group Home) on: 10/31/18 from 12:00 a.m. to 9:00 a.m., 11/03/18 from 5:00 a.m. to 3:00 p.m., 11/04/18 from 1:00 p.m. to 11:00 p.m. and on 11/05/19 from 11:00 p.m. to 12:00 a.m.

On 05/21/19 at 3:07 p.m., an interview was conducted with RC # 1. When asked to describe the incident on 10/31/19 with Individual # 1 RC # 1 stated, "(Individual # 1) was upset because his shirt was taken off while he was eating because he had food on it. He became aggressive, head butted a staff and grabbed my shirt and tried to head butt me. We got is shirt back on him and he went back to eat. He went towards his room, staff followed and he started to hit and push. I took him toward his room but he went toward another room but got him to his room and he turned to grab me and pull me in. Verbally I told him no and I closed the door and I held it closed. He was yelling, I could hear him and he was slamming his closet doors." When asked how long she held the door closed RC # 1 sated, "Two to three minutes." When asked if she implemented Individual # 1's behavior plan RC # 1 stated, "No." When asked if she secluded Individual # 1 by hold his door closed while Individual # 1 was inside his room RC # 1 stated,

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"Yes." When asked what could have happened to Individual # 1 while being secluded in his room RC # 1 stated, "He could have hurt himself and it was a violation of his rights." When asked if seclusion was a form of abuse RC # 1 stated, "Yes."

On 05/22/19 at 2:00 p.m., an interview was conducted with ASM (administrative staff member) # 1, ICF (intermediate care facility) supervisor. When asked how she found out that Individual # 1 was being secluded in his room ASM # 1 stated, "I found out when I reviewed the video. When there is a major incident I review the video to complete the incident report." When asked why RC # 1 secluded Individual # 1 in his room ASM # 1 stated, "She felt it was her only option and she wanted to keep staff, other individuals and (Individual # 1) safe." When asked if seclusion was a form of abuse ASM # 1 stated, "Yes." When asked if RC # 1 was suspended during the abuse investigation ASM # 1 stated, "No." When asked the question "How do you protect the other individuals during an abuse investigation?" ASM # 1 stated, "It is not within my authority to prevent staff from coming to work. Once everything is handed in to QA (quality assurance) which would include any proof, videos or staff concerns, I'm out of it and QA takes over the investigation process."

On 05/22/19 at approximately 2:20 p.m., a telephone interview was conducted with OSM (other staff member) # 2, QA director. When asked if RC # 1 was suspended during the abuse investigation OSM # 2 stated, "No." When asked why OSM # 2 stated, "We classified seclusion just what it was but not abuse." When asked if she considered seclusion a form of abuse OSM #

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2 stated, "Yes." When asked who determines whether or not a staff member is suspended during an abuse investigation OSM # 2 stated, "It's a team approach. The team includes the community support director, the residential coordinator, the assistant residential coordinator and QA and there is a discussion and it depends on who gets the information first." OSM #2 was read a section of the facility's policy "Client Protection Section 2-3: Abuse and Neglect" that documented, "Any [sic] empolyees suspected of abuse, neglect or exploitation will be immediately removed from contact with any residents pending results of the investigation" OSM # 2 was asked how they protected the other individuals at (Name of Group Home) during the investigation. OSM # 2 stated, "I understand."

The facility's policy "Client Protection Section 2-3: Abuse and Neglect" documented, "5. Any [sic] empolyees suspected of abuse, neglect or exploitation will be immediately removed from contact with any residents pending results of the investigation. Upon discovery of any allegation of abuse, neglect or exploitation, the employee will be removed from contact with the individual by the ID (Intellectually Disabled) Residential Coordinator, the assistant ID Residential Coordinator, the program manager or designated covering supervisor after consultation with either of the above. The allegation will also be reported to (Name of Community Service Board's) Human Rights Advocate, who will immediately inform the Executive Director. The Executive Director will name additional staff to investigate further per Rules and regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Behavioral Health and Developmental

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Services."

On 05/22/19 at approximately 3:00 p.m. ASM (administrative staff member) # 1, ICF supervisor, was 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 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.

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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:
Based on residential program record reviews,

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day program record review, facility document 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 two of two individuals in the survey sample, Individuals # 1 and # 2.

1. The QIDP failed to ensure Individual # 1's second quarter review was accurate.

2. The QIDP failed to ensure Individual # 2's eating and nutritional protocol was implemented.

The findings include:

1. The QIDP failed to ensure Individual # 1's second quarter review was accurate.

Individual # 1 was a 39 year-old male, with diagnoses that included but were not limited to: profound intellectual disability (1), and autistic disorder (2).

Individual # 1's PCP (Person Centered Plan) dated 10/29/2018 through 10/28/2019 documented, "Outcomes Important To/or #: 6. (Individual # 1) takes his medications." Under the heading "List the actions/supports needed" it documented, "With no more than two verbal prompts, (Individual # 1) goes to the med (medication) room to take his medications in the morning and evening at (Name of Group Home). Success will be measured when he completes this task with the supports as outlined daily, for 6 (six) consecutive months." Under the heading: "Describe how this will be provided based on individual preferences and location where program strategy can be found" it documented,

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How corrective action will be accomplished for individual #1:
The QIDP will ensure the quarterly reviews for individual #1 accurately reflect the condition of each outcome.

Assurance that other residents are protected from the possibility of the deficiency:
The QIDP will ensure the quarterly reviews for each individual accurately reflect the condition of each outcome.

Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:
The QIDP will ensure that each monthly review is double checked for accuracy for each individual to ensure that the progress calculations in each quarterly review is an accurate representation of what progress has been made toward outcomes.

How the facility plans to monitor its performance to make sure that solutions are sustained:
The Program supervisor, or designee, will review each quarterly for each individual to ensure that they are accurate and representative of what progress has been made toward outcomes for each individual.

Date of Completion:
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"(Individual # 1) takes medications daily, he will often go to the medication room at the incorrect times for his medications but is willing to come at the appropriate times when verbally prompted, at times it takes two prompts. If it takes more than two prompts for (Individual # 1) to come to the med (medication) room at the appropriate time record a "-" (minus sign) on the data collection sheet... Success will be measured when (Individual # 1) is successful [sic] going to the med room daily, in the morning and evening for his medications at (Name of Group Home) with no more than two verbal prompts A "+" (plus sign) is recorded for meeting outcome criteria per the indicated level of support."

The second quarter PCP review for Individual # 1 dated "May 6, 2019" documented, "Outcome # 6." Under "Describe progress toward each outcome" it documented, "(Individual # 1) receives his medications at scheduled times and typically shows a willingness to receive his medications when asked if he is ready to take them. (Individual # 1) receives his medications whole, in applesauce and typically enjoys a cup of after afterwards. (Individual # 1) very rarely requires more than 2 (two) verbal prompts to see if he is ready for his medications. (Individual # 1) has been successful 178 times with 2 (two) unsuccessful attempts. Although he continues to excel in this goal (Individual # 1) has shown he [sic] capable of achieving this goal, and staff will work with him to offer encouragement and praise as he nears completing this outcome." Under "Condition" it documented, "Regression."

The facility's "PCP Outcome Data Collection" for Individual # 1 dated November 1, 2018 through April 30, 2019 documented, "Outcome # 6. 2x

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How corrective action will be accomplished for Individual #2:

The QIDP will ensure the implementation of the active treatment outcome involving eating and nutritional protocol in accordance with the PCP (Person Centered Plan) for Individual #2.

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

The QIDP will ensure the implementation of the active treatment outcomes for each individual in accordance with their PCP (Person Centered Plan).

Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:

The QIDP will continue to monitor and ensure implementation of the active treatment outcomes as described in each individual's PCP.

How the facility plans to monitor its performance to make sure that solutions are sustained:

The program supervisor and assistant manager will monitor to ensure the implementation of the active treatment outcomes as described in each individual's PCP.

Date of Completion:
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(two times) daily. Important To: (Individual # 1) takes his medications. With no more than two verbal prompts, (Individual # 1) goes to the med (medication) room to take his medications in the morning and evening at (Name of Group Home). Success will be measured when he completes this task 5 (five) days in a row. A "+" (plus sign) is recorded for meeting outcome criteria per the indicated level of support." A "-" (minus sign) is recorded for requiring a higher level of support." Further review of the data collection sheets dated November 1, 2018 through April 30, 2019 revealed Individual # 1 was successfully met the criteria for outcome # 6, 362 time out of 362 opportunities indication that Individual # 1 met the outcome with 100% (percent) accuracy for six consecutive months.

On 05/22/19 at 2:30 p.m., an interview was conducted with OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional). When asked if he was responsible for completing the quarterly reviews, OSM # 1 stated, "Yes." When asked to describe the process for completing the quarterly reviews, OSM # 1 stated, "I use the data collection each month, compare it to the previous month, and determine if the numbers are increasing or decreasing. There are some outcomes that are measured for six months.

On 05/22/19 at 2:30 p.m., an interview was conducted with OSM # 1, the QIDP. After review of Individual # 1's data collection sheets dated November 1, 2018 through April 30, 2019 and the second quarter PCP review dated 05/06/1, OSM # 1 was asked if the quarterly review accurately calculated the number of successful trails and accurately document the progress OSM # 1

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stated no. When asked why Individual # 1's progress was marked as "Regression" OSM # 1 stated, "It was marked as regression because I compared it to the last quarter but it's no accurate."

On 05/22/19 at approximately 3:00 p.m. ASM (administrative staff member) # 1, ICF supervisor, was 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:
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(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.

2. The QIDP failed to ensure Individual # 2's eating and nutritional protocol was implemented.

Individual # 2 was a 44 year-old male with diagnoses that included but were not limited to:

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severe intellectual disability (1), bipolar disorder (2), and Cornelia deLange Syndrome (3).

An observation of Individual # 2 on 05/22/19 at 9:20 a.m., at (Name of Day Program) was conducted. Individual # 2 was observed seated in his wheelchair, in the kitchen at the day program site with staff member RC (residential councilor) # 2. RC # 2 assisted Individual # 2 with preparing a cup of coffee by allowing Individual # 2 to select a flavored creamer from a choice of two, and hand-over-hand assistance with stirring the coffee. After the coffee was prepared RC # 2 presented the cup of coffee in a regular standard hard plastic cup. RC # 2 provided hand-over-hand assistance while Individual # 2 took sips of coffee until he drank it all.

Individual # 1's PCP (Person Centered Plan) dated 12/29/2018 through 12/28/2019 documented, "Goal 7 Protocol. I follow my prescribed eating and nutritional plan. (Individual # 2) uses a nosey cup when drinking which allows for proper chin tuck position. How often? Daily. Responsible Partner: (Name of Group Home) and (Name of Day Program)."

The (Name of Day Program) and (Name of Group Home) "Eating Precaution Plan" for Individual # 2 documented, "Equipment: Suction divided plate, nosey cup."

The "Communication and Swallowing/Eating Assessment" for Individual # 2 dated 12/6/2018 documented, "Recommendations: 4. Use nosey cup for all liquids to allow for chin tuck position when drinking."

On 05/22/19 at approximately 9:20 a.m., an

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interview was conducted with RC # 2 at (Name of Day Program). When asked what adaptive equipment Individual # 2 uses when eating and drinking, RC # 2 stated, "He uses a divided plate and a nosey cup." When asked if she provided the nosey cup for Individual # 2 when he drank his coffee, RC # 2 stated, "No." When asked if the nosey cup should be used for all liquids RC # 2 stated, "Yes."

On 5/22/19 at 2:31 p.m., an interview was conducted with OSM (other staff member) # 1, the QIDP in the presence of ASM (administrative staff member) #1, the ICF [intermediate care facility] supervisor. OSM #1 was asked the purpose of the PCP. OSM # 1 stated, "It's person centered to meet the individual where they are at while promoting them toward independence in different areas." OSM # 1 was informed of the observation at the day program of Individual # 2 not being provided with his nosey cup. OSM # 1 stated he conducts a lot of collaboration with the group home managers/staff day support staff and Individuals' guardians while developing PCPs. ASM #1 and OSM #2 were made aware of this concern.

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

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from the website:
https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100

(2) A brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks. This information was obtained from the website:
https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml.

(3) A developmental disorder that affects many parts of the body. It is characterized by slow growth before and after birth, intellectual disability that is usually severe to profound, skeletal abnormalities involving the arms and hands, and distinctive facial features) This information was obtained from the website:
https://ghr.nlm.nih.gov/condition/cornelia-de-lange-syndrome.

W 249 PROGRAM IMPLEMENTATION W 249
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 residential program record reviews, day program record review, facility document review and staff interview, it was determined that

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How corrective action will be accomplished for individual #1:
The QIDP will coordinate and monitor to ensure the quarterly reviews for individual #1 accurately reflect the condition of each outcome.

Assurance that other residents are protected from the possibility of the deficiency:
The QIDP will coordinate and monitor to ensure the quarterly reviews for each individual accurately reflect the condition of each outcome.

Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:
The QIDP will coordinate and monitor to ensure that each monthly review is double checked for accuracy for each individual to ensure that the progress calculations in each quarterly review is an accurate representation of what progress has been made toward outcomes.

How the facility plans to monitor its performance to make sure that solutions are sustained:
The Program supervisor, or designee, will review each quarterly for each individual to ensure that they are accurate and representative of what progress has been made toward outcomes for each individual.

Date of Completion:
6/3/19

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	49G065	A. BUILDING ______ B. WING ______	05/23/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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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the QIDP (Qualified Intellectual Disabilities Professional) failed to coordinate and monitor the individuals' active treatment programs for two of two individuals in the survey sample, Individuals # 1 and # 2.

1. The QIDP failed to ensure Individual # 1's second quarter review was accurate.

2. The QIDP failed to ensure Individual # 2's eating and nutritional protocol was implemented.

The findings include:

1. The QIDP failed to ensure Individual # 1's second quarter review was accurate.

Individual # 1 was a 39 year-old male, with diagnoses that included but were not limited to: profound intellectual disability (1), and autistic disorder (2).

Individual # 1's PCP (Person Centered Plan) dated 10/29/2018 through 10/28/2019 documented, "Outcomes Important To/or #: 6. (Individual # 1) takes his medications." Under the heading "List the actions/supports needed" it documented, "With no more than two verbal prompts, (Individual # 1) goes to the med (medication) room to take his medications in the morning and evening at (Name of Group Home). Success will be measured when he completes this task with the supports as outlined daily, for 6 (six) consecutive months." Under the heading: "Describe how this will be provided based on individual preferences and location where program strategy can be found" it documented, "(Individual # 1) takes medications daily, he will often go to the medication room at the incorrect

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How corrective action will be accomplished for Individual #2:

The QIDP will coordinate and monitor to ensure the implementation of the active treatment outcome involving eating and nutritional protocol in accordance with the PCP (Person Centered Plan) for Individual #2.

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

The QIDP will coordinate and monitor to ensure the implementation of the active treatment outcomes for each individual in accordance with their PCP (Person Centered Plan).

Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:

The QIDP will continue to coordinate and monitor to ensure implementation of the active treatment outcomes as described in each individual's PCP.

How the facility plans to monitor its performance to make sure that solutions are sustained:

The program supervisor and assistant manager will monitor to ensure the implementation of the active treatment outcomes as described in each individual's PCP.

Date of Completion:
6/3/19

6/3/19

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times for his medications but is willing to come at the appropriate times when verbally prompted, at times it takes two prompts. If it takes more than two prompts for (Individual # 1) to come to the med (medication) room at the appropriate time record a "-" (minus sign) on the data collection sheet... Success will be measured when (Individual # 1) is successful [sic] going to the med room daily, in the morning and evening for his medications at (Name of Group Home) with no more than two verbal prompts A "+" (plus sign) is recorded for meeting outcome criteria per the indicated level of support."

The second quarter PCP review for Individual # 1 dated "May 6, 2019" documented, "Outcome # 6." Under "Describe progress toward each outcome" it documented, "(Individual # 1) receives his medications at scheduled times and typically shows a willingness to receive his medications when asked if he is ready to take them. (Individual # 1) receives his medications whole, in applesauce and typically enjoys a cup of after afterwards. (Individual # 1) very rarely requires more than 2 (two) verbal prompts to see if he is ready for his medications. (Individual # 1) has been successful 178 times with 2 (two) unsuccessful attempts. Although he continues to excel in this goal (Individual # 1) has shown he [sic] capable of achieving this goal, and staff will work with him to offer encouragement and praise as he nears completing this outcome." Under "Condition" it documented, "Regression."

The facility's "PCP Outcome Data Collection" for Individual # 1 dated November 1, 2018 through April 30, 2019 documented, "Outcome # 6. 2x (two times) daily. Important To: (Individual # 1) takes his medications. With no more than two

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W 249	Continued From page 29	W 249		

verbal prompts, (Individual # 1) goes to the med (medication) room to take his medications in the morning and evening at (Name of Group Home). Success will be measured when he completes this task 5 (five) days in a row. A "+" (plus sign) is recorded for meeting outcome criteria per the indicated level of support." A "-" (minus sign) is recorded for requiring a higher level of support." Further review of the data collection sheets dated November 1, 2018 through April 30, 2019 revealed Individual # 1 was successfully met the criteria for outcome # 6, 362 time out of 362 opportunities indication that Individual # 1 met the outcome with 100% (percent) accuracy for six consecutive months.

On 05/22/19 at 2:30 p.m., an interview was conducted with OSM (other staff member) # 1, the QIDP (Qualified Intellectual Disabilities Professional). When asked if he was responsible for completing the quarterly reviews, OSM # 1 stated, "Yes." When asked to describe the process for completing the quarterly reviews, OSM # 1 stated, "I use the data collection each month, compare it to the previous month, and determine if the numbers are increasing or decreasing. There are some outcomes that are measured for six months.

On 05/22/19 at 2:30 p.m., an interview was conducted with OSM # 1, the QIDP. After review of Individual # 1's data collection sheets dated November 1, 2018 through April 30, 2019 and the second quarter PCP review dated 05/06/1, OSM # 1 was asked if the quarterly review accurately calculated the number of successful trails and accurately document the progress OSM # 1 stated no. When asked why Individual # 1's progress was marked as "Regression" OSM # 1

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stated, "It was marked as regression because I compared it to the last quarter but it's no accurate."

On 05/22/19 at approximately 3:00 p.m. ASM (administrative staff member) # 1, ICF supervisor, was 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 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.

2. The QIDP failed to ensure Individual # 2's eating and nutritional protocol was implemented.

Individual # 2 was a 44 year-old male with diagnoses that included but were not limited to: severe intellectual disability (1), bipolar disorder (2), and Cornelia deLange Syndrome (3).

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An observation of Individual # 2 on 05/22/19 at 9:20 a.m., at (Name of Day Program) was conducted. Individual # 2 was observed seated in his wheelchair, in the kitchen at the day program site with staff member RC (residential councilor) # 2. RC # 2 assisted Individual # 2 with preparing a cup of coffee by allowing Individual # 2 to select a flavored creamer from a choice of two, and hand-over-hand assistance with stirring the coffee. After the coffee was prepared RC # 2 presented the cup of coffee in a regular standard hard plastic cup. RC # 2 provided hand-over-hand assistance while Individual # 2 took sips of coffee until he drank it all.

Individual # 1's PCP (Person Centered Plan) dated 12/29/2018 through 12/28/2019 documented, "Goal 7 Protocol. I follow my prescribed eating and nutritional plan. (Individual # 2) uses a nosey cup when drinking which allows for proper chin tuck position. How often? Daily. Responsible Partner: (Name of Group Home) and (Name of Day Program)."

The (Name of Day Program) and (Name of Group Home) "Eating Precaution Plan" for Individual # 2 documented, "Equipment: Suction divided plate, nosey cup."

The "Communication and Swallowing/Eating Assessment" for Individual # 2 dated 12/6/2018 documented, "Recommendations: 4. Use nosey cup for all liquids to allow for chin tuck position when drinking."

On 05/22/19 at approximately 9:20 a.m., an interview was conducted with RC # 2 at (Name of Day Program). When asked what adaptive

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equipment Individual # 2 uses when eating and drinking, RC # 2 stated, "He uses a divided plate and a nosey cup." When asked if she provided the nosey cup for Individual # 2 when he drank his coffee, RC # 2 stated, "No." When asked if the nosey cup should be used for all liquids RC # 2 stated, "Yes."

On 5/22/19 at 2:31 p.m., an interview was conducted with OSM (other staff member) # 1, the QIDP in the presence of ASM (administrative staff member) #1, the ICF [intermediate care facility] supervisor. OSM #1 was asked the purpose of the PCP. OSM # 1 stated, "It's person centered to meet the individual where they are at while promoting them toward independence in different areas." OSM # 1 was informed of the observation at the day program of Individual # 2 not being provided with his nosey cup. OSM # 1 stated he conducts a lot of collaboration with the group home managers/staff day support staff and Individuals' guardians while developing PCPs. ASM #1 and OSM #2 were made aware of this concern.

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/ViewFa

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ctSheet.aspx?csid=100

(2) A brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks. This information was obtained from the website: https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml.

(3) A developmental disorder that affects many parts of the body. It is characterized by slow growth before and after birth, intellectual disability that is usually severe to profound, skeletal abnormalities involving the arms and hands, and distinctive facial features) This information was obtained from the website: https://ghr.nlm.nih.gov/condition/cornelia-de-lange-syndrome.

W 436 SPACE AND EQUIPMENT
CFR(s): 483.470(g)(2)

The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.

This STANDARD is not met as evidenced by:
Based on observation, staff interviews and clinical record review, it was determined that the facility staff failed to provide adaptive equipment for one of two individuals in the survey sample, Individual #2.

The facility staff failed to provide a nosey cup for

W 249

W 436

W436 — 6/3/19

How corrective action will be accomplished for individual #2:
Facility staff will ensure they provide adaptive equipment (nosey cup) for use by individual #2 when he is drinking his coffee or other liquids in accordance with his eating and nutritional plan.

Assurance that other residents are protected from the possibility of the deficiency:
Facility staff will ensure they provide all individuals with adaptive equipment for use as described in each individual's ISP.

Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:
The QIDP will coordinate and monitor to ensure that needed adaptive equipment for each individual is available and implemented by facility staff for each individual.

How the facility plans to monitor its performance to make sure that solutions are sustained:
The Program supervisor, or designee, will monitor to ensure that needed adaptive equipment for each individual is available and implemented by facility staff for each individual.

Date of Completion:
6/3/19

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Individual # 2 when he was drinking his coffee.

The findings include:

Individual # 2 was a 44 year-old male with diagnoses that included but were not limited to: severe intellectual disability (1), bipolar disorder (2), and Cornelia deLange Syndrome (3).

An observation of Individual # 2 on 05/22/19 at 9:20 a.m., at (Name of Day Program) was conducted. Individual # 2 was observed seated in his wheelchair, in the kitchen at the day program site with staff member RC (residential councilor) # 2. RC # 2 assisted Individual # 2 with preparing a cup of coffee by allowing Individual # 2 to select a flavored creamer from a choice of two, and hand-over-hand assistance with stirring the coffee. After the coffee was prepared RC # 2 presented the cup of coffee in a regular standard hard plastic cup. RC # 2 provided hand-over-hand assistance while Individual # 2 took sips of coffee until he drank it all.

Individual # 1's PCP (Person Centered Plan) dated 12/29/2018 through 12/28/2019 documented, "Goal 7 Protocol. I follow my prescribed eating and nutritional plan. (Individual # 2) uses a nosey cup when drinking which allows for proper chin tuck position. How often? Daily. Responsible Partner: (Name of Group Home) and (Name of Day Program)."

The (Name of Day Program) and (Name of Group Home) "Eating Precaution Plan" for Individual # 2 documented, "Equipment: Suction divided plate, nosey cup."

The "Communication and Swallowing/Eating

W 436 Continued From page 35 W 436

Assessment" for Individual # 2 dated 12/6/2018 documented, "Recommendations: 4. Use nosey cup for all liquids to allow for chin tuck position when drinking."

On 05/22/19 at approximately 9:20 a.m., an interview was conducted with RC # 2 at (Name of Day Program). When asked what adaptive equipment Individual # 2 uses when eating and drinking, RC # 2 stated, "He uses a divided plate and a nosey cup." When asked if she provided the nosey cup for Individual # 2 when he drank his coffee, RC # 2 stated, "No." When asked if the nosey cup should be used for all liquids RC # 2 stated, "Yes."

On 05/22/19 at approximately 3:00 p.m. ASM (administrative staff member) # 1, ICF (Intermediate Care Facility) supervisor, was 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 brain disorder that causes unusual shifts in

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W 436	Continued From page 36 mood, energy, activity levels, and the ability to carry out day-to-day tasks. This information was obtained from the website: https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml. (3) A developmental disorder that affects many parts of the body. It is characterized by slow growth before and after birth, intellectual disability that is usually severe to profound, skeletal abnormalities involving the arms and hands, and distinctive facial features). This information was obtained from the website: https://ghr.nlm.nih.gov/condition/cornelia-de-lange-syndrome.	W 436		
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on facility document review and staff interview, it was determined that the facility failed to conduct evacuation drills for each shift quarterly. The finding include: Review of the facility's "Emergency Drill Forms" dated 05/2018 through 04/2019 failed to evidence that an evacuation drill was conducted on the 11:00 p.m. to 7:00 a.m. shift between July 2018 and September 2018 and between January 2019 and March 2019. On 05/22/19 at approximately 8:04 a.m. ASM	W 440	W440 How corrective action will be accomplished: Facility staff will conduct evacuation drills at least quarterly for each shift of personnel. Assurance that other residents are protected from the possibility of the deficiency: All ICF facilities will conduct evacuation drills at least quarterly for each shift of personnel. Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur: The program supervisor will monitor to ensure that facility staff conduct evacuation drills at least quarterly for each shift of personnel. How the facility plans to monitor its performance to make sure that solutions are sustained: The Director of Compliance and Human Rights, or designee, will review to ensure that evacuation drills are conducted at least quarterly for each shift of personnel. Date of Completion: 6/3/19	6/3/19

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W 440	Continued From page 37 (administrative staff member) # 1, ICF (Intermediate Care Facility) supervisor was asked to provide evidence of the fire drills conducted on the 11:00 p.m. to 7:00 a.m. shift between July 2018 and September 2018 and between January 2019 and March 2019. On 05/22/19 at 2:35 p.m., ASM # 1 stated they were unable to locate the evacuation drill for March 2019 and that one of the evacuation drills was not conducted on the 11:00 p.m. to 7:00 a.m. shift between July 2018 and September 2018. On 05/22/19 at approximately 3:00 p.m. ASM (administrative staff member) # 1, ICF supervisor, was made aware of the findings. No further information was provided.	W 440		