| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 34G136 | A. BUILDING _____ B. WING _____ | 11/14/2018 |

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| E 032 | Primary/Alternate Means for Communication<br>CFR(s): 483.475(c)(3)<br><br>[(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.] The communication plan must include all of the following:<br><br>(3) Primary and alternate means for communicating with the following:<br>(i) [Facility] staff.<br>(ii) Federal, State, tribal, regional, and local emergency management agencies.<br><br>*[For ICF/IIDs at §483.475(c):] (3) Primary and alternate means for communicating with the ICF/IID's staff, Federal, State, tribal, regional, and local emergency management agencies.<br>This STANDARD is not met as evidenced by:<br>Based on record review and interviews, the facility failed to ensure the Emergency Preparedness Plan (EP) plan included an alternate means for communicating with facility staff, regional and local governments during an emergency. The finding is:<br><br>The facility's EP plan did not identify an alternate means for communicating with staff, regional and local governments during an emergency.<br><br>Review on 11/13/18 of the facility's EP plan dated 3/15/18 revealed if the group home phone was not working and staff's personal phones were not working, staff should go to a nearby group home for help, go to a neighbor's house for help, go to a nearby business or store, write "Help" in big bold letters and place in the window, wave a white cloth, use personal back up chargers or flick a | E 032 | | |

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

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| E 032 | Continued From page 1<br>flashlight to signal for help. .<br><br>Interview on 11/13/18 with the Home Manager (HM) revealed the home did not have an alternate means of communication available in case of an emergency. The HM indicated staff would be expected to go to a neighbors home and ask for help. The HM also added she has a family member who lives nearby who would be glad to assist them.<br><br>Interview on 11/13/18 with the Qualified Intellectual Disabilities Professional (QIDP) revealed during an emergency with no electricity or phone service available in the home, staff would be expected to drive to another group home, use flashlights to signal for help, or display a white flag to contact emergency personnel. The QIDP acknowledged staff are not required to have a personal phone for use during an emergency and personal phones are not a requirement for employment. | E 032 | | |
| E 039 | EP Testing Requirements<br>CFR(s): 483.475(d)(2)<br><br>(2) Testing. The [facility, except for LTC facilities, RNHCIs and OPOs] must conduct exercises to test the emergency plan at least annually. The [facility, except for RNHCIs and OPOs] must do all of the following:<br><br>*[For LTC Facilities at §483.73(d):] (2) Testing. The LTC facility must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The LTC facility must do all of the following:] | E 039 | | |

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| E 039 | Continued From page 2<br>(i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.<br>(ii) Conduct an additional exercise that may include, but is not limited to the following:<br>(A) A second full-scale exercise that is community-based or individual, facility-based.<br>(B) A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.<br>(iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed.<br><br>*[For RNHCIs at §403.748 and OPOs at §486.360] (d)(2) Testing. The [RNHCI and OPO] must conduct exercises to test the emergency plan. The [RNHCI and OPO] must do the following:<br>(i) Conduct a paper-based, tabletop exercise at least annually. A tabletop exercise is a group discussion led by a facilitator, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.<br>(ii) Analyze the [RNHCI's and OPO's] response | E 039 | | |

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| E 039 | Continued From page 3<br>to and maintain documentation of all tabletop exercises, and emergency events, and revise the [RNHCI's and OPO's] emergency plan, as needed.<br>This STANDARD is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure facility/community-based or tabletop exercises to test their emergency plan were conducted. The finding is:<br><br>The facility's emergency preparedness (EP) plan did not include completion of facility/community-based exercises or tabletop exercises.<br><br>Review on 11/13/18 of the facility's EP plan updated 3/15/18 did not include a full-scale community-based or individual facility-based exercise or a tabletop exercise to test their emergency plan.<br><br>Interview on 11/14/18 with the Qualified Intellectual Disabilities Professional (QIDP) indicated the facility has not conducted a full-scale facility/community-based exercise or a tabletop exercise to test the effectiveness of their current emergency plan. | E 039 | | |
| W 229 | INDIVIDUAL PROGRAM PLAN<br>CFR(s): 483.440(c)(4)(i)<br><br>The objectives of the individual program plan must be stated separately, in terms of a single behavioral outcome.<br><br>This STANDARD is not met as evidenced by:<br>Based on record review and interview, the facility | W 229 | | |

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| W 229 | Continued From page 4<br>failed to ensure objectives for 2 of 3 audit clients (#2, #3) were written in terms of a single behavioral outcome. The findings are:<br><br>Objectives statements for 2 of 3 audit clients (#2, #3) were not written with single outcomes.<br><br>a. Review on 11/13/18 of client #2's Individual Program Plan (IPP) dated 1/8/18 revealed the objective, "[Client #2] will brush his teeth 2 times a day for 2 minutes and floss at least 1 time a day especially bed time with 90 % verbal prompts or less for 2 consecutive review periods."<br><br>b. Review on 11/13/18 of client #3's IPP dated 8/14/18 revealed the objective, "[Client #3] will brush his teeth 2 times a day and floss at least 2 times a day at least 2 minutes with 90% independence verbal prompts for 2 consecutive review periods."<br><br>Interview on 11/14/18 with the Habilitation Specialist confirmed the objective statements were not written with single outcomes. | W 229 | | |
| W 249 | PROGRAM IMPLEMENTATION<br>CFR(s): 483.440(d)(1)<br><br>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. | W 249 | | |

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| W 249 | Continued From page 5<br>This STANDARD is not met as evidenced by:<br>Based on observations, interviews and record reviews, the facility failed to ensure 2 of 3 audit clients (#2, #3) received a continuous active treatment plan consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of cooking and family style dining. The findings are:<br><br>1. Client #2 was not actively engaged in cooking during meal preparation.<br><br>During dinner preparation in the home on 11/13/18 from 4:47pm - 6:00pm, staff used a manual can opener, stirred food in pots on the stove, operated the microwave and blender, and placed hamburgers on a dish without a client's assistance. During this time, client #2 was standing nearby or otherwise available to assist. Client #2 was not prompted to participate with these tasks.<br><br>During breakfast preparation in the home on 11/14/18 from 6:35am - 7:10am, staff heated a pot of water, added grits (and butter), stirred the grits periodically, added butter to bread slices, placed the slices on a pan, and placed the pan in the oven. During this time, client #2 stood nearby watching the staff. Client #2 was not prompted or encouraged to assist with these tasks.<br><br>Staff interviews (2) on 11/13 - 11/14/18 revealed client #2 is not allowed to use a can opener because of "sharp objects." Additional interview indicated client #2 could help cook but "I don't know if I want them helping with the hot grits." However, the staff added, "Client #2 knows everything to do in the kitchen." | W 249 | | |

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| W 249 | Continued From page 6<br>Interview on 11/14/18 with client #2 revealed he likes to help in the kitchen.<br><br>Review on 11/14/18 of client #2's Adaptive Behavior Inventory (ABI) updated 3/28/18 noted the client can prepare beverages, sandwiches, salads, meat dishes/vegetables in the microwave or oven, bake muffins/cookies/breads, use a manual or electric can opener and plan/prepare breakfast, lunch and dinner meals given partial assistance.<br><br>Interview on 11/14/18 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 can assist with cooking tasks given supervision and staff assistance.<br><br>2. Client #3 was not prompted or assisted to serve himself at dinner.<br><br>During dinner preparation in the home on 11/13/18 at 5:37pm, staff cut up client #3's hamburger and bun at the kitchen counter and placed them on his dinner plate. The staff later added peas, baked beans and mashed potatoes to the plate and took the plate to client #3 at the dinner table. Client #3 was not prompted or assisted to serve himself any food items at the dinner meal.<br><br>Staff interview on 11/13/18 revealed they routinely prepare client #3's plate in the kitchen and he does not participate with this task.<br><br>Review on 11/14/18 of client #3's IPP dated 8/14/18 revealed, "...cut up diet, bite size food may be cut up in the kitchen." Additional review of the client's ABI dated 12/1/17 indicated he can serve himself from a bowl or platter | W 249 | | |

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| W 249 | Continued From page 7<br>independently.<br><br>Interview on 11/14/18 with the QIDP confirmed client #3 can serve himself at meals and should be prompted and assisted to do so. | W 249 | | |
| W 263 | PROGRAM MONITORING & CHANGE<br>CFR(s): 483.440(f)(3)(ii)<br><br>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.<br><br>This STANDARD is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure a restrictive behavior support program (BSP) was only conducted with the written informed consent of a legal guardian. This affected 1 of 3 audit clients (#2). The finding is:<br><br>Client #2's BSP did not include a current written informed consent from his legal guardian.<br><br>Review on 11/13/18 of client #2's record revealed a BSP dated 4/30/18. The BSP addressed severe disruption, inappropriate sexual behavior, inappropriate toileting behaviors and taking items not belonging to him. Additional review of the record identified the use of Seroquel to address inappropriate behaviors. Further review of the record revealed the guardian had signed a consent dated 8/7/17. The record did not include a current written informed consent signed by the guardian.<br><br>Interview on 11/14/18 with the Qualified | W 263 | | |

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| W 263 | Continued From page 8<br>Intellectual Disabilities Professional (QIDP) confirmed the consent had expired and no current written informed consent had been obtained after several attempts to reach client #2's guardian. | W 263 | | |
| W 481 | MENUS<br>CFR(s): 483.480(c)(2)<br><br>Menus for food actually served must be kept on file for 30 days.<br>This STANDARD is not met as evidenced by:<br>Based on observations, interviews and record review, the facility failed to ensure a record of food actually served was kept. The findings are:<br><br>Food substitutions were not documented.<br><br>During lunch observations in the home on 11/13/18 at 12:38pm, client #6 refused his tuna sandwich, potato chips and a pudding cup. The client was given another food choice and chose a can of ravioli.<br><br>During dinner observations in the home on 11/13/18 at 6:00pm, clients consumed green peas along with other food items.<br><br>Review of the dinner menu for 11/13/18 revealed brussel sprouts as the dinner vegetable.<br><br>Staff interview on 11/13/18 revealed no brussel sprouts were available and green peas were uses as a substitution.<br><br>Additional review on 11/14/18 of the menu book for the home revealed a food substitution list. The last documented substitution was dated 7/12/18. | W 481 | | |

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| W 481 | Continued From page 9<br><br>Interview on 11/14/18 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed all food substitutions should be documented. | W 481 | | |