

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

PRINTED: 11/09/2021
FORM APPROVED
OMB NO. 0938-0391

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 11/04/2021
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	E 000	The risk assessment portion of the emergency preparedness plan will be updated to include emerging infectious diseases. The aforementioned update to the risk assessment portion of the emergency preparedness plan will be included in the program specific Emergency Preparedness Plan for Minerva Fisher and will be reviewed with staff at the next regularly scheduled house meeting. The Program Manager will ensure that the staff are trained on the updated portion of the plan. The Clinical Director will review that this was accomplished during routine supervision and program visits. The CRi Risk Management Committee will review the Emergency Plan specific to Minerva Fisher on an annual basis.	12/3/21
E 004	Develop EP Plan, Review and Update Annually CFR(s): 483.475(a) §403.748(a), §416.54(a), §418.113(a), §441.184(a), §460.84(a), §482.15(a), §483.73(a), §483.475(a), §484.102(a), §485.68(a), §485.625(a), §485.727(a), §485.920(a), §486.360(a), §491.12(a), §494.62(a). The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements: (a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least every 2 years. The plan must do all of the following: * [For hospitals at §482.15 and CAHs at §485.625(a):] Emergency Plan. The [hospital or CAH] must comply with all applicable Federal, State, and local emergency preparedness requirements. The [hospital or CAH] must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an	E 004		

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

TITLE

(X6) DATE

Terrell Jones, CD

Terrell Jones

CD

11/18/21

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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E 004	<p>Continued From page 1 all-hazards approach.</p> <p>* [For LTC Facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually.</p> <p>* [For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least every 2 years.</p> <p>. This STANDARD is not met as evidenced by: Based on staff interview and facility document review it was determined that the facility staff failed to have a complete emergency preparedness plan.</p> <p>The findings include:</p> <p>Facility staff failed to update the emergency preparedness plan with emerging infectious diseases being included in the facility's risk assessment.</p> <p>On 11/03/18 at approximately 3:00 p.m. a review and interview of the facility's emergency preparedness plan was conducted. Review of the facility's emergency preparedness plan failed to evidence documentation of emerging infectious diseases being included in the facility's risk assessment. On 11/04/2021 at approximately 4:15 p.m. an interview was conducted with ASM [administrative staff member] # 1, program manager. When asked about emerging infectious diseases being included in the facility's risk assessment of their emergency</p>	E 004			

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E 004	Continued From page 2 preparedness plan, ASM # 1 stated that they were under the impression that it was included in the risk assessment. On 11/04/2021 at approximately 4:00 p.m., ASM [administrative staff member] #1, program manager and OSM [other staff member] # 2, QIDP [qualified intellectual disabilities professional] were made aware of the above concern.		<ol style="list-style-type: none"> The Program Manger will provide training to the QIDP on writing measurable goals. The QIDP will update individual #1's residential pcp outcome/goal for bathroom communication to ensure it is written in measurable terms. The Program Manager will provide the day support manager with a copy of the residential measurable goals training so that day support staff are familiar with writing the ISP in measurable terms for all individuals who reside in an ICF. The Day support Director will work with the day support ISP writer to ensure individual #1's day program pcp for communication, sensory activity and day program/ advocacy activities are written in measurable terms to include quantitative values to demonstrate progress. The Day support Director will also work with the day support ISP writer to ensure that individual #3's day support pcp outcome for exercise and communication are written in measurable terms to include quantitative values to demonstrate progress. The residential QIDP and/or Program Manager will review all individuals' day support ISP goals to ensure they are all written in measurable terms and work with day support staff to make the necessary corrections as needed. The Program Manager will provide training to residential staff to ensure they understand how to accurately implement individual #2's active treatment for sensory stimulation. The program Manager will provide training to program staff on how to implement all individuals residential ISP outcomes. The Program Manager and QIDP will provide oversight teaching and training residential staff during the implementation of the individuals ISP outcomes to ensure staff are accurately implementing the plan outcomes as written. The Program Manager will update individual number 3's residential pcp outcome for making the bed to ensure the type of prompts is specified. The QIDP will review all individuals' ISP and residential outcomes to ensure they are all written in measurable terms and the prompts are specified. Updates to the day support and residential plans will occur if necessary in the event it is identified that the goals are not written in measurable terms or prompts are not specified. The Program Manager and/or QIDP will complete Monthly Day Program Audits to ensure the ISP is written in measurable terms and implemented by staff as written. The Clinical Director will conduct Quarterly Audits Reviews of the records to ensure the residential and day support goals are written in measurable teams, prompt levels are defined, and ensure staff are implementing the ISP goals as written. 	12/3/21		
W 000	INITIAL COMMENTS An unannounced annual Medicaid ICF/ID Health Care Certification survey was conducted on 11/03/2021 through 11/04/2021. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for the Intellectually Disabled The Life Safety Code survey report will follow.					
W 159	The census in this six bed facility was six at the time of the survey. The survey sample consisted of three current Individual reviews (Individuals #1, #2 and # 3). QIDP CFR(s): 483.430(a)					
	Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who- This STANDARD is not met as evidenced by: Based on observations, record reviews, and staff interview, it was determined that the QIDP [Qualified Intellectual Disabilities Professional] failed coordinated and monitored the individuals' active treatment programs for three of three					

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W 159	<p>Continued From page 3</p> <p>individuals in the survey sample, Individuals # 1, # 2, and # 3.</p> <p>1a. The QIDP [qualified intellectual disabilities professional] failed to define Individual # 1's residential PCP (person-centered plan) outcome/goal for bathroom communication in measurable terms.</p> <p>1b. The QIDP failed to review and ensure Individual # 1's day program PCP (person-centered plan) outcomes/goals for communication, sensory activity and day program/advocacy activities, were developed with quantitative values to demonstrate progress.</p> <p>2. The QIDP failed to ensure Individual #2's active treatment for sensory stimulation was implemented.</p> <p>3a. The QIDP (qualified intellectual disabilities professional) failed to define the type of prompts for Individual # 3's residential PCP (person-centered plan) outcome/goal for making their bed.</p> <p>3b. The QIDP failed to review and ensure Individual # 3's day program PCP (person-centered plan) outcomes/goals for exercise and communication were developed with quantitative values to demonstrate progress.</p> <p>The findings include:</p> <p>1a. The QIDP [qualified intellectual disabilities professional] failed to define Individual # 1's residential PCP (person-centered plan) outcome/goal for bathroom communication in measurable terms.</p>	W 159			

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W 159	<p>Continued From page 4</p> <p>Individual # 1 was a 48 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] with contractures [3] and seizure disorder [4].</p> <p>Individual #1's residential PCP dated 07/01/2021 through 06/30/2022 for Individual # 1 documented, "Desired Outcome: Bathroom Communication. [Individual #1] will sign bathroom when she needs to be assisted with toileting each day at 100% accuracy for 12 consecutive months by 6/30/2022. Support Activities & Instructions: 1. [Individual #1] will inform staff that she needs to be assisted with toileting by signing bathroom. 2. Staff will praise [Individual #1] for her efforts. 3. If [Individual #1] does not sign bathroom, staff will prompt her to do so before assisting her with toileting. 4. Staff will document her level of participation and responses to services in credible [electronic health record]. 5. [Individual # 1] will have achieved this outcome when she has signed bathroom each day at 100% accuracy for 12 consecutive months. Frequency: Daily."</p> <p>The group home's data collection sheets for Individual # 1 dated September 2021 and October 2021 documented the support activities and instructions as stated above from the PCP. Review of the data sheets revealed plus signs documented on every day from September 1, 2021 through October 31, 2021. The data sheets further documented in part, "Key "+ [plus sign] = participated."</p> <p>On 11/04/2021 an interview was conducted with OSM [other staff member] # 2, QIDP [qualified</p>	W 159			

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W 159	<p>Continued From page 5</p> <p>intellectual disabilities professional]. OSM #2 reviewed the PCP for Outcome # 2 and the data collection sheets dated September 2021 and October 2021. After completing the review, OSM # 2 was asked which response by Individual # 1 was being measured, when they signed toileting independently or when staff prompted Individual # 1 to sign for toileting, as stated in the support activities and instructions stated above. OSM # 2 stated that they didn't know which one was being measured. When asked to describe their responsibility in regard to an individual's PCP, OSM # 2 stated that they were to make sure the outcomes were written in measurable terms with the number and type of prompting, when and how often the outcome was to be implemented, the number of time the outcome was to be implemented such as two times per day, and determine the accuracy [quantitative values] to determine the level of progress.</p> <p>On 11/04/2021 at approximately 4:00 p.m., ASM [administrative staff member] #1, program manager and OSM [other staff member] # 2, QIDP [qualified intellectual disabilities professional] were made aware of the above concern.</p> <p>No further information was presented prior to exit.</p> <p>References: [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100.</p>	W 159			

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W 159	<p>Continued From page 6</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: https://www.nlm.nih.gov/medlineplus/cerebralpalsy.html.</p> <p>[3] A fixed tightening of muscle, tendons, ligaments, or skin. It prevents normal movement of the associated body part. This information was obtained from the website: https://medlineplus.gov/ency/imagepages/9218.htm.</p> <p>[4] Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/seizures.html.</p> <p>1b. The QIDP failed to review and ensure Individual # 1's day program PCP (person-centered plan) outcomes/goals for communication, sensory activity and day program/advocacy activities, to determine that they were developed with quantitative values to demonstrate progress.</p> <p>The day program PCP dated 07/01/2021 through 06/30/2021 for Individual # 1 documented in part, "Desired Outcome: # 2. [Individual # 1] communicates her wants and needs using her communication tools of choice. Target Date: 6/30/2022. Support Activities: 1 [Individual # 1] initiates communication when she needs to use the restroom with no more than 2 [two] verbal prompts as needed." Further review failed to evidence a quantitative value indicating how</p>	W 159			

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W 159	<p>Continued From page 7</p> <p>many times Individual # 1 will complete the task with no more than 2 verbal prompts to demonstrate progress."</p> <p>"Desired Outcome: # 5. [Individual # 1] maintains focus during daily sensory activities. Target Date: 6/30/2022. Support Activities: 1 [Individual # 1] engages in sensory activities of her choice and remains focused on the activity for at least 20 minutes. Further review failed to evidence a quantitative value indicating how many times Individual # 1 will remain focused on the activity for at least 20 minutes to demonstrate progress."</p> <p>"Desired Outcome: # 6. [Individual # 1] participates daily, in day program/advocacy activities of her choice or in the community. Target Date: 6/30/2022. Support Activities: 1 [Individual # 1] completes a learning activity of her choice on her iPad given an initial verbal prompt. Further review failed to evidence a quantitative value indicating how many times Individual # 1 completes a learning activity of her choice on her iPad given an initial verbal prompt to demonstrate progress."</p> <p>The "[Name of Day Program] Quarterly Progress Review Report" dated 07/01/2021 through 09/30/2021 documented in part under "Status of Outcome: Outcome # 2: [Individual # 1] communicates her wants and needs using her communication tool of choice 2 times out of a possible 28 opportunities offered. Limited or no progress. Outcome # 5: [Individual # 1] mains focus during daily sensory activities 8 [eight] times out of possible 28 opportunities offered. Limited or no progress. Outcome # 6: [Individual # 1] participates daily, in day program/advocacy activities of her choice or in the community 5 [five]</p>	W 159			

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W 159	<p>Continued From page 8</p> <p>times out of possible 28 opportunities offered. On track."</p> <p>On 11/04/2021 at 3:00 p.m. an interview was conducted with OSM [other staff member] # 2, QIDP [qualified intellectual disabilities professional]. After reviewing the day program PCP and quarterly review for Individual # 1's outcome, OSM # 2 stated that the outcomes were not written in measurable terms and progress could not be determined. OSM #2 was asked to describe their responsibility in regard to an individual's PCP. OSM # 2 stated that they were to make sure the outcomes were written in measurable terms with the number and type of prompting, when and how often the outcome was to be implemented, the number of time the outcome was to be implemented such as two times per day, and determine the accuracy [quantitative values] to determine the level of progress. When asked how often they visited [Name of Day Program] to review the PCP, OSM # 2 stated, "Use to do it monthly but with COVID they restricted visitors." When asked if there was an alternative approach to review the PCP outcomes from [Name of Day Program], OSM # 2 stated, "I could review it when they send us [Name of Group Home] a copy of the PCP."</p> <p>On 11/04/2021 at approximately 4:00 p.m., ASM [administrative staff member] #1, program manager and OSM [other staff member] # 2, QIDP [qualified intellectual disabilities professional] were made aware of the above concern.</p> <p>No further information was presented prior to exit.</p>	W 159			

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W 159	<p>Continued From page 9</p> <p>2. The QIDP failed to ensure Individual #2's active treatment for sensory stimulation was implemented.</p> <p>Individual # 2 was a 57 year old male, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: profound intellectual disability [1], Lennox-Gastaut syndrome [2] and dysphagia [3].</p> <p>On 11/03/2021 from 1:30 p.m. through 5:00 p.m., observations were conducted of Individual # 2. During the three and a half hours, Individual # 2 was seated in the group homes dayroom. The room contained five chairs, one straight back chair, two recliners, two easy chairs, a short couch, desk with computer, wall mounted flat screen television surrounded by cabinets. During the time of the observation, Individual # 2 was assisted out of the room twice by staff, once for toileting and the second time for a walk around the inside of the group home for approximately five minutes.</p> <p>Individual #2's PCP dated 07/01/2020 through 06/30/2021 documented, "Desired Outcome: 9 Recreation Outcome: to increase effective learning through activating 2 [two] or more senses simultaneously. [Individual #2] engages in MULTI-SENSORY activities, especially tactile, for 1-3 [one to three] minutes 1-2 [one to two] times per week (4-10 [four to 10] times per month) in his home and/or his community. A variety of multi-sensory experiences should be offered, pairing tactile activity with another (vision, smell, auditory, etc.).</p> <p>On 11/04/2021 at approximately 3:00 p.m., an interview was conducted with OSM [other staff</p>	W 159			

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W 159	<p>Continued From page 10</p> <p>member] #2, QIDP [Qualified Intellectual Disabilities Professional], regarding the purpose and the lack of active treatment for Individual # 2 for three and a half hours. After reviewing Individual # 2's PCP, OSM # 2 was asked if Individual # 2's multi-sensory outcome should have been implemented or at least attempted, OSM # 1 stated yes. When asked to describe their responsibility in regard to an individual's PCP being implemented, OSM # 2 stated that they were to ensure individual's programs were being run.</p> <p>On 11/04/2021 at approximately 4:00 p.m., ASM #1, program manager and OSM # 2, QIDP were 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: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</p> <p>[2] This syndrome usually begins between the ages of 3 and 5, but can start as late as adolescence. Children may have several different types of seizure with this syndrome. These include tonic (where the muscles suddenly become stiff), atonic (where the muscles suddenly relax), and myoclonic, tonic clonic and atypical absences. Atypical absences often last longer than normal absences and are different as a child may be responsive and aware of their surroundings. Many children also develop</p>	W 159			

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W 159	<p>Continued From page 11</p> <p>learning difficulties as well as behavior problems. This syndrome can be very difficult to treat with AEDs, and most children need a combination of different drugs. Some non-drug treatments such as the ketogenic diet and vagus nerve stimulation therapy (VNS) can also be helpful. Seizures often continue into adult life. This information was obtained from the website:</p> <p>3a. The QIDP (qualified intellectual disabilities professional) failed to define the type of prompts for Individual # 3's residential PCP (person-centered plan) outcome/goal for making their bed.</p> <p>Individual # 3 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], mild cerebral palsy, major depression and self-injurious behavior [2].</p> <p>Individual #3's PCP dated 04/01/2021 through 03/31/2022 for Individual # 3 documented, "Desired Outcome: [Individual #3] will make her own bed daily every morning with no more than three prompts with staff support at 80% accuracy for 12 consecutive months by 3/31/2022. Support Activities & Instructions: 1. [Individual #3] makes her bed with staff support and prompting. 2. Staff will document her progress and level of participation via the progress note. 3. Progress will be monitored Monthly by the QIDP. 4. [Individual # 1] will have achieved this outcome when she has made her own bed daily every morning with no more than 3 [three] prompts with staff support at 80% accuracy for 12 consecutive months. Frequency: Daily."</p>	W 159			

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W 159	<p>Continued From page 12</p> <p>The group home's data collection sheets for Individual # 3 dated September 2021 and October 2021 documented the support activities and instructions as stated above from the PCP. Review of the data sheets revealed plus signs documented on every day from September 1, 2021 through October 31, 2021. The data sheets further documented in part, "Key "+ [plus sign] = participated."</p> <p>On 11/04/2021 an interview was conducted with OSM [other staff member] # 2, QIDP [qualified intellectual disabilities professional]. OSM #2 reviewed the PCP for Outcome # 2 and the data collection sheets dated September 2021 and October 2021. After completing the review, OSM # 2 was asked what type of prompts were to be used to help Individual # 3 make their bed. OSM # 2 stated that it wasn't clarified. When asked how the outcome could be measure if the prompts to be used were not specified, OSM # 2 stated they could not determine progress and the prompts needed to be specified. When asked to describe their responsibility in regard to an individual's PCP, OSM # 2 stated that they were to make sure the outcomes were written in measurable terms with the number and type of prompting, when and how often the outcome was to be implemented, the number of time the outcome was to be implemented such as two times per day, and determine the accuracy [quantitative values] to determine the level of progress.</p> <p>On 11/04/2021 at approximately 4:00 p.m., ASM [administrative staff member] #1, program manager and OSM [other staff member] # 2, QIDP [qualified intellectual disabilities professional] were made aware of the above</p>	W 159			

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W 159	<p>Continued From page 13 concern.</p> <p>No further information was presented prior to exit.</p> <p>References: [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100.</p> <p>[2] Self-harm refers to a person's harming their own body on purpose. This information was obtained from the website: https://medlineplus.gov/selfharm.html.</p> <p>3b. The QIDP failed to review and ensure Individual # 3's day program PCP (person-centered plan) outcomes/goals for exercise and communication to determine that they were developed with quantitative values to demonstrate progress.</p> <p>The day program PCP dated 04/01/2021 through 03/31/2021 for Individual # 3 documented in part, "Desired Outcome: # 3. [Individual # 3] receives support to maintains [sic] her physical health by incorporating an exercise activity into her schedule of activities. Target Date: 3/31/2022. Support Activities: 1 [Individual # 3] chooses and engages in a physical exercise to maintain muscle strength given 4 [four] gestural prompts to initiate active engagement." Further review failed to evidence a quantitative value indicating how many times Individual # 3 engages in a physical exercise given 4 [four] gestural prompts to demonstrate progress."</p>	W 159			

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W 159	<p>Continued From page 14</p> <p>"Desired Outcome: # 5. [Individual # 3] wants to improve her communication skills daily to increase her independence. Target Date: 3/31/2022. Support Activities: 1 [Individual # 3] indicates her choices by touching and/or retrieving items presented to her given 4 gestural prompts to initiate a response." Further review failed to evidence a quantitative value indicating how many times Individual # 3 will complete the task with no more than 4 gestural prompts to demonstrate progress."</p> <p>The "[Name of Day Program] Quarterly Progress Review Report" dated 07/01/2021 through 09/30/2021 documented in part under "Status of Outcome: Outcome # 3: [Individual # 3] chose and engaged in a physical exercise to maintain muscle strength given 4 gestural prompts to initiate active engagement in 35 out of 45 opportunities offered. On track. Outcome # 5: [Individual # 3] indicates her choices by touching and/or retrieving items presented to her given 4 gestural prompts to initiate a response 44 out of 45 opportunities. On track."</p> <p>On 11/04/2021 at 3:00 p.m. an interview was conducted with OSM [other staff member] # 2, QIDP [qualified intellectual disabilities professional]. After reviewing the day program PCP and quarterly review for Individual # 3's outcome, OSM # 1 stated that the outcomes were not written in measurable terms and that there was no way to determine Individual # 1's progress. OSM #2 was asked to describe their responsibility in regard to an individual's PCP. OSM # 2 stated that they were to make sure the outcomes were written in measurable terms with the number and type of prompting, when and how</p>	W 159			

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W 159	Continued From page 15 often the outcome was to be implemented, the number of time the outcome was to be implemented such as two times per day, and determine the accuracy [quantitative values] to determine the level of progress. When asked how often they visited [Name of Day Program] to review the PCP, OSM # 2 stated, "Use to do it monthly but with COVID they restricted visitors." When asked if there was an alternative approach to review the PCP outcomes from [Name of Day Program] OSM # 2 stated, "I could review it when they send us [Name of Group Home] a copy of the PCP." On 11/04/2021 at approximately 4:00 p.m., ASM [administrative staff member] #1, program manager and OSM [other staff member] # 2, QIDP [qualified intellectual disabilities professional] were made aware of the above concern.		1.The Program Manger will provide training to the QIDP on writing measurable goals. The QIDP will update individual #1's residential pcp outcome/goal for bathroom communication to ensure it is written in measurable terms. 2. The Program Manager will provide the day support manager with a copy of the residential measurable goals training so that day support staff are familiar with writing the ISP in measurable terms for all individuals who reside in an ICF. The Day support Director will work with the day support ISP writer to ensure individual #1's day program pcp for communication, sensory activity and day program/advocacy activities are written in measurable terms to include quantitative values to demonstrate progress. The Day support Director will also work with the day support ISP writer to ensure that individual #3's day support pcp outcome for exercise and communication are written in measurable terms to include quantitative values to demonstrate progress. The residential QIDP and/or Program Manager will review all individuals' day support ISP goals to ensure they are all written in measurable terms and work with day support staff to make the necessary corrections as needed. 3. The Program Manager will provide training to residential staff to ensure they understand how to accurately implement individual #2's active treatment for sensory stimulation. The program Manager will provide training to program staff on how to implement all individuals residential ISP outcomes. The Program Manager and QIDP will provide oversight teaching and training residential staff during the implementation of the individuals ISP outcomes to ensure staff are accurately implementing the plan outcomes as written.	12/3/21	
W 231	No further information was presented prior to exit. 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, clinical record review and facility document review it was determined that the facility staff failed to develop outcomes in measurable terms for two of three individuals in the survey sample, Individuals # 1 and # 3. 1a. The facility staff failed to develop Individual # 1's residential PCP (person-centered plan) outcome/goal for bathroom communication to		4.The Program Manager will update individual number 3's residential pcp outcome for making the bed to ensure the type of prompts are specified. 5. The QIDP will review all individuals' ISPs and residential outcomes to ensure they are all written in measurable terms and the prompts are specified. Updates to the day support and residential plans will occur if necessary in the event it is identified that the goals are not written in measurable terms or prompts are not specified. 6. The Program Manager and/or QIDP will complete Monthly Day Program Audits to ensure the ISP is written in measurable terms and implemented by staff as written. 7. The Clinical Director will provide Quarterly Audit Reviews of the records to ensure the residential and day support goals are written in measurable teams, prompt levels are defined, and ensure staff are implementing the ISP goals as written.		

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W 231	<p>Continued From page 16 define Individual # 1's targeted response.</p> <p>1b. The facility staff failed to develop Individual # 1's day program PCP (person-centered plan) outcome/goal for communication, sensory activity and day program/advocacy activities, with quantitative value to demonstrate progress.</p> <p>2a. The facility staff failed to develop Individual # 3's residential PCP (person-centered plan) outcome/goal for making their bed to define the type of prompts to be measured.</p> <p>2b. The facility staff failed to develop Individual # 3's day program PCP (person-centered plan) outcomes/goals for exercise and communication, with quantitative value to demonstrate progress.</p> <p>The findings include:</p> <p>1a. The facility staff failed to develop Individual # 1's residential PCP (person-centered plan) outcome/goal for bathroom communication to define Individual # 1's targeted response.</p> <p>Individual # 1 was a 48 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] with contractures [3] and seizure disorder [4].</p> <p>Individual #1's PCP dated 07/01/2021 through 06/30/2022 for Individual # 1 documented, "Desired Outcome: Bathroom Communication. [Individual #1] will sign bathroom when she needs to be assisted with toileting each day at 100% accuracy for 12 consecutive months by 6/30/2022. Support Activities & Instructions: 1. [Individual #1] will inform staff that she needs to</p>	W 231			

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W 231	<p>Continued From page 17</p> <p>be assisted with toileting by signing bathroom. 2. Staff will praise [Individual #1] for her efforts. 3. If [Individual #1] does not sign bathroom, staff will prompt her to do so before assisting her with toileting. 4. Staff will document her level of participation and responses to services in credible [electronic health record]. 5. [Individual # 1] will have achieved this outcome when she has signed bathroom each day at 100% accuracy for 12 consecutive months. Frequency: Daily."</p> <p>The group home's data collection sheets for Individual # 1 dated September 2021 and October 2021 documented the support activities and instructions as stated above from the PCP. Review of the data sheets revealed plus signs documented on every day from September 1, 2021 through October 31, 2021. The data sheets further documented in part, "Key "+" [plus sign] = participated."</p> <p>On 11/04/2021 an interview was conducted with OSM [other staff member] # 2, QIDP [qualified intellectual disabilities professional]. OSM #2 reviewed the PCP for Outcome # 2 and the data collection sheets dated September 2021 and October 2021. After completing the review, OSM # 2 was asked which response by Individual # 1 was being measured, when they signed toileting independently or when staff prompted Individual # 1 to sign for toileting, as stated in the support activities and instructions stated above. OSM # 2 stated that they didn't know which one was being measured.</p> <p>The facility's policy "4.1 Individual Service Plan (ISP)" documented, "4.1.3 Procedures: C. (Name of Corporation) ensures that an ISP will contain at a minimum: 4. Goals / outcomes and measurable</p>	W 231			

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W 231	<p>Continued From page 18</p> <p>objectives / desired outcomes for addressing each identified need. 4.1.4 Individual Service Plan (ISP) Development. E. Goals / Outcomes and Objectives/Desired Outcomes: The objectives / desired outcomes will be expressed in terms that are behavioral and provide measurable indexes of progress."</p> <p>On 11/04/2021 at approximately 4:00 p.m., ASM [administrative staff member] #1, program manager and OSM [other staff member] # 2, QIDP [qualified intellectual disabilities professional] were 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: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.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: https://www.nlm.nih.gov/medlineplus/cerebralpalsy.html.</p> <p>[3] A fixed tightening of muscle, tendons, ligaments, or skin. It prevents normal movement of the associated body part. This information was obtained from the website: https://medlineplus.gov/ency/imagepages/9218.htm.</p>	W 231			

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W 231	<p>Continued From page 19</p> <p>[4] Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/seizures.html.</p> <p>1b. The facility staff failed to develop Individual # 1's day program PCP (person-centered plan) outcome/goal for communication, sensory activity and day program/advocacy activities, in measurable terms.</p> <p>The day program PCP dated 07/01/2021 through 06/30/2021 for Individual # 1 documented in part, "Desired Outcome: # 2. [Individual # 1] communicates her wants and needs using her communication tools of choice. Target Date: 6/30/2022. Support Activities: 1 [Individual # 1] initiates communication when she needs to use the restroom with no more than 2 [two] verbal prompts as needed." Further review failed to evidence a quantitative value indicating how many times Individual # 1 will complete the task with no more than 2 verbal prompts to demonstrate progress."</p> <p>"Desired Outcome: # 5. [Individual # 1] maintains focus during daily sensory activities. Target Date: 6/30/2022. Support Activities: 1 [Individual # 1] engages in sensory activities of her choice and remains focused on the activity for at least 20 minutes. Further review failed to evidence a quantitative value indicating how many times Individual # 1 will remains focused on the activity for at least 20 minutes to demonstrate progress."</p> <p>"Desired Outcome: # 6. [Individual # 1]</p>	W 231			

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W 231	<p>Continued From page 20</p> <p>participates daily, in day program/advocacy activities of her choice or in the community. Target Date: 6/30/2022. Support Activities: 1 [Individual # 1] completes a learning activity of her choice on her iPad given an initial verbal prompt. Further review failed to evidence a quantitative value indicating how many times Individual # 1 completes a learning activity of her choice on her iPad given an initial verbal prompt to demonstrate progress."</p> <p>The "[Name of Day Program] Quarterly Progress Review Report" dated 07/01/2021 through 09/30/2021 documented in part under "Status of Outcome: Outcome # 2: [Individual # 1] communicates her wants and needs using her communication tool of choice 2 times out of a possible 28 opportunities offered. Limited or no progress. Outcome # 5: [Individual # 1] mains focus during daily sensory activities 8 [eight] times out of possible 28 opportunities offered. Limited or no progress. Outcome # 6: [Individual # 1] participates daily, in day program/advocacy activities of her choice or in the community 5 [five] times out of possible 28 opportunities offered. On track."</p> <p>On 11/04/2021 at 12:03 p.m. an interview was conducted with OSM [other staff member # 4, day program quality improvement manager. After reviewing the day program PCP and quarterly review for Individual # 1's outcome OSM # 4 was asked about the missing quantitative value that would demonstrate Individual # 1's progress of the outcomes stated above. OSM # 4 stated, "When the data is collected at the end of each quarter then it will be determined whether or not the individual has made progress." OSM # 4 then referred to the statements under "Status of</p>	W 231			

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W 231	<p>Continued From page 21</p> <p>Outcome" on the quarterly review sheets. When informed that the support activities and the outcomes did not appear to be written in complete measurable terms due to the missing quantitative value, OSM # 4 stated again "When the data is collected at the end of each quarter then it will be determined whether or not the individual has made progress." When asked how progress could be determined if the quantitative value was in the outcome or support activities statements OSM # 4 repeated the same statement.</p> <p>On 11/04/2021 at 3:00 p.m. an interview was conducted with OSM [other staff member] # 2, QIDP [qualified intellectual disabilities professional]. After reviewing the day program PCP and quarterly review for Individual # 1's outcome, OSM # 2 stated that the outcomes were not written in measurable terms and ASM [administrative staff member] #1, program manager stated that there was no way to determine Individual # 1's progress.</p> <p>On 11/04/2021 at approximately 4:00 p.m., ASM [administrative staff member] #1, program manager and OSM [other staff member] # 2, QIDP [qualified intellectual disabilities professional] were made aware of the above concern.</p> <p>No further information was presented prior to exit.</p> <p>2a. The facility staff failed to develop Individual # 3's residential PCP (person-centered plan) outcome/goal for making their bed to define the type of prompts to be measured.</p> <p>Individual # 3 was a 47 year old female, who was</p>	W 231			

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W 231	<p>Continued From page 22</p> <p>admitted to [Name of Group Home] with diagnoses that included but were not limited to: profound intellectual disability [1], mild cerebral palsy, major depression and self-injurious behavior [2].</p> <p>Individual #3's PCP dated 04/01/2021 through 03/31/2022 for Individual # 3 documented, "Desired Outcome: [Individual #3] will make her own bed daily every morning with no more than three prompts with staff support at 80% accuracy for 12 consecutive months by 3/31/2022. Support Activities & Instructions: 1. [Individual #3] makes her bed with staff support and prompting. 2. Staff will document her progress and level of participation via the progress note. 3. Progress will be monitored Monthly by the QIDP. 4. [Individual # 1] will have achieved this outcome when she has made her own bed daily every morning with no more than 3 [three] prompts with staff support at 80% accuracy for 12 consecutive months. Frequency: Daily."</p> <p>The group home's data collection sheets for Individual # 3 dated September 2021 and October 2021 documented the support activities and instructions as stated above from the PCP. Review of the data sheets revealed plus signs documented on every day from September 1, 2021 through October 31, 2021. The data sheets further documented in part, "Key "+" [plus sign] = participated."</p> <p>On 11/04/2021 an interview was conducted with OSM [other staff member] # 2, QIDP [qualified intellectual disabilities professional]. After reviewing the PCP for Outcome # 2 and the data collection sheets dated September 2021 and October 2021, OSM # 2 was asked what type of</p>	W 231			

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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 11/04/2021
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	
W 231	<p>Continued From page 23</p> <p>prompts were to be used to help Individual # 3 make their bed. OSM # 2 stated that it wasn't clarified. When asked how the outcome could be measure if the prompts to be used were not specified OSM # 2 stated they could not determine progress and the prompts needed to be specified.</p> <p>On 11/04/2021 at approximately 4:00 p.m., ASM [administrative staff member] #1, program manager and OSM [other staff member] # 2, QIDP [qualified intellectual disabilities professional] were made aware of the above concern.</p> <p>No further information was presented prior to exit.</p> <p>References: [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100.</p> <p>[2] Self-harm refers to a person's harming their own body on purpose. This information was obtained from the website: https://medlineplus.gov/selfharm.html.</p> <p>2b. The facility staff failed to develop Individual # 3's day program PCP (person-centered plan) outcomes/goals for exercise and communication, in measurable terms.</p> <p>The day program PCP dated 04/01/2021 through 03/31/2021 for Individual # 3 documented in part, "Desired Outcome: # 3. [Individual # 3] receives</p>	W 231			

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W 231	<p>Continued From page 24</p> <p>support to maintains [sic] her physical health by incorporating an exercise activity into her schedule of activities. Target Date: 3/31/2022. Support Activities: 1 [Individual # 3] chooses and engages in a physical exercise to maintain muscle strength given 4 [four] gestural prompts to initiate active engagement." Further review failed to evidence a quantitative value indicating how many times Individual # 3 engages in a physical exercise given 4 [four] gestural prompts to demonstrate progress."</p> <p>"Desired Outcome: # 5. [Individual # 3] wants to improve her communication skills daily to increase her independence. Target Date: 3/31/2022. Support Activities: 1 [Individual # 3] indicates her choices by touching and/or retrieving items presented to her given 4 gestural prompts to initiate a response." Further review failed to evidence a quantitative value indicating how many times Individual # 3 will complete the task with no more than 4 gestural prompts to demonstrate progress."</p> <p>The "[Name of Day Program] Quarterly Progress Review Report" dated 07/01/2021 through 09/30/2021 documented in part under "Status of Outcome: Outcome # 3: [Individual # 3] chose and engaged in a physical exercise to maintain muscle strength given 4 gestural prompts to initiate active engagement in 35 out of 45 opportunities offered. On track. Outcome # 5: [Individual # 3] indicates her choices by touching and/or retrieving items presented to her given 4 gestural prompts to initiate a response 44 out of 45 opportunities. On track."</p> <p>On 11/04/2021 at 12:03 p.m. an interview was conducted with OSM [other staff member # 4, day</p>	W 231			

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W 231	<p>Continued From page 25</p> <p>program quality improvement manager. After reviewing the day program PCP and quarterly review for Individual # 3's outcome, OSM # 4 was asked about the missing quantitative value that would demonstrate Individual # 1's progress of the outcomes stated above. OSM # 4 stated, "When the data is collected at the end of each quarter then it will be determined whether or not the individual has made progress." OSM # 4 then referred to the statements under "Status of Outcome" on the quarterly review sheets. When informed that the support activities or the outcomes did not appear to be written in complete measurable terms due to the missing quantitative value, OSM # 4 stated again "When the data is collected at the end of each quarter then it will be determined whether or not the individual has made progress." When asked how progress could be determined if the quantitative value was in the outcome or support activities statements, OSM # 4 repeated the same statement.</p> <p>On 11/04/2021 at 3:00 p.m. an interview was conducted with OSM [other staff member] # 2, QIDP [qualified intellectual disabilities professional]. After reviewing the day program PCP and quarterly review for Individual # 3's outcome OSM # 1 stated that the outcomes were not written in measurable terms and ASM # 1 stated that there was no way to determine Individual # 1's progress.</p> <p>On 11/04/2021 at approximately 4:00 p.m., ASM [administrative staff member] #1, program manager and OSM [other staff member] # 2, QIDP [qualified intellectual disabilities professional] were made aware of the above concern.</p>	W 231			

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W 231	Continued From page 26	W 231	<p>1. The Program Manager will provide training to residential staff during the next scheduled staff meeting on ensuring staff understand what adaptive cup individual #1 should be using per the PCP. The Program Manager will also provide training to staff on the implementation of individual #2's sensory stimulation goal.</p> <p>2. The Program Manger will provide training on all individual's ISP goals to ensure staff understand how to implement all individuals ISP outcomes and understand what adaptive equipment all individuals should be using.</p> <p>3. The Program Manager and QIDP will provide random weekly audits to ensure program staff are using the correct adaptive equipment for all individuals per the doctors' orders and are also implementing all individuals' ISP goals as written at the appropriate time.</p> <p>4. The CD will provide quarterly audits and oversight to ensure staff are implementing the ISP outcomes as written and using the recommended adaptive equipment per the doctor's orders..</p>	12/3/21	
W 249	<p>PROGRAM IMPLEMENTATION 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 and clinical record review, it was determined that the residential staff failed to ensure Individuals were receiving services consistent with the PCP [Person Centered Plan] for two of three individuals in the survey sample, Individuals # 1 and # 2.</p> <p>1. The facility staff failed to implement Individual #1's PCP [person centered plan] for the use of an adaptive cup.</p> <p>2. The facility staff failed to implement Individual #2's PCP to promote sensory stimulation.</p> <p>The findings include:</p> <p>1. The facility staff failed to implement Individual #1's PCP [person centered plan] for the use of an adaptive cup.</p>	W 249			

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W 249	<p>Continued From page 27</p> <p>Individual # 1 was a 48 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] with contractures [3] and seizure disorder [4].</p> <p>On 11/04/2021 at 7:03 a.m., an observation was made of Individual # 1 receiving their physician ordered polyethylene glycol [stool softener] during the medication observation. DSP [direct support professional] # 1 open the packet of polyethylene glycol, poured the powder into a plastic cup, added eight ounces of water to the cup, stirred it until evenly mixed then handed the cup to Individual # 1. Individual # 1 took the cup, held it by placing their right thumb on the inside edge of the cup and their right index finger on the outside of the cup, squeezed their thumb and index finger together to hold the cup and consumed the medication.</p> <p>Individual #1's PCP dated 07/01/2021 through 06/30/2022 documented, "Desired Outcome: #8 Adhere to Medical Protocols. [Individual #1] will be supported by staff who will follow protocols: seizure, fall, aspiration, constipation, transfer and UTI [urinary tract infection] Protocols."</p> <p>The "Aspiration Protocol" for Individual # 1 dated 2021 documented in part, "Adaptive equipment: Scoop dish, Large-handled utensils, plate guard, cup with handle."</p> <p>The POS [physician's order sheet] for Individual # 1 dated 11/01/2021 through 11/30/2021 documented in part, "Treatment Orders. SCOOP DISH OR PLATE WITH GUARD & [and] CUP WITH HANDLE."</p>	W 249			

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W 249	<p>Continued From page 28</p> <p>The "Nutritional Assessment" for Individual # 1 dated "2/18/2021" documented in part, "Adaptive Equipment: Scoop dish or plate w/ [with] guard; cup w/ handle, may use large handled utensils."</p> <p>On 11/04/2021 at approximately 9:05 a.m., an interview was conducted with DSP # 1. When asked if Individual # 1 used any type of adaptive equipment DSP # 1 stated that Individual # 1 used a plate guard, built-up handle spoon and a cup with a handle on the side of it. When asked if they recalled the type of cup they gave to Individual # 1 to take their polyethylene glycol during the medication administration DSP # 1 stated, " I used a plastic cup without a handle, she [Individual # 1] have had the adaptive cup."</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 11/04/2021 at approximately 4:00 p.m., ASM [administrative staff member] #1, program manager and OSM [other staff member] # 2, QIDP [qualified intellectual disabilities professional] were 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 29</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: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.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: https://www.nlm.nih.gov/medlineplus/cerebralpalsy.html.</p> <p>[3] A fixed tightening of muscle, tendons, ligaments, or skin. It prevents normal movement of the associated body part. This information was obtained from the website: https://medlineplus.gov/ency/imagepages/9218.htm.</p> <p>[4] Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/seizures.html.</p> <p>2. The facility staff failed to implement Individual #2's PCP to promote sensory stimulation.</p> <p>Individual # 2 was a 57 year old male, who was admitted to [Name of Group Home] with diagnoses that included but were not limited to: profound intellectual disability [1], Lennox-Gastaut syndrome [2] and dysphagia [3].</p>	W 249			

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W 249	<p>Continued From page 30</p> <p>On 11/03/2021 from 1:30 p.m. through 5:00 p.m., observations were conducted of Individual # 2. During the three and a half hours, Individual # 2 was seated in the group homes dayroom. The room contained five chairs, one straight back chair, two recliners, two easy chairs, a short couch, desk with computer, wall mounted flat screen television surrounded by cabinets. During the time of the observation, Individual # 2 was assisted out of the room twice by staff, once for toileting and the second time for a walk around the inside of the group home for approximately five minutes.</p> <p>Individual #2's PCP dated 07/01/2020 through 06/30/2021 documented, "Desired Outcome: 9 Recreation Outcome: to increase effective learning through activating 2 [two] or more senses simultaneously. [Individual #2] engages in MULTI-SENSORY activities, especially tactile, for 1-3 [one to three] minutes 1-2 [one to two] times per week (4-10 [four to 10] times per month) in his home and/or his community. A variety of multi-sensory experiences should be offered, pairing tactile activity with another (vision, smell, auditory, etc.).</p> <p>On 11/04/2021 at approximately 3:00 p.m., an interview was conducted with ASM [administrative staff member] #1, program manager and OSM [other staff member] #2, QIDP [Qualified Intellectual Disabilities Professional], regarding the purpose and the lack of active treatment for Individual # 2 for three and a half hours. After reviewing Individual # 2's PCP, ASM # 1 and OSM # 1 were asked if Individual # 2's multi-sensory outcome should have been implemented or at least attempted, ASM # 1 and</p>	W 249			

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W 249	<p>Continued From page 31 OSM # 1 stated yes.</p> <p>On 11/04/2021 at approximately 4:00 p.m., ASM #1, program manager and OSM # 2, QIDP were made aware of the above concern.</p> <p>No further information was presented prior to exit.</p> <p>References: [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</p> <p>[2] This syndrome usually begins between the ages of 3 and 5, but can start as late as adolescence. Children may have several different types of seizure with this syndrome. These include tonic (where the muscles suddenly become stiff), atonic (where the muscles suddenly relax), myoclonic, tonic clonic and atypical absences. Atypical absences often last longer than normal absences and are different as a child may be responsive and aware of their surroundings. Many children also develop learning difficulties as well as behavior problems. This syndrome can be very difficult to treat with AEDs, and most children need a combination of different drugs. Some non-drug treatments such as the ketogenic diet and vagus nerve stimulation therapy (VNS) can also be helpful. Seizures often continue into adult life. This information was obtained from the website: https://www.epilepsysociety.org.uk/childhood-epilepsy-syndromes?gclid=EA1aIQobChMj4H9z6P03AIVwpCfCh2x7wFfEAAYASAAEgJ__PD_BwE</p>	W 249			

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W 249	Continued From page 32 [3] A swallowing disorder. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html .	W 249		