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| E 039 | EP Testing Requirements<br>CFR(s): 483.475(d)(2)<br><br>§416.54(d)(2), §418.113(d)(2), §441.184(d)(2), §460.84(d)(2), §482.15(d)(2), §483.73(d)(2), §483.475(d)(2), §484.102(d)(2), §485.68(d)(2), §485.542(d)(2), §485.625(d)(2), §485.727(d)(2), §485.920(d)(2), §491.12(d)(2), §494.62(d)(2).<br><br>*[For ASCs at §416.54, CORFs at §485.68, REHs at §485.542, OPO, "Organizations" under §485.727, CMHCs at §485.920, RHCs/FQHCs at §491.12, and ESRD Facilities at §494.62]:<br><br>(2) Testing. The [facility] must conduct exercises to test the emergency plan annually. The [facility] must do all of the following:<br><br>(i) Participate in a full-scale exercise that is community-based every 2 years; or<br>(A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years; or<br>(B) If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the actual event.<br>(ii) Conduct an additional exercise at least every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following:<br>(A) A second full-scale exercise that is community-based or individual, facility-based functional exercise; or<br>(B) A mock disaster drill; or<br>(C) A tabletop exercise or workshop that is led by | E 039 | | |

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

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| E 039 | Continued From page 1<br>a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.<br>(iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed.<br><br>*[For Hospices at 418.113(d):]<br>(2) Testing for hospices that provide care in the patient's home. The hospice must conduct exercises to test the emergency plan at least annually. The hospice must do the following:<br>(i) Participate in a full-scale exercise that is community based every 2 years; or<br>(A) When a community based exercise is not accessible, conduct an individual facility based functional exercise every 2 years; or<br>(B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in its next required full scale community-based exercise or individual facility-based functional exercise following the onset of the emergency event.<br>(ii) Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following:<br>(A) A second full-scale exercise that is community-based or a facility based functional exercise; or<br>(B) A mock disaster drill; or<br>(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using | E 039 | | |

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| E 039 | Continued From page 2<br>a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.<br><br>(3) Testing for hospices that provide inpatient care directly. The hospice must conduct exercises to test the emergency plan twice per year. The hospice must do the following:<br>(i) Participate in an annual full-scale exercise that is community-based; or<br>(A) When a community-based exercise is not accessible, conduct an annual individual facility-based functional exercise; or<br>(B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospice is exempt from engaging in its next required full-scale community based or facility-based functional exercise following the onset of the emergency event.<br>(ii) Conduct an additional annual exercise that may include, but is not limited to the following:<br>(A) A second full-scale exercise that is community-based or a facility based functional exercise; or<br>(B) A mock disaster drill; or<br>(C) A tabletop exercise or workshop led by a facilitator that includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.<br>(iii) Analyze the hospice's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the hospice's emergency plan, as needed. | E 039 | | |

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| E 039 | Continued From page 3<br>*[For PRFTs at §441.184(d), Hospitals at §482.15(d), CAHs at §485.625(d):]<br>(2) Testing. The [PRTF, Hospital, CAH] must conduct exercises to test the emergency plan twice per year. The [PRTF, Hospital, CAH] must do the following:<br>(i) Participate in an annual full-scale exercise that is community-based; or<br>(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or<br>(B) If the [PRTF, Hospital, CAH] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required full-scale community based or individual, facility-based functional exercise following the onset of the emergency event.<br>(ii) Conduct an [additional] annual exercise or and that may include, but is not limited to the following:<br>(A) A second full-scale exercise that is community-based or individual, a facility-based functional exercise; or<br>(B) A mock disaster drill; or<br>(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.<br>(iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the [facility's] emergency plan, as needed.<br><br>*[For PACE at §460.84(d):] | E 039 | | |

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| E 039 | Continued From page 4<br>(2) Testing. The PACE organization must conduct exercises to test the emergency plan at least annually. The PACE organization must do the following:<br>(i) Participate in an annual full-scale exercise that is community-based; or<br>(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or<br>(B) If the PACE experiences an actual natural or man-made emergency that requires activation of the emergency plan, the PACE is exempt from engaging in its next required full-scale community based or individual, facility-based functional exercise following the onset of the emergency event.<br>(ii) Conduct an additional exercise every 2 years opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted that may include, but is not limited to the following:<br>(A) A second full-scale exercise that is community-based or individual, a facility based functional exercise; or<br>(B) A mock disaster drill; or<br>(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.<br>(iii) Analyze the PACE's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the PACE's emergency plan, as needed.<br><br>*[For LTC Facilities at §483.73(d):]<br>(2) The [LTC facility] must conduct exercises to | E 039 | | |

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| E 039 | Continued From page 5<br>test the emergency plan at least twice per year, including unannounced staff drills using the emergency procedures. The [LTC facility, ICF/IID] must do the following:<br>(i) Participate in an annual full-scale exercise that is community-based; or<br>(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise.<br>(B) If the [LTC facility] facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging its next required a full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event.<br>(ii) Conduct an additional annual exercise that may include, but is not limited to the following:<br>(A) A second full-scale exercise that is community-based or an individual, facility based functional exercise; or<br>(B) A mock disaster drill; or<br>(C) A tabletop exercise or workshop that is led by a facilitator includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.<br>(iii) Analyze the [LTC facility] facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [LTC facility] facility's emergency plan, as needed.<br><br>*[For ICF/IIDs at §483.475(d)]:<br>(2) Testing. The ICF/IID must conduct exercises to test the emergency plan at least twice per year. The ICF/IID must do the following:<br>(i) Participate in an annual full-scale exercise that | E 039 | | |

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| E 039 | Continued From page 6<br>is community-based; or<br>(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise; or.<br>(B) If the ICF/IID experiences an actual natural or man-made emergency that requires activation of the emergency plan, the ICF/IID is exempt from engaging in its next required full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event.<br>(ii) Conduct an additional annual exercise that may include, but is not limited to the following:<br>(A) A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or<br>(B) A mock disaster drill; or<br>(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.<br>(iii) Analyze the ICF/IID's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the ICF/IID's emergency plan, as needed.<br><br>*[For HHAs at §484.102]<br>(d)(2) Testing. The HHA must conduct exercises to test the emergency plan at least annually. The HHA must do the following:<br>(i) Participate in a full-scale exercise that is community-based; or<br>(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise every 2 years; or. | E 039 | | |

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| E 039 | Continued From page 7<br>(B) If the HHA experiences an actual natural or man-made emergency that requires activation of the emergency plan, the HHA is exempt from engaging in its next required full-scale community-based or individual, facility based functional exercise following the onset of the emergency event.<br>(ii) Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following:<br>(A) A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or<br>(B) A mock disaster drill; or<br>(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.<br>(iii) Analyze the HHA's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the HHA's emergency plan, as needed.<br><br>*[For OPOs at §486.360]<br>(d)(2) Testing. The OPO must conduct exercises to test the emergency plan. The OPO must do the following:<br>(i) Conduct a paper-based, tabletop exercise or workshop at least annually. A tabletop exercise is led by a facilitator and includes a group discussion, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared | E 039 | | |

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| E 039 | Continued From page 8<br>questions designed to challenge an emergency plan. If the OPO experiences an actual natural or man-made emergency that requires activation of the emergency plan, the OPO is exempt from engaging in its next required testing exercise following the onset of the emergency event.<br>(ii) Analyze the OPO's response to and maintain documentation of all tabletop exercises, and emergency events, and revise the [RNHCI's and OPO's] emergency plan, as needed.<br><br>*[ RNCHIs at §403.748]:<br>(d)(2) Testing. The RNHCI must conduct exercises to test the emergency plan. The RNHCI must do the following:<br>(i) Conduct a paper-based, tabletop exercise at least annually. A tabletop exercise is a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.<br>(ii) Analyze the RNHCI's response to and maintain documentation of all tabletop exercises, and emergency events, and revise the RNHCI's emergency plan, as needed.<br>This STANDARD is not met as evidenced by:<br>Based on document review and interviews, the facility failed to ensure a full scale evacuation, mock drill or an annual tabletop activity was conducted and included in the facility's Emergency Preparedness Plan (EP). The finding is:<br><br>Review on 2/6/23 of the facility's EP Plan revealed there was no annual tabletop conducted. Further review indicated there was no documentation about a tabletop conducted for 2021 or 2022. | E 039 | | |

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| E 039 | Continued From page 9<br><br>During an interview on 2/7/23 Area Supervisor (AS) confirmed the annual table top for the home was not conducted. | E 039 | | |
| W 217 | INDIVIDUAL PROGRAM PLAN<br>CFR(s): 483.440(c)(3)(v)<br><br>The comprehensive functional assessment must include nutritional status.<br>This STANDARD is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure 3 of 4 audit clients (#1, #4 and #6) nutritional assessments have been updated. The findings are:<br><br>A. Review on 2/6/23 of client #1's Individual Program Plan (IPP) dated 3/17/21 revealed he was admitted to the facility on 12/1/88. Further review indicated there was no Nutritional Evaluation for client #1 for the years 2021 or 2022.<br><br>B. Review on 2/6/23 of client #4's IPP dated 8/20/21 revealed he was admitted to the facility on 12/1/98. Further review indicated there was no Nutritional Evaluation for client #4 for the years 2021 or 2022.<br><br>C. Review on 2/6/23 of client #6's IPP dated 3/17/21 revealed he was admitted to the facility on 12/1/88. Further review indicated there was no Nutritional Evaluation for client #4 for the years 2021 or 2022.<br><br>During an interview on 2/7/23, the Qualified Intellectual Disabilities Professional (QIDP) stated he was not sure why clients' #1, #4 and #6 Nutritional Evaluations where not in their charts. | W 217 | | |

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| W 249 | PROGRAM IMPLEMENTATION<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 observations, record reviews and interviews, the facility failed to ensure 4 of 4 audit clients (#1, #2, #4 and #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 medication administration, personal care and adaptive dining equipment. The findings are:<br><br>A. During medication administration in the home on 2/6/23 at 4:20pm, Staff A spoon fed client #1 his medications. At no time was client #1 given the opportunity to participate in his own medication administration.<br><br>Review on client #1's Community/Home Life Assessment dated 3/16/22 stated he needs physical assistance with taking his medications.<br><br>B. During medication administration in the home on 2/6/23 at 4:31pm, Staff A spoon fed client #2 his medications. At no time was client #2 given the opportunity to participate in his own medication administration. | W 249 | | |

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| W 249 | Continued From page 11 | W 249 | | |

Review on client #2's Community/Home Life Assessment dated 8/28/21 revealed he takes his medications with verbal cues.

During an interview on 2/6/23, Staff A stated he spoon fed both clients #1 and #2 their medications for convenience sake. Further interview revealed "It's easier just to feed them" because if a pill falls on the floor, paperwork need to be filled out and a new pill would also need to be ordered.

During an interview on 2/6/23, the Qualified Intellectual Disabilities Professional (QIDP) stated both clients #1 and #2 should have been given the opportunity to fed themselves their medications.

C. During lunch and dinner observations in the home on 2/6/23, client #4's dycem mat was not used. At no time was client #4 given his dycem mat to use.

Review on 2/6/23 of client #4's IPP dated 8/20/21 revealed one of his adaptive equipment devices is a dycem mat, which he used during mealtimes.

During an interview on 2/7/23, the QIDP revealed client #4 used his dycem mat during all meals.

D. During observations during the survey on 2/6 - 7/2023 revealed client #6's fingernails were observed to be over the tip of his fingers. At no time was client #6 prompted or given assistance to file his fingernails.

Review on 2/7/23 of client #6's Community/Home Life Assessment dated 3/17/22 revealed he needs physical assistance to maintain the

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| W 249 | Continued From page 12<br>appropriate length of his fingernails.<br><br>During an interview on 2/7/23, the QIDP indicated client #6's fingernails are to be filed once a week, with physical assistance from staff. | 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>Based on observations, record review and interviews, the facility failed to ensure 3 of 4 audit clients (#1, #4 and #) data for their goals was documented. The findings are:<br><br>A. Review on 2/7/23 of client #1's goals: participate in his administration medications each morning, pack his bag for overnight visits, locate toothbrush, respond to fire alarm and participate in one community event, revealed data missing for the entire year of 2022 and the months of January and February 2023.<br><br>B. Review on 2/7/23 of client #4's goals: with verbal prompt will take out trash, once weekly, will participate in community outing of their choice, work on money management by requesting money, brush teeth with two verbal prompts, revealed data missing for the entire year of 2022 and the months of January and February 2023.<br><br>C. Review on 2/7/23 of client #6's goals: | W 252 | | |

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| | 34G061 | A. BUILDING _____ B. WING _____ | 02/07/2023 |

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| W 252 | Continued From page 13<br>purchase an item, verbal prompt to trim nail, with verbal prompt brush his teeth, with verbal prompt with administer his medications and participate in one community event one time per week, revealed data missing for the entire year of 2022 and the months of January and February 2023.<br><br>During an interview on 2/7/23, the Qualified Intellectual Disabilities Professional (QIDP) confirmed the data for clients' #1, #4 and #6 goals were missing. | W 252 | | |
| W 254 | PROGRAM DOCUMENTATION<br>CFR(s): 483.440(e)(2)<br><br>The facility must document significant events that contribute to an overall understanding of the client's ongoing level and quality of functioning. This STANDARD is not met as evidenced by:<br>Based on record review and interview the Qualified Professional (QP) failed to review the written training programs for 3 of 3 audit clients (#1, #4 and #6). The findings are:<br><br>A. Review on 2/7/23 of client #1's Individual Program Plan (IPP) dated 3/17/21 revealed the following formal objective programs: participate in his administration medications each morning, pack his bag for overnight visits, locate toothbrush, respond to fire alarm and participate in one community event.<br><br>Review on 2/7/23 of the program progress summaries for these programs revealed they had not been reviewed since Nonmember 2022 to determine if client #1 was making progress on his objectives.<br><br>B. Review on 2/7/23 of client #4's IPP dated | W 254 | | |

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| W 254 | Continued From page 14<br>8/20/21 revealed the following written formal training objectives: with verbal prompt will take out trash, once weekly, will participate in community outing of their choice, work on money management by requesting money, brush teeth with two verbal prompts.<br><br>Review on 2/7/23 of the program progress summaries for these programs revealed they had not been reviewed since Nonmember 2022 to determine if client #4 was making progress on his objectives.<br><br>C. Review on 2/7/23 of client #6's IPP dated 3/17/21 revealed the following written formal training objectives: purchase an item, verbal prompt to trim nail, with verbal prompt brush his teeth, with verbal prompt with administer his medications and participate in one community event one time per week.<br><br>Review on 2/7/23 of the program progress summaries for these programs revealed they had not been reviewed since Nonmember 2022 to determine if client #6 was making progress on his objectives.<br><br>During an interview on 2/7/23, the QIDP confirmed the goals for clients #3, #4 and #6 had not been reviewed since Nonmember 2022. | W 254 | | |
| W 259 | PROGRAM MONITORING & CHANGE<br>CFR(s): 483.440(f)(2)<br><br>At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed.<br>This STANDARD is not met as evidenced by: | W 259 | | |

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| W 259 | Continued From page 15<br>Based on record reviews and interviews, the facility failed to assure comprehensive functional assessments (CFA) were updated as needed. This affected 1 of 4 audit clients (#4). The finding is:<br><br>Review on 2/6/23 of client #4's CFA revealed it has not been updated since 8/20/21.<br>Further review of client #4's CFA revealed it has not been updated since 8/20/21.<br><br>During an interview on 2/7/23, the Area Supervisor (AS) stated Program Managers are to suppose to be checking charts to ensure information is being updated and is complete. | W 259 | | |
| W 260 | PROGRAM MONITORING & CHANGE<br>CFR(s): 483.440(f)(2)<br><br>At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section.<br>This STANDARD is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to update the Individual Program Plan (IPP) annually for 3 of 4 audit clients (#1, #4 and #6). The findings are:<br><br>A. Review on 2/6/23 of client #1's record revealed an IPP dated 3/17/21. Additional review of client #1's record revealed no updated IPP since 3/17/21.<br><br>B. Review on 2/6/23 of client #4's record revealed an IPP dated 8/20/21. Additional review of client #4's record revealed no updated IPP since 8/20/21.<br><br>C. Review on 2/6/23 of client #6's record | W 260 | | |

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| W 260 | Continued From page 16<br>revealed an IPP dated 3/17/21. Additional review of client #6's record revealed no updated IPP since 3/17/21.<br><br>During an interview on 2/7/23. th Area Supervisor (AS) stated clients' #1, #4 and #6 IPP's are to be updated once a year.<br><br>During an interview on 2/7/23, the Qualified Intellectual Disabilities Professional (QIDP) confirmed clients' #1, #4 and #6 IPP's are to be updated once a year. Further interview revealed the QIDP is the responsible person to ensure the IPPs are updated. | W 260 | | |
| W 263 | PROGRAM MONITORING & CHANGE<br>CFR(s): 483.440(f)(3)(ii)<br><br>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.<br>This STANDARD is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 2 of 4 audit clients (#1 and #6). The findings are:<br><br>A. Review on 2/6/23 of client #1's Behavior Support Guidelines consent dated 6/7/21 revealed it was last signed by his guardian on 12/22/19. Further review revealed there was not a current BSP consent signed by his guardian.<br><br>B. Review on 2/6/23 of client #6's Behavior Support Plan consent dated 11/1/19 revealed it was last signed by his guardian on 1/2/20. Further review revealed there was not a current BSP | W 263 | | |

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| W 263 | Continued From page 17<br>consent signed by his guardian.<br><br>During an interview on 2/7/23, the Area Supervisor (AS) revealed BSP consents are good for one year.<br><br>During an interview on 2/7/23, the Qualified Intellectual Disabilities Professional (QIDP) are to be signed once a year by cleints' #1 and #6 guardians. Further interview revealed the QIDP is the responsible person who sends out the BSP consents to the guardians. | W 263 | | |