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	34G355	A. BUILDING _____ B. WING _____	06/11/2019

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E 007	EP Program Patient Population CFR(s): 483.475(a)(3) [(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:] (3) Address patient/client population, including, but not limited to, persons at-risk; the type of services the [facility] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.** *Note: ["Persons at risk" does not apply to: ASC, hospice, PACE, HHA, CORF, CMCH, RHC, FQHC, or ESRD facilities.] This STANDARD is not met as evidenced by: Based on review of facility records and interviews, the facility failed to assure the Emergency Preparedness Plan (EPP) contained specific current information relative to the needs of 5 of 5 clients residing in the home. The finding is: Review on 6/10/19 of the facility's EPP manual titled "RHA Health Services Guilford IV Emergency Operations Plan" dated October 2017, revealed no behavior support plans (BSPs). Continued review revealed the client specific adaptive equipment needs contained within the facility's EPP pertained only to clients' assistive device needs for dining. Interview on 6/10/19 with the qualified intellectual disabilities professional (QIDP) verified the facility did not include clients BSPs. Continued interview with the QIDP verified the facility did not include specific information relative to all adaptive	E 007		

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

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E 007	Continued From page 1 equipment needs of clients. Additional interview with the QIDP verified the adaptive equipment needs for clients residing in the group home includes helmets, walkers, and wheelchairs. Further interview with the QIDP verified BSPs and updated client specific information should be contained within the group home EPP manual to aid persons unfamiliar with each client to provide appropriate, safe care. In addition, the QIDP verified the facility's current comprehensive EPP manual dated October 2017 needed to be updated as all information in the manual was not current.	E 007		
W 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations and interviews the facility failed to provide privacy for 1 non-sampled client (#2). The finding is: Morning observations in the group home on 6/11/19 at 7:32 AM in the kitchen/breakfast area revealed staff H to assist client #2 with putting on a belt with his pants. Continued observations revealed client #2 to also lift up his shirt as staff H assisted him with his belt. Consequently, this exposed client #2's torso and gray underwear brief to other clients also located in the kitchen/breakfast area. Interview on 6/11/19 with staff H at 7:35 AM revealed he helps at the group home when	W 130		

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W 130	Continued From page 2 needed and client #2's belt is locked in the group home's office. In addition, staff H revealed 3rd shift usually assists client #2 with putting on his belt. Interview on 6/11/19 with the home manager (A) and the qualified intellectual disabilities professional (QIDP) confirmed client #2's belt is stored in the group home's office, located near the kitchen/breakfast area. Continued interview with the QIDP revealed all staff have been trained to respect clients' privacy. Subsequent interview with the QIDP confirmed staff should ensure client privacy during the treatment and care of personal needs, such as dressing.	W 130		
W 227	INDIVIDUAL PROGRAM PLAN 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, record review and interview, the facility failed to ensure the person centered plan (PCP) for 1 non-sampled client (#2), included sufficient training objectives and activities relative to self-help skills. The finding is: Observations on 6/10/19 in the group home from 3:30 PM to 4:25 PM revealed client #2 to sit outside underneath the covered carport area gazing. Continued observations revealed from 4:30 PM to 5:45 PM client #2 came into the group home to take his medications, returned briefly outside, returned inside to his bedroom and the bathroom. Further observations at 5:50 PM	W 227		

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W 227	Continued From page 3 revealed client #2 to sit at the dining table consuming his dinner meal. Observations on 6/11/19 at the group home from 7:00 AM to 7:30 AM revealed client #2 to sit in the TV room, gazing out the window. Continued observations at 7:32 AM revealed client #2 to put on his belt with staff assistance, and afterwards to walk around the kitchen/dining area and to sit at his place setting at the dining table. Further observations at 8:00 AM revealed client #2 to eat his breakfast meal. Review on 6/11/19 of client #2's PCP dated 10/24/18 revealed programs for shoe care, dusting furniture, meal preparation and a behavior support plan (BSP). Continued review revealed an adaptive behavior inventory (ABI) dated 10/24/18. Further review revealed needs for client #2 to include additional meal preparation skills, community living skills, and danger/safety awareness. Interview on 6/11/19 at 7:20 AM with staff H revealed client #2 recently graduated from high school. Continued interview revealed client #2 has no morning programs. Interview on 6/11/19 with the qualified intellectual disabilities professional (QIDP) verified client #2 recently graduated from high school and needs additional programming. The QIDP verified client #2 needs additional training objectives with relevant activities formulated for each goal to promote the accomplishment of client #2's assessed self-help skills.	W 227		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)	W 249		

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W 249	Continued From page 4 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: The facility failed to assure the behavior support plan (BSP) for 1 of 3 sampled clients (#1) was implemented as prescribed to support achievement of the objective as evidenced by observation, interview and record verification. The finding is: Observations on 6/10/19 and 6/11/19 of the group home revealed client #1's bedroom to have no window alarm. Continued observations revealed client #1's bedroom entry door to have a visible white door alarm affixed to the door framing. Review on 6/10/19 and 6/11/19 of client #1's person centered plan (PCP) dated 7/25/18 revealed a behavior support plan (BSP). Further review of client #1's BSP dated 12/14/18 revealed "Objective #5G [Client #1] will exhibit 5 or fewer target behaviors per month for SIX (6) consecutive months." Continued review of client #1's BSP revealed environmental modifications to include classroom surface padding at the day program and a different protective helmet. Ongoing review of client #1's BSP revealed restrictive components to include a bedroom closet door lock, a window alarm and a door alarm. Subsequent review revealed target	W 249		

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W 249	Continued From page 5 behaviors to include self-injury, physical aggression, property destruction, severe disruptive episodes, fecal smearing/rectal digging, and historical/repeated elopement attempts. Interview on 6/10/19 at 5:00 PM with staff A revealed client #1's bedroom entry door does not and should not have an alarm. Continued interview revealed client #1's bedroom window has an alarm. Further interview and verified by observation with staff A, noted client #1's bedroom entry door frame had a visible and functioning battery operated door alarm. Subsequent interview and verified by direct observation with staff A, noted client #1's bedroom window did not have an alarm but should have a window alarm. In addition, staff A revealed client #1's bedroom closet door is kept locked to prevent incidents of him purposely soiling his clothing. Interview on 6/11/19 with the qualified intellectual disabilities professional (QIDP) verified client #1's bedroom should have a window alarm and a bedroom door alarm. Further interview verified client #1's bedroom closet door should be kept locked to prevent him from destroying his clothing items.	W 249		
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.	W 252		

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W 252	Continued From page 6 This STANDARD is not met as evidenced by: Based on observation, review of records and interview, the team failed to ensure data for a money management objective listed in the person centered plan (PCP) for 1 of 3 sampled clients (#1) was collected as prescribed. The finding is: Morning observations on 6/11/19 at 10:13 AM of the day program revealed client #1 to be laying on a mat asleep in his classroom with his helmet on. Continued observations revealed other clients to be engaged in table top activities. Interview on 6/11/19 at 10:19 AM in the classroom with the home manager (A) revealed client #1 has a coin program to state the equivalence a penny. While immediate continued interview revealed no coin(s) for client #1's coin program, the home manager (A) later found a small plastic bag of coins. Further interview with the home manager (A) revealed they record data for client #1's coin program and maintain client #1's data sheets in his program book. Review on 6/11/19 of client #1's PCP dated 7/25/18 revealed the training objective "H4D: By April 12, 2020, [Client #1] will be able to state the equivalency of coins with 90% accuracy for two review periods." Continued review of the coin objective, implemented 4/12/19, revealed the program is implemented Monday though Friday at the day program. Subsequent review revealed "[Client #1] will be presented with a coin. If [Client #1] responds incorrectly he will be provided with correct response. He will also be encouraged informally on coin equalivalency during any purchases he may do during the day." In addition, training steps, for the coin training	W 252		

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W 252	Continued From page 7 objective, specified client #1 will advance from a penny to a nickel, then a dime and next a quarter, after successfully performing coin equivalency for 2 review periods. Ongoing review on 6/11/19 of client #1's data sheets for his coin training program revealed missing data collection for the following dates: 4/15, 4/17, 4/26, 4/29; 5/2, 5/6, 5/9, 5/10, 5/16, 5/17, 5/24, 5/27, 5/28, 5/29, 5/30; 6/4, 6/6, and 6/11. Continued review of client #1's data sheets indicated he is on step 1 which is to state the equivalency of a penny. Interview with the qualified intellectual disabilities professional (QIDP) confirmed data for client #1's coin training program should be documented as prescribed.	W 252		
W 473	MEAL SERVICES CFR(s): 483.480(b)(2)(ii) Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to assure the cold foods in the clients' lunch bags were maintained at the proper state requirements for safe food temperatures for 5 of 5 clients residing in the home. The finding is: Morning observations in the group home on 6/11/19 at 7:20 AM revealed client #5 to load the cooler containing lunch bags for all clients into the van. Continued observations at 9:00 AM revealed clients to load into the van. Further observations of inside the cooler with lunch bags for all clients, confirmed no cooling device(s) to	W 473		

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W 473	Continued From page 8 be packed in the cooler. Additional observation revealed no cooling device(s) to be packed in the individual lunch bags of any client. Immediate interview on 6/11/19 at 9:05 AM at the group home with staff A revealed individual client lunch bags consisted of deli ham sandwiches, applesauce and Cheez-It crackers for their lunch meal. Continued interview confirmed ice packs were not packed in the individual lunch bags and ice packs should have been packed in the lunch bags to keep the food cold. Interview on 6/11/19 at 9:06 AM with the qualified intellectual disabilities professional (QIDP) confirmed cooling devices/ice packs were not packed in the individual lunch bags. Further interview with the QIDP confirmed a cooling device should have been placed in each client's lunch bag to keep the client's lunch food at a consistent, safe temperature.	W 473		