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| W 186 | DIRECT CARE STAFF<br>CFR(s): 483.430(d)(1-2)<br><br>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.<br><br>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.<br><br>This STANDARD is not met as evidenced by:<br>Based on observations, record review and interviews, the facility failed to ensure sufficient staff were provided to supervise clients and provide training in accordance with their Individual Program Plan (IPP). This affected 6 of 6 clients (#1, #2, #3, #4 , #5 and #6). The findings are:<br><br>A. During observations at the facility on 4/13/21 at 6:15am staff #E was working with six clients in the facility. Staff E stated he had been pulled to work because of a call in by another staff for third shift. Client #4 asked staff E where his cigarettes were located and staff E told him, " I don't where they are, I just got called into work. You will have to wait and ask someone else." Client #6 asked staff E if he could start making breakfast in the kitchen, staff E stated, "I don't know anything about that. You will have to ask someone else when they get here for first shift." When staff E was asked what time staff would arrive for first shift, he stated, "They are late. They are supposed to clock in at 6:15am." When he was asked if had contacted anyone from management, he stated, "No." Client #2 asked staff E if he could begin to set the table, staff E stated, " I don't know, you will have to wait for first shift." Client #6 reminded staff E that the clients | W 186 | | |

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

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usually have an early bird breakfast with juice and coffee when they first awake before breakfast. At 6:41am, staff E went to the refrigerator, retrieved a container of apple juice and poured 6 small cups of juice and left them on the kitchen counter for the clients. No choice making was provided. When staff A arrived at the facility at 7:00am, she immediately began asking the clients about breakfast. Staff E did not give any report to staff A about third shift but grabbed his belongings and left using the front door of the facility. Staff A went to the medication closet, used her key to unlock it and gave clients #4 and #6 their cigarettes and supervised them on the porch while watching the other four clients in the den. At 7:05am staff F arrived at work to assist staff A.

Review on 4/13/21 of client #4's individual program plan (IPP) dated 9/8/20 included information about his cigarettes and indicated that they will be locked up or in staff's possession until client #4 is scheduled for a smoke break. Client #4 will be monitored by staff while he is smoking.

Review on 4/13/21 of client #6's IPP dated 5/28/20 included information about his cigarettes and indicated that they will be locked up or in staff's possession until client #6 is scheduled for a smoke break. Client #6 will be monitored by staff while he is smoking.

Interview on 4/13/21 with the Program Director confirmed staff E had been pulled from another home to provide coverage after a third shift staff called out on 4/12/21. Further interview revealed all clients in the home are capable of pouring their own beverages. The Program Director stated staff E had worked in this facility before and was familiar with several of the clients. Additional

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interview revealed staff on second shift should have updated staff E on the clients before leaving on 4/12/21 and staff E should have contacted management on call if he had any questions related to the clients schedules, morning routines or about coverage.

B. During morning observations at the facility on 4/13/21 staff A arrived at work at 7:00am. Staff E, who worked third shift, immediately departed the facility leaving staff A with six clients to supervise. Staff A went to the medication closet, used her key to unlock it and gave clients #4 and #6 their cigarettes and supervised them on the porch while watching the other four clients in the den. During this time, client #4 asked when staff F was going to arrive. Staff A told client #4, "It does not matter, we have done this many times before with one staff or two staff working, we just get it done. I have done this many times before." At 7:05am, staff F arrived and clocked into work. Before breakfast at 7 :30am, staff A was contacted by phone by the staff next door at the adjacent group home about coming over to provide coverage. Staff A left the facility to go next door leaving the facility Nurse and staff F with all six clients until she could return. After staff A returned at 7:50am,.she stated the home next door had an emergency and needed her to go next door to provide assistance.

Interview on 4/13/21 with client #4 confirmed there had been at least two occasions in the past several months where only one direct care staff had been available to work in the facility for an entire shift. He stated that everything had gone "fine and there were no problems. There are additional staff next door if needed."

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| W 186 | Continued From page 3<br>Interview on 4/13/21 with staff A revealed there had been staff shortages due to the recent pandemic. She stated that at least 2-3 times recently there had been staff shortages and only one direct support staff had been available to work an entire shift with six clients in the facility. Further interview confirmed that several clients in the home have elopement behaviors, inappropriate behaviors including physical aggression and property destruction that require they be provided constant visual supervision.<br><br>Interview on 4/13/21 with the Program Director confirmed there had been 2-3 times in the past several months when there was only one direct care staff available to work a shift with six individuals in the home. She stated there is an adjacent ICF/IID home next door and that another staff could float between the two homes. Additional interview confirmed there are several clients in the facility with elopement behaviors, physical aggression and property destruction. | W 186 | | |
| W 210 | INDIVIDUAL PROGRAM PLAN<br>CFR(s): 483.440(c)(3)<br><br>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.<br><br>This STANDARD is not met as evidenced by:<br>Based on record review and interview the facility failed to ensure the interdisciplinary team performed accurate assessments within 30 days after admission. This affected 2 of 2 newly | W 210 | | |

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| W 210 | Continued From page 4<br>admitted audit clients (#1 and #4). The findings are:<br><br>A. Review on 4/12/21 of client #1's individual program plan (IPP) dated 5/14/20 revealed he was admitted to the facility on 4/16/20 and has the following diagnoses: Autism Spectrum Disorder, Mild Intellectual Disabilities, Attention Deficit Hyperactivity Disorder and Bipolar Disorder.<br><br>Further review on 4/12/21 of client #1's record revealed there was no speech assessment, no physical therapy or occupational therapy assessments completed after his admission to the facility on 4/16/20.<br><br>Interview on 4/13/20 with the program director revealed the facility had not completed speech, occupational or physical therapy evaluations on client #1's after his admission on 4/16/20.<br><br>B. Review on 4/12/21 of client #4's IPP dated 9/8/20 revealed he was admitted to the facility on 8/10/20 and has the following diagnoses: Mild Intellectual Disability, Schizophrenia, Conduct Disorder and Attention Deficit Disorder (ADD).<br><br>Further review of client #4's record revealed the facility had not completed speech, occupational or physical therapy evaluations on client #1's after his admission on 8/10/20.<br><br>Interview on 4/13/20 with the program director revealed the facility had not completed speech, occupational or physical therapy evaluations on client #1's after his admission on 8/10/20. | W 210 | | |
| W 249 | PROGRAM IMPLEMENTATION | W 249 | | |

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| W 249 | Continued From page 5<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.<br><br>This STANDARD is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to ensure 3 of 4 audit clients (#1, #3 and #4) received a continuous active treatment program consisting of needed interventions and services in the areas of vocational development. The findings are:<br><br>A. Review on 4/12/21 of client #1's individual program plan (IPP) dated 5/14/20 revealed several vocational objectives which included: Will mop floors for 8 consecutive data sessions for 5 consecutive months and another program to calculate addition of change values for 8 consecutive data sessions for 6 consecutive months. There were notes by the habilitation specialist indicating these goals were suspended during the COVID-19 pandemic when the clients were not attending the vocational workshop in December 2020 and January 2021.<br><br>Interview on 4/13/21 with the habilitation specialist confirmed the clients did not attend the vocational workshop for a period of time between January and February 2021. Further interview revealed client #1 returned to the vocational | W 249 | | |

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workshop in February 2021 but these 2 goals have not been re implemented or revised.

B. Review on 4/12/21 of client #3's IPP dated 7/16/20 revealed a vocational goal to wipe down the picnic tables at the vocational center outside for 10 consecutive data sessions for 10 consecutive month. There were notes by the habilitation specialist indicating these goals were suspended during the COVID-19 pandemic when the clients were not attending the vocational workshop in December 2020 and January 2021.

Interview on 4/13/21 with the habilitation specialist confirmed the clients did not attend the vocational workshop for a period of time between January and February 2021. Further interview revealed client #3 returned to the vocational workshop in February 2021 but this goal has not been re implemented or revised.

C. Review on 4/12/21 of client #4's IPP dated 9/8/20 revealed two vocational objectives. The first objective was listed as: "Will gather supplies for work crew for 6 consecutive sessions for 6 consecutive months. The second objective was: "States current month, day and year for 6 consecutive data collection sessions for 6 consecutive months." There were notes by the habilitation specialist indicating these goals were suspended during the COVID-19 pandemic when the clients were not attending the vocational workshop in December 2020 and January 2021.

Interview on 4/13/21 with the habilitation specialist confirmed the clients did not attend the vocational workshop for a period of time between January and February 2021. Further interview revealed client #4 returned to the vocational

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| W 249 | Continued From page 7<br>workshop in February 2021 but these 2 goals have not been re implemented or revised.<br><br>Interview on 4/13/21 with the Program Director revealed these goals should have been re implemented or revised after clients #1, #3 and #4 returned to the vocational center. | W 249 | | |
| W 252 | PROGRAM DOCUMENTATION<br>CFR(s): 483.440(e)(1)<br><br>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.<br><br>This STANDARD is not met as evidenced by:<br>The facility failed to ensure data for objectives for 2 of 4 sampled clients (#3 and #6) was taken as prescribed as evidenced by review and interview. The findings are:<br><br>A. Review of client #3's individual program plan (IPP) dated 7/16/20 revealed a training objective that was missing data as prescribed:<br><br>1) Cleans stove top for 12 consecutive sessions for 12 consecutive months.<br>February-April (no data)<br><br>Interview on 4/13/21 with the habilitation specialist and program director revealed this objective is still current and staff should be collecting data at least 3 times per week.<br><br>B. Review on 4/12/21 of client #6's IPP dated 5/28/20 revealed a program to match his bubble | W 252 | | |

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| W 252 | Continued From page 8<br>pack of Haldol to the medication administration record (MAR) for 10 sessions for 10 consecutive months. Further review revealed a previous program had been completed for client #6 to match his bubble pack of Depakote to the MAR.<br><br>Review on 4/13/21 of client #6's data book revealed the new program to identify Haldol on the MAR was not in the data book but that staff were still had the previous program to identify Depakote on the MAR in his data book.<br><br>Interview on 4/13/21 with the habilitation specialist and Program Director revealed client #6's program to identify Haldol on the MAR is current and should be trained weekly. | W 252 | | |
| W 340 | NURSING SERVICES<br>CFR(s): 483.460(c)(5)(i)<br><br>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, interview and record review, nursing services and the interdisciplinary team failed to ensure staff were trained to assure adequate hygiene relative to wearing masks as mandated by facility policy during a state wide pandemic of COVID-19. This affected 6 of 6 clients (#1, #2, #3, #4, #5 and #6). The finding is:<br><br>During morning observations at the facilty on 4/13/21 at 6:15am, staff E met the surveyor at the | W 340 | | |

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front door of the facility not wearing a mask. Throughout observations from 6:15am, while he was working in the facility with 6 clients, until he departed the facility at 7:00am, staff E never wore a facial mask.

During observations in he facility on 4/13/21 from 7:05am until the clients departed for the vocational center at 8:55am, at intervals staff F wore her facial mask below her nose and only covering her mouth.

Interview on 4/12/21 with one of the facility nurses revealed that about 60% direct care staff and about 60% of clients in the company, (which includes several ICF/IID facilities), have been vaccinated to prevent COVID-19. Further interview confirmed that all direct care staff should be wearing facial masks that cover their nasal and mouth areas while working with clients.

Review on 4/13/21 of a memorandum by the Chief Executive Officer (COO) dated 1/18/21 revealed, "A face covering will be required to be worn by all (name of company) staff during working hours. Face coverings are low cost and highly effective tools in the fight against COVID-19. The Center for Disease Control recommends businesses use face coverings, since face coverings block the release of respiratory particles into the environment and can also reduce the wearer's exposure to infectious droplets."

Interview on 4/13/21 with the Program Director revealed all direct care staff should be wearing facial masks that cover their nose and mouths at all times when working with clients in the facility. Further interview revealed all direct care staff had

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| W 340 | Continued From page 10<br>been inserviced on this policy. Additional interview confirmed not all clients and not all direct care staff have been vaccinated against COVID-19. | W 340 | | |