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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G059 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/31/2022 |
| NAME OF PROVIDER OR SUPPLIER CRI PARLIAMENT DRIVE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 8714 PARLIAMENT DRIVE N SPRINGFLD, VA 22151 | |
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| E 000 | Initial Comments | E 000 | <p>1. All Residential and all Day support staff will be retrained on individual #3's diet texture order and required adaptive equipment needed during meal time per the ISP and individual #3's physician's order. All Day support staff will be retrained by the day support nurse and all residential staff will be retrained by the residential nurse and Program Manager.</p> <p>2. All Residential staff will be retrained by the nutritionist on individual #3's and all other individual's diet texture orders and required adaptive equipment needed during meal time per the physicians' orders and ISPs.</p> <p>3. All Residential staff will be retrained by the nutritionist on how to prepare pureed, ground, chopped, and regular texture diets using the food processor as needed and demonstrate an understanding of the differences in diet textures.</p> <p>4. All Day support staff will be retrained by the day support nurse on proper meal time etiquette when assisting individual #3 with feeding during meals. All Day support staff will be trained to ensure they are sitting down when assisting individual #3 and all other individuals with eating their meals and refrain from standing up while assisting an individual with eating their meals.</p> <p>5. The QIDP will conduct meal time observations at day support and at the residence on a monthly basis to ensure residential and day support staff are preparing the correct food texture, using the right adaptive equipment and sitting down at eye level when assisting individuals with feeding. Individual #3 will be monitored monthly as well as all other individuals who reside at Parliament ICF/ IID.</p> <p>6. The Program Manager will conduct Quarterly Audits during meal time at the residence and day support to ensure individual #3 and all other individuals are receiving the correct diet texture, using the correct adaptive equipment, and ensure that staff are sitting at eye level when assisting individuals with feeding. Individual #3 will be monitored quarterly by the Program Manager as well as all other individuals.</p> | 4/30/22 |
| W 000 | INITIAL COMMENTS | W 000 | | |
| W 474 | MEAL SERVICES CFR(s): 483.480(b)(2)(iii) | W 474 | | |
| | <p>An unannounced Emergency Preparedness (EP) survey was conducted 3/29/22 through 3/31/22. The facility was in substantial compliance with 42 CFR Part 483.73, 483.475, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities. No EP complaints were investigated during the survey.</p> <p>An unannounced Fundamental Medicaid re-certification survey was conducted 3/29/22 through 3/31/22. Corrections are required for compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). The Life Safety Code survey/report will follow. No complaints were investigated during the survey.</p> <p>The census in this 6 certified bed facility was 6 at the time of the survey. The survey sample consisted of 3 Individual reviews (Individuals #1 through #3).</p> <p>Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observation, staff interview, facility documentation review and clinical record review, the residential staff failed to ensure one Individual (Individual # 3) of three Individuals in the survey sample. The facility staff failed to provide food consistent with Individual # 3's physicians orders and Individual # 3's PCP (person centered plan) under Instructions and preference.</p> | | | |

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

Terell Jones

Terell Jones

TITLE

Clinical Director

(X6) DATE

4/16/22

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

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| W 474 | <p>Continued From page 1</p> <p>The findings include:</p> <p>The facility staff failed to provide a Ground Texture diet as per Individual # 3's Physicians Orders and in the PCP instructions.</p> <p>Individual # 3, who was admitted with diagnoses that included but were not limited to: profound intellectual disability, Cerebral Palsy and Gastroesophageal Reflux Disease.</p> <p>Review of the clinical record was conducted on 3/29/2022 and 3/30/2022.</p> <p>Review of the Physician Order Sheet signed on 3/2/2022 revealed documentation of the order under "Diet Orders: Ground food texture with added moisture on top of foods, high calories, no overly spicy/acidic/fatty foods, low fat milk [8 oz (ounces)] twice daily, no grapefruit/grapefruit juice, no caffeine; prune juice 4 oz daily, offer iron rich foods, Glucerna Advance /shake (1 bottle/8 oz) for Lunch and/or Dinner if meal intake is less than 75 %."</p> <p>Review of the Individual Program Care Plan for Individual # 3, Revision date 3/10/2022, Page 1 of 7 (from the residential home) revealed documentation .."is able to eat independently, but requires some assistance.....Her food should be served ground with added moisture on top of foods."</p> <p>On 3/30/2022 at 10:45 a.m. during the visit to the day program, Individual # 3 was observed sitting in her wheelchair participating in group activity in a large room with several other individuals.</p> <p>At approximately 10:55 a.m., an interview was</p> | W 474 | | | |

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| W 474 | <p>Continued From page 2</p> <p>conducted with the Day Program's Program Manager (Admin E) who stated he was familiar with Individual # 3 and that she had a Pureed Diet but did eat snacks like popcorn, cookies and chips. Admin E stated Individual # 3 had returned to the Day Program in June 2021 after break during the COVID-19 pandemic. A copy of the Day Program's Individualized Services Plan was requested and received.</p> <p>Review of the Individualized Services Plan from the Day Program effective 11/1/2021-10/31/2022 revealed documentation of Activities of Daily Living (strengths, needs, preferences, and plan), Under Nutrition - Diet Textures, three options were listed (chopped, ground and pureed). "Ground" was checked.</p> <p>At 11:47 a.m., the staff person (Employee D) was observed standing beside Individual # 3's wheelchair with a Styrofoam plate in her hand. There was an orangish-brown colored food in the disposable plate. Employee D began feeding Individual # 3 with a regular spoon. When asked, Employee D stated the food was "cheeseburger according to the label from the home" and "was pureed." The food was not recognizable as ground beef or meat. The food appeared to be pureed. There were no ground lumps of meat visible. The texture was not a ground texture as per the physician's orders.</p> <p>When asked if the adaptive plate and spoon were going to be used for Individual # 3, Employee D stated that Individual # 3 was "now on pureed foods" and was "not feeding herself." Employee D stated she was familiar with Individual # 3 and had worked with her for over 4 years. Employee D stated the Day Program had been closed for 14</p> | W 474 | | | |

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| W 474 | <p>Continued From page 3</p> <p>months during the COVID 19 pandemic and that Individual # 3 was different when she returned to the Day Program in June or July 2021. Employee D stated Individual # 3 "no longer gets chopped foods. She's now on Pureed foods." Employee D stated the staff at the Residential home provided the food for the Individuals to eat during lunch at the Day Program. Employee D stated the texture of the food being sent from the Residential home had changed to Pureed. Employee D also stated "I don't know if she lost interest during those 14 month break but she is not doing the things she used to do. And her food is pureed now, not chopped anymore." Employee D stated that Individual # 3 seemed to be having difficulty swallowing any chunks of food.</p> <p>On 3/30/2022 at approximately 12:50 p.m., an interview was conducted with the program manager (Admin-A). After reviewing Individual # 3's PCP outcomes for stated that the programs should have been implemented every meal including while at the Day Program. The Program Manager stated the Residential staff prepared the meals for Individual # 3 and sent them to the Day Program for the lunch meal. The Program Manager stated all of the staff knew that Individual # 3 had an order for Ground Texture of food.</p> <p>On 3/30/2022 at 3:30 p.m., an interview was conducted with the Residential Day Support Staff person (Employee-A) who was cooking dinner. When asked how many Individuals were on Pureed Diets, Employee-A stated there were two Individuals in the home who were on Pureed Diets. One of the two was identified as Individual # 3. When asked what apparatus was used to</p> | W 474 | | | |

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| W 474 | <p>Continued From page 4</p> <p>make the Pureed Diets, he stated "the food processor."</p> <p>On 3/31/2022 at 4:15 p.m., an interview was conducted in the dining room with the Day Support Staff person (Employee-B) who was working the Evening Shift. When asked how many Individuals were on Pureed Diets, the staff person (Employee-B) said "two." He listed Individual # 3 as one of the two on Pureed Diets. The Program Manager, Nurse and Clinical Manager were in the room when the surveyor asked the number of Individuals on Pureed Diets.</p> <p>On 3/30/2022 at 4:20 p.m., the Administrative staff were informed of the fact that Individual # 3 had an order for Ground texture foods with extra moisture on top but had been served Pureed food at the day Program during lunch that day. Two staff members (at the Day program stated Individual # 3 was "on pureed foods." Those staff members stated the Residential home sent the food already prepared for Individual # 3 and that it was Pureed.</p> <p>Two Day Support staff members at the residential home stated Individual # 3 was one of two Individuals who were on a Pureed diet.</p> <p>On 3/31/2022 at 10:20 a.m., an interview was conducted with the residential Program Manager (Admin-A) who stated there was a Dietitian who attended meetings with the staff and demonstrated how to modify the texture of foods. When asked to describe the process and differences in modified foods, Admin-A stated "Pureed food was smooth all around and Chopped food was cut up food to pea-sized pieces." The surveyor asked what about the other</p> | W 474 | | | |

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| W 474 | <p>Continued From page 5</p> <p>texture. Then Admin-A stated he would look at the resource manual "Oh, Ground food. " Admin-A stated for Ground food "run it in the blender at the lowest speed possible." Admin- A was asked the amount of time the food would be run at the lowest speed possible, and if that would technique would ensure the proper texture as prescribed by the Physician. Admin-A stated he was not sure of the amount of time and that this was something they needed to clarify.</p> <p>On 3/31/2022 at 10:50 a.m., interviews were conducted with the Clinical Director (Admin C) who stated Individual # 3 was on a Ground texture diet and there was only one resident in the home on a Pureed Diet. Admin C was asked to describe the differences between the Ground textured diet and the Pureed diet. Admin C described the differences between the three modified textured diets as "Pureed -consistency of pudding, Ground -looks like ground beef and Chopped- cut up into small pieces." Admin C stated she would utilize the manuals to determine the correct consistency for meals. When Admin C was asked how the residential staff would be able to determine exactly how long the food would be placed in a processor to attain the ground texture consistency, Admin C stated the staff should use the manuals and pictures provided. Admin C stated the Corporate Dietitian was available as a resource and had conducted an inservice with the staff recently. Admin C stated the Dietitian would be asked to conduct inservices with all of the staff to ensure they knew the proper way to ensure the appropriate ground texture of food was provided to Individual # 3.</p> <p>Review of the descriptions in the Dietary</p> | W 474 | | | |

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| W 474 | <p>Continued From page 6</p> <p>resources manual "Growing Independent, High-Quality Lives for People with Disabilities" used by the residential home revealed the following documentation:</p> <p>"Modified Diet Requirements:</p> <p>Dietary modifications are critical to ensure that individuals with eating difficulties get adequate nutrition, calories and fluids and to prevent foods or liquids from leaking into airways leading to choking, respiratory infections or pneumonia.</p> <p>Individuals who have difficulty swallowing (dysphagia) may be prescribed a modified diet.</p> <p>All modified diet requirements are prescribed by a health care provider and documented in the Medication Administration Record (MAR) or Physician Order Sheet (POS).</p> <p>"Ground Diet:</p> <p>A ground diet is food that is moist, soft-textured, and easily formed into a rounded ball in the mouth (bolus). Meats are ground or minced into pieces no larger than 1/4 inch; all pieces are moist, and stick together slightly (cohesive). No dry crumbs.</p> <p>A small amount of starch such as potato or pasta added to ground foods will help make the food stick together slightly. Ground food is moist throughout but is not drippy."</p> <p>"A pureed diet is food with a very smooth consistency or foods that have been well processed in a food processor or blender to a very smooth consistency or texture."</p> <p>Review of the Clinical Policies and Procedures</p> | W 474 | | | |

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| W 474 | <p>Continued From page 7</p> <p>Manual revealed documentation of the following: Under 3.7.4 Meal Preparation and Menus "The Program Manager is responsible for ensuring that the following procedures for meal and menu preparation are followed:</p> <p>I. Staff will prepare consumers' diets in accordance to physician/registered nutritionist/dietician orders."</p> <p>The meat served during lunch at the Day Program appeared very moist and would not have been able to stick together (as described in the Ground Texture resource.</p> <p>The Program Manager stated Day Support Workers told him they became confused and did not understand the question about the number of Individuals on Pureed Diets. The Program Manager stated they thought the surveyor "meant how many were on altered diets." The surveyor asked the Program Manager if the question was clear, he stated "yes. I understood the question but they said they did not." The Program Manager stated he was going to have meetings with all of the staff to make sure they understood the difference between the textures of food and to use the resource materials in the kitchen. He stated he would have the Dietitian work with the staff as well to ensure consistency in the meal textures.</p> <p>During the end of day debriefing on 3/31/2022, the Program Manager, Clinical Director and Nurse were informed of the findings. They were informed that the meat on the plate in the Day Program appeared very moist and would not have been able to stick together. The food was</p> | W 474 | | | |

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| W 474 | Continued From page 8 not recognizable as meat. | W 474 | <p>1. All Day support staff will be retrained by the day support manager on individual #3's ISP and the level of assistance required by staff to assist the individual during meal time. All Day support staff will be encouraged to allow individual #3 an opportunity to attempt to feed her/him self independently using the feeding adaptive equipment per individual #3's physician's orders.</p> <p>2. All Day support staff will be retrained on proper meal time etiquette when assisting individual #3 and all other individuals with feeding during meals. All Day support staff will be trained to ensure they are sitting down when assisting individual #3 and all other individuals with eating their meals and refrain from standing up while assisting an individual with eating their meals.</p> <p>3. The Residential QIDP will conduct meal time observations at day support and at the residence on a monthly basis to ensure staff are preparing the correct food texture, using the right adaptive equipment, ensure staff are following the individual's meal time guidelines per the ISP, and sitting down at eye level when assisting individuals with feeding. Individual #3 will be monitored monthly as well as all other individuals who reside at Parliament ICF/IID.</p> <p>4. The Program Manager will conduct Quarterly Audits during meal time at the residence and day support to ensure individual #3 and all other individuals are receiving the correct diet texture, using the correct adaptive equipment, ensure staff are following the individuals mealtime guidelines per the ISP, and ensure that staff are sitting at eye level when assisting individuals with feeding. Individual #3 will be monitored quarterly by the Program Manager as well as all other individuals.</p> | 4/30/22 | |
| W 488 | <p>DINING AREAS AND SERVICE CFR(s): 483.480(d)(4)</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level. This STANDARD is not met as evidenced by: Based on observation, staff interview and clinical record review, the facility staff failed to ensure independence in eating for one (Individual # 3) of three individuals in the survey sample.</p> <p>For Individual # 3, the facility staff at the day program failed to implement use of the eating utensils during the lunch meal on 3/30/2022.</p> <p>Findings included:</p> <p>The facility staff failed to implement Individual # 3's PCP (person centered plan) for Eating to promote independence.</p> <p>Individual # 3 was admitted with diagnoses that included but were not limited to: Profound Intellectual Disability, Cerebral Palsy and Gastroesophageal Reflux Disease.</p> <p>Review of the clinical record was conducted on 3/29/2022 and 3/30/2022. Review revealed that Individual # 3 attended a Day Program 5 days a week usually from about 8 a.m. to 3 p.m.</p> <p>Review of the Individual Program Care Plan for Individual # 3, Revision date 3/10/2022, Page 1 of 7 (from the residential home) revealed</p> | W 488 | | | |

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| W 488 | <p>Continued From page 9</p> <p>documentation "is able to eat independently, but requires some assistance....."</p> <p>On 3/30/2022 at 10:45 a.m. during the visit to the day program, Individual # 3 was observed sitting in her wheelchair participating in group activity in a large room with several other individuals.</p> <p>At approximately 10:55 a.m., an interview was conducted with the Day Program's Program Manager (Admin E) who stated he was familiar with Individual # 3. A copy of the Day Program's Individualized Services Plan was requested and received.</p> <p>Review of the Individualized Services Plan from the Day Program effective 11/1/2021-10/31/2022 revealed documentation of Activities of Daily Living (strengths, needs, preferences, and plan), Under Nutrition - Diet Textures, three options were listed (chopped, ground and pureed). "Ground" was checked.</p> <p>Under comments was written statements including this excerpt: ____ (name redacted) needs total physical support with lunch set-up.</p> <p>Review of the Individualized Services Plan Protocol for Eating revealed the following excerpts:</p> <p>Diet Texture: Ground with extra moisture. Level of Support: Small group supervision Utensils: Plate with plate guard, Dycem placemat; good grips stainless steel spoon with built up handle, independence one handled clear cup with spouted lid, regular straw to fit in spout lid hole."</p> | W 488 | | | |

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| W 488 | <p>Continued From page 10</p> <p>Steps to be followed:</p> <ol style="list-style-type: none"> (name redacted) needs to be monitored and paced while eating with reminders to chew and swallow her food prior to taking another bite. She may need verbal cues to redirect to eating when she is distracted. Add appropriate condiments or sauces to food items for extra moisture. Prepare (name redacted) food items as needed to ground texture. Place entree on plate, then add side dishes one at a time to avoid multiple textures in a single bite. [The entrée was not observed on the plate]. Spread food items thinly over surface of plate, limit bolus accumulation on spoon and provide verbal/physical cues as needed. Monitor pace of consumption for finger foods. It is acceptable to assist (name redacted) with utensil use toward the end of the meal if she appears tiered. When feeding (name redacted), sit at eye level and present food at midline. [The day staff was observed to stand while feeding Individual # 3] <p>At 11:23 a.m., Individual # 3 was observed sitting in her wheelchair when staff announced it was lunch time. There were several other individuals in the room. Three Staff persons began assisting other individuals in the room with their meals. On a tray in front of Individual 3, there were several items of adaptive equipment to include a blue Dycem mat, a weighted spoon and a plate. The plate was empty. There was no food on the plate nor on the table nearby. The three staff persons continued to feed and/or assist other individuals during lunch.</p> | W 488 | | | |

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

PRINTED: 04/08/2022
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G059 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 03/31/2022 |
|---|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER CRI PARLIAMENT DRIVE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 8714 PARLIAMENT DRIVE N SPRINGFLD, VA 22151 | | |
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| W 488 | <p>Continued From page 11</p> <p>This surveyor left the room, returned 15 minutes later (at 11:41 a.m.) and observed the empty plate still in front of Individual # 3. Employee D was observed assisting other individuals in the program.</p> <p>At 11:47 a.m., the staff person (Employee D) was observed standing beside Individual # 3's wheelchair with a Styrofoam plate in her hand. There was an orangish-brown colored food in the disposable plate. Employee D began feeding Individual # 3 with a regular spoon. When asked, Employee D stated the food was "cheeseburger according to the label from the home" and "was pureed."</p> <p>When asked if the adaptive plate and spoon were going to be used for Individual # 3, Employee D stated that Individual # 3 was "now on pureed foods" and was "not feeding herself." Employee D stated she was familiar with Individual # 3 and had worked with her for over 4 years. Employee D stated the Day Program had been closed for 14 months during the COVID 19 pandemic and that Individual # 3 was different when she returned to the Day Program in June or July 2021. Employee D stated Individual # 3 "no longer gets chopped foods. She's now on Pureed foods." Employee D stated the staff at the Residential home provided the food for the Individuals to eat during lunch at the Day Program. Employee D stated the texture of the food being sent from the Residential home had changed to Pureed. Employee D also stated "I don't know if she lost interest during those 14 month break but she is not doing the things she used to do. And her food is pureed now, not chopped anymore." Employee D stated that Individual # 3 seemed to</p> | W 488 | | | |

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| W 488 | <p>Continued From page 12</p> <p>be having difficulty swallowing any chunks of food. Employee D stated Individual # 3 used to use a weighted spoon and adaptive plate that were provided by OT (Occupational Therapy). Employee D continued to stand while feeding Individual # 3. When Individual # 3 finished the food on the plate, Employee D wiped Individual # 3's mouth with a napkin.</p> <p>None of the eating utensils were utilized for Individual # 3 during the lunch observation. They were all available for use but not used.</p> <p>On 3/30/2022 at approximately 3:00 p.m., Individual # 3 returned to the home from the Day Program.</p> <p>During the end of day debriefing on 3/30/2022, the residential program manager, nurse, clinical director and clinical manager were informed of the observations that adaptive equipment was not used at the Day Program, the Day Program Staff person fed Individual # 3 and stood while feeding her. All stated they were surprised to hear that Individual # 3 did not feed herself at the Day Program. The Program Manager stated Individual # 3 was able to feed herself and the day program should utilize the same interventions while she was in the day program. The Program Manager stated there had been no reports from the Day Program of any changes in the plan or implementation of the plans for Individual # 3. The Program Manager stated any indications of difficulty swallowing or any other problems should have been reported by the Day Program Support staff. The Program Manager stated regular meetings had been conducted via Zoom due to the COVID pandemic but no concerns had been expressed. The program manager (Admin-A)</p> | W 488 | | | |

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| W 488 | <p>Continued From page 13</p> <p>stated that the eating protocols for Individual # 3 should have been implemented for every meal including while at the Day Program.</p> <p>During the end of day debriefing on 3/30/2022, the administrative staff were again informed of the findings. They stated Individual # 3 should have been encouraged to feed herself independently and with prompts from the staff, any changes in functioning or suspicion of difficulty swallowing should have been reported to the staff of the residential home, and staff were expected to sit while assisting with feeding.</p> <p>No further information was provided.</p> | W 488 | | | |