STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G011	A. BUILDING _____ B. WING _____	09/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH 16TH STREET GRP HOME	5563 N 16TH STREET ARLINGTON, VA 22205

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 09/04/19 through 09/06/19. Corrections are required for compliance with 42 CFR Part 483.73, Requirement for Intermediate Care Facilities for Persons with Intellectual Disabilities.	E 000		
E 015	Subsistence Needs for Staff and Patients CFR(s): 483.475(b)(1) §403.748(b)(1), §418.113(b)(6)(iii), §441.184(b)(1), §460.84(b)(1), §482.15(b)(1), §483.73(b)(1), §483.475(b)(1), §485.625(b)(1) [(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following: (1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following: (i) Food, water, medical and pharmaceutical supplies (ii) Alternate sources of energy to maintain the following: (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (B) Emergency lighting. (C) Fire detection, extinguishing, and alarm systems.	E 015		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 10/09/2019

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E 015	Continued From page 1 (D) Sewage and waste disposal. *[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures. (6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following: (iii) The provision of subsistence needs for hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following: (A) Food, water, medical, and pharmaceutical supplies. (B) Alternate sources of energy to maintain the following: (1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (2) Emergency lighting. (3) Fire detection, extinguishing, and alarm systems. (C) Sewage and waste disposal. 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. Facility staff failed to provide documentation that the emergency plan included policies and procedures for waste and sewage disposal. The findings include: On 09/06/19 at 8:00 a.m., a review of the facility's emergency preparedness plan and interview was conducted with ASM (administration staff member) # 2, program manager. Review of the	E 015		

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E 015	Continued From page 2 facility's emergency preparedness plan failed reveal evidence that the emergency plan included policies and procedures for waste and sewage disposal. ASM # 2 stated, "We don't have it." On 09/05/19 at 5:15 p.m. ASM (administrative staff member) # 1, clinical director, ASM # 2, program manager, RN [registered nurse] # 1, and LPN [licensed practical nurse] #1 were made aware of the findings. No further information was provided prior to exit.	E 015		
E 024	Policies/Procedures-Volunteers and Staffing CFR(s): 483.475(b)(6) §403.748(b)(6), §416.54(b)(5), §418.113(b)(4), §441.184(b)(6), §460.84(b)(7), §482.15(b)(6), §483.73(b)(6), §483.475(b)(6), §484.102(b)(5), §485.68(b)(4), §485.625(b)(6), §485.727(b)(4), §485.920(b)(5), §491.12(b)(4), §494.62(b)(5). [(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following:] (6) [or (4), (5), or (7) as noted above] The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs	E 024		

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E 024	Continued From page 3	E 024		

during an emergency.

*[For RNHCIs at §403.748(b):] Policies and procedures. (6) The use of volunteers in an emergency and other emergency staffing strategies to address surge needs during an emergency.

*[For Hospice at §418.113(b):] Policies and procedures. (4) The use of hospice employees in an emergency and other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.
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.

Facility staff failed to develop policies and procedures for the use of volunteers and other staffing strategies in the emergency plan.

The findings include:

On 09/06/19 at 8:00 a.m., a review of the facility's emergency preparedness plan and interview was conducted with ASM (administration staff member) # 2, program manager. Review of the facility's emergency preparedness plan failed staff failed to evidence policies and procedures for the use of volunteers and other staffing strategies. ASM # 2 stated, "We don't have it."

On 09/05/19 at 5:15 p.m. ASM (administrative staff member) # 1, clinical director, ASM # 2, program manager, RN [registered nurse] # 1, and

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E 024	Continued From page 4 LPN [licensed practical nurse] #1 were made aware of the findings. No further information was provided prior to exit.	E 024		
E 026	Roles Under a Waiver Declared by Secretary CFR(s): 483.475(b)(8) §403.748(b)(8), §416.54(b)(6), §418.113(b)(6)(C)(iv), §441.184(b)(8), §460.84(b)(9), §482.15(b)(8), §483.73(b)(8), §483.475(b)(8), §485.625(b)(8), §485.920(b)(7), §494.62(b)(7). [(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following:] (8) [(6), (6)(C)(iv), (7), or (9)] The role of the [facility] under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials. *[For RNHCIs at §403.748(b):] Policies and procedures. (8) The role of the RNHCI under a waiver declared by the Secretary, in accordance with section 1135 of Act, in the provision of care at an alternative care site identified by emergency management officials. This STANDARD is not met as evidenced by:	E 026		

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E 026	Continued From page 5 Based on staff interview and facility document review it was determined that the facility staff failed to have a complete emergency preparedness plan. Facility staff failed to develop policies and procedures in the emergency plan that describe the facility's role in providing care and treatment at altered care sites under an 1135 waiver. The findings include: On 09/06/19 at 8:00 a.m. a review and interview of the facility's emergency preparedness plan was conducted with ASM (administration staff member) # 2, program manager. Review of the facility's emergency preparedness plan failed staff failed to evidence policies and procedures in the emergency plan that describe the facility's role in providing care and treatment at altered care sites under an 1135 waiver. ASM # 2 stated, "We don't have it." On 09/05/19 at 5:15 p.m. ASM (administrative staff member) # 1, clinical director, ASM # 2, program manager, RN [registered nurse] # 1, and LPN [licensed practical nurse] #1 were made aware of the findings. No further information was provided prior to exit.	E 026		
E 032	Primary/Alternate Means for Communication CFR(s): 483.475(c)(3) §403.748(c)(3), §416.54(c)(3), §418.113(c)(3), §441.184(c)(3), §460.84(c)(3), §482.15(c)(3), §483.73(c)(3), §483.475(c)(3), §484.102(c)(3), §485.68(c)(3), §485.625(c)(3), §485.727(c)(3), §485.920(c)(3), §486.360(c)(3), §491.12(c)(3),	E 032		

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§494.62(c)(3).

[(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years [annually for LTC facilities]. The communication plan must include all of the following:

(3) Primary and alternate means for communicating with the following:
(i) [Facility] staff.
(ii) Federal, State, tribal, regional, and local emergency management agencies.

*[For ICF/IIDs at §483.475(c):] (3) Primary and alternate means for communicating with the ICF/IID's staff, Federal, State, tribal, regional, and local emergency management agencies.
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.

Facility staff failed to provide evidence of documentation that the communication plan includes primary and alternate means for communicating with facility staff, Federal, State, tribal, and local emergency management agencies by reviewing the communication plan.

The findings include:

On 09/06/19 at 8:00 a.m., a review of the facility's emergency preparedness plan and interview was conducted with ASM (administration staff member) # 2, program manager. Review of the

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E 032	Continued From page 7 facility's emergency preparedness plan failed staff failed to evidence documentation that the communication plan includes primary and alternate means for communicating with facility staff, Federal, State, tribal, and local emergency management agencies by reviewing the communication plan. ASM # 2 stated, "We don't have it." On 09/05/19 at 5:15 p.m. ASM (administrative staff member) # 1, clinical director, ASM # 2, program manager, RN [registered nurse] # 1, and LPN [licensed practical nurse] #1 were made aware of the findings. No further information was provided prior to exit.	E 032		
E 033	Methods for Sharing Information CFR(s): 483.475(c)(4)-(6) §403.748(c)(4)-(6), §416.54(c)(4)-(6), §418.113(c)(4)-(6), §441.184(c)(4)-(6), §460.84(c)(4)-(6), §441.184(c)(4)-(6), §460.84(c)(4)-(6), §482.15(c)(4)-(6), §483.73(c)(4)-(6), §483.475(c)(4)-(6), §484.102(c)(4)-(5), §485.68(c)(4), §485.625(c)(4)-(6), §485.727(c)(4), §485.920(c)(4)-(6), §491.12(c)(4), §494.62(c)(4)-(6). [(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years [annually for LTC facilities]. The communication plan must include all of the following: (4) A method for sharing information and medical documentation for patients under the [facility's] care, as necessary, with other health providers to	E 033		

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E 033	Continued From page 8	E 033		

maintain the continuity of care.

(5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii). [This provision is not required for HHAs under §484.102(c), CORFs under §485.68(c)]

(6) [(4) or (5)]A means of providing information about the general condition and location of patients under the [facility's] care as permitted under 45 CFR 164.510(b)(4).

*[For RNHCIs at §403.748(c):] (4) A method for sharing information and care documentation for patients under the RNHCI's care, as necessary, with care providers to maintain the continuity of care, based on the written election statement made by the patient or his or her legal representative.

*[For RHCs/FQHCs at §491.12(c):] (4) A means of providing information about the general condition and location of patients under the facility's care as permitted under 45 CFR 164.510(b)(4).
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.

Facility staff failed to provide evidence of documentation that the communication plan includes a method for sharing information and medical documentation for patients under the facility's care, as necessary, with other health providers to maintain the continuity of care. In addition, failed to evidence a review of the

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E 033	Continued From page 9 communication plan and documentation that the facility has developed policies and procedures that address the means the facility will use to release patient information to include the general condition and location of patients by reviewing the communication plan. The findings include: On 09/06/19 at 8:00 a.m., a review of the facility's emergency preparedness plan and interview was conducted with ASM (administration staff member) # 2, program manager. Review of the facility's emergency preparedness plan failed staff failed to evidence documentation that the communication plan includes a method for sharing information and medical documentation for patients under the facility's care, as necessary, with other health providers to maintain the continuity of care. In addition, the review failed to evidence reviews of the communication plan and documentation that the facility has developed policies and procedures that address the means the facility will use to release patient information to include the general condition and location of patients by reviewing the communication plan. ASM # 2 stated, "We don't have it." On 09/05/19 at 5:15 p.m. ASM (administrative staff member) # 1, clinical director, ASM # 2, program manager, RN [registered nurse] # 1, and LPN [licensed practical nurse] #1 were made aware of the findings. No further information was provided prior to exit.	E 033		
E 036	EP Training and Testing CFR(s): 483.475(d)	E 036		

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§403.748(d), §416.54(d), §418.113(d), §441.184(d), §460.84(d), §482.15(d), §483.73(d), §483.475(d), §484.102(d), §485.68(d), §485.625(d), §485.727(d), §485.920(d), §486.360(d), §491.12(d), §494.62(d).

*[For RNCHIs at §403.748, ASCs at §416.54, Hospice at §418.113, PRTFs at §441.184, PACE at §460.84, Hospitals at §482.15, HHAs at §484.102, CORFs at §485.68, CAHs at §486.625, "Organizations" under 485.727, CMHCs at §485.920, OPOs at §486.360, and RHC/FHQs at §491.12:] (d) Training and testing. The [facility] must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least every 2 years.

*[For LTC facilities at §483.73(d):] (d) Training and testing. The LTC facility must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually.

*[For ICF/IIDs at §483.475(d):] Training and testing. The ICF/IID must develop and maintain

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an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least every 2 years. The ICF/IID must meet the requirements for evacuation drills and training at §483.470(i).

*[For ESRD Facilities at §494.62(d):] Training, testing, and orientation. The dialysis facility must develop and maintain an emergency preparedness training, testing and patient orientation program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training, testing and orientation program must be evaluated and updated at every 2 years.
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.

Facility staff failed to provide evidence of documentation that the facility has a written training and testing program that meets the requirements of the regulation and documentation that the training and testing program has been reviewed and updated on, at least an annual basis.

The findings include:

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E 036	Continued From page 12 On 09/06/19 at 8:00 a.m., a review of the facility's emergency preparedness plan and interview was conducted with ASM (administration staff member) # 2, program manager. Review of the facility's emergency preparedness plan failed staff failed to evidence documentation that the facility has a written training and testing program that meets the requirements of the regulation and documentation that the training and testing program has been reviewed and updated on, at least an annual basis. ASM # 2 stated, "We don't have it." On 09/05/19 at 5:15 p.m. ASM (administrative staff member) # 1, clinical director, ASM # 2, program manager, RN [registered nurse] # 1, and LPN [licensed practical nurse] #1 were made aware of the findings. No further information was provided prior to exit.	E 036		
E 037	EP Training Program CFR(s): 483.475(d)(1) §403.748(d)(1), §416.54(d)(1), §418.113(d)(1), §441.184(d)(1), §460.84(d)(1), §482.15(d)(1), §483.73(d)(1), §483.475(d)(1), §484.102(d)(1), §485.68(d)(1), §485.625(d)(1), §485.727(d)(1), §485.920(d)(1), §486.360(d)(1), §491.12(d)(1). *[For RNCHIs at §403.748, ASCs at §416.54, Hospitals at §482.15, ICF/IIDs at §483.475, HHAs at §484.102, "Organizations" under §485.727, OPOs at §486.360, RHC/FQHCs at §491.12:] (1) Training program. The [facility] must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing	E 037		

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E 037	Continued From page 13 staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least every 2 years. (iii) Maintain documentation of all emergency preparedness training. (iv) Demonstrate staff knowledge of emergency procedures. (v) If the emergency preparedness policies and procedures are significantly updated, the [facility] must conduct training on the updated policies and procedures. *[For Hospices at §418.113(d):] (1) Training. The hospice must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing hospice employees, and individuals providing services under arrangement, consistent with their expected roles. (ii) Demonstrate staff knowledge of emergency procedures. (iii) Provide emergency preparedness training at least every 2 years. (iv) Periodically review and rehearse its emergency preparedness plan with hospice employees (including nonemployee staff), with special emphasis placed on carrying out the procedures necessary to protect patients and others. (v) Maintain documentation of all emergency preparedness training. (vi) If the emergency preparedness policies and procedures are significantly updated, the hospice must conduct training on the updated policies and procedures.	E 037		

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E 037	Continued From page 14 *[For PRTFs at §441.184(d):] (1) Training program. The PRTF must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) After initial training, provide emergency preparedness training every 2 years. (iii) Demonstrate staff knowledge of emergency procedures. (iv) Maintain documentation of all emergency preparedness training. (v) If the emergency preparedness policies and procedures are significantly updated, the PRTF must conduct training on the updated policies and procedures. *[For PACE at §460.84(d):] (1) The PACE organization must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing on-site services under arrangement, contractors, participants, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least every 2 years. (iii) Demonstrate staff knowledge of emergency procedures, including informing participants of what to do, where to go, and whom to contact in case of an emergency. (iv) Maintain documentation of all training. (v) If the emergency preparedness policies and procedures are significantly updated, the PACE must conduct training on the updated policies and procedures. *[For LTC Facilities at §483.73(d):] (1) Training	E 037		

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E 037	Continued From page 15 Program. The LTC facility must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected role. (ii) Provide emergency preparedness training at least annually. (iii) Maintain documentation of all emergency preparedness training. (iv) Demonstrate staff knowledge of emergency procedures. *[For CORFs at §485.68(d):](1) Training. The CORF must do all of the following: (i) Provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least every 2 years. (iii) Maintain documentation of the training. (iv) Demonstrate staff knowledge of emergency procedures. All new personnel must be oriented and assigned specific responsibilities regarding the CORF's emergency plan within 2 weeks of their first workday. The training program must include instruction in the location and use of alarm systems and signals and firefighting equipment. (v) If the emergency preparedness policies and procedures are significantly updated, the CORF must conduct training on the updated policies and procedures. *[For CAHs at §485.625(d):] (1) Training program.	E 037		

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E 037	Continued From page 16 The CAH must do all of the following: (i) Initial training in emergency preparedness policies and procedures, including prompt reporting and extinguishing of fires, protection, and where necessary, evacuation of patients, personnel, and guests, fire prevention, and cooperation with firefighting and disaster authorities, to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least every 2 years. (iii) Maintain documentation of the training. (iv) Demonstrate staff knowledge of emergency procedures. (v) If the emergency preparedness policies and procedures are significantly updated, the CAH must conduct training on the updated policies and procedures. *[For CMHCs at §485.920(d):] (1) Training. The CMHC must provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles, and maintain documentation of the training. The CMHC must demonstrate staff knowledge of emergency procedures. Thereafter, the CMHC must provide emergency preparedness training at least every 2 years. 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. Facility staff failed to provide evidence of	E 037		

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E 037	Continued From page 17 documentation of the facility's initial emergency preparedness training and annual emergency preparedness training offerings and documentation that facility staff have received initial & annual emergency preparedness training. The findings include: On 09/06/19 at 8:00 a.m., a review of the facility's emergency preparedness plan and interview was conducted with ASM (administration staff member) # 2, program manager. Review of the facility's emergency preparedness plan failed staff failed to evidence documentation of the facility's initial emergency preparedness training and annual emergency preparedness training offerings and documentation that facility staff have received initial & annual emergency preparedness training. ASM # 2 stated, "We don't have it." On 09/05/19 at 5:15 p.m. ASM (administrative staff member) # 1, clinical director, ASM # 2, program manager, RN [registered nurse] # 1, and LPN [licensed practical nurse] #1 were made aware of the findings. No further information was provided prior to exit.	E 037		
W 000	INITIAL COMMENTS An unannounced annual Medicaid survey for Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) was conducted 09/04/19 through 09/06/19. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for the Intellectually Disabled. The Life Safety Code survey report will follow.	W 000		

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W 000	Continued From page 18 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, #3, and #4).	W 000		
W 125	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3) The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on observation, clinical record review and facility document review, it was determined that the facility staff failed to allow three of four individuals in the survey sample, Individuals # 1, # 3 and # 4, to exercise their rights. 1. The facility staff failed to ensure and promote Individual # 1's right to dignity during meals. 2. The facility staff failed to ensure and promote Individual # 3's right to dignity during meals. 3. The facility staff failed to ensure and promote Individual # 4's right to dignity during meals. The findings include: 1. The facility staff failed to ensure and promote Individual # 1's right to dignity during meals. Individual # 1 was a 75-year-old male, who was admitted to [Name of Group Home] on 10/16/2008. Diagnoses in the clinical record included but were not limited to: severe	W 125		

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intellectual disability (1), fragile x syndrome (2), benign prostatic hypertrophy (3), and obsessive-compulsive disorder (4).

On 09/04/19 at approximately 5:00 p.m., an observation was conducted of Individual # 1 during the dinner. Individual # 1 was seated at the kitchen table with three other individuals who resided at [name of group Home]. Individual # 1 was provided a regular cup with milk, a regular dinner plate that contained a filet of fish, a serving of chopped spinach and a serving of cooked rice. Further observation revealed Individual # 1 was provided a tablespoon as his utensil to eat his meal.

The ISP [Individual Support Plan] for Individual # 1 dated 12/01/2018 through 11/30/2019 documented, "Desired Outcome: [Individual # 1] will be safe both at home and in the community daily at least 90% of the time for 12 consecutive months by 11/30/19. Support Activities & [and] Instructions: SEE ASPIRATION PROTOCOL."

The "Nutritional Assessment" for Individual # 1 dated 08/21/18 documented in part, "Food Texture and Eating: ...However, he is at risk for aspiration; see aspiration protocol for safety recommendation ..."

The "Aspiration Protocol" for Individual # 1 with a review date of "6/13/19" documented in part, "Prevention: Encourage [Individual # 1] to decrease bite and swallow before taking another bite ..."

On 09/06/19 at 9:55 a.m., an interview was conducted with ASM [administrative staff member] # 2, program manager. When asked

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what utensils should be provided to an individual to use to eat their meals, ASM # 2 stated, "Depending on what the physician has ordered, specialized utensils. If there is no order they should be given regular size utensils, fork and teaspoon." When asked if Individuals # 1 has physician's orders for adaptive equipment, ASM # 2 stated, "No." When asked if it was appropriate or dignified to give Individual # 1 a tablespoon to eat their dinner ASM # 2 stated, "No."

The facility's policy "2.1 Human Rights Plan" documented, "2.1.4 Dignity. Individuals shall be treated with dignity as a human being and free from abuse. This Human Rights Plan defines more specifically those rights that are protected as essential to the individual's dignity. The right enumerated below may not be restricted or limited solely because an individual has a mental health or substance use disorder or an intellectual disability and is receiving services for these conditions or has any physical or sensory condition that may pose a barrier to communication or mobility."

On 09/05/19 at 5:15 p.m. ASM (administrative staff member) # 1, clinical director, ASM # 2, program manager, RN [registered nurse] # 1, and LPN [licensed practical nurse] #1 were made aware of the findings.

No further information was provided prior to exit.

References:
[1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of

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18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100
[2] The most common form of inherited developmental disability. A problem with a specific gene causes the disease. This information was obtained from the website: https://medlineplus.gov/fragilexsyndrome.html.

[3] An enlarged prostate. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/enlargedprostatebph.html.

[4] A common, chronic and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (obsessions) and behaviors (compulsions) that he or she feels the urge to repeat over and over. This information was obtained from the website: http://www.nimh.nih.gov/health/topics/obsessive-compulsive-disorder-ocd/index.shtml.

2. The facility staff failed to ensure and promote Individual # 3's right to dignity during meals.

Individual # 3 was a 69-year-old male, who was admitted to [Name of Group Home] on 03/28/1982. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), tardive dyskinesia (2), benign prostatic hypertrophy (3), and glaucoma (4).

On 09/04/19 at approximately 5:00 p.m., an

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observation was conducted of Individual # 3 during the dinner meal. Individual # 3 was seated at the kitchen table with three other individuals who resided at [name of group Home]. Individual # 3 was provided with a regular cup with milk, a regular dinner plate that contained a filet of fish, a serving of chopped spinach and a serving of cooked rice. Further observation revealed Individual # 3 was provided a tablespoon as his utensil to eat his meal.

The ISP [Individual Support Plan] for Individual # 3 dated 04/01/2019 through 03/31/2020 documented, "Desired Outcome: [Individual # 3] will be safe both at home and in the community daily at least 90% of the time for 12 consecutive months by 03/31/20. Support Activities & [and] Instructions: ASPIRATION PROTOCOL."

The "Nutritional Assessment" for Individual # 3 dated 09/04/18 documented in part, "Food Texture and Eating: ...see aspiration protocol for safety recommendation ..."

The "Aspiration Protocol" for Individual # 3 with a review date of "6/13/19" documented in part, "Prevention: Encourage him to take small bites and eat slowly."

On 09/06/19 at 9:55 a.m., an interview was conducted with ASM [administrative staff member] # 2, program manager. When asked what utensils should be provided to an individual to use to eat their meals, ASM # 2 stated, "Depending on what the physician has ordered, specialized utensils. If there is no order they should be given regular size utensils, fork and teaspoon." When asked if Individuals # 3 has physician's orders for adaptive equipment, ASM #

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2 stated, "No." When asked if it was appropriate or dignified to give Individual # 3 a tablespoon to eat their dinner, ASM # 2 stated, "No."

On 09/05/19 at 5:15 p.m. ASM (administrative staff member) # 1, clinical director, ASM # 2, program manager, RN [registered nurse] # 1, and LPN [licensed practical nurse] #1 were made aware of the findings.

No further information was provided prior to exit.

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

[2] Characterized by repetitive, involuntary, purposeless movements. Features of the disorder may include grimacing, tongue protrusion, lip smacking, puckering and pursing, and rapid eye blinking. Rapid movements of the arms, legs, and trunk may also occur. Involuntary movements of the fingers may be present. This information was obtained from the website: http://www.ninds.nih.gov/disorders/tardive/tardive.htm.

[3] An enlarged prostate. This information was obtained from the website:

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https://www.nlm.nih.gov/medlineplus/enlargedprostatebph.html.

[4] A group of diseases that can damage the eye's optic nerve. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/glaucoma.html.

3. The facility staff failed to ensure and promote Individual # 4's right to dignity during meals.

Individual # 4 was a 61-year-old male, who was admitted to [Name of Group Home] on 03/14/1982. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), schizophrenia (2), chronic kidney disease (3), and chronic rhinitis (4).

On 09/04/19 at approximately 5:00 p.m., an observation was conducted of Individual # 4 during the dinner. Individual # 4 was seated at the kitchen table with three other individuals who resided at [name of group Home]. Individual # 4 was provided with a regular cup with milk, a regular dinner plate that contained a filet of fish, a serving of chopped spinach and a serving of cooked rice. Further observation revealed Individual # 4 was provided a tablespoon as his utensil to eat his meal.

On 09/06/19 at 9:55 a.m., an interview was conducted with ASM [administrative staff member] # 2, program manager. When asked what utensils should be provided to an individual to use to eat their meals, ASM # 2 stated, "Depending on what the physician has ordered, specialized utensils. If there is no order they

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should be given regular size utensils, fork and teaspoon." When asked if Individuals # 4 has physician's orders for adaptive equipment ASM # 2 stated, "No." When asked if it was appropriate or dignified to give Individual # 4 a tablespoon to eat their dinner, ASM # 2 stated, "No."

On 09/05/19 at 5:15 p.m. ASM (administrative staff member) # 1, clinical director, ASM # 2, program manager, RN [registered nurse] # 1, and LPN [licensed practical nurse] #1 were made aware of the findings.

No further information was provided prior to exit.

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

[2] A mental disorder that makes it hard to tell the difference between what is real and not real. This information was obtained from the website: https://medlineplus.gov/ency/article/000928.htm.
.

[3] Kidneys are damaged and can't filter blood as they should. This information was obtained from the website: https://medlineplus.gov/chronickidneydisease.htm

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 125	Continued From page 26 I. [4] A condition that includes a runny nose, sneezing, and nasal stuffiness. When hay allergies (hay fever) or a cold are not causing these symptoms, the condition is called nonallergic rhinitis. One type of nonallergic rhinitis is called nonallergic rhinopathy. This condition used to be known as vasomotor rhinitis. This information was obtained from the website: https://medlineplus.gov/ency/article/001648.htm	W 125		
W 159	QIDP CFR(s): 483.430(a) Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. This STANDARD is not met as evidenced by: Based on observation, facility document review and staff interview it was determined that the QIDP [Qualified Intellectual Disabilities Professional] failed to coordinate and monitor the active treatment program for three of four individuals in the survey sample, Individuals # 1, # 2 and # 3. 1. The QIDP failed to ensure the active treatment program for aspiration precautions for Individual # 1 was implemented. 2. The QIDP failed to ensure the active treatment program of medication administration for Individual # 2 was implemented according to the ISP [Individual Support Plan]. 3. The QIDP failed to ensure the active treatment program for aspiration precautions for Individual # 3 was implemented.	W 159		

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The findings include:

1. The QIDP failed to ensure the active treatment program for aspiration precautions for Individual # 1 was implemented.

Individual # 1 was a 75-year-old male, who was admitted to [Name of Group Home] on 10/16/2008. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), fragile x syndrome (2), benign prostatic hypertrophy (3), and obsessive-compulsive disorder (4).

On 09/04/19 at approximately 5:00 p.m., an observation was conducted of Individual # 1 during the dinner. Individual # 1 was seated at the kitchen table with three other individuals who resided at [name of group Home]. Individual # 1 was provided with a regular cup with milk, a regular dinner plate that contained a filet of fish, a serving of chopped spinach and a serving of cooked rice. Further observation revealed Individual # 1 was provided a tablespoon as his utensil to eat his meal.

The ISP [Individual Support Plan] for Individual # 1 dated 12/01/2018 through 11/30/2019 documented, "Desired Outcome: [Individual # 1] will be safe both at home and in the community daily at least 90% of the time for 12 consecutive months by 11/30/19. Support Activities & [and] Instructions: SEE ASPIRATION PROTOCOL."

The "Nutritional Assessment" for Individual # 1 dated 08/21/18 documented in part, "Food Texture and Eating: ...However, he is at risk for aspiration; see aspiration protocol for safety

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recommendation ..."

The "Aspiration Protocol" for Individual # 1 with a review date of "6/13/19" documented in part, "Prevention: Encourage [Individual # 1] to decrease bite and swallow before taking another bite ..."

On 09/06/19 at 9:55 a.m., an interview was conducted with ASM [administrative staff member] # 2, program manager. When asked who the QIDP was, ASM # 2 stated, "I am filling as the QIDP since July 22, 2019." ASM #2 was asked to describe the QIDP's responsibilities. ASM # 2 stated, "Make sure the individuals are being supported appropriately, ensure the programs can be implemented, and monitor staff to ensure plans/programs are implemented correctly." When asked how they ensure the plans or programs are being implemented correctly, ASM # 2 stated, "They conduct observations and if they find that it is not being done correctly they provide they will review the steps and may provide additional training to help the staff. When asked if Individual # 1's ISP outcome for aspiration protocol was being monitored to be implemented according to the ISP, ASM # 2 stated, "No."

The facility's policy "8.1 Qualified Intellectual Disabilities Professional" documented, "The QMRP is responsible for the integration, coordination, monitoring and development of the Individual Service Plan, and to ensure quality active treatment in the program." Under "8.1.2 Qualified Intellectual Disabilities Professional Monitoring Of Services" it documented, "A. Review consumer records to include clinical, financial and medical to ensure prescribed

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treatment and services are being implemented correctly, documented appropriately and that any outside services have been incorporated into program services."

On 09/05/19 at 5:15 p.m. ASM (administrative staff member) # 1, clinical director, ASM # 2, program manager, RN [registered nurse] # 1, and LPN [licensed practical nurse] #1 were made aware of the findings.

No further information was provided prior to exit.

References:
[1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100
[2] The most common form of inherited developmental disability. A problem with a specific gene causes the disease. This information was obtained from the website: https://medlineplus.gov/fragilexsyndrome.html.

[3] An enlarged prostate. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/enlargedprostatebph.html.

[4] A common, chronic and long-lasting disorder in which a person has uncontrollable, reoccurring

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thoughts (obsessions) and behaviors (compulsions) that he or she feels the urge to repeat over and over. This information was obtained from the website: http://www.nimh.nih.gov/health/topics/obsessive-compulsive-disorder-ocd/index.shtml.

2. The QIDP failed to ensure the active treatment program of medication administration for Individual # 2 was implemented according to the ISP [Individual Support Plan].

Individual # 2 was a 58-year-old female, who was admitted to [Name of Group Home] on 11/14/2018. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), mild cerebral palsy (2), seizures (3), and anxiety (4).

On 09/04/19 at approximately 5:15 p.m., an observation was conducted of DSP [direct support professional # 4 during the medication administration observation at [Name of Group Home]. DSP # 4 was observed washing her hands, unlocking and then opening the door to the medication room on the lower floor. DSP #4 opened the medication cabinet inside the medication room, and removed the box containing Individual # 2's medications, then remove several bubble cards containing tablets. DSP #4 opened the drawer under the medication preparation table, removed a plastic medication cup with her thumb and index finger, with her thumb placed inside the cup and placed it on the table. DSP # 4 removed the appropriate bubble card, placed the plastic medication cup under the card, dispensed the tablet into the cup. DSP # 4 placed the tablet into Individual# 2's pill crusher, crushed the tablet, and placed it in a single

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serving container of applesauce. DSP # 4 took the container of applesauce and a coated spoon to the living room on the lower level of the group home where Individual # 2 was sitting on the sofa with another staff member. DSP # 4 approached Individual # 2, told her it was time to take her medication, identified the medication and fed Individual # 2 the applesauce mixed with the medication until she consumed it all.

The ISP [Individual Support Plan] for Individual # 2 with a start date of 12/14/2018 and an end date of 12/13/2019 documented, "Desired Outcome: I will increase my medication management skills. Support Activities & Instructions: [Individual # 2] will hold her cup of water with staff assistance during medication administration. Support Instructions: 1. When it is time for medication, [Individual # 2] will be assisted to the medication room. 2. [Individual # 2] will be assisted to take her prepared medications. 3. [Individual # 2] will be handed a cup of water with a straw to hold and drink from with staff assistance. 4. [Individual # 2] will be praised for her participation upon completion of this task. If [Individual # 2] refuses to participate in this activity, staff will document progress/barriers on her data collection and incredible. Type: Skill Building. Frequency: Daily."

On 09/05/19 at 8:15 a.m., an interview was conducted with DSP [Direct support Professional] # 4 regarding Individual # 2's medication management outcome during the medication administration on 09/04/19. When asked about the ISP outcome for medication management, DSP # 4 stated, "She has one for 5 p.m. [5:00 p.m.] medication." When asked if the medication outcome was implemented during the medication

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administration observation above, DSP # 4 stated, "No." It should have been implemented."

On 09/06/19 at 9:55 a.m., an interview was conducted with ASM [administrative staff member] # 2, program manager. When asked who the QIDP was ASM # 2 stated, "I am filling as the QIDP since July 22, 2019." When asked if Individual # 2's ISP outcome for medication management was being monitored to ensure it was implemented according to the ISP, ASM # 2 stated, "No."

On 09/05/19 at 5:25 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) was made aware of the above finding.

No further information was provided prior to exit.

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

[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/cerebralpals

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y.html.

[3] 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.

[4] Fear. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/anxiety.html #summary.

3. The QIDP failed to ensure the active treatment program for aspiration precautions for Individual # 3 was implemented.

Individual # 3 was a 69-year-old male, who was admitted to [Name of Group Home] on 03/28/1982. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), tardive dyskinesia (2), benign prostatic hypertrophy (3), and glaucoma (4).

On 09/04/19 at approximately 5:00 p.m., an observation was conducted of Individual # 3 during the dinner. Individual # 3 was seated at the kitchen table with three other individuals who resided at [name of group Home]. Individual # 3 was provided with a regular cup with milk, a regular dinner plate that contained a filet of fish, a serving of chopped spinach and a serving of cooked rice. Further observation revealed Individual # 3 was provided a tablespoon as his utensil to eat his meal.

The ISP [Individual Support Plan] for Individual #

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3 dated 04/01/2019 through 03/31/2020 documented, "Desired Outcome: [Individual # 3] will be safe both at home and in the community daily at least 90% of the time for 12 consecutive months by 03/31/20. Support Activities & [and] Instructions: ASPIRATION PROTOCOL."

The "Nutritional Assessment" for Individual # 3 dated 09/04/18 documented in part, "Food Texture and Eating: ...see aspiration protocol for safety recommendation ..."

The "Aspiration Protocol" for Individual # 3 with a review date of "6/13/19" documented in part, "Prevention: Encourage him to take small bites and eat slowly."

On 09/06/19 at 9:55 a.m., an interview was conducted with ASM [administrative staff member] # 2, program manager. When asked who the QIDP was ASM # 2 stated, "I am filling as the QIDP since July 22, 2019." When asked if Individual # 3's ISP outcome for aspiration protocol was being monitored to be implemented according to the ISP ASM # 2 stated, "No."

An attempt was made to interview DSP # 7 however; they were unavailable during the days of the survey.

On 09/05/19 at 5:15 p.m. ASM (administrative staff member) # 1, clinical director, ASM # 2, program manager, RN [registered nurse] # 1, and LPN [licensed practical nurse] #1 were made aware of the findings.

No further information was provided prior to exit.

References:

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W 159	Continued From page 35 [1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100 [2] Characterized by repetitive, involuntary, purposeless movements. Features of the disorder may include grimacing, tongue protrusion, lip smacking, puckering and pursing, and rapid eye blinking. Rapid movements of the arms, legs, and trunk may also occur. Involuntary movements of the fingers may be present. This information was obtained from the website: http://www.ninds.nih.gov/disorders/tardive/tardive.htm. [3] An enlarged prostate. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/enlargedprostatebph.html. [4] A group of diseases that can damage the eye's optic nerve. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/glaucoma.html.	W 159		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has	W 249		

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formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.

This STANDARD is not met as evidenced by:
Based on observation, facility document review and staff interview it was determined that the facility staff failed to implement the active treatment program for three of two individuals during the medication administration observation, Individuals # 1, # 2, and # 3.

1. The facility staff failed to implement the active treatment program for Individual # 1's aspiration protocol.

2. The facility staff failed to implement the active treatment program of medication administration for Individual # 2.

3. The facility staff failed to implement the active treatment program for Individual # 3's aspiration protocol.

The findings include:

1. The facility staff failed to implement the active treatment program for Individual # 1's aspiration protocol.

Individual # 1 was a 75-year-old male, who was admitted to [Name of Group Home] on 10/16/2008. Diagnoses in the clinical record

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included but were not limited to: severe intellectual disability (1), fragile x syndrome (2), benign prostatic hypertrophy (3), and obsessive-compulsive disorder (4).

On 09/04/19 at approximately 5:00 p.m., an observation was conducted of Individual # 1 during the dinner. Individual # 1 was seated at the kitchen table with three other individuals who resided at [name of group Home]. Individual # 1 was provided with a regular cup with milk, a regular dinner plate that contained a filet of fish, a serving of chopped spinach and a serving of cooked rice. Further observation revealed Individual # 1 was provided a tablespoon as his utensil to eat his meal.

The ISP [Individual Support Plan] for Individual # 1 dated 12/01/2018 through 11/30/2019 documented, "Desired Outcome: [Individual # 1] will be safe both at home and in the community daily at least 90% of the time for 12 consecutive months by 11/30/19. Support Activities & [and] Instructions: SEE ASPIRATION PROTOCOL."

The "Nutritional Assessment" for Individual # 1 dated 08/21/18 documented in part, "Food Texture and Eating: ...However, he is at risk for aspiration; see aspiration protocol for safety recommendation ..."

The "Aspiration Protocol" for Individual # 1 with a review date of "6/13/19" documented in part, "Prevention: Encourage [Individual # 1] to decrease bite and swallow before taking another bite ..."

On 09/06/19 at 9:55 a.m., an interview was conducted with ASM [administrative staff

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member] # 2, program manager. When asked if Individuals # 1 has aspiration precautions as part of their ISP, ASM # 2 stated, "Yes." When asked if the precautions restrict the amount of food the individuals should be consuming at each bite, ASM # 2 reviewed the aspiration protocol for Individual # 1 and stated, "Yes." When asked if Individual # 1 using a tablespoon to eat with would increase the risk of aspiration, ASM # 2 stated, "We are putting them at risk for aspiration." When asked if the ISP was being implemented, ASM # 2 stated, "No." When asked about DSP [direct support professional] # 7 who provided the tablespoon to Individual # 1 to use to eat their dinner on 09/04/19, ASM # 2 stated, "He was a relief staff, he is employed by the company and fills in at any of the homes as needed."

An attempt was made to interview DSP # 7 however; they were unavailable during the days of the survey.

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."

On 09/05/19 at 5:15 p.m. ASM (administrative staff member) # 1, clinical director, ASM # 2, program manager, RN [registered nurse] # 1, and

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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LPN [licensed practical nurse] #1 were made aware of the findings.

No further information was provided prior to exit.

References:
[1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100
[2] The most common form of inherited developmental disability. A problem with a specific gene causes the disease. This information was obtained from the website: https://medlineplus.gov/fragilexsyndrome.html.

[3] An enlarged prostate. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/enlargedprostatebph.html.

[4] A common, chronic and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (obsessions) and behaviors (compulsions) that he or she feels the urge to repeat over and over. This information was obtained from the website: http://www.nimh.nih.gov/health/topics/obsessive-compulsive-disorder-ocd/index.shtml.

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2. The facility staff failed to implement the active treatment program of medication administration for Individual # 2.

Individual # 2 was a 58-year-old female, who was admitted to [Name of Group Home] on 11/14/2018. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), mild cerebral palsy (2), seizures (3), and anxiety (4).
Based on observation, facility document review and staff interview it was determined that the facility staff failed to administer medication according to clinical standards for two of two individuals in the medication administration observation, Individuals # 2 and # 4.

1. The facility staff failed to keep their fingers out of the medication cup prior to dispensing medication into the cup and administering it to Individual # 2.

2. The facility staff failed to keep their fingers off the nasal applicator prior to inserting it into Individual # 4's nostril to administer the medication.

The findings include:

1. The facility staff failed to keep their fingers out of the medication cup prior to dispensing medication into the cup and administering it to Individual # 2.

Individual # 2 was a 58-year-old female, who was admitted to [Name of Group Home] on 11/14/2018. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), mild cerebral palsy (2),

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W 249	Continued From page 41 seizures (3), and anxiety (4). On 09/04/19 at approximately 5:15 p.m., an observation was conducted of DSP [direct support professional # 4 during the medication administration observation at [Name of Group Home]. DSP # 4 was observed washing her hands, unlocking and then opening the door to the medication room on the lower floor. DSP #4 opened the medication cabinet inside the medication room, and removed the box containing Individual # 2's medications, then remove several bubble cards containing tablets. DSP #4 opened the drawer under the medication preparation table, removed a plastic medication cup with her thumb and index finger, with her thumb placed inside the cup and placed it on the table. On 09/05/19 at 8:15 a.m., an interview was conducted with DSP [Direct support Professional] # 4 regarding the medication administration on 09/04/19 to Individual # 2. When asked how staff should handle the plastic medication cups, DSP # 4 stated, "You should hold it from the outside or the bottom to prevent cross contamination." When informed of the observation of Individual # 2's medication administration on 09/04/19, DSP # 4 stated, "I should have grabbed it from the outside." On 09/05/19 at 5:15 p.m. ASM (administrative staff member) # 1, clinical director, ASM # 2, program manager, RN [registered nurse] # 1, and LPN [licensed practical nurse] #1 were made aware of the findings. No further information was provided prior to exit.	W 249		

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

[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.

[3] 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.

[4] Fear. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/anxiety.html#summary.

2. The facility staff failed to keep their fingers off the nasal applicator prior to inserting it into Individual # 4's nostril to administer the medication.

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Individual # 4 was a 61-year-old male, who was admitted to [Name of Group Home] on 03/14/1982. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), schizophrenia (2), chronic kidney disease (3), and chronic rhinitis (4).

On 09/05/19 at approximately 6:56 a.m., an observation was conducted of DSP [direct support professional] # 4 during the medication administration observation at [Name of Group Home] with Individual # 4. DSP # 4 put on a pair of plastic gloves, and removed a box from Individual # 4's medication bin. DSP #4 then opened the box and removed a bottle of nasal spray, turned the pages of the MAR [medication administration record], with the same fingers touched the nasal applicator, then inserted the applicator into each of Individual # 4's nostrils and administered two spays into each nostril.

The POS [physician order sheet] for Individual # 4 documented, "Fluticasone 50MCG [micrograms]. Use 2 [two] sprays in each nostril daily. Dx [diagnosis] chronic rhinitis. Date: 10/20/2009."

On 09/05/19 at 8:15 a.m., an interview was conducted with DSP [Direct support Professional] # 4 regarding the medication administration on 09/05/19 to Individual # 4. When asked to describe the purpose of wearing gloves when administering a nasal spray, DSP # 4 stated, "To prevent contamination." When asked how staff should handle the nasal spray in terms of hand placement, DSP # 4 stated, "I hold the bottle so I can spray it." When informed of the observation

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of Individual # 2's medication administration on 09/05/19, DSP # 4 stated she wasn't aware she had touched the nasal applicator. DSP # 4 further stated, "I should have gotten things together before I put the gloves on and then given the nasal spray."

On 09/05/19 at 5:15 p.m. ASM (administrative staff member) # 1, clinical director, ASM # 2, program manager, RN [registered nurse] # 1, and LPN [licensed practical nurse] #1 were made aware of the findings.

No further information was provided prior to exit.

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

[2] A mental disorder that makes it hard to tell the difference between what is real and not real. This information was obtained from the website: https://medlineplus.gov/ency/article/000928.htm.

[3] Kidneys are damaged and can't filter blood, as they should. This information was obtained from the website: https://medlineplus.gov/chronickidneydisease.html.

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[4] A condition that includes a runny nose, sneezing, and nasal stuffiness. When hay allergies (hay fever) or a cold are not causing these symptoms, the condition is called nonallergic rhinitis. One type of nonallergic rhinitis is called nonallergic rhinopathy. This condition used to be known as vasomotor rhinitis. This information was obtained from the website: https://medlineplus.gov/ency/article/001648.htm The ISP [Individual Support Plan] for Individual # 2 with a start date of 12/14/2018 and an end date of 12/13/2019 documented, "Desired Outcome: I will increase my medication management skills. Support Activities & Instructions: [Individual # 2] will hold her cup of water with staff assistance during medication administration. Support Instructions: 1. When it is time for medication, [Individual # 2] will be assisted to the medication room. 2. [Individual # 2] will be assisted to take her prepared medications. 3. [Individual # 2] will be handed a cup of water with a straw to hold and drink from with staff assistance. 4. [Individual # 2] will be praised for her participation upon completion of this task. If [Individual # 2] refuses to participate in this activity, staff will document progress/barriers on her data collection and incredible. Type: Skill Building. Frequency: Daily."

On 09/05/19 at 8:15 a.m., an interview was conducted with DSP [Direct support Professional] # 4 regarding Individual # 2's medication management outcome during the medication administration on 09/04/19. When asked about the ISP outcome for medication management, DSP # 4 stated, "She has one for 5 p.m. [5:00 p.m.] medication." When asked if the medication outcome was implemented during the medication

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administration observation above, DSP # 4 stated, "No." It should have been implemented."

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."

On 09/05/19 at 5:25 p.m. ASM (administrative staff member) # 1, program manager of (Name of Group Home) was made aware of the above finding.

No further information was provided prior to exit.

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

[2] A group of disorders that affect a person's ability to move and to maintain balance and

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posture. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/cerebralpalsy.html.

[3] 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.

[4] Fear. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/anxiety.html#summary.

3. The facility staff failed to implement the active treatment program for Individual # 3's aspiration protocol.

Individual # 3 was a 69-year-old male, who was admitted to [Name of Group Home] on 03/28/1982. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), tardive dyskinesia (2), benign prostatic hypertrophy (3), and glaucoma (4).

On 09/04/19 at approximately 5:00 p.m., an observation was conducted of Individual # 3 during the dinner. Individual # 3 was seated at the kitchen table with three other individuals who resided at [name of group Home]. Individual # 3 was provided with a regular cup with milk, a regular dinner plate that contained a filet of fish, a serving of chopped spinach and a serving of cooked rice. Further observation revealed Individual # 3 was provided a tablespoon as his

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W 249	Continued From page 48 utensil to eat his meal. The ISP [Individual Support Plan] for Individual # 3 dated 04/01/2019 through 03/31/2020 documented, "Desired Outcome: [Individual # 3] will be safe both at home and in the community daily at least 90% of the time for 12 consecutive months by 03/31/20. Support Activities & [and] Instructions: ASPIRATION PROTOCOL." The "Nutritional Assessment" for Individual # 3 dated 09/04/18 documented in part, "Food Texture and Eating: ...see aspiration protocol for safety recommendation ..." The "Aspiration Protocol" for Individual # 3 with a review date of "6/13/19" documented in part, "Prevention: Encourage him to take small bites and eat slowly." On 09/06/19 at 9:55 a.m., an interview was conducted with ASM [administrative staff member] # 2, program manager. When asked if Individuals # 3 has aspiration precautions as part of their ISP, ASM # 2 stated, "Yes." When asked if the precautions restrict the amount of food the individuals should be consuming at each bite, ASM # 2 reviewed the aspiration protocol for Individual # 3 and stated, "Yes." When asked if Individual # 3 using tablespoons to eat with would increase the risk of aspiration, ASM # 2 stated, "We are putting them at risk for aspiration." When asked if the ISP was being implemented, ASM # 2 stated, "No." When asked about DSP [direct support professional] # 7 who provided the tablespoon to Individual # 1 to use to eat their dinner on 09/04/19 ASM # 2 stated, "He was a relief staff, he is employed by the company and fills in at any of the homes as needed."	W 249		

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An attempt was made to interview DSP # 7 however; they were unavailable during the days of the survey.

On 09/05/19 at 5:15 p.m. ASM (administrative staff member) # 1, clinical director, ASM # 2, program manager, RN [registered nurse] # 1, and LPN [licensed practical nurse] #1 were made aware of the findings.

No further information was provided prior to exit.

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

[2] Characterized by repetitive, involuntary, purposeless movements. Features of the disorder may include grimacing, tongue protrusion, lip smacking, puckering and pursing, and rapid eye blinking. Rapid movements of the arms, legs, and trunk may also occur. Involuntary movements of the fingers may be present. This information was obtained from the website: http://www.ninds.nih.gov/disorders/tardive/tardive.htm.

[3] An enlarged prostate. This information was

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W 249	Continued From page 50 obtained from the website: https://www.nlm.nih.gov/medlineplus/enlargedprostatebph.html. [4] A group of diseases that can damage the eye's optic nerve. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/glaucoma.html.	W 249		
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, facility document review and staff interview it was determined that the facility staff failed to administer medication according to clinical standards for two of two individuals in the medication administration observation, Individuals # 2 and # 4. 1. The facility staff failed to keep their fingers out of the medication cup prior to dispensing medication into the cup and administering it to Individual # 2. 2. The facility staff failed to keep their fingers off the nasal applicator prior to inserting it into Individual # 4's nostril to administer the medication. The findings include: 1. The facility staff failed to keep their fingers out	W 369		

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of the medication cup prior to dispensing medication into the cup and administering it to Individual # 2.

Individual # 2 was a 58 year old female, who was admitted to [Name of Group Home] on 11/14/2018. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), mild cerebral palsy (2), seizures (3), and anxiety (4).

On 09/04/19 at approximately 5:15 p.m., an observation was conducted of DSP [direct support professional] # 4 during the medication administration observation at [Name of Group Home]. DSP # 4 was observed to wash her hands, unlock and open the door to the medication room on the lower floor, open the medication cabinet inside the medication room, remove the box containing Individual # 2's medications, remove several bubble cards containing tablets, open the drawer under the medication preparation table, removed a plastic medication cup with her thumb and index finger, with her thumb placed inside the cup and placed it on the table. DSP # 4 removed the appropriate bubble card, placed the plastic medication cup under the card, dispensed the tablet into the cup and administered the medication to Individual # 2.

On 09/05/19 at 8:15 a.m., an interview was conducted with DSP [Direct support Professional] # 4 regarding the medication administration on 09/04/19 to Individual # 2. When asked about how to handle the plastic medication cups DSP # 4 stated, "You should hold it from the outside or the bottom to prevent cross contamination." When informed of the observation of Individual # 2's medication administration on 09/04/19, DSP #

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4 stated, "I should have grabbed it from the outside."

On 09/05/19 at 5:15 p.m. ASM (administrative staff member) # 1, clinical director, ASM # 2, program manager, RN [registered nurse] # 1, and LPN [licensed practical nurse] #1 were made aware of the findings.

No further information was provided prior to exit.

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

[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.

[3] 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.

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[4] Fear. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/anxiety.html #summary.

2. The facility staff failed to keep their fingers off the nasal applicator prior to inserting it into Individual # 4's nostril to administer the medication.

Individual # 4 was a 61 year old male, who was admitted to [Name of Group Home] on 03/14/1982. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), schizophrenia (2), chronic kidney disease (3), and chronic rhinitis (4).

On 09/05/19 at approximately 6:56 a.m., an observation was conducted of DSP [direct support professional] # 4 during the medication administration observation at [Name of Group Home] with Individual # 4. DSP # 4 put on a pair of plastic gloves, removed a box from Individual # 4's medication bin, opened the box and removed a bottle of nasal spray, turned the pages of the MAR [medication administration record], with the same fingers touched the nasal applicator, then inserted the applicator into each of Individual # 4's nostrils and administered two spays into each nostril.

The POS [physician order sheet] for Individual # 4 documented, "Fluticasone 50MCG [micrograms]. Use 2 [two] sprays in each nostril daily. Dx [diagnosis] chronic rhinitis. Date: 10/20/2009."

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On 09/05/19 at 8:15 a.m., an interview was conducted with DSP [Direct support Professional] # 4 regarding the medication administration on 09/05/19 to Individual # 4. When asked to describe the purpose of wearing gloves when administering a nasal spray DSP # 4 stated, "To prevent contamination." When asked about how to handle the nasal spray in terms of hand placement DSP # 4 stated, "I hold the bottle so I can spray it." When informed of the observation of Individual # 2's medication administration on 09/05/19, SP # 4 stated she wasn't aware she had touched the nasal applicator. DSP # 4 further stated, "I should have gotten things together before I put the gloves on and then given the nasal spray."

On 09/05/19 at 5:15 p.m. ASM (administrative staff member) # 1, clinical director, ASM # 2, program manager, RN [registered nurse] # 1, and LPN [licensed practical nurse] #1 were made aware of the findings.

No further information was provided prior to exit.

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

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W 369	Continued From page 55 [2] A mental disorder that makes it hard to tell the difference between what is real and not real. This information was obtained from the website: https://medlineplus.gov/ency/article/000928.htm. scoliosis (a sideways curve of your backbone, or spine.) This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/scoliosis.html. [3] Kidneys are damaged and can't filter blood as they should. This information was obtained from the website: https://medlineplus.gov/chronickidneydisease.html. [4] A condition that includes a runny nose, sneezing, and nasal stuffiness. When hay allergies (hayfever) or a cold are not causing these symptoms, the condition is called nonallergic rhinitis. One type of nonallergic rhinitis is called nonallergic rhinopathy. This condition used to be known as vasomotor rhinitis. This information was obtained from the website: https://medlineplus.gov/ency/article/001648.htm	W 369		
W 420	CLIENT BEDROOMS CFR(s): 483.470(b)(4)(iv) The facility must provide each client with functional furniture, appropriate to the clients needs. This STANDARD is not met as evidenced by: Based on observations and staff interview, it was determined that the facility staff failed to maintain the environment in good repair.	W 420		

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The facility staff failed to maintain one of three individual's bathrooms in good repair.

The findings include:

On 09/04/19 at approximately 3:00 p.m., an observation of the upper level bathroom of [Name of Group Home] to the left of the hall closet when facing it revealed the shower curtain rod was covered in reddish-brown rust. The grout between the ceramic tiles on the wall inside the shower stall was covered in a brown/blackish substance on the front and sidewalls of the shower stall.

On 09/05/19 at approximately 12:30 p.m., an observation of the upper level bathroom of [Name of Group Home] to the left of the hall closet when facing it revealed the shower curtain rod was covered in reddish-brown rust. The grout between the ceramic tiles on the wall inside the shower stall was covered in a brown/blackish substance on the front and sidewalls of the shower stall.

On 09/05/19 at 2:00 p.m., an observation of the upper level bathroom located to the left of the hall closet when facing it was conducted with ASM [administrative staff member] # 2, program manager. When shown the shower curtain rod ASM # 2 stated it was rusty and needed to be replaced. After observing the grout between the ceramic tiles on the front side and back walls of the shower stall, ASM # 2 stated, "It should be as white as the tiles."

On 09/05/19 at 5:15 p.m. ASM (administrative staff member) # 1, clinical director, ASM # 2, program manager, RN [registered nurse] # 1, and LPN [licensed practical nurse] #1 were made aware of the findings.

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W 420	Continued From page 57 No further information was provided prior to exit.	W 420		
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on facility document review and staff interview, it was determined that the facility staff failed to conduct fire drills for each shift quarterly. The finding include: Review of the facility's "Monthly Fire and Evacuation Drill and Fire Inspection Report" forms dated 07/2018 through 08/2019 failed to evidence that fire drills were conducted on the 3:00 p.m. to 11:00 p.m. shift between: April 2019 through August 2019. On 09/04/19 at approximately 3:15 p.m., an interview was conducted with ASM (administrative staff member) # 2, program manager. When informed of the missing fire drills on the dates listed above, ASM # 2 stated, I'll check." At 5:00 p.m., review was conducted with ASM #2 and it was acknowledged that the fire drills were not conducted quarterly for each shift. ASM #2 stated, "They were delegated and I didn't follow-up." On 09/05/19 at 5:15 p.m. ASM (administrative staff member) # 1, clinical director, ASM # 2, program manager, RN [registered nurse] # 1, and LPN [licensed practical nurse] #1 were made	W 440		

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W 440	Continued From page 58 aware of the findings. No further information was provided.	W 440		
W 455	INFECTION CONTROL CFR(s): 483.470(l)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observations and staff interviews it was determined that the facility staff failed to follow infection control practices for one of three individuals in the survey sample, Individual # 3 and during the medication administration observation. The facility staff failed to store Individual # 4's C-PAP [1] mask in a sanitary manner. The findings include: Individual # 4 was a 61-year-old male, who was admitted to [Name of Group Home] on 03/14/1982. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability [2], schizophrenia [3], chronic kidney disease [4], and sleep apnea [5]. On 09/04/19 at approximately 3:15 p.m. an observation of Individual # 4's room revealed a C-PAP [continuous positive air pressure] mask laying on his bedside table uncovered. On 09/05/19 at approximately 12:15 p.m. an observation of Individual # 4's room revealed a	W 455		

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C-PAP [continuous positive air pressure] mask laying on his bedside table uncovered.

The POS [physician order sheet] for Individual # 4 dated 09/01/19 to 09/30/19 documented, "CPAP at 14 CM [centimeters] water pressure humidity at bedtime while sleeping. Dx: [diagnosis]: sleep apnea. Date: 12/05/2018."

On 09/05/19 at approximately 1:00 p.m., an interview was conducted with LPN [licensed practical nurse] # 1 and RN [registered nurse] # 1 regarding the storage of Individual # 4's C-PAP mask. When asked if a C-PAP mask was considered respiratory equipment, LPN # 1 stated, "Yes." When asked how the mask should be stored when not in use, LPN # 1 stated, "It should be stored in a clean place where it cannot get contaminated." When asked to explain a 'clean place', RN # 1 stated, "It could be placed in a plastic bag or a plastic container with a cover."

On 09/06/19 at approximately 10:30 a.m., LPN # 1 provided this surveyor with a copy of the facility's "CPAP Guidelines" for Individual # 4. The guidelines documented in part, "Storing CPAP Machine: After cleaning the CPAP mask, let it air dry for about 30 minutes; Store the CPAP accessories (mask and tubing) in a clean container with a lid to prevent contamination; In the absence of a container, Store in a plastic bag when dry to prevent moisture/contamination; Do not expose to air because it can be contaminated; During 30 minute medication checks, go back and ensure CPAP accessories are properly stored and sign off. Updated on 9/5/19" and signed by [Name of LPN # 1].

On 09/05/19 at 5:15 p.m. ASM (administrative

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staff member) # 1, clinical director, ASM # 2, program manager, RN [registered nurse] # 1, and LPN [licensed practical nurse] #1 were made aware of the findings.

No further information was provided prior to exit.

References:
[1] Positive airway pressure (PAP) treatment uses a machine to pump air under pressure into the airway of the lungs. This helps keep the windpipe open during sleep. The forced air delivered by CPAP (continuous positive airway pressure) prevents episodes of airway collapse that block the breathing in people with obstructive sleep apnea and other breathing problems. This information was obtained from the website: https://medlineplus.gov/ency/article/001916.htm.

[2] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100
[3] A mental disorder that makes it hard to tell the difference between what is real and not real. This information was obtained from the website: https://medlineplus.gov/ency/article/000928.htm.
[4] Kidneys are damaged and can't filter blood as they should. This information was obtained from the website:

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W 455	Continued From page 61 https://medlineplus.gov/chronickidneydisease.html. [5] Sleep apnea is a common disorder that causes your breathing to stop or get very shallow. Breathing pauses can last from a few seconds to minutes. They may occur 30 times or more an hour. This information was obtained from the website: https://medlineplus.gov/sleepapnea.html.	W 455		
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv) Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observations and staff interviews it was determined that the facility staff failed to provide the proper eating utensil for eating for three of four individuals in the survey sample, Individual # 1, # 3 and # 4. 1. The facility staff failed to provide Individual # 1 with a knife, fork or regular size tablespoon to eat their dinner. 2. The facility staff failed to provide Individual # 3 with a knife, fork or regular size tablespoon to eat their dinner. 3. The facility staff failed to provide Individual # 4 with a knife, fork or regular size tablespoon to eat their dinner. The findings include: 1. The facility staff failed to provide Individual # 1 with a knife, fork or regular size tablespoon to eat their dinner.	W 475		

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Individual # 1 was a 75-year-old male, who was admitted to [Name of Group Home] on 10/16/2008. Diagnoses in the clinical record included but were not limited to: severe intellectual disability (1), fragile x syndrome (2), benign prostatic hypertrophy (3), and obsessive compulsive disorder (4).

On 09/04/19 at approximately 5:00 p.m., an observation was conducted of Individual # 1 during the dinner. Individual # 1 was seated at the kitchen table with three other individuals who resided at [name of group Home]. Individual # 1 was provided with a regular cup with milk, a regular dinner plate that contained a filet of fish, a serving of chopped spinach and a serving of cooked rice. Further observation revealed Individual # 1 was provided a tablespoon as his utensil to eat his meal.

On 09/06/19 at 9:55 a.m., an interview was conducted with ASM [administrative staff member] # 2, program manager. When asked what utensils should be provided to an individual to use to eat their meals, ASM # 2 stated, "Depending on what the physician has ordered, specialized utensils. If there is no order they should be given regular size utensils, fork and teaspoon." When asked if Individuals # 1 has physician's orders for adaptive equipment, ASM # 2 stated, "No." When asked if it was appropriate or dignified to give Individual # 1, a tablespoon to eat their dinner, ASM # 2 stated, "No."

The facility's policy "2.1 Human Rights Plan" documented, "2.1.4 Dignity. Individuals shall be treated with dignity as a human being and free from abuse. This Human Rights Plan defines

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more specifically those rights that are protected as essential to the individual's dignity. The right enumerated below may not be restricted or limited solely because an individual has a mental health or substance use disorder or an intellectual disability and is receiving services for these conditions or has any physical or sensory condition that may pose a barrier to communication or mobility."

On 09/05/19 at 5:15 p.m. ASM (administrative staff member) # 1, clinical director, ASM # 2, program manager, RN [registered nurse] # 1, and LPN [licensed practical nurse] #1 were made aware of the findings.

No further information was provided prior to exit.

References:
[1] Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100
[2] The most common form of inherited developmental disability. A problem with a specific gene causes the disease. This information was obtained from the website: https://medlineplus.gov/fragilexsyndrome.html.

[3] An enlarged prostate. This information was obtained from the website:

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https://www.nlm.nih.gov/medlineplus/enlargedprostatebph.html.

[4] A common, chronic and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (obsessions) and behaviors (compulsions) that he or she feels the urge to repeat over and over. This information was obtained from the website: http://www.nimh.nih.gov/health/topics/obsessive-compulsive-disorder-ocd/index.shtml.

2. The facility staff failed to provide Individual # 3 with a knife, fork or regular size tablespoon to eat their dinner.

Individual # 3 was a 69-year-old male, who was admitted to [Name of Group Home] on 03/28/1982. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), tardive dyskinesia (2), benign prostatic hypertrophy (3), and glaucoma (4).

On 09/04/19 at approximately 5:00 p.m., an observation was conducted of Individual # 3 during the dinner. Individual # 3 was seated at the kitchen table with three other individuals who resided at [name of group Home]. Individual # 3 was provided with a regular cup with milk, a regular dinner plate that contained a filet of fish, a serving of chopped spinach and a serving of cooked rice. Further observation revealed Individual # 3 was provided a tablespoon as his utensil to eat his meal.

On 09/06/19 at 9:55 a.m., an interview was conducted with ASM [administrative staff member] # 2, program manager. When asked

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what utensils should be provided to an individual to use to eat their meals, ASM # 2 stated, "Depending on what the physician has ordered, specialized utensils. If there is no order they should be given regular size utensils, fork and teaspoon." When asked if Individuals # 3 has physician's orders for adaptive equipment, ASM # 2 stated, "No." When asked if it was appropriate or dignified to give Individual # 3, a tablespoon to eat their dinner, ASM # 2 stated, "No."

On 09/05/19 at 5:15 p.m. ASM (administrative staff member) # 1, clinical director, ASM # 2, program manager, RN [registered nurse] # 1, and LPN [licensed practical nurse] #1 were made aware of the findings.

No further information was provided prior to exit.

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

[2] Characterized by repetitive, involuntary, purposeless movements. Features of the disorder may include grimacing, tongue protrusion, lip smacking, puckering and pursing, and rapid eye blinking. Rapid movements of the arms, legs, and trunk may also occur. Involuntary movements of

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH 16TH STREET GRP HOME	5563 N 16TH STREET ARLINGTON, VA 22205

(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 475	Continued From page 66	W 475		

the fingers may be present. This information was obtained from the website: http://www.ninds.nih.gov/disorders/tardive/tardive.htm.

[3] An enlarged prostate. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/enlargedprostatebph.html.

[4] A group of diseases that can damage the eye's optic nerve. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/glaucoma.html.

3. The facility staff failed to provide Individual # 4 with a knife, fork or regular size tablespoon to eat their dinner.

Individual # 4 was a 61-year-old male, who was admitted to [Name of Group Home] on 03/14/1982. Diagnoses in the clinical record included but were not limited to: moderate intellectual disability (1), schizophrenia (2), chronic kidney disease (3), and chronic rhinitis (4).

On 09/04/19 at approximately 5:00 p.m., an observation was conducted of Individual # 4 during the dinner. Individual # 4 was seated at the kitchen table with three other individuals who resided at [name of group Home]. Individual # 4 was provided with a regular cup with milk, a regular dinner plate that contained a filet of fish, a serving of chopped spinach and a serving of cooked rice. Further observation revealed Individual # 4 was provided a tablespoon as his utensil to eat his meal.

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	49G011	A. BUILDING _____ B. WING _____	09/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH 16TH STREET GRP HOME	5563 N 16TH STREET ARLINGTON, VA 22205

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W 475	Continued From page 67	W 475		

On 09/06/19 at 9:55 a.m., an interview was conducted with ASM [administrative staff member] # 2, program manager. When asked what utensils should be provided to an individual to use to eat their meals, ASM # 2 stated, "Depending on what the physician has ordered, specialized utensils. If there is no order they should be given regular size utensils, fork and teaspoon." When asked if Individuals # 4 has physician's orders for adaptive equipment, ASM # 2 stated, "No." When asked if it was appropriate or dignified to give Individual # 4 a tablespoon to eat their dinner, ASM # 2 stated, "No."

On 09/05/19 at 5:15 p.m. ASM (administrative staff member) # 1, clinical director, ASM # 2, program manager, RN [registered nurse] # 1, and LPN [licensed practical nurse] #1 were made aware of the findings.

No further information was provided prior to exit.

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

[2] A mental disorder that makes it hard to tell the difference between what is real and not real. This

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	49G011	A. BUILDING _____ B. WING _____	09/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH 16TH STREET GRP HOME	5563 N 16TH STREET ARLINGTON, VA 22205

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W 475	Continued From page 68 information was obtained from the website: https://medlineplus.gov/ency/article/000928.htm. [3] Kidneys are damaged and can't filter blood as they should. This information was obtained from the website: https://medlineplus.gov/chronickidneydisease.html. [4] A condition that includes a runny nose, sneezing, and nasal stuffiness. When hay allergies (hay fever) or a cold are not causing these symptoms, the condition is called nonallergic rhinitis. One type of nonallergic rhinitis is called nonallergic rhinopathy. This condition used to be known as vasomotor rhinitis. This information was obtained from the website: https://medlineplus.gov/ency/article/001648.htm	W 475		