

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  49G014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  08/27/2020
NAME OF PROVIDER OR SUPPLIER  MINERVA FISHER HALL GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments  An unannounced Emergency Preparedness survey was conducted on 08/27/2020. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000	1. The Program Manager will train program staff during the staff meeting on the individual's rights as it pertains to dining with an emphasis on ensuring staff are sitting down assisting the individuals with meals and refraining from standing over individual #1 during all mealtimes.	10/2/2020
W 000	INITIAL COMMENTS  An unannounced annual Medicaid ICF/ID Health Care Certification survey was conducted on 08/27/2020. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for the Mentally Retarded. The Life Safety Code survey report will follow.	W 000	2. The Program Manager will train program staff during the staff meeting on the individuals' rights as it pertains to dining with an emphasis on ensuring staff are sitting down assisting the individuals with meals and refraining from standing over all individuals during mealtimes.	
W 125	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)  The census in this nine bed facility was seven at the time of the survey. The survey sample consisted of four current Individual reviews (Individuals #1, #2, # 3 and # 4).  The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on observation, staff interview and facility document review, it was determined that the facility staff failed to allow individuals to exercise their rights for dignity during a meal for one of four individuals in the survey sample, Individual # 1.  The findings include:	W 125	3. The Program Manager, QIDP, and/or Program Nurse will complete monthly observations during mealtime to ensure staff are following the appropriate mealtime guidelines and ensuring the rights of all individuals during mealtimes.  4. The Clinical Director will monitor the completion of the monthly mealtime observations on a quarterly basis.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Terell Jones <i>Terell Jones</i>	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 125	<p>Continued From page 1</p> <p>While Individual # 1 was eating their breakfast, DSP [direct support professional] # 2, stood next to Individual # 1 while providing verbal and physical cues.</p> <p>Individual # 1 was a 46 year old female, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: profound intellectual disability [1], impulse disorder [2], mild cerebral palsy [3] and self-injurious behavior [4].</p> <p>On 08/27/2020 at approximately 6:59 a.m., an observation was conducted of Individual # 1 in the dining area at [Name of Day Program]. Individual # 1 was seated in a regular straight back chair at the dining room table. DSP [direct support professional] # 2, provided and placed a clothing protector on Individual # 1, then provided Individual # 1 with their breakfast in a paper disposable bowl and provided a white plastic disposable spoon to eat with. Observations during Individual # 1's meal revealed DSP # 2 standing next to Individual # 1 while they ate providing them with verbal and physical cues to slow Individual # 1's rate of eating.</p> <p>On 08/27/20 at approximately 8:30 a.m., an interview was conducted with DSP # 2. When asked if it was dignified to be standing next to Individual # 1 while they were eating their breakfast DSP # 2 stated no.</p> <p>On 08/27/20 at approximately 12:10 p.m., an interview was conducted with ASM [administrative staff member] # 1, program manager. When informed of the above observation ASM # 1 stated, "Staff should be sitting next to the resident</p>	W 125			

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W 125	<p>Continued From page 2</p> <p>or across from them in order to assist." When asked why it was not appropriate to stand next to an individual while they were eating, ASM # 1 stated that it was a dignity issue.</p> <p>The facility's policy "2.1 Human Rights Plan" documented in part, "2.1.4 Dignity. Individuals shall be treated with dignity as a human being and free from abuse."</p> <p>On 08/27/2020 at approximately 12:30 p.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:</p> <p>(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. 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) Impulse control disorders are characterized by an inability to resist the impulse to perform an action that is harmful to one's self or others. This information was obtained from the website: <a href="http://medical-dictionary.thefreedictionary.com/Impulse+Control+Disorders">http://medical-dictionary.thefreedictionary.com/Impulse+Control+Disorders</a>.</p> <p>(3) A group of disorders that affect a person's ability to move and to maintain balance and posture. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/cerebralpals">https://www.nlm.nih.gov/medlineplus/cerebralpals</a></p>	W 125			

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W 125	Continued From page 3 y.html.	W 125	1. The Program Manager will retrain program staff on the implementation of individual #1's active treatment program for meal preparation program per the ISP.	10/2/2020	
W 159	(4) Self-harm refers to a person's harming their own body on purpose. This information was obtained from the website: <a href="https://medlineplus.gov/selfharm.html">https://medlineplus.gov/selfharm.html</a> . 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 record reviews, and staff interview, it was determined that the QIDP [Qualified Intellectual Disabilities Professional] failed to coordinate and monitor the individuals' active treatment programs for four of four individuals in the survey sample, Individuals # 1, # 2, # 3 and # 4.  1. The QIDP [qualified intellectual disabilities professional] failed to ensure Individual #1's active treatment for meal preparation was implemented according to the PCP [person centered plan].  2. The QIDP [qualified intellectual disabilities professional] failed to ensure Individual #2's active treatment for range of motion exercises was implemented according to the PCP [person centered plan].  3. The QIDP (qualified intellectual disabilities professional) failed to ensure Individual #3's active treatment for the removal of dishes was implemented per the PCP (person centered plan).	W 159	2. The Program Manager will retrain program staff on the implementation of Individual #2's active treatment range of motion exercises per the ISP.  4. The Program Manager will retrain program staff on the implementation of individual #3's active treatment program for the removal of dishes per the ISP.  5. The Program Manager will retrain program staff on the implementation of all individuals' active treatment programs per their ISPs.  6. The Program Manager will retrain the QIDP on writing individual #4's medication administration goal in measurable terms. The ISP will be updated and amended and written in measurable terms.  6. The Program Manager will review all individuals' goals with the QIDP and ensure they are all written in measurable terms and update and amend if necessary.  7. The Program Manager will monitor staff on shift weekly as they implement the individual's ISP goals to ensure they are implementing the goals per the ISP.  8. The Clinical Director will audit the program Quarterly to ensure all goals are written in measurable terms and staff are implementing the goals per the ISP.		

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W 159	<p>Continued From page 4</p> <p>4. The QIDP (qualified intellectual disabilities professional) failed to define the medication management outcome of Individual #4's PCP (person centered plan) in measurable terms.</p> <p>The findings include:</p> <p>1. Individual # 1 was a 46 year old female, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: profound intellectual disability [1], impulse disorder [2], mild cerebral palsy [3] and self-injurious behavior [4].</p> <p>Individual #1's PCP dated 04/01/2020 through 03/31/2021 documented, "Desired Outcome: [Individual #1] will assist with meal prep [preparation] for 5 [five] minutes with 100% accuracy for 12 consecutive months. Support Activities &amp; Instructions: 1. [Individual #1] signs to staff that she would like to have food. 2. [Individual #1] will walk with staff to the kitchen. 3. Staff will hand over hand assist [Individual #1] to mix the food ingredients. 4. [Individual #1] stirs the pot with staff assistance and/or assist with grounding her food to the right texture. 5. [Individual #1] receives praise from staff for her attempts. 6. Progress will document in her responses to services and the level of participating via [by] Credible. 7. Progress will be monitored monthly by the QIDP [qualified intellectual disabilities professional]. 8. When [Individual #1] has followed a 4 [four] step task of making her meal each day for 5 minutes with 100% accuracy for 12 consecutive months. Type: Skill Building. Frequency: Weekly."</p> <p>Review of Individual #1's data collection sheets for June 1, 2020 through July 31, 2020</p>	W 159			

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W 159	<p>Continued From page 5</p> <p>documented the letter "C". Further review of the data collection sheets documented "Key C-cancelled."</p> <p>Review of Individual #1's data collection sheets for August 1, 2020 through August 26, 2020 documented a minus sign "-". Further review of the data collection sheets documented "Key [-] = chose not to participate."</p> <p>On 8/27/20 at approximately 10:52 a.m., an interview was conducted with ASM [administrative staff member] #2, QIDP [Qualified Intellectual Disabilities Professional], regarding the purpose of the PCP. ASM #2 stated that the PCP was a document for staff to see individuals' progress in terms of what they can achieve, their limitations, abilities, and to give individuals as much of an independent life as possible. ASM #2 was asked if the Individual's PCPs were reviewed. ASM #2 stated some goals/outcomes could not be done due to restrictions so the programs were cancelled. ASM #2 stated staff was instructed by the company headquarters to keep individuals in their rooms. Individual #1's meal preparation outcome was reviewed with ASM #2. ASM #2 stated the home had been taking the meals to the Individual's rooms so the since March 2020, so Individual # 1's outcome could not be implemented because Individual # 1 could not use the kitchen due to COVID-19.</p> <p>On 8/27/20 at 11:42 a.m., an interview was conducted with DSP [direct support professional] #1 and ASM # 2. DSP #1 stated she offered Individual # 1 to assist with meal preparation in the room on August first and second because the meals consisted of cold foods. At this time, menus for June 1, 2020 through July 31, 2020</p>	W 159		
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W 159	<p>Continued From page 6</p> <p>were reviewed with DSP #1 and ASM #2. The menus consisted of cold foods such as wraps and sandwiches. Of the 61 days between June 1, 2020 through July 31, 2020, there were 43 meals that consisted of wraps and sandwiches. ASM #2 stated Individual # 1 could have assisted with preparation of these meals in Individual # 1's room. When asked if Individual # 1's meal preparation outcome could have been implemented in their room, ASM # 2 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 8/27/20 at 12:10 p.m., ASM #1 was made aware of the above concern.</p> <p>No further information was presented prior to exit.</p> <p>References:</p> <p>(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. 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) Impulse control disorders are characterized by an inability to resist the impulse to perform an action that is harmful to one's self or others. This information was obtained from the website: <a href="http://medical-dictionary.thefreedictionary.com/Impulse+Control+Disorders">http://medical-dictionary.thefreedictionary.com/Impulse+Control+Disorders</a>.</p> <p>(3) A group of disorders that affect a person's</p>	W 159			

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W 159	<p>Continued From page 7</p> <p>ability to move and to maintain balance and posture. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/cerebralpalsy.html">https://www.nlm.nih.gov/medlineplus/cerebralpalsy.html</a>.</p> <p>(4) Self-harm refers to a person's harming their own body on purpose. This information was obtained from the website: <a href="https://medlineplus.gov/selfharm.html">https://medlineplus.gov/selfharm.html</a>.</p> <p>2. The facility staff failed to implement Individual #2's PCP for range of motion exercises.</p> <p>Individual # 2 was a 47 year old female, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: profound intellectual disability [1], cerebral palsy [2] and seizure disorders [3].</p> <p>Individual #2's PCP dated 07/01/2020 through 06/30/2021 documented, "Desired Outcome: [Individual #2] will actively participate in 3 [three] range of motion exercises 3 times a week with no more than 3 verbal prompts for a duration of 10 minutes at 100% accuracy for 12 consecutive months by 06/30/21. Support Activities &amp; Instructions: 1. Notify [Individual #2] that it is time to begin her range of motion exercises. 2. Assist [Individual #2] to the mat. 3. Demonstrate each range of motion exercise on [Individual # 2] and only move to the point of resistance. Do not force the movement. 4. Give verbal prompts to [Individual #2] to perform demonstrated exercises. 5. Praise [Individual #2] when she performs the exercise. 6. If [Individual # 2] is found to need more than 3 prompts to perform each exercise, document which exercises [Individual # 2] had difficulty with and report goal</p>	W 159			

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W 159	<p>Continued From page 8</p> <p>to be unsuccessful. 7. If [Individual # 2] is found to be successful completing a given exercise(s) document which range of motion exercises she performed successfully. 8. Staff will document her responses to supports and services in Credible. 9. Progress will be reviewed monthly by the QIDP. 10. [Individual #2] will have achieved this outcome when she has actively participated in 3 [three] range of motion exercises 3 times a week with no more than 3 verbal prompts for a duration of 10 minutes at 100% accuracy for 12 consecutive months. Type: Skill Building. Frequency: Daily."</p> <p>The data collection sheet dated July1, 2020 through July 31, 2020 for Individual #1 documented the letter "C". Under "Key" it documented in part, "C- cancelled." Further review of the data collection sheet revealed the following documentation, "Due to ongoing coronavirus pandemic, all in home activities remain cancelled as a safety precaution."</p> <p>On 8/27/20 at approximately 10:52 a.m., an interview was conducted with ASM [administrative staff member] #2, QIDP [Qualified Intellectual Disabilities Professional], regarding the purpose of the PCP. ASM #2 stated that the PCP was a document for staff to see individuals' progress in terms of what they can achieve, their limitations, abilities, and to give individuals as much of an independent life as possible. ASM #2 was asked if the Individual's PCPs were reviewed. ASM #2 stated some goals/outcomes could not be done due to restrictions so the programs were cancelled. ASM #2 stated staff was instructed by the company headquarters to keep individuals in their rooms. Individual #2's range of motion exercise outcome was reviewed with ASM #2.</p>	W 159			

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W 159	<p>Continued From page 9</p> <p>After reviewing Individual # 2's data collection sheets for July1, 2020 through July 31, 2020, ASM #2 stated that according to the data collection sheet, the program was cancelled. When asked if Individual # 2's exercise outcome could have been implemented in their room, ASM # 2 stated yes.</p> <p>On 8/27/20 at 12:10 p.m., ASM #1 was made aware of the above concern.</p> <p>No further information was presented prior to exit. 3. The QIDP (qualified intellectual disabilities professional) failed to ensure Individual #3's active treatment for the removal of dishes was implemented per the PCP (person centered plan).</p> <p>Individual #3 was admitted to (name of group home) on 8/3/09. Individual #3's diagnoses included but were not limited to profound mental retardation, seizure disorder and seasonal allergies.</p> <p>Individual #3's PCP dated 9/20/19 documented, "Desired Outcome: (Name of Individual #3) will place his dishes in the sink after eating within 5 minutes and with no more than 3 verbal prompts at 100% accuracy for 12 consecutive months by 9/30/20. Start Date: 10/01/2019. End Date: 09/30/2020. I no longer need this outcome when....: when i am able to take my own dishes to the sink with no prompting. Support Activities &amp; Instructions: 1. After eating meals, staff will verbally prompt (Individual #3) to take his dishes to the sink. 2. (Individual #3) will place his dishes in the sink with no more than 3 verbal prompts from staff. 3. Staff will praise (Individual #3) for his participation. 4. Progress will be documented in (name of computer system). 5. Progress will</p>	W 159			

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W 159	<p>Continued From page 10</p> <p>be monitored monthly by the QIDP. 6. (Individual #3) will have achieved this outcome when he has placed his dishes in the sink after eating within 5 minutes and with no more than 3 verbal prompts at 100% accuracy for 12 consecutive months. Type: Skill Building."</p> <p>Review of Individual #3's data collection sheets for June 2020 through August 2020 revealed documentation that the above outcome was cancelled because all in home activities were cancelled as a safety precaution due to COVID-19.</p> <p>On 8/27/20 at 10:52 a.m., an interview was conducted with ASM (administrative staff member) #2 (the QIDP [qualified intellectual disabilities professional]), regarding the purpose of the PCP (person centered plan). ASM #2 stated the PCP was a document for staff to see individuals' progress in terms of what they can achieve, their limitations, abilities, and to give individuals as much of an independent life as possible. ASM #2 stated she was responsible for ensuring active treatment and the PCP was implemented and she does so by review of data collection at the end of each week and the end of each month. ASM #2 stated she reviews PCPs to ensure documentation is done and programs are done according to PCPs. ASM #2 was asked if individuals' PCPs were reviewed due to COVID-19 restrictions. ASM #2 stated some goals (outcomes) could not be done due to restrictions so the programs were cancelled. ASM #2 stated staff was instructed by the company headquarters to keep individuals in their rooms. Individual #3's dishes outcome was reviewed with ASM #2. ASM #2 stated the home had been using disposable kitchenware (plates,</p>	W 159			

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W 159	<p>Continued From page 11</p> <p>cups, utensils) since March 2020. At this time, ASM #1 (the program manager) joined the interview. ASM #1 stated the purpose of Individual #3's dishes outcome was to teach the individual table manners and to not leave dishes on the table. ASM #1 stated that according to the data collection sheets, the program was cancelled; however, the program could have been modified for Individual #3 to throw the disposable kitchenware in the trash.</p> <p>On 8/27/20 at 12:10 p.m., ASM #1 was made aware of the above concern.</p> <p>No further information was presented prior to exit.</p> <p>4. The QIDP (qualified intellectual disabilities professional) failed to define the medication management outcome of Individual #4's PCP (person centered plan) in measurable terms.</p> <p>Individual #4 was admitted to (name of group home) on 5/19/15. Individual #4's diagnoses included but were not limited to profound intellectual disability, seizure disorder and constipation. Individual #4's PCP dated 6/13/20 documented, "Desired Outcome: #6 Medication Management. 6. (Individual #4) will participate in his medication management each day at 100% accuracy for 12 consecutive months by 6/30/20. I no longer need this outcome when...: I am able to administer my medications on my own. Support Activities &amp; Instructions: 1. Staff will select (Individual #4's) favorite pudding flavor (chocolate) for his medication. 2. Staff will inform (Individual #4) about his medication. 3. (Individual #4) will cooperate and participate in his medication administration. 4. Staff will praise</p>	W 159			

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NAME OF PROVIDER OR SUPPLIER  MINERVA FISHER HALL GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180		
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W 159	<p>Continued From page 12</p> <p>(Individual #4) for his efforts. 5. Progress will be noted via (name of computer system) progress notes. 6. Progress will be monitored monthly by the QIDP (qualified intellectual disabilities professional). 7. (Individual #4) will have achieved this outcome when he has participated fully in his medication management each day at 100% accuracy for 12 consecutive months. Type: Skill Building."</p> <p>On 8/27/20 at 10:52 a.m., an interview was conducted with ASM (administrative staff member) #2 (the QIDP), regarding the purpose of the PCP. ASM #2 stated the PCP was a document for staff to see individuals' progress in terms of what they can achieve, their limitations, abilities, and to give individuals as much of an independent life as possible. When asked if individuals' PCPs should contain measurable outcomes, ASM #2 stated, "Yes." Individual #4's medication management outcome was reviewed with ASM #2 and ASM #2 was asked how Individual #4 participated and how the outcome was documented in measurable terms. ASM #2 stated the individual resists medications so he will participate by being cooperative. When asked how Individual #4 will evidence cooperation, ASM #2 stated he will demonstrate calmness and will be accepting of medications. ASM #2 stated this was not documented in the PCP. ASM #2 stated the team creates goals (outcomes) for individuals' PCPs but she is responsible for ensuring they are documented in measurable terms.</p> <p>On 8/27/20 at 12:10 p.m., ASM #1 (the program manager) was made aware of the above concern.</p> <p>No further information was presented prior to exit.</p>	W 159			

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NAME OF PROVIDER OR SUPPLIER  MINERVA FISHER HALL GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 8207 WOLFTRAP RD VIENNA, VA 22180	
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W 231 W 231	Continued From page 13 INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)(iii)  The objectives of the individual program plan must be expressed in behavioral terms that provide measurable indices of performance.  This STANDARD is not met as evidenced by: Based on staff interview, facility document review and residential record review, it was determined that the facility staff failed to ensure outcomes on the ISP/PCP (individual service plan/ person centered plan) were developed in measurable terms for one of four individuals in the survey sample, Individual #4. The facility staff failed to define the medication management outcome in measurable terms for Individual #4.  The findings include:  Individual #4 was admitted to (name of group home) on 5/19/15. Individual #4's diagnoses included but were not limited to profound intellectual disability, seizure disorder and constipation. Individual #4's PCP (person centered plan) dated 6/13/20 documented, "Desired Outcome: #6 Medication Management. 6. (Individual #4) will participate in his medication management each day at 100% accuracy for 12 consecutive months by 6/30/20. I no longer need this outcome when...: I am able to administer my medications on my own. Support Activities & Instructions: 1. Staff will select (Individual #4's) favorite pudding flavor (chocolate) for his medication. 2. Staff will inform (Individual #4) about his medication. 3. (Individual #4) will cooperate and participate in his medication administration. 4. Staff will praise (Individual #4)	W 231 W 231	1. The Program Manager will retrain the QIDP on writing individual #4's medication administration goal in measurable terms. The ISP will be updated and amended and written in measurable terms.  2. The Program Manager will review all individuals' goals with the QIDP and ensure they are all written in measurable terms and update and amend the plan if necessary.  3. The Program Manager will review and monitor all new goals written by the QIDP to ensure they are all written in measurable terms.  4. The Clinical Director will audit the program Quarterly to ensure all goals are written in measurable terms.	10/2/2020

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W 231	<p>Continued From page 14</p> <p>for his efforts. 5. Progress will be noted via (name of computer system) progress notes. 6. Progress will be monitored monthly by the QIDP (qualified intellectual disabilities professional). 7. (Individual #4) will have achieved this outcome when he has participated fully in his medication management each day at 100% accuracy for 12 consecutive months. Type: Skill Building."</p> <p>On 8/27/20 at 10:52 a.m., an interview was conducted with ASM (administrative staff member) #2 (the QIDP), regarding the purpose of the PCP. ASM #2 stated the PCP was a document for staff to see individuals' progress in terms of what they can achieve, their limitations, abilities, and to give individuals as much of an independent life as possible. When asked if individuals' PCPs should contain measurable outcomes, ASM #2 stated, "Yes." Individual #4's medication management outcome was reviewed with ASM #2 and ASM #2 was asked how Individual #4 participated and how the outcome was documented in measurable terms. ASM #2 stated the individual resists medications so he will participate by being cooperative. When asked how Individual #4 will evidence cooperation, ASM #2 stated he will demonstrate calmness and will be accepting of medications. ASM #2 stated this was not documented in the PCP.</p> <p>On 8/27/20 at 12:10 p.m., ASM #1 (the program manager) was made aware of the above concern.</p> <p>The home policy titled, "4.1 Individual Service Plan (ISP [PCP])" documented, "C. (Name of company) ensures that an ISP will contain at a minimum...4. Goals/outcomes and measurable objectives/desired outcomes for addressing each identified need."</p>	W 231			

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W 231	Continued From page 15	W 231	<p>1. The Program Manager will retrain program staff during the staff meeting on the implementation of individual #1's pcp for meal preparation, individual #2's pcp for range of motion exercises, and individual #3's removal of dishes program.</p> <p>2. The Program Manger will retrain program staff on the implementation of all individuals' ISP goals.</p> <p>3. The Program Manager will work with the QIDP and modify individual #3's PCP for the removal of dishes goal. The ISP will be updated with the modification.</p> <p>4. The Program Manager will train the QIDP when goals should be modified per the data. The Program Manager will review all individual's ISP data to determine if the goals need to be modified per the data and will amend the ISP, update, and modify the goals if necessary.</p> <p>5. The Program Manager will review the staff implementing all of the individuals goals on a weekly basis to ensure the goals are being implemented per the ISP.</p> <p>6. The Program Manager will review the ISP data on a monthly basis and work with the QIDP to modify the goals if necessary.</p> <p>7. The Clinical Director will audit the program on a Quarterly basis to ensure the goals are implemented correctly by staff and ensure goals are modified if necessary per the data collection.</p>	10/2/2020	
W 249	<p>No further information was presented prior to exit.</p> <p><b>PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview 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 three of four individuals in the survey sample, Individuals # 1, # 2 and # 3.</p> <p>1. The facility staff failed to implement Individual #1's PCP [person centered plan] for meal preparation.</p> <p>2. The facility staff failed to implement Individual #2's PCP for range of motion exercises.</p> <p>3. The facility staff failed to modify and implement Individual #3's PCP for the removal of dishes.</p> <p>The findings include:</p> <p>1. Individual # 1 was a 46 year old female, who</p>	W 249			

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W 249	<p>Continued From page 16</p> <p>was admitted to [Name of Group Home] with diagnoses that included but were not limited to: profound intellectual disability [1], impulse disorder [2], mild cerebral palsy [3] and self-injurious behavior [4].</p> <p>Individual #1's PCP dated 04/01/2020 through 03/31/2021 documented, "Desired Outcome: [Individual #1] will assist with meal prep [preparation] for 5 [five] minutes with 100% accuracy for 12 consecutive months. Support Activities &amp; Instructions: 1. [Individual #1] signs to staff that she would like to have food. 2. [Individual #1] will walk with staff to the kitchen. 3. Staff will hand over hand assist [Individual #1] to mix the food ingredients. 4. [Individual #1] stirs the pot with staff assistance and/or assist with grounding her food to the right texture. 5. [Individual #1] receives praise from staff for her attempts. 6. Progress will document in her responses to services and the level of participating via [by] Credible. 7. Progress will be monitored monthly by the QIDP [qualified intellectual disabilities professional]. 8. When [Individual #1] has followed a 4 [four] step task of making her meal each day for 5 minutes with 100% accuracy for 12 consecutive months. Type: Skill Building. Frequency: Weekly."</p> <p>Review of Individual #1's data collection sheets for June 1, 2020 through July 31, 2020 documented the letter "C". Further review of the data collection sheets documented "Key C-cancelled."</p> <p>Review of Individual #1's data collection sheets for August 1, 2020 through August 26, 2020 documented a minus sign [-]. Further review of the data collection sheets documented "Key [-] =</p>	W 249		

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W 249	Continued From page 17 chose not to participate."  On 8/27/20 at approximately 10:52 a.m., an interview was conducted with ASM [administrative staff member] #2, QIDP [Qualified Intellectual Disabilities Professional], regarding the purpose of the PCP. ASM #2 stated that the PCP was a document for staff to see individuals' progress in terms of what they can achieve, their limitations, abilities, and to give individuals as much of an independent life as possible. ASM #2 was asked if the Individual's PCPs were reviewed. ASM #2 stated some goals/outcomes could not be done due to restrictions so the programs were cancelled. ASM #2 stated staff was instructed by the company headquarters to keep individuals in their rooms. Individual #1's meal preparation outcome was reviewed with ASM #2. ASM #2 stated the home had been taking the meals to the Individual's rooms so the since March 2020, so Individual # 1 outcome could not be implemented because Individual # 1 could not use the kitchen due to COVID-19. At this time, ASM #1, program manager, joined the interview. After reviewing the Individual # 1's data collection sheets for June 1, 2020 through July 31, 2020, ASM #1 stated that according to the data collection sheets, the program was cancelled because Individual # 1 could not use the kitchen due to COVID-19. When asked when [Name of Group Home] was cleared from active COVID-19 cases, ASM # 1 stated, "On August third." After reviewing Individual #1's data collection sheets for August 1, 2020 through August 26, 2020, ASM # 1 was asked about the coding of the minus sign on August 1, 2020 and August 2, 2020 prior to being cleared for COVID-19. ASM # 1 stated that Individual # 1 chose not to participate. When asked if the outcome for Individual # 1's meal	W 249			

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W 249	<p>Continued From page 18</p> <p>preparation was then offered if staff had coded it as choosing not to participate, ASM # 1 stated that he would talk to the staff member who documented the data on the above dates.</p> <p>On 8/27/20 at 11:42 a.m., an interview was conducted with DSP [direct support professional] #1. DSP #1 stated she offered Individual # 1 to assist with meal preparation in the room on August first and second because the meals consisted of cold foods. At this time, menus for June 1, 2020 through July 31, 2020, were reviewed with DSP #1 and ASM #1. The menus consisted of cold foods such as wraps and sandwiches. Of the 61 days between June 1, 2020 through July 31, 2020, there were 43 meals that consisted of wraps and sandwiches. DSP #1 and ASM #1 stated Individual # 1 could have assisted with preparation of these meals in Individual # 1's room.</p> <p>The [Name of Group Home's] policy "4.1 Individual Service Plan (ISP)" documented, "G. ISP Implementation and Consumer Engagement: 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 8/27/20 at 12:10 p.m., ASM #1 was made aware of the above concern.</p> <p>No further information was presented prior to exit.</p>	W 249			

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W 249	<p>Continued From page 19</p> <p>References:</p> <p>(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. 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) Impulse control disorders are characterized by an inability to resist the impulse to perform an action that is harmful to one's self or others. This information was obtained from the website: <a href="http://medical-dictionary.thefreedictionary.com/Impulse+Control+Disorders">http://medical-dictionary.thefreedictionary.com/Impulse+Control+Disorders</a>.</p> <p>(3) A group of disorders that affect a person's ability to move and to maintain balance and posture. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/cerebralpalsy.html">https://www.nlm.nih.gov/medlineplus/cerebralpalsy.html</a>.</p> <p>(4) Self-harm refers to a person's harming their own body on purpose. This information was obtained from the website: <a href="https://medlineplus.gov/selfharm.html">https://medlineplus.gov/selfharm.html</a>.</p> <p>2. The facility staff failed to implement Individual #2's PCP for range of motion exercises.</p> <p>Individual # 2 was a 47 year old female, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: profound intellectual disability [1], cerebral palsy [2] and seizure disorders [3].</p> <p>Individual #2's PCP dated 07/01/2020 through 06/30/2021 documented, "Desired Outcome:</p>	W 249			

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W 249	<p>Continued From page 20</p> <p>[Individual #2] will actively participate in 3 [three] range of motion exercises 3 times a week with no more than 3 verbal prompts for a duration of 10 minutes at 100% accuracy for 12 consecutive months by 06/30/21. Support Activities &amp; Instructions: 1. Notify [Individual #2] that it is time to begin her range of motion exercises. 2. Assist [Individual #2] to the mat. 3. Demonstrate each range of motion exercise on [Individual # 2] and only move to the point of resistance. Do not force the movement. 4. Give verbal prompts to [Individual #2] to perform demonstrated exercises. 5. Praise [Individual #2] when she performs the exercise. 6. If [Individual # 2] is found to need more than 3 prompts to perform each exercise, document which exercises [Individual # 2] had difficulty with and report goal to be unsuccessful. 7. If [Individual # 2] is found to be successful completing a given exercise(s) document which range of motion exercises she performed successfully. 8. Staff will document her responses to supports and services in Credible. 9. Progress will be reviewed monthly by the QIDP. 10. [Individual #2] will have achieved this outcome when she has actively participated in 3 [three] range of motion exercises 3 times a week with no more than 3 verbal prompts for a duration of 10 minutes at 100% accuracy for 12 consecutive months. Type: Skill Building. Frequency: Daily."</p> <p>The data collection sheet dated July1, 2020 through July 31, 2020 for Individual #1 documented the letter "C". Under "Key" it documented in part, "C- cancelled." Further review of the data collection sheet revealed the following documentation, "Due to ongoing coronavirus pandemic, all in home activities remain cancelled as a safety precaution."</p>	W 249			

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

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W 249	<p>Continued From page 21</p> <p>On 8/27/20 at approximately 10:52 a.m., an interview was conducted with ASM [administrative staff member] #2, QIDP [Qualified Intellectual Disabilities Professional], regarding the purpose of the PCP. ASM #2 stated that the PCP was a document for staff to see individuals' progress in terms of what they can achieve, their limitations, abilities, and to give individuals as much of an independent life as possible. ASM #2 was asked if the Individual's PCPs were reviewed. ASM #2 stated some goals/outcomes could not be done due to restrictions so the programs were cancelled. ASM #2 stated staff was instructed by the company headquarters to keep individuals in their rooms. Individual #2's range of motion exercise outcome was reviewed with ASM #2. At this time, ASM #1, program manager, joined the interview. After reviewing the Individual # 2's data collection sheets for July1, 2020 through July 31, 2020, ASM #1 stated that according to the data collection sheet, the program was cancelled. When asked if Individual # 2's exercise outcome could have been implemented in their room, ASM # 1 stated yes.</p> <p>On 8/27/20 at 12:10 p.m., ASM #1 was made aware of the above concern.</p> <p>No further information was presented prior to exit.</p> <p>References: [1] (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFa">https://www.report.nih.gov/NIHfactsheets/ViewFa</a></p>	W 249		
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NAME OF PROVIDER OR SUPPLIER  <b>MINERVA FISHER HALL GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>8207 WOLFTRAP RD VIENNA, VA 22180</b>		
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W 249	<p>Continued From page 22 ctSheet.aspx?csid=100</p> <p>[2] A group of disorders that affect a person's ability to move and to maintain balance and posture. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/cerebralpalsy.html">https://www.nlm.nih.gov/medlineplus/cerebralpalsy.html</a>.</p> <p>[3] Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/seizures.html">https://www.nlm.nih.gov/medlineplus/seizures.html</a>.</p> <p>3. The facility staff failed to modify and implement Individual #3's PCP (person centered plan) for the removal of dishes.</p> <p>Individual #3 was admitted to (name of group home) on 8/3/09. Individual #3's diagnoses included but were not limited to profound mental retardation, seizure disorder and seasonal allergies.</p> <p>Individual #3's PCP dated 9/20/19 documented, "Desired Outcome: (Name of Individual #3) will place his dishes in the sink after eating within 5 minutes and with no more than 3 verbal prompts at 100% accuracy for 12 consecutive months by 9/30/20. Start Date: 10/01/2019. End Date: 09/30/2020. I no longer need this outcome when...: when i am able to take my own dishes to the sink with no prompting. Support Activities &amp; Instructions: 1. After eating meals, staff will verbally prompt (Individual #3) to take his dishes to the sink. 2. (Individual #3) will place his dishes in the sink with no more than 3 verbal prompts from staff. 3. Staff will praise (Individual #3) for</p>	W 249			

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W 249	<p>Continued From page 23</p> <p>his participation. 4. Progress will be documented in (name of computer system). 5. Progress will be monitored monthly by the QIDP (qualified intellectual disabilities professional). 6. (Individual #3) will have achieved this outcome when he has placed his dishes in the sink after eating within 5 minutes and with no more than 3 verbal prompts at 100% accuracy for 12 consecutive months. Type: Skill Building."</p> <p>Review of Individual #3's data collection sheets for June 2020 through August 2020 revealed documentation that the above outcome was cancelled because all in-home activities were cancelled as a safety precaution due to COVID-19.</p> <p>On 8/27/20 at 10:52 a.m., an interview was conducted with ASM (administrative staff member) #2 (the QIDP), regarding the purpose of the PCP. ASM #2 stated the PCP was a document for staff to see individuals' progress in terms of what they can achieve, their limitations, abilities, and to give individuals as much of an independent life as possible. ASM #2 was asked if individuals' PCPs were reviewed due to COVID-19 restrictions. ASM #2 stated some goals (outcomes) could not be done due to restrictions so the programs were cancelled. ASM #2 stated staff was instructed by the company headquarters to keep individuals in their rooms. Individual #3's dishes outcome was reviewed with ASM #2. ASM #2 stated the home had been using disposable kitchenware (plates, cups, utensils) since March 2020. At this time, ASM #1 (the program manager) joined the interview. ASM #1 stated the purpose of Individual #3's dishes outcome was to teach the individual table manners and to not leave dishes</p>	W 249			

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W 249	Continued From page 24 on the table. ASM #1 stated that according to the data collection sheets, the program was cancelled; however, the program could have been modified for Individual #3 to throw the disposable kitchenware in the trash.  On 8/27/20 at 12:10 p.m., ASM #1 was made aware of the above concern.	W 249	1. The Program Nurse will contact the pharmacy to receive a list of do not crush medications. 2. The Program Nurse will contact the physician to change the form of the medication so that individual #1 can swallow it. 3. The Program Nurse will audit and review all individuals' medications and compare it to the list of do not crushed medications received from the pharmacy to ensure no other individual in the home is on a medication that can not be crushed.	10/2/2020	
W 369	No further information was presented prior to exit. <b>DRUG ADMINISTRATION</b> 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 and staff interview it was determined that the facility staff failed to administer medication according to clinical standards for one of two individuals during the medication administration observation, Individual #1. The facility staff crushed the medication, Divalproex ER [extended release] [5] prior to administering it to Individual # 1 and failed to administer two doses of nasal spray into each nostril Individual # 1.  The findings include:  1a. The facility staff crushed the medication, Divalproex ER [extended release] [5] prior to administering it to Individual # 1.  Individual # 1 was a 46 year old female, who was admitted to [Name of Group Home] with	W 369	4. The Nursing Coordinator will review the medication administration policy with the staff who made the medication errors and will provide training on administering individual #1's nasal spray. 5. The Program Manager will review/discuss the medication error with program staff during the staff meeting. 6. The Nursing Coordinator will review the medications on a quarterly basis to ensure there are no medications being crushed and administered when the pill should not be crushed. 7. The Program Nurse and Program Manager will conduct random quarterly medication administration observations to ensure the medications are being passed per policy. 8. The Clinical Director will oversee and monitor the quarterly medication observations.		

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W 369	<p>Continued From page 25</p> <p>diagnoses that included but were not limited to: profound intellectual disability [1], impulse disorder [2], mild cerebral palsy [3] and self-injurious behavior [4].</p> <p>On 08/27/2020 at approximately 7:20 a.m. the medication administration observation was conducted with LPN (licensed practical nurse) # 1. At 7:25 a.m. Individual # 1 was brought into the medication room of the [Name of Group Home]. Individual # 1 was sitting in a chair positioned upright. LPN # 1 dispensed Divalproex from a bubble pack of medication into a small medication cup along with three other tablets and pills for Individual # 1. LPN # 1 then poured the medications including the Divalproex into a small plastic pouch, inserted the pouch into the "pill crusher", crushed all the medications, poured the crushed medications into a small cup of applesauce and mixed them together. LPN # 1 administered the applesauce mixed with medications to Individual # 1 by use of a spoon. Further observation revealed that Individual # 1 consumed all of the medications and applesauce.</p> <p>The POS [physician order sheet] dated "From 08/01/20 To 08/31/20" for Individual # 1 documented in part, "Divalproex TAB [tablet] 250MG [milligram] ER [extended release] Sub [substitute] For ; Depakote ER 250MG Tab. Take one tablet by mouth twice daily. DX [diagnosis] Disruptive Mood Dysregulation Disorder. Date 02/11/2017."</p> <p>The facility's drug book entitled "Lippincott Nursing Drug Guide." Documented in part, "Page 1217. Depakote/valproic acid. [Divalproex] Warning: Give drug with food if GI [gastrointestinal] upset occurs. Have patient</p>	W 369			

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W 369	<p>Continued From page 26</p> <p>swallow ER tablet whole, ER tablets must not be cut, crushed or chewed."</p> <p>On 08/27/19 at approximately 9:27 a.m., an interview was conducted with LPN [licensed practical nurse] # 1. When asked if they crushed Individual# 1's medication of Divalproex ER, LPN # 1 stated yes. When asked what the letters 'ER' stood for and what it meant in terms of the medication, LPN # 1 stated, "Extended release. It takes a longer period to dissolve so it dissolves over time." When asked if an extended release medication can be crushed LPN # 1 stated no. After reviewing the facility's drug book for Divalproex [Depakote/valproic acid] and the statement that the medication should not be cut, crushed or chewed, LPN # 1 stated the Divalproex for Individual # 1 should not have been crushed.</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 08/27/2020 at approximately 12:30 p.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) Depakote ER is a valproate and is indicated for the treatment of acute manic or mixed episodes associated with bipolar disorder, with or without psychotic features. Depakote ER is indicated as monotherapy and adjunctive therapy</p>	W 369			

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W 369	<p>Continued From page 27</p> <p>in the treatment of adult patients and pediatric patients down to the age of 10 years with complex partial seizures that occur either in isolation or in association with other types of seizures. Depakote ER is an extended-release product intended for once-a-day oral administration. Depakote ER tablets should be swallowed whole and should not be crushed or chewed. This information was obtained from the website: <a href="https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=0dc024ce-efc8-4690-7cb5-639c728fccac">https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=0dc024ce-efc8-4690-7cb5-639c728fccac</a></p> <p>(2) 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. 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>(3) Impulse control disorders are characterized by an inability to resist the impulse to perform an action that is harmful to one's self or others. This information was obtained from the website: <a href="http://medical-dictionary.thefreedictionary.com/Impulse+Control+Disorders">http://medical-dictionary.thefreedictionary.com/Impulse+Control+Disorders</a>.</p> <p>(4) A group of disorders that affect a person's ability to move and to maintain balance and posture. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/cerebralpalsy.html">https://www.nlm.nih.gov/medlineplus/cerebralpalsy.html</a>.</p> <p>(5) Self-harm refers to a person's harming their own body on purpose. This information was obtained from the website:</p>	W 369			

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W 369	<p>Continued From page 28 <a href="https://medlineplus.gov/selfharm.html">https://medlineplus.gov/selfharm.html</a>.</p> <p>1b. The facility staff failed to administer two doses of nasal spray, Fluticasone, into each nostril for Individual # 1.</p> <p>On 08/26/2020 at approximately 7:20 a.m., the medication administration observation was conducted with LPN (licensed practical nurse) # 1. At 7:25 a.m. Individual # 1 was brought into the medication room of the [Name of Group Home]. Individual # 1 was sitting in a chair positioned upright. LPN # 1 removed a bottle of nasal spray from its box, put on a pair of latex gloves and administered one spray into the right and left nostril of Individual # 1 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 2 [two] sprays in each nostril once daily for chronic sinusitis. Date 02/08/2017."</p> <p>On 08/26/19 at approximately 9:27 a.m., an interview was conducted with LPN [licensed practical nurse] # 1. When asked how many sprays they administered into each of Individual #1's nostrils, LPN # 1 stated, "I only gave one each." When asked what the physician's order documented for the nasal spray, LPN # 1 stated that Individual should have received two sprays in each nostril.</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>	W 369			

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W 369	Continued From page 29  On 08/26/2020 at approximately 12:30 p.m., ASM [administrative staff member] # 1, program manager, and ASM # 2, the QIDP [Qualified Intellectual Disabilities Professional] were made aware of the findings.  No further information was provided prior to exit.  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, 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> .	W 369	1. The Program Manager will retrain program staff during the staff meeting on the appropriate eating utensils that should be used by individual #1 during mealtime per the doctor's order.  2. The Program Manager will retrain program staff during the staff meeting on all of the individuals' adaptive equipment that should be used during mealtime per the doctors' orders.  3. The Program Manager, Program Nurse, or QIDP will conduct random weekly mealtime observations to ensure staff are using the appropriate eating utensils for all individuals.  4. The Clinical Director will conduct Quarterly mealtime observations to ensure staff are utilizing the appropriate adaptive equipment.	10/2/2020
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv)  Food must be served with appropriate utensils.  This STANDARD is not met as evidenced by: Based on observation, clinical record review and staff interview, it was determined that the facility staff failed to provide the appropriate utensil during a meal for one of four individuals in the survey sample, Individual # 1. The facility staff failed to provide Individual # 1 with the appropriate adaptive equipment, small flat maroon spoon and a scoop dish/ plate guard, for eating their breakfast.	W 475		

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W 475	<p>Continued From page 30</p> <p>The findings include:</p> <p>Individual # 1 was a 46 year old female, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: profound intellectual disability [1], impulse disorder [2], mild cerebral palsy [3] and self-injurious behavior [4].</p> <p>On 08/27/2020 at approximately 6:59 a.m., an observation was conducted of Individual # 1 in the dining area at [Name of Day Program]. Individual # 1 was seated in a regular straight back chair at the dining room table. DSP [direct support professional] # 2, provided and placed a clothing protector on Individual # 1, then provided Individual # 1 with their breakfast in a paper disposable bowl and provided a white plastic disposable spoon to eat with.</p> <p>The POS [physician order sheet] dated "From 08/01/20 To 08/31/20" for Individual # 1 documented in part, "Treatment Orders: Small flat bowled spoon (maroon spoon) to enhance safe eating. May use plate guard during meal."</p> <p>The "Aspiration Protocol" for Individual # 1 dated "06/16/2020" documented in part, "Adaptive equipment : Use plate guard/use small flat bowled (maroon spoon) for safe eating."</p> <p>The "Nutritional Assessment" for Individual # 1 dated, "03/24/2020" documented in part, "Dining Skills. Adaptive Equipment: 03/2020 scoop dish during meals and uses a small flat bowled spoon (maroon spoon) to enhance safe eating."</p> <p>On 08/27/20 at approximately 8:30 a.m., an interview was conducted with DSP # 2. When</p>	W 475		

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W 475	<p>Continued From page 31</p> <p>asked to describe the dishes and utensils Individual # 1 uses to eat their meals, DSP # 2 stated that Individual # 1 used a dish, cup and spoon. When asked if Individual # 1 used adaptive equipment for eating, DSP # 2 stated no.</p> <p>On 08/27/20 at approximately 12:10 p.m., an interview was conducted with ASM [administrative staff member] # 1, program manager. When informed of the above observation, ASM # 1 stated that Individual # 1 should have been using adaptive equipment during their meal.</p> <p>On 08/27/2020 at approximately 12:30 p.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:</p> <p>(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. 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) Impulse control disorders are characterized by an inability to resist the impulse to perform an action that is harmful to one's self or others. This information was obtained from the website: <a href="http://medical-dictionary.thefreedictionary.com/Impulse+Control+Disorders">http://medical-dictionary.thefreedictionary.com/Impulse+Control+Disorders</a>.</p> <p>(3) A group of disorders that affect a person's</p>	W 475			

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W 475	Continued From page 32 ability to move and to maintain balance and posture. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/cerebralpalsy.html">https://www.nlm.nih.gov/medlineplus/cerebralpalsy.html</a> .  (4) Self-harm refers to a person's harming their own body on purpose. This information was obtained from the website: <a href="https://medlineplus.gov/selfharm.html">https://medlineplus.gov/selfharm.html</a> .	W 475			