

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

PRINTED: 09/11/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>49G037</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/02/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>CRI JACKSON ICF</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>807 NORTH JACKSON ARLINGTON, VA 22201</b>		
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E 000	Initial Comments  An unannounced Emergency Preparedness survey was conducted on 09/02/2020. The facility was in compliance with 42 CFR Part 483.73, 483.475, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities.	E 000			
W 000	INITIAL COMMENTS  An unannounced annual Medicaid survey for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) was conducted on 09/02/20. 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.	W 000			
W 111	CLIENT RECORDS CFR(s): 483.410(c)(1)  The census in this six bed facility was five at the time of the survey. The survey sample consisted of three current individual reviews, (Individuals #1, # 2 and #3).  The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.  This STANDARD is not met as evidenced by: Based on staff interview and clinical record review, it was determined that the facility staff failed to maintain an accurate clinical record for two of three individuals in the survey sample, Individual # 1 and # 3.	W 111			

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

TITLE

(X6) DATE

Terrell Jones



Clinical Director

9/15/2020

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

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W 111	<p>Continued From page 1</p> <p>1a. The facility staff failed to document implementation Individual #1's PCP [person centered plan] for communication on the data sheets.</p> <p>1b. The facility staff failed to clarify the frequency of Individual # 1's tooth brushing outcome.</p> <p>2. The facility staff failed to document implementation Individual # 3's PCP [person centered plan] for socialization and learning a new sign on the data sheets.</p> <p>The findings include:</p> <p>1a. The facility staff failed to document implementation Individual #1's PCP [person centered plan] for communication on the data sheets.</p> <p>Individual # 1 was a 31 year old female, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: profound intellectual disability [1].</p> <p>Individual #1's PCP dated 10/01/2019 through 09/20/2020 documented: "Desired Outcome: [Individual #1] will participate in Home Life meetings once a week for the next three consecutive months by 9/30/2020. Support Activities &amp; Instructions: 1. [Individual #1] will be asked if she would like to participate in the house meeting. 2. When engaging [Individual # 1] in conversation, she will be encouraged to rise her hand and to give frequent eye contact. 3. Staff will provide [Individual # 1] pictures of activities, outings and food. 4. Observe her eye contact and hand movements as her response. 5. [Individual #1] may indicate her interest by looking</p>	W 111	<ol style="list-style-type: none"> <li>1. The Program Manager will retrain program staff on documenting appropriately on individual #1's communication goal via the data collection form.</li> <li>2. The Program Manager manager will update and amend the ISP for individual #1 to clarify the frequency of implementation.</li> <li>3. The Program Manager will retrain program staff on documenting correctly on individual #3's PCP goal for socialization and learning a new sign</li> <li>4. The Program Manager will retrain program staff on all individuals' data collection sheets per their ISP.</li> <li>5. The Program Manager will review all individuals' ISP goals to ensure the frequency is clarified.</li> <li>6. The QIDP and Program Manager will audit the ISP goals and data collection on a weekly basis and train staff as needed.</li> <li>7. The Clinical Director will complete Quarterly Audits and review the ISP goals and data collection for accuracy.</li> </ol>	10/2/2020	

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W 111	<p>Continued From page 2</p> <p>at particular pictures, reading out/ touching or turning her head away if uninterested. Frequency: Weekly."</p> <p>Review of Individual #1's data collection sheets for June 1, 2020 through August 31, 2020 documented, "Desired Outcome: [Individual # 1's Initials] will attend and participate in weekly house meetings." Review of the data collection sheets revealed plus signs [+] and "Os" from June 1, 2020 through August 31, 2020 on each day. Under "Frequency/Duration/time" it documented, "Frequency: Daily."</p> <p>On 9/02/2020 at approximately 11:05 p.m., an interview was conducted with ASM [administrative staff member] #1, program manager. ASM # 1 was asked to review Individual # 1's data collection sheets from June 1, 2020 through August 31, 2020 house meetings and the PCP for house meetings. When asked about the discrepancy in the frequency of the implementation of the data collection and the data that was collected ASM # 1 stated that the house meeting were only conducted weekly and the data sheets are not accurate and need to be clarified.</p> <p>On 09/02/2020 at approximately 11:05 a.m. ASM [administrative staff member] # 1, program manager, ASM # 2, clinical director, and LPN [licensed practical nurse] # 1 were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References: [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with</p>	W 111			

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W 111	<p>Continued From page 3</p> <p>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: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a></p> <p>1b. The facility staff failed to clarify the frequency of Individual # 1's tooth brushing outcome.</p> <p>Individual #1's PCP dated 10/01/2019 through 09/20/2020 documented: "Desired Outcome: [Individual #1] will participate in daily hygiene task 7 out of 7 days per week during the 2019-2020 plan year. Support Activities &amp; Instructions: 1. [Individual #] will be notified that it is time to brush her teeth. 2. Using hand over hand assistance, [Individual #] will collect her toothbrush and toothpaste. 3. Once Individual #] has collected the proper items, she will walk into the bathroom and over to the sink. 4. Using hand over hand assistance, [Individual #] will squeeze an appropriate amount of toothpaste onto her toothbrush. 5. She will be assisted in securing the toothbrush in her hand. 6. Staff will have [Individual #] stand in front of the sink and encourage her to look in the mirror. 7. Using hand over hand assistance, [Individual #] will brush her teeth. 8. Then [Individual #] will be encouraged to hold her cup and fill it with water. 9. With support from staff, [Individual #] will bring the cup to her mouth and rinse her mouth out. 10. Staff will praise [Individual #] for brushing her</p>	W 111			

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W 111	<p>Continued From page 4</p> <p>teeth. Type: Skill Building. Frequency: Annually."</p> <p>Review of Individual #1's data collection sheets for July 1, 2020 through August 31, 2020 documented, "Desired Outcome: Hygiene." Further review of the data collection sheets the tooth brush outcome revealed it was implemented 62 of 124 opportunities. Under "Frequency/Duration/time" it documented, "Frequency: Daily."</p> <p>On 9/02/2020 at approximately 11:05 a.m., an interview was conducted with ASM [administrative staff member] #1, program manager. ASM # 1 was asked to review Individual # 1's data collection sheets from July 1, 2020 through August 31, 2020 for tooth brushing and PCP for tooth brushing. When asked about the discrepancy regarding the frequency documented on the data sheets and the PCP, ASM # 1 stated that it should have been clarified for daily implementation.</p> <p>On 09/02/2020 at approximately 11:05 a.m. ASM [administrative staff member] # 1, program manager, ASM # 2, clinical director, and LPN [licensed practical nurse] # 1 were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>2. The facility staff failed to document implementation Individual # 3's PCP [person centered plan] for socialization and learning a new sign on the data sheets.</p>	W 111			

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W 111	<p>Continued From page 5</p> <p>Individual # 3 was a 32 year old female, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: severe intellectual disability [1] and low iron.</p> <p>Individual #3's PCP dated 09/01/2019 through 09/20/2020 documented: "Desired Outcome: [Individual #3] will socialize and communicate with others, 7 out of 7 days per week (100%) during the 2019-2020 plan year. Support Activities &amp; Instructions: 1. [Individual # 3] will make eye contact with whomever she is looking to communicate with. 2. [Individual #3] will wave upon her initial approach. 3. [Individual #3] will greet people by waving or extending her hand. 4. [Individual #3] will engage in appropriate social interaction (e.g. not invading personal space, etc.). 5. Staff will praise [Individual #3] each time she engages in appropriate social interaction. Frequency: Daily."</p> <p>"Desired Outcome: [Individual #3] will use expressive signs and learn new signs to communicate. Support Activities &amp; Instructions: 1. [Individual # 3] will use signs she is familiar with to express her needs and wants. 2. [Individual #3] will learn new signs each week. 3. [Individual #3] will replicate signs demonstrated by staff. 4. Staff will document the signs she is learning in her progress notes. 5. Staff will sign "good job" each time she participates in this goal. Frequency: Daily."</p> <p>Review of Individual #3's data collection sheets for June 1, 2020 through June 21, 2020 documented, "Desired Outcome: Communication." Further review of the data collection sheet revealed blanks on 06/18/20 through 06/21/20.</p>	W 111			

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W 111	<p>Continued From page 6</p> <p>Review of Individual #3's data collection sheets for June 1, 2020 through June 21, 2020 documented, "Desired Outcome: Communication" [learning a new sign]. Further review of the data collection sheet revealed blanks on 06/18/20 through 06/21/20.</p> <p>On 9/01/2020 at approximately 11:05 a.m., an interview was conducted with ASM [administrative staff member] #1, program manager. After reviewing Individual # 3's data collection sheets from June 1, 2020 through June 30, 2020 for the PCP outcomes for communication and learning a new sign. ASM # 1 stated that the programs were implemented but staff forgot to document it on the data sheets.</p> <p>On 09/02/2020 at approximately 11:45 a.m. ASM [administrative staff member] # 1, program manager, ASM # 2, clinical director, and LPN [licensed practical nurse] # 1 were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>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: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a></p>	W 111			

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W 159	<p><b>QIDP</b> CFR(s): 483.430(a)</p> <p>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 record reviews, facility document review and staff interview, it was determined that the QIDP [Qualified Intellectual Disabilities Professional] failed coordinated and monitored the individuals' active treatment programs for three of three individuals in the survey sample, Individuals # 1, # 2 and # 3.</p> <p>1a. The QIDP [qualified intellectual disabilities professional] failed to ensure Individual #1's active treatment for communication was implemented according to the PCP [person centered plan].</p> <p>1b. The QIDP failed to maintain documentation of the implementation Individual #1's PCP for communication on the data sheets.</p> <p>1c. The QIDP failed to clarify the frequency of Individual # 1's tooth brushing outcome.</p> <p>2. The QIDP failed to ensure Individual #2's active treatment for communication was implemented according to the PCP [person centered plan].</p> <p>3. The QIDP failed to maintain documentation of the implementation Individual #3's PCP for socialization and learning a new sign on the data sheets.</p> <p>The findings include:</p>	W 159	<ol style="list-style-type: none"> <li>1. The Program Manager will retrain program staff on how to implement individual #1's active treatment for communication per the ISP.</li> <li>2. The Program manager will retrain program staff on how to accurately document the implementation of individual #1's PCP for communication via the data collection sheets.</li> <li>3. The Program Manager will update and amend the ISP to clarify the frequency of individual #1's tooth brushing outcome.</li> <li>4. The Program Manager will retrain program staff during the staff meeting how to implement individual #2's active treatment communication program per the ISP.</li> <li>5. The Program Manager will retrain program staff during the staff meeting how to implement and document individual #3's pcp for socialization and learning a new sign via the data collection sheets.</li> <li>6. The Program Manager will retrain program staff how to properly implement all individuals' ISP goals and how to properly document all individuals' ISP goals.</li> <li>7. The Program Manager will review all individual's ISP goals to ensure the frequency is specified.</li> <li>8. The Program Manager and QIDP will monitor the implementation and documentation of the ISP on a weekly basis.</li> <li>9. The CD will audit the program on a quarterly basis to ensure the individual's goals are implemented and documented accurately and will ensure the frequency is specified in the individuals' ISPs.</li> </ol>	10/2/2020	



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W 159	<p>Continued From page 8</p> <p>1a. The QIDP [qualified intellectual disabilities professional] failed to ensure Individual #1's active treatment for communication was implemented according to the PCP [person centered plan].</p> <p>Individual # 1 was a 31 year old female, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: profound intellectual disability [1].</p> <p>Individual #1's PCP dated 10/01/2019 through 09/20/2020 documented:., "Desired Outcome: [Individual #1] will participate in daily hygiene task 7 out of 7 days per week during the 2019-2020 plan year. Support Activities &amp; Instructions: 1. [Individual #1] will be notified that it is time to brush her teeth. 2. Using hand over hand assistance, [Individual #1] will collect her toothbrush and toothpaste. 3. Once [Individual #1] has collected the proper items, she will walk into the bathroom and over to the sink. 4. Using hand over hand assistance, [Individual #1] will squeeze an appropriate amount of toothpaste onto her toothbrush. 5. She will be assisted in securing the toothbrush in her hand. 6. Staff will have [Individual #1] stand in front of the sink and encourage her to look in the mirror. 7. Using hand over hand assistance, [Individual #1] will brush her teeth. 8. Then [Individual #1] will be encouraged to hold her cup and fill it with water. 9. With support from staff, [Individual #1] will bring the cup to her mouth and rinse her mouth out. 10. Staff will praise [Individual #1] for brushing her teeth. Type: Skill Building. Frequency: Annually."</p> <p>Review of Individual #1's data collection sheets for July 1, 2020 through August 31, 2020</p>	W 159			

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W 159	<p>Continued From page 9</p> <p>documented, "Desired Outcome: Hygiene." Further review of the data collection sheets for the tooth brush outcome revealed it was implemented 62 of 124 opportunities. Under "Frequency/Duration/time" it documented, "Frequency: Daily."</p> <p>On 9/02/2020 at approximately 12:00 p.m., an interview was conducted with ASM [administrative staff member] #1, program manager. When asked if the QIDP was available for an interview ASM # 1 stated that they were not in the facility. After reviewing Individual # 1's data collection sheets from July 1, 2020 through August 31, 2020 for the PCP outcomes for tooth brushing ASM # 1 ASM # 1 was asked if it was the QIDP's responsibility to maintain consistent implementation of the active treatment for Individual # 2. ASM # 1 stated yes.</p> <p>The [Name of Group Home's] document "Lead QIDP" documented in part, "The lead QIDP is responsible for training, mentoring, oversight of staff to ensure quality services and continuity of care."</p> <p>On 09/02/2020 at approximately 11:45 a.m. ASM [administrative staff member] # 1, program manager, ASM # 2, clinical director, and LPN [licensed practical nurse] # 1 were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>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.</p>	W 159			

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W 159	<p>Continued From page 10</p> <p>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: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a></p> <p>1b. The QIDP failed to maintain documentation of the implementation Individual #1's PCP for communication on the data sheets.</p> <p>Individual #1's PCP dated 10/01/2019 through 09/20/2020 documented: "Desired Outcome: [Individual #1] will participate in Home Life meetings once a week for the next three consecutive months by 9/30/2020. Support Activities &amp; Instructions: 1. [Individual #1] will be asked if she would like to participate in the house meeting. 2. When engaging [Individual # 1] in conversation, she will be encouraged to rise her hand and to give frequent eye contact. 3. Staff will provide [Individual # 1] pictures of activities, outings and food. 4. Observe her eye contact and hand movements as her response. 5. [Individual #1] may indicate her interest by looking at particular pictures, reading out/ touching or turning her head away if uninterested. Frequency: Weekly."</p> <p>Review of Individual #1's data collection sheets for June 1, 2020 through August 31, 2020 documented, "Desired Outcome: [Individual # 1's Initials] will attend and participate in weekly house meetings." Review of the data collection sheets revealed plus signs [+] and "Os" from June 1, 2020 through August 31, 2020 on each day.</p>	W 159			

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W 159	<p>Continued From page 11</p> <p>Under "Frequency/Duration/time" it documented, "Frequency: Daily."</p> <p>On 9/02/2020 at approximately 11:05 p.m., an interview was conducted with ASM [administrative staff member] #1, program manager. When asked if the QIDP was available for an interview ASM # 1 stated that they were not in the facility. After reviewing Individual # 1's data collection sheets from June 1, 2020 through August 31, 2020 house meetings and the PCP for house meetings ASM # 1 was asked if it was the QIDP's responsibility to maintain accurate and complete data collection for Individual # 1. ASM # 1 stated yes.</p> <p>On 09/02/2020 at approximately 11:05 a.m. ASM [administrative staff member] # 1, program manager, ASM # 2, clinical director, and LPN [licensed practical nurse] # 1 were made aware of the findings. No further information was provided prior to exit.</p> <p>1c. The QIDP failed to clarify the frequency of Individual # 1's tooth brushing outcome.</p> <p>Individual #1's PCP dated 10/01/2019 through 09/20/2020 documented: "Desired Outcome: [Individual #1] will participate in daily hygiene task 7 out of 7 days per week during the 2019-2020 plan year. Support Activities &amp; Instructions: 1. [Individual #] will be notified that it is time to brush her teeth. 2. Using hand over hand assistance, [Individual #] will collect her toothbrush and toothpaste. 3. Once Individual #] has collected the proper items, she will walk into the bathroom and over to the sink. 4. Using hand over hand</p>	W 159			

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W 159	<p>Continued From page 12</p> <p>assistance, [Individual #] will squeeze an appropriate amount of toothpaste onto her toothbrush. 5. She will be assisted in securing the toothbrush in her hand. 6. Staff will have [Individual #] stand in front of the sink and encourage her to look in the mirror. 7. Using hand over hand assistance, [Individual #] will brush her teeth. 8. Then [Individual #] will be encouraged to hold her cup and fill it with water. 9. With support from staff, [Individual #] will bring the cup to her mouth and rinse her mouth out. 10. Staff will praise [Individual #] for brushing her teeth. Type: Skill Building. Frequency: Annually."</p> <p>Review of Individual #1's data collection sheets for July 1, 2020 through August 31, 2020 documented, "Desired Outcome: Hygiene." Further review of the data collection sheets the tooth brush outcome revealed it was implemented 62 of 124 opportunities. Under "Frequency/Duration/time" it documented, "Frequency: Daily."</p> <p>On 9/02/2020 at approximately 11:05 p.m., an interview was conducted with ASM [administrative staff member] #1, program manager. When asked if the QIDP was available for an interview ASM # 1 stated that they were not in the facility. After reviewing Individual # 1's data collection sheets from June 1, 2020 through August 31, 2020 house meetings and the PCP for house meetings ASM # 1 was asked if it was the QIDP's responsibility to maintain the accuracy of the PCP and the data collection for Individual # 1. ASM # 1 stated yes.</p> <p>On 09/02/2020 at approximately 11:05 a.m. ASM [administrative staff member] # 1, program</p>	W 159			

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W 159	<p>Continued From page 13</p> <p>manager, ASM # 2, clinical director, and LPN [licensed practical nurse] # 1 were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>2. The QIDP failed to ensure Individual #2's active treatment for communication was implemented according to the PCP [person centered plan].</p> <p>Individual # 2 was a 41 year old female, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: severe intellectual disability [1] and schizoaffective disorder [2].</p> <p>Individual #2's PCP dated 03/01/2020 through 02/28/2021 documented:, "Desired Outcome: [Individual #2] will use her communication board 100% of the time to express her wants and needs and to communicate with staff while she is in the house with the use of alternative communication options (i.e., picture cards). Support Activities &amp; Instructions: 1. Staff will encourage [Individual # 2] to utilize her communication board by bringing it to her while she is idle in the house. 2. Staff will call [Individual #2's] name and make eye contact with her while having the communication board in hand and greet [Individual #2] with a handshake. 3. Staff will start with "yes" and "no" answer questions for [Individual #2] to point to. 4. Staff will add pictures to the board as necessary for [Individual #2] to point to. 5. Through each successful completion of the above steps, staff will provide praise and encouragement as [sic]</p>	W 159			

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W 159	<p>Continued From page 14</p> <p>demonstrate patience with [Individual #2]. Type: Skill Building. Frequency: Daily."</p> <p>Review of Individual #2's data collection sheets for June 1, 2020 through June 30, 2020 documented, "Desired Outcome: [Individual #2] will use her communication board 100% of the time to express her wants and needs and to communicate with staff while she is in the house with the use of alternative communication options (i.e., picture cards) The data collection sheet further documented the letter "O" on 06/06/20 and on 06/07/20. Further review of the data collection sheets documented "Key O- other (not offered)."</p> <p>On 9/02/2020 at approximately 12:00 p.m., an interview was conducted with ASM [administrative staff member] #1, program manager. When asked if the QIDP was available for an interview ASM # 1 stated that they were not in the facility. After reviewing Individual # 2's data collection sheet on 06/06/20 and on 06/07/20 for the PCP outcomes for communication ASM # 1 was asked if it was the QIDP's responsibility to maintain consistent implementation of the active treatment for Individual # 2. ASM # 1 stated yes.</p> <p>On 09/02/2020 at approximately 11:45 a.m. ASM [administrative staff member] # 1, program manager, ASM # 2, clinical director, and LPN [licensed practical nurse] # 1 were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References: [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with</p>	W 159			

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W 159	<p>Continued From page 15</p> <p>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: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a></p> <p>[2] A mental condition that causes both a loss of contact with reality [psychosis] and mood problems [depression or mania]. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/ency/article/000930.htm">https://www.nlm.nih.gov/medlineplus/ency/article/000930.htm</a>.</p> <p>3. The QIDP failed to maintain documentation of the implementation Individual #3's PCP for socialization and learning a new sign on the data sheets.</p> <p>Individual # 3 was a 32 year old female, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: severe intellectual disability [1] and low iron.</p> <p>Individual #3's PCP dated 09/01/2019 through 09/20/2020 documented: "Desired Outcome: [Individual #3] will socialize and communicate with others, 7 out of 7 days per week (100%) during the 2019-2020 plan year. Support Activities &amp; Instructions: 1. [Individual # 3] will make eye contact with whomever she is looking to communicate with. 2. [Individual #3] will wave upon her initial approach. 3. [Individual</p>	W 159			



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W 159	<p>Continued From page 16</p> <p>#3] will greet people by waving or extending her hand. 4. [Individual #3] will engage in appropriate social interaction (e.g. not invading personal space, etc.). 5. Staff will praise [Individual #3] each time she engages in appropriate social interaction. Frequency: Daily."</p> <p>"Desired Outcome: [Individual #3] will use expressive signs and learn new signs to communicate. Support Activities &amp; Instructions: 1. [Individual # 3] will use signs she is familiar with to express her needs and wants. 2. [Individual #3] will learn news signs each week. 3. [Individual #3] will replicate signs demonstrated by staff. 4. Staff will document the signs she is learning in her progress notes. 5. Staff will sign "good job" each time she participates in this goal. Frequency: Daily."</p> <p>Review of Individual #3's data collection sheets for June 1, 2020 through June 21, 2020 documented, "Desired Outcome: Communication." Further review of the data collection sheet revealed blanks on 06/18/20 through 06/21/20.</p> <p>Review of Individual #3's data collection sheets for June 1, 2020 through June 21, 2020 documented, "Desired Outcome: Communication" [learning a new sign]. Further review of the data collection sheet revealed blanks on 06/18/20 through 06/21/20.</p> <p>On 9/02/2020 at approximately 12:00 p.m., an interview was conducted with ASM [administrative staff member] #1, program manager. When asked if the QIDP was available for an interview ASM # 1 stated that they were not in the facility. After reviewing Individual # 3's data collection</p>	W 159			

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W 159	Continued From page 17 sheet on 06/18/20 through 06/21/20 for the PCP outcomes for socialization and learning a new sign ASM # 1 was asked if it was the QIDP's responsibility to maintain accurate and complete data collection for Individual # 3. ASM # 1 stated yes.  On 09/02/2020 at approximately 11:45 a.m. ASM [administrative staff member] # 1, program manager, ASM # 2, clinical director, and LPN [licensed practical nurse] # 1 were made aware of the findings.  No further information was provided prior to exit.  References: [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a>	W 159			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)  As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program	W 249			

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W 249	<p>Continued From page 18 plan.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview facility document review and clinical record review, it was determined that the residential staff failed to ensure an Individual was receiving services consistent with the PCP [Person Centered Plan] for two of three individuals in the survey sample, Individuals # 1 and # 2</p> <p>1. The facility staff failed to implement Individual #1's PCP [person centered plan] for tooth brushing.</p> <p>2. The facility staff failed to implement Individual #2's PCP for communication.</p> <p>The findings include:</p> <p>1. The facility staff failed to implement Individual #2's PCP [person centered plan] for tooth brushing.</p> <p>Individual # 1 was a 31 year old female, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: profound intellectual disability [1].</p> <p>Individual #1's PCP dated 10/01/2019 through 09/20/2020 documented:., "Desired Outcome: [Individual #1] will participate in daily hygiene task 7 out of 7 days per week during the 2019-2020 plan year. Support Activities &amp; Instructions: 1. [Individual #1] will be notified that it is time to brush her teeth. 2. Using hand over hand assistance, [Individual #1] will</p>	W 249	<p>1. The Program Manager will train program staff on the implementation of individual #1's PCP for tooth brushing.</p> <p>2. The Program Manager will train program staff on the implementation of individual #2's PCP for communication.</p> <p>3. The Program Manager will train program staff how to implement all individuals' ISP goals.</p> <p>4. The Program Manager will monitor the staff implementing the individuals' ISP goals on a weekly basis.</p> <p>5. The CD will monitor the staffs' implementation of the ISP goals via quarterly audits.</p>	10/2/2020	

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W 249	<p>Continued From page 19</p> <p>collect her toothbrush and toothpaste. 3. Once [Individual #1] has collected the proper items, she will walk into the bathroom and over to the sink. 4. Using hand over hand assistance, [Individual #1] will squeeze an appropriate amount of toothpaste onto her toothbrush. 5. She will be assisted in securing the toothbrush in her hand. 6. Staff will have [Individual #1] stand in front of the sink and encourage her to look in the mirror. 7. Using hand over hand assistance, [Individual #1] will brush her teeth. 8. Then [Individual #1] will be encouraged to hold her cup and fill it with water. 9. With support from staff, [Individual #1] will bring the cup to her mouth and rinse her mouth out. 10. Staff will praise [Individual #1] for brushing her teeth. Type: Skill Building. Frequency: Annually."</p> <p>Review of Individual #1's data collection sheets for July 1, 2020 through August 31, 2020 documented, "Desired Outcome: Hygiene." Further review of the data collection sheets for the tooth brush outcome revealed it was implemented 62 of 124 opportunities. Under "Frequency/Duration/time" it documented, "Frequency: Daily."</p> <p>On 9/02/2020 at approximately 12:00 p.m., an interview was conducted with ASM [administrative staff member] #1, program manager. After reviewing Individual # 1's data collection sheets from July 1, 2020 through August 31,2020 for the PCP outcomes for tooth brushing ASM # 1 stated that the programs should have been implemented twice a day.</p> <p>The [Name of Group Home's] policy "4.1 Individual Service Plan (ISP)" documented, "G. ISP Implementation and Consumer Engagement:</p>	W 249			

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W 249	<p>Continued From page 20</p> <p>Implementation of the ISP begins at the time of its development. Components of the plan are fully implemented, with consumer receiving the support, learning environment and active engagement necessary to reach his or her objectives/desired outcomes as defined in the ISP ...All staff working with consumers must be fully engaged in active treatment with the consumer."</p> <p>On 09/02/2020 at approximately 11:45 a.m. ASM [administrative staff member] # 1, program manager, ASM # 2, clinical director, and LPN [licensed practical nurse] # 1 were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>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: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a></p> <p>2. The facility staff failed to implement Individual #2's PCP for communication.</p> <p>Individual # 2 was a 41 year old female, who was admitted to [Name of Group Home] with</p>	W 249			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 249	<p>Continued From page 21</p> <p>diagnoses that included but were not limited to: severe intellectual disability [1] and schizoaffective disorder [2].</p> <p>Individual #2's PCP dated 03/01/2020 through 02/28/2021 documented: "Desired Outcome: [Individual #2] will use her communication board 100% of the time to express her wants and needs and to communicate with staff while she is in the house with the use of alternative communication options (i.e., picture cards). Support Activities &amp; Instructions: 1. Staff will encourage [Individual # 2] to utilize her communication board by bringing it to her while she is idle in the house. 2. Staff will call [Individual #2's] name and make eye contact with her while having the communication board in hand and greet [Individual #2] with a handshake. 3. Staff will start with "yes" and "no" answer questions for [Individual #2] to point to. 4. Staff will add pictures to the board as necessary for [Individual #2] to point to. 5. Through each successful completion of the above steps, staff will provide praise and encouragement as [sic] demonstrate patience with [Individual #2]. Type: Skill Building. Frequency: Daily."</p> <p>Review of Individual #2's data collection sheets for June 1, 2020 through June 30, 2020 documented, "Desired Outcome: [Individual #2] will use her communication board 100% of the time to express her wants and needs and to communicate with staff while she is in the house with the use of alternative communication options (i.e., picture cards) The data collection sheet further documented the letter "O" on 06/06/20 and on 06/07/20. Further review of the data collection sheets documented "Key O- other (not offered)."</p>	W 249			

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W 249	<p>Continued From page 22</p> <p>On 9/02/2020 at approximately 12:00 p.m., an interview was conducted with ASM [administrative staff member] #1, program manager. After reviewing Individual # 2's data collection sheet from June 1, 2020 through June 30, 2020 for the PCP outcome for communication ASM # 1 stated that the programs should have been implemented on 06/06/20 and on 06/07/20.</p> <p>On 09/02/2020 at approximately 11:45 a.m. ASM [administrative staff member] # 1, program manager, ASM # 2, clinical director, and LPN [licensed practical nurse] # 1 were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>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: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a></p> <p>[2] A mental condition that causes both a loss of contact with reality [psychosis] and mood problems [depression or mania]. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/ency/article/000930.htm">https://www.nlm.nih.gov/medlineplus/ency/article/000930.htm</a>.</p>	W 249			

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W 369 W 369	Continued From page 23 DRUG ADMINISTRATION CFR(s): 483.460(k)(2)  The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.  This STANDARD is not met as evidenced by: Based on observation, clinical record review, facility document review and staff interview it was determined that the facility staff failed to administer medication according to clinical standards for one of one individuals during the medication administration observation, Individual #1.  1a. The facility staff measure the correct amount of Lactulose [1], Miralax [2] and prior to administering it to Individual # 1.  1b. The facility staff failed to administer the correct dosage of Fluticasone SPR [spray] [1] to Individual # 1.  The findings include:  1a. The facility staff measure the correct amount of Lactulose [1], Miralax [2] and prior to administering it to Individual # 1.  Individual # 1 was a 31 year old female, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: profound intellectual disability [3].  On 09/02/2020 at approximately 7:00 a.m., the medication administration observation was conducted with DSP [direct support professional]	W 369 W 369	1. The Program Manager will retrain the program staff who made the error how to measure the Lactulose medication for individual #1 correctly per the doctor's orders.  2. The Program Manager will retrain the program staff who made the error how to measure all individuals' liquid medication.  3. The Program Manager will retrain the program staff who made the error how to administer individual #1's Fluticasone nasal spray correctly per the doctor's orders.  4. The Program Manager will retrain all staff on the Medication administration Policy with a focus on measuring individual #1's and all other individuals' liquid medication correctly per the doctor's orders.  5. The Program Manager will retrain all staff on how to administer the nasal spray correctly per the doctor's orders for individual #1 and all other individuals who receive nasal spray.  6. The Program Manager, Program Nurse, and QIDP will conduct random quarterly medication administration observations on a quarterly basis.	10/2/2020	



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W 369	<p>Continued From page 24</p> <p># 1. At 7:07 a.m., DSP # 1 removed a bottle of Lactulose from the medication cabinet in Individual # 1's bedroom, poured the medication into a plastic 30 milliliter [ml] medication cup and placed the cup on a shelf above the medication cabinet. Observation of the amount of lactulose in the medication cup revealed 20 ml.</p> <p>DSP # 1 then removed a bottle of Miralax [polyethylene glycol], removed the cap, obtained a 30 ml plastic medication cup, poured the powder into the cup and placed it a shelf above the medication cabinet. Observation of the amount of Miralax in the medication cup revealed it to be between 15ml and 20ml. DSP # 1 obtained a cup of water, poured the Miralax into the cup and mixed it.</p> <p>Individual # 1 was assisted into their bedroom and DSP # 1 was observed administering the Miralax and Lactulose to Individual # 1. Further observation reveal Individual # 1 consumed all of the medications orally.</p> <p>The POS [physician order sheet] dated "From 08/01/20 To 08/31/20" for Individual # 1 documented in part, "LACTULOSE SOL [solution] 10gm/15. Give 2 [two] tablespoonsful (30 ML) up to three times daily (May hold for diarrhea) DX [Diagnosis]: Constipation. Date 03/07/2012."</p> <p>"POLYETHYLENE GLYC [glycol] POW [Powder]. Sub [substitute] For : Miralax 3350 powd [powdered]. Mix 17 grams with 8 [eight] ounces of water or juice and drink by mouth twice daily. Date: 08/06/2019."</p> <p>On 09/02/20 at approximately 8:02 a.m., an</p>	W 369			

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W 369	<p>Continued From page 25</p> <p>interview was conducted with DSP # 1 and LPN [licensed practical nurse] # 1. When informed of the above observation, DSP # 1 was asked if he measured and administered the physician ordered amount of Lactulose. DSP # 1 stated no.</p> <p>When informed of the above observation and review the POS for Miralax DSP # 1 was asked to show this surveyor the mark for 17 grams on the plastic medication cup they used to measure the Miralax for Individual # 1. DSP # 1 stated that it was between 15ml and 20 ml pointing to a space with no measured marking between 15ml and 20ml on the plastic medication cup. When asked if they accurately measure 17 grams DSP # 1 stated no. When asked about the procedure for measuring the correct amount of Miralax LPN # 1 took the cap off the bottle of Miralax and pointed to the 17 gram mark on the inside of the cap. LPN # 1 further stated that the cap should be used for measuring the correct amount of Miralax and not the plastic medication cup the DSP # 1 used.</p> <p>The facility's policy "3.4 Medication Management" documented in part, "Preparations for Medication Administration: F. Note any special instructions for administration."</p> <p>On 09/02/2020 at approximately 11:45 a.m., ASM [administrative staff member] # 1, program manager, and ASM # 2, the QIDP [Qualified Intellectual Disabilities Professional] were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References: [1] A synthetic sugar used to treat constipation.</p>	W 369			

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W 369	<p>Continued From page 26</p> <p>This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a682338.html">https://medlineplus.gov/druginfo/meds/a682338.html</a></p> <p>[2] Used to treat occasional constipation. This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a603032.html">https://medlineplus.gov/druginfo/meds/a603032.html</a>.</p> <p>[3] 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: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a></p> <p>1b. The facility staff failed to administer two doses of nasal spray, Fluticasone [1] into each nostril for Individual # 1.</p> <p>On 09/02/2020 at approximately 7:00 a.m., the medication administration observation was conducted with DSP [direct support professional] # 1. At 7:07 a.m., DSP # 1, while wearing a pair of plastic gloves, unlocked and opened the medication cabinet in Individual # 1's bedroom, removed a box containing a bottle of nasal spray, opened the MAR and TAR [medication administration record and Treatment administration record] turning the pages to the correct form, took the nasal spray out of its box,</p>	W 369			

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W 369	<p>Continued From page 27</p> <p>went into the kitchen area where Individual # 1 was sitting by themselves, administered two sprays for the nasal spray into each nostril of Individual # 1, removed their gloves, washed their hands and then placed the nasal spray back into the box.</p> <p>The POS [physician order sheet] dated "From 08/01/20 To 08/31/20" for Individual # 1 documented in part, "Fluticasone SPR [spray] 50 MCG [microgram]. Use 1 [one] sprays in each nostril twice a daily. Date 07/10/2019."</p> <p>On 09/02/20 at approximately 8:02 a.m., an interview was conducted with DSP # 1 and LPN [licensed practical nurse] # 1. When asked how many sprays they administered into each of Individual #1's nostrils DSP # 1 stated, "Two in nostril." After reviewing the physician's order for Individual # 1's nasal spray DSP # 1 stated that Individual # 1 should have received one sprays in each nostril. LPN # 1 was asked to view the physician's order for Individual # 1's nasal spray and agreed that the order said to administer one spray in each nostril.</p> <p>On 09/02/2020 at approximately 11:45 a.m. ASM [administrative staff member] # 1, program manager, ASM # 2, clinical director, and LPN [licensed practical nurse] # 1 were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References: [1] Used to relieve symptoms of rhinitis such as sneezing and a runny, stuffy, or itchy nose and itchy, watery eyes caused by hay fever or other allergies (caused by an allergy to pollen, mold,</p>	W 369			

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W 369	Continued From page 28 dust, or pets). Prescription fluticasone is also used to relieve symptoms of nonallergic rhinitis such as sneezing and runny or stuffy nose which are not caused by allergies. This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a695002.html">https://medlineplus.gov/druginfo/meds/a695002.h tml</a> .	W 369	1. The Program staff who made the mistake of failing to close and lock the medication cabinet in individual #1's bedroom when leaving the area, will be retrained on ensuring the staff close and locks individual #1's medication cabinet and all other individuals' medication cabinet.	10/2/2020	
W 381	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(1)  The facility must store drugs under proper conditions of security.  This STANDARD is not met as evidenced by: Based on observation facility document review and staff interview it was determined that the facility staff failed to secure medications for one of one individuals during the medication administration observation, Individual #1.  1. The facility staff failed to close and lock the medication cabinet in Individual # 1's bedroom when they left the room unattended.  The findings include:  1. The facility staff failed to close and lock the medication cabinet in Individual # 1's bedroom when they left the room unattended.  Individual # 1 was a 31 year old female, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: profound intellectual disability [1].  On 09/02/2020 at approximately 7:00 a.m., the medication administration observation was	W 381	2. The Program Manager will retrain program staff on ensuring during medication administration they are closing and locking the medication cabinet for individual #1 and all other individuals they support when or if they need to leave the area.  3. The Program Manager, Program Nurse, and/ or QIDP will complete quarterly medication administration observations verifying staff are not leaving the medication cabinets unlocked when or if they need to leave the area.  4. The CD will monitor the quarterly medication administration observations completed by the PM, Nurse, and/or QIDP.		

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W 381	<p>Continued From page 29</p> <p>conducted with DSP [direct support professional] # 1. At 7:07 a.m., DSP # 1 entered Individual # 1's bedroom, unlock and opened a two drawer cabinet that contained Individual # 1's medications. Observation of the bedroom reveal that Individual # 1 was not in their bedroom at the time. At approximately 7:16 a.m., DSP # 1 left the bedroom to retrieve a pen from another room. Observations of the medication cabinet in Individual #1's bedroom reveal that the top drawer containing the blister/bubble packs of tablet and pills was left open and unlocked. At approximately 7:20 a.m., DSP # 1 left the bedroom to obtain a cup from the kitchen area. Observations of the medication cabinet in Individual #1's bedroom reveal that the top drawer containing the blister/bubble packs of tablet and pills was left open and unlocked. At approximately 7:30 a.m., DSP # 1 left the bedroom again to obtain a straw from the kitchen. Observations of the medication cabinet in Individual #1's bedroom reveal that the top drawer containing the blister/bubble packs of tablet and pills was left open and unlocked.</p> <p>On 09/02/20 at approximately 8:02 a.m., an interview was conducted with DSP # 1 and LPN [licensed practical nurse] # 1. When informed of the above observation DSP # 1 was asked to describe the procedure when leaving the medication cabinet unattended. DSP # 1 stated that when leaving the room all medications should be put inside the cabinet and the cabinet locked. When asked LPN [licensed practical nurse] # 1 to describe the procedure when leaving the medication cabinet unattended they stated that all medications should be placed inside the cabinet the cabinet should be locked.</p>	W 381			

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W 381	Continued From page 30 The facility's policy "3.4 Medication Management" documented in part, "3.4.7 Inventory of Medication" The Nurse or Medication Aide/Technician is responsible for the following medication storage procedures: F. Never leave unlocked medication unattended."  On 09/02/2020 at approximately 11:45 a.m. ASM [administrative staff member] # 1, program manager, ASM # 2, clinical director, and LPN [licensed practical nurse] # 1 were made aware of the findings.  No further information was provided prior to exit.  References: [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a>	W 381			
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	W 440			

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W 440	Continued From page 31 to conduct fire drills for each shift quarterly.  The finding include:  Review of the facility's "Fire Drill Form [s]" dated 03/2018 through 08/2020 failed to evidence that fire drills were conducted on the 6:00 a.m. to 2:00 p.m. shift between January 2020 and March 2020.  Further review of the forms revealed that fire drills dated between January 2020 and March 2020 were all conducted on the 3:00 p.m. to 11:00 p.m. and 11:00 p.m. to 9:00 a.m. shifts.  On 09/02/2020 at approximately 11:05 a.m., an interview was conducted with ASM [administrative staff member] # 1, program manager. When informed of the missing fire drills on the shifts and dates listed above ASM # 1 reviewed the fire drill forms and acknowledged that the fire drills were not conducted quarterly for each shift.  On 09/02/2020 at approximately 11:45 a.m. ASM [administrative staff member] # 1, program manager, ASM # 2, clinical director, and LPN [licensed practical nurse] # 1 were made aware of the findings.	W 440		10/2/2020	
W 455	INFECTION CONTROL CFR(s): 483.470(l)(1)  There must be an active program for the prevention, control, and investigation of infection and communicable diseases.	W 455			



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

PRINTED: 09/11/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>49G037</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/02/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>CRI JACKSON ICF</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>807 NORTH JACKSON ARLINGTON, VA 22201</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 455	<p>Continued From page 32</p> <p>This STANDARD is not met as evidenced by: Based on observations and staff interviews it was determined that the facility staff failed to follow infection control practices for one of one individuals in the medication administration observation, Individual # 1.</p> <p>The facility staff failed to wear a pair of gloves while administering a Fluticasone SPR [spray] [1] to Individual # 1.</p> <p>The findings include:</p> <p>The facility staff failed to wear a pair of gloves while administering a Fluticasone SPR [spray] [1] to Individual # 1.</p> <p>Individual # 1 was a 31 year old female, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: profound intellectual disability [2].</p> <p>On 09/02/2020 at approximately 7:00 a.m., the medication administration observation was conducted with DSP [direct support professional] # 1. At 7:07 a.m., DSP # 1, while wearing a pair of plastic gloves, unlocked and opened the medication cabinet in Individual # 1's bedroom, removed a box containing a bottle of nasal spray, opened the MAR and TAR [medication administration record and Treatment administration record] turning the pages to the correct form, took the nasal spray out of its box, went into the kitchen area where Individual # 1 was sitting by themselves, administered two sprays for the nasal spray into each nostril of Individual # 1, removed their gloves, washed their hands and then placed the nasal spray back into the box.</p>	W 455	<p>1. The Program Manager will create a schedule outlining the dates and times each month the fire drill should be conducted ensuring a drill is done on the am, pm, and overnight shift each quarter.</p> <p>2. The Program Manager will train program staff on how to read the schedule and the importance of completing fire drills on alternating shifts (am, pm, overnight) during each quarter.</p> <p>3. The Program Manager will review and monitor the fire drill completion on a monthly basis ensuring the fire drills are occurring at the right time and date per the schedule on alternating shifts (am, pm, overnight) for the quarter.</p> <p>4. The CD will audit the program on a quarterly basis ensuring the fire drills are completed on alternating shifts (am, pm, overnight) during the quarter.</p>	10/2/2020	

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W 455	<p>Continued From page 33</p> <p>On 09/02/20 at approximately 8:02 a.m., an interview was conducted with DSP # 1 and LPN [licensed practical nurse] # 1. When informed of the above observation DSP # 1 agreed that they did not change their gloves prior to administering the nasal spray to Individual # 1. When asked why it was important to have clean gloves when administering nasal spray DSP # 1 stated, "To prevent cross contamination. When LPN # 1 was asked to describe the correct procedure when administering the nasal spray LPN # 1 stated that DSP # 1 should have put on clean gloves before administering the nasal spray.</p> <p>On 09/02/2020 at approximately 11:45 a.m. ASM [administrative staff member] # 1, program manager, ASM # 2, clinical director, and LPN [licensed practical nurse] # 1 were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>[1] Used to relieve symptoms of rhinitis such as sneezing and a runny, stuffy, or itchy nose and itchy, watery eyes caused by hay fever or other allergies (caused by an allergy to pollen, mold, dust, or pets). Prescription fluticasone is also used to relieve symptoms of nonallergic rhinitis such as sneezing and runny or stuffy nose which are not caused by allergies. This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a695002.html">https://medlineplus.gov/druginfo/meds/a695002.html</a>.</p> <p>[2] Refers to a group of disorders characterized by a limited mental capacity and difficulty with</p>	W 455			

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W 455	Continued From page 34 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: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a>	W 455			