STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G312	A. BUILDING ______ B. WING ______	12/19/2023

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E 015	Subsistence Needs for Staff and Patients CFR(s): 483.475(b)(1) §403.748(b)(1), §418.113(b)(6)(iii), §441.184(b)(1), §460.84(b)(1), §482.15(b)(1), §483.73(b)(1), §483.475(b)(1), §485.542(b)(1), §485.625(b)(1) [(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following: (1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following: (i) Food, water, medical and pharmaceutical supplies (ii) Alternate sources of energy to maintain the following: (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (B) Emergency lighting. (C) Fire detection, extinguishing, and alarm systems. (D) Sewage and waste disposal. *[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures. (6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following: (iii) The provision of subsistence needs for	E 015		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Prince Johnson	CEO	12-27-23

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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E 015	Continued From page 1 hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following: (A) Food, water, medical, and pharmaceutical supplies. (B) Alternate sources of energy to maintain the following: (1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (2) Emergency lighting. (3) Fire detection, extinguishing, and alarm systems. (C) Sewage and waste disposal. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure the provision of subsistence needs for clients and staff, regardless of whether they evacuate or shelter in place, including but not limited to, food and water, as required by Emergency Preparedness Plan (EPP) regulations. The finding is: Observations on 12/18/23 included the group home's designated pantry area containing the EPP subsistence supplies revealed the following: 6 14-oz cans of prepared pasta, 4 small cans of Vienna sausage, 2 14-oz cans of peas and 8 gallons of water. Other cans of fruit and vegetables were observed to be expired. Continued observations revealed that there were no dry goods nor paper products present which were designated for emergency use. Interview with the clinical supervisor on 12/19/23 confirmed that the emergency provisions present in the home were insufficient to meet the subsistence needs of clients and staff in the event	E 015	E 015 The IDT team will monitor and ensure that the facility is in compliance with the emergency food is stocked to the needs of the clients and staff in the event of an emergency. PC/ QP will ensure the emergency food is restocked every 6mos moving forward. To be completed by January 19, 2024.	

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E 015	Continued From page 2 of an emergency.	E 015		
W 137	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(12) The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure that the rights of 1 of 6 clients (#2) to retain and use his personal possessions was protected. The finding is: Observations in the group home on 12/19/23 revealed staff A to use an Ipad device for watching a non-client related video and for recording medication administration data to the facility's record keeping system. Continued observation revealed that the Ipad device cover had client #2's name printed on it and that client #2 was not offered the use of the device during any of the observation period on 12/18/23 or 12/19/23. Review of records on 12/19/23 for client #2 revealed a person-centered plan dated 3/22/23 which indicates that client #2 has an Ipad device which is a preferred item for him to use during unstructured leisure time. Interview with staff A on 12/19/23 confirmed that the Ipad device used by staff belongs to client #2 and that staff used it to record various data for all clients. Interview with the clinical supervisor (CS) on	W 137	W 137 The IDT team will monitor and ensure that that client # 2 have the right and used of their personal possessions. PC / QIDP will in-service staff on not using the client's personal possession for their own use. Staff will offer client # 2 their personal I pad device during unstructured leisure time. The PC/ QIDP will observe client # 2 being offered to used his personal possession during unstructured leisure time weekly. To be completed by January 19, 2024	

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W 137	Continued From page 3 12/19/23 confirmed that staff have agency-owned devices which are issued for the purpose of recording all necessary data. Further interview with the CS revealed staff should not use clients' personal property for any purpose.	W 137		
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 observations, record review and interviews, the facility failed to ensure that 6 of 6 clients were given opportunities for choice and self-management with respect to family-style dining. The finding are: Observations in the group home during the dinner meal on 12/18/23 and the breakfast meal on 12/19/23 revealed the staff to prepare all food, place servings of food on plates in the kitchen, and place each plate on the dining room table before clients entered the room. Continued observation revealed that no food was passed around the table and that clients were not offered the opportunity to serve their own food nor choices with respect to food preferences, condiments or second helpings, except the choice between an apple or an orange at the end of dinner. Further observation revealed all clients appear capable of serving themselves and passing dishes. Record review revealed current person-centered plans (PCPs) and clinical assessments for each client. Continued record review revealed all clients to have at least some level of	W 247	W 247 QIDP and Program Coordinator will in- service staff client choice and self- management. QIDP and PC will ensure that staff understand the importance of family- style dining by giving the clients opportunities and choices to serve their own food. The PC will observe family style dining weekly. QIDP will monitor progress, at least monthly. To be completed January 19, 2024.	

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W 247	Continued From page 4 independence during self-care, home management and mealtime activities. Interview with the clinical supervisor on 12/19/23 confirmed that staff are trained to serve meals family style meaning that food should be placed in bowls and passed around the table, with clients serving themselves with staff assistance only as required.	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. This STANDARD is not met as evidenced by: The facility failed to ensure that client #5 received a continuous active treatment plan relative to activities of daily living, specifically medication administration. For example: Morning observations in the group home on 12/19/23 revealed client #5 to be sitting in the living room while staff A was in the medication room preparing client #5's medications. Continued observations revealed staff A to call for client #5 to come to the medication room and client #5 to comply. Further observation revealed staff A to present client #5 with a small plastic cup containing liquid, which client #5 drank, and a	W 249		

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W 249	Continued From page 5 small paper cup containing pills which client #5 swallowed with water poured previously by staff A. At no time during this interaction did staff A have any conversation with client #5 about the medications being administered. Record review on 12/19/23 revealed a Person-Centered Plan (PCP) dated 1/25/23 for client #5 which contains goals to maintain an appropriate distance when engaging with others; participate in physical activities; engage and interact with peers daily; identify signs, community landmarks, unsafe situations or surroundings; maintain personal space by dusting, vacuuming, making bed, and self care; obtain part-time employment; call his mom and sister weekly and visit with family as scheduled; identify bills, coins and make purchases in a store with staff supervision; attend the day program; and go on outings of choice in the community. Further review of the PCP revealed client #5 reads at a kindergarten level and responds well to staff prompts to complete medication administration. Interview with the clinical supervisor on 12/19/23 revealed client #5's PCP is current and that he is capable of participating in medication administration and should have been given an opportunity to complete the associated tasks with staff assistance as needed.	W 249	W 249 The IDT will in- service staff in the area of program implementation. The training objective will be to ensure that staff is providing client #5 with the training and services consistent with the PCP which states that client will participating in medication administration. PC/QP will observe program implementation weekly. To be completed by January 19, 2024	
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by:	W 369		

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W 369	Continued From page 6 Based on observation, record review and interview, the facility failed to ensure that all drugs, including those that are self-administered, were administered without error for 1 of 6 clients (#3). The finding is: Observation in the group home on 12/19/23 at 6:30 AM revealed client #3 to enter the medication room for medication administration. Continued observation revealed client #3 to receive the following six medications: Albuterol 90 mcg, - 2 puffs, DOK 100 mcg - 1 tablet, Finasteride 5 mg - 1 tablet, Omeprazole 20 mg - 1 capsule, Potassium ER 20 meq - 1 tablet, and Vitamin D3 2000 U/50 mcg - 1 tablet. Review of client #3's record on 12/19/23 revealed physician orders which indicated client #3's morning medications to include DOK 100 mcg - 1 tablet, Omeprazole 20 mg - 1 capsule, Potassium ER 20 meq - 1 tablet, Vitamin D3 2000 U/50 cg - 1 tablet, Furosemide 20 mg - 1 tab, and Budesonide FORM 80 4.5 Aero - 2 puffs. Interview with the registered nurse (RN) on 12/19/23 verified client #3's physician orders to be current. Continued interview with the RN confirmed that client #3 should have received Furosemide and Budesonide and should not have received Albuterol and Finasteride, which resulted in medication errors.	W 369	W 369 IDT will in-service staff on medication administration for client #3. Staff will be in-service on the 6 rights of medication and to ensure all medication are administered in the compliance with the physician order. PC/ QIDP will observe weekly to ensure staff id following the 6 rights of medication administration. To be completed by January 19, 2024.	
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by:	W 382		

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W 382	Continued From page 7 Based on observations, record review and interviews, the facility failed to ensure all medications and biologicals remained locked except when being prepared for administration. The finding is: Evening observations in the home on 12/18/23 at 4:45 PM revealed a clear plastic bag containing 3 punch card type medication packages on a desk of the unlocked, opened door, staff office. Continued observation revealed that one punch card contained 28 tablets of Aspirin Low 81 mg , one punch card contained 84 capsules of Terazosin 2 mg with and one punch card contained 54 capsules of Tamulosin .4 mg. Interview on 12/18/23 with staff B revealed that she did not know the medications were in the unlocked office. Further interview with staff B revealed she did not know how long the medication had been on the desk. Interview on 12/19/23 with the registered nurse (RN) revealed that all medications should be locked in the closet inside the medication room until staff prepare them for administration. Further interview with the RN revealed that staff have been trained to not leave medications unlocked outside of that time.	W 382	W 382 The IDT will in- service staff on drug storage and record keeping. The purpose of the training will be to educate staff and ensure they aware that all drugs and biologicals must be kept locked except when being prepared for administration. PC/ QIDP will observe program implementation weekly. To be completed by January 19, 2024	
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure evacuation drills were held at least quarterly for each shift of personnel. The finding is:	W 440		

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W 440	Continued From page 8 A review of the facility fire drill reports on 12/18/23 revealed that between 12/17/22 and 12/14/23, the facility conducted 9 fire drills. Further review of drills revealed the only third shift drills were conducted on 1/11/23 and 2/3/23. Interview with the clinical superevisor on 12/19/23 confirmed fire drills should have been conducted at least quarterly for each shift of personnel.	W 440	W 440 The Ravendale group home will show evidence that quarterly fire drill is conducted for each shift quarterly. The Program Coordinator will ensure that drills are being held least quarterly for each shift. The PC/ QIDP will in-service staff on the guidelines pertaining to fire drills and adhering to the schedule.	
W 474	MEAL SERVICES CFR(s): 483.480(b)(2)(iii) Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to serve food in a form consistent with the developmental levels and prescribed diets of 2 of 6 clients (#1 and #2). The findings are: A. The facility failed to ensure the prescribed food consistency for client #1. For example: Observations in the group home on 12/19/23 at 7:19 AM revealed the breakfast meal to be toasted whole wheat English muffins, turkey bacon, scrambled eggs, coffee, water and a fruit flavored drink. Continued observations revealed staff to serve the toasted muffin and turkey bacon cut into pieces approximately ½" - 1" in size to client #1, and client #1 to consume the food as presented. Record review on 12/19/23 revealed a person-centered plan (PCP) for client #1 dated 8/12/23. Continued review of the record revealed	W 474	PC/ QIDP will review monthly / quarterly reports to ensure drills are completed each shift within the quarter. To be completed by Qualified professional and Program Coordinator January 19, 2024.	

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W 474	Continued From page 9 the pcp revealed the client is currently prescribed an 1800 calorie with low cholesterol and mechanical soft consistency diet. Further record review revealed the PCP to state, "all meats are chopped into manageable pieces and moistened with some type of liquid (broth/gravy)." Interview with the Clinical Supervisor (CS) confirmed that client #1's diet order is current. Further interview with the CS revealed staff should have assisted client #1 to prepare his food to a proper mechanical soft consistency. B. The facility failed to ensure the prescribed diet for client #3. For example: Observations in the group home on 12/19/23 at 7:19 AM revealed the breakfast meal to be toasted whole wheat English muffins, turkey bacon, scrambled eggs, coffee, water and a fruit flavored drink. Continued observations revealed staff to serve the toasted muffin and turkey bacon cut into pieces approximately ½" - 1" in size to client #2, and client #2 to consume the food as presented. Record review on 12/19/23 revealed a person-centered plan (PCP) for client #1 dated 3/22/23. Continued review of the PCP revealed the client is currently prescribed a 1800 calorie diet with mechanical soft consistency. Interview with the Clinical Supervisor (CS) on 12/19/23 confirmed that client #2's diet order is current. Further interview with the CS revealed staff should have assisted client #2 to prepare his food to a proper mechanical soft consistency.	W 474	W 474 ASMC Dietitian consultant will in-services ensure that client #1 and #2 food is served form consistent with prescribed diet. Staff will serviced on Mechanical Soft and mechanic chopped foods diets to ensure the clients diets are being followed by their diet plan. PC/QIDP observe meal preparation weekly to ensure #1 and #2 diet is being followed as prescribe To be completed by January 19, 2024.	