

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

PRINTED: 10/14/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G143	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/13/2021
NAME OF PROVIDER OR SUPPLIER KEYWEST CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1722 ATHENS AVENUE DURHAM, NC 27707		
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W 153	<p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2)</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure an unknown injury was reported to external officials in accordance with state law. This affected 1 of 4 audit clients (#1). The finding is:</p> <p>Review on 10/12/21 of a report of 2021 Accident/Injury Reports revealed (date of incident 6/19/21 and 6/20/21) during client #1's morning shower on 6/19/21 that she complained of pain in her legs. Staff then examined client #1 and found both legs to have "excessive blisters." The cause at the time was unknown. Staff also observed excessive swelling to her feet and legs, again cause unknown. The qualified intellectual disabilities professional (QIDP) and the Nurse Consultant were contacted.</p> <p>Further review on 10/12/21 of this 2021 Accident/Injury Report revealed on 6/19/21 the QIDP observed blisters, swelling and notified nurse for advice. Orders for bedrest, elevate feet and increase fluid intake was recommended for the weekend. If blisters burst, clean with warm water, pat dry and apply non-antiseptic ointment. If fever, increased swelling and excessive pain seek emergency intervention immediately. Medical intervention was provided on 6/21/21. It was determined client #1 burned the calf on of each leg. She told staff she was burned on the</p>	W 153			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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 153	Continued From page 1 van ride on 6/18/21. Review on 10/12/21 of physician consultation dated 6/22/21 revealed she was seen for a follow up after being seen at the emergency room on 6/21/21. The consultation revealed Diagnoses: Burn (T30.0) 2nd degree, partial thickness burns to bilateral posterior calves, seen at emergency room for same yesterday. Tetanus current. Wounds cleaned with sterile saline and remnants of older gauze removed. Dressed appropriately and secured with Coban. Further review of this consultation dated 6/22/21 revealed,"The patient is a 29 year old female who presents for a follow up after a hospitalization. To ER yesterday with painful blisters to bilateral calves. They deduced the blisters to be related to to thermal burn and caregiver with patient today reports that it is believed the burn resulted for both posterior lower legs touching hot surface in the van during travel." Interview on 10/12/21 with the qualified intellectual disabilities professional (QIDP) revealed that during a van ride on 6/18/21 apparently client #1's legs sustained thermal burns when the heating/air conditioning unit malfunctioned on the van. The QIDP stated the injury was not detected until 6/19/21 when staff A was bathing client #1 and she complained her legs hurt. Further interview with the QIDP confirmed she did not gather statements from direct care staff who were working with client #1 on 6/18/21 and she did not complete a level two incident report to submit to the Department of Health and Human Services (DHHS).	W 153			
W 154	STAFF TREATMENT OF CLIENTS	W 154			

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W 154	<p>Continued From page 2 CFR(s): 483.420(d)(3)</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on interview and record reviews, the facility failed to conduct a thorough investigation of an unknown injury that required medical treatment from a local hospital. This affected 1 of 4 audit clients (#1). The finding is:</p> <p>Review on 10/12/21 of a report of 2021 Accident/Injury Reports revealed Date of Incident 6/19/21 and 6/20/21 that during client #1's morning shower on 6/19/21 that she complained of pain in her legs. Staff then examined client #1 and found both legs to have "excessive blisters." The cause at the time was unknown. Staff also observed excessive swelling to her feet and legs, again cause unknown. The qualified intellectual disabilities professional (QIDP) and the Nurse Consultant were contacted.</p> <p>Further review on 10/12/21 of this 2021 Accident/Injury Report revealed on 6/19/21 the QIDP observed blisters, swelling and notified nurse for advice. Orders for bedrest, elevate feet and increase fluid intake was recommended for the weekend. If blisters burst, clean with warm water, pat dry and apply non-antiseptic ointment. if fever, increased swelling and excessive pain, seek emergency intervention immediately. Medical intervention was provided on 6/2/21. It was determined client #1 burned the calf on of each leg while receiving care at the emergency room. She told staff she was burned on the van ride on 6/18/21.</p> <p>Review on 10/12/21 of physician consultation</p>	W 154			

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W 154	<p>Continued From page 3</p> <p>dated 6/22/21 revealed she was seen for a follow up after being seen at the emergency room on 6/21/21. The consultation revealed Diagnoses: Burn(T30.0) 2nd degree, partial thickness burns to bilateral posterior calves, seen at emergency room for same yesterday. Tetanus current. Wounds cleaned with sterile saline and remnants of older gauze removed. Dressed appropriately and secured with Coban.</p> <p>Further review of this consultation dated 6/22/21 revealed,"The patient is a 29 year old female who presents for a follow up after a hospitalization. To ER yesterday with painful blisters to bilateral calves. They deduced the blisters to be related to thermal burn and caregiver with patient today reports that it is believed the burn resulted for both posterior lower legs touching hot surface in the van during travel."</p> <p>Interview on 10/12/21 with the QIDP revealed that during a van ride on 6/18/21 apparently client #1's legs sustained thermal burns when the heating/air conditioning unit malfunctioned on the van. The QIDP stated the injury was not detected until 6/19/21 when staff A was bathing client #1 and she complained her legs hurt. Further interview with the QIDP confirmed she did not gather statements from direct care staff who were working with client #1 on 6/18/21 and she did not complete a level two incident report to submit to the Department of Health and Human Services (DHHS). The QIDP stated she determined an investigation was not necessary, although it was unknown from Saturday, June 19, 2021 until Monday June 21, 2021 how this injury occurred to client #1's legs.</p>	W 154			
W 186	DIRECT CARE STAFF	W 186			

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W 186	<p>Continued From page 4 CFR(s): 483.430(d)(1-2)</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>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. This STANDARD is not met as evidenced by: Based on observations, record reviews and confirmed by interviews with staff, the facility failed to ensure there were sufficient staff to assist 4 of 4 audit clients (#1, #2, #4 and #5) and 2 of 2 non-audit clients (#3 and #6) as documented in the individual program plans (IPP) specifically relating to mealtime and meal preparation. The findings are:</p> <p>A. During observations in the facility on 10/11/21 from 11:30am-12:58pm the qualified intellectual disabilities professional (QIDP) was the only staff working with all six clients, two of whom are visually impaired. The QIDP cooked lunch, set up beverages and had clients #1 and #6 set the plates, cups, napkins and silverware on the two tables in the dining room area.</p> <p>During continued observations in the facility at 11:25am during lunch client #1 had a sandwich that was cut in half with ham, tomato and lettuce, chips and a jello cup.</p> <p>During observations of supper on 10/11/21 at 5:00pm client #1 was given her plate that was pre served with ground pork chops, ground brussel sprouts and a muffin that was cut into 4 pieces.</p> <p>Review on 10/11/21 of client #1's diet revealed</p>	W 186			

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W 186	Continued From page 5 she is to receive a chopped weight reduction diet. Interview on 10/11/21 with the QIDP revealed she is critically short staffed at the current time and was the only staff available to cook, serve and facilitate mealtime on 10/11/21. B. During observations in the facility from 3:30pm-5:00pm the QIDP was the staff in the facility working with six clients in the home. Clients #2, #4 and #5 were sitting in the living room area. Clients #2 and #4 are visually impaired. The television was on. There were no other activities made available to clients #2, #4 and #5. During this time, the QIDP finished cooking supper which consisted of pork chops, brussel sprouts, cornbread and cheesecake. Clients #1 and #6 assisted with setting up the dining room area with plates, silverware, cups and napkins. Review on 10/11/21 of client #1's IPP dated 7/23/21 revealed she has a formal objective to assist with with meal preparation with 100% accuracy three times weekly. Interview on 10/11/21 with the QIDP revealed she is critically short staffed at the current time and was the only staff available to cook, serve and facilitate mealtime on 10/11/21 until 5:00pm when another part time staff joined her to help with the evening shift.	W 186			
W 195	ACTIVE TREATMENT SERVICES CFR(s): 483.440 The facility must ensure that specific active treatment services requirements are met.	W 195			

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W 195	Continued From page 6 This CONDITION is not met as evidenced by: The facility failed to ensure: each client received a continuous active treatment program, which included aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services that was directed towards the acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible (W196); preliminary assessments were completed for 1 newly admitted client (W210), individual program plan (IPP) was developed and implemented within 30 days of admission for 1 newly admitted client (W226), clients' IPP included training on personal skills such as privacy (W242), clients IPP included opportunities for choice and self-management (W247); each client received a continuous active treatment program consisting of supports and services in sufficient number to support the individual program plans (W249). The cumulative effect of these systemic practices resulted in the facility's failure to provide statutorily mandated active treatment services to the clients.	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	W 196			

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W 196	Continued From page 7 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 confirmed by interviews with staff, the facility failed to provide an aggressive implementation of specialized treatment to 3 of 4 audit clients (#1, #2 and #4) in the areas of behavioral intervention, following daily routines, enhancing academic skills and participation in meal preparation. The findings include: A. Cross reference W210. The interdisciplinary team failed to complete preliminary accurate assessments within 30 days after admission. B Cross reference W247. The facility failed to provide opportunities for choice and self management for 3 of 3 audit clients (#1, #2 and #4). C. Cross reference W249. The facility failed to ensure 1 of 3 audit clients (#1) received continuous active treatment programs consisting of needed interventions and services as identified in the individual program plan (IPP) . D. Cross reference W252. The facility failed to ensure data was documented as prescribed for written training programs in the IPP's for 1 of 3 audit clients (#1).	W 196			
W 210	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)	W 210			

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W 210	Continued From page 8 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. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure the interdisciplinary team completed preliminary accurate assessments within 30 days after admission. This affected 1 newly admitted audit client (#1). The finding is: Review of client #1's record revealed she was admitted to the facility on 6/1/21. Further review of her record revealed her individual program plan (IPP) meeting was held on 7/23/21. Review of her preliminary evaluations revealed she was missing a speech assessment and an occupational therapy evaluation. Interview on 10/11/21 with the qualified intellectual disabilities professional (QIDP) confirmed that the team had not completed evaluations of speech and occupational therapy for client #1 since her admission on 6/1/21.	W 210			
W 226	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) Within 30 days after admission, the interdisciplinary team must prepare, for each client, an individual program plan. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure 1 newly admitted client (#1) received an individual program plan (IPP) within 30 days after admission. The finding is:	W 226			

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W 226	Continued From page 9 Review on 10/11/21 of client #1's IPP dated 7/23/21 revealed she was admitted to the facility on 6/1/21 and that her individual program meeting was held on 7/23/21. Further review of client #1's IPP revealed she has been adjudicated incompetent and that her legal guardian is the Department of Social Services in Orange County. Interview on 10/11/21 with the qualified intellectual disabilities professional (QIDP) revealed the team arranged the date of the meeting so all of the consultants and the legal guardian could provide their input into client #1's IPP, although this was 52 days after client #1 was admitted to the facility.	W 226			
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 of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to develop training to address basic needs such as privacy for 1 of 4 audit clients (#5). The finding is: During observations in the home on 10/12/21 at 6:58am, client #5 was observed to walk into the bathroom, pull her pants down and sit down on	W 242			

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W 242	Continued From page 10 the toilet with the bathroom door wide open. Client #5 remained sitting on the toilet with the door open until 7:14am. Review on 10/12/21 of client #5's individual program plan (IPP) dated 5/21/21 revealed she is dependent upon staff for all areas of home living and grooming. Additional review of client #5's IPP revealed no training in the area of privacy. Interview on 10/12/21 with the qualified intellectual disabilities professional (QIDP) confirmed staff should have prompted and assisted client #5 with closing the bathroom door for privacy.	W 242			
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation, interview and record review the facility failed to provide opportunities for client choice and self-management for 1 of 4 audit clients (#1) and 1 of 2 non-audit clients (#6) regarding meal preparation and leisure. The findings include: A. During observations in the facility from 3:30pm-5:00pm the qualified intellectual disabilities professional (QIDP) was the only staff working in the home with six clients. Clients #2, #4 and #5 were sitting in the living room area. Clients #2 and #4 are visually impaired. The television was on. There were no other activities made available to clients #2, #4 and #5. During this time the QIDP finished cooking supper which	W 247			

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W 247	<p>Continued From page 11 consisted of pork chops, brussel sprouts, cornbread and cheesecake. Clients #1 and #6 assisted with setting up the dining room area with plates, silverware, cups and napkins.</p> <p>During continued observations in the facility on 10/11/21 client #1 came to the kitchen at 3:40pm and helped remove the mats from the table and set clients #2, #3 and #6's placesettings. At one point client #1 walked around the kitchen ledge to gather a clothing protector and she was told, "Get on the other side of the kitchen counter." After client #1 finished, she asked if she could assist in the kitchen and she was told by the QIDP that she needed choose between going to her bedroom or in the living room as the QIDP was cooking supper. Client #1 left the dining room area and walked to her bedroom. The QIDP went with her and assisted her with getting out her robe, her grooming kit and turning down her bedspread. The QIDP told her to, "Wait in the bedroom until you are called for supper."</p> <p>Review on 10/11/21 of client #1's individual program plan (IPP) dated 7/23/21 revealed she has a formal objective to assist with meal preparation and an identified need to maintain leisure skills. However, no leisure choices were provided to her and she was not involved in preparing food for supper.</p> <p>Interview on 10/11/21 with the QIDP confirmed she was the only staff working and that client #1 chose to stay in her bedroom until supper so she could relax</p> <p>B. During observations in the facility at 4:00pm, client #6 had finished turning down her bed and getting out her grooming supplies with the QIDP</p>	W 247			

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NAME OF PROVIDER OR SUPPLIER KEYWEST CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1722 ATHENS AVENUE DURHAM, NC 27707		
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W 247	Continued From page 12 assisting her. After she finished with this, the QIDP told her to, "Wait in your bedroom until you are called up front for supper." During this time, the QIDP was the only staff working in the facility with 6 clients. Interview on 10/11/21 with the QIDP confirmed she was the only staff working and that client #6 chose to stay in her bedroom until supper so she could relax. C. During observations in the facility on 10/11/21 from 11:35am-12:58pm, the QIDP was the only staff working with 6 clients. During this time she poured all of the client beverages for lunch without involving client #1 who was available and could assist the QIDP. Review on 10/11/21 of client #1's IPP dated 7/23/21 revealed she can assist with pouring and can feed herself using a fork and spoon.	W 247			
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.	W 249			

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W 249	<p>Continued From page 13</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure 1 of 4 audit clients (#1) received a continuous active treatment program consisting of needed interventions and services as identified in the individual program plan (IPP) in the area of implementation of goals and objectives. The findings include:</p> <p>A. Review on 10/12/21 of client #1's IPP revealed needs were identified in the following areas: improve positive socialization skills, maintain leisure skills and increase community awareness skills. Further review revealed the following goals and objectives: a behavior support program to decrease physical aggression, non-compliance, property destruction, food theft and sexually inappropriate behaviors, Improve her compliance getting out of bed in the mornings, following her morning routine, identifying 2 days of the week by name and assisting with meal preparation scheduled to be implemented on 9/10/21.</p> <p>Interview on 10/12/21 with the qualified intellectual disabilities professional (QIDP) revealed the behavioral intervention program has been implemented. However further interview revealed all other goals and objectives scheduled for implementation on 9/10/21 have not been implemented and should have been implemented by 7/23/21.</p> <p>B. During observations in the facility from 3:30pm-5:00pm the QIDP was the only staff in the facility working with six clients in the home. Clients #2, #4 and #5 were sitting in the living room area. Clients #2 and #4 are visually</p>	W 249			

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W 249	Continued From page 14 impaired. The television was on. There were no other activities made available to clients #2 , #4 and #5. During this time, the QIDP finished cooking supper which consisted of pork chops, brussel sprouts, cornbread and cheesecake. Clients #1 and #6 assisted with setting up the dining room area with plates, silverware, cups and napkins. Review on 10/11/21 of client #1's IPP dated 7/23/21 revealed she has a formal objective to assist with with meal preparation with 100% accuracy three times weekly. Interview on 10/11/21 with the QIDP revealed she is critically short staffed at the current time and was the only staff available to cook, serve and facilitate mealtime on 10/11/21 until 5:00pm when another part time staff joined her to help with the evening shift.	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. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure all data relative to the accomplishment of specified objectives was documented in measurable terms. This affected 1 of 4 audit clients (#1). The finding is: Review on 10/12/21 of client #1's IPP revealed	W 252			

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W 252	Continued From page 15 needs were identified in the following areas: improve positive socialization skills, maintain leisure skills and increase community awareness skills. Further review revealed the following goals and objectives: a behavior support program to decrease physical aggression, non-compliance, property destruction, food theft and sexually inappropriate behaviors, Improve her compliance getting out of bed in the mornings, following her morning routine, identifying 2 days of the week by name and assisting with meal preparation scheduled to be implemented on 9/10/21. Interview on 10/12/21 with the qualified intellectual disabilities professional (QIDP) revealed the behavioral intervention program has been implemented. However further interview revealed all other goals and objectives scheduled for implementation on 9/10/21 have not been implemented and there is no active treatment data available to review client #1's progress.	W 252			
W 351	COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE CFR(s): 483.460(f)(1) Comprehensive dental diagnostic services include a complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the client's condition not later than one month after admission to the facility (unless the examination was completed within twelve months before admission). This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to assure 1 of 1 newly admitted audit client	W 351			

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W 351	Continued From page 16 (#1) was provided a dental examination no later than one month after admission to the facility. The finding is: Review on 10/11/21 of client #1's record revealed she was admitted to the facility on 6/1/21. Further review of client #1's record revealed she had been seen for a dental examination on 7/12/19 at her previous residential placement. Additional review of the dental consultation dated 7/12/19 revealed client #1 had 24 remaining teeth. Subsequent review on 10/12/21 of client #1's record did not reveal any documentation that a dental exam had been completed since her admission to the facility on 6/1/21. Interview on 10/13/21 with the qualified intellectual disabilities professional (QIDP) revealed client #1 has not been examined by a Dentist since her previous residential placement on 7/12/19.	W 351			
W 383	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure only authorized persons have access to the keys to the drug storage area. The finding is: During observations in the home on 10/11/21 at 3:15pm, the keys to the medication room were laying on the counter between the kitchen and dining room. The keys remained on the counter until 5:58pm when the qualified intellectual	W 383			

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W 383	Continued From page 17 disabilities professional (QIDP) picked the keys up to administer medication to one of the clients. Interview on 10/12/21 with the QIDP confirmed the keys to the medication room should not have been left laying out and should have been kept on the person responsible for administering medications.	W 383			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure 3 of 4 audit clients (#1, #2 and #4) received their specially prescribed diet as indicated. The findings are: A. During observations in the home on 10/11/21 at 11:39am, client #2 was observed eating lunch which consisted of a sandwich with lettuce, tomato and meat. The sandwich was cut into four triangular shaped pieces. Review on 10/11/21 of client #2's individual program plan (IPP) dated 5/22/21 revealed a diet order consisting of chopped meats. Interview on 10/12/21 with the qualified intellectual disabilities professional (QIDP) confirmed client #2's sandwich should have been chopped as it contained meat as his diet order indicates.	W 460			

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W 460	<p>Continued From page 18</p> <p>B. During observations in the home on 10/11/21 at 12:06pm, client #4 was observed eating lunch which consisted of chicken salad, potato chips, a snack pack of jello, water and "Tang" orange drink. During the observation, client #4 did not receive cranberry juice.</p> <p>Additional observations in the home on 10/11/21 at 5:58pm, client #4 was observed eating dinner which consisted of pork chop, brussels sprouts, mashed potatoes, a cornbread muffin, water, milk and sweet tea. Client #5's pork chop, brussels sprouts and mashed potatoes were served blended, and her cornbread muffin was served whole. During the observation, client #4 did not receive cranberry juice.</p> <p>Review on 10/11/21 of client #4's IPP dated 5/22/21 revealed a diet order consisting of blended, soft foods and 8 ounces of cranberry juice at breakfast to assist with decreasing UTI reoccurrences.</p> <p>Interview on 10/12/21 with the QIDP confirmed client #4's cornbread muffin should have been blended and she should have received cranberry juice at breakfast as her diet order indicates.</p> <p>C. During observations in the home on on 10/11/21 at 11:39am, client #1 was observed eating lunch which consisted of a meat, lettuce and tomato sandwich cut into four triangular shaped pieces.</p> <p>Additional observations in the home on 10/11/21 at 4:38pm revealed client #1 eating dinner which consisted of pork chop, potatoes, brussels sprouts, and a corn bread muffin.</p>	W 460			

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W 460	Continued From page 19 Review on 10/11/21 of client #1's IPP dated 7/23/21 revealed a diet order consisting of chopped meats, and no breads at breakfast or dinner. Interview on 10/12/21 with the QIDP confirmed client #1's sandwich should have ben chopped and she should not have received breads at dinner as her diet order indicates.	W 460			