

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

PRINTED: 09/18/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>49G070</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/06/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>BURKE ICF ID</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9332 BURKE ROAD BURKE, VA 22015</b>		
(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	1. The Program Manager will retrain program staff to be consistent in their documentation with both the data collection sheets and progress notes for individual #3.	<b>10/16/23</b>	
W 000	An unannounced Emergency Preparedness survey was conducted 09/05/23 through 09/06/23. 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.  INITIAL COMMENTS	W 000	2. The Program Manager will complete weekly audits of program documentation for individual #3 to ensure staff are consistent between documenting the progress notes and data collection sheets.		
W 111	An unannounced annual Fundamental Medicaid re-certification survey was conducted 09/05/2023 through 09/06/2023. 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.  The census in this six bed facility was six at the time of the survey. The survey sample consisted of four current individual reviews (Individuals #1, #2, #3 and #4).  CLIENT RECORDS CFR(s): 483.410(c)(1)	W 111	3. The Program Manager will retrain program staff to be consistent in their documentation with both the data collection sheets and the progress notes for all individuals.		
	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 facility staff failed to maintain an accurate clinical record for one of four individuals in the survey sample, Individual #3.  The findings include:		4. The Program Manager will complete weekly audits of program documentation for all individuals to ensure staff are consistent between the progress notes and data collection sheets.		
			5. The Clinical Director will monitor the process by completing random Quarterly Audits of Program Documentation to ensure the data collection sheets and progress notes are consistent and ensure the clinical records are accurate for individual #3 and all other individuals we support.		

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

TITLE

(X6) DATE

**Terrell Jones**

*Terrell Jones, CD*

**Clinical Director**

**9/26/23**

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 111	<p>Continued From page 1</p> <p>For Individual #3, the facility staff failed to accurately document the progress note to accurately reflect the data collection sheets.</p> <p>Individual #3 was admitted with diagnoses that included but not limited to: moderate intellectual disability (1).</p> <p>The Progress note Individual #3 dated 08/22/23 from 3:00 p.m. to 10:00 p.m. documented in part, "4. Fine Motor outcome: a. Goal: (Individual #3) engages in various art and fine motor/tactile activities for 5 minutes 4 times per week (16 times per month) in her home and/or her community to increase self-esteem and emotional well-being and increase/maintain functional independence. Goal is met when: 1.(Individual #3) is given enough opportunities to be successful in this goal- at least 4 times per week/16 times per month. 2. (Individual #3) is actively participating in the specific task of the activity for at least 5 minutes (to the best of her ability with the proper support needed). 3. (Individual #3) is offered appropriate activities and support to be successful, at least 16 times per month. Did the individual engage in recreational activities?: Staff did not offer an activity."</p> <p>The Progress note for Individual #3 dated 08/23/23 from 3:00 p.m. to 11:00 p.m. documented in part, "4. Fine Motor outcome: a. Goal: (Individual #3) engages in various art and fine motor/tactile activities for 5 minutes 4 times per week (16 times per month) in her home and/or her community to increase self-esteem and emotional well-being and increase/maintain functional independence. Goal is met when: 1. (Individual #3) is given enough opportunities to be</p>	W 111			

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W 111	<p>Continued From page 2</p> <p>successful in this goal- at least 4 times per week/16 times per month. 2.(Individual #3) is actively participating in the specific task of the activity for at least 5 minutes (to the best of her ability with the proper support needed). 3. (Individual #3) is offered appropriate activities and support to be successful, at least 16 times per month. Did the individual engage in recreational activities?: Staff did not offer an activity."</p> <p>The facility's "Data Collection" sheet for Individual #3 dated August 2023 documented the outcome as stated above. Under the dates of 08/22/2023 and 08/23/2023 it was coded "+ (plus sign)" on the evening shift. The data collection sheet further documented, "Legend: + = Support Provided."</p> <p>On 09/05/2023 at approximately 4:10 p.m., an interview was conducted with ASM (administrative staff member) #1, program manager. When asked where the facility staff document an Individual's progress regarding the active treatment she stated that the staff document the Individual's progress on the monthly data collection sheets and in the daily progress notes in the ehr (electronic health record). She further stated that the data collection sheets are used for monthly and quarterly progress reports. When asked about the discrepancy between the progress notes and the data collection sheet as stated above ASM #1 stated that the documentation should be the same. When asked if Individual #3's record was accurate she stated no.</p> <p>On 09/06/2023 at approximately 1:30 p.m., ASM #1 and OSM (other staff member) QIDP (Qualified Intellectual Disabilities Professional),</p>	W 111			

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W 111	Continued From page 3 were made aware of the above 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: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a> .	W 111	1. The Program Manager will retrain the QIDP on how to write ISP outcomes in measurable terms, how to review/monitor ISP data collection to ensure it is in measurable terms, and how to review to ensure staff progress notes are written in measurable terms for individuals #1 and #3.  2. The Program Manager will retrain program staff how to write their progress notes and collect PCP data collection in measurable terms for individuals #1 and #3.  3. The Program Manager will retrain the QIDP on writing ISP outcomes in measurable terms, how to review/monitor ISP data collection to ensure it is written in measurable terms, and how to review to ensure staff progress notes are written in measurable terms for all individuals.  4. The Program Manager will retrain the program staff how to write progress notes and collect pc data collection in measurable terms for all individuals.  5. The Program manager will audit all Clinical Records on a monthly basis to ensure the ISP outcomes are written in measurable terms, ISP data collection is written in measurable terms, and the staff progress notes are written in measurable terms for all individuals we support.  6. The Clinical Director will monitor the process by completing Quarterly random audits of the Clinical Records reviewing to ensure all individuals' ISP Outcomes are written in measurable terms, and ensuring the ISP data collection and staff progress notes are written in measurable terms for all individuals.	10/16/23	
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 record reviews, staff interview and facility document review, it was determined that the QIDP (Qualified Intellectual Disabilities Professional) failed coordinated and monitor the Individual's active treatment programs for two of four individuals in the survey sample, Individuals #1 and #3.  1.a.. For Individual #1, the QIDP failed to define PCP (person-centered plan) outcomes for spiritual activities and community outing in measurable terms.  1.b.. For Individual #1, the QIDP failed to ensure	W 159			

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W 159	<p>Continued From page 4</p> <p>the data collection was documented in measurable terms for the outcome of spiritual activities.</p> <p>2.a. For Individual #3, the QIDP failed to define PCP (person-centered plan) outcome for community outing in measurable terms.</p> <p>2.b.. For Individual #3, the QIDP failed to ensure the data collection was documented in measurable terms for the outcome of community outing.</p> <p>2.c.. For Individual #3, the QIDP failed to ensure the data collection and progress notes accurately reflected progress.</p> <p>The findings include:</p> <p>1.a.. For Individual #1, the QIDP failed to define PCP (person-centered plan) outcomes for spiritual activities and community outing in measurable terms.</p> <p>Individual # 1 was admitted with diagnoses that included but were not limited to: moderate intellectual disability (1).</p> <p>Individual #1's PCP (person centered plan) dated 07/01/2023 through 06/30/2024 documented in part, "Desired Outcome: 6. I will participate in a spiritual activity twice a month, for 12 consecutive months. I no longer need this activity when...: I am able to fully participate in a religious activity of my choice. Support Activities &amp; Instructions: 1. (Individual #1) will be prompted to see if he would enjoy participating in a spiritual activity. 2. (Individual #1) will be supported with executing the religious activity of his choice. 3. (Individual</p>	W 159			

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W 159	<p>Continued From page 5</p> <p>#1) will be praised for his effort and participating in the religious activity. 4. Success looks like (Individual #1) participating in a spiritual activity twice a month with, for 12 consecutive months. Skill building: Yes. Frequency: Weekly."</p> <p>"Desired Outcome: 7. I will participate in 1 individualized outing in the community, each month for 12 consecutive months. I no longer need this activity when.... I am able to engage in a community outing of choice each month independently. Support Activities &amp; Instructions: 1. (Individual #1) will be encouraged to participate in (Name of Corporation) event and/or community organized events. 2. (Individual #1) will be transported in the program vehicle to the event. 3. (Individual #1) will be supported by staff to participate in the event/community activity. 4. (Individual #1) will be transported back to the house at the end of the activity. 5. (Individual #1) will receive praise for his participation in his community integration goal. 6. Success looks like (Individual #1) participating in 1 individualized outing in the community, each month for 12 consecutive months. Skill building: Yes. Frequency: Monthly."</p> <p>On 09/06/2023 at approximately 1:30 p.m., an interview was conducted with OSM (other staff member) #1, QIDP (Qualified Intellectual Disabilities Professional). After reviewing Individual#1's outcomes as stated above OSM #1 was asked to identify what was being measured or targeted in Individual #1's participation in spiritual and community activities. OSM #1 was unable to identify what was being measured. When asked to describe their responsibility in regard to an individual's PCP, OSM #1 stated that they were to make sure the outcomes were</p>	W 159			

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W 159	<p>Continued From page 6</p> <p>written in measurable terms with the number and type of prompting, when and how often the outcome was to be implemented, the number of times the outcome was to be implemented and determine the accuracy to determine the level of progress.</p> <p>The facility's document entitled "Lead QMRP/QIDP/QDDP" documented in part, "Principal Duties and Responsibilities: Monitors, evaluates, and records clinical progress according to measurable goals described in the Service Plan."</p> <p>On 09/06/2023 at approximately 1:30 p.m., ASM #1 and OSM (other staff member) QIDP (Qualified Intellectual Disabilities Professional), were made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>[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: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a>.</p> <p>1.b. For Individual #1, the QIDP failed to ensure the data collection was documented in measurable terms for the outcome of spiritual activities.</p>	W 159			

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W 159	<p>Continued From page 7</p> <p>Individual #1's PCP (person centered plan) dated 07/01/2023 through 06/30/2024 documented in part, "Desired Outcome: 6. I will participate in a spiritual activity twice a month, for 12 consecutive months. I no longer need this activity when...: I am able to fully participate in a religious activity of my choice. Support Activities &amp; Instructions: 1. (Individual #1) will be prompted to see if he would enjoy participating in a spiritual activity. 2. (Individual #1) will be supported with executing the religious activity of his choice. 3. (Individual #1) will be praised for his effort and participating in the religious activity. 4. Success looks like (Individual #1) participating in a spiritual activity twice a month with, for 12 consecutive months. Skill building: Yes. Frequency: Weekly."</p> <p>Review of the facility's data collection sheets for Individual #1 dated August 2023 documented Outcome #6 and support activities and instructions as stated above. Further review of the data sheet for Outcome #6 coded Individual #1 as "Support provided" on 08/06/2023, 08/12/2023, 08/13/2023, 08/20/2023 and on 08/26/2023 during the morning shift and on 08/06/2023, 08/09/2023, 08/11/2023, 08/13/2023, 08/16/2023, 08/20/2023, 08/21/2023, 08/25/2023, 08/26/2023 and on 08/29/2023 during the evening shift.</p> <p>On 09/06/2023 at approximately 1:30 p.m., an interview was conducted with OSM (other staff member #1, QIDP (Qualified Intellectual Disabilities Professional). After reviewing Individual#1's data collection as stated above OSM #1 was asked to identify what was being measured or targeted in Individual #1's participation in spiritual activities. OSM # 1 was unable to identify what was being measured.</p>	W 159			



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W 159	<p>Continued From page 8</p> <p>On 09/06/2023 at approximately 1:30 p.m., ASM #1 and OSM (other staff member) QIDP (Qualified Intellectual Disabilities Professional), were made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>2.a.. For Individual #3, the QIDP failed to define PCP (person-centered plan) outcome for community outing in measurable terms.</p> <p>Individual #3 was admitted with diagnoses that included but not limited to: moderate intellectual disability (1).</p> <p>Individual #3's PCP (person centered plan) dated 07/01/2023 through 06/30/2024 documented in part, "Desired Outcome: I would like to improve my community living skills.</p> <p>3. I will participate in one activity offered in the community monthly, for 12 consecutive months. I no longer need this outcome when...: When I have increased my community living skills.</p> <p>Support Activities &amp; Instructions: 1. (Individual #3) will be encouraged to participate in (Name of Corporation) events and organized community events with staff supports. 2. (Individual #3) will be safely transported to her chosen activity. 3. (Individual #3) will be accompanied by staff and supported to participate to the best of her abilities. 4. (Individual #3) will be safely transported back to the house at the end of the activity. 5. Staff will praise (Individual #3) for her efforts during the activity. 6. Staff will record (Individual #3's) supports provided and the data will be reviewed by QIDP and Manager. 7. Success occurs when I have chosen one activity offered in the community, monthly for 12</p>	W 159			

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W 159	<p>Continued From page 9 consecutive months. Skill building: Yes. Frequency: Monthly."</p> <p>Review of the facility's data collection sheets for Individual #3 dated August 2023 documented Outcome #3 and support activities and instructions as stated above. Further review of the data sheet for Outcome #3 coded Individual #3 as "Support provided" on 08/26/2023 and on 08/27/2023 during the morning shift and on 08/26/2023 and on 08/27/2023 during the evening shift.</p> <p>On 09/06/2023 at approximately 1:30 p.m., an interview was conducted with OSM (other staff member #1, QIDP (Qualified Intellectual Disabilities Professional). After reviewing Individual#3's outcomes as stated above OSM #1 was asked to identify what was being measure or targeted in Individual #3's participation in community activities. OSM # 1 was unable to identify what was being measured.</p> <p>On 09/06/2023 at approximately 1:30 p.m., ASM #1 and OSM (other staff member) QIDP (Qualified Intellectual Disabilities Professional), were made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>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</p>	W 159			

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W 159	<p>Continued From page 10</p> <p>responsiveness. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a>.</p> <p>2.b.. For Individual #3, the QIDP failed to ensure the data collection was documented in measurable terms for the outcome of community outing.</p> <p>Individual #3's PCP (person centered plan) dated 07/01/2023 through 06/30/2024 documented in part, "Desired Outcome: I would like to improve my community living skills.</p> <p>3. I will participate in one activity offered in the community monthly, for 12 consecutive months. I no longer need this outcome when...: When I have increased my community living skills.</p> <p>Support Activities &amp; Instructions: 1. (Individual #3) will be encouraged to participate in (Name of Corporation) events and organized community events with staff supports. 2. (Individual #3) will be safely transported to her chosen activity. 3. (Individual #3) will be accompanied by staff and supported to participate to the best of her abilities. 4. (Individual #3) will be safely transported back to the house at the end of the activity. 5. Staff will praise (Individual #3) for her efforts during the activity. 6. Staff will record (Individual #3's) supports provided and the data will be reviewed by QIDP and Manager. 7. Success occurs when I have chosen one activity offered in the community, monthly for 12 consecutive months. Skill building: Yes. Frequency: Monthly."</p> <p>Review of the facility's data collection sheets for Individual #3 dated August 2023 documented Outcome #3 and support activities and</p>	W 159			

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NAME OF PROVIDER OR SUPPLIER  <b>BURKE ICF ID</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9332 BURKE ROAD BURKE, VA 22015</b>		
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W 159	<p>Continued From page 11</p> <p>instructions as stated above. Further review of the data sheet for Outcome #3 coded Individual #3 as "Support provided" on 08/26/2023 and on 08/27/2023 during the morning shift and on 08/26/2023 and on 08/27/2023 during the evening shift.</p> <p>On 09/06/2023 at approximately 1:30 p.m., an interview was conducted with OSM (other staff member) #1, QIDP (Qualified Intellectual Disabilities Professional). After reviewing Individual#3's data collection as stated above OSM #1 was asked to identify what was being measured or targeted in Individual #3's participation in community activities. OSM # 1 was unable to identify what was being measured.</p> <p>On 09/06/2023 at approximately 1:30 p.m., ASM #1 and OSM (other staff member) QIDP (Qualified Intellectual Disabilities Professional), were made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>2.c.. For Individual #3, the QIDP failed to ensure the data collection and progress notes accurately reflected progress.</p> <p>The Progress note Individual #3 dated 08/22/23 from 3:00 p.m. to 10:00 p.m. documented in part, "4. Fine Motor outcome: a. Goal: (Individual #3) engages in various art and fine motor/tactile activities for 5 minutes 4 times per week (16 times per month) in her home and/or her community to increase self-esteem and emotional well-being and increase/maintain functional independence. Goal is met when: 1.(Individual #3) is given enough opportunities to be successful in this goal- at least 4 times per</p>	W 159			

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W 159	<p>Continued From page 12</p> <p>week/16 times per month. 2.(Individual #3) is actively participating in the specific task of the activity for at least 5 minutes (to the best of her ability with the proper support needed. 3. (Individual #3) is offered appropriate activities and support to be successful, at least 16 times per month. Did the individual engage in recreational activities?: Staff did not offer an activity."</p> <p>The Progress note Individual #3 dated 08/23/23 from 3:00 p.m. to 11:00 p.m. documented in part, "4. Fine Motor outcome: a. Goal: (Individual #3) engages in various art and fine motor/tactile activities for 5 minutes 4 times per week (16 times per month) in her home and/or her community to increase self-esteem and emotional well-being and increase/maintain functional independence. Goal is met when: 1.(Individual #3) is given enough opportunities to be successful in this goal- at least 4 times per week/16 times per month. 2.(Individual #3) is actively participating in the specific task of the activity for at least 5 minutes (to the best of her ability with the proper support needed. 3. (Individual #3) is offered appropriate activities and support to be successful, at least 16 times per month. Did the individual engage in recreational activities?: Staff did not offer an activity."</p> <p>The facility's "Data Collection" sheet for Individual #3 dated August 2023 documented the outcome as stated above. Under the dates of 08/22/2023 and 08/23/2023 it was coded "+" (plus sign)" on the evening shift. The data collection sheet further documented, "Legend: + = Support Provided."</p> <p>On 09/05/2023 at approximately 4:10 p.m., an interview was conducted with ASM (administrative</p>	W 159			

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W 159	Continued From page 13 staff member) #1, program manager. When asked where the facility staff document an Individual's progress regarding the active treatment she stated that the staff document the Individual's progress on the monthly data collection sheets and in the daily progress notes in the ehr (electronic health record). She further stated that the data collection sheets are used for monthly and quarterly progress reports. When asked about the discrepancy between the progress notes and the data collection sheet as stated above ASM #1 stated that the documentation should be the same. When asked if Individual #3's record was accurate she stated no.  On 09/06/2023 at approximately 1:30 p.m., an interview was conducted with OSM (other staff member #1, QIDP (Qualified Intellectual Disabilities Professional). When asked about the discrepancy between the progress notes and the data collection sheet as stated above she stated that the documentation should be the same.  On 09/06/2023 at approximately 1:30 p.m., ASM #1 and OSM (other staff member) QIDP (Qualified Intellectual Disabilities Professional), were made aware of the above findings.	W 159			
W 231	No further information was provided prior to exit. INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)(iii)  The objectives of the individual program plan must be expressed in behavioral terms that provide measurable indices of performance. This STANDARD is not met as evidenced by: Based on staff interview, clinical record review	W 231			

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W 231	<p>Continued From page 14</p> <p>and facility document review it was determined that the facility staff failed to develop outcomes in measurable terms for two of four individuals in the survey sample, Individuals #1 and #3.</p> <p>The findings include:</p> <p>1. For Individual #1, the facility staff failed to develop residential PCP (person-centered plan) outcomes for spiritual activity and community outing to define the targeted response.</p> <p>Individual #1 was admitted with diagnoses that included but were not limited to: moderate intellectual disability (1).</p> <p>Individual #1's PCP (person centered plan) dated 07/01/2023 through 06/30/2024 documented in part, "Desired Outcome: 6. I will participate in a spiritual activity twice a month, for 12 consecutive months. I no longer need this activity when...: I am able to fully participate in a religious activity of my choice. Support Activities &amp; Instructions: 1. (Individual #1) will be prompted to see if he would enjoy participating in a spiritual activity. 2. (Individual #1) will be supported with executing the religious activity of his choice. 3. (Individual #1) will be praised for his effort and participating in the religious activity. 4. Success looks like (Individual #1) participating in a spiritual activity twice a month with, for 12 consecutive months. Skill building: Yes. Frequency: Weekly."</p> <p>"Desired Outcome: 7. I will participate in 1 individualized outing in the community, each month for 12 consecutive months. I no longer need this activity when...: I am able to engage in a community outing of choice each month independently. Support Activities &amp; Instructions:</p>	W 231	<p>1. The Program Manager will retrain the QIDP on how to write ISP outcomes in measurable terms, how to review/monitor ISP data collection to ensure it is in measurable terms, and how to review to ensure staff progress notes are written in measurable terms for individuals #1 and #3.</p> <p>2. The Program Manager will retrain program staff how to write their progress notes and collect PCP data collection in measurable terms for individuals #1 and #3.</p> <p>3. The Program Manager will retrain the QIDP on writing ISP outcomes in measurable terms, how to review/monitor ISP data collection to ensure it is written in measurable terms, and how to review to ensure staff progress notes are written in measurable terms for all individuals.</p> <p>4. The Program Manager will retrain the program staff how to write progress notes and collect pcp data collection in measurable terms for all individuals.</p> <p>5. The Program manager will audit all Clinical Records on a monthly basis to ensure the ISP outcomes are written in measurable terms, ISP data collection is written in measurable terms, and the staff progress notes are written in measurable terms for all individuals we support.</p> <p>6. The Clinical Director will monitor the process by completing Quarterly random audits of the Clinical Records reviewing to ensure all individuals' ISP Outcomes are written in measurable terms, and ensuring the ISP data collection and staff progress notes are written in measurable terms for all individuals.</p>	10/16/23	

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W 231	<p>Continued From page 15</p> <p>1. (Individual #1) will be encouraged to participate in (Name of Corporation) event and/or community organized events. 2. (Individual #1) will be transported in the program vehicle to the event. 3. (Individual #1) will be supported by staff to participate in the event/community activity. 4. (Individual #1) will be transported back to the house at the end of the activity. 5. (Individual #1) will receive praise for his participation in his community integration goal. 6. Success looks like (Individual #1) participating in 1 individualized outing in the community, each month for 12 consecutive month. Skill building: Yes. Frequency: Monthly."</p> <p>Review of the facility's data collection sheets for Individual #1 dated August 2023 documented Outcome #6 and support activities and instructions as stated above. Further review of the data sheet for Outcome #6 coded Individual #1 as "Support provided" on 08/06/2023, 08/12/2023, 08/13/2023, 08/20/2023 and on 08/26/2023 during the morning shift and on 08/06/2023, 08/09/2023, 08/11/2023, 08/13/2023, 08/16/2023, 08/20/2023, 08/21/2023, 08/25/2023, 08/26/2023 and on 08/29/2023 during the evening shift.</p> <p>On 09/06/2023 at approximately 1:30 p.m., an interview was conducted with ASM (administrative staff member #1, program manager and OSM (other staff member) #1, QIDP (Qualified Intellectual Disabilities Professional). After reviewing Individual#1's outcomes as stated above OSM #1 was asked to identify what was being measured or targeted in Individual #1's participation in spiritual and community activities. OSM #1 was unable to identify what was being measured.</p>	W 231			



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W 231	<p>Continued From page 16</p> <p>The facility's policy "4.1 Individual Service Plan (ISP)" documented, "4.1.3 Procedures: C. (Name of Corporation) ensures that an ISP will contain at a minimum: 4. Goals / outcomes and measurable objectives / desired outcomes for addressing each identified need. 4.1.4 Individual Service Plan (ISP) Development. E. Goals / Outcomes and Objectives/Desired Outcomes: The objectives / desired outcomes will be expressed in terms that are behavioral and provide measurable indexes of progress."</p> <p>No further information was provided prior to exit.</p> <p>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: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a>.</p> <p>2. For Individual #3, the facility staff failed to develop residential PCP (person-centered plan) outcome for community outing to define the targeted response.</p> <p>Individual #3 was admitted with diagnoses that included but not limited to: moderate intellectual disability (1).</p> <p>Individual #3's PCP (person centered plan) dated</p>	W 231			

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W 231	<p>Continued From page 17</p> <p>07/01/2023 through 06/30/2024 documented in part, "Desired Outcome: I would like to improve my community living skills.</p> <p>3. I will participate in one activity offered in the community monthly, for 12 consecutive months. I no longer need this outcome when...: When I have increased my community living skills.</p> <p>Support Activities &amp; Instructions: 1. (Individual #3) will be encouraged to participate in (Name of Corporation) events and organized community events with staff supports. 2. (Individual #3) will be safely transported to her chosen activity. 3. (Individual #3) will be accompanied by staff and supported to participate to the best of her abilities. 4. (Individual #3) will be safely transported back to the house at the end of the activity. 5. Staff will praise (Individual #3) for her efforts during the activity. 6. Staff will record (Individual #3's) supports provided and the data will be reviewed by QIDP and Manager. 7. Success occurs when I have chosen one activity offered in the community, monthly for 12 consecutive months. Skill building: Yes. Frequency: Monthly."</p> <p>Review of the facility's data collection sheets for Individual #3 dated August 2023 documented Outcome #3 and support activities and instructions as stated above. Further review of the data sheet for Outcome #3 coded Individual #3 as "Support provided" on 08/26/2023 and on 08/27/2023 during the morning shift and on 08/26/2023 and on 08/27/2023 during the evening shift.</p> <p>On 09/06/2023 at approximately 1:30 p.m., an interview was conducted with ASM (administrative staff member) #1, program manager and OSM (other staff member #1, QIDP (Qualified</p>	W 231			

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W 231	Continued From page 18 Intellectual Disabilities Professional). After reviewing Individual#3's outcomes as stated above OSM #1 was asked to identify what was being measure or targeted in Individual #3's participation in community activities. OSM #1 was unable to identify what was being measured.  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: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a> .	W 231	1. The Program Manager will retrain the QIDP on how to write ISP outcomes in measurable terms, how to review/monitor ISP data collection to ensure it is in measurable terms, and how to review to ensure staff progress notes are written in measurable terms for individuals #1 and #3.  2. The Program Manager will retrain program staff how to write their progress notes and collect PCP data collection in measurable terms for individuals #1 and #3.  3. The Program Manager will retrain the QIDP on writing ISP outcomes in measurable terms, how to review/monitor ISP data collection to ensure it is written in measurable terms, and how to review to ensure staff progress notes are written in measurable terms for all individuals.  4. The Program Manager will retrain the program staff how to write progress notes and collect pcp data collection in measurable terms for all individuals.	10/16/23	
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, clinical record review and facility document review it was determined that the facility staff failed to collect data in measurable terms for two of four individuals in the survey sample, Individuals #1 and #3.	W 252	5. The Program manager will audit all Clinical Records on a monthly basis to ensure the ISP outcomes are written in measurable terms, ISP data collection is written in measurable terms, and the staff progress notes are written in measurable terms for all individuals we support.  6. The Clinical Director will monitor the process by completing Quarterly random audits of the Clinical Records reviewing to ensure all individuals' ISP Outcomes are written in measurable terms, and ensuring the ISP data collection and staff progress notes are written in measurable terms for all individuals.		

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W 252	<p>Continued From page 19</p> <p>The findings include:</p> <p>1. For Individual #1, the facility staff failed to document the data collection for the residential PCP (person-centered plan) outcomes for spiritual activity in measurable terms.</p> <p>Individual #1 was admitted with diagnoses that included but were not limited to: moderate intellectual disability (1).</p> <p>Individual #1's PCP (person centered plan) dated 07/01/2023 through 06/30/2024 documented in part, "Desired Outcome: 6. I will participate in a spiritual activity twice a month, for 12 consecutive months. I no longer need this activity when...: I am able to fully participate in a religious activity of my choice. Support Activities &amp; Instructions: 1. (Individual #1) will be prompted to see if he would enjoy participating in a spiritual activity. 2. (Individual #1) will be supported with executing the religious activity of his choice. 3. (Individual #1) will be praised for his effort and participating in the religious activity. 4. Success looks like (Individual #1) participating in a spiritual activity twice a month with, for 12 consecutive months. Skill building: Yes. Frequency: Weekly."</p> <p>Review of the facility's data collection sheets for Individual #1 dated August 2023 documented Outcome #6 and support activities and instructions as stated above. Further review of the data sheet for Outcome #6 coded Individual #1 as "Support provided" on 08/06/2023, 08/12/2023, 08/13/2023, 08/20/2023 and on 08/26/2023 during the morning shift and on 08/06/2023, 08/09/2023, 08/11/2023, 08/13/2023, 08/16/2023, 08/20/2023, 08/21/2023, 08/25/2023,</p>	W 252			

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W 252	<p>Continued From page 20</p> <p>08/26/2023 and on 08/29/2023 during the evening shift.</p> <p>On 09/06/2023 at approximately 1:30 p.m., an interview was conducted with ASM (administrative staff member) #1, program manager and OSM (other staff member #1, QIDP (Qualified Intellectual Disabilities Professional). After reviewing Individual#1's data collection as stated above OSM #1 was asked to identify what was being measured or targeted in Individual #1's participation in spiritual activities. OSM #1 was unable to identify what was being measured.</p> <p>The facility's policy "4.1 Individual Service Plan (ISP)" documented, "4.1.4 Individual Service Plan (ISP) Development. H. Data Collection: Data collection is recorded on all objectives/desired outcomes in a format that accurately represents the consumer's progress. Data is tracked, documented in measurable terms and analyzed to ensure that appropriate objectives/desired outcomes and interventions/support strategies are in place for the consumer. On-going documentation is kept in the progress notes regarding the progress, changes or significant events relating to the functioning of the consumer."</p> <p>No further information was provided prior to exit.</p> <p>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</p>	W 252			

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W 252	<p>Continued From page 21</p> <p>causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a>.</p> <p>2. For Individual #3, the facility staff failed to document the data collection for the residential PCP (person-centered plan) outcome for community activity in measurable terms.</p> <p>Individual #3 was admitted with diagnoses that included but not limited to: moderate intellectual disability (1).</p> <p>Individual #3's PCP (person centered plan) dated 07/01/2023 through 06/30/2024 documented in part, "Desired Outcome: I would like to improve my community living skills.</p> <p>3. I will participate in one activity offered in the community monthly, for 12 consecutive months. I no longer need this outcome when...: When I have increased my community living skills.</p> <p>Support Activities &amp; Instructions: 1. (Individual #3) will be encouraged to participate in (Name of Corporation) events and organized community events with staff supports. 2. (Individual #3) will be safely transported to her chosen activity. 3. (Individual #3) will be accompanied by staff and supported to participate to the best of her abilities. 4. (Individual #3) will be safely transported back to the house at the end of the activity. 5. Staff will praise (Individual #3) for her efforts during the activity. 6. Staff will record (Individual #3's) supports provided and the data will be reviewed by QIDP and Manager. 7. Success occurs when I have chosen one activity offered in the community, monthly for 12 consecutive months. Skill building: Yes.</p>	W 252			

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W 252	<p>Continued From page 22 Frequency: Monthly."</p> <p>Review of the facility's data collection sheets for Individual #3 dated August 2023 documented Outcome #3 and support activities and instructions as stated above. Further review of the data sheet for Outcome #3 coded Individual #3 as "Support provided" on 08/26/2023 and on 08/27/2023 during the morning shift and on 08/26/2023 and on 08/27/2023 during the evening shift.</p> <p>On 09/06/2023 at approximately 1:30 p.m., an interview was conducted with ASM (administrative staff member) #1, program manager and OSM (other staff member #1, QIDP (Qualified Intellectual Disabilities Professional). After reviewing Individual#3's data collection as stated above OSM #1 was asked to identify what was being measured or targeted in Individual #3's participation in community activities. OSM #1 was unable to identify what was being measured.</p> <p>No further information was provided prior to exit.</p> <p>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: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a>.</p>			W 252			

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W 369 W 369	Continued From page 23  DRUG ADMINISTRATION CFR(s): 483.460(k)(2)  The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, staff interview, and clinical record review, it was determined that the facility staff failed to administer medication according to clinical standards for one of one individuals during the medication administration observation, Individual #4.  The findings include:  For Individual #4, facility staff failed to administer Anastrozole (1) and according to the physician's orders and follow infection control procedure during the administration of eye drops and Tear ointment, Timolol (2) and Fluorometholone (3).  On 09/06/2023 at approximately 7:08 a.m., an observation of the medication administration was conducted with DSP (direct support professional) #3. DSP #3 was observed removing one tablet of Anastrozole from the bubble pack and placing in a medication cup with other medications for Individual #4. He poured the medication from the cup into a small clear plastic bag, placed the plastic bag into a pill crusher and crushed all the medications, poured the crushed medications into a small cup containing chocolate pudding that Individual #4 requested. Using a spoon, DSP #3 mixed the crushed medications with the pudding and administered it to Individual #4 who consumed all of the medications. DSP #3 then removed Individual #4's eye medications from the cabinet drawer and placed them on top of the	W 369 W 369	1. The Program Nurse will provide retraining to program staff on the medication administration policy with a focus on ensuring individual #4's medications are administered per the physician's orders and provide retraining to program staff to ensure staff are maintaining infection control during medication administration for individual #4.  2. The Program Nurse will provide retraining to program staff on the medication administration policy to include following the physician's orders for all individuals we support and ensuring infection control is maintained/followed during medication administration for all individuals we support.  3. The Program Nurse and/or Program Manager will conduct random quarterly medication administration observations of staff ensuring staff are maintaining infection control and following the physician's orders and the medication administration policy during medication administration of individual #4 and all individuals we support and provide on going training as needed.  4. The Clinical Director will monitor the process by reviewing the completion of the quarterly observations on a quarterly basis.	10/16/23	



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W 369	<p>Continued From page 24</p> <p>cabinet. He then washed his hands, donned a pair of disposable gloves, removed the Fluorometholone from the packaging, picked up the hand-held scanner, scanned the medication, typed briefly using the laptop computer keyboard, removed the cap of the medication bottle and using the same gloved hands, placed one hand on Individual #4's face and using his gloved fingers, spread Individual #4's eyelids open and using the other gloved hand administered the medication. Further observation revealed that DSP #3 repeated the same procedure for the administration of the Tear ointment and the Timolol.</p> <p>The physician's orders for Individual #4 dated September 2023 documented in part: "Anastrozole TAB (tablet) 1 (one)MG (milligram). Take 1 tablet (1MG) by mouth once daily at 08:00 (8:00 a.m.). Order Note: DO NOT CRUSH." "Fluorometholone. Instill 1 drop into left eye once daily." "Timolol. Instill 1 drop into left eye once daily." "General tear Oin (ointment). Apply a small amount in both eyes three times daily."</p> <p>The eMAR (electronic medication administration record) for Individual #4 dated September 2023 documented the physician's orders as stated above.</p> <p>On 09/06/2023 at approximately 8:28 a.m., an interview was conducted with DSP #3. When asked if he crushed all of Individual #4's medication during the medication pass earlier that day he stated yes. When asked if any of Individual #4's medication were not to crush he stated no. When informed of the physician's order DSP #3 review the eMAR, physician's</p>	W 369			

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W 369	<p>Continued From page 25</p> <p>orders and the medication bubble pack containing the Anastrozole. He stated that he was aware that the medication should not have been crushed and that it was done in error. When informed of the observations of the administration of eye drops and the use of gloves, DSP #3 stated that he should have put the gloves on after scanning the medications and using the keyboard. When asked why he should have followed the procedure her described DSP #3 stated to prevent infection to Individual #4.</p> <p>On 09/06/2023 at approximately 10:25 a.m., an interview was conducted with RN (registered nurse) #1, nurse coordinator. When informed of the observations during the administration of Individual #4's medications she stated that the staff member should have read the eMAR to prevent crushing the medication Anastrozole and should have put gloves on after scanning the medications and using the keyboard to prevent infection to Individual #4.</p> <p>On 09/06/2023 at approximately 1:30 p.m., ASM #1 and OSM (other staff member) QIDP (Qualified Intellectual Disabilities Professional), were made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References: (1) Used with other treatments, such as surgery or radiation, to treat early breast cancer in women. This information was taken from the website: Anastrozole: MedlinePlus Drug Information (2) Used to treat glaucoma. This information was taken from the website: Timolol Ophthalmic: MedlinePlus Drug Information</p>	W 369			

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W 369	Continued From page 26 (3) Used to reduce the swelling in the eye. This information was taken from the website: Fluorometholone (Ophthalmic Route) Proper Use - Mayo Clinic	W 369	<p>1. The Program Nurse will provide retraining to program staff on the medication administration policy with a focus on ensuring medications are locked and narcotic drugs are double locked for all individuals we support. Staff will also be trained to notify the Program Manager if a medication cabinet is no longer locking or is broken so that a work order can be put in immediately and the manager can ensure all medications are always locked per policy.</p> <p>2. The Program Manager will check the medication cabinets during the daily walk through to ensure all medications are locked and narcotic drugs are double locked. The Program manager will ensure the cabinets are working properly and if any cabinets need to be repaired, a work order is put in immediately.</p> <p>3. The Program Manager/Program Nurse will provide Quarterly Medication Observations of staff during medication administration to ensure staff are locking the medication cabinets after use.</p> <p>4. The Clinical Director on a Quarterly basis, will monitor the process by reviewing the daily walk through checks and reviewing the quarterly medication observation checklists for completion.</p>	10/16/23	
W 382	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observation, staff interview and facility document review it was determined that the facility staff failed to secure Individual's medications in three of six bedrooms.</p> <p>The findings include:</p> <p>On 09/05/2023 at approximately 9:30 a.m., an observation of the second bedroom located on the left side of the main hallway in the facility, revealed a three-drawer metal cabinet. Observation of the cabinet revealed a missing pad lock on the bottom drawer.</p> <p>On 09/05/2023 at approximately 9:31 a.m., an observation of a bedroom, located on the back hallway and at the end of the main hallway in the facility, revealed a three-drawer metal cabinet. Observation of the cabinet failed to evidence a lock on the middle drawer.</p> <p>On 09/05/2023 at approximately 9:31 a.m., 9:32 a.m., an observation of the second bedroom located on the right side of the main hallway in the facility revealed a three-drawer metal cabinet. Observation of the cabinet revealed an open pad lock on the middle drawer.</p>	W 382			

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W 382	<p>Continued From page 27</p> <p>On 09/05/2023 at approximately 9:35 a.m., an observation of the inside of the unlocked bottom drawer of the metal cabinet in the second bedroom located on the left side of the main hallway in the facility was conducted with DSP (direct support professional) #1 and DSP #2. After observing the bottom drawer, DSP #1 confirmed that the clasp on the drawer was broken and there was no lock on the drawer. DSP #1 was asked to open the drawer and describe the contents. Upon opening the drawer, a metal box was observed in the bottom the drawer. When asked to describe the contents in the metal box, observation of DSP #2 opening the box revealed that it was done without the use of a key. DSP #2 stated that it contained Individual #1's narcotics. Observation of the medications revealed there were 25 capsules of Diazepam (1), 5 (five) mg (milligrams) each. Further observation of the drawer revealed a eight ounce bottle of wound cleanser approximately half full, a tube antibacterial cream and a tube of mupirocin (2) ointment, available for use.</p> <p>On 09/05/2023 at approximately 9:40 a.m., an observation of the inside of the unlocked middle drawer of the metal cabinet located in the bedroom on the right side of the main hallway in the facility was conducted with DSP #1 and DSP #2. After observing the drawer, DSP #2 confirmed that the pad lock on the middle drawer was not locked. DSP #2 was asked to open the drawer and describe the contents. DSP #2 stated there were seven tablets of Acetaminophen, 500mg (milligrams) each, 47 tablets of a stool softener, 100mg each, eight ounces of cough syrup, one tube of Ketoconazole (hair and scalp care), and one tube of Mometasone ointment</p>	W 382			

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W 382	<p>Continued From page 28 (used for eczema, psoriasis, allergies, and rash) available for use.</p> <p>On 09/05/2023 at approximately 9:45 a.m., an observation of the inside of the unlocked middle drawer of the metal cabinet located in the bedroom on the back hallway and at the end of the main hallway in the facility, was conducted with DSP #1 and DSP #2. After observing the middle drawer, DSP #2 confirmed that the drawer was not locked. DSP #2 was asked to open the drawer and describe the contents. DSP #2 stated that it contained 26 tablets of Acetaminophen, 500mg (milligrams) each and 24 tablets of anti-diarrhea medication two mg each available for use.</p> <p>On 09/05/2023 at approximately 10:15 a.m., an interview was conducted with DSP #1 and DSP #2. When asked to describe the procedure for securing an Individual's medications so they are not accessible DSP #2 stated that the locks on the cabinets in the Individual's rooms should be checked by the staff member giving the medication after it is administered and then another staff member will go into the Individual's room about 30 minutes later and check to make sure the medications were given and check the cabinets to make sure they were locked. When asked about the above observation DSP #1 and DSP #2 could not provide an explanation. When asked if any of the Individuals self-administered medications DSP #2 stated no.</p> <p>On 09/05/2023 at approximately 2:05 p.m., an interview was conducted with RN (registered nurse) #1, nurse coordinator. When asked to describe the procedure for securing an Individual's medications so they are not</p>			W 382			

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W 382	<p>Continued From page 29</p> <p>accessible she stated that the staff member who administers the medications should check the cabinet to be sure it is locked before leaving the Individual's room. RN #1 further stated that it the staff member was aware that the medications were locked the staff member should have removed the mediations, secured the them somewhere else and notified her and the program manager. When asked if she was aware of the broke clasp on Individual #1's cabinet she stated no. When asked to describe the procedure for the storing and securing of narcotics she stated that they should be double locked, the storage box containing the narcotic should have been locked and that box should have been locked inside the storage cabinet.</p> <p>The facility's policy "3.4 Medication Management" documented in part, "The Nurse or Medication Aide/Technician is responsible for the following medication storage procedures: F. Never leave unlocked medications unattended ...These personas are responsible for the following medication security procedures: B. Nurse or Medication Aide/Technician: 2. Store all controlled drugs under double lock."</p> <p>On 09/06/2023 at approximately 1:30 p.m., ASM #1 and OSM (other staff member) QIDP (Qualified Intellectual Disabilities Professional), were made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References: (1) Used along with other medications to control seizures. This information was obtained from the website: Diazepam: MedlinePlus Drug Information.</p>			W 382			

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W 382	Continued From page 30  (2) An antibiotic, is used to treat impetigo as well as other skin infections caused by bacteria. This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a688004.html">https://medlineplus.gov/druginfo/meds/a688004.html</a>  (3) Used to relieve mild to moderate pain from headaches, muscle aches, menstrual periods, colds and sore throats, toothaches, backaches, and reactions to vaccinations (shots), and to reduce fever. This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a681004.html">https://medlineplus.gov/druginfo/meds/a681004.html</a> .	W 382			