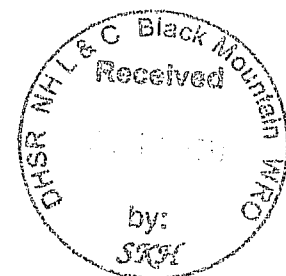


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W 242	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(6)(iii)</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and review of records the team failed to ensure the person centered plan (PCP) for 1 of 4 sampled clients (#11) included objective training to address observed needs relative to privacy. The finding is:</p> <p>Observation on the morning of 10/30/18 at the vocational program revealed client #11 to walk while lowering her pants and enter into a bathroom located in the front hallway near administration offices. Further observation revealed the client to toilet while leaving the bathroom door open and the lights off until staff and administration staff identified the client was in the bathroom. Staff then assisted with closing the bathroom door.</p> <p>Review of records for client #11 on 10/30/18 revealed a person centered plan (PCP) dated 5/15/18. Review of the PCP revealed objectives relative to staying on task, laundry, using the dishwasher, oral hygiene and meal prep. Further review of client #11's record revealed an adaptive behavior inventory (5/14/18) identifying the client</p>	W 242	<p>W 242 The Habilitation Specialist will implement an Other Service Goal (OSG) for client #11. Progress on the Privacy OSG will be monitored by the Habilitation Specialist completing monthly progress notes and the QIDP completing quarterly QP reviews. Also, the clinical team will complete two interaction assessments per week for a period of one month and then on a routine basis. If, after 30 days, progress is not notable on the OSG, the Habilitation Specialist will implement a formal privacy program. In the future, the QIDP will ensure people supported receive training in personal skills essential for privacy and independence if there is a need.</p>	12/29/18



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dorey Starzif Regional Business Mgr. TITLE: \_\_\_\_\_ (X6) DATE: 11-9-18

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 242	Continued From page 1 to have partial independence with closing the bathroom door for privacy. Further record review revealed client #11 to have had past training relative to privacy with closing the bathroom door in 4/2008 and to have met training criteria in 6/2008.  Interview with staff at the vocational program on 10/30/18 verified client #11 at times will go to the bathroom and not close the door until verbally prompted by staff. Interview with the qualified intellectual disabilities professional (QIDP) verified client #11 has no current privacy training objective. Further interview with the QIDP confirmed client #11 has not had privacy training since 2008 although the client does require verbal prompts at times to close the bathroom door for privacy. Additional interview with the QIDP verified client #11 could benefit from additional privacy training to prevent further skill regression.	W 242			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)  As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.  This STANDARD is not met as evidenced by: Based on observation, record review and verified by interview, the interdisciplinary team failed to provide sufficient interventions and services to	W 249	W 249 A The Team mini-teamed to determine guidelines for client #7's supervision while in the bathroom. The team agreed for client #7 to remain within line of sight while in the bathroom. The QIDP will in-service support staff on client #7's Ambulation Guidelines for bathroom and update PCP. Ambulation Guidelines for bathroom will be monitored by the clinical team completing two interaction assessments per week for a period of one month and then on a routine basis. In the future, the QIDP will ensure each client receives a continuous active treatment program consisting of needed interventions and services.	12/29/18	

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W 249	<p>Continued From page 2</p> <p>address the needs for two sampled clients (#6 and #7) regarding ambulation and communication needs. The findings are:</p> <p>A. The Person Center Plan (PCP) for client (#7) failed to include sufficient interventions to address the client's needs relative to ambulation. For example:</p> <p>Observations throughout the 10/29-10/30/18 survey revealed client #7 to wear a gait belt held by staff when ambulating. Additional observation of client #7 revealed the client to have a chair alarm that alerted staff when the client would stand up from her chair in the living room of the group home. Client #7 was also observed to utilize a merry walker to ambulate while staff stayed within line of sight supervision with the client. Observation in the group home on 10/29 at 6:05 PM revealed the client to be in the bathroom of the back hallway of the home unattended while staff was in the client's bedroom. Staff was then observed to return to the bathroom with client #7 to assist the client with showering.</p> <p>Review of records for client #7 on 10/30/18 revealed a physical therapy consult dated 4/13/18. Review of the 4/2018 physical therapy consult revealed client #7 to have a history of falls and a diagnosis that included a spasticity with ataxic gait. Further review of the physical therapy consult revealed client #7 to have poor safety awareness, poor dynamic standing balance and to be a high risk for falls requiring assistance with a gait belt due to impulsive behavior and lack of safety awareness. The physical therapy consult further indicated contact guard assistance is required for the client with transfers and</p>	W 249			

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W 249	<p>Continued From page 3</p> <p>ambulation with gait belt, gait belt should be worn during awake hours. Recommendations identified in the physical therapy consult revealed continuation of contact guard assistance with gait belt and line of sight supervision due to instability, lack of safety awareness and impulsiveness of the client.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) verified formal ambulation guidelines for client #7 had not been implemented to address continuity with staff in supporting the client during ambulation. Further interview with the QIDP verified client #7 can be left alone in the bathroom to support privacy while no guidelines had been developed to support client safety relative to bathroom supervision. The QIDP further verified the interdisciplinary team had not assessed the need for interventions to ensure client safety relative to ambulation while in the bathroom although the client was able to stand on her own and needed an alarm on her living room chair to support monitoring and required contact guard assistance from staff outside the bathroom to ambulate.</p> <p>B. The PCP for client (#6) failed to include sufficient interventions to address the client's needs relative to communication. For example:</p> <p>Observations throughout the 10/29-10/30/18 survey revealed client #6 to be mainly non-verbal and to be directed by staff through speech and gestures. Additional observations of client #6 revealed the client to have a "Cheap Talk" adaptive communication device which was located in the living room or on the kitchen table during the survey period. Continued observations</p>	W 249	<p>W 249 B The Speech and Language Pathologist will re-in-service support staff on client-#6's communication program. In-service will include training support staff on implementing client #6's communication program at every opportunity. Utilizing client #6's communication program will be monitored by the clinical team completing two interaction assessments per week for a period of one month and then on a routine</p>	12/29/18	

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W 249	Continued From page 4 of client #6 during the survey period revealed no use of the "Cheap Talk" device to assist the client with communication regarding leisure choices or transitions. Observations of the "Cheap Talk" communication device revealed picture cues relative to doing a chore, meal participation, using the bathroom, going to his room, or going outside.  Review of records for client #6 on 10/30/18 revealed a current PCP which contained a communication evaluation dated 5/14/18. Review of recommendations from the communication evaluation revealed client #6 needs to increase communication by using objects, pictures, gestures and demonstrations to help with increased understanding. Further review of the communication evaluation revealed the need to continue formal training with "Cheap Talk" device to increase communication skills for client #6.  Interview with the QIDP verified that client #6 does have a formal program to utilize the "Cheap talk" with staff assistance to increase his communication skills. Further interview with the QIDP confirmed that staff should utilize the "Cheap Talk" along with picture symbols at every opportunity to aid client #6 in making choices and transitioning from one task to another to increase his communications skills.	W 249	basis. In the future, the QIDP will ensure each client receives a continuous active treatment program consisting of needed interventions and services.		
W 268	CONDUCT TOWARD CLIENT CFR(s): 483.450(a)(1)(i)  These policies and procedures must promote the growth, development and independence of the client.  This STANDARD is not met as evidenced by:	W 268	W 268 The home manager will remove incontinence pads from all surface areas of the home. QIDP will in-service support staff on the appropriate use of incontinence pads. In addition, the clinical team will explore ways to ensure surface areas remain free from urine/ feces while maintaining client #10's dignity. Proper use of incontinence	12/29/18	

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W 268	<p>Continued From page 5</p> <p>Based on observation and interview, the facility failed to promote the growth and independence of 1 sampled client (#10) in regards to dignity related to the use of incontinence pads. The finding is:</p> <p>Observations in the group home on 10/29-30/2018 revealed an incontinence pad positioned in a recliner in the living room while no resident was using the recliner. Continued observations revealed the incontinence pad to remain on the recliner in the living room throughout the survey including times when no clients were present in the living room.</p> <p>Interview with staff on 10/30/18 revealed the recliner with the incontinence pad belonged to client #10. Staff further reported the incontinence pad was in the chair due to toileting accidents of client #10 after a recent medication change. Interview with the qualified intellectual disabilities professional (QIDP) on 10/30/18 verified client #10 has had recent toileting accidents due to medication and incontinence pads have been utilized to protect the clients seating area. Further interview with the QIDP confirmed incontinence pads should not be left in the client's recliner while the client is not using her chair.</p>	W 268	pads will be monitored by the clinical team completing two interaction assessments per week for one month and then on a routine basis paired with environmental assessments. In the future, the QIDP will continue to promote growth and independence in regards to dignity for all clients.	