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W 000	INITIAL COMMENTS An unannounced Fundamental Medicaid re-certification survey was conducted 7/11/23 through 7/13/23. 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 ten bed facility was eight at the time of the survey. The survey sample consisted of six current individual reviews.	W 000		
W 153	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2) The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on staff interview, clinical record review, and facility document review, the facility staff failed to report an injury of unknown origin in a timely manner for one of six individuals in the survey sample, Individual #6. The findings include: For Individual #6 (I6), the facility staff failed to report multiple bruises of unknown origin to management staff from 2/16/23 until 2/20/23. A review of the facility's synopsis of events dated 2/27/23 revealed, in part: "On Thursday, February 16, 2023, DSP (direct support personnel) staff at	W 153		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 08/05/2023

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[name of facility] noticed what appeared to be bruising around [I6]'s breasts. By evening, other DSP staff saw the bruising and informed a nurse who was on site providing a service. On Friday, the nurse informed the [name of facility]'s nurse, describing the bruises as old...On Friday evening (2/17/23), a DSP saw bruises on [I6]'s legs and informed the house Counselor on site. On Monday (2/20/23), the [name of facility]'s nurse checked the bruises on [I6]'s breasts and was informed by the DSP that [I6] also had bruises on her legs. The nurse informed [I6]'s parent and the ID/DD (intellectually disabled/developmentally disabled) Residential Supervisor and Director...The Office of Quality Healthcare and Reliability was informed. An APS (adult protective services) report was made, and an Abuse Allegation Report was entered...Conclusion: [Name of facility] staff properly performed their duties to support [I6]...but failed to follow proper incident reporting protocols. Each staff involved chose to assume it had been reported by another, or that their attempts to report were adequate despite not following protocol. Management was not aware of the developing incident for several days. Nevertheless, there is no evidence or indication that physical abuse occurred."

A review of the clinical record revealed no evidence that I6 was abused by facility staff or visitors in February 2023. Multiple entries in the record documented I6 as frequently bumping into walls and hard surfaces in the facility.

The facility staff provided credible evidence of a thorough investigation, including staff interviews and a root cause analysis.

On 7/12/23 at 2:27 p.m., DSP #1 was

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interviewed. When asked what she would do if she found new bruising that did not have a reasonable explanation on a resident, she stated: "I would tell the manager, or, if it's after hours, the on-call manager." She stated the facility has set a protocol to be followed. When asked how soon she would report the bruising, she stated she would report it immediately. She stated: "It could be abuse, so we have to report it right away."

On 7/12/23 at 2:35 p.m., DSP #2 was interviewed. She stated she has been taught that any visible injury to a resident that does not have a reasonable explanation needs to be reported to management as soon as possible so that an investigation can begin. She stated this process is important in order to prevent resident abuse.

On 7/13/23 at 9:45 a.m., ASM (administrative staff member) #1, the QIDP (qualified intellectual disability professional) was interviewed. She stated an injury of unknown origin should ordinarily be reported as soon as it is discovered. She said timely reporting is important in the facility's program to prevent abuse.

On 7/13/23 at 10:33 a.m., ASM #3, the clinical services administrator, was interviewed. She stated an injury of unknown origin is an injury to an individual that is not witnessed by anyone. She stated if a staff member observes bruising on a resident and the origin of the bruising has not been reasonably documented or communicated, the staff member should report the injury immediately to management, and management should begin an investigation as soon as possible.

A review of the facility policy, "Abuse/Neglect of

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W 153	Continued From page 3 Individuals/Serious Incidents," revealed, in part: "Any person having knowledge of such individual involved in abuse or neglect, or having reasonable cause to believe the same is taking place, or has taken place, shall immediately make a report to his/her Director/Executive Director." No further information was provided prior to exit.	W 153		
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 observation, staff interview, facility document review, and clinical record review, the facility QIDP (qualified intellectual disability professional) failed to ensure implementation of the IPP (individual program plan) and documentation of progress toward independence in ADLs (activities of daily living) for four of six individuals in the survey sample, Individuals #1, #2, #3, and #5. The findings include: 1. For Individual #1 (I1), the QIDP failed to ensure the IPP identified objectives likely to promote independence in eating. On 7/12/23 at 5:08 p.m., I1 was observed sitting in the recreation room. ASM (administrative staff member) #2, the counselor, told I1 that dinner was almost ready, and instructed I1 to wash her hands. I1 independently walked to the bathroom and washed her hands. ASM #2 set a placemat	W 159		

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and silverware on the dining room table at I1's spot. I1 sat down at the dinner table. ASM #2 served I1's plate in the kitchen, and set the plate down on I1's placemat on the dining room table. I1 independently fed herself dinner using a standard plate and silverware. When I1 finished eating, she pushed her chair back from the table and went back to the recreation room. ASM #2 cleared I1's dishes, napkin, and silverware from the table, and put the dishes in the dishwasher.

A review of I1's IPP (Individual Program Plan) dated 12/20/22 revealed, in part: "Goal...Dietary...I will follow my meal plan as ordered by my physician and recommended by the dietician." The plan contained no evidence of objectives toward independence before, during, or after mealtimes.

On 7/13/23 at 9:45 a.m., ASM #1, the QIDP (qualified intellectual disability professional) was interviewed. When asked to define active treatment, she stated it is different for everyone, and the goals should be specific and personalized for each individual. She stated the facility staff is "constantly implementing" active treatment by engaging the individuals in ways other than what might be stated in a plan. When told about the observations at dinner on 7/12/23 for I1, she reviewed I1's IPP for "dietary." She stated: "[I1] is probably not going to want to do much more than sit down and eat." When asked if interventions toward independence should be attempted despite the staff's expectation of what an individual might or might not want to do, she stated those types of interventions probably should be attempted. She stated: "I see what you are saying. We at least need to try." She stated I1 is independent in many functions, and is likely

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capable of accomplishing more independent tasks like setting the table and clearing the table around mealtime. When asked, ASM #1 stated she was ultimately responsible for all aspects of the IPP development and implementation.

A review of the facility policy, "Active Treatment," revealed in part: "The designated [QIDP] is responsible for ensuring that active treatment is provided in accordance with this policy."

No further information was provided prior to exit.

2. For Individual #2 (I2), the QIDP failed to ensure the IPP was written in a clear manner and was implemented for medication administration; and failed to identify objectives likely to promote independence in bathing.

On 7/11/23 at 3:22 p.m., I2 was observed sitting in her wheelchair in the common area of the facility. DSP (direct support personnel) #3 administered eye drops to I2 in accordance with the physician's order. DSP #3 addressed I2 saying: "Are you ready? One, two, three. Thank you. All done." DSP #3 did not say anything to else to the individual at the time of the eye drop administration.

A review of I2's IPP (individual program plan) dated 12/21/22 revealed, in part: "Goal...Medication Support...I will be healthy and safe as agreed upon in my plan...DSP will apply [medications] as prescribed. I will learn information about the side effects associated with my medications...DSP will support me with engaging in conversation through gestures and facial expressions regarding the side effects of my medications...Goal...Personal Hygiene...I like

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to bathe daily...I will receive support with bathing...I will receive support with gathering necessary supplies for my bath/shower. I will receive support from DSP (direct support personnel) during my bath/shower. I will accept the washcloth when handed to me by DSP during my bath time."

On 7/13/23 at 9:45 a.m., ASM (administrative staff member) #1, the QIDP (qualified intellectual disability professional) was interviewed. When asked who is ultimately responsible for making sure interventions are implemented, she stated she is ultimately responsible. She stated the plan was not implemented if the staff did not address the medication's side effects. When asked who is ultimately responsible for making sure the IPP is written with clear instructions for the DSP, she stated: "I am." She stated she could see how the IPP for medication administration for I2 was not clearly written. When asked if interventions toward independence should be attempted whenever possible during ADLs (activities of daily living), she stated those types of interventions probably should be attempted. She stated: "I see what you are saying. We at least need to try." When asked, ASM #1 stated she was ultimately responsible for all aspects of the IPP development and implementation.

No further information was provided prior to exit.

3. For Individual #3 (I3), the QIDP failed to ensure the IPP was implemented for eating; and failed to identify objectives likely to promote independence in toileting.

On 7/11/23 at 1:35 p.m., I3 was observed sitting in a wheelchair at the dining room table. DSP

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(direct support personnel) #2 was sitting beside I3, and was feeding I3 using a soft spoon. DSP #2 was not assisting I3 with hand over hand feeding in any way.

On 7/11/13 at 5:47 p.m., I3 was observed sitting in a wheelchair at the dining room table. DSP (direct support personnel) #4 was sitting beside I3, and was feeding I3 using a soft spoon. DSP #4 was not assisting I3 with hand over hand feeding in any way.

A review of I3's IPP dated 6/27/23 revealed, in part: "Goal...Dietary...DSP will support me by using hand over hand and allowing me to hold my spoon independently."

On 7/11/23 at 4:50 p.m., I3 was observed reclined in her wheelchair in the day room. DSP #2 walked behind the wheelchair, unlocked it, and said: "Let's go check you." DSP pushed the individual back into her bedroom and provided incontinence care.

A review of I3's IPP dated 4/26/23 revealed, in part: "Goal...Toileting...I like to remain free from constipation and skin breakdown...I will be supported with my toileting schedule every two hours daily...DSP will monitor for bowel movement each shift...DSP will support [I3] by checking her briefs to prevent skin breakdown."

On 7/13/23 at 9:45 a.m., ASM (administrative staff member) #1, the QIDP (qualified intellectual disability professional) was interviewed. When asked who is ultimately responsible for making sure interventions are implemented, she stated she is ultimately responsible. She stated the plan was not implemented if the staff did not provide

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hand over hand feeding assistance or allow the individual to hold the spoon independently. When told about the observations regarding toileting I3 on 7/11/23, she reviewed I3's IPP for toileting. She stated: "[I3] is probably not capable of being independent with toileting." When asked if interventions toward independence should be attempted despite the staff's expectation of what an individual might or might not want to do, she stated those types of interventions probably should be attempted. She stated: "I see what you are saying. We at least need to try." When asked, ASM #1 stated she was ultimately responsible for all aspects of the IPP development and implementation.

No further information was provided prior to exit.

4. For Individual #5 (I5), the QIDP failed to ensure the IPP was written in a clear manner and was implemented for medication administration.

On 7/11/23 at 6:04 p.m., I5 was observed sitting in a chair in the medication room. DSP (direct support personnel) #3 prepared medications to be administered to I5. DSP #3 said to I5: "What's your name?" I5 told the DSP her name. DSP #3 handed the medications to I5, and I5 poured the medications from the medication cup into her mouth, and drank water to wash the medications down. DSP #3 did not have any further discussion with I5 about the medications.

A review of I5's IPP dated 3/20/23 revealed, in part: "Goal....Medication...I will earn (sic) how to identify my pills and learn information about the side effects associated with my medications."

On 7/13/23 at 9:45 a.m., ASM (administrative

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W 159	Continued From page 9 staff member) #1, the QIDP (qualified intellectual disability professional) was interviewed. When asked who is ultimately responsible for making sure interventions are implemented, she stated she is ultimately responsible. She stated the plan was not implemented if the staff did not address the medication's side effects or work with the resident on identifying the medications. When asked who is ultimately responsible for making sure the IPP is written with clear instructions for the DSP, she stated: "I am." She stated she could see how the IPP for medication administration for I5 was not clearly written. No further information was provided prior to exit.	W 159		
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observations, staff interviews, facility document review, and clinical record review, the facility staff failed to identify objectives likely to improve an individual's ability to function independently for three of six individuals in the survey sample, Individuals #1, #2, and #3. The findings include: 1. For Individual I1 (I1), the facility staff failed to identify and implement objectives to promote independent function around mealtimes. On 7/12/23 at 5:08 p.m., I1 was observed sitting in the recreation room. ASM (administrative staff	W 227		

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member) #2, the counselor, told I1 that dinner was almost ready, and instructed I1 to wash her hands. I1 independently walked to the bathroom and washed her hands. ASM #2 set a placemat and silverware on the dining room table at I1's spot. I1 sat down at the dinner table. ASM #2 served I1's plate in the kitchen, and set the plate down on I1's placemat on the dining room table. I1 independently fed herself dinner using a standard plate and silverware. When I1 finished eating, she pushed her chair back from the table and went back to the recreation room. ASM #2 cleared I1's dishes, napkin, and silverware from the table, and put the dishes in the dishwasher.

A review of I1's IPP (Individual Program Plan) dated 12/20/22 revealed, in part: "Goal...Dietary...I will follow my meal plan as ordered by my physician and recommended by the dietician." The plan contained no evidence of objectives toward independence before, during, or after mealtimes.

On 7/13/23, ASM #2 was not available for interview.

On 7/13/23 at 9:45 a.m., ASM #1, the QIDP (qualified intellectual disability professional) was interviewed. When asked to define active treatment, she stated it is different for everyone, and the goals should be specific and personalized for each individual. She stated the facility staff is "constantly implementing" active treatment by engaging the individuals in ways other than what might be stated in a plan. When told about the observations at dinner on 7/12/23 for I1, she reviewed I1's IPP for "dietary." She stated: "[I1] is probably not going to want to do much more than sit down and eat." When asked

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if interventions toward independence should be attempted despite the staff's expectation of what an individual might or might not want to do, she stated those types of interventions probably should be attempted. She stated: "I see what you are saying. We at least need to try." She stated I1 is independent in many functions, and is likely capable of accomplishing more independent tasks like setting the table and clearing the table around mealtime.

A review of the facility policy, "Active Treatment," revealed, in part: "Each individual will have a Person-Centered Plan (PCP)/IPP...The goals shall be measurable in terms of the individual's progression from dependent to independent functioning and should reflect both specific skills to be accomplished and a general, desired level of functioning.

No further information was provided prior to exit.

2. For Individual #2 (I2), the facility staff failed to identify and implement objectives to promote independent function for personal hygiene.

A review of I2's IPP dated 12/21/22 revealed, in part: "Goal...Personal Hygiene...I like to bathe daily...I will receive support with bathing...I will receive support with gathering necessary supplies for my bath/shower. I will receive support from DSP (direct support personnel) during my bath/shower. I will accept the washcloth when handed to me by DSP during my bath time."

On 7/12/23 at 2:27 p.m., DSP #1, who works frequently with I2, was interviewed. She stated she tells I2 when it's time for a bath, gets all the supplies ready, then wheels I2 into the bathroom.

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She stated she (DSP #1) "does all the washing." She stated she was not aware of any other expectations or interventions for I2 regarding the daily bath.

On 7/13/23 at 9:45 a.m., ASM #1, the QIDP (qualified intellectual disability professional) was interviewed. When asked to define active treatment, she stated it is different for everyone, and the goals should be specific and personalized for each individual. She stated the facility staff is "constantly implementing" active treatment by engaging the individuals in ways other than what might be stated in a plan. When asked if interventions toward independence should be attempted whenever possible during ADLs (activities of daily living), she stated those types of interventions probably should be attempted. She stated she was not sure I2 was "capable" of much more than was listed in the IPP. She stated: "I see what you are saying. We at least need to try."

No further information was provided prior to exit.

3. For Individual #3 (I3), the facility staff failed to identify and implement objectives to promote independent function for toileting.

On 7/11/23 at 4:50 p.m., I3 was observed reclined in her wheelchair in the day room. DSP #2 walked behind the wheelchair, unlocked it, and said: "Let's go check you." DSP pushed the individual back into her bedroom and provided incontinence care.

A review of I3's IPP dated 4/26/23 revealed, in part: "Goal...Toileting...I like to remain free from constipation and skin breakdown...I will be

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W 227	Continued From page 13 supported with my toileting schedule every two hours daily...DSP will monitor for bowel movement each shift...DSP will support [I3] by checking her briefs to prevent skin breakdown." On 7/12/23 at 2:35 p.m., DSP #2 was interviewed. When asked about what she does to promote I3's independence in toileting, she stated she was not sure. She stated: "I usually just check her every couple of hours and change her when it's needed." On 7/13/23 at 9:45 a.m., ASM #1, the QIDP (qualified intellectual disability professional) was interviewed. When asked to define active treatment, she stated it is different for everyone, and the goals should be specific and personalized for each individual. She stated the facility staff is "constantly implementing" active treatment by engaging the individuals in ways other than what might be stated in a plan. When told about the observations regarding toileting I3 on 7/11/23, she reviewed I3's IPP for toileting. She stated: "[I3] is probably not capable of being independent with toileting." When asked if interventions toward independence should be attempted despite the staff's expectation of what an individual might or might not want to do, she stated those types of interventions probably should be attempted. No further information was provided prior to exit.	W 227		
W 234	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(5)(i) Each written training program designed to implement the objectives in the individual program plan must specify the methods to be	W 234		

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used.
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 clearly state the methods to be used for promoting independence through active treatment for two of six individuals in the survey sample, Individuals #2 and #5.

The findings include:

1. For Individual #2 (I2), the facility staff failed to clearly state the steps to be taken to educate the individual about side effects of the medication during medication administration.

On 7/11/23 at 3:22 p.m., I2 was observed sitting in her wheelchair in the common area of the facility. DSP (direct support personnel) #3 administered eye drops to I2 in accordance with the physician's order. DSP #3 addressed I2 saying: "Are you ready? One, two, three. Thank you. All done." DSP #3 did not say anything to else to the individual at the time of the eye drop administration.

A review of I2's IPP (individual program plan) dated 12/21/22 revealed, in part:
"Goal...Medication Support...I will be healthy and safe as agreed upon in my plan...DSP will apply [medications] as prescribed. I will learn information about the side effects associated with my medications...DSP will support me with engaging in conversation through gestures and facial expressions regarding the side effects of my medications."

On 7/12/23 at 2:27 p.m., DSP #1 was interviewed. She stated she frequently

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administers medications, including eye drops, to I2. She stated: "I will tell her what the medication is. I will ask her if it is okay for me to give it." When asked if she talks with the individual about the side effects of the medications, she stated: "I don't usually say anything to her about it, but I look for the side effect to see if she is having it." When asked to review I2's IPP for medication support and to determine if the instructions for the DSP are clear, DSP #1 reviewed the IPP. She stated: "I'm not really sure what I'm supposed to say. What is she supposed to do? I'm not sure."

On 7/12/23 at 3:40 p.m., DSP #3 was interviewed. She stated she does not talk to I2 about the side effects of the medication. She stated she needed to review I2's IPP to know exactly what is supposed to be done while administering her eyedrops. After reviewing the IPP, DSP #3 stated she was not clear about what exactly she was supposed to say, and when she was supposed to say it.

On 7/13/23 at 9:45 a.m., ASM (administrative staff member) #1, the QIDP (qualified intellectual disability professional) was interviewed. When asked who is ultimately responsible for making sure the IPP is written with clear instructions for the DSP, she stated: "I am." She stated she could see how the IPP for medication administration for I2 was not clearly written.

No further information was provided prior to exit.

2. For Individual #5 (I5), the facility staff failed to clearly state the steps to be taken to educate the individual about side effects of the medication during medication administration.

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W 234	Continued From page 16 On 7/11/23 at 6:04 p.m., I5 was observed sitting in a chair in the medication room. DSP (direct support personnel) #3 prepared medications to be administered to I5. DSP #3 said to I5: "What's your name?" I5 told the DSP her name. DSP #3 handed the medications to I5, and I5 poured the medications from the medication cup into her mouth, and drank water to wash the medications down. DSP #3 did not have any further discussion with I5 about the medications. A review of I5's IPP dated 3/20/23 revealed, in part: "Goal....Medication...I will earn (sic) how to identify my pills and learn information about the side effects associated with my medications." On 7/12/23 at 2:27 p.m., DSP #1 was interviewed. She stated she frequently administers medications to I5. She stated: "I'll ask her name. Then I give the medication." When asked if she talks with the individual about the side effects of the medications, she stated: "I don't usually say anything to her about it, but I look for the side effect to see if she is having it." When asked how she knows what interventions are in place to support an individual's progress toward independence as documented on the IPP, she stated: "When we are hired, we are supposed to read it. We are here with them, and we just know." When asked to review I5's IPP for medication support and to determine if the instructions for the DSP are clear, DSP #1 reviewed the IPP. She stated: "No. I don't think it's clear at all." On 7/12/23 at 3:40 p.m., DSP #3 was interviewed. She stated she did not talk to I5 about the side effects of the medications and did not ask the individual to identify each medication.	W 234		

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W 234	Continued From page 17 She stated: [I5] is so slow; it takes her forever to take all those pills." After reviewing the IPP, DSP #3 stated she was not clear about what exactly she was supposed to say to I5 about the side effects of the medications, or how she was supposed to say it. On 7/13/23 at 9:45 a.m., ASM (administrative staff member) #1, the QIDP (qualified intellectual disability professional) was interviewed. When asked who is ultimately responsible for making sure the IPP is written with clear instructions for the DSP, she stated: "I am." She stated she could see how the IPP for medication administration for I5 was not clearly written. No further information was provided prior to exit.	W 234		
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 the IPP (individual program plan) for three of six individuals in the survey sample, Individuals #2. #3, and #5.	W 249		

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The findings include:

1. For Individual #2 (I2), the facility staff failed to implement the IPP for medication administration on 7/11/23.

On 7/11/23 at 3:22 p.m., I2 was observed sitting in her wheelchair in the common area of the facility. DSP (direct support personnel) #3 administered eye drops to I2 in accordance with the physician's order. DSP #3 addressed I2 saying: "Are you ready? One, two, three. Thank you. All done." DSP #3 did not say anything to else to the individual at the time of the eye drop administration.

A review of I2's IPP (individual program plan) dated 12/21/22 revealed, in part: "Goal...Medication Support...I will be healthy and safe as agreed upon in my plan...DSP will apply [medications]as prescribed. I will learn information about the side effects associated with my medications...DSP will support me with engaging in conversation through gestures and facial expressions regarding the side effects of my medications."

On 7/12/23 at 2:27 p.m., DSP #1 was interviewed. She stated she frequently administers medications, including eye drops, to I2. She stated: "I will tell her what the medication is. I will ask her if it is okay for me to give it." When asked if she talks with the individual about the side effects of the medications, she stated: "I don't usually say anything to her about it, but I look for the side effect to see if she is having it." When asked how she knows what interventions are in place to support an individual's progress toward independence as documented on the IPP,

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she stated: "When we are hired, we are supposed to read it. We are here with them, and we just know."

On 7/12/23 at 3:40 p.m., DSP #3 was interviewed. She stated she does not talk to I2 about the side effects of the medication. She stated she needed to review I2's IPP to know exactly what is supposed to be done while administering her eyedrops.

On 7/13/23 at 9:45 a.m., ASM (administrative staff member) #1, the QIDP (qualified intellectual disability professional) was interviewed. She stated the plan was not implemented if the staff did not address the medication's side effects.

A review of the facility policy, "Active Treatment," revealed, in part: "Each individual will have a Person-Centered Plan/IPP which is a written plan setting forth measurable outcomes for...an integrated program of individually designed therapies, activities and experiences necessary to achieve such goals or objectives. The designated [QIDC] is responsible for ensuring that active treatment is provided."

2. For Individual #3 (I3), the facility staff failed to implement the IPP for nutrition/eating on 7/11/23.

On 7/11/23 at 1:35 p.m., I3 was observed sitting in a wheelchair at the dining room table. DSP (direct support personnel) #2 was sitting beside I3, and was feeding I3 using a soft spoon. DSP #2 was not assisting I3 with hand over hand feeding in any way.

On 7/11/13 at 5:47 p.m., I3 was observed sitting in a wheelchair at the dining room table. DSP

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(direct support personnel) #4 was sitting beside I3, and was feeding I3 using a soft spoon. DSP #4 was not assisting I3 with hand over hand feeding in any way.

A review of I3's IPP dated 6/27/23 revealed, in part: "Goal...Dietary...DSP will support me by using hand over hand and allowing me to hold my spoon independently."

On 7/12/23 at 2:35 p.m., DSP #2, who frequently takes care of I3, was interviewed. She stated she would have to check to see if I2 was to receive hand over hand feeding assistance. She stated she did not know the individual was allowed to hold the spoon independently. She stated: "It might be messy."

On 7/13/23 at 9:45 a.m., ASM (administrative staff member) #1, the QIDP (qualified intellectual disability professional) was interviewed. She stated the plan was not implemented if the staff did not provide hand over hand feeding assistance or allow the individual to hold the spoon independently.

No further information was provided prior to exit.

3. For Individual #5 (I5), the facility staff failed to implement the IPP for medication administration on 7/11/23.

On 7/11/23 at 6:04 p.m., I5 was observed sitting in a chair in the medication room. DSP (direct support personnel) #3 prepared medications to be administered to I5. DSP #3 said to I5: "What's your name?" I5 told the DSP her name. DSP #3 handed the medications to I5, and I5 poured the medications from the medication cup into her

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mouth, and drank water to wash the medications down. DSP #3 did not have any further discussion with I5 about the medications.

A review of I5's IPP dated 3/20/23 revealed, in part: "Goal....Medication...I will earn (sic) how to identify my pills and learn information about the side effects associated with my medications."

On 7/12/23 at 2:27 p.m., DSP #1 was interviewed. She stated she frequently administers medications to I5. She stated: "I'll ask her name. Then I give the medication." When asked if she talks with the individual about the side effects of the medications, she stated: "I don't usually say anything to her about it, but I look for the side effect to see if she is having it." When asked how she knows what interventions are in place to support an individual's progress toward independence as documented on the IPP, she stated: "When we are hired, we are supposed to read it. We are here with them, and we just know."

On 7/12/23 at 3:40 p.m., DSP #3 was interviewed. She stated she did not talk to I5 about the side effects of the medications and did not ask the individual to identify each medication. She stated: [I5] is so slow; it takes her forever to take all those pills."

On 7/13/23 at 9:45 a.m., ASM (administrative staff member) #1, the QIDP (qualified intellectual disability professional) was interviewed. She stated the plan was not implemented if the staff did not address the medication's side effects or work with the resident on identifying the medications.

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W 249	Continued From page 22 No further information was provided prior to exit.	W 249		