STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G014	A. BUILDING _____ B. WING _____	12/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MINERVA FISHER ICF	8207 WOLFTRAP RD VIENNA, VA 22180

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 12/13/2022 through 12/14/2022. 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 emergency preparedness complaints were investigated during the survey.	E 000		
W 000	INITIAL COMMENTS An unannounced Fundamental Medicaid re-certification survey was conducted 12/13/2022 through 12/14/2022. The facility was not in 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. The census in this six certified bed facility was six at the time of the survey. The survey sample consisted of three Individual reviews.	W 000		
W 111	CLIENT RECORDS CFR(s): 483.410(c)(1) The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. This STANDARD is not met as evidenced by: Based on staff interview and clinical record review, it was determined that the residential staff failed to maintain a complete and accurate clinical record for two of three individuals in the survey sample, Individuals #2 and #3. The findings include:	W 111		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Terell Jones, Clinical Director Terell Jones — TITLE — (X6) DATE: 12/30/22

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 111	Continued From page 1 1. For Individual #2, the QIDP (Qualified Mental Intellectually Disabled Professional) failed to accurately document the community involvement in the QIDP monthly note for November 2022. Individual #2 was admitted to the facility with a diagnosis that included but was not limited to: profound intellectual disabilities (1). Individual #2's current PCP (person centered plan) dated 10/01/2022 through 09/30/2023 documented in part, "Desired Outcome: 6. Money Management. (Individual #2) will use hand-over-hand assistance to purchase items of his choice while in the community and in home practice, once a month at 100% accuracy for 12 consecutive months by 9/30/22. Support Activities & Instructions: 1. Inform and communicate with (Individual #2) that you would like to go on an outing to purchase an item of his choice and ask if he would like to join. 2. Transport (Individual #2) to the location where he will be making a purchase. 3. Assist (Individual #2) with picking out an item that he would like to purchase. 4. Assist (Individual #2) with hand-over-hand assistance as he gives money to the cashier. 5. Praise (Individual #2) on his efforts and engagement in the transaction. 6. Progress will be documented via progress notes. 7. Progress will be monitored monthly by the QIDP. 8. (Individual #2) will have achieved this outcome when he has used hand-over-hand assistance to purchase items of his choice while in the community once a month The data collection sheets for Individual #2 dated 11/01/2022 through 11/30/2022 were reviewed. The data sheets documented outcome/goals #6	W 111	1. The Program Manager will retrain Program staff to ensure consistency with documentation on the data collection form and progress note to ensure consistency and accuracy in documentation for individuals' #2 and individual #3 as well as all other individuals who reside in the program. 2. The Program Manager will retrain the QIDP to review the progress notes and data collection sheets for accuracy on a weekly basis. Training will be provided to staff as needed if inconsistencies between the progress notes and data collection sheets are discovered for individuals #2 and #3 as well as for all other individuals who reside in the program. 3. The Program Manager will retrain the QIDP on ensuring the Monthly QIDP Note accurately reflects the progress notes and the data collection sheets for individuals #2 and #3 and all other individuals who reside in the program. 4. The Clinical Director will conduct Quarterly unannounced Program Audits to ensure the data collection sheets, progress notes, and Monthly QIDP notes are accurate and consistent for individuals #2, #3, and all other individuals who reside in the program. 5. The Quality Improvement and compliance department will conduct as needed audits during the year to ensure the data collection sheets, progress notes, and Monthly QIDP notes are all consistent and accurate for individuals #2, #3 and all other individuals who reside in the program.	1/13/23

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W 111	Continued From page 2 as stated above. Further review of the data collection revealed a "C" documented each day of the month. The legend at the bottom of the data collection sheet documented in part, "Key: "C" = canceled (write reason)." Further review of the data collect sheet failed to evidence documentation of the reason why the outcome was canceled. Review of the facility's progress notes for Individual #2 dated 11/01/2022 through 11/30/2022 failed to evidence documentation of the reason why the outcome #6 was canceled. The facility's "Monthly QMRP (Qualified Mental Retardation Professional) Note" for Individual #2 for November 2022 dated 12/10/2022 documented in part, "Activities/Community Resources Utilized (Report on Community/Activity involvement): (Individual's Name) did not have a [sic]outings this month because of covid 9 [sic]." After reviewing Individual #2's PCP dated 10/01/2022, data collection and progress notes dated 11/01/2022 through 11/30/2022 and the Monthly QMRP Note dated November 2022, OSM #1 was asked if QMRP note accurately reflected the circumstances in which Individual #2's money management program was canceled OSM # 1 stated no and that the note did not accurately reflect the data collection sheets and the progress notes. On 12/14/2022 at approximately 12:15 p.m. ASM #1 was made aware of the findings. No further information was provided prior to exit. References:	W 111		

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W 111	Continued From page 3 (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://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100. 2. For Individual #3, the QIDP failed to accurately document the community involvement in the QIDP monthly note for November 2022. Individual #3 was admitted to the facility with a diagnosis that included but was not limited to: obsessive compulsive disorder (1). Individual #3's current PCP (person centered plan) included: Desired Outcome: 6. Community Integration. (Individual #3) will attend community events of her choice in the community once per month at 100% accuracy for 12 consecutive months by 3/31/2023. Support Activities & Instructions: 1. (Individual #3) receives assistance and support with researching and planning activities of her interest. 2. (Individual #3) receives support with scheduling and planning transportation to places of her interest. 3. (Individual #3) receives encouragement from staff to participate in activities in her community. 4. (Individual #3) will actively participate in the outing of her choice. 5. (Individual #3) will document her response to supports and services as well as her level of participation in Credible. 6. Progress will be reviewed on a Monthly basis by the QIDP. 7.	W 111		

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W 111	Continued From page 4 When (Individual #3) has attended the community events of her choice in the community once per month at 100% accuracy for 12 consecutive months, she will have achieved this outcome. Frequency: Monthly." The data collection sheets for Individual #3 dated 11/01/2022 through 11/30/2022 were reviewed. The data sheets documented outcome/goals #6 as stated above. Further review of the data collection revealed a "C" documented each day of the month. The legend at the bottom of the data collection sheet documented in part, "Key: "C" = canceled (write reason)." Further review of the data collect sheet failed to evidence documentation of the reason why the outcome was canceled. Review of the facility's progress notes for Individual #3 dated 11/01/2022 through 11/30/2022 failed to evidence documentation of the reason why the outcome #6 was canceled. The facility's "Monthly QMRP (Qualified Mental Retardation Professional) Note" for Individual #3 for November 2022 dated 12/10/2022 documented in part, "Activities/Community Resources Utilized (Report on Community/Activity involvement): (Individual #3) went on community activities in the month of November. After reviewing Individual #3's PCP dated 10/01/2022, data collection and progress notes dated 11/01/2022 through 11/30/2022 and the Monthly QMRP Note dated November 2022, OSM #1 was asked if QMRP note accurately reflected the circumstances in which Individual #3's program part was canceled OSM # 1 stated no and that the note did not accurately reflect the	W 111		

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W 111	Continued From page 5 data collection sheets and the progress notes. On 12/14/2022 at approximately 12:15 p.m. ASM #1 was made aware of the findings. No further information was provided prior to exit. References: (1) 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.	W 111	1. The Program manager will retrain program staff to ensure they are implementing individual #1's PCP outcomes for community integration and shopping per the pcp support instructions. 2. The Program manager will retrain program staff to ensure they are implementing individual #1 and all other individuals pcp outcomes per the pcp support instructions. 3. The Program manager will retrain the QIDP to review the data collection and progress notes on a weekly basis to ensure staff are accurately documenting individual #1 and all other individuals' pcp outcomes per the pcp support instructions. 4. The Clinical Director will conduct quarterly audits to ensure individual #1 and all other individuals' pcp outcomes are implemented per the pcp support instructions. 5. The Quality Improvement and Compliance Department will conduct as needed audits throughout the year to ensure individual #1 and all other individuals' pcp outcomes are implemented per the pcp support instructions.	1/13/23
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 who- This STANDARD is not met as evidenced by: Based on staff interview, clinical record review and facility document review, it was determined that the QIDP (Qualified Intellectually Disabled Professional) failed to monitor and coordinate the active treatment for three of three individuals in the survey sample, Individuals #1, #2 and #3. The findings include: 1. For Individual #1, the QIDP failed to ensure the PCP (person centered plan) outcomes for community integration and shopping were implemented according to the PCP support instructions.	W 159		

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W 159	Continued From page 6 Individual #1 was admitted to the facility with a diagnosis that included but was not limited to: profound intellectual disabilities. Individual #1's current PCP dated 07/01/2022 through 07/01/2023 documented in part, "Desired Outcome: #3 Community Integration 3. (Individual #1) will actively participate in 2 community activities of her choice twice per month at 100% accuracy for 12 consecutive months by 6/30/23 Start Date: Support Activities & Instructions: 1. Offer community activity choices to (Individual #1). 2. When (Individual #1) independently decides on an outing, give plenty of praise and details of the outing. 3. (Individual #1) will actively participate in the outing of her choice. 4. Staff will document her responses to services and her level of participation in Credible (electronic health record). 5. Progress will be reviewed monthly by the QIDP. 6. (Individual #1) will have achieved this outcome when she has actively participated in 2 community activities of her choice twice per month for a duration of 1 hour at 100% accuracy for 12 consecutive months. Frequency: Monthly" "Desired Outcome: #4 Skill Building. (Individual #1) will actively participate in grocery shopping for her household by choosing three (3) items of her choice, taking three (3) items from the shelf and/or placing three (3) items into the shopping cart, once a quarter at 100% accuracy for 12 consecutive months by 6/30/23. Support Activities & Instructions 1. (Individual #1) will accompany staff to the store. 2. (Individual #1) will inform staff of the 3 items she would like to purchase. 3. (Individual #1) will find the items in the store with staff support. 4. (Individual #1) will place the items in the shopping cart. 5.	W 159		

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(Individual #1) will transfer the items from the shopping cart to the cash register. 6. (Individual #1) will be praised for her level of participation. 7. Staff will document her progress via Credible (electronic system). 8. (Individual #1's) progress will be monitored monthly by the QIDP. 9. (Individual #1) will have achieved this outcome when she has participated in grocery shopping for her household by choosing three (3) items of her choice, taking three (3) items from the shelf and/or placing three (3) items into the shopping cart, once a quarter at 100% accuracy for 12 consecutive months. Frequency: Quarterly."

The data collection sheets for Individual #1 dated 11/01/2022 through 11/30/2022 were reviewed. The data sheets documented outcomes/goals #3 and #4 as stated above. Further review of the data collection revealed a "+" (plus sign) documented each day of the month. The legend at the bottom of the data collection sheet documented in part, "Key: "+" = participated."

Review of the facility's progress notes for Individual #1 dated 11/01/2022 through 11/30/2022 failed to evidence documentation of Individual #1's responses to services and her level of participation as instructed for outcome #3 and their progress for outcome #4.

On 12/14/2022 at approximately 11:15 a.m., an interview was conducted with OSM (other staff member) #1, QIDP. When asked to describe their responsibility OSM #1 stated that they provide necessary support for staff to provide care for the individuals, assistant to the program manager when they are not in the facility to ensure the program runs well. They also stated that they ensure staff are implementing the

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W 159	Continued From page 8 individual's PCP, provide support and coach the staff on how to implement the PCP plans. OSM #1 further stated that they review the individual's progress notes and data collection and use them to compile the monthly QIDP note. After reviewing Individual #1's PCP dated 07/01/2022, data collection and progress notes dated 11/01/2022 through 11/30/2022, ASM #1 was asked if outcomes #3 and #4 were implemented if there was no evidence documenting Individual #1's responses to services and their level of participation for outcome #3 and their progress for outcome #4. OSM #1 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 treatment and services are being implemented correctly, documented appropriately and that any outside services have been incorporated into program services." On 12/14/2022 at approximately 12:15 p.m. ASM #1 was 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.	W 159		

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W 159	Continued From page 9 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://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100. 2. For Individual #2, the QIDP failed to ensure the PCP (person centered plan) outcomes for money management. Individual #2 was admitted to the facility with a diagnosis that included but was not limited to: profound intellectual disabilities (1). Individual #2's current PCP dated 10/01/2022 through 09/30/2023 documented in part, "Desired Outcome: 6. Money Management. (Individual #2) will use hand-over-hand assistance to purchase items of his choice while in the community and in home practice, once a month at 100% accuracy for 12 consecutive months by 9/30/22. Support Activities & Instructions: 1. Inform and communicate with (Individual #2) that you would like to go on an outing to purchase an item of his choice and ask if he would like to join. 2. Transport (Individual #2) to the location where he will be making a purchase. 3. Assist (Individual #2) with picking out an item that he would like to purchase. 4. Assist (Individual #2) with hand-over-hand assistance as he gives money to the cashier. 5. Praise (Individual #2) on his efforts and engagement in the transaction. 6. Progress will be documented via progress notes. 7. Progress will be monitored monthly by the QIDP. 8. (Individual #2) will have achieved this outcome when he has used hand-over-hand	W 159		

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W 159	Continued From page 10 assistance to purchase items of his choice while in the community once a month at 100% accuracy for 12 consecutive months. Frequency: Monthly" The data collection sheets for Individual #2 dated 11/01/2022 through 11/30/2022 were reviewed. The data sheets documented outcome/goals #6 as stated above. Further review of the data collection revealed a "C" documented each day of the month. The legend at the bottom of the data collection sheet documented in part, "Key: "C" = canceled (write reason)." Further review of the data collect sheet failed to evidence documentation of the reason why the outcome was canceled. Review of the facility's progress notes for Individual #2 dated 11/01/2022 through 11/30/2022 failed to evidence documentation of the reason why the outcome #6 was canceled. On 12/14/2022 at approximately 11:15 a.m., an interview was conducted with OSM #1, QIDP. After reviewing Individual #2's PCP dated 10/01/2022, data collection and progress notes dated 11/01/2022 through 11/30/2022, ASM #1 was asked if outcome #6 should have been implemented if there was no evidence documenting the reason why the outcome was canceled. OSM #1 stated that the money management outcome should have been implemented. On 12/14/2022 at approximately 12:15 p.m. ASM #1 was made aware of the findings. No further information was provided prior to exit.	W 159		

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W 159	Continued From page 11 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://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100. 3. For Individual #3, the QIDP failed to ensure the PCP (person centered plan) outcome for community integration. Individual #3 was admitted to the facility with a diagnosis that included but was not limited to: obsessive compulsive disorder (1). Desired Outcome: 6. Community Integration. (Individual #3) will attend community events of her choice in the community once per month at 100% accuracy for 12 consecutive months by 3/31/2023. Support Activities & Instructions: 1. (Individual #3) receives assistance and support with researching and planning activities of her interest. 2. (Individual #3) receives support with scheduling and planning transportation to places of her interest. 3. (Individual #3) receives encouragement from staff to participate in activities in her community. 4. (Individual #3) will actively participate in the outing of her choice. 5. (Individual #3) will document her response to supports and services as well as her level of participation in Credible. 6. Progress will be reviewed on a Monthly basis by the QIDP. 7.	W 159		

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W 159	Continued From page 12 When (Individual #3) has attended the community events of her choice in the community once per month at 100% accuracy for 12 consecutive months, she will have achieved this outcome. Frequency: Monthly." The data collection sheets for Individual #3 dated 11/01/2022 through 11/30/2022 were reviewed. The data sheets documented outcome/goals #6 as stated above. Further review of the data collection revealed a "C" documented each day of the month. The legend at the bottom of the data collection sheet documented in part, "Key: "C" = canceled (write reason)." Further review of the data collect sheet failed to evidence documentation of the reason why the outcome was canceled. Review of the facility's progress notes for Individual #3 dated 11/01/2022 through 11/30/2022 failed to evidence documentation of the reason why the outcome # 6 was canceled. On 12/14/2022 at approximately 11:15 a.m., an interview was conducted with OSM #1, QIDP. After reviewing Individual #3's PCP dated 10/01/2022, data collection and progress notes dated 11/01/2022 through 11/30/2022, ASM #1 was asked if outcome #6 should have been implemented if there was no evidence documenting the reason why the outcome was canceled. OSM #1 stated that the money management outcome should have been implemented. On 12/14/2022 at approximately 12:15 p.m. ASM #1 was made aware of the findings. No further information was provided prior to exit.	W 159		

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	49G014	A. BUILDING _____ B. WING _____	12/14/2022

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W 159	Continued From page 13 References: (1) 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.	W 159	1. The Program manager will retrain program staff to ensure they are implementing individual #1's PCP outcomes for community integration and shopping, individual #2's pcp outcomes for money management and individual #3's pcp outcome for community integration per the pcp support instructions. 2. The Program manager will retrain program staff to ensure they are implementing individual #1, #2, #3, and all other individuals pcp outcomes in accordance with the pcp instructions. 3. The Program manager will retrain the QIDP to review the data collection and progress notes on a weekly basis to ensure staff are accurately documenting individual #1, #2, #3, and all other individuals' pcp outcomes per the pcp support instructions. 4. The Clinical Director will conduct quarterly audits to ensure individual #1, #2, #3 and all other individuals' pcp outcomes are implemented per the pcp support instructions. 5. The Quality Improvement and Compliance Department will conduct as needed audits throughout the year to ensure individual #1, #2, #3 and all other individuals' pcp outcomes are implemented per the pcp support instructions.	1/13/23
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on staff interview, clinical record review and facility document review, it was determined that the residential staff failed to ensure Individuals were receiving services consistent with the PCP (Person Centered Plan) for three of three individuals in the survey sample, Individuals #1, #2 and #3. The findings include: 1. For Individual #1, the facility staff failed implement the PCP outcomes for community integration and shopping.	W 249		

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W 249	Continued From page 14 Individual #1 was admitted to the facility with a diagnosis that included but was not limited to: profound intellectual disabilities. Individual #1's current PCP dated 07/01/2022 through 07/01/2023 documented in part, "Desired Outcome: #3 Community Integration 3. (Individual #1) will actively participate in 2 community activities of her choice twice per month at 100% accuracy for 12 consecutive months by 6/30/23 Start Date: Support Activities & Instructions: 1. Offer community activity choices to (Individual #1). 2. When (Individual #1) independently decides on an outing, give plenty of praise and details of the outing. 3. (Individual #1) will actively participate in the outing of her choice. 4. Staff will document her responses to services and her level of participation in Credible (electronic health record). 5. Progress will be reviewed monthly by the QIDP. 6. (Individual #1) will have achieved this outcome when she has actively participated in 2 community activities of her choice twice per month for a duration of 1 hour at 100% accuracy for 12 consecutive months. Frequency: Monthly" "Desired Outcome: #4 Skill Building. (Individual #1) will actively participate in grocery shopping for her household by choosing three (3) items of her choice, taking three (3) items from the shelf and/or placing three (3) items into the shopping cart, once a quarter at 100% accuracy for 12 consecutive months by 6/30/23. Support Activities & Instructions 1. (Individual #1) will accompany staff to the store. 2. (Individual #1) will inform staff of the 3 items she would like to purchase. 3. (Individual #1) will find the items in the store with staff support. 4. (Individual #1) will	W 249		

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W 249	Continued From page 15 place the items in the shopping cart. 5. (Individual #1) will transfer the items from the shopping cart to the cash register. 6. (Individual #1) will be praised for her level of participation. 7. Staff will document her progress via Credible (electronic system). 8. (Individual #1's) progress will be monitored monthly by the QIDP. 9. (Individual #1) will have achieved this outcome when she has participated in grocery shopping for her household by choosing three (3) items of her choice, taking three (3) items from the shelf and/or placing three (3) items into the shopping cart, once a quarter at 100% accuracy for 12 consecutive months. Frequency: Quarterly." The data collection sheets for Individual #1 dated 11/01/2022 through 11/30/2022 were reviewed. The data sheets documented outcomes/goals #3 and #4 as stated above. Further review of the data collection revealed a "+" (plus sign) documented each day of the month. The legend at the bottom of the data collection sheet documented in part, "Key: "+" = participated." Review of the facility's progress notes for Individual #1 dated 11/01/2022 through 11/30/2022 failed to evidence documentation of Individual #1's responses to services and her level of participation as instructed for outcome #3 and their progress for outcome #4. On 12/14/2022 at approximately 10:40 a.m., an interview was conducted with ASM (administrative staff member) #1, program manager. After reviewing Individual #1's PCP dated 07/01/2022, data collection and progress notes dated 11/01/2022 through 11/30/2022, ASM #1 was asked if outcomes #3 and #4 were implemented if there was no evidence documenting Individual	W 249		

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W 249	Continued From page 16 #1's responses to services and their level of participation for outcome #3 and their progress for outcome #4. ASM #1 stated no. The facility's policy "4.1 Individual Service Plan" documented, "ISP Implementation and Consumer Engagement: Implementation of the ISP begins at the time of its development. Components of the plan are fully implemented, with the consumer receiving support, learning environment and active engagement necessary to reach his or her objective / desired outcomes as defined in the ISP." On 12/14/2022 at approximately 12:15 p.m. ASM #1 was 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://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100. 2. For Individual #2, the facility staff failed implement the PCP outcomes for money management. Individual #2 was admitted to the facility with a diagnosis that included but was not limited to:	W 249		

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W 249	Continued From page 17 profound intellectual disabilities (1). Individual #2's current PCP dated 10/01/2022 through 09/30/2023 documented in part, "Desired Outcome: 6. Money Management. (Individual #2) will use hand-over-hand assistance to purchase items of his choice while in the community and in home practice, once a month at 100% accuracy for 12 consecutive months by 9/30/22. Support Activities & Instructions: 1. Inform and communicate with (Individual #2) that you would like to go on an outing to purchase an item of his choice and ask if he would like to join. 2. Transport (Individual #2) to the location where he will be making a purchase. 3. Assist (Individual #2) with picking out an item that he would like to purchase. 4. Assist (Individual #2) with hand-over-hand assistance as he gives money to the cashier. 5. Praise (Individual #2) on his efforts and engagement in the transaction. 6. Progress will be documented via progress notes. 7. Progress will be monitored monthly by the QIDP. 8. (Individual #2) will have achieved this outcome when he has used hand-over-hand assistance to purchase items of his choice while in the community once a month at 100% accuracy for 12 consecutive months. Frequency: Monthly" The data collection sheets for Individual #2 dated 11/01/2022 through 11/30/2022 were reviewed. The data sheets documented outcome/goals #6 as stated above. Further review of the data collection revealed a "C" documented each day of the month. The legend at the bottom of the data collection sheet documented in part, "Key: "C" = canceled (write reason)." Further review of the data collect sheet failed to evidence	W 249		

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W 249	Continued From page 18 documentation of the reason why the outcome was canceled. Review of the facility's progress notes for Individual #2 dated 11/01/2022 through 11/30/2022 failed to evidence documentation of the reason why the outcome # 6 was canceled. On 12/14/2022 at approximately 10:40 a.m., an interview was conducted with ASM (administrative staff member) #1, program manager. After reviewing Individual #2's PCP dated 10/01/2022, data collection and progress notes dated 11/01/2022 through 11/30/2022, ASM #1 was asked if outcome #6 should have been implemented if there was no evidence documenting the reason why the outcome was canceled. ASM #1 stated that the money management outcome should have been implemented. On 12/14/2022 at approximately 12:15 p.m. ASM #1 was 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://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100.	W 249		

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W 249	Continued From page 19 3. For Individual #3, the facility staff failed implement the PCP outcomes for community integration. Individual #3 was admitted to the facility with a diagnosis that included but was not limited to: obsessive compulsive disorder (1). Desired Outcome: 6. Community Integration. (Individual #3) will attend community events of her choice in the community once per month at 100% accuracy for 12 consecutive months by 3/31/2023. Support Activities & Instructions: 1. (Individual #3) receives assistance and support with researching and planning activities of her interest. 2. (Individual #3) receives support with scheduling and planning transportation to places of her interest. 3. (Individual #3) receives encouragement from staff to participate in activities in her community. 4. (Individual #3) will actively participate in the outing of her choice. 5. (Individual #3) will document her response to supports and services as well as her level of participation in Credible. 6. Progress will be reviewed on a Monthly basis by the QIDP. 7. When (Individual #3) has attended the community events of her choice in the community once per month at 100% accuracy for 12 consecutive months, she will have achieved this outcome. Frequency: Monthly." The data collection sheets for Individual #3 dated 11/01/2022 through 11/30/2022 were reviewed. The data sheets documented outcome/goals #6 as stated above. Further review of the data collection revealed a "C" documented each day of the month. The legend at the bottom of the data collection sheet documented in part, "Key: "C" =	W 249		

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W 249	Continued From page 20 canceled (write reason)." Further review of the data collect sheet failed to evidence documentation of the reason why the outcome was canceled. Review of the facility's progress notes for Individual #3 dated 11/01/2022 through 11/30/2022 failed to evidence documentation of the reason why the outcome # 6 was canceled. On 12/14/2022 at approximately 10:40 a.m., an interview was conducted with ASM (administrative staff member) #1, program manager. After reviewing Individual #3's PCP dated 10/01/2022, data collection and progress notes dated 11/01/2022 through 11/30/2022, ASM #1 was asked if outcome #6 should have been implemented if there was no evidence documenting the reason why the outcome was canceled. ASM #1 stated that the money management outcome should have been implemented. On 12/14/2022 at approximately 12:15 p.m. ASM #1 was made aware of the findings. No further information was provided prior to exit. References: (1) 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.	W 249		
W 369	DRUG ADMINISTRATION	W 369		

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W 369	Continued From page 21 CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, clinical record review and staff interview it was determined that the facility staff failed to administer medication according to clinical standards for one of three individuals during the medication administration observation, Individual #2. The findings include: For Individual #2, the facility staff failed to administer nasal spray, Fluticasone (1), according to the physician's order. Individual #2 was admitted to the facility with a diagnosis that included but was not limited to: profound intellectual disabilities (2). On 12/14/2022 at approximately 7:00 a.m., an observation of the medication administration was conducted with LPN (licensed practical nurse) #1. At approximately 7:04 a.m., Individual #2 was brought into the facility's medication room. Individual # 2 was sitting in a chair positioned upright. LPN #1 removed a small box from the medication cart containing a bottle labeled "Fluticasone." LPN #1 removed the bottle of nasal spray from the box and administered two sprays into each of Individual #2's nostrils. The POS (physician's order sheets) for Individual #2 dated February 2022 through December 2022 documented, "Fluticasone. 50mcg (microgram). Instill 1 (one) spray in each nostril once daily for	W 369	1. The staff who failed to administer the nasal spray according to the physician's orders for individual #2, will be retrained on the medication administration policy. 2. The staff who failed to administer the nasal spray according to the physician's orders for individual #2 will be observed by the Nursing Coordinator during medication administration while administering individual #2 and all other individual's medications to ensure the staff is administering the medications accurately per the physician's orders. 3. The Nursing Coordinator will retrain the program nurse to follow the Medication Prescription and MAR when passing medications for individual #2 and all other individuals who reside in the home and if a doctor gives a verbal order to make any changes to the medications, to ensure the Medication prescription and MAR reflects that change. 4. The Program Manager, Program Nurse, and QIDP will conduct random quarterly medication observations of program staff to ensure staff are administering medications per the physician's orders. 5. The Clinical Director will monitor the process to ensure quarterly medication observations are occurring on a quarterly basis.	1/13/23

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W 369	Continued From page 22 allergies." The facility's "Healthcare Consultation" for Individual # 2 dated "2/28/22" documented in part, "Physician: (Name of Primary Care Physician). Location of Appointment: Virtual. Chief Concern/Services Requested: Seasonal allergies. Vitals - BP (blood pressure) -135/(over) 77. Temp. (temperature) - 97.7. O2 sat (oxygen saturation) -96% (percent) RA (room air). Pulse - 77. R (respiration) - 18." Further review of the consultation failed to evidence documentation regarding a change in the administration of Fluticasone. The packaging containing Individual #2's Fluticasone documented in part, "06/24/2022. Instill 1 spray in each nostril once daily for allergies (8 AM) (8:00 a.m.)." Review of the facility's nurse's notes dated February 2022 through November 2022 failed to evidence documentation of a physician's verbal order to change the administration of Individual #2's nasal spray from one to two sprays in each nostril. On 12/14/2022 at approximately 8:45 a.m., an interview was conducted with LPN #1. When asked if they recalled the number sprays they administered to Individual # 2 during the morning medication administration LPN #1 stated that they administered two sprays of the medication into each of Individual # 2's nostrils. After reviewing Individual #2 POS dated December 2022, LPN #1 stated that the order needed to be changed to administering two sprays in each nostril. LPN #1 stated that Individual #2 had a virtual appointment with their physician and they gave a verbal order	W 369		

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W 369	Continued From page 23 to administer two sprays in each nostril of Fluticasone. When asked for the physician's order for the change LPN #1 stated that after review their nurses notes and the medical record for Individual #2, they did not have any documentation of the verbal order or a copy of any order for the change in the medication administration. When asked to describe the procedure when they receive a verbal order from a physician LPN #1 stated they ask the physician to write an order and send it the pharmacy the facility uses and then the facility receives a copy from the pharmacy by fax. If they do not send a copy of the order in three days LPN #1 stated that they follow-up by making another appointment with the physician and they make a note in the "Nurse's Notes" regarding the verbal order. When asked about the lack of a note regarding the physician's verbal order LPN #1 stated they overlooked writing the note and did not know how they missed changing the order. The facility's policy "Medication Management" documented in part, "3.4.3 (Name of Corporation) defines the following terms: B. A HCP's (health care practitioner's) order is necessary to start, change or discontinue any medication, special diet, medical treatment or devices." On 12/14/2022 at approximately 12:15 p.m. ASM #1 was made aware of the findings. No further information was provided prior to exit. References: (1) Used to relieve symptoms of rhinitis such as sneezing and a runny, stuffy, or itchy nose and itchy, watery eyes caused by hay fever or other	W 369		

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W 369	Continued From page 24 allergies (caused by an allergy to pollen, mold, dust, or pets). Prescription fluticasone is also used to relieve symptoms of nonallergic rhinitis such as sneezing and runny or stuffy nose which are not caused by allergies. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a695002.html. (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://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=100.	W 369		