

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

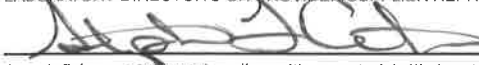
PRINTED: 06/07/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G073	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER WOLFE STREET ICF ID			STREET ADDRESS, CITY, STATE, ZIP CODE 815 WOLFE STREET FREDERICKSBURG, VA 22401	
(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	E 000		
W 000	INITIAL COMMENTS	W 000		
W 125	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)	W 125	<p>W125 How corrective action will be accomplished for individual #4: Facility staff will use a napkin or wipe to remove excess thickened liquid or food from individual #4's lips rather than a spoon to ensure a dignified dining experience is provided.</p> <p>Assurance that other residents are protected from the possibility of the deficiency: Facility staff will use a napkin or wipe to remove excess thickened liquid or food from all individuals' lips rather than a spoon to ensure a dignified dining experience is provided.</p> <p>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur: The QIDP and ICF Management will monitor facility staff adherence to using a napkin or wipe to remove excess thickened liquid or food from all individuals' lips rather than a spoon to ensure a dignified dining experience is provided.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained: Dining protocols will be revised and then reviewed a minimum of annually with all staff and will include using a napkin or wipe to remove excess thickened liquid or food from all individuals' lips rather than a spoon to ensure a dignified dining experience is provided and maintained at all times. ICF Management will monitor and document various shift checks to ensure that these protocols are being adhered to.</p> <p>Date of Completion: 7/1/2021</p>	7/1/2021

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

TITLE

(X6) DATE

 DD Residential Coordinator 6/18/2021

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 a spoon.</p> <p>The findings include:</p> <p>Individual #4 was admitted to the group home on 3/9/16. Individual #4's diagnoses included but were not limited to profound intellectual disabilities.</p> <p>On 6/2/21 at approximately 8:30 a.m., DSP #1 was observed feeding Individual #4 in the dining room. DSP #1 was observed removing excess thickened beverage from Individual #4's lips with a spoon while feeding the individual.</p> <p>Individual #4's ISP (individualized service plan) with a start date of 10/1/20 documented, "Due to the nature of (name of Individual #4's) liquids being honey thickened they are served to him utilizing the flat red spoon..." The ISP failed to document information regarding the removal of excess thickened liquids from Individual #4's lips.</p> <p>On 6/2/21 at 3:21 p.m., an interview was conducted with DSP #1. DSP #1 stated she removes excess thickened beverage from Individual #4's lips with a spoon then cleans the individual's lips with a wipe. DSP #1 stated she does the same thing when she has excess food or beverage on her lips.</p> <p>On 6/2/21 at 3:54 p.m., an interview was conducted with ASM (administrative staff member) #1 (ICF [intermediate care facilities] supervisor). ASM #1 stated she wipes excess food or beverage off of individuals' lips with a napkin or tissue because the goal is to have individuals live a life just like anyone else. ASM #1 was made aware of the above concern. ASM</p>	W 125		

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W 125	Continued From page 2 #1 stated it probably would have been better for the DSP to use a napkin or wipe. When asked if wiping excess food or beverage from individuals' lips with a spoon was a dignity concern, ASM #1 stated she could see how that could be embarrassing and it made her think of a one year old. The facility document titled, "EXPLANATION OF INDIVIDUAL RIGHTS AND (name of company) DUTIES- Dignity" documented, "(Name of company) shall recognize , respect, support, and protect the dignity rights of each individual at all times..."	W 125	W 159 <u>How corrective action will be accomplished for Individual #2:</u> The QIDP will ensure implementation of the outcome/goal for hand washing in accordance with the ISP (Individualized Service Plan) for Individual #2. <u>Assurance that other residents are protected from the possibility of the deficiency:</u> The QIDP will ensure the implementation of the outcomes/goals for each individual in accordance with their ISPs (Individualized Service Plans). <u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u> The QIDP will continue to monitor and ensure implementation of all of the outcomes/goals from the ISPs for each individual. This will be achieved by the QIDP through re-educating all staff on all outcomes/goals for each individual and re-educating all staff on the expected time frames for implementation of each outcome/ goal. <u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u> The program manager and assistant manager will monitor through weekly direct supervision that all staff are consistently and correctly implementing all of the outcomes/goals from the ISPs for each individual within the documented parameters of the outcome/goal. The QIDP will monitor through direct supervision weekly during his interaction with individuals that all staff are consistently and correctly implementing all of the outcomes/ goals from the ISPs for each individual within the documented parameters of the outcome/ goal. <u>Date of Completion:</u> 7/1/2021	7/1/2021
W 159	No further information was presented prior to exit. 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 observation, staff interview, facility document review and residential record review, it was determined that the QIDP (qualified intellectual disabilities professional) failed to coordinate and monitor individuals' active treatment program for two of four individuals in the survey sample, Individuals #2 and #3. 1. The QIDP failed to ensure Individual #2's ISP (individualized service plan) outcome/goal for hand washing was implemented. 2. The QIDP failed to ensure Individual #3's ISP outcome/goal for hand washing was implemented.	W 159		

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W 159	Continued From page 3 The findings include: 1. Individual #2 was admitted to the group home on 3/9/16. Individual #2's diagnoses included but were not limited to severe intellectual disabilities. Individual #2's ISP (individualized service plan) with a start date of 2/12/21 documented, "Goal: 4- Important To (name of Individual #2) places her hands under the water to be washed. Within 2 verbal prompts, (name of Individual #2) places her hands under the water so they can be washed. She will complete this outcome if she is successful on 85% of all attempts for 9 of 12 months. Over the last year, we have implemented various strategies to ensure (name of Individual #2's) safety amidst the pandemic. One such measure has been emphasizing the importance of frequent hand washing. After using the restroom, before & after preparing or eating a meal, (name of Individual #2) is verbally prompted to wash her hands and is offered supports to complete this task thoroughly and completely to work towards independence. With increased precautions, it will present more opportunities for (name of Individual #2) to build her skills within this area. Support staff will begin the process by turning on the water and adjusting the temperature to ensure that it does not get too hot for (name of Individual #2). She will then be verbally prompted 2x (two times) to place her hands under the water to begin the process of washing her hands. Staff will continue to communicate with (name of Individual #2) throughout the process and encourage her to participate for as long as she will tolerate. Additionally, staff should continue to explain the importance of hand washing to (name of	W 159	W 159 How corrective action will be accomplished for Individual #3: The QIDP will ensure implementation of the outcome/goal for hand washing in accordance with the ISP (Individualized Service Plan) for Individual #3. Assurance that other residents are protected from the possibility of the deficiency: The QIDP will ensure the implementation of the outcomes/goals for each individual in accordance with their ISPs (Individualized Service Plans). Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur: The QIDP will continue to monitor and ensure implementation of all of the outcomes/goals from the ISPs for each individual. This will be achieved by the QIDP through re-educating all staff on all outcomes/goals for each individual and re-educating all staff on the expected time frames for implementation of each outcome/ goal. How the facility plans to monitor its performance to make sure that solutions are sustained: The program manager and assistant manager will monitor through weekly direct supervision that all staff are consistently and correctly implementing all of the outcomes/goals from the ISPs for each individual within the documented parameters of the outcome/goal. The QIDP will monitor through direct supervision weekly during his interaction with individuals that all staff are consistently and correctly implementing all of the outcomes/ goals from the ISPs for each individual within the documented parameters of the outcome/ goal as written. Date of Completion: 7/1/2021	7/1/2021	

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W 159	<p>Continued From page 4</p> <p>Individual #2) so that she has an idea of why it is necessary to do it more frequently..."</p> <p>On 6/1/21 at approximately 5:00 p.m., Individual #2 was observed sitting in the living room, handling dollar bills and counting the money with ASM (administrative staff member) #1 (ICF [intermediate care facility] supervisor) and ASM #3 (QIDP [qualified intellectual disabilities professional]). At approximately 5:43 p.m., ASM #2 (assistant ICF supervisor) wheeled Individual #2 to the dining room table for dinner. Individual #2 was not offered the opportunity to wash her hands before feeding herself dinner (with staff assistance).</p> <p>On 6/2/21 at 3:40 p.m., an interview was conducted with ASM #3. ASM #3 stated he is responsible for writing the person centered care plan (ISP) and is responsible for coordinating care to make sure all team members are on the same page. ASM #3 stated treatment outcomes must be consistently done in order to impact individuals. ASM #3 stated Individual #2's hand washing outcome was created due to COVID-19 but also to incorporate skill building into the outcome. When made aware of the above observations, ASM #3 stated hand washing should have been offered to Individual #2 prior to dinner.</p> <p>On 6/2/21 at 3:54 p.m., ASM #1 and ASM #2 were made aware of the above concern.</p> <p>The facility policy titled, "Facility Staffing- Section 4-2: Qualified Intellectual Disabilities Professional" documented, "It is the policy of (name of group home) that the Qualified Intellectual Disabilities Professional (QIDP) will</p>	W 159			

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W 159	<p>Continued From page 5</p> <p>provide comprehensive Active Treatment coordination, case management and oversight for the residents..."</p> <p>No further information was presented prior to exit.</p> <p>2. Individual #3 was admitted to the group home on 3/8/16. Individual #3's diagnoses included but were not limited to severe intellectual disabilities.</p> <p>Individual #3's ISP (individualized service plan) with a start date of 2/21/21 documented, "Goal: 2- Important To: (name of Individual #3) will help to rub soap into his hands to wash them. With 2 verbal prompts & maximum hand over hand supports, (name of Individual #3) washes his hands for at least 5 seconds. As we continue to take extra precautions with cleanliness to reduce possible exposure to Covid-19 or other viruses, increased handwashing will be emphasized. Throughout the day, (name of Individual #3) uses his hands for different sensory activities and has a history of covering his face with one hand just for comfort reasons. As (name of Individual #3's) hands will be frequently close to face, it is important for staff to make sure his hands are washed frequently to prevent the spread of germs. (Name of Individual #3) is reliant on reminders and encouragement from his support staff as he will not initiate the process of washing his hands. (Name of Individual #3) should be encouraged to wash his hands before and after eating, sensory activities, and any other circumstance in which his hands come into contact with different objects. To help build his skills in this area, (name of Individual #3) will be verbally prompted 2x (two times) to help rub soap into his hands while washing them with maximum hand over hand supports from staff for at least 5</p>	W 159		

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W 159	Continued From page 6 seconds. (Name of Individual #3) will be encouraged to participate for as long as he will tolerate, and full support will be provided when necessary so that the process is done in a sufficient manner..." On 6/1/21 at approximately 5:00 p.m., Individual #3 was observed sitting in the living room and handling sensory balls. Staff were also observed handling the same sensory balls. At approximately 5:43 p.m., Individual #3 ambulated and sat down at the dining room table for dinner. Individual #3 was not offered the opportunity to wash his hands before feeding himself dinner (with staff assistance). Also, at times during dinner, Individual #3 was observed feeding himself with his bare hands. On 6/2/21 at 3:40 p.m., an interview was conducted with ASM #3. ASM #3 stated he is responsible for writing the person centered care plan (ISP) and is responsible for coordinating care to make sure all team members are on the same page. ASM #3 stated treatment outcomes must be consistently done in order to impact individuals. ASM #3 stated Individual #3's hand washing outcome was created due to COVID-19 but also to incorporate skill building into the outcome. When made aware of the above observations, ASM #3 stated hand washing should have been offered to Individual #3 prior to dinner. On 6/2/21 at 3:54 p.m., ASM #1 and ASM #2 were made aware of the above concern.	W 159		
W 249	No further information was presented prior to exit. PROGRAM IMPLEMENTATION	W 249		

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W 249	<p>Continued From page 7 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 observation, staff interview, facility document review and residential record review, it was determined that the facility staff failed to implement active treatment for two of four individuals in the survey sample, Individuals #2 and #3.</p> <p>1. The facility staff failed to implement Individual #2's ISP (individualized service plan) outcome/goal for hand washing.</p> <p>2. The facility staff failed to implement Individual #3's ISP outcome/goal for hand washing.</p> <p>The findings include:</p> <p>1. Individual #2 was admitted to the group home on 3/9/16. Individual #2's diagnoses included but were not limited to severe intellectual disabilities.</p> <p>Individual #2's ISP (individualized service plan) with a start date of 2/12/21 documented, "Goal: 4- Important To (name of Individual #2) places her hands under the water to be washed. Within 2 verbal prompts, (name of Individual #2) places</p>	W 249	<p>W 249 <u>How corrective action will be accomplished for Individual #2:</u> Facility staff will implement the outcome/goal involving hand washing for Individual #2. <u>Assurance that other residents are protected from the possibility of the deficiency:</u> Facility staff will ensure implementation of all of the outcomes/goals from the ISPs for each individual. <u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u> The QIDP will continue to monitor and ensure implementation of all of the outcomes/goals from the ISPs for each individual. This will be achieved by the QIDP through re-educating all staff on all outcomes/goals for each individual and re-educating all staff on the expected time frames for implementation of each outcome/goal. <u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u> The program manager and assistant manager will monitor through weekly direct supervision that all staff are consistently and correctly implementing all of the outcomes/goals from the ISPs for each individual within the documented parameters of the outcome/goal. <u>Date of Completion:</u> 7/1/2021</p> <p>W 249 <u>How corrective action will be accomplished for Individual #3:</u> Facility staff will implement the outcome/goal involving hand washing for Individual #3.</p>	7/1/2021
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W 249	<p>Continued From page 8</p> <p>her hands under the water so they can be washed. She will complete this outcome if she is successful on 85% of all attempts for 9 of 12 months. Over the last year, we have implemented various strategies to ensure (name of Individual #2's) safety amidst the pandemic. One such measure has been emphasizing the importance of frequent hand washing. After using the restroom, before & after preparing or eating a meal, (name of Individual #2) is verbally prompted to wash her hands and is offered supports to complete this task thoroughly and completely to work towards independence. With increased precautions, it will present more opportunities for (name of Individual #2) to build her skills within this area. Support staff will begin the process by turning on the water and adjusting the temperature to ensure that it does not get too hot for (name of Individual #2). She will then be verbally prompted 2x (two times) to place her hands under the water to begin the process of washing her hands. Staff will continue to communicate with (name of Individual #2) throughout the process and encourage her to participate for as long as she will tolerate. Additionally, staff should continue to explain the importance of hand washing to (name of Individual #2) so that she has an idea of why it is necessary to do it more frequently..."</p> <p>On 6/1/21 at approximately 5:00 p.m., Individual #2 was observed sitting in the living room, handling dollar bills and counting the money with ASM (administrative staff member) #1 (ICF [intermediate care facility] supervisor) and ASM #3 (QIDP [qualified intellectual disabilities professional]). At approximately 5:43 p.m., ASM #2 (assistant ICF supervisor) wheeled Individual #2 to the dining room table for dinner. Individual</p>	W 249	<p><u>Assurance that other residents are protected from the possibility of the deficiency:</u> Facility staff will ensure implementation of all of the outcomes/goals from the ISPs for each individual.</p> <p><u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u> The QIDP will continue to monitor and ensure implementation of all of the outcomes/goals from the ISPs for each individual. This will be achieved by the QIDP through re-educating all staff on all outcomes/goals for each individual and re-educating all staff on the expected time frames for implementation of each outcome/goal.</p> <p><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u> The program manager and assistant manager will monitor through weekly direct supervision that all staff are consistently and correctly implementing all of the outcomes/goals from the ISPs for each individual within the documented parameters of the outcome/goal.</p> <p><u>Date of Completion:</u> 7/1/2021</p>	7/1/2021	

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W 249	<p>Continued From page 9</p> <p>#2 was not offered the opportunity to wash her hands before feeding herself dinner (with staff assistance).</p> <p>On 6/2/21 at 3:40 p.m., an interview was conducted with ASM #3. ASM #3 stated treatment outcomes must be consistently done in order to impact individuals. ASM #3 stated Individual #2's hand washing outcome was created due to COVID-19 but also to incorporate skill building into the outcome. When ASM #3 was made aware of the above observations, ASM #3 stated hand washing should have been offered to Individual #2 prior to dinner.</p> <p>On 6/2/21 at 3:54 p.m., ASM #1 and ASM #2 were made aware of the above concern.</p> <p>The facility policy titled, "ICF (intermediate care facility) Service: Active Treatment- Section 5-3: Active Treatment" documented, "It is the policy of (name of group home) to provide Active Treatment to support, assist, teach, and maintain the daily living/life skills and health needs for each individual...4. Residents will receive Active Treatment as written in their Individualized Program Plan..."</p> <p>No further information was presented prior to exit.</p> <p>2. Individual #3 was admitted to the group home on 3/8/16. Individual #3's diagnoses included but were not limited to severe intellectual disabilities.</p> <p>Individual #3's ISP (individualized service plan) with a start date of 2/21/21 documented, "Goal: 2-Important To: (name of Individual #3) will help to rub soap into his hands to wash them. With 2 verbal prompts & maximum hand over hand</p>	W 249		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G073	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2021
NAME OF PROVIDER OR SUPPLIER WOLFE STREET ICF ID			STREET ADDRESS, CITY, STATE, ZIP CODE 815 WOLFE STREET FREDERICKSBURG, VA 22401		
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W 249	Continued From page 10 supports, (name of Individual #3) washes his hands for at least 5 seconds. As we continue to take extra precautions with cleanliness to reduce possible exposure to Covid-19 or other viruses, increased handwashing will be emphasized. Throughout the day, (name of Individual #3) uses his hands for different sensory activities and has a history of covering his face with one hand just for comfort reasons. As (name of Individual #3's) hands will be frequently close to face, it is important for staff to make sure his hands are washed frequently to prevent the spread of germs. (Name of Individual #3) is reliant on reminders and encouragement from his support staff as he will not initiate the process of washing his hands. (Name of Individual #3) should be encouraged to wash his hands before and after eating, sensory activities, and any other circumstance in which his hands come into contact with different objects. To help build his skills in this area, (name of Individual #3) will be verbally prompted 2x (two times) to help rub soap into his hands while washing them with maximum hand over hand supports from staff for at least 5 seconds. (Name of Individual #3) will be encouraged to participate for as long as he will tolerate, and full support will be provided when necessary so that the process is done in a sufficient manner..." On 6/1/21 at approximately 5:00 p.m., Individual #3 was observed sitting in the living room and handling sensory balls. Staff were also observed handling the same sensory balls. At approximately 5:43 p.m., Individual #3 ambulated and sat down at the dining room table for dinner. Individual #3 was not offered the opportunity to wash his hands before feeding himself dinner (with staff assistance). Also, at times during	W 249			

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W 249	Continued From page 11 dinner, Individual #3 was observed feeding himself with his bare hands. On 6/2/21 at 3:40 p.m., an interview was conducted with ASM #3. ASM #3 stated treatment outcomes must be consistently done in order to impact individuals. ASM #3 stated Individual #3's hand washing outcome was created due to COVID-19 but also to incorporate skill building into the outcome. When ASM #3 was made aware of the above observations, ASM #3 stated hand washing should have been offered to Individual #3 prior to dinner. On 6/2/21 at 3:54 p.m., ASM #1 and ASM #2 were made aware of the above concern.	W 249		
W 455	No further information was presented prior to exit. INFECTION CONTROL CFR(s): 483.470(l)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observation, staff interview, facility document review and residential record review, it was determined that the facility staff failed to implement practices to prevent the spread of infection for two of four individuals in the survey sample, Individuals #2 and #3. 1. The facility staff failed to offer Individual #2 the opportunity for hand hygiene before dinner on 6/1/21.	W 455	W455 <u>How corrective action will be accomplished for Individual #2:</u> Facility staff will offer Individual #2 the opportunity for hand hygiene before dinner and all meals. <u>Assurance that other residents are protected from the possibility of the deficiency:</u> Facility staff will offer all individuals the opportunity for hand hygiene before dinner and all meals. <u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u> All facility staff will read the RACSB Infection Control Policy again and will sign a statement of understanding of the information therein. The Infection Control Policy will be reviewed and discussed at the next mandatory staff meeting. <u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u> ICF Management will intermittently observe facility staff to ensure that they offer all individuals the opportunity for hand hygiene before dinner and all meals. <u>Date of Completion:</u> 6/8/2021	6/8/2021

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W 455	<p>Continued From page 12</p> <p>2. The facility staff failed to offer Individual #3 the opportunity for hand hygiene before dinner on 6/1/21.</p> <p>The findings include:</p> <p>1. Individual #2 was admitted to the group home on 3/9/16. Individual #2's diagnoses included but were not limited to severe intellectual disabilities.</p> <p>Individual #2's ISP (individualized service plan) with a start date of 2/12/21 documented, "Goal: 4- Important To (name of Individual #2) places her hands under the water to be washed. Within 2 verbal prompts, (name of Individual #2) places her hands under the water so they can be washed. She will complete this outcome if she is successful on 85% of all attempts for 9 of 12 months. Over the last year, we have implemented various strategies to ensure (name of Individual #2's) safety amidst the pandemic. One such measure has been emphasizing the importance of frequent hand washing. After using the restroom, before & after preparing or eating a meal, (name of Individual #2) is verbally prompted to wash her hands and is offered supports to complete this task thoroughly and completely to work towards independence. With increased precautions, it will present more opportunities for (name of Individual #2) to build her skills within this area. Support staff will begin the process by turning on the water and adjusting the temperature to ensure that it does not get too hot for (name of Individual #2). She will then be verbally prompted 2x (two times) to place her hands under the water to begin the process of washing her hands. Staff will continue to communicate with (name of Individual #2) throughout the process and encourage her to</p>	W 455	<p>W455</p> <p><u>How corrective action will be accomplished for Individual #3:</u> Facility staff will offer Individual #3 the opportunity for hand hygiene before dinner and all meals.</p> <p><u>Assurance that other residents are protected from the possibility of the deficiency:</u> Facility staff will offer all individuals the opportunity for hand hygiene before dinner and all meals.</p> <p><u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u> All facility staff will read the RACSB Infection Control Policy again and will sign a statement of understanding of the information therein. The Infection Control Policy will be reviewed and discussed at the next mandatory staff meeting.</p> <p><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u> ICF Management will intermittently observe facility staff to ensure that they offer all individuals the opportunity for hand hygiene before dinner and all meals.</p> <p><u>Date of Completion:</u> 6/8/2021</p>	6/8/2021

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W 455	<p>Continued From page 13</p> <p>participate for as long as she will tolerate. Additionally, staff should continue to explain the importance of hand washing to (name of Individual #2) so that she has an idea of why it is necessary to do it more frequently..."</p> <p>On 6/1/21 at approximately 5:00 p.m., Individual #2 was observed sitting in the living room, handling dollar bills and counting the money with ASM (administrative staff member) #1 (ICF [intermediate care facility] supervisor) and ASM #3 (QIDP [qualified intellectual disabilities professional]). At approximately 5:43 p.m., ASM #2 (assistant ICF supervisor) wheeled Individual #2 to the dining room table for dinner. Individual #2 was not offered the opportunity to wash her hands or perform any hand hygiene before feeding herself dinner (with staff assistance).</p> <p>On 6/2/21 at 3:54 p.m., an interview was conducted with ASM #1. ASM #1 stated it was best practice for staff and individuals to wash their hands prior to meals to reduce the risk of infection. ASM #1 and ASM #2 were made aware of the above concern.</p> <p>The facility policy titled, "Health Care- Section 7-21: Universal Precautions" documented, "It is the policy of (name of group home) that all residents and staff use universal precautions in order to prevent the acquisition or transmission of infections or diseases. Procedures: 1. All staff and residents, supported by staff, will follow (name of company's) policy on Universal Precautions to prevent the transmission of communicable diseases...6.a. When to wash hands: vi. Before and after eating..."</p> <p>No further information was presented prior to exit.</p>	W 455		

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W 455	Continued From page 14 2. Individual #3 was admitted to the group home on 3/8/16. Individual #3's diagnoses included but were not limited to severe intellectual disabilities. Individual #3's ISP (individualized service plan) with a start date of 2/21/21 documented, "Goal: 2- Important To: (name of Individual #3) will help to rub soap into his hands to wash them. With 2 verbal prompts & maximum hand over hand supports, (name of Individual #3) washes his hands for at least 5 seconds. As we continue to take extra precautions with cleanliness to reduce possible exposure to Covid-19 or other viruses, increased handwashing will be emphasized. Throughout the day, (name of Individual #3) uses his hands for different sensory activities and has a history of covering his face with one hand just for comfort reasons. As (name of Individual #3's) hands will be frequently close to face, it is important for staff to make sure his hands are washed frequently to prevent the spread of germs. (Name of Individual #3) is reliant on reminders and encouragement from his support staff as he will not initiate the process of washing his hands. (Name of Individual #3) should be encouraged to wash his hands before and after eating, sensory activities, and any other circumstance in which his hands come into contact with different objects. To help build his skills in this area, (name of Individual #3) will be verbally prompted 2x (two times) to help rub soap into his hands while washing them with maximum hand over hand supports from staff for at least 5 seconds. (Name of Individual #3) will be encouraged to participate for as long as he will tolerate, and full support will be provided when necessary so that the process is done in a sufficient manner..."	W 455			

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W 455	<p>Continued From page 15</p> <p>On 6/1/21 at approximately 5:00 p.m., Individual #3 was observed sitting in the living room and handling sensory balls. Staff were also observed handling the same sensory balls. At approximately 5:43 p.m., Individual #3 ambulated and sat down at the dining room table for dinner. Individual #3 was not offered the opportunity to wash his hands or perform any hand hygiene before feeding himself dinner (with staff assistance). Also, at times during dinner, Individual #3 was observed feeding himself with his bare hands.</p> <p>On 6/2/21 at 3:54 p.m., an interview was conducted with ASM #1. ASM #1 stated it was best practice for staff and individuals to wash their hands prior to meals to reduce the risk of infection. ASM #1 and ASM #2 were made aware of the above concern.</p> <p>No further information was presented prior to exit.</p>	W 455			