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E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 07/28/2020. The facility was found to be in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000		
W 000	INITIAL COMMENTS An unannounced annual Medicaid survey for Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) was conducted on 07/28/20020. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for the Intellectual Disabled. The Life Safety Code survey report will follow. 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).	W 000		
W 159	QIDP CFR(s): 483.430(a) Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. This STANDARD is not met as evidenced by: Based on residential program record reviews, 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 three of three individuals in the survey sample, Individual # 1, # 2 and # 3. 1a. The QIDP [Qualified Intellectual Disabilities	W 159		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Bernice Meanchop — TITLE: Clinical Director — (X6) DATE: 8/6/202

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

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W 159	Continued From page 1 Professional] failed to ensure the data collection for Individual # 1's PCP [Person-Centered -Plan] outcome/goal for medication management was documented in measurable terms. 1b. The QIDP [Qualified Intellectual Disabilities Professional] failed to ensure Individual # 1's PCP [Person-Centered -Plan] outcome/goal for laundry was implemented. 2. The QIDP [Qualified Intellectual Disabilities Professional] failed to ensure the data collection for Individual # 2's PCP [Person-Centered -Plan] outcome/goal for medication management was documented in measurable terms. 3. The QIDP [Qualified Intellectual Disabilities Professional] failed to ensure the data collection for Individual # 3's PCP [Person-Centered -Plan] outcome/goal for communication was documented in measurable terms. The findings include: 1a. The QIDP [Qualified Intellectual Disabilities Professional] failed to ensure the data collection for Individual # 1's PCP [Person-Centered -Plan] outcome/goal for medication management was documented in measurable terms. Individual # 1 was a 27 year-old male, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: moderate intellectual disability (1) and mood disorder. Individual # 1's current PCP dated 12/01/2019 through 11/30/2020 documented, "Desired Outcome: # 8 Medication Management. Goal #	W 159	W159 QIDP CFR 483.430 (a) The QIDP will revise Individual # 1's " Medication Management" outcome into measurable terms to collect appropriate data The QIDP will revise Individual # 2's "Medication Management" outcome into measurable terms to collect appropriate data The QIDP will revise Individuals # 3's "Communication" outcome into measurable terms to collect appropriate data. The Program Manager will update the PCPs to incorporate these changes for those individuals The Program Manager will complete this process for all the other individuals to prevent further deficiencies The Program Manager will continue to monitor and ensure that all service needs of the individuals are accurately reflected through the use of weekly operations meetings The Clinical Director will review within supervision with the Program Manager for documentation to support the coordination of services for each individual's needs.	9/9/2020

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W 159	Continued From page 2 8: [Individual #1] participates in administering his prescribed medication. He get a cup of water, with which to swallow his medication twice daily, 100% of the time until 11/30/2020. Support Activities & Instructions: 1) [Individual # 1] is informed when it is time for his medication. 2) [Individual # 1] is prompted to get a glass of water. 3) [Individual # 1] administers his own medication. 4) [Individual #1] is praised for taking his medication. Frequency: Daily." Review of [Name of Group Home] "Progress Note" for Individual # 1 dated 06/01/2020 at "Time In: 3:00 pm. [p.m.]. Time Out 11:00 pm [p.m.] documented, "8.1 Was the support activity completed? Please describe barriers and participation level: Yes. He was educated to swallow his routine medication with a glass of water." Review of [Name of Group Home] "Progress Note" for Individual # 1 dated 06/02/2020 at "Time In: 3:00 pm. [p.m.]. Time Out 11:00 pm [p.m.] documented, "8.1 Was the support activity completed? Please describe barriers and participation level: Yes. He was educated to swallow his routine medication with a glass of water." Review of [Name of Group Home] "Progress Note" for Individual # 1 dated 06/03/2020 at "Time In: 3:00 pm. [p.m.]. Time Out 11:00 pm [p.m.] documented, "8.1 Was the support activity completed? Please describe barriers and participation level: Yes. PM [Initials of Individual # 1] was given his evening medication with water. He swallowed his medication with water."	W 159	The QIDP will revise Individual #1's PCP outcomes that addresses "Laundry" to ensure that the outcome accurately reflect the needs of Individual #1 and is implemented appropriately The Program Manager / QIDP will review all individuals' outcomes to ensure that they accurately reflect their needs and that they are implemented as designed within the PCPs. The Program Manager will provide the training to all the staff to review all individuals' PCPs during the next staff meeting. The program Manager will provide supervision to all staff and ensure that the PCPs accurately reflect the individuals needs and are implemented appropriately. The QIDP will conduct monthly assessments to ensure that all services and needs are met and are accurately implemented on the monthly QIDP notes. The Clinical Director will review within supervision with the Program Manager the documentation to support the coordination of services for each individual	9/9/2020

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Review of [Name of Group Home] "Progress Note" for Individual # 1 dated 06/06/2020 at "Time In: 3:00 pm. [p.m.]. Time Out 11:00 pm [p.m.] documented, "8.1 Was the support activity completed? Please describe barriers and participation level: Yes. PM [Initials of Individual # 1] was given his evening medication with water. He swallowed his medication with water."

Review of [Name of Group Home] "Progress Note" for Individual # 1 dated 06/07/2020 at "Time In: 11:00 pm. [p.m.]. Time Out 9:00 am [a.m.] documented, "8.1 Was the support activity completed? Please describe barriers and participation level: Yes. PM [Initials of Individual # 1] was informed that it was time for his medication. And he was given a glass of water. He took medication with water."

Review of [Name of Group Home] "Progress Note" for Individual # 1 dated 06/10/2020 at "Time In: 3:00 pm. [p.m.]. Time Out 11:00 pm [p.m.] documented, "8.1 Was the support activity completed? Please describe barriers and participation level: Yes. PM [Initials of Individual # 1] took his evening medication with water."

On 07/28/20 at 12:02 p.m., an interview was conducted with OSM [Other staff member] # 1, QIDP. When asked to describe their responsibility in regard to the individual's progress notes OSM # 1 stated that they were responsible to go through to see if staff are following the goals, at staff meetings train them to follow goals, look at the progress notes on a weekly basis to see if they are completed and how they were completed, look at the accuracy of the note and make sure that they are documenting it so it can

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be measured. After reviewing Individual # 1's progress notes described above OSM # 1 was asked if the data collection for Individual # 1's outcome for medication management was written in measurable terms to obtain a glass of water. OSM # 1 stated no.

On 07/28/20 at approximately 11:45 p.m., ASM # 1, program manager was made aware of the above findings by telephone.

No further information was provided prior to exit.

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

1b. The QIDP [Qualified Intellectual Disabilities Professional] failed to ensure Individual # 1's PCP [Person-Centered -Plan] outcome/goal for laundry was implemented.

Individual # 1's current PCP from [Name of Group Home] dated 12/01/2019 through 11/30/2020 documented, "Desired Outcome: # 6: Independent Living Skills. Goal # 6: [Individual #1] likes to help out around the house. [Individual #1] participates in doing laundry 2 out of 4 times a

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week (50%) of the time until 11/30/2020. Support Activities & Instructions: 1) [Individual # 1] is prompted when it is time to clean up. 2) [Individual # 1] is offered hand over hand support to complete tasks. 3) [Individual # 1] is encouraged to take initiative and do laundry. 4) [Individual #1] is praised for doing a good job. Frequency: Daily.

Review of [Name of Group Home] "Progress Note" for Individual # 1 dated 06/02/2020 at "Time In: 3:00 pm. [p.m.]. Time Out 11:00 pm [p.m.] documented, "6.1 Was the support activity completed? Please describe barriers and participation level: Yes. He was prompted to clean up his room with staff supervision during the shift."

Review of [Name of Group Home] "Progress Note" for Individual # 1 dated 06/03/2020 at "Time In: 3:00 pm. [p.m.]. Time Out 11:00 pm [p.m.] documented, "6.1 Was the support activity completed? Please describe barriers and participation level. Yes. With a prompt PM [Initials of Individual # 1] washed his hands before eating his breakfast."

Review of [Name of Group Home] "Progress Note" for Individual # 1 dated 06/05/2020 at "Time In: 3:00 pm. [p.m.]. Time Out 11:00 pm [p.m.] documented, "6.1 Was the support activity completed? Please describe barriers and participation level: Yes. He was prompted to clean up after [sic] plat."

Review of [Name of Group Home] "Progress Note" for Individual # 1 dated 06/07/2020 at "Time In: 11:00 pm. [p.m.]. Time Out 9:00 am [a.m.] documented, "6.1 Was the support activity

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completed? Please describe barriers and participation level: Yes. PM [Initials of Individual # 1] washed his hands before eating his breakfast and he put his cup and plate ion the sink after his breakfast."

Review of [Name of Group Home] "Progress Note" for Individual # 1 dated 06/07/2020 at "Time In: 11:00 pm. [p.m.]. Time Out 9:00 am [a.m.] documented, "6.1 Was the support activity completed? Please describe barriers and participation level: Yes. PM [Initials of Individual # 1] watered the garden in the afternoon."

On 07/28/20 at 12:02 p.m., an interview was conducted with OSM [Other staff member] # 1, QIDP. When asked to describe their responsibility in regard to the individual's progress notes OSM # 1 stated that they were responsible to go through to see if staff are following the goals, at staff meetings train them to follow goals, look at the progress notes on a weekly basis to see if they are completed and how they were completed, look at the accuracy of the note and make sure that they are documenting it so it can be measured. After reviewing Individual # 1's progress notes described above, OSM # 1 was asked if the goal for laundry was being implemented. OSM # 1 stated no.

On 07/28/20 at approximately 11:45 p.m., ASM # 1, program manager was made aware of the above findings by telephone.

No further information was provided prior to exit.

2. The facility staff failed to document the data collection Individual # 2's PCP [Person-Centered

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-Plan] outcome/goal for medication management in measurable terms.

Individual # 2 was a 71 year-old male, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: mild intellectual disability (1) and epilepsy (2).

Individual # 2's current PCP dated 02/01/2020 through 11/30/2021 documented, "Desired Outcome: # 6 Medication Management. Goal # 6: [Individual #2] desires to participate in his medication management by swallowing all his medication with a glass of water 2 [two] times out of 2 times offered a day at 100% until 01/31/2021. Support Activities: 1) [Individual # 2] is reminded that it is time for him to take his medication. 2) [Individual # 2] decides where he will take his medication. 3) [Individual # 2] is prompted to take his medication. 4) [Individual #2] swallows the medication with a cup of water. 5) [Individual #2] opens his mouth for staff to be sure he swallowed the medication. 6) [Individual #2] is praised for participating appropriately.
Frequency: Daily."

Review of [Name of Group Home] "Progress Note" for Individual # 2 dated 06/01/2020 at "Time In: 3:00 pm. [p.m.]. Time Out 11:00 pm [p.m.] documented, "6.1 Was the support activity completed? Please describe barriers and participation level: Yes. He took all his meds [medications] [sic] by saying how his meds [sic] helps him."

Review of [Name of Group Home] "Progress Note" for Individual # 2 dated 06/02/2020 at "Time In: 10:00 pm. [p.m.]. Time Out 8:00 am [a.m.] documented, "6.1 Was the support activity

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completed? Please describe barriers and participation level: Yes. Another staff assisted him with his medication this morning."

Review of [Name of Group Home] "Progress Note" for Individual # 2 dated 06/03/2020 at "Time In: 3:00 pm. [p.m.]. Time Out 11:00 pm [p.m.] documented, "6.1 Was the support activity completed? Please describe barriers and participation level: Yes. He was prompted to mention at least two of his meds and how it helps him to feel better."

Review of [Name of Group Home] "Progress Note" for Individual # 2 dated 06/04/2020 at "Time In: 10:00 pm. [p.m.]. Time Out 8:00 am [a.m.] documented, "6.1 Was the support activity completed? Please describe barriers and participation level: Yes. Another staff assisted him with his medication this morning."

Review of [Name of Group Home] "Progress Note" for Individual # 2 dated 06/06/2020 at "Time In: 7:00 am. [a.m.]. Time Out 11:00 pm [p.m.] documented, "6.1 Was the support activity completed? Please describe barriers and participation level: Yes. [Initials of Individual # 2] was notified by staff when it was time for medication, he reviewed his medication with staff and staff gave him hand over hand support to avoid medication spillage, staff prompted him to open his mouth for staff to be sure he has swallowed all of his medication and he was praised by staff for doing a tremendous job."

Review of [Name of Group Home] "Progress Note" for Individual # 2 dated 06/09/2020 at "Time In: 10:00 pm. [p.m.]. Time Out 8:00 am [a.m.] documented, "6.1 Was the support activity

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completed? Please describe barriers and participation level: Yes. [Initals for Indivisual #2] was physically supported by staff with am [a.m.] medication."

On 07/28/20 at 12:02 p.m., an interview was conducted with OSM [Other staff member] # 1, QIDP. When asked to describe their responsibility in regard to the individual's progress notes OSM # 1 stated that they were responsible to go through to see if staff are following the goals, at staff meetings train them to follow goals, look at the progress notes on a weekly basis to see if they are completed and how they were completed, look at the accuracy of the note and make sure that they are documenting it so it can be measured. After reviewing Individual # 2's progress notes described above, OSM # 1 was asked if the data collection for Individual # 2's outcome for medication management was written in measurable terms. OSM # 1 stated no.

On 07/28/20 at approximately 11:45 p.m., ASM # 1, program manager was made aware of the above findings by telephone.

No further information was provided prior to exit

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

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https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100.

(2) A brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain send out the wrong signals. They may have violent muscle spasms or lose consciousness. This information was obtained from the website: https://medlineplus.gov/epilepsy.html.

3. The facility staff failed to document the data collection Individual # 3's PCP [Person-Centered-Plan] outcome/goal for communication in measurable terms.

Individual # 3 was a 64 year-old female, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: profound intellectual disability (1) and epilepsy (2).

Individual # 3's current PCP dated 08/01/2020 through 07/31/2020 documented, "Desired Outcome: # 2 Communication skills. Goal # 2: [Individual #3] uses non-verbal cues to communicate her wants and needs. She will walk to a desired location, purposefully vocalize to indicate specific needs, holding staff's hands and leading to specific areas/needs, etc e.g. go to bed or to eat, Monday to Friday 5 [five] out of 5 which makes it 100% of the time, until 7/31/2020. Support Activities & Instructions: 1) [Individual # 3] uses non-verbal cues to communicate her wants and needs. For instance; to go to bed or to eat, effectively to others from Mondays to Friday using nonverbal cues, PEC [Picture Exchange Communication] chart. Frequency: Daily."

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Review of [Name of Group Home] "Progress Note" for Individual # 3 dated 06/08/2020 at "Time In: 3:00 pm. [p.m.]. Time Out 11:00 pm [p.m.] documented, "2.1 Was the support activity completed? Please describe barriers and participation level: Yes. [Initials of Individual # 3] was nonverbal and communicates with vocalizations and few gestures."

Review of [Name of Group Home] "Progress Note" for Individual # 3 dated 06/09/2020 at "8:49 AM. [a.m.]. 9:04 AM documented, "2.1 Was the support activity completed? Please describe barriers and participation level: Yes. She communicates non verbally by giggling, smiling, vocalizations, gestures, facial expressions."

Review of [Name of Group Home] "Progress Note" for Individual # 3 dated 06/11/2020 at "Time In: 3:00 pm. [p.m.]. Time Out 11:00 pm [p.m.] documented, "2.1 Was the support activity completed? Please describe barriers and participation level: Yes. [Individual # 3] uses facial and body gestures to communicate what she wants."

Review of [Name of Group Home] "Progress Note" for Individual # 3 dated 06/12/2020 at "8:08 AM. [a.m.]. 8:21 AM documented, "2.1 Was the support activity completed? Please describe barriers and participation level: Yes to communicate her wants and needs by gesturing, giggling, smiling, vocalizations, gestures, facial expressions."

On 07/28/20 at 12:02 p.m., an interview was conducted with OSM [Other staff member] # 1, QIDP. When asked to describe their

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responsibility in regard to the individual's progress notes OSM # 1 stated that they were responsible to go through to see if staff are following the goals, at staff meetings train them to follow goals, look at the progress notes on a weekly basis to see if they are completed and how they were completed, look at the accuracy of the note and make sure that they are documenting it so it can be measured. After reviewing Individual # 3's progress notes described above OSM # 1 was asked if the data collection for Individual # 3's outcome for communication was written in measurable terms. OSM # 1 stated no.

On 07/28/20 at approximately 11:45 p.m., ASM # 1, program manager was made aware of the above findings by telephone.

No further information was provided prior to exit.

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

(2) A brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain send out the wrong signals. They may have violent muscle spasms or lose consciousness.

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W 159	Continued From page 13 This information was obtained from the website https://medlineplus.gov/epilepsy.html.	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 plan. This STANDARD is not met as evidenced by: Based on staff interview, clinical record review and facility document review it was determined that the facility staff failed to implement the active treatment program for one of three individuals in the survey sample, Individual # 1. The facility staff failed to implement Individual # 1's PCP (person-centered plan) outcome/goal of "Independent Living Skills." The findings include Individual # 1 was a 27 year-old male, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: moderate intellectual disability (1) and mood disorder. Individual # 1's current PCP from [Name of Group Home] dated 12/01/2019 through 11/30/2020 documented, "Desired Outcome: # 6: Independent Living Skills. Goal # 6: [Individual	W 249	W 249 PROGRAM IMPLEMENTATION CFR(s) 483.440 (d)(1) The QIDP will revise individual #1's PCP "Independent Living Skills" outcome to ensure that it accurately reflects and is implemented as per the needs of the Individual. The Program Manager / QIDP will review all individuals' outcomes to ensure that they accurately implemented as designed within the PCPs. The Program Manager will provide the training to all the staff to review all individuals' PCPs during the next staff meeting, and will also provide supervision to all staff and ensure that the PCPs are implemented appropriately. The Program Manager will complete weekly audits of Progress Notes to ensure that the completed outcomes are accurately reflecting the supports in the PCPs. The Clinical Director will review within supervision with the Program Manager the documentation to support the coordination of services for each individual.	9/9/2020

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#1] likes to help out around the house. [Individual #1] participates in doing laundry 2 out of 4 times a week (50%) of the time until 11/30/2020. Support Activities & Instructions: 1) [Individual # 1] is prompted when it is time to clean up. 2) [Individual # 1] is offered hand over hand support to complete tasks. 3) [Individual # 1] is encouraged to take initiative and do laundry. 4) [Individual #1] is praised for doing a good job. Frequency: Daily.

Review of [Name of Group Home] "Progress Note" for Individual # 1 dated 06/02/2020 at "Time In: 3:00 pm. [p.m.]. Time Out 11:00 pm [p.m.] documented, "6.1 Was the support activity completed? Please describe barriers and participation level: Yes. He was prompted to clean up his room with staff supervision during the shift."

Review of [Name of Group Home] "Progress Note" for Individual # 1 dated 06/03/2020 at "Time In: 3:00 pm. [p.m.]. Time Out 11:00 pm [p.m.] documented, "6.1 Was the support activity completed? Please describe barriers and participation level: Yes. With a prompt PM [Initials of Individual # 1] washed his hands before eating his breakfast."

Review of [Name of Group Home] "Progress Note" for Individual # 1 dated 06/05/2020 at "Time In: 3:00 pm. [p.m.]. Time Out 11:00 pm [p.m.] documented, "6.1 Was the support activity completed? Please describe barriers and participation level: Yes. He was prompted to clean up after [sic] plat."

Review of [Name of Group Home] "Progress

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Note" for Individual # 1 dated 06/07/2020 at "Time In: 11:00 pm. [p.m.]. Time Out 9:00 am [a.m.] documented, "6.1 Was the support activity completed? Please describe barriers and participation level: Yes. PM [Initials of Individual # 1] washed his hands before eating his breakfast and he put his cup and plate ion the sink after his breakfast."

Review of [Name of Group Home] "Progress Note" for Individual # 1 dated 06/07/2020 at "Time In: 11:00 pm. [p.m.]. Time Out 9:00 am [a.m.] documented, "6.1 Was the support activity completed? Please describe barriers and participation level: Yes. PM [Initials of Individual # 1] watered the garden in the afternoon."

On 07/28/20 at 11:45 a.m., an interview was conducted with ASM [administrative staff member] # 1, program manager. After reviewing Individual # 1's progress notes described above ASM # 1 was asked if outcome/goal of independent living skills for laundry was implemented according to Individual #1's PCP. ASM # 1 stated, "Doesn't address the goal for laundry." When asked if it indicates that the program was implemented for laundry, ASM # 1 stated no.

The facility's policy "4.1 Individual Service Plan" documented, "ISP Implementation and Consumer Engagement: Implementation of the ISP begins at the time of its development. Components of the plan are fully implemented, with the consumer receiving support, learning environment and active engagement necessary to reach his or her objective / desired outcomes as defined in the ISP."

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W 249	Continued From page 16 On 07/28/20 at approximately 11:45 p.m., ASM # 1, program manager was made aware of the above findings by telephone. No further information was provided prior to exit. Reference: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100.	W 249		
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on staff interview, clinical record review and facility document review it was determined that the facility staff failed to implement the active treatment program for three of three individuals in the survey sample, Individual # 1, # 2 and # 3. 1. The facility staff failed to document the data collection Individual # 1's PCP [Person-Centered	W 252		

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W 252	Continued From page 17 -Plan] outcome/goal for medication management in measurable terms. 2. The facility staff failed to document the data collection Individual # 2's PCP [Person-Centered -Plan] outcome/goal for medication management in measurable terms. 3. The facility staff failed to document the data collection Individual # 3's PCP [Person-Centered-Plan] outcome/goal for communication in measurable terms. The findings include: 1. The facility staff failed to document the data collection Individual # 1's PCP [Person-Centered -Plan] outcome/goal for medication management in measurable terms. Individual # 1 was a 27 year-old male, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: moderate intellectual disability (1) and mood disorder. Individual # 1's current PCP dated 12/01/2019 through 11/30/2020 documented, "Desired Outcome: # 8 Medication Management. Goal # 8: [Individual #1] participates in administering his prescribed medication. He get a cup of water, with which to swallow his medication twice daily, 100% of the time until 11/30/2020. Support Activities & Instructions: 1) [Individual # 1] is informed when it is time for his medication. 2) [Individual # 1] is prompted to get a glass of water. 3) [Individual # 1] administers his own medication. 4) [Individual #1] is praised for taking his medication. Frequency: Daily."	W 252	W 252 PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) The QIDP will revise Individual # 1's " Medication Management" outcome into measurable terms to collect appropriate data The QIDP will revise Individual # 2's "Medication Management" outcome into measurable terms to collect appropriate data The QIDP will revise Individuals # 3's "Communication" outcome into measurable terms to collect appropriate data. The Program Manager will update the PCPs to incorporate these changes for those individuals The Program Manager will complete this process for all the other individuals to prevent further deficiencies The Program Manager will continue to monitor and ensure that all service needs of the individuals are accurately reflected through the use of weekly operations meetings The Clinical Director will review within supervision with the Program Manager for documentation to support the coordination of services for each individual's needs.	9/9/2020

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Review of [Name of Group Home] "Progress Note" for Individual # 1 dated 06/01/2020 at "Time In: 3:00 pm. [p.m.]. Time Out 11:00 pm [p.m.] documented, "8.1 Was the support activity completed? Please describe barriers and participation level: Yes. He was educated to swallow his routine medication with a glass of water."

Review of [Name of Group Home] "Progress Note" for Individual # 1 dated 06/02/2020 at "Time In: 3:00 pm. [p.m.]. Time Out 11:00 pm [p.m.] documented, "8.1 Was the support activity completed? Please describe barriers and participation level: Yes. He was educated to swallow his routine medication with a glass of water."

Review of [Name of Group Home] "Progress Note" for Individual # 1 dated 06/03/2020 at "Time In: 3:00 pm. [p.m.]. Time Out 11:00 pm [p.m.] documented, "8.1 Was the support activity completed? Please describe barriers and participation level: Yes. PM [Initials of Individual # 1] was given his evening medication with water. He swallowed his medication with water."

Review of [Name of Group Home] "Progress Note" for Individual # 1 dated 06/06/2020 at "Time In: 3:00 pm. [p.m.]. Time Out 11:00 pm [p.m.] documented, "8.1 Was the support activity completed? Please describe barriers and participation level: Yes. PM [Initials of Individual # 1] was given his evening medication with water. He swallowed his medication with water."

Review of [Name of Group Home] "Progress Note" for Individual # 1 dated 06/07/2020 at "Time

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In: 11:00 pm. [p.m.]. Time Out 9:00 am [a.m.] documented, "8.1 Was the support activity completed? Please describe barriers and participation level: Yes. PM [Initials of Individual # 1] was informed that it was time for his medication. And he was given a glass of water. He took medication with water."

Review of [Name of Group Home] "Progress Note" for Individual # 1 dated 06/10/2020 at "Time In: 3:00 pm. [p.m.]. Time Out 11:00 pm [p.m.] documented, "8.1 Was the support activity completed? Please describe barriers and participation level: Yes. PM [Initials of Individual # 1] took his evening medication with water."

On 07/28/20 at 11:45 a.m., an interview was conducted with ASM [administrative staff member] # 1, program manager. After reviewing Individual # 1's progress notes described above, ASM # 1 was asked if the data collection for Individual # 1's outcome for medication management was written in measurable terms to obtain a glass of water. ASM # 1 stated no.

On 07/28/20 at approximately 11:45 p.m., ASM # 1, program manager was made aware of the above findings by telephone.

No further information was provided prior to exit.

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

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

2. The facility staff failed to document the data collection Individual # 2's PCP [Person-Centered -Plan] outcome/goal for medication management in measurable terms.

Individual # 2 was a 71 year-old male, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: mild intellectual disability (1) and epilepsy (2).

Individual # 2's current PCP dated 02/01/2020 through 11/30/2021 documented, "Desired Outcome: # 6 Medication Management. Goal # 6: [Individual #2] desires to participate in his medication management by swallowing all his medication with a glass of water 2 [two] times out of 2 times offered a day at 100% until 01/31/2021. Support Activities: 1) [Individual # 2] is reminded that it is time for him to take his medication. 2) [Individual # 2] decides where he will take his medication. 3) [Individual # 2] is prompted to take his medication. 4) [Individual #2] swallows the medication with a cup of water. 5) [Individual #2] opens his mouth for staff to be sure he swallowed the medication. 6) [Individual #2] is praised for participating appropriately.
Frequency: Daily."

Review of [Name of Group Home] "Progress Note" for Individual # 2 dated 06/01/2020 at "Time In: 3:00 pm. [p.m.]. Time Out 11:00 pm [p.m.] documented, "6.1 Was the support activity

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completed? Please describe barriers and participation level: Yes. He took all his meds [medications] [sic] by saying how his meds [sic] helps him."

Review of [Name of Group Home] "Progress Note" for Individual # 2 dated 06/02/2020 at "Time In: 10:00 pm. [p.m.]. Time Out 8:00 am [a.m.] documented, "6.1 Was the support activity completed? Please describe barriers and participation level: Yes. Another staff assisted him with his medication this morning."

Review of [Name of Group Home] "Progress Note" for Individual # 2 dated 06/03/2020 at "Time In: 3:00 pm. [p.m.]. Time Out 11:00 pm [p.m.] documented, "6.1 Was the support activity completed? Please describe barriers and participation level: Yes. He was prompted to mention at least two of his meds and how it helps him to feel better."

Review of [Name of Group Home] "Progress Note" for Individual # 2 dated 06/04/2020 at "Time In: 10:00 pm. [p.m.]. Time Out 8:00 am [a.m.] documented, "6.1 Was the support activity completed? Please describe barriers and participation level: Yes. Another staff assisted him with his medication this morning."

Review of [Name of Group Home] "Progress Note" for Individual # 2 dated 06/06/2020 at "Time In: 7:00 am. [a.m.]. Time Out 11:00 pm [p.m.] documented, "6.1 Was the support activity completed? Please describe barriers and participation level: Yes. [Initials of Individual # 2] was notified by staff when it was time for medication, he reviewed his medication with staff and staff gave him hand over hand support to

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avoid medication spillage, staff prompted him to open his mouth for staff to be sure he has swallowed all of his medication and he was praised by staff for doing a tremendous job."

Review of [Name of Group Home] "Progress Note" for Individual # 2 dated 06/09/2020 at "Time In: 10:00 pm. [p.m.]. Time Out 8:00 am [a.m.] documented, "6.1 Was the support activity completed? Please describe barriers and participation level: Yes. [Initials of individual #2] was physically supported by staff with am [a.m.] medication."

On 07/28/20 at 11:45 a.m., an interview was conducted with ASM [administrative staff member] # 1, program manager. After reviewing Individual # 2's progress notes described above, ASM # 1 was asked if the data collection for Individual # 2's outcome for medication management was written in measurable terms to take their medication with a glass of water. ASM # 1 stated no.

On 07/28/20 at approximately 11:45 p.m., ASM # 1, program manager was made aware of the above findings by telephone.

No further information was provided prior to exit.

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

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responsiveness. This information was obtained from the website: https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100.

(2) A brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain send out the wrong signals. They may have violent muscle spasms or lose consciousness. This information was obtained from the website: https://medlineplus.gov/epilepsy.html.

3. The facility staff failed to document the data collection Individual # 3's PCP [Person-Centered-Plan] outcome/goal for communication in measurable terms.

Individual # 3 was a 64 year-old female, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: profound intellectual disability (1) and epilepsy (2).

Individual # 3's current PCP dated 08/01/2020 through 07/31/2020 documented, "Desired Outcome: # 2 Communication skills. Goal # 2: [Individual #3] uses non-verbal cues to communicate her wants and needs. She will walk to a desired location, purposefully vocalize to indicate specific needs, holding staff's hands and leading to specific areas/needs, etc e.g. go to bed or to eat, Monday to Friday 5 [five] out of 5 which makes it 100% of the time, until 7/31/2020. Support Activities & Instructions: 1) [Individual # 3] uses non-verbal cues to communicate her wants and needs. For instance; to go to bed or to eat, effectively to others from Mondays to Friday using nonverbal cues, PEC [Picture Exchange

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Communication] chart. Frequency: Daily."

Review of [Name of Group Home] "Progress Note" for Individual # 3 dated 06/08/2020 at "Time In: 3:00 pm. [p.m.]. Time Out 11:00 pm [p.m.] documented, "2.1 Was the support activity completed? Please describe barriers and participation level: Yes. [Initials of Individual # 3] was nonverbal and communicates with vocalizations and few gestures."

Review of [Name of Group Home] "Progress Note" for Individual # 3 dated 06/09/2020 at "8:49 AM. [a.m.]. 9:04 AM documented, "2.1 Was the support activity completed? Please describe barriers and participation level: Yes. She communicates non verbally by giggling, smiling, vocalizations, gestures, facial expressions."

Review of [Name of Group Home] "Progress Note" for Individual # 3 dated 06/11/2020 at "Time In: 3:00 pm. [p.m.]. Time Out 11:00 pm [p.m.] documented, "2.1 Was the support activity completed? Please describe barriers and participation level: Yes. [Individual # 3] uses facial and body gestures to communicate what she wants."

Review of [Name of Group Home] "Progress Note" for Individual # 3 dated 06/12/2020 at "8:08 AM. [a.m.]. 8:21 AM documented, "2.1 Was the support activity completed? Please describe barriers and participation level: Yes to communicate her wants and needs by gesturing, giggling, smiling, vocalizations, gestures, facial expressions."

On 07/28/20 at 11:45 a.m., an interview was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G044	A. BUILDING _____ B. WING _____	07/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRI OAK STREET ICF/MR	7811 OAK STREET MANASSAS, VA 20111

(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 252	Continued From page 25	W 252		

conducted with ASM [administrative staff member] # 1, program manager. After reviewing Individual # 3's progress notes described above, ASM # 1 was asked if the data collection for Individual # 3's outcome for communication was written in measurable terms to identify Individual # 3's communication method and what their need or want was identified. ASM # 1 stated no.

On 07/28/20 at approximately 11:45 p.m., ASM # 1, program manager was made aware of the above findings by telephone.

No further information was provided prior to exit.

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

(2) A brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain send out the wrong signals. They may have violent muscle spasms or lose consciousness. This information was obtained from the website: https://medlineplus.gov/epilepsy.html.