| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34G108 | A. BUILDING _____ B. WING _____ | 02/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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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 each client received a continuous active treatment program consisting of needed interventions and services as identified in the person-centered plan (PCP) in the areas of training objective implementation and behavior support plan (BSP) implementation. This affected 4 of 4 audit clients (#1, #2, #3 and #4). The findings are:<br><br>A. The facility failed to implement the BSP for client #4. For example:<br><br>During observations in the home throughout the survey on 2/26/24 - 2/27/24, client #4 was observed to make loud vocal sounds to sustained yelling. During the observations, staff were observed to ask client #4 "what's wrong" or "what do you want". Continued observations in the dining room revealed another client to get upset the moment client #4 came in. Further observations revealed another client to begin cursing, yelling, attempting to get out of his chair, then to spit on staff. Subsequent observations revealed client #4's volume to increase and | W 249 | | |

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 249 | Continued From page 1 | W 249 | | |

intensify while other clients in the area became agitated, stating "tell her to shut", etc. At no time during observations was client #4 taken to another area away from others until she calmed down.

Review on 2/27/24 of client #4's record revealed a BSP dated 1/1/24 with an identified target behavior listed as disruptive behavior. Continued review of the BSP revealed interventions for disruptive behavior to include if the client is yelling or screaming and is in no physical discomfort, staff should ignore this behavior, (do not give her eye contact or talk to her). If she continues to yell and scream, staff may take her to another area away from others until she is calm (no longer hollering or screaming for 2 minutes). Redirect to task or activity once she is amenable to such. Further review of client #4's record revealed the client should only be moved to a different area in response to sustained tantrum behaviors and may not be moved to other areas for the sake of staff convenience.

Interview on 2/27/24 with the qualified intellectual disabilities professional (QIDP) confirmed staff should have followed the interventions in client #4's BSP.

B. The facility failed to ensure a continuous active treatment program in the areas of leisure and opportunities for choices for client #1. For example:

During observations throughout the survey on 2/26/24 from 4:15 PM until 6:00 PM and on 2/27/24 from 6:30 AM until 9:00 AM, client #1 was observed to sit in his wheelchair in the living room unengaged. At no point during the observations

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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|---|---|---|---|---|
| W 249 | Continued From page 2 | W 249 | | |

was client #1 prompted to do anything other than be accompanied to the bathroom and eat dinner meal on 2/26/24. On 2/27/24 client was observed to sit in his room asleep until 8:50 AM when he exited to participate in the breakfast meal.

Review on 2/27/24 of client #1's record revealed a PCP dated 1/6/24. Continued review revealed training objectives in the areas of engaging in a leisure activity, brush teeth and dry hands.

Interview on 2/27/24 with the QIDP confirmed that client #1's goal are current and staff should engage him in training objectives as written.

C. The facility failed to ensure a continuous active treatment program in the areas of leisure and opportunities for choices for client #2. For example:

During observations throughout the survey on 2/26/24 from 4:15 PM until 6:00 PM and on 2/27/24 from 6:30 AM until 9:00 AM, client #2 was observed to sit in his wheelchair in the living room unengaged. At no point during the observations was client #2 prompted to do anything other than participate in dinner meal on 2/26/24. On 2/27/24 client was observed in his room, to participate in the breakfast meal at 8:15 AM then returned to his room.

Review on 2/27/24 of client #2's record revealed a PCP dated 4/4/23. Continued review revealed training objectives in the areas of engaging in a leisure activity, brush teeth, dry hands, identify the value of money and remain on task.

Interview on 2/27/24 with the QIDP confirmed that client #2's goal are current and staff should

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34G108 | A. BUILDING _____ B. WING _____ | 02/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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|---|---|---|---|---|
| W 249 | Continued From page 3<br>engage him in training objectives as written.<br><br>D. The facility failed to ensure a continuous active treatment program in the areas of leisure and opportunities for choices for client #3. For example:<br><br>During observations throughout the survey on 2/26/24 from 4:15 PM until 6:00 PM and on 2/27/24 from 6:30 AM until 9:00 AM, client #3 was observed to spend most of the time in his room asleep. At no point during the observations was client #3 prompted to do anything other than be accompanied to the bathroom and eat the dinner meal on 2/26/24. On 2/27/24 client #3 was observed in his room asleep until 8:30AM, to participate in the breakfast meal, then returned to his room.<br><br>Review on 2/27/24 of client #3's record revealed a PCP dated 6/23/23. Continued review revealed training objectives in the areas of rate of eating, put on a shirt, and engage in a leisure activity.<br><br>Interview on 2/27/24 with the QIDP confirmed that client #3's training objectives are current and staff should engage him in training objectives as written. | W 249 | | |
| W 382 | DRUG STORAGE AND RECORDKEEPING<br>CFR(s): 483.460(l)(2)<br><br>The facility must keep all drugs and biologicals locked except when being prepared for administration.<br>This STANDARD is not met as evidenced by:<br>Based on observations and interview, the facility failed to ensure all medications and biologicals remained locked except when being prepared for | W 382 | | |

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|---|---|---|---|---|
| W 382 | Continued From page 4<br>administration. The finding is:<br><br>During a medication administration observation on 2/27/24 between 7:45 am- 8:20 am revealed the medication technician walked out of the medication office twice to return each client to the day room for the next med pass, leaving both the medication blister packs on the counter and the medication room door opened and unattended.<br><br>Interview on 02/27/24 with the facility RN confirmed staff should not leave the med room with medications unlocked and unattended at no time during medication administration. | W 382 | | |
| W 436 | SPACE AND EQUIPMENT<br>CFR(s): 483.470(g)(2)<br><br>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by:<br>Based on observations, record review and interview, the facility failed to assure that adaptive equipment was furnished as prescribed for 1 of 3 sampled clients (#1). The finding is:<br><br>Afternoon observations in the facility on 2/27/24 at 6:10 PM revealed client #1 to participate in the dinner meal. The meal consisted of salmon patties, mashed potatoes, broccoli, juice and water. Continued observations revealed client #1's food to be pureed. Further observations revealed staff to feed client #1 utilizing a shirt protector, regular spoon, plate and two regular cups. Further observations revealed client #1 to | W 436 | | |

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|---|---|---|---|---|
| W 436 | Continued From page 5<br>consume the entire dinner meal. At no point during the observation did staff provide client #1 with built up utensils, plate guard, dycem mat and provide hand over hand assistance during the dinner meal.<br><br>Morning observations in the facility on 2/28/24 at 8:55 AM revealed client #1 to participate in the breakfast meal. The meal consisted of cheese grits, blueberry muffin, milk, juice and water. Continued observations revealed client #1's food to be pureed. Further observations revealed staff to feed client #1 utilizing a regular spoon, plate and two regular cups. Further observations revealed client #1 to consume the entire breakfast meal. At no point during the observation did staff provide client #1 with built up utensils, plate guard, dycem mat and provide hand over hand assistance during the breakfast meal.<br><br>Review of the record on 2/28/24 for client #1 revealed an occupational assessment (OT) dated 1/25/23 which indicated that client #1 should have the following adaptive equipment during mealtimes: plate guard, dycen mat and white built up utensils to provide larger surface for improved grip and manipulation.<br><br>Interview with the qualified intellectual disabilities professional (QIDP) on 2/28/24 revealed client #1 eats well with hand over hand staff assistance. Continued interview with the QIDP revealed that client #1 should have the appropriate adaptive equipment to assist with mealtime independence. Further interview with the QIDP revealed that staff have been trained to utilize adaptive equipment for client #1 during mealtimes. | W 436 | | |
| W 448 | EVACUATION DRILLS | W 448 | | |

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| W 448 | Continued From page 6<br>CFR(s): 483.470(i)(2)(iv)<br><br>The facility must investigate all problems with evacuation drills, including accidents.<br>This STANDARD is not met as evidenced by:<br>Based on record review and interview, the facility failed to investigate all problems with evacuation drills specific to the duration of evacuations and the accurate completion of fire drill reports.The finding is:<br><br>Review of the facility fire drill reports on 2/26/24 revealed 12 fire drills were conducted from 2/16/23 - 1/10/24. Continued review of the fire drill reports revealed 10 of 12 evacuation duration times to exceed three minutes and 2 of 12 evacuation duration times to be incomplete.<br><br>Interview with the qualified intellectual disabilities professional (QIDP) on 2/27/24 verified facility policy indicates evacuation duration times should not exceed three minutes and a plan of action should be in place. | W 448 | | |
| W 454 | INFECTION CONTROL<br>CFR(s): 483.470(l)(1)<br><br>The facility must provide a sanitary environment to avoid sources and transmission of infections.<br><br>This STANDARD is not met as evidenced by:<br>Based on observations, policy review and interview, the facility failed to ensure proper infection control procedures were followed in order to promote client health/safety and prevent possible cross-contamination. This affected all clients residing in the home. The finding is: | W 454 | | |

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| W 454 | Continued From page 7<br>Precautions were not taken to promote client/staff health/safety and prevent possible cross-contamination.<br><br>During a medication administration observation on 2/27/24 between 7:45AM- 8:20AM revealed the medication technician (med tech) did not sanitize the med room counter prior to each client entering the med room for medication administration. Further observation revealed the med tech did not wash her hands or prompt/assist the clients with hand washing prior to receiving medications.<br><br>Interview on 02/27/24 with the facility RN confirmed staff should have sanitized the countertop, ensured her hands and the clients' hands were washed prior to passing medications. | W 454 | | |