

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

PRINTED: 10/30/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G303	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/20/2023
NAME OF PROVIDER OR SUPPLIER MONROE ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 7621 MONROE ROAD CHARLOTTE, NC 28212		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 195	<p>ACTIVE TREATMENT SERVICES CFR(s): 483.440</p> <p>The facility must ensure that specific active treatment services requirements are met.</p> <p>This CONDITION is not met as evidenced by: The team failed to: assure that each client received a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training and treatment directed towards the acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible (W196); assure the individual program plan included, 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. (W242); assure data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. (W252); assure the individual program plan was reviewed at least by the qualified intellectual disabilities professional (QIDP) and revised as necessary, including, but not limited to situations in which the clients are failing to progress toward identified objectives after reasonable efforts have been made. (W257); and assure at least annually, that the individual program plan was revised, as appropriate. (W260).</p> <p>The cumulative effect of these systemic practices</p>	W 195			

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 195	Continued From page 1	W 195			
W 196	<p>resulted in the team's failure to provide statutorily mandated active treatment services to its clients.</p> <p>ACTIVE TREATMENT CFR(s): 483.440(a)(1)</p> <p>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:</p> <p>(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and</p> <p>(ii) The prevention or deceleration of regression or loss of current optimal functional status.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interview, verified by review of record, the facility failed to assure that 6 of 6 clients in the group home (#1, #2, #3, #4, #5 and #6) received an aggressive and continuous active treatment program directed towards acquisition of skills identified in their person centered plans (PCPs). The findings are:</p> <p>A. Cross-reference W252. The facility failed to assure that data was collected and documented in sufficient frequency in the record to adequately assess client status towards the active treatment goals in the PCPs for 6 of 6 clients in the group home (#1, #2, #3, #4, #5 and #6).</p> <p>B. Cross-reference W257. The facility failed to assure that the qualified intellectual disabilities professional (QIDP) reviewed and revised training objectives included in their PCPs when necessary</p>	W 196			

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W 196	Continued From page 2 for 6 of 6 clients in the group home (#1, #2, #3, #4, #5 and #6). C. Cross-reference W242. The facility failed to develop objectives to meet the basic skill needs for inclusion in the PCPs for 4 of 6 clients in the group home (#2, #4, #5 and #6). D. Cross-reference W260. The facility failed to assure the PCPs for 2 of 6 clients (#4 and #5) in the group home were revised, updated and available on an annual basis as required.	W 196			
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: The facility failed to assure the person centered plans (PCPs) for 4 of 6 clients (#2, #4, #5 and #6) included training in personal skills essential for independence in toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming and communication of basic needs as evidenced by observations, interviews and record verification. The findings are: A. Review of client #4's most recent available PCP dated 8/10/22 revealed the client to currently have only 1 program to choose and participate in an activity. This is noted to be the client's only	W 242			

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W 242	<p>Continued From page 3</p> <p>active treatment training objective as the client's other 3 objectives are noted to be other service goals (OSGs) for communication skills, gum cleaning and exercise.</p> <p>Further review of client #4's PCP revealed a habilitation evaluation dated 9/20/23 which noted recommendations for the client to have training needs in bathroom use, meal preparation, working on safety skills and further development in the areas of self-help, independent living, and community living skills. The habilitation evaluation noted that self-help skills continues to be a priority.</p> <p>Continued review of the PCP also revealed an adaptive behavior inventory (ABI) dated 9/26/23 which noted the client has deficits in dressing, grooming, clothing care, meal preparation, housekeeping and personal independence such as picking up the mail. Observations of client #4 during the 10/19-20/23 survey revealed the client to spend her time during afternoon observations from 3:30 PM until 5:00 PM sitting on the couch in the living room with peers except for 5 minutes at 4:35 PM when staff assisted the client to the bathroom. Further observations revealed no objective training was observed during this time.</p> <p>Interviews to verify client programming were difficult as the facility QIDP, home manager and administrator are no longer employed or were unavailable. Interview with the acting QIDP by phone during the survey exit verified her review noted a lack of active treatment programming and program development to meet the client's needs.</p> <p>B. Review of client #5's most recent available PCP dated 8/5/22 revealed the client to currently</p>	W 242			

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W 242	<p>Continued From page 4</p> <p>have 3 objectives to follow a toileting schedule, deliver friendship trays and complete a social/leisure activity. Further review of the PCP revealed the client to also have 4 OSGs to maintain learned skills of oral care, signing bathroom, shampooing hair and exercise by walking.</p> <p>Continued review of the PCP revealed a habilitation evaluation dated 9/20/23 which noted recommendations for the client to have training needs in wearing shoes/slipper in the home, self medication administration skills, communication skills and participating in an activity. The habilitation evaluation again noted further development for the client was needed in self-help skills, communication, independent living, self-direction and community living skills.</p> <p>In addition, subsequent review of the PCP revealed an ABI dated 9/26/23 which noted client #5 has needs bathing self thoroughly, drying self and shampooing hair. The ABI also noted the client is not independent in recreation/leisure or housekeeping skills. Observations during the 10/19-20/23 survey, substantiated by review of the client's PCP, revealed the client to be non-verbal but have no training to increase communication skills.</p> <p>Interviews to verify client programming were difficult as the facility QIDP, home manager and administrator are no longer employed or were unavailable. Interview with the acting QIDP by phone during the survey exit verified her review noted a lack of active treatment programming and program development to meet the client's needs.</p> <p>C. Review of client #6's PCP dated 1/10/23</p>	W 242			

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W 242	<p>Continued From page 5</p> <p>revealed the client to currently have 3 goals to dry her body after showering, exercise and deliver friendship trays. Further review of the PCP revealed the client to also have 3 OSGs to maintain skills of washing hands, brushing teeth and communication.</p> <p>Continued review of the PCP revealed a habilitation evaluation dated 1/27/22 which noted recommendation for the client's next training to include grooming skills, bathroom use, dining skills, communication and participating in daily activities. Subsequent review of the PCP also revealed an ABI dated 9/26/23 which notes the client to have no independence in signaling the need to used the bathroom or washing her hands after toileting. The ABI also noted client #6 needs prompting at times while eating to slow down and shows no independence in meal preparation or housekeeping skills. Subsequent review of the PCP revealed the client does not make choices in daily activities or recreation/leisure items.</p> <p>Interviews to verify client programming were difficult as the facility QIDP, home manager and administrator are no longer employed or were unavailable. Interview with the acting QIDP by phone during the survey exit verified her review noted a lack of active treatment programming and program development to meet the client's needs.</p> <p>D. Review of client #2's PCP dated 10/02/23 revealed the client currently has 3 goals to select an outfit, exercise, and work on single digit addition. Further review of the PCP revealed the client to also have 2 OSGs to grab a toothbrush and apply lotion.</p>	W 242			

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W 242	Continued From page 6 Review of the PCP revealed an ABI dated 9/26/23 which notes the client to have no independence with flossing teeth. The ABI also noted client #2 has a need with no independence in emptying the garbage outside and sweeping. Interviews to verify client programming were difficult as the facility QIDP, home manager and administrator are no longer employed or were unavailable. Interview with the acting QIDP by phone during the survey exit verified her review noted a lack of active treatment programming and program development to meet the client's needs.			W 242			
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: The facility failed to assure data for the objective training included in the person centered plans (PCPs) for 6 of 6 clients in the home (#1, #2, #3, #4, #5 and #6) was documented adequately to determine accomplish of the objectives as evidenced by interview and record verification. The findings are: A. Interview with acting administrative staff revealed client #4's current PCP had reportedly occurred 8/25/23, however the PCP was unavailable for review. Review of client #4's most recent available PCP dated 8/10/22 revealed the client to have one objective to choose and			W 252			

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W 252	<p>Continued From page 7</p> <p>participate in an activity and 3 other service goals (OSGs) for communication skills, exercise and clean her gums. Review of the cleaning her gums OSG revealed data should be taken daily. Review of the client's only objective and other OSGs revealed data for each should be taken weekly.</p> <p>Review of program data for the past 6 months for client #4's only objective and OSGs revealed either no data or not enough data was documented for each of her programs for the past 6 months except for 9/23 where her communication skills OSG had the prescribed amount of data. The facility failed to assure data was taken as prescribed to measure accomplishment of the objectives as part of a continuous active treatment program.</p> <p>B. Interview with acting administrative staff revealed client #5's current PCP had reportedly occurred 9/8/23, however the PCP was unavailable for review. Review of client #5's most recent available PCP dated 8/5/22 revealed the client to have 3 objectives to toilet on a schedule, deliver friendship trays and participate in a social/leisure task. Further review also revealed the client to have 4 OSGs for oral care, sign bathroom, shampoo hair and walk. Review of the client's toileting schedule program and OSG program for oral care revealed program data should be taken on a daily basis. Further review of the client's other programs and OSGs revealed all of the others only required weekly data collection.</p> <p>Review of program data for the past 6 months for client #5 revealed data for the 2 programs requiring daily documentation (toileting schedule</p>	W 252			

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W 252	<p>Continued From page 8</p> <p>and OSG-oral care) were not documented at all or with limited data for the past 6 months. Further review of data for client #5's other programs and other OSGs revealed no data for any program was taken during 8/23, 7/23 or 6/23. The facility failed to assure data was taken as prescribed to measure accomplishment of the objectives as part of a continuous active treatment program.</p> <p>C. Review of client #6's PCP dated 1/10/23 revealed the client to have 3 objectives to dry her body after showering, deliver friendship trays and exercise. Further review of the PCP revealed the client to have 3 OSGs for washing hands, toothbrushing and communication. Continued review of the client's programming revealed client #6's drying body program and OSGs for washing hands and toothbrushing required daily data documentation while the client's objective for delivering friendship trays and exercise along with the OSG for communication only required documentation to be taken weekly.</p> <p>Review of program data for the past 6 months revealed data was not taken or was not taken with sufficient frequency for the 3 programs that require daily documentation (drying body, OSG-washing hands, OSG-brushing teeth). Further review of program data for the other objectives (delivering trays, exercising and OSG-communication) revealed no data was taken during the months of 8/23, 7/23 or 6/23. The facility failed to assure data was taken as prescribed to measure accomplishment of the objectives as part of a continuous active treatment program.</p> <p>D. Review of client #1's PCP dated 4/8/23</p>	W 252			

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W 252	<p>Continued From page 9</p> <p>revealed the client had 4 objectives to choose an activity, reach for the tissue holder and then tear, annunciate the first word from a list, and will stop at the door. Continued review of the client's programming revealed client #1's reach for tissue holder and tear, grab her toothbrush, and stop the door required daily data documentation while the client's objective for choose an activity and annunciate the first word, only required documentation to be taken weekly.</p> <p>Review of program data for the past 6 months revealed data was not taken with sufficient frequency as written for the 4 programs (reach for the tissue holder and tear, grab her toothbrush, annunciate the first word from a list, and stop the door) during the months of 10/23, 9/23, and 5/23. Further review of program data for the objectives (choose an activity, reach for the tissue holder and tear, grab her toothbrush, annunciate the first word from a list, and stop the door) revealed no data was taken during the months of 8/23, 7/23 or 6/23. The facility failed to assure data was taken as prescribed to measure accomplishment of the objectives as part of a continuous active treatment program.</p> <p>E. Review of client #2's PCP dated 10/02/23 revealed the client had 3 objectives to work on single digit addition, select an outfit, and exercise. Further review of the PCP revealed the client had 2 OSGs for grab a toothbrush and applying lotion. Continued review of the client's programming revealed client #2's OSGs for grab a toothbrush and applying lotion required daily data documentation while the client's objective for work on single digit addition, select an outfit, and exercise along with the OSG for communication only required documentation to be taken weekly.</p>	W 252			

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W 252	<p>Continued From page 10</p> <p>Review of program data for the past 6 months revealed data was not taken or was not taken with sufficient frequency for the 2 programs that require daily documentation (OSGs grab a toothbrush and applying lotion). Further review of program data for the other objectives (work on single digit addition, select an outfit, and exercise) revealed no data was taken during the months of 8/23, 7/23, 6/23, and 5/23. The facility failed to assure data was taken as prescribed to measure accomplishment of the objectives as part of a continuous active treatment program.</p> <p>F. Review of client #3's PCP dated 6/13/23 revealed the client to have 6 objectives to place elbow over mouth, picks up utensil to eat, stop in front of door, exercise 5 minutes, point to the letter staff say, vocalizes in 10 seconds, and 1 OSG to brush her teeth. Continued review of the client's programming revealed client #6's pick up utensil to eat and stop in front of door required daily data documentation while the client's objective for place elbow over mouth, exercise 5 minutes, point to the letter staff say, vocalizes in 10 seconds, and OSG brush her teeth only required documentation to be taken weekly.</p> <p>Review of program data for the past 6 months revealed data was not taken or was not taken with sufficient frequency for the 2 programs that require daily documentation (picks up utensil to eat and stop in front of the door) for months 10/23, 9/23, and 5/23. Further review of program data for the other objectives (place elbow over mouth, exercise 5 minutes, point to letter staff say, vocalizes 10 second, and OSG-toothbrush) revealed no data was taken during the months of 8/23, 7/23 or 6/23. The facility failed to assure</p>	W 252			

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W 252	Continued From page 11 data was taken as prescribed to measure accomplishment of the objectives as part of a continuous active treatment program.	W 252			
W 257	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(iii) The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made. This STANDARD is not met as evidenced by: The facility failed to assure objectives contained in the person centered plans (PCPs) for 6 of 6 clients in the group home (#1, #2, #3, #4, #5 and #6) were reviewed and revised by the qualified intellectual disabilities professional (QIDP) when necessary including when the clients are failing to make progress on the objectives as evidenced by interview and record verification. The findings are: A. For client #4, review of the client's most recent available PCP dated 8/10/22 revealed the client to have only one objective which is trained weekly to choose and participate in an activity and 3 other service goals (OSGs) for communication and exercise trained weekly and clean gums which is to be trained daily. Review of program data for the past 6 months revealed limited or no data to be taken on the client's programs. Further review of the client's PCP revealed the client's last QIDP note was dated 7/5/23. However, the program review section did not contain any program changes or training even though no data was taken on any of the client's	W 257			

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G303	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/20/2023
NAME OF PROVIDER OR SUPPLIER MONROE ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 7621 MONROE ROAD CHARLOTTE, NC 28212		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 257	<p>Continued From page 12</p> <p>programs for 7/23, 6/23 or 5/23. Interviews to verify client programming were difficult as the facility QIDP, home manager and administrator are no longer employed or were unavailable. Interview with the acting QIDP by phone during the survey exit verified her review noted a lack of active treatment programming, documentation and program review and revisions.</p> <p>B. For client #5, review of the client's most recent available PCP dated 8/5/22 revealed the client to have 3 objectives to toilet on a schedule which is to be trained daily and deliver friendship trays and complete a social/leisure activity trained weekly. Further review of the PCP revealed the client to also have 4 OSGs to complete oral care trained daily and sign bathroom, shampoo hair and participate in walking all completed weekly.</p> <p>Continued review of the client's PCP revealed the client's last QIDP notes were dated 3/10/23 and 7/12/23. However, the program review section did not contain any program changes or noted training even though issues with taking data or accurate data was noted for each of the client's programs for each months review by the facility habilitation specialist. Interviews to verify client programming were difficult as the facility QIDP, home manager and administrator are no longer employed or were unavailable. Interview with the acting QIDP by phone during the survey exit verified her review noted a lack of active treatment programming, documentation and program review and revisions.</p> <p>C. For client #6, review of the client's PCP dated 1/10/23 revealed to have 3 objectives to dry her body after showering trained daily and programs to deliver friendship trays and exercise which are</p>	W 257			

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W 257	<p>Continued From page 13</p> <p>trained weekly. Further review of the PCP revealed the client to also have 3 OSGs to daily wash hands and brush teeth and communication trained weekly.</p> <p>Continued review of the client's PCP revealed the client's last QIDP note to be dated 1/5/22. No QIDP reviews were completed to review or revise the client's programs in over 1 1/2 years. Interviews to verify client programming were difficult as the facility QIDP, home manager and administrator are no longer employed or were unavailable. Interview with the acting QIDP by phone during the survey exit verified her review noted a lack of active treatment programming, documentation and program review and revisions.</p> <p>D. For client #1, review of the client's PCP dated 4/8/23 revealed 4 objectives to choose an activity, reach for the tissue holder and then tear, announce the first word from a list, and will stop at the door. Continued review of the client's programming revealed client #1's reach for tissue holder and tear, grab her toothbrush, and stop the door required daily data documentation while the client's objective for choose an activity and announce the first word, only required documentation to be taken weekly.</p> <p>Continued review of the client's PCP revealed QIDP reviews were not completed for the past 6 months to review or revise the client's programs. Interviews to verify client programming were difficult as the facility QIDP, home manager and administrator are no longer employed or were unavailable. Interview with the acting QIDP by phone during the survey exit verified her review noted a lack of active treatment programming,</p>	W 257			

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W 257	<p>Continued From page 14 documentation and program review and revisions.</p> <p>E. For client #2, review of the client's PCP dated 10/02/23 revealed 3 objectives to work on single digit addition, select an outfit, and exercise. Further review of the PCP revealed the client had 2 OSGs for grab a toothbrush and applying lotion. Continued review of the client's programming revealed client #2's OSGs for grab a toothbrush and applying lotion required daily data documentation while the client's objective for work on single digit addition, select an outfit, and exercise along with the OSG for communication only required documentation to be taken weekly.</p> <p>Continued review of the client's PCP revealed QIDP reviews were not completed for the past 6 months to review or revise the client's programs. Interviews to verify client programming were difficult as the facility QIDP, home manager and administrator are no longer employed or were unavailable. Interview with the acting QIDP by phone during the survey exit verified her review noted a lack of active treatment programming, documentation and program review and revisions.</p> <p>F. For client #3, review of the client's PCP dated 6/13/23 revealed the client to have 6 objectives to place elbow over mouth, picks up utensil to eat, stop in front of door, exercise 5 minutes, point to the letter staff say, vocalizes in 10 seconds, and 1 OSG to brush her teeth. Continued review of the client's programming revealed client #6's pick up utensil to eat and stop in front of door required daily data documentation while the client's objective for place elbow over mouth, exercise 5 minutes, point to the letter staff say, vocalizes in</p>	W 257			

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W 257	Continued From page 15 10 seconds, and OSG brush her teeth only required documentation to be taken weekly. Continued review of the client's PCP revealed QIDP reviews were not completed for the past 6 months to review or revise the client's programs. Interviews to verify client programming were difficult as the facility QIDP, home manager and administrator are no longer employed or were unavailable. Interview with the acting QIDP by phone during the survey exit verified her review noted a lack of active treatment programming, documentation and program review and revisions.	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: The facility failed to assure the person centered plans (PCPs) for 2 of 6 clients (#4 and #5) in the group home were revised, updated and available as required as evidenced by interview and record verification. The finding is: Review of available PCPs on 10/19/23 revealed client #4's and client #5's PCPs to be dated 8/10/22 and 8/5/22, respectively. Interview with available administrative staff revealed the facility qualified intellectual disabilities professional (QIDP) recently left her job and apparently a more updated PCP for each client is inaccessible on her old computer. Further interview revealed the team has not had access to these PCPs which details the most	W 260			

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W 260	Continued From page 16 updated information and plans for the clients for the coming year.	W 260			