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	49G065	A. BUILDING _____ B. WING _____	04/25/2025

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 04/23/2025 through 04/25/2025. The facility wwas in compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000		
W 000	INITIAL COMMENTS An unannounced annual Medicaid survey for Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) was conducted onsite on 04/23/2025 to 04/25/2025. The facility was not in compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for the Intellectually Disabled. The Life Safety Code survey report will follow. The census in this four bed facility was two at the time of the survey. The survey sample consisted of two current Individual reviews, (Individuals #2 and #3) and one closed record (Individual #1).	W 000		
W 111	CLIENT RECORDS CFR(s): 483.410(c)(1) The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. This STANDARD is not met as evidenced by: Based on staff interviews and clinical record reviews it was determined that the facility staff failed to ensure the clinical record was accurate for one of three individuals in the survey sample, Individual #1. For Individual #1, facility staff failed to complete the facility's "Specialized Supervision Chart" on January 29, 2025.	W 111		

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

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The findings include:

Individual #1 was admitted to the facility with diagnoses that included but not limited to intellectual disability (1) and seizures (2).

The facility's "Specialized Supervision Chart" for Individual #1 documented in part, "Month / Year: Jan-25 (January 2025). Individual: (Name of Individual #1). KEY: A=Awake; D= Brief Change; R= Repositioned accord [sic]to sched (schedule); V=Visual Check; O=Other [Explain on Back]." Under the headings of "12:00AM (a.m.), 1:00 AM, 2:00 AM, 3:00 AM, 4:00 AM, 5:00 AM, 6:00 AM, 7:00 AM, 8:00 AM, and STAFF" for the 29th were blank.

04/24/2025 at 7:25 a.m. an interview was conducted with DSP (direct support professional) #1. When asked about the "Specialized Supervision Chart" for Individual #1 dated January 2025, DSP #1 stated it was used to check on Individuals every hour during the overnight shift to make sure the Individual is okay. After reviewing the "Specialized Supervision Chart" for Individual #1 dated "January 29th" DSP #1 stated it wasn't completed, and it was the responsibility of herself and DSP #2.

On 04/24/2025 at 8:00 a.m., an interview was conducted with RN #1. When asked about the "Specialized Supervision Chart" for Individual #1 dated January 2025, RN #1 stated it is used to provide visual or physical checks every hour for each of the Individuals. She stated if the Individual is sleeping, and the staff do not see any concerns with the Individual they leave the

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Individual asleep. If a visual check reveals the Individual was wet, for example, the staff will wake the Individual and provide appropriate care. After reviewing the "Specialized Supervision Chart" for Individual #1 dated "January 29th" DSP #1 stated it wasn't completed.

04/24/2025 at 8:46 a.m. an interview was conducted with DSP #2. When asked about the "Specialized Supervision Chart" for Individual #1 dated January 2025, DSP #2 stated it was used to check on Individuals every hour during the overnight shift to make sure the Individual is okay. After reviewing the "Specialized Supervision Chart" for Individual #1 dated "January 29th" DSP #2 stated it wasn't completed, and it was the responsibility of herself and DSP #1.

On 04/24/2025 at approximately 1:20 p.m. an interview was conducted with ASM (administrative staff member) #1, program manager. When asked about the "Specialized Supervision Chart" for Individual #1 dated January 2025, he stated it was used check on Individuals every hour during the overnight shift to make sure the Individual is okay. He also stated it was the responsibility of the staff who worked on the overnight shift to complete the form. After reviewing the "Specialized Supervision Chart" for Individual #1 dated "January 29th" DSP #1 stated it wasn't completed.

On 04/24/2025 at approximately 4:15 p.m. ASM # 1 and ASM #2, assistant residential coordinator and RN (registered nurse) #1 were made aware of the findings.

No further information was provided prior to exit.

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W 111	Continued From page 3 References: (1) (2) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100. (2) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/seizures.html.	W 111		
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 and facility document review, it was determined that the facility staff failed to keep and Individual free from neglect for one of three Individuals in the survey sample, Individual #1.	W 153		

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For Individual #1, the facility staff failed to initiate or attempt CPR (cardiopulmonary resuscitation) (1)

The findings include:

Individual #1 was admitted to the facility with diagnoses that included but not limited to intellectual disability (2) and seizures (3).

The facility's incident report for Individual #1 dated 01/29/2025 documented in part, "Provide a Detailed Description of the Incident: Last night (Individual #1) woke up at around 2am (2:00 a.m.) to use the restroom then the staff took him back to his bedroom to put his clothes on for him then he went back to bed to sleep. The staff went to his bedroom to get [sic] up at around 6am (6:00 a.m.) to get ready for day support. (Individual #1) was unresponsive to staff waking him up for day support. After a few attempts by tap [sic] on his shoulder but [sic] he was not responding. So I called the other staff to also check on him but still there was no respond [sic] from him." Under "What Actions Were Taken? (Respond to What Happened)" it documented, "The staff checked his pulse but there was none at the time. The staff called 911 right away when he was found not breathing and without a pulse. The staff checked his for his heart rate but there was no respond. The staff also called called [sic] the ICF (intermediate care facility) Nurse Manager (Name of RN (registered nurse) #1) to let them know of the incident and the [sic] notified the (Name of ASM (administrative staff member) #1) ICF Manager." Further review of the report failed to evidence documentation that CPR was performed or attempted by DSP (direct support professional #1) or DSP #2 after finding Individual

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#1 was found not breathing and without a pulse.

The facility's "American Red Cross Certificate of Completion" for DSP (direct support professional) #1 documented in part, "(DSP #1) has successfully completed requirements for Adult First Aid/CPR/AED (automated external defibrillator (4)). Date completed: 11/15/2023. Valid Until: 11/15/2025."

The facility's "American Red Cross Certificate of Completion" for DSP #2 documented in part, "(DSP #2) has successfully completed requirements for Adult First Aid/CPR/AED. Date completed: 12/13/2023. Valid Until: 12/15/2025."

On 04/23/2025 at approximately 10:25 a.m., an interview was conducted with RN (registered nurse) #1. When asked if Individual #1 received CPR (cardiac pulmonary resuscitation) by the facility staff at the time Individual #1 was not breathing and without a pulse, she stated no.

On 04/23/2025 at approximately 10:30 a.m., an interview was conducted with RN # 1 and ASM (administrative staff member) #2, assistant residential coordinator. When asked about Individual #1 not receiving CPR he stated it should have been done and provided a copy of the facility's policy entitled "7.9 DNR Orders".

On 04/24/2025 at approximately 1:20 p.m. an interview was conducted with ASM (administrative staff member) #1, program manager. When asked to describe the procedure DSPs are to follow when an Individual is found not breathing and without a pulse he stated the DSP(s) should start CPR and notify EMS.

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On 04/24/2025 at approximately 7:25 a.m. an interview was conducted with DSP #1, regarding the absence of CPR to Individual #1 when found not breathing and without a pulse. When asked about the incident involving Individual #1 DSP #1 stated on 01/29/2025 she assisted Individual #1 to the bathroom at approximately 2:00 a.m. and help him back to bed where he went back to sleep. She stated (DSP #2) went to Individual #1's room at 6:00 a.m. to wake him to get ready for the day program and screamed for help. DSP #1 stated she went to Individual #1's room and found that he was not breathing and did not have a pulse, told (DSP #2) to call 911 and stayed in the room with Individual #1, (DSP #2) came back to the room with the 911 operator on the phone. DSP #1 stated the operator told her to do CPR and she told the operator "How can we do CPR; he is already gone." When asked if she attempted CPR on Individual #1, DSP #1 stated no. She further stated she was nervous and that she had never been that close to a deceased body before, and it made her scared. When asked about CPR training DSP #1 stated she had received training in CPR.

On 04/24/2025 at approximately 8:46 a.m. an interview was conducted with DSP #2, regarding the absence of CPR to Individual #1 when found not breathing and without a pulse. DSP #2 stated she went to Individual #1's room at 6:00 a.m. to get him ready for day support and Individual #1wasn't moving or responding. She stated she called (DSP #1) for help who went into Individual #1's room. DSP #2 stated she called 911 and the 911 operator told her to start CPR, but she told the operator "He is already gone." When asked if she attempted CPR on Individual #1, she stated no and that she was nervous and scared. When

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asked about CPR training DSP #2 stated she had received training in CPR.

The facility's policy "Health and Safety. 7.9 DNR Orders" documented in part, "This policy and procedure(s) applies to employees, contractors, and volunteers of RACSB's (Name of County (Area Community Service Board's)) ICF/IDD (Intermediate Care Facility/Intellectual Developmental Disabilities) Residential Services. 4.0 Procedure(s). 1. In the event of an emergency where an individual loses consciousness/ability to breath, staff will call 911 and perform first/ cardiopulmonary resuscitation (CPR) according to their training and abilities, trading off with other staff as needed."

On 04/24/2025 at approximately 4:15 p.m. ASM # 1 and ASM #2, assistant residential coordinator and RN (registered nurse) #1 were made aware of the findings.

No further information was provided prior to exit.

References:
(1) An emergency lifesaving procedure performed when the heart stops beating. This information was obtained from the website: https://cpr.heart.org/en/resources/what-is-cpr.

(2) (2) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was

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W 153	Continued From page 8 obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100. (3) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/seizures.html. (4) Used to help those experiencing sudden cardiac arrest. It's a sophisticated, yet easy-to-use, medical device that can analyze the heart's rhythm and, if necessary, deliver an electrical shock, or defibrillation, to help the heart re-establish an effective rhythm. This information was obtained from the website: https://www.redcross.org/take-a-class/aed/using-an-aed/what-is-aed.	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 clinical record review, staff interview and facility document review it was determined QIDP (Qualified Intellectual Disabilities Professional) failed to coordinate and monitor the Individuals' active treatment program for one of three individuals in the survey sample, Individual #2. The finding include: For Individual #2, the facility staff failed to	W 159		

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implement the communication outcome according to the ISP on 04/19/2025 and on 04/23/205.

Individual #2 was admitted with diagnoses that included but not limited to: moderate intellectual disability (1).

The ISP for Individual #2 dated 10/29/2024 through 10/28/2025 documented in part, "Goal #2. Important To: (Individual #2) uses his PECS (Picture Exchange Communication System (2)) board to communicate. (Individual #2) continues to receive additional supports with ABA (applied behavioral analysis) personnel to help develop better ways communicate and decrease unwanted problem behaviors. Over the last year, (Individual #2) has been encouraged to use his PECS board to help communicate his wants/needs in a positive way that reduces his anxiousness or frustrations over not being understood. (Individual #2) does not use words to communicate and will often resort to grabbing/pulling staff towards something that requires their assistance. When (Individual #2) feels as though his needs are not being met, his level of agitation/anxiety can rapidly increase, leading to unwanted and sometimes dangerous behaviors. These can include, but are not limited to yelling, stomping, slamming cabinets, aggressive behaviors towards peers & staff. When supporting (Individual #2), particularly in 1 (one) on 1 (one) environments, (Individual #2) should be encouraged to use the PECS communication board repeatedly & consistently to help increase his familiarity with what is being asked of him. When (Individual #2) makes a selection within the promt [sic] level outlined a "+" will be recorded in his data book. If he choose not

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to make a selection, a "-" will be recorded. The PECS board will only work through consistent & repeated offerings from staff so that Stephen will begin to trust that this way of communication is beneficial to him. When (Individual #2) makes a selection, it is important that staff follow through on whatever choice he has made so that he can build trust with this form of communication. As such, staff will ensure that the visuals are always available or easily reachable for staff to present to (Individual #2). How often: 2x (two times) Daily. Start Date: 10/29/2024. End Date: 10/28/2025."

The data collection sheet for Individual #2 dated April 2025 documented in part, "Outcome #2. 2x Daily. Important To: (Individual #2) uses his PECS board to communicate. With 2 (two) verbal prompts, (Individual #2) makes a selection using his PECS board to make a choice. (Individual #2) will complete this outcome based on reviewing data collection with his ABA personnel." Further review of the data collection revealed one plus sign (+) on 04/19/2025 and two plus signs on 04/23/2025.

The facility's progress notes for Individual #1 dated 04/19/2025 and on 04/23/205 failed to evidence documentation of Individual #2's goal for communication was implemented.

On 04/24/2025 at approximately 2:40 1.m. an interview was conducted with OSM (other staff member) #1, QIDP (Qualified Intellectual Disabilities Professional). After reviewing for Individual #2's data collection dated April 2025 and the progress notes dated 04/19/2025 and 04/23/2025 for the communication goal, OSM #1 was asked if the outcomes were implemented according to Individual #2's ISP. OSM #1 stated

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W 159	Continued From page 11 no. When asked how often they review an Individual's data collection OSM #1 stated that they do random checks of the data sheets every week. When asked what they looked for when reviewing the data sheets OSM #1 stated that they check for missing data and to make sure staff are on track for completing active treatment programs. On 04/24/2025 at approximately 4:15 p.m. ASM # 1 and ASM #2, assistant residential coordinator and RN (registered nurse) #1 were made aware of the findings. No further information was provided prior to exit. References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100. (2) Allows people with little or no communication abilities to communicate using pictures. People using PECS are taught to approach another person and give them a picture of a desired item in exchange for that item. By doing so, the person is able to initiate communication. This information was obtained from the website: https://nationalautismresources.com/the-picture-exchange-communication-system-pecs/.	W 159		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)	W 249		

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W 249	Continued From page 12 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 clinical record review, staff interview and facility document review it was determined that the facility staff failed to implement the ISP (individualized service plan) for one of three individuals in the survey sample, Individual #2. The findings include: For Individual #2, the facility staff failed to implement the communication outcome according to the ISP on 04/19/2025 and on 04/23/205. Individual #2 was admitted with diagnoses that included but not limited to: moderate intellectual disability (1). The ISP for Individual #2 dated 10/29/2024 through 10/28/2025 documented in part, "Goal #2. Important To: (Individual #2) uses his PECS (Picture Exchange Communication System (2)) board to communicate. (Individual #2) continues to receive additional supports with ABA (applied behavioral analysis) personnel to help develop better ways communicate and decrease unwanted problem behaviors. Over the last year,	W 249		

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(Individual #2) has been encouraged to use his PECS board to help communicate his wants/needs in a positive way that reduces his anxiousness or frustrations over not being understood. (Individual #2) does not use words to communicate and will often resort to grabbing/pulling staff towards something that requires their assistance. When (Individual #2) feels as though his needs are not being met, his level of agitation/anxiety can rapidly increase, leading to unwanted and sometimes dangerous behaviors. These can include, but are not limited to yelling, stomping, slamming cabinets, aggressive behaviors towards peers & staff. When supporting (Individual #2), particularly in 1 (one) on 1 (one) environments, (Individual #2) should be encouraged to use the PECS communication board repeatedly & consistently to help increase his familiarity with what is being asked of him. When (Individual #2) makes a selection within the promt [sic] level outlined a "+" will be recorded in his data book. If he choose not to make a selection, a "-" will be recorded. The PECS board will only work through consistent & repeated offerings from staff so that Stephen will begin to trust that this way of communication is beneficial to him. When (Individual #2) makes a selection, it is important that staff follow through on whatever choice he has made so that he can build trust with this form of communication. As such, staff will ensure that the visuals are always available or easily reachable for staff to present to (Individual #2). How often: 2x (two times) Daily. Start Date: 10/29/2024. End Date: 10/28/2025."

The data collection sheet for Individual #2 dated April 2025 documented in part, "Outcome #2. 2x Daily. Important To: (Individual #2) uses his PECS board to communicate. With 2 (two)

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verbal prompts, (Individual #2) makes a selection using his PECS board to make a choice. (Individual #2) will complete this outcome based on reviewing data collection with his ABA personnel." Further review of the data collection revealed one plus sign (+) on 04/19/2025 and two plus signs on 04/23/2025.

The facility's progress notes for Individual #1 dated 04/19/2025 and on 04/23/205 failed to evidence documentation of Individual #2's goal for communication was implemented.

On 04/24/2025 at approximately 2:40 1.m. an interview was conducted with OSM (other staff member) #1, QIDP (Qualified Intellectual Disabilities Professional). After reviewing for Individual #2's data collection dated April 2025 and the progress notes dated 04/19/2025 and 04/23/2025 for the communication goal, OSM #1 was asked if the outcomes were implemented according to Individual #2's ISP. OSM #1 stated no.

The facility's policy "4.1 Individual Service Plan" documented in part, "4. Program Implementation: Each individual must receive a continuous active treatment program consisted of needed interventions and services in sufficient intensity and frequency to support the achievement of PCP (person-centered-program) objectives by all staff working with the individual, including professional, paraprofessional and non-professional staff. The only exception to this will be those facets of the plan that must be implemented only by licensed personnel."

On 04/24/2025 at approximately 4:15 p.m. ASM #

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W 249	Continued From page 15 1 and ASM #2, assistant residential coordinator and RN (registered nurse) #1 were made aware of the findings. No further information was provided prior to exit. References: (1) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100. (2) Allows people with little or no communication abilities to communicate using pictures. People using PECS are taught to approach another person and give them a picture of a desired item in exchange for that item. By doing so, the person is able to initiate communication. This information was obtained from the website: https://nationalautismresources.com/the-picture-exchange-communication-system-pecs/.	W 249		
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on staff interview and facility document review, it was determined that the facility staff failed to provide nursing services in accordance with an Individual's needs for one of three Individuals in the survey sample, Individual #1.	W 331		

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For Individual #1, the facility staff failed to initiate or attempt CPR (cardiopulmonary resuscitation) (1)

The findings include:

Individual #1 was admitted to the facility with diagnoses that included but not limited to intellectual disability (2) and seizures (3).

The facility's incident report for Individual #1 dated 01/29/2025 documented in part, "Provide a Detailed Description of the Incident: Last night (Individual #1) woke up at around 2am (2:00 a.m.) to use the restroom then the staff took him back to his bedroom to put his clothes on for him then he went back to bed to sleep. The staff went to his bedroom to get [sic] up at around 6am (6:00 a.m.) to get ready for day support. (Individual #1) was unresponsive to staff waking him up for day support. After a few attempts by tap [sic] on his shoulder but [sic] he was not responding. So I called the other staff to also check on him but still there was no respond [sic] from him." Under "What Actions Were Taken? (Respond to What Happened)" it documented, "The staff checked his pulse but there was none at the time. The staff called 911 right away when he was found not breathing and without a pulse. The staff checked his for his heart rate but there was no respond. The staff also called called [sic] the ICF (intermediate care facility) Nurse Manager (Name of RN (registered nurse) #1) to let them know of the incident and the [sic] notified the (Name of ASM (administrative staff member) #1) ICF Manager." Further review of the report failed to evidence documentation that CPR was performed or attempted by DSP (direct support professional #1) or DSP #2 after finding Individual

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#1 was found not breathing and without a pulse.

The facility's "American Red Cross Certificate of Completion" for DSP (direct support professional) #1 documented in part, "(DSP #1) has successfully completed requirements for Adult First Aid/CPR/AED (automated external defibrillator (4)). Date completed: 11/15/2023. Valid Until: 11/15/2025."

The facility's "American Red Cross Certificate of Completion" for DSP #2 documented in part, "(DSP #2) has successfully completed requirements for Adult First Aid/CPR/AED. Date completed: 12/13/2023. Valid Until: 12/15/2025."

On 04/23/2025 at approximately 10:25 a.m., an interview was conducted with RN (registered nurse) #1. When asked if Individual #1 received CPR (cardiac pulmonary resuscitation) by the facility staff at the time Individual #1 was not breathing and without a pulse, she stated no. When asked what the DSPs responsible is from a nursing standpoint when an Individual if found not breathing and without a pulse she stated they are r5esponsible for initiating CPR until EMS arrives.

On 04/24/2025 at approximately 7:25 a.m. an interview was conducted with DSP #1, regarding the absence of CPR to Individual #1 when found not breathing and without a pulse. When asked about the incident involving Individual #1 DSP #1 stated on 01/29/2025 she assisted Individual #1 to the bathroom at approximately 2:00 a.m. and help him back to bed where he went back to sleep. She stated (DSP #2) went to Individual #1's room at 6:00 a.m. to wake him to get ready for the day program and screamed for help. DSP #1 stated she went to Individual #1's room and

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found that he was not breathing and did not have a pulse, told (DSP #2) to call 911 and stayed in the room with Individual #1, (DSP #2) came back to the room with the 911 operator on the phone. DSP #1 stated the operator told her to do CPR and she told the operator "How can we do CPR; he is already gone." When asked if she attempted CPR on Individual #1, DSP #1 stated no. She further stated she was nervous and that she had never been that close to a deceased body before, and it made her scared. When asked about CPR training DSP #1 stated she had received training in CPR.

On 04/24/2025 at approximately 8:46 a.m. an interview was conducted with DSP #2, regarding the absence of CPR to Individual #1 when found not breathing and without a pulse. DSP #2 stated she went to Individual #1's room at 6:00 a.m. to get him ready for day support and Individual #1wasn't moving or responding. She stated she called (DSP #1) for help who went into Individual #1's room. DSP #2 stated she called 911 and the 911 operator told her to start CPR, but she told the operator "He is already gone." When asked if she attempted CPR on Individual #1, she stated no and that she was nervous and scared. When asked about CPR training DSP #2 stated she had received training in CPR.

The facility's policy "Health and Safety. 7.9 DNR Orders" documented in part, "This policy and procedure(s) applies to employees, contractors, and volunteers of RACSB's (Name of County (Area Community Service Board's)) ICF/IDD (Intermediate Care Facility/Intellectual Developmental Disabilities) Residential Services. 4.0 Procedure(s). 1. In the event of an emergency where an individual loses

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consciousness/ability to breath, staff will call 911 and perform first/ cardiopulmonary resuscitation (CPR) according to their training and abilities, trading off with other staff as needed."

On 04/24/2025 at approximately 4:15 p.m. ASM # 1 and ASM #2, assistant residential coordinator and RN (registered nurse) #1 were made aware of the findings.

No further information was provided prior to exit.

References:
(1) An emergency lifesaving procedure performed when the heart stops beating. This information was obtained from the website: https://cpr.heart.org/en/resources/what-is-cpr.

(2) (2) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100.

(3) Symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/seizures.html.

(4) Used to help those experiencing sudden

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W 331	Continued From page 20 cardiac arrest. It's a sophisticated, yet easy-to-use, medical device that can analyze the heart's rhythm and, if necessary, deliver an electrical shock, or defibrillation, to help the heart re-establish an effective rhythm. This information was obtained from the website: https://www.redcross.org/take-a-class/aed/using-an-aed/what-is-aed.	W 331		
W 445	EVACUATION DRILLS CFR(s): 483.470(i)(2)(i) The facility must actually evacuate clients during at least one drill each year on each shift. This STANDARD is not met as evidenced by: Based on facility document review and staff interview, it was determined that the facility failed to conduct fire drills for each shift quarterly. The findings include: Review of the facility's "Emergency Drill Forms" for fire drills dated 02/2022 through 03/2025 failed to evidence documentation of facility fire drills during the month of June 2023. On 04/24/2025 at approximately 1:15 p.m., an interview was conducted with ASM (administrative staff member) # 1, ICF (intermediate care facility) manager. When asked about the missing fire drills for June 2023, ASM # 1 stated he did not have evidence that the fire was conducted in June 2023. The facility's policy "Section 8-6: Facility Inspections and Drills" documented in part, "3a. Fire drills will be done monthly." On 04/24/2025 at approximately 4:15 p.m. ASM #	W 445		

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W 445	Continued From page 21 1 and ASM #2, assistant residential coordinator and RN (registered nurse) #1 were made aware of the findings. No further information was provided prior to exit.	W 445		
W 455	INFECTION CONTROL CFR(s): 483.470(l)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observations and staff interviews it was determined that the facility staff failed to follow infection control practices for one of three individuals in the survey sample, Individual #3. For Individual #3, the facility staff failed to store a Bi-PAP (Bi-level Positive Airway Pressure) (1) mask in a sanitary manner. The findings include: Individual #3 was admitted with diagnoses that included but were not limited to: mild intellectual disability (2), low oxygen levels at night. On 04/23/2025 at approximately 3:40 p.m. and at approximately 4:55 p.m. an observation of Individual #3's bedside table revealed a Bi-PAP mask sitting on top of the table uncovered. On 04/24/2025 at approximately 6:30 p.m., an observation of Individual #3's bedside table revealed a Bi-PAP mask sitting on top of the table uncovered. The physician's order for Individual #3 dated	W 455		

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12/12/2024 documented in part, "O2 2 LPM (oxygen two liters per minute) with BiPAP."

04/24/2025 at approximately 7:50 a.m., an observation of Individual #3's bedside table and interview was conducted with LPN (licensed practical nurse) #1. After observing Individual #3's Bi-PAP mask, she agreed that it was not covered. When asked how the Bi-PAP mask should be stored when not in use LPN #1 stated it get washed, air dried and left out. She further stated that she never heard of covering the mask to protect it from environmental contamination.

On 04/24/2025 at approximately 4:15 p.m. ASM # 1 and ASM #2, assistant residential coordinator and RN (registered nurse) #1 were made aware of the findings.

No further information was provided prior to exit.

References:
(1) A non-invasive form of therapy for patients suffering from sleep apnea. The machine delivers pressurized air through a mask to the patient's airways. The air pressure keeps the throat muscles from collapsing and reducing obstructions by acting as a splint. The BiPAP machines allow patients to breathe easily and regularly throughout the night. This information was obtained from the website: https://www.alaskasleep.com/blog/what-is-bipap-therapy-machine-bilevel-positive-airway-pressure.

(2) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions.

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W 455	Continued From page 23 Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100.	W 455		