

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

PRINTED: 03/01/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  02/26/2019
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NAME OF PROVIDER OR SUPPLIER  MY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301
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W 122	<p>CLIENT PROTECTIONS CFR(s): 483.420</p> <p>The facility must ensure that specific client protections requirements are met.</p> <p>This CONDITION is not met as evidenced by: The facility failed to: implement written policies and procedures that prohibit neglect of clients (W149).</p> <p>The cumulative effect of these systemic practices resulted in the facility's failure to provide statutorily mandated services of client protections to its clients.</p>	W 122	<p>All staff will be trained on the facility's written policies and procedures to provide statutorily mandated services. QP will monitor monthly for compliance.</p>	4/12/2019
W 149	<p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1)</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>This STANDARD is not met as evidenced by: Based on a review of facility documents and staff interview, the facility neglected to revise behavioral intervention strategies that addressed client #2's elopement behaviors from the facility and the day program, after she subsequently eloped from the facility on four separate occasions between December 20, 2018-February 16, 2019. The finding is:</p> <p>Client #2's treatment team failed to revise her behavioral strategies of elopement following four elopements from the facility.</p> <p>Review on 2/25/19 of client #2's record revealed</p>	W 149	<p>The facility will implement procedures that prohibit mistreatment, neglect or abuse of clients. More specifically client #2 behavioral strategies will be revised and included in the IPP. All staff will be inserviced and monitored by Day Program/Home Manager will be completed weekly and bimonthly by QP.</p>	4/12/2019

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE 3/19/19

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 149	<p>Continued From page 1</p> <p>she was admitted on 10/22/18. Review of her individual program plan (IPP) dated 11/14/18 revealed she has diagnoses of Moderate Intellectual Disability, Seizure Disorder, Cerebral Palsy and Schizophrenia. Further review of the IPP revealed a behavior support plan (BSP) dated 11/1/18 which stated, " [Client #2] will increase her socially appropriate social behavior and decrease episodes of inappropriate behaviors. Her target behaviors were listed as: Non-compliance, attention seeking behaviors, walking away from group home and sexually inappropriate behaviors. " The strategies included: verbal redirection, use of psychotropic medications.</p> <p>Interview on 2/25/19 with facility staff revealed client #2 had eloped from the facility since her admission. Staff stated she walked away from the facility one evening right after she was admitted and was later located at a neighbors home after being out of staff supervision for about 30 minutes.</p> <p>Review on 2/25/19 of several incident reports between December 2018-February 2019 revealed the following:</p> <p>1) December 20, 2018 4:41pm: Staff and I noticed client #2 not in her bedroom. I left immediately to look for her. I rode around in neighborhood and located her talking to neighbors. I brought her back to the facility at 6pm and discussed why she left. She wants to see boyfriend. Asked Social Worker to visit her to discuss elopement.</p> <p>2) January 10, 2019: Staff called Home Manager stating client #2 left facility (no time given). One</p>	W 149			

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W 149	<p>Continued From page 2</p> <p>direct care staff and Manager looked throughout the neighborhood. Found client #2 at 6:30pm-6:35pm. Found at a neighborhood home. She stated she will leave when staff are not looking.</p> <p>3) February 6, 2019: (No time given). Staff began to assemble other clients and noticed client #2 was not at day program. Called the qualified intellectual disabilities professional (QIDP) and the Administrator. Looked behind office. Client #2 found inside funeral car at funeral home next door.</p> <p>4) February 16, 2019 (no time given) Home Manager called stating client #2 left facility by going out window when staff were not present with her. Staff went to look for her. Found about 7:25pm at neighbors house at 7:15pm. Two staff were on duty at the facility.</p> <p>Interview on 2/25/19 with 4 direct care staff revealed client #2 requires 30 minute checks if she is not in the immediate area.</p> <p>Interview on 2/25/19 with the residential manager revealed she had verbally instructed staff to check client #2 every 15 minutes if she was not in the immediate area such as the bathroom or her bedroom. She stated she did this following the four elopements from the facility. Additional interview revealed she was not aware of any change or revision to client #2's BSP.</p> <p>Interview on 2/25/19 with client #2 confirmed she had left the facility several times without staff supervision. She stated she wanted to leave the facility to go see her boyfriend and her family. She stated she is bored and wants to get a job.</p>	W 149			

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W 149	<p>Continued From page 3</p> <p>She stated she eloped from a previous placement by jumping from a second story balcony which resulted in severe physical injuries necessitating hospitalization for several months. She stated if she has an opportunity, that she will leave the facility again.</p> <p>Additional interview on 2/25/19 with the administrator revealed there had been no revisions to the BSP since the four elopements. Additional interview revealed there had been no increased supervision for client #2 and no environmental modifications to the facility to detect movement by client #2. She stated cameras were being installed in the facility, however they were not operational.</p> <p>Based on the facts that client #2 has eloped from the facility four times since December 20, 2018, that her interdisciplinary team has not revised her behavioral strategies to address these elopements and client #2 indicated if given the opportunity, she may attempt elopement again, the surveyor on site notified the Administrator an immediate jeopardy existed to client #2.</p> <p>The facility developed the following Plan of Protection dated 2/25/19 to remove the Immediate Jeopardy to client #2: " Developed the form: Missing Person Instructions, Missing Persons Response Plan, documentation every 15 minutes staff sign all of the above forms will be completed by staff immediately. All 1st, 2nd and 3rd shift staff notified by telephone 2/25/19 of changes made. Addendum to be completed to [Client #2's] IPP and BSP estimate 2/26/19 pm. Incident reports are included. QP and Administrator will monitor weekly. Home Manager will monitor daily to ensure goal is being met."</p>	W 149			

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W 149	Continued From page 4 Signed by the Director of the facility dated 2/25/19.  This plan was reviewed on 2/25/19 and interviews were conducted on site with all staff working at the facility at 8:30pm to confirm client #2's level of supervision was understood to be increased to every 15 minutes. In addition, direct care staff were instructed to physically sit outside of her bedroom, with the door partially open, so they could check her every 15 minutes during night time hours. Following all staff being re inserviced by the Director and the qualified intellectual disabilities professional (QIDP) and reviewing this Plan of Protection for client #2 on 2/25/19 at 8:30pm, it was determined the Plan of Protection was sufficient to remove the jeopardy to client #2.	W 149		
W 195	ACTIVE TREATMENT SERVICES CFR(s): 483.440  The facility must ensure that specific active treatment services requirements are met.  This CONDITION is not met as evidenced by: The team failed to: assure that each client received a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training and treatment directed towards the acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible (W196, W249); assure client's vocational skills were assessed (W225); assure the individual program plan stated the specific objectives necessary to meet the client's needs, as identified by the	W 195	The facility will inservice all staff on the active treatment model process and implementation. To include aggressive and consistent training towards the acquisition of skills for clients to function with as much self-determination and independence as possible. Each staff will be trained on each client's needs as identified for acquisition of skills. The implementation of the active treatment process will be monitored daily and documented weekly by the home manager/day program manager. Monitored weekly by QP and documented bimonthly.	4/12/2019

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W 195	Continued From page 5 comprehensive assessment (W227); assure the individual program plan included, for those clients who lack them, training in personal skills essential for independence in grooming until it has been demonstrated that the client is developmentally incapable of acquiring these skills (W242) and failed to assure 2 of 3 clients residing in the home (#2, #4) were provided opportunities for choice and self-management relative to meal preparation, dining and restriction of personal items (W247).	W 195			
W 196	ACTIVE TREATMENT CFR(s): 483.440(a)(1)  Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward: (i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and (ii) The prevention or deceleration of regression or loss of current optimal functional status.  This STANDARD is not met as evidenced by: Based on observations, record review and interview, the team failed to assure that a continuous aggressive active treatment program was implemented for 2 of 3 audit clients (#1, #2) which provided consistent implementation of the individual program plan (IPP) and interventions in the facility, which promoted client function with as much independence as possible and prevented regression of acquired skills. The findings include:	W 196	The facility will train all staff on the active treatment process to include strategies to address client #1 daily living needs as assessed. The facility will ensure client #2 will receive training to address her specific needs in the areas of daily living, vocational and independent living as determined by her assessment. The implementation of the active treatment process will be monitored daily by Home Manager/Day Program Manager and documented bimonthly by the QP.	4/12/2019	

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W 196	Continued From page 6	W 196		
W 225	<p>1. Client #1's interdisciplinary team did not develop active treatment strategies to address his daily living needs. Cross reference W249 example #1.</p> <p>2. Client #2 was not involved in active treatment strategies to promote independence in self care, community living, vocational skills and independent living skills. Client #2's interdisciplinary team also did not revise her behavioral strategies to address continued elopements. Cross Reference W249 example #2.</p> <p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include, as applicable, vocational skills.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the comprehensive functional assessment (CFA) for 2 of 3 sampled clients (#2, #4) included a current assessment of the client's educational/pre-vocational/vocational skills and deficits. The findings are:</p> <p>The interdisciplinary team failed to complete vocational assessments for clients #2, #4.</p> <p>a ) Review on 2/25/19 of client #2's individual program plan (IPP) dated 11/14/18 revealed client #2 was admitted to the facility on 10/22/18. Further review of the IPP revealed there was no vocational assessment for client #2.</p> <p>Interview on 2/25/19 with client #2 revealed she</p>	W 225	The facility will ensure all clients, specifically client #2 and #4 will have a vocational assessment and needs will be included in the IPP and addressed accordingly. QP will monitor monthly.	4/12/2019



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W 225	Continued From page 7 stays at the facility during the day Monday through Friday. She indicated she wanted to get a job in the community to earn extra money to purchase cigarettes and have spending money.  Interview on 2/25/19 with the Director revealed there was no vocational assessment for client #2.  b) Review on 2/25/19 of client #4's IPP dated 5/6/18 revealed he was admitted to the facility on 4/12/18. Further review of the IPP revealed there was no vocational assessment.	W 225		
W 227	Interview on 2/25/19 with the Director revealed there was no vocational assessment for client #4. <b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(4)  The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.  This STANDARD is not met as evidenced by: Based on observation, interview and record review the facility failed to develop training for 1 of 3 audit clients (#2) in the areas of dressing and toothbrushing. The findings are:  1. Client #2 was not provided training in the areas of dressing and toothbrushing.	W 227	The facility will train all staff and implement training for client #2 on the areas of dressing, toothbrushing, bathing, dining and medication administration. Staff will be inserviced on each objective and active treatment. Implementation will be monitored daily by Home Manager/Day Program and documented weekly. Monitored weekly by QP and documented bimonthly.	4/12/2019
	During observations at the facility on 2/26/19 from 6:15am until 9am client #2 was assisted with bathing, dressing, dining and medication administration.			

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W 227	Continued From page 8  Review on 2/25/19 of her individual program plan dated 11/14/18 revealed she is ambulatory, verbal and is independent in many areas. She can feed herself, dress herself, and requires prompts to bathe herself thoroughly, She can communicate her wants and needs and is capable of following several step directions. She does have needs listed to address her inappropriate behaviors of physical aggression, non-compliance, walking away from the home. She had the following objectives listed: her behavior support objective, an objective to bathe with assistance and a bed making objective.  Interview on 2/25/19 with staff revealed client #2 needs assistance with dressing to select weather appropriate clothing and sometimes needs assistance with toothbrushing to ensure she does a thorough job.  Interview on 2/26/19 with the Director and the qualified intellectual disabilities professional (QIDP) confirmed an adaptive behavior inventory had not been completed on client #2 since her admission on 10/22/18. Further interview confirmed training had not identified in these areas although client #2 lacks essential skills to complete these tasks independently.	W 227			
W 242	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii)  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	W 242	The facility will assess the needs of client #1 to include sensory and communication needs as identified. All staff will be inserviced for implementation. Home Manager will monitor daily and document weekly. QP will monitor weekly and document bimonthly.	4/12/2019	

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W 242	<p>Continued From page 9 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: The facility failed to assure the individual program plan (IPP) for 1 of 3 sampled clients (#1) included training in personal skills essential for independence in communication and sensory stimulation as evidenced by observation, interview and record verification. The findings are:</p> <p>1. Training was not developed for client #1 in the areas of communication or sensory stimulation.</p> <p>During observations in the facility from 3:25pm -8:30pm client #1 was in his bedroom in bed with the exception for 20 minutes from 3:35pm until 3:55pm when he was in the dining room for an activity coloring a coloring book and his left hand was manipulated to hold a crayon to color in a coloring book. During the remainder of this time, he remained in his bedroom with videos playing on his television set. Staff went into his bedroom to check on him, turn him every 2 hours, give him his enteral feeding at 6:15pm and received medication at 5:10pm. Several times during observations, client #1 would begin vocalizing and staff would go in his bedroom and ask him what he was vocalizing about. Staff stated often client #1 will vocalize when his video on the television stops until they come in to restart it.</p> <p>Review on 2/26/19 of client #1's adaptive behavior scale dated 11/8/17 revealed the following: in all areas of dining, bathing, dressing, clothing care, toileting, budgeting, independent</p>	W 242			

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NAME OF PROVIDER OR SUPPLIER  MY PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1060 HOGAN STREET FAYETTEVILLE, NC 28301	
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W 242	Continued From page 10 living and all areas of self care client #1 has no independence and is completely dependent on direct care staff to assist him. In the area of toothbrushing he was rated (1) that he will cooperate with toothbrushing.  Review on 2/25/19 of client #1's IPP dated 8/9/18 revealed he has diagnoses of: Profound Intellectual Disability, Seizure Disorder, Cerebral Palsy, Severe Osteoporosis and Degenerative Bone Disease. Further review of client #1's IPP revealed he uses a wheelchair for mobility and that he is non verbal using facial expressions and vocalizations to communicate. Additional review of the IPP revealed no active treatment objectives for client #1.  When staff were interviewed about client #1's communication choice making skills, they stated he will vocalize and change his facial expression to communicate with them. When staff were asked about activities that he could participate in such as sensory stimulation and communication programs they stated he could probably actively engage in active treatment programs.  Interview on 2/25/19 with the Director and qualified intellectual disabilities professional (QIDP) revealed client #1 needs assistance with all self care, daily living needs and that he communicates with facial expressions and vocalizations. Additional interviews revealed he does not currently have training identified in the areas of communication or sensory stimulation.	W 242		
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)  The individual program plan must include	W 247		

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

PRINTED: 03/01/2019  
FORM APPROVED  
OMB NO. 0938-0391

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W 247	<p>Continued From page 11</p> <p>opportunities for client choice and self-management.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 2 of 3 clients residing in the home (#2, #4) were provided opportunities for choice and self-management relative to meal preparation, dining and restriction of personal items. The findings are:</p> <p>1. Staff failed to provide choice during meal preparation and dining by not providing opportunities for family style dining.</p> <p>During observations of lunch at the facility on 2/25/19 at noon, audit clients #2, #4 and non audit client #3 took their plates from the kitchen to the dining room table with sandwiches, chips and fruit to the dining room table. Each of these clients had a built up sectioned plate with regular utensils.</p> <p>During observations of supper on 2/25/19 at 5:10pm, audit clients #2, #4 and non audit client #3 took their individual plates from the kitchen to the dining room table. There was a plate with pork chops, a bowl with corn, a bowl with green beans and a plate with biscuits, Staff assisted clients with serving items onto their plates and clients passed food items around the table. All clients had built up sectioned plates and regular utensils.</p> <p>During observations of breakfast on 2/26/19 at 7:08am, audit clients #2, #4 and non audit client #3 were seated at the dining table. There was a plate of bacon, a plate of biscuits. Client #2, #3 and #4 had fruit cocktail already served on their</p>	W 247	<p>All clients ABI's will be completed and objectives will be developed per the assessment. Specifically staff will be trained on client choice in family style dining(though not limited) and the use of dining equipment consistent with capabilities. Client #2 IPP and Behavior Support Plan will be reinserviced and revised to include specifics for cigarette smoking and the security of items. Home Manager will monitor weekly and document bimonthly. QP will monitor and document monthly.</p>	4/12/2019

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

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W 247	<p>Continued From page 12</p> <p>built up sectioned plates. Staff assisted clients with serving bacon and biscuits. Staff had portioned butter and jelly into a bowl for clients to serve on their biscuits.</p> <p>Interview on 2/26/19 with staff revealed sometimes the client plates are prepared in the kitchen and clients take them to the dining room. Staff indicated sometimes food is portioned into bowls or plates and clients #2, #3 and #4 serve themselves at the table with assistance from staff. When asked about client #2, #3 and #4's family style dining abilities, staff referred the surveyor to the Director.</p> <p>Review on 2/25/19 of client #2's IPP dated 11/14/18 indicates she can feed herself, eats and drinks with minimal assistance and that she uses all utensils independently during meals. There is no additional information in the IPP regarding client #2's family style dining abilities.</p> <p>Interview on 2/26/19 with the director revealed client #2 does not have an adaptive behavior inventory to assess her dining skills.</p> <p>Review on 2/25/19 of client #4's IPP dated 5/6/18 revealed he can independently feed himself, that he eats and drinks with minimal assistance.</p> <p>Review on 2/25/19 of client #4's adaptive behavior scales dated 5/1/18 revealed he is independent ion the area of dining, uses utensils independently, passes and serves with assistance.</p> <p>Interview on 2/25/19 with the residential manager revealed client #2, #3 and #4 can pass, serve and dine independently and should be encouraged to</p>	W 247			

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

PRINTED: 03/01/2019  
FORM APPROVED  
OMB NO. 0938-0391

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W 247	<p>Continued From page 13 be as independent during dining as possible.</p> <p>2. Staff did not provide opportunities for choice and self management in regards to client #2's cigarette usage and schedule.</p> <p>During observations at the facility on 2/25/19 client #2 asked to go outside with staff to smoke. Direct care staff accompanied client #2 outside, gave her a cigarette and helped her to light it.</p> <p>Interview on 2/25/19 with client #2 and the residential manager revealed her cigarettes and lighter are kept in the medication closet in the facility locked up. The residential manager stated that client #2 smokes four times daily. She stated she usually smokes after breakfast, after lunch, after supper and then before bedtime. Additional interview revealed the cigarettes and lighter are locked up for safety reasons.</p> <p>Review on 2/25/19 of client #2's individual program plan (IPP) dated 11/14/18 revealed she is ambulatory, verbal and is independent in many areas. She can feed herself, dress herself, and requires prompts to bathe herself thoroughly. She can communicate her wants and needs and is capable of following several step directions. She does have needs listed to address her inappropriate behaviors of physical aggression, non-compliance, walking away from the home. She had the following objectives listed: her behavior support objective, an objective to bathe with assistance and a bedmaking objective.</p> <p>There is no information listed in her IPP regarding her cigarette schedule or where these items are kept or why they are restricted from her.</p> <p>Review on 2/26/19 of client #2's behavior support</p>	W 247			

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

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FORM APPROVED  
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W 247	Continued From page 14 plan (BSP) dated 11/1/18 revealed," [Client #2] will increase her socially appropriate social behavior and decrease episodes of inappropriate behaviors. Her target behaviors were listed as: Non-compliance, attention seeking behaviors, walking away from group home and sexually inappropriate behaviors. " The strategies included: verbal redirection, use of psychotropic medications. There was no information regarding cigarette usage, her smoking schedule or where these items are kept.	W 247			
W 249	Interview on 2/26/19 with the Director confirmed the interdisciplinary team did not include client #2's choices about her cigarette usage and where these items would be stored in the IPP or BSP. 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 observations, record reviews and staff interviews, the facility failed to ensure a pattern of interactions supported the active treatment plans for 2 of 3 audit clients (#1, #2), specific to communication, independent living, vocational skills, sensory stimulation, community living, implementation of effective behavioral strategies	W 249	The facility will revise and implement goals as identified to include though not limited to sensory, communication, vocational, daily living and medication education for #1 and #2. All staff will be inserviced on implementation of revisions. Home Manager will monitor daily and document weekly. QP will monitor weekly and document monthly. Please refer to W149	4/12/2019	



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

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W 249	<p>Continued From page 15 and program implementation. The findings are:</p> <p>1. During observations, client #1 was not involved in active treatment to prevent regression of his current skills.</p> <p>During observations in the facility from 3:25pm -8:30pm client #1 was in his bedroom in bed with the exception for 20 minutes from 3:35pm until 3:55pm when he was in the dining room for an activity coloring a coloring book and his left hand was manipulated to hold a crayon to color in a coloring book. During the remainder of this time, he remained in his bedroom with videos playing on his television set. Staff went into his bedroom to check on him, turn him every 2 hours, give him his enteral feeding at 6:15pm and received medication at 5:10pm. Several times during observations, client #1 would begin vocalizing and staff would go in his bedroom and ask him what he was vocalizing about. Staff stated often client #1 will vocalize when his video on the television stops until they come in to restart it.</p> <p>Review on 2/25/19 of client #1's IPP dated 8/9/18 revealed he has diagnoses of: Profound Intellectual Disability, Seizure Disorder, Cerebral Palsy, Severe Osteoporosis and Degenerative Bone Disease. Further review of client #1's IPP revealed he uses a wheelchair for mobility and that he is non verbal using facial expressions and vocalizations to communicate. Additional review of the IPP revealed no active treatment objectives for client #1.</p> <p>Review on 2/26/19 of client #1's adaptive behavior scale dated 11/8/17 revealed the following: in all areas of dining, bathing, dressing, clothing care, toileting, budgeting, independent</p>	W 249			

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

PRINTED: 03/01/2019  
FORM APPROVED  
OMB NO. 0938-0391

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W 249	<p>Continued From page 16</p> <p>living and all areas of self care client #1 has no independence and is completely dependent on direct care staff to assist him. In the area of toothbrushing he was rated (1) that he will cooperate with toothbrushing.</p> <p>Interviews on 2/25/19 with staff on duty at the facility revealed client #1 receives enteral feedings several times daily and that staff perform passive range of motion exercises to help maintain his range of motion in his extremities. Further interviewed no active treatment objectives. Additional interview revealed client #1 requires total assistance with all adult daily living needs.</p> <p>Additional interviews with staff revealed client #1 will vocalize and change his facial expression to communicate with them. When staff were asked about activities that he could participate in such as sensory stimulation and communication programs they stated he could probably actively engage in active treatment programs in these areas.</p> <p>Interviews on 2/26/19 with the director and the qualified intellectual disabilities professional (QIDP) revealed training had not been identified in communication and sensory stimulation.</p> <p>2. Client #2 was not involved in active treatment strategies to promote independence in community living, vocational skills, independent living skills and development of appropriate social behaviors.</p> <p>a) The team did not develop active treatment</p>	W 249		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
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W 249	<p>Continued From page 17</p> <p>programs to maximize client #2's independence in the community and home living areas.</p> <p>During observations at the facility from 3:25pm-8:30pm client #2 sat on the couch in the living room watching television, colored at the dining room table, helped take supper items to the table before mealtime and cleaned off her placessetting. At 8:15pm she went with staff to the bathroom to gather items for her bath.</p> <p>During observations at the facility on 2/26/19 from 6:15am until 9am client #2 was assisted with bathing, dressing, dining and medication administration. The reminder of this observation, she sat on the couch in there living room watching television talking with staff.</p> <p>During observations of medication administration on 2/26/19 at 6:50am she assisted with punching out her pills and was told the medications she was receiving. Staff did not explain the purpose of her medications or the side effects.</p> <p>Interview after the medication pass on 2/26/19 with staff revealed client #2 is aware of the medications she is taking but inconsistently can remember the purpose of the medications and is not aware of the side effects of these medications.</p> <p>Review on 2/25/19 of client #2's individual program plan dated 11/14/18 revealed she is ambulatory, verbal and is independent in many areas. She can feed herself, dress herself, and requires prompts to bathe herself thoroughly, She can communicate her wants and needs and is capable of following several step directions. She does have needs listed to address her</p>	W 249			

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

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FORM APPROVED  
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W 249	<p>Continued From page 18</p> <p>Inappropriate behaviors of physical aggression, non-compliance, walking away from the home. She had the following objectives listed: her behavior support objective, an objective to bathe with assistance and a bedmaking objective.</p> <p>Interview on 2/25/19 with client #2 confirmed she had left the facility several times without staff supervision. She stated she wanted to leave the facility to go see her boyfriend and her family. She stated she is bored and wants to get a job. She stated she eloped from a previous placement by jumping from a second story balcony which resulted in severe physical injuries necessitating hospitalization for several months. She stated if she is has an opportunity, that she will leave the facility again. She stated she had attended the day program for a short while but wanted to be involved in activities that were more challenging.</p> <p>Interview on 2/26/19 with client #2 following the medication pass revealed she is aware of the medications she is taking and knows the purpose of most of her medications., She confirmed she did not know the side effects of her medications but stated, "I don't know if I want to know the side effects of all of my medications"</p> <p>Interview on 2/26/19 with the administrator and qualified intellectual disabilities professional (QIDP) revealed there had been no vocational assessment and no adaptive behavior inventory completed for client #2 to assess her skills in vocational interests or independent and community living skills. Additional interview revealed no training had been identified in the area of vocational skills, community living, money management, budgeting, medication administration or home living.</p>	W 249			

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

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W 249	<p>Continued From page 19</p> <p>b. The facility did not revise behavioral strategies to meet client #2's behavioral needs after she eloped from the facility.</p> <p>Interview on 2/25/19 with facility staff revealed client #2 had eloped from the facility since her admission. Staff stated she walked away from the facility one evening right after she was admitted and was later located at a neighbors home after being out of staff supervision for about 30 minutes.</p> <p>Review on 2/25/19 of several incident reports between December 2018-February 2019 revealed the following:</p> <p>1) December 20, 2018 4:41pm: Staff and I noticed client #2 not in her bedroom. I left immediately to look for her. I rode around in neighborhood and located her talking to neighbors. I brought her back to the facility at 6pm and discussed why she left. She wants to see boyfriend. Asked Social Worker to visit her to discuss elopement.</p> <p>2) January 10, 2019: Staff called Home Manager stating client #2 left facility (no time given). One direct care staff and Manager looked throughout the neighborhood. Found client #2 at 6:30pm-6:35pm. Found at a neighborhood home. She stated she will leave when staff are not looking.</p>	W 249		
	<p>3) February 6, 2019: (No time given). Staff began to assemble other clients and noticed client #2 was not at day program. Called the qualified intellectual disabilities professional (QIDP) and the Administrator. Looked behind office. Client #2</p>			

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

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W 249	<p>Continued From page 20</p> <p>found inside funeral car at funeral home next door.</p> <p>4) February 16, 2019 (no time given) Home Manager called stating client #2 left facility by going out window when staff were not present with her. Staff went to look for her. Found about 7:25pm at neighbors house at 7:15pm. Two staff were on duty at the facility.</p> <p>Interview on 2/25/19 with 4 direct care staff revealed client #2 requires 30 minute checks if she is not in the immediate area.</p> <p>Interview on 2/25/19 with the residential manager revealed she had verbally instructed staff to check client #2 every 15 minutes if she was not in the immediate area such as the bathroom or her bedroom. She stated she did this following the four elopements from the facility. Additional interview revealed she was not aware of any change or revision to client #2's BSP.</p> <p>Interview on 2/25/19 with client #2 confirmed she had left the facility several times without staff supervision. She stated she wanted to leave the facility to go see her boyfriend and her family. She stated she is bored and wants to get a job. She stated she eloped from a previous placement by jumping from a second story balcony which resulted in severe physical injuries necessitating hospitalization for several months. She stated if she is has an opportunity, that she will leave the facility again.</p> <p>Additional interview on 2/25/19 with the administrator revealed the team had not consulted the Psychologist about needed revisions to the BSP since the four elopements.</p>	W 249			

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

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FORM APPROVED  
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W 249	Continued From page 21 The administrator stated there had been no increased supervision for client #2, no environmental modifications to the facility to detect movement by client #2. The administrator stated cameras were being installed in the facility, however they were not operational.	W 249			