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	34G065	A. BUILDING _____ B. WING _____	01/14/2020

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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 observations, record reviews and interviews, the facility failed to ensure 3 of 5 audit clients (#2, #4, #6) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of meal preparation, family style dining, and domestic skills. The findings are: 1. Client #4 and #6 were not involved with cooking tasks. During dinner preparation observations on 1/13/2020, staff A prepared food and drink items (green peas and chicken pot pie, Kool-aid and water) including removing food from the freezer, placing food into pots or pans, stirring food, making a pitcher of Kool-aid and filling pitcher with water, individual food being served at the kitchen, table setting and placing food for the clients at the table. NO clients were observed to be prompted or assisted to participate with cooking tasks. Interview on 1/13/2020 with Staff E revealed	W 249		

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

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W 249	Continued From page 1 clients are able to do much. She added this was not her regular home and she was just doing whatever it takes to get the day done. Additional interview indicated client #4 and #6 assist in the meal prep with prompting. Review on 1/14/2020 of client #4's IPP dated 10/24/19 revealed, "[Client #4]...requires physical prompting to complete most domestic task such as.....food/meal preparation. Additional review revealed client #4 can make food without mixing with physical assistance. Review on 1/14/2020 of client #6's IPP dated 12/27/19 revealed, "[Client #6]...requires physical prompting to complete most domestic task such as.....food/meal preparation and enjoys learning how to cook Interview on 1/14/2020 with the Qualified Intellectual Disabilities Professional (QIDP) indicated some clients in the home are "able to participate" with meal preparation tasks. The QIDP confirmed client #6 can assist with various cooking tasks including preparing food items, pouring, stirring, and making Kool-aid. 2. Clients (#2) was not prompted or assisted to participate with the folding the laundry . During observations of laundry folding throughout the survey, staff G removed dried clothes from the dyer and folded them without involving the clients. Client #2 was given folded towel to put in his room. Review on 1/14/2020 of client #2's IPP dated	W 249		

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W 249	Continued From page 2 1/7/19 revealed, "[Client #2] needs physical prompting to complete most domestic task such as....folding laundry. Interview on 1/14/2020 with staff F revealed some client including client #2 can assist with laundry with physical prompt. Interview on 1/14/202 with the QIDP confirmed client #2 can participate with laundry folding given assistance.	W 249		
W 253	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(2) The facility must document significant events that are related to the client's individual program plan and assessments. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #4's record included documentation regarding his need for an examination. This affected 1 of 5 clients. The finding is: Client #4's individual program plan (IPP) did not include documentation of the interdisciplinary team's (IDT) decision regarding his need for eye evaluation. Review on 1/13/2020 of client #4's record revealed an annual physical examination completed on 10/24/19 with a note, "unable to examine followed by eye doctor." Further review of the client record revealed the client had an eye doctor assessment dated 2/19/14. Additional review of the record did not include further	W 253		

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W 253	Continued From page 3 information regarding IDT's discussion or recommendations concerning eye evaluation. Interview on 1/14/2020 with the home manger revealed #4 eye assessment should be completed yearly.	W 253		
W 257	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(iii) The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure the individual program plan (IPP) was reviewed and revised as necessary. This affected 1 of 5 audit clients (#5). The finding is: Client #5's behavior support program (BSP) program was not revised. Review on 1/13/2020 of client #5's individual program plan (IPP) dated 6/18/19 revealed he has target behaviors of self-injurious behaviors, vocalization, inappropriate sexual behavior. Further review of client #5's IPP revealed a BSP dated Aug 2017 and revised on 10/24/19 to address these target behaviors with an objective "[Client #5] will exhibit zero behavior for 12 consecutive months." Review of his behavioral data for the past 16 months indicated that client #5 had zero episode documented.	W 257		

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W 257	Continued From page 4 Interview on 1/13/2020 with the qualified Intellectual disabilities profession (QIDP) confirmed client #5 had zero episodes of physical aggression documented. Further interview revealed the goal need to be revised.	W 257		
W 324	PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(ii) The facility must provide or obtain annual physical examinations of each client that at a minimum includes immunizations, using as a guide the recommendations of the Public Health Service Advisory Committee on Immunization Practices or of the Committee on the Control of Infectious Diseases of the American Academy of Pediatrics. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure all immunizations were current for 1 of 5 audit clients (#4). The finding is: Client #4 did not receive a tetanus booster as recommended. Review on 1/13/2020 of client #4's record revealed he had was admitted to the facility on 2/23/2012. Additional review of the client's immunization record revealed a tetanus booster was administered 11/2009. Interview on 1/14/2020 with the house manager confirmed a tetanus booster should be administered every 10 years. Further interview confirmed client #4 had not received a tetanus booster on timely manner.	W 324		

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W 324	Continued From page 5 Interview on 1/14/2020 with the qualified intellectual disabilities professional (QIDP) revealed a tetanus booster should be administered every 10 years. Further interview confirmed client #4 had not received a tetanus booster on timely manner.	W 324		
W 325	PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(iii) The facility must provide or obtain annual physical examinations of each client that at a minimum includes routine screening laboratory examinations as determined necessary by the physician. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure routine screenings were obtained for 2 of 5 audit clients (#5, #6). The finding is: A. Routine screening for client #5 was not obtained. Review on 1/13/2020 of client #5's record revealed he is age 52. Further review revealed physical examination dated 10/31/18 revealed no noted colonoscopy completed or ordered. Interview on 1/14/2020 with the home manger revealed per company policy, colonoscopy is completed when client is 50-years-old. She further added no documentation was available for review. Interview on 1/13/2020 with the qualified intellectual disabilities professional (QIDP) revealed no team meeting documentation	W 325		

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W 325	Continued From page 6 regarding client #5 colonoscopy. The QIDP confirmed client #5 is due a colonoscopy. B. Routine screening for client #6 was not obtained. Review on 1/13/2020 of client #6's record revealed he is age 54. Further review revealed physical examination dated 11/13/19 revealed no noted colonoscopy completed or ordered. Interview on 1/14/2020 with the home manger revealed per company policy, colonoscopy is completed when client is 50-years-old. She further added no documentation was available for review. Interview on 1/13/2020 with the qualified intellectual disabilities professional (QIDP) revealed no team meeting documentation regarding client #6 colonoscopy. The QIDP confirmed client #6 is due a colonoscopy.	W 325		
W 444	EVACUATION DRILLS CFR(s): 483.470(i)(1)(iii) The facility must hold evacuation drills to evaluate the effectiveness of emergency and disaster plans and procedures. This STANDARD is not met as evidenced by: Based on observation, facility document review and staff interview, the facility failed to assure evacuation drills were thoroughly completed for each shift of personnel. The finding is: The facility failed to assure the fire drills evacuation evaluations were conducted for	W 444		

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W 444	Continued From page 7 overall effectiveness. Observations in the group home on 1/13-14/2020 revealed that one of the six clients residing in the home was non-ambulatory, requiring substantial physical assistance from staff. Review on 1/13/2020 of the facility fire evacuation drill, revealed the fire drills were conducted once a month for each shift for the last one year. Five of the drill reports took more than 5 minutes to complete. Five drills did not include evaluation or plan on how the facility can improve evacuation drill Interview with the group home manager on 1/14/2020 confirmed the evacuation drill documentation were no evaluated for effectiveness during the past year.	W 444		
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure a sanitary environment was provided to avoid transmission of infection and to prevent possible cross-contamination. This potentially affected all clients residing in the home. The findings are: Precautions were not taken to promote client/staff health/safety and prevent possible cross-contamination.	W 454		

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W 454	Continued From page 8 During meal preparation observations on 1/13/2020 staff A assisted client #3 with meal preparation. The client was observed cracking egg shell and taking the shell to the trash can touching the lid to open. At one time, the client proceded into the toaster area and put slices of bread into the toaster. At no time was the client prompted to wash hand during those activities. Interview on 1/13/2020 with staff A reviewed she is tried to prompt the client to stop going to trash can but it was not effective until the client broke the 5th egg. Interview on 1/14/2020 with the qualified intellectual disabilities professional (QIDP) reviewed all staff are supposed to encourage and prompt client to wash hand before and after touch raw eggs before proceeding to other activities and after touching trash can.	W 454		
W 478	MENUS CFR(s): 483.480(c)(1)(ii) Menus must provide a variety of foods at each meal. This STANDARD is not met as evidenced by: Based on observations, document review and staff interview, the facility failed to assure 5 of 5 clients residing in the home were offered the variety of foods listed on the menu. The finding is: The facility failed to follow menu as written by dietician During breakfast and dinner observations in the	W 478		

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W 478	Continued From page 9 home on 1/13/2020 revealed a menu in the kitchen which listed the breakfast menu items for 1/13/2020 as scrambled egg, wheat toast, seasonal fruit or juice, cereal of choice margarine-jelly and milk. Continued observation revealed scrambled egg, toast, water and milk .The dinner menu was as follows; whole wheat pasta, salad with ham, green peas, crackers, fruit salad beverage of choice -milk. Continued observations of the dinner meal revealed all clients received chicken pot pie and green peas tea and water. Interview on 1/13/2020 with the group home staff B who prepared breakfast revealed she had forgotten to include cereal of choice. Further interview with the group home staff E who prepared dinner revealed she does not regularly work at the home. She had prepared the dinner meal just to be done with the day. Interview on 1/14/2020 with the home manger confirmed all menu items should be included in each meal and the menu served as written by the dietician, in order to provide the full nutrients and health benefits to each client as needed.	W 478		
W 481	MENUS CFR(s): 483.480(c)(2) Menus for food actually served must be kept on file for 30 days. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure food substitutions and foods actually served were documented. The finding is: Food substitutions were not documented.	W 481		

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W 481	Continued From page 10 During dinner observations in the home on 1/13/2020 at 6:15pm, clients consumed green peas and chicken pot pie, tea and water. Review on 1/13/2020 of the dinner menu revealed the following: Whole wheat pasta, salad with ham, green peas, crackers, fruit salad milk and beverage of choice. Interview on 1/14/2020 with the home manger revealed there was no ham available at home so a substitution was made at the dinner meal. Additional interview indicated staff should document meal substitutions.	W 481		