

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

PRINTED: 07/17/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/11/2023
NAME OF PROVIDER OR SUPPLIER FINNEY AVE RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 404 FINNEY AVE SUFFOLK, VA 23434		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments		E 000		
	An unannounced Emergency Preparedness survey was conducted 7/10/23 through 7/11/23. 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.				
W 000	INITIAL COMMENTS		W 000		
	An unannounced Focused Fundamental Medicaid re-certification survey was conducted 7/10/23 through 7/11/23. The facility was not in compliance with CFR 42 Part 483 Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). The Life Safety Code report will follow. No complaints were investigated during the survey.				
W 159	QIDP CFR(s): 483.430(a)		W 159	Individual 1- The designated QIDP reviewed PCP outcome T8 for cleaning after meal with all staff. Will update PCP to include DSP supports of goal. Designated QIDP will monitor weekly for compliance. Designated QIDP reviewed PCP outcomes T3: I enjoy eating out, and T14: small purchase with all staff. Designated QIDP will monitor compliance monthly ensuring DSP support as well as data collection. Designated QIDP will review data sheet documentation, PCP, and how to document in the residential shift note with all staff to ensure compliance.	8/25/2023
	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 observation, staff interview, facility document review and clinical record review, the QIDP (qualified intellectual disabilities professional) failed to coordinate and monitor individuals' active treatment for two of three individuals in the survey sample, Individuals #1 and #2.				

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

TITLE

(X6) DATE

Deborah Doshield

Director

8/25/23

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 159	Continued From page 1 The findings include: 1.a. For Individual #1 (I1), the QIDP failed to ensure the individual's PCP (person centered plan) for cleaning after a meal was implemented. I1's PCP dated 6/1/23 documented, "Goal: I will clean my area after my meals/snack. List the actions/supports needed: Verbal, Gestural and Physical Prompts. I will remove trash and place it in the trash can. I will remove all dishes and silverware from the table after. I will wipe the table down with cloth handed to me from DSP (direct support person)..." On 7/10/23 at 6:01 p.m., I1 was observed feeding himself in the dining room. Dinner was served on a disposable plate, in a disposable bowl and with disposable silverware. After I1 finished eating, a DSP threw the individual's trash in the trash can and I1 ambulated to another room. No staff was observed prompting I1 to dispose of the trash or wipe the table. On 7/11/23 at 3:57 p.m., an interview was conducted with OSM (other staff member) #1 (senior counselor and a QIDP). OSM #1 stated the role of the QIDP position is to help establish programs that best suite the needs of the individuals. OSM #1 stated the responsibilities of the QIDP include to establish programs, help execute the programs, and to collect documentation to assess if individuals' needs are being met and assess what improvements can be made. OSM #1 further stated that the QIDP should ensure active treatment is being completed and data collection and documentation is being done.	W 159	Residential Finance Specialist has receipt for Individual 1-On June 2, 2023, Individual 1 signed a money request slip and obtained \$20. He chose to go to Burger King where he purchased a combo meal of his choice (bacon/ Swiss burger with fries and lemonade). His receipt demonstrates that he spent \$12.81. Individual 2- The designated QIDP reviewed PCP outcomes F5.3A: will update PCP to include DSP Supports of goal. I will wash my hands, and F5.21, I will use my scoop plate, with all staff. Designated QIDP will monitor compliance monthly ensuring DSP support as well as PCP implementation for hand washing and use of scoop plate. Individual 2-has scoop plate always available on site for use. Designated QIDP will ensure that all facility staff are aware of where stored and available for use at day support as well. After further review of Individual #2's T1 a Community outings were documented on Day Support data sheet provided at Residence on 6/7/23,6/13/23, 6/27/23, 7/13,/23 7/17/23, 7/25/23,7/27/23, T4a Small purchases were documented on day support data sheet 6/2/23 for KFC Restaurant. An additional review of finance records reveal purchases at KFC on 7/8/23 and McDonalds. Current data sheets also indicate an outing to the Suffolk City Park on 7/29/23 and an additional small purchase at Chik Fil A on 7/29/23. Designated QIDP will ensure data sheets for T1a and T4a are updated to reflect purchases not noted. In addition QIDP will update Quarterly Report to reflect accurate data.	8/25/23	

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W 159	<p>Continued From page 2</p> <p>On 7/11/23 at 4:23 p.m., ASM (administrative staff member) #1 (the director of developmental disability services) was made aware of the above concern.</p> <p>The facility policy titled, "Active Treatment" documented, "5. The designated QIDP is responsible for ensuring that active treatment is provided in accordance with this policy..."</p> <p>1.b. For Individual #1 (I1), the QIDP (qualified intellectual disabilities professional) failed to ensure staff collected and documented measurable data for the individual's goals of dining out and small purchases.</p> <p>I1's PCP (person centered plan) dated 6/1/23 documented, "Goal: I enjoy Eating out. I will sign money request slip to obtain money from my DSP (direct support person) support when it's time to go to the restaurant of my choice. I:a.) DSP will support me by handing me the money request slip to sign I:b.) DSP will document (See Data Sheet). How often or by when?: 1x monthly per program...</p> <p>Goal T14 Small Purchase. Staff will support me with purchasing a haircut at the barbershop. How often or by when?: 2x Monthly..."</p> <p>A review of I1's data collection for May 2023 and June 2023 failed to reveal documentation that I1 was assisted with eating out or a small purchase during those months.</p> <p>On 7/11/23 at 3:57 p.m., an interview was conducted with OSM (other staff member) #1 (senior counselor and a QIDP). OSM #1 stated the role of the QIDP position is to help establish programs that best suite the needs of the</p>	W 159	<p>During the audit staff did not present the in house day support data book to auditor for review. F9 in line site of supervision and F10 Environmental sweep were documented in the in house day support data sheets from 8am-2p Monday - Friday. A review of these same sheets in the Residential data book were only partially documented. Designated QIDP to review all four outcomes with evening and overnight staff to ensure accurate data collection. A review of these four data sheets reveal outcomes and goals are accurately reflected and do not need updating. Data collection will be monitored by the QIDP weekly and progressive disciplinary action to be issued to staff not meeting basic performance of data collection after additional training provided by 8/25/23. Updated staff assignment sheets for each shift will provide staff with visual reminders of all data outcomes and individual's personal schedules. Designated QIDP will update these for Individuals'1 and 2 's as well as rest of residents to assist with accurate documentation.</p> <p>Also all resident's PCPs were reviewed by designated QIDP to ensure all active treatment is being performed and documented as per outcomes. Designated QIDP will provide all DSP's and QIDP training on the role of the QIDP and what is continuous, integrated, and coordinated active treatment by 8/25/23.</p> <p>QIDP has reviewed active treatment and data collection and monitoring policies. The policies are adequate. The designated QIDP will receive additional training to ensure these policies are implemented correctly and monitored during data collection.</p>	8/25/23	

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	<p>W 159 Continued From page 3</p> <p>individuals. OSM #1 stated the responsibilities of the QIDP include to establish programs, help execute the programs, and to collect documentation to assess if individuals' needs are being met and assess what improvements can be made. OSM #1 further stated that the QIDP should ensure active treatment is being completed and data collection and documentation is being done.</p> <p>On 7/11/23 at 4:23 p.m., ASM (administrative staff member) #1 (the director of developmental disability services) was made aware of the above concern.</p> <p>The facility policy titled, "Data Collection/Monitoring" documented, "It is the policy of (name of facility) that a reliable method of collecting data be established for each individual outcome stated in the individual's PCP/IPP. The QIDP will review PCP/IPP (individual program plan) as needed to reflect the necessary changes needed based on an individual's desires, needs and response to the outcomes."</p> <p>2.a. For Individual #2 (I2), the QIDP (qualified intellectual disabilities professional) failed to ensure the individual's PCP (person centered plan) for hand washing and a scoop plate was implemented.</p> <p>I2's PCP dated 5/1/23 documented, "Goal: I will wash my hands. I will put hands [under water] before and after mealtimes/snacks, and after using the bathroom. Describe how this will be provided based on individual preferences, (support instructions) and location where program strategy can be found: 2b) DSPs (direct support</p>	<p>W 159</p>	<p>Designated QIDP will review data sheet documentation, PCP, and how to document in the residential shift note with all staff to ensure compliance by 8/25/23.</p> <p>Designated QIDP will monitor on-going compliance and implementation of active treatment using quarterly data collection methods on Quarterly QIDP report to ID Team.</p>

8/25/23

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W 159	Continued From page 4 persons) will physically support me with placing soap in my hands and placing my hands under the water. 3c) DSPs will use HOH (hand over hand) to support with rubbing my hands together. 3d) DSPs will physically support me with drying my hands..." I2's PCP dated 5/1/23 further documented, "I will use my scoop plate when eating my meals daily. Describe how this will be provided based on individual preferences (support instructions) and location where strategy can be found: I:b) DSPs will support me by encouraging me to use my scoop plate when eating my meals that will support me with my independence daily..." On 7/10/23 at 5:50 p.m., I2 was observed standing and ambulating in the dining room before dinner. No staff prompted the individual to wash her hands before dinner and no scoop plate was provided for I2's dinner that consisted of a pork chop, rice and a vegetable. Staff was observed feeding the individual from a regular disposable plate. On 7/11/23 at 3:57 p.m., an interview was conducted with OSM (other staff member) #1 (senior counselor and a QIDP). OSM #1 stated the role of the QIDP position is to help establish programs that best suite the needs of the individuals. OSM #1 stated the responsibilities of the QIDP include to establish programs, help execute the programs, and to collect documentation to assess if individuals' needs are being met and assess what improvements can be made. OSM #1 further stated that the QIDP should ensure active treatment is being completed and data collection and documentation is being done.	W 159	

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W 159	Continued From page 5 On 7/11/23 at 4:23 p.m., ASM (administrative staff member) #1 (the director of developmental disability services) was made aware of the above concern. 2.b. For Individual #2 (I2), the QIDP (qualified intellectual disabilities professional) failed to ensure staff collected and documented measurable data for the individual's goals of community outings, small purchases, line of sight and environment sweep. I2's PCP (person centered plan) dated 4/1/23 documented, "I will go on a community outing of my choice. Ic:) DSPs (direct support persons) will support me by providing transportation into the community. Id:) DSPs will document on the data sheet. How often or by when? Monthly [sic] ... I will make small purchases of my choice in the community. Ib:) DSPs will verbally and physically support me with obtaining the appropriate amount of money for outings and purchases. Id:) DSPs will support me by providing transportation into the community so that I can make small purchases. Ie:) DSPs will verbally and physically support me in the store or on my outing with counting money to make small purchases. If:) DSPs will document on the data sheet at least once a month. How often or by when?: Monthly..." A review of I2's data collection for May 2023 and June 2023 failed to reveal documentation that I2 was assisted with community outings or small purchases. I2's PCP further documented, "I will remain in the line of sight. List the actions/supports needed: I:	W 159			

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W 159	Continued From page 6 DSPs will support me visually by continuously monitoring and ensuring that I am in the line of sight on all shifts daily. Describe how this will be provided based on individual preferences. (support instructions) and location where program strategy can be found: II: DSPs will document every 15 minutes to ensure that I remain in the line of sight. How often or by when?: Daily... My environment will be swept for small objects that I can ingest every 15 minutes. List the actions/supports needed: I:a) DSP will support me by ensuring that there are no small objects within my reach that I may ingest every 15 minutes. Describe how this will be provided based on individual preferences. (support instructions) and location where program strategy can be found. I:b) DSP will document every 15 minutes. How often or by when?: Daily..."	W 159			
	A review of I2's data collection for May 2023, June 2023 and July 2023 failed to reveal documentation that I2 remained in staff's line of sight every 15 minutes or that an environmental sweep was conducted every 15 minutes. (Note: During this survey, staff was observed keeping I2 within line of sight and conducting an environmental sweep every 15 minutes).				
	On 7/11/23 at 3:57 p.m., an interview was conducted with OSM (other staff member) #1 (senior counselor and a QIDP). OSM #1 stated the role of the QIDP position is to help establish programs that best suite the needs of the individuals. OSM #1 stated the responsibilities of the QIDP include to establish programs, help execute the programs, and to collect documentation to assess if individuals' needs are being met and assess what improvements can be made. OSM #1 further stated that the QIDP				

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W 159	Continued From page 7 should ensure active treatment is being completed and data collection and documentation is being done. On 7/11/23 at 4:23 p.m., ASM (administrative staff member) #1 (the director of developmental disability services) was made aware of the above concern.	W 159			
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 observation, staff interview, facility document review, and clinical record review, the facility staff failed to implement active treatment for two of three individuals in the survey sample, Individuals #1 and #2. The findings include: 1. For Individual #1 (I1), the facility staff failed to implement the individual's PCP (person centered plan) for cleaning after a meal. I1's PCP dated 6/1/23 documented, "Goal: I will clean my area after my meals/snack. List the actions/supports needed: Verbal, Gestural and	W 249	The designated QIDP will review Individual 1 and 2 ISP to ensure DSP's are aware of each individuals PCP, outcomes as it relates to continuous active treatment in all settings by 8/25/23. Designated QIDP will observe Individual 1's outcomes to clean area after meals, and Individual 2 's outcome to wash hands and use my scoop plate being implemented by staff at least once on each shift by 8/25/23. To ensure this is not a systemic issue, the facility designated QIDP will review the other ten (10) residents' outcomes on their PCP at next facility staff meeting by 8/25/23 to ensure all facility staff receive training specific to each residents out come. Designated QIDP will ensure that staff assignment sheets have been updated to encompass each individuals' outcomes by 8/25/23. Staff assignment sheets are used on each shift and monitored weekly for inclusion of all updated active treatment outcomes as they naturally occur by the designated QIDP.	8/25/2023	

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W 249	<p>Continued From page 8</p> <p>Physical Prompts. I will remove trash and place it in the trash can. I will remove all dishes and silverware from the table after. I will wipe the table down with cloth handed to me from DSP (direct support person)..."</p> <p>On 7/10/23 at 6:01 p.m., I1 was observed feeding himself in the dining room. Dinner was served on a disposable plate, in a disposable bowl and with disposable silverware. After I1 finished eating, a DSP threw the individual's trash in the trash can and I1 ambulated to another room. No staff was observed prompting I1 to dispose of the trash or wipe the table.</p> <p>On 7/11/23 at 2:50 p.m., an interview was conducted with OSM (other staff member) #1 (senior counselor). OSM #1 stated staff is educated on individuals' person-centered plans before they are given an assignment to ensure active treatment will be implemented. OSM #2 stated that after (Individual #1) is done with his meal, staff should prompt him to dispose of anything utilized from the meal and staff should give him a cleaning wipe to make sure his area is clean.</p> <p>On 7/11/23 at 4:23 p.m., ASM (administrative staff member) #1 (the director of developmental disability services) was made aware of the above concern.</p> <p>The facility policy titled, "Active Treatment" documented, "It is the policy of (name of facility) that individuals served in this facility shall receive Active Treatment as defined below. Active treatment means daily participation, in accordance with an individual Person-Centered Plan, in a program of professionally developed</p>	W 249			

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W 249	Continued From page 9 and supervised therapies, activities, and experiences aimed at meeting the individual's needs." 2. For Individual #2 (I2), the facility staff failed to implement the individual's PCP (person centered plan) for hand washing before a meal and a scoop plate during a meal. I2's PCP dated 5/1/23 documented, "Goal: I will wash my hands. I will put hands [under water] before and after mealtimes/snacks, and after using the bathroom. Describe how this will be provided based on individual preferences, (support instructions) and location where program strategy can be found: 2b) DSPs (direct support persons) will physically support me with placing soap in my hands and placing my hands under the water. 3c) DSPs will use HOH (hand over hand) to support with rubbing my hands together. 3d) DSPs will physically support me with drying my hands..." I2's PCP dated 5/1/23 further documented, "I will use my scoop plate when eating my meals daily. Describe how this will be provided based on individual preferences (support instructions) and location where strategy can be found: I:b) DSPs will support me by encouraging me to use my scoop plate when eating my meals that will support me with my independence daily..." On 7/10/23 at 5:50 p.m., I2 was observed standing and ambulating in the dining room before dinner. No staff prompted the individual to wash her hands before dinner and no scoop plate was provided for I2's dinner that consisted of a pork chop, rice and a vegetable. Staff was observed feeding the individual from a regular	W 249			

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W 249	Continued From page 10 disposable plate. On 7/11/23 at 2:50 p.m., an interview was conducted with OSM (other staff member) #1 (senior counselor). OSM #1 stated staff is educated on individuals' person-centered plans before they are given an assignment to ensure active treatment will be implemented. OSM #1 stated that before a meal, staff should prompt I2 to place her hands under water and assist her with washing her hands. OSM #1 further stated that I2 can feed herself and a scoop plate should be used for I2's meals to promote independence. On 7/11/23 at 4:23 p.m., ASM (administrative staff member) #1 (the director of developmental disability services) was made aware of the above concern.	W 249			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on staff interview, facility document review and clinical record review, the facility staff failed to collect and accurately document measurable data for two of three individuals in the survey sample, Individuals #1 and #2. The findings include: 1. For Individual #1 (I1), the facility staff failed to	W 252	A review of all facility resident's data sheets indicate that data collection methods are related to the PCP objectives and are measurable. The designated QIDP will provide application exercises on accurate documentation of PCP data sheets for Individual #1's outcomes T3 enjoy eating out and T14 small purchase and #2's outcomes T1 community outings, TF9 line of site, F10 environmental sweep, T4a small purchases, and F5a environmental sweep by 8/25/23. For Individual 1-and Individual 2 the data sheets will be corrected to reflect outcome of eating out and community outings not documented accurately on 6/2/2023 and 7/8/23. This corrected data will also be updated on the quarterly QIDP report to IDT for review quarterly.	8/25/2023	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/11/2023
NAME OF PROVIDER OR SUPPLIER FINNEY AVE RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 404 FINNEY AVE SUFFOLK, VA 23434		
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W 252	<p>Continued From page 11</p> <p>collect and document measurable data for the individual's goals of dining out and small purchases in May 2023 and June 2023.</p> <p>I1's PCP (person centered plan) dated 6/1/23 documented, "Goal: I enjoy Eating out. I will sign money request slip to obtain money from my DSP (direct support person) support when it's time to go to the restaurant of my choice. I:a.) DSP will support me by handing me the money request slip to sign I:b.) DSP will document (See Data Sheet). How often or by when?: 1x monthly per program...</p> <p>Goal T14 Small Purchase. Staff will support me with purchasing a haircut at the barbershop. How often or by when?: 2x Monthly..."</p> <p>A review of I1's data collection for May 2023 and June 2023 failed to reveal documentation that I1 was assisted with eating out or a small purchase during those months.</p> <p>On 7/11/23 at 3:32 p.m., an interview was conducted with OSM (other staff member) #1 (senior counselor) and OSM #2 (administrative tech). OSM #1 stated the above outcomes were being completed for I1 but there was a lack of collection and documentation. OSM #1 stated it is important to collect and accurately document data because it helps staff with monitoring individuals' goals. OSM #2 stated data collection is the purpose of everything the staff does because at the end of the day, it shows the staff is improving individuals' quality of life, executing the goals and supporting individuals with normalization and a happy, healthy life. OSM #2 stated there are monthly meetings held with staff to make sure they are collecting and documenting data, and if a manager notices data collection and</p>	W 252	<p>The designated QIDP will ensure that staff assignment sheets have been updated by 8/25/23 to encompass each individuals outcomes and to ensure that staff are documenting measurable outcomes. Staff assignment sheets are used daily on each shift and monitored weekly by the designated QIDP.</p>		8/25/23

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W 252	<p>Continued From page 12</p> <p>documentation is not being done then the manager can pull the staff aside and address this.</p> <p>On 7/11/23 at 4:23 p.m., ASM (administrative staff member) #1 (the director of developmental disability services) was made aware of the above concern.</p> <p>The facility policy titled, "Data Collection/Monitoring" documented, "It is the policy of (name of facility) that a reliable method of collecting data be established for each individual outcome stated in the individual's PCP/IPP."</p> <p>2. For Individual #2 (I2), the facility staff failed to collect and document measurable data for the individual's goals of community outings and small purchases in May 2023 and June 2023 and the individual's goals of line of sight and environment sweep in May 2023, June 2023 and July 2023.</p> <p>I2's PCP (person centered plan) dated 4/1/23 documented, "I will go on a community outing of my choice. Ic:) DSPs (direct support persons) will support me by providing transportation into the community. Id:) DSPs will document on the data sheet. How often or by when? Monthly [sic] ... I will make small purchases of my choice in the community. Ib:) DSPs will verbally and physically support me with obtaining the appropriate amount of money for outings and purchases. Id:) DSPs will support me by providing transportation into the community so that I can make small purchases. Ie:) DSPs will verbally and physically support me in the store or on my outing with counting money to make small purchases. If:) DSPs will document on the data sheet at least</p>		W 252		

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W 252	<p>Continued From page 13</p> <p>once a month. How often or by when?: Monthly..."</p> <p>A review of I2's data collection for May 2023 and June 2023 failed to reveal documentation that I2 was assisted with community outings or small purchases.</p> <p>I2's PCP further documented, "I will remain in the line of sight. List the actions/supports needed: I: DSPs will support me visually by continuously monitoring and ensuring that I am in the line of sight on all shifts daily. Describe how this will be provided based on individual preferences. (support instructions) and location where program strategy can be found: II: DSPs will document every 15 minutes to ensure that I remain in the line of sight. How often or by when?: Daily... My environment will be swept for small objects that I can ingest every 15 minutes. List the actions/supports needed: I:a) DSP will support me by ensuring that there are no small objects within my reach that I may ingest every 15 minutes. Describe how this will be provided based on individual preferences. (support instructions) and location where program strategy can be found. I:b) DSP will document every 15 minutes. How often or by when?: Daily..."</p> <p>A review of I2's data collection for May 2023, June 2023 and July 2023 failed to reveal documentation that I2 remained in staff's line of sight every 15 minutes or that an environmental sweep was conducted every 15 minutes. (Note: During this survey, staff was observed keeping I2 within line of sight and conducting an environmental sweep every 15 minutes).</p> <p>On 7/11/23 at 3:32 p.m., an interview was</p>	W 252			

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W 252	Continued From page 14 conducted with OSM (other staff member) #1 (senior counselor) and OSM #2 (administrative tech). OSM #1 stated the above outcomes were being completed for I2 but there was a lack of collection and documentation. OSM #1 stated it is important to collect and accurately document data because it helps staff with monitoring individuals' goals. OSM #2 stated data collection is the purpose of everything the staff does because at the end of the day, it shows the staff is improving individuals' quality of life, executing the goals and supporting individuals with normalization and a happy, healthy life. OSM #2 stated there are monthly meetings held with staff to make sure they are collecting and documenting data, and if a manager notices data collection and documentation is not being done then the manager can pull the staff aside and address this. On 7/11/23 at 4:23 p.m., ASM (administrative staff member) #1 (the director of developmental disability services) was made aware of the above concern.	W 252			

