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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 observation, record review and interview the facility failed to ensure a continuous active treatment program to address the needs of 2 of 3 sampled clients (#3 and #5) and 3 of 3 non-sampled clients (#2, #4, and #6). The findings are: Observations in the home on 4/20/21 at 3:17 PM revealed staff already in the kitchen working on supper preparation. Further observations revealed staff completed all aspects of meal preparation including stirring, chopping and serving food without client assistance except for limited help with setting cups and silverware on the table. Morning observations in the home on 4/21/21 at 6:15 AM revealed client #3 eating breakfast at the table with client #4 and #5 in the living room ready for the day. Interview with staff revealed client #4 and client #5 had already eaten and their breakfast was prepared by 3rd shift staff before they left the group home at the end of their shift. A. The facility failed to ensure continuous active	W 249		

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treatment to address the needs of client #3. For example:

Observation in the group home of client #3 on 4/20/21 at 3:17 PM revealed client #3 to be in his bedroom resting after returning from an outing. Continued observation of client #3 on 4/20/21 at 4:24 PM revealed the client to exit his bedroom wearing pajamas and walk with staff to take his medications. Further observation of client #3 on 4/20/21 at 4:33 PM revealed the client to finish his medications and return to his bedroom. Subsequent observation revealed client #3 on 4/20/21 at 4:50 PM to be prompted by staff to wash his hands and to set the table. Additionally, observation of client #3 on 4/20/21 revealed the client to set the table by placing napkins and spoons on the table.

Morning observations of client #3 in the group home on 4/21/21 at 6:20 AM revealed client #3 to take his breakfast dishes to the kitchen and to go take his medications. Further observation of client #3 on 4/21/21 revealed the client to finish his medications and go to the living room to watch TV. Additional observation on 4/21/21 at 7:00 AM revealed client #3 to leave the living room and client to go into his bedroom.

Review of records for client #3 on 4/21/21 revealed an ISP dated 5/28/20 with information in it dated 5/30/19. Review of the ISP revealed client #3 to have strengths to include: likes arts and crafts, helpful, able to choose leisure activities, able to understand and follow directions, able to communicate needs and wants, self-sufficient in most daily living skills. Continued review of records for client #3 revealed a community home life assessment dated 5/30/20

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which noted client #3 can set, clean and prepare all meals accurately with verbal cues. Further review of records for client #3 on 4/21/21 revealed a training program record dated 8/2020. Review of the training program record for client #3 revealed a program for the client to participate in domestic cooking.

Interview with the qualified intellectual disabilities professional (QIDP) on 4/21/21 verified client #3 can participate in more activities in the home. Further interview and review of client #3's record verified the client especially enjoys cooking and has many skills in this area.

B. The facility failed to ensure continuous active treatment to address the needs of client #5. For example:

Observation in the group home of client #5 on 4/20/21 at 3:17 PM revealed client #5 to stand in the hallway rocking back and forth. Continued observation of client #5 on 4/20/21 at 3:35 PM revealed the client to walk over to his computer and touch the mouse and return to the hallway to stand and rock back and forth. Further observation of client #5 on 4/20/21 at 4:06 PM revealed the client to operate the computer for approximately 2 seconds and return to the hallway to stand and rock back and forth. Subsequent observation revealed client #5 on 4/20/21 at 5:00 PM to stand at the dining room table and drink his juice and water. Additionally, observation of client #5 on 4/20/21 revealed the client's dinner meal to be prepared and placed on the dining room table by staff.

Morning observations of client #5 in the group home on 4/21/21 at 6:15AM revealed client #5 to

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be dressed and standing in the living room at the computer. Continued observation of client #5 on 4/21/21 at 6:32 AM revealed the client to stand at the computer unplugging the cords from the back of the monitor and to replace the cords back into the back of the monitor. Further observation of client #5 on 4/21/21 at 7:19 AM revealed the client was prompted by his staff to wipe the table. Additional observation on 4/21/21 at 7:30 AM of client #5 revealed the client was in his bedroom.

Review of records for client #5 on 4/21/21 revealed an ISP dated 9/24/20. Review of the ISP revealed client #5 to have strengths to include: ambulatory, able to follow simple directions/instructions, can indicate needs/desires, performs most daily living activities with limited staff assistance and some verbal prompting necessary. Continued review of record for client #5 revealed a community home life assessment dated 9/24/20 which noted client #5 can prepare meals accurately with physical assistance and use kitchen appliances such as microwave, stove, and measuring and mixing spoons with verbal and gestural cues.

Interview with the qualified intellectual disabilities professional (QIDP) on 4/21/21 verified client #5 can participate in more activities in the home. Further interview and review of client #5's record verified the client can assist with meal preparation and engage in activities.

C. The facility failed to ensure continuous active treatment to address the needs of non-sampled clients (#2, #4 and #6). For example:

Afternoon observations in the group home on 4/20/21 from 3:20 PM until supper at 5:00 PM

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revealed client's #2 and #4 to primarily remain in the main living area with client #2 working on stacking blocks at the table or playing with a keyboard in the living room. Client #4 was observed to either sit in a recliner in the living room or put pegs in a board at the table. Neither client was observed to participate in any cooking or household chore activities during the afternoon. Further observations during the afternoon revealed client #6 to stay in his room until 4:50 PM when he was prompted to come out of his room and place the cups and drinks for supper on the table.

Morning observations in the group home on 4/21/21 from 6:15 AM until 7:30 AM revealed limited activities for these clients. Client #4 was observed to be up and ready at 6:15 AM and sitting in his recliner in the living room. Interview with staff revealed the client had already eaten breakfast before observations began. Further observations revealed except for using a walker to walk to the office to take his medications at 6:45 AM, the client was unengaged in any activity.

Morning observations of client #4 and client #6 revealed both clients to get up around 7:00 AM and take their medications. Further observations revealed after taking their medications the clients (#4 and #6) sat down at the table for breakfast after which client #4 sat in the living room playing his keyboard and client #6 returned to his bedroom. The clients were not observed to participate in any activities other than loading their plates in the dishwasher after breakfast.

Review of client #2's, client #4's and client #6's ISPs dated 11/5/20, 12/1/20 and 2/26/19, respectively, substantiated by interview with the

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W 249	Continued From page 5 home manager and the QIDP, revealed each of the clients to have the ability to participate in activities such as cooking, household chores and activities to promote independence and ensure a continuous active treatment program.	W 249		
W 255	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(i) The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. This STANDARD is not met as evidenced by: The facility failed to assure objectives contained in the individual support plans (ISPs) for 2 of 3 sampled clients (#3 and #5) were reviewed and revised when the clients met criteria as evidenced by interviews and record verification. The findings are: A. For client #3, review of client #3's ISP dated 5/28/20 but with information dated 5/20/19 revealed 4 of 7 objectives where the client met criteria without any revisions. For example: 1. Review of ISP revealed a laundry program objective for the client to complete his laundry. Review of program progress revealed the client to have met criteria during 12/2020 at 100%, 1/2021 at 100%, 2/2021 at 100%. Further review revealed the progress through 3/2021 remained at 100% without any changes to the program. Interview with the qualified intellectual disabilities professional (QIDP) revealed he and the program manager have worked at the facility for less than a month and have not worked with revising any	W 255		

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programs at this point.

2. Review of ISP revealed a flossing program objective for the client to floss his teeth. Review of program progress revealed the client to have met criteria during 12/2020 at 100%, 1/2021 at 100%, 2/2021 at 100%. Further review revealed the progress through 3/2021 remained at 100% without any changes to the program. Interview with the QIDP revealed he and the program manager have worked at the facility for less than a month and have not worked with revising any programs at this point.

3. Review of ISP revealed a bathe/shower objective for the client. Review of program progress revealed the client to have met criteria during 12/2020 at 100%, 1/2021 at 95.45%, and 2/2021 at 100%. Further review revealed the progress through 3/2021 remained at 100% without any changes to the program. Interview with the QIDP revealed he and the program manager have worked at the facility for less than a month and have not worked with revising any programs at this point.

4. Review of ISP revealed a vocational goal for the client to identify safety signs. Review of program progress revealed the client to have met criteria during 12/2020 at 85.71%, 1/2021 at 100%, and 2/2021 at 100%. Further review revealed the progress through 3/2021 remained at 100% without any changes to the program. Interview with the QIDP revealed he and the program manager have worked at the facility for less than a month and have not worked with revising any programs at this point.

B. For client #5, review of client #5's ISP dated

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W 255	Continued From page 7 9/24/20 revealed 6 of 12 objectives where the client met criteria without any revisions. For example: 1. Review of ISP revealed an oral hygiene flossing for the client. Review of program progress revealed the client to have met criteria during 12/2020 at 92.54%, 1/2021 at 95.45%, and 2/2021 at 100%. Further review revealed the progress through 3/2021 remained at 100% without any changes to the program. Interview with the QIDP revealed he and the program manager have worked at the facility for less than a month and have not worked with revising any programs at this point. 2. Review of ISP revealed an oral hygiene goal for the client to brush teeth. Review of program progress revealed the client to have met criteria during 12/2020 at 100%, 1/2021 at 98.51%, and 2/2021 at 100%. Further review revealed the progress through 3/2021 remained at 100% without any changes to the program. Interview with the QIDP revealed he and the program manager have worked at the facility for less than a month and have not worked with revising any programs at this point. 3. Review of ISP revealed a communication goal for the client to have expressive communication. Review of program progress revealed client to have progress 12/2020 at 77.73% and to have met criteria 1/2021 at 95.45% and 2/21 at 94.45%. Further review revealed progress through 3/2021 was at 100% without any changes to the program. Interview with the QIDP revealed he and the program manager have worked at the facility for less than a month and have not worked with revising any programs at this point.	W 255		

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W 255	Continued From page 8 4. Review of ISP revealed a dining goal for the client reduce rate of eating. Review of program progress revealed client to have met criteria 12/2020 at 96.83%, 1/2021 at 100%, and 2/2021 at 98.48%. Further review revealed progress through 3/2021 remained 100% without any changes to the program. Interview with the QIDP revealed he and the program manager have worked at the facility for less than a month and have not worked with revising any programs at this point. 5. Review of ISP revealed a privacy goal for the client to close the bathroom door. Review of program progress revealed client to have met criteria 12/2020 at 100%, 1/2021 at 100%, and 2/2021 at 100%. Further review revealed progress through 3/2021 remained 100% without any changes to the program. Interview with the QIDP revealed he and the program manager have worked at the facility for less than a month and have not worked with revising any programs at this point. 6. Review of ISP revealed a communication goal for the client to have expressive communication (day). Review of program revealed client to have met criteria 12/2020 at 90.32%, 1/2021 at 100% and 2/2021 at 100%. Further review revealed progress through 3/2021 remained 100% without any changes to the program. Interview with the QIDP revealed he and the program manager have worked at the facility for less than a month and have not worked with revising any programs at his point.	W 255		
W 257	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(iii)	W 257		

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W 257	Continued From page 9 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: The facility failed to assure objectives contained in the individual support plans (ISPs) for 2 of 3 sampled clients (#1 and #5) were reviewed and revised when the clients were failing to make progress as evidenced by interviews and record verification. The findings are: A. For client #1, review of client #1's ISP dated 9/25/20 revealed 5 of 9 objectives where the client was failing to make progress without any revisions. For example: 1. Review of the ISP revealed a communication objective for the client to use a picture board. Review of program progress revealed the client to complete the objective at 0% in 9/2020. Further review revealed progress through 3/2021 has remained at 0% without any changes to the program. Interview with the qualified intellectual disabilities professional (QIDP) revealed he and the program manager have worked at the facility less than a month and have not worked with revising any programs at this point. 2. Review of the ISP revealed a communication objective for the client to touch/point to an object he wants to interact with. Review of program progress revealed the client to complete the objective at 0% in 9/2020. Further review	W 257		

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revealed progress through 3/2021 has remained at 0% without any changes to the program. Interview with the QIDP revealed he and the program manager have worked at the facility less than a month and have not worked with revising any programs at this point.

3. Review of the ISP revealed a program for the client to remain clothed in common areas. Review of program progress revealed the client to complete the objective at 0% in 9/2020. Further review revealed progress through 3/2021 has remained at 0% without any changes to the program. Interview with the QIDP revealed he and the program manager have worked at the facility less than a month and have not worked with revising any programs at this point.

4. Review of the ISP revealed a program for the client to participate in an activity for 20 minutes. Review of program progress revealed the client to complete the objective at 0% in 9/2020. Further review revealed progress through 3/2021 has remained at 0% without any changes to the program. Interview with the QIDP revealed he and the program manager have worked at the facility less than a month and have not worked with revising any programs at this point.

5. Review of the ISP revealed a program for the client to participate in a community outing. Review of program progress revealed the client to complete the objective at 0% in 11/2020 when the program was new. Further review revealed progress through 3/2021 has remained at 0% without any changes to the program. Interview with the QIDP revealed he and the program manager have worked at the facility less than a month and have not worked with revising any

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W 257	Continued From page 11 programs at this point. B. Review of client #5's ISP dated 9/24/20 revealed 2 of 12 objectives where the client was failing to make progress without any revisions. For example: 1. Review of ISP revealed a safety awareness objective for the client to identify safety signs. Review of program progress revealed the client to complete the objective of 0% 12/2020. Further review revealed the progress through 3/2021 has remained at 0% without any changes to the program. Interview with the QIDP revealed he and the program manager have worked at the facility for less than a month and have not worked with revising any programs at this point. 2. Review of ISP revealed a communication objective for the client to have expressive communication (initiating). Review of program progress revealed the client to complete the objective 0% 9/2020. Further review revealed the progress through 3/2021 has remained at 0% without any changes to program. Interview with the QIDP revealed he and the program manager have worked at the facility for less than a month and have not worked with revising any programs at this point.	W 257		
W 260	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2) At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by:	W 260		

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W 260	Continued From page 12 The facility failed to have evidence that the individual support plans (ISPs) for 2 of 6 clients in the group home (#3 and #6) were revised and updated at least annually as required as evidenced by interview and record verification. The finding is: Review of client #3's and client #6's ISPs revealed the ISPs available for review were not current. For client #3, a coversheet for the client's ISP was dated 5/28/20 but the date on each page was dated 5/30/19. In addition, information contained in the ISP related to events and appointments the client had in 2018 and 2019. For client #6, a cover sheet for the most available ISP was dated 2/20/20. Interview with the home manager revealed he remembers the previous qualified intellectual disabilities professional (QIDP) having a more recent meeting regarding client #6 in 2/2021, however no updated ISP was available for review or use by the team to direct the client's active treatment programming.	W 260		