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W 210	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3) 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 obtain a vision, dental and hearing evaluations for 1 of 4 newly admitted audit clients (#2). The finding is: Review on 6/24/24 of client #2's record revealed he had not received his vision, dental and hearing evaluations. Further review revealed client #2 was admitted to the facility on 4/29/24. Interview on 6/25/24 site supervisor confirmed client #2 had not received his vision, dental and hearing evaluations. Interview on 6/25/24 program manager confirmed client #2 had not received his vision, dental and hearing evaluations.	W 210		
W 255	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(i) The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Individual Program Plan (IPP) was reviewed as necessary after the client had successfully completed objectives. This affected	W 255		

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 255	Continued From page 1	W 255		

1 of 4 audit clients (#1). The findings are:

Review on 6/24/24 of client #1's IPP, dated 3/12/24, habilitation goals revealed the following goals:
*Complete oral hygiene routine with 75% independence for three consecutive months by 3/2025
*Participate in medication administration with 75% independence for three consecutive months by 3/2025
*Identify currency (coins) with 75% independence for three consecutive months by 3/2025

Review on 6/25/24 of client #1's comprehensive functional assessment (CFA), dated 3/4/24, revealed he can identify currency and coins by name and knows relative value of currency.

Review on 6/25/24 of client #1's individualized education plan (IEP) for the 2024 - 2025 school year revealed he can identify coins by name.

Review on 5/25/24 of client #1's available progress reviews revealed the following:
*Oral hygiene: 11/2023 85%, 12/2023 92%, 1/2024 82%, and 2/2024 76%
*Identify coins: 11/2023 75%, 12/2023 100%, 1/2024 89%, and 2/2024 80%

Interview on 6/25/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #1 had transferred in from a sister facility and she had not reviewed his goals.

Interview on 6/25/24 with the program manager revealed she had written client #1's goals when he transferred, but the QIDP would be the person who should review progress. The Program

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W 255	Continued From page 2 Manager could not identify on which assessment the written goals were based.	W 255		
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure nursing staff were sufficiently trained in medication administration. This affected 1 of 4 audit clients (#3). The finding is: Observation of medication administration in the home on 6/25/24 at 6:45am, staff A administered quetiapine tablet 50mg. Record review of physician orders dated 5/31/24 revealed Quetiapine 50mg. Take 2 tablets (100mg) by mouth twice daily along with 200 mg. Interview on 6/25/24 staff A revealed he only administers the mediations that are listed in the QuickMAR. Interview on 6/25/24 the nurse confirmed the order reads as if 300mg of quetiapine should be given am and pm. The QuickMAR should be updated.	W 340		
W 341	NURSING SERVICES CFR(s): 483.460(c)(5)(ii) Nursing services must include implementing with	W 341		

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W 341	Continued From page 3 other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to control of communicable diseases and infections, including the instruction of other personnel imethods of infection control. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, nursing services failed to have a system which assured that all staff working with clients #2 received training relative to c pap machine. This affected 1 of 4 audit clients (#2). The finding is: Observation on 6/25/24 in client #2 bedroom in the bedroom closet the c pap machine was in the top of closet with the hose and cords wrapped around the machine. Interview on 6/25/24 client #2 revealed he had not used his c pap machine in weeks because it was broken. Interview on 6/25/24 staff B revealed he observed client #2 wearing the c pap mask during the night. Interview on 6/25/24 the site supervisor revealed she was unaware of the c pap machine was not working and not aware that client #2 wasn't using his c pap machine.	W 341		
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, record review and	W 368		

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W 368	Continued From page 4 interview, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 1 of 4 audit clients (#3). The finding is: Observation in the home on 6/25/24 at 6:45am, staff A did not administer quetiapine 200mg. Record review on 6/25/24 of client #3 physician orders dated 5/31/24 revealed an order for quetiapine take 2 tablets by mouth twice daily along with 200mg. Interview on 6/25/24 the nurse confirmed the order should be administered as written.	W 368		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) 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: Based on observation, record review and interviews, the facility failed to ensure client #2 had access to his c pap machine. This affected 1 of 4 audit clients (#2). The finding is: Observation on 6/25/24 in client #2 bedroom's closet the c pap machine was on the top shelf of closet with the hose and cords wrapped around the machine unused. Review on 6/24/24 of client #2's Individual Program Plan (IPP) dated 5/24/24 revealed client #2 utilizes a c pap machine due to respiratory	W 436		

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W 436	Continued From page 5 issues. Further review of the nurses assessment dated 4/30/24 revealed adaptive equipment for client #2 as c-pap machine. Interview on 6/25/24 with client #2 revealed his c pap machine had not worked in a while. Interview on 6/25/24 the site supervisor revealed she was unaware that the c pap machine did not work and that client #2 had not been wearing his c pap machine. Interview on 6/25/24 the nurse confirmed client #2 should wear his c pap machine nightly. The nurse also revealed staff should do 30 minute checks and should know if client #2 was wearing the c pap machine nightly. Staff should have reported that client #2 was not using his c pap machine.	W 436		
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 fire drills were conducted at least quarterly for each shift. The finding is: Review on 6/25/24 of the facility's fire drills conducted May 2023 through June 2024 revealed the following drills were missing: Quarter 1: First Shift, Quarter 2: First Shift, and Quarter 3: Second Shift, and Quarter 4: Second Shift. Interview on 6/25/24 with the program manager confirmed fire drills should be completed for each shift quarterly. However, no documentation was presented to confirm drills had been completed.	W 440		

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W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) and under varied conditions to- This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire drills were conducted at varied times throughout the shift. The finding is: Review on 6/25/24 of the facility's fire drills conducted May/2023 through 6/2024 revealed the following drills within the same one-hour time: *2nd Shift Drills: 8/12/23 at 1:00pm, 9/24/23 at 1:30pm, and 10/7/23 at 1:00pm *3rd Shift Drills: 10/15/23 at 5:30am, 10/18/23 at 5:30am, and 11/27/24 at 5:30am Interview on 6/25/24 with the program manager revealed drills should be varied, and the facility had a staff in place to ensure varied drills.	W 441		
W 455	INFECTION CONTROL CFR(s): 483.470(l)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure a sanitary environment was provided to avoid transmission of possible infection and prevent possible cross-contamination. This potentially affected 1 of 4 clients (#3) in the home. The finding is: During dinner observation on 6/24/24, client #3 was served two hard-shelled tacos with ground beef, salsa, and shredded lettuce. Staff C reached into his plate and broke the taco shells up with her bare hands.	W 455		

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W 455	Continued From page 7 Interview on 6/25/24 with the program manager revealed staff should not use bare hands to texture food on client plates.	W 455		
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 observation, record review and interview the facility failed to ensure clients received a modified and specially-prescribed diet as indicated. This affected 2 or 4 audit clients (#1 and #3). The findings are: A. During dinner observations in the home on 6/24/24, client #1 was served and consumed two whole tacos. During breakfast on 6/25/24, he was served and consumed cereal, one whole boiled egg, and two whole sausage links. Review on 6/24/24 of client #1's individual program plan (IPP), dated 3/12/24, revealed a prescribed heart healthy diet to include bite-sized pieces due to taking large bites and eating rapidly. Review on 6/24/24 of client #1's nutrition evaluation, dated 3/12/24, revealed a prescribed heart healthy diet to include one dessert daily, and food cut into 3/4" - 1", bite-sized pieces due to taking large bites and eating rapidly. Interview on 6/25/24 with the Area Manager revealed client #1 receives a regular diet.	W 460		

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W 460	Continued From page 8	W 460		

Interview on 6/25/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #1 should receive a regular diet.

B. During dinner observations in the home on 6/24/24, client #3 was served and consumed two tacos containing ground beef, shredded lettuce, salsa, and two hard taco shells broken into 1/2" - 2" pieces. During breakfast on 6/25/24, he was served and consumed cereal with milk, one chopped egg, and two chopped sausage links.

Review on 6/24/24 of client #3's individual program plan (IPP), dated 3/12/24, revealed a prescribed regular diet with mechanical soft/minced texture, thin liquids, and BOOST pudding PRN. In addition, he is a choking risk.

Review on 6/24/24 of client #3's nutrition evaluation, dated 10/9/23, revealed a prescribed regular diet with mechanical soft/minced texture, thin liquids, and BOOST pudding PRN. In addition, he has a history of choking.

Review on 6/25/24 of the home dining guidelines for mechanically soft diets revealed food that should be avoided include chips, pretzels, crackers, and dry cereal. Softer substitutions should be provided.

Interview on 6/25/24 with the site supervisor revealed client #3 receives can eat dry cereal with milk and crackers or chips if they are in small pieces.

Interview on 6/25/24 with the QIDP revealed client #3 can have chips if in small pieces.

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W 477	Continued From page 9	W 477		
W 477	MENUS CFR(s): 483.480(c)(1)(i) Menus must be prepared in advance. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure a copy of menus was available for meal planning. The finding is: During dinner and breakfast meal preparation observations in the home on 6/24 - 6/25/24, no menus were available for review. Interviews on 6/25/24 with Staff B, revealed they used to have menus in the home to follow; however, one of the clients had used the menu notebook for writing. They had not had menus for some time. When asked how they know what to cook, the staff indicated they use food available in the home or can recall from previous menus what days certain foods were served on. Interview on 6/25/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she could not be sure why no menus were available in the home.	W 477		