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	34G039	A. BUILDING _____ B. WING _____	06/11/2024

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W 130	**PROTECTION OF CLIENTS RIGHTS** **CFR(s): 483.420(a)(7)** The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure that 3 of 5 audit clients (#1, #2 and #9) was afforded privacy while receiving medications. The findings are: During observations of the evening medication administration in the home on 6/10/24 at 4:10pm, nurse #1 approached client #2 on the outside patio to administer her medications. Further observation of medication administration in the home on 6/10/24 at 4:18pm, client #1 was sitting in the dayroom at the table with 4 peers and nurse #1 approached the client to administer her medications. During observations on 6/11/24 of medication administration in the home at 7:46am, nurse #2 went into client #9's room to administer medications. Client #9's roommate was also in the room and the bedroom door was left open. Client #9 received medications via Mic-Key Button, which required nurse #2 to pull her shirt up over her belly button. Interview on 6/11/24 with the nurse supervisor revealed that medications should be administered in client's bedrooms with the door closed or behind a privacy screen. The nurse supervisor confirmed that client's should not have received medications in common areas or bedrooms without being provided privacy.	W 130	Nursing Supervisor/DON to conduct an In-Service training around protocols for providing privacy while administering medications.	08/10/2024
W 249	**PROGRAM IMPLEMENTATION**	W249		

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

Senior Director 6/21/24

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 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: Based on observations, record review and interviews, the facility failed to ensure 2 of 5 audit clients (#2 and #5) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of meal guidelines and communication. The findings are: A. During dinner observations in the home on 6/10/24 at 5:12pm, client #2 reached for another clients' cup, picked it up and began to drink out of it. Staff G was sitting at the table feeding another client his dinner, when the surveyor asked whether or not client #2 is allowed to drink from other clients' cup. At the same time, the client whose cup was taken was yelling out. Review on 6/10/24 of client #2's meal time guidelines stated, "She needs visual supervision from staff". During an interview on 6/11/24, the Assistant Manager for ICF revealed staff should have eyes on client #2 during all of her meals while she is at	W249	ICF Management Team will meet with Speech/Language Pathologist to review and update plans regarding communication devices. In-Services will be provided by Speech/Language Pathologist if the implementation of communication devices remain in persons served plans. ICF Management Team will provide In-Service trainings on active treatments/IPPs (to include observation of persons served) and will update persons served binders with all current/active IPPs.	08/10/2024

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W 249	Continued From page 2	W249		

the table.

B. During dinner observations in the home on 6/10/24 at 5:05pm, client #5 was served dinner. Staff G was observed sitting to the right of client #5 and fed him his meal. At no time did staff G attempt to use hand over hand with client #5 during dinner.

During breakfast observations in the home on 6/11/24 at 7:50am, client #5 was served breakfast. Staff E was observed sitting to the right of client #5 and fed him his meal. At no time did staff E attempt to use hand over hand with client #5 during breakfast.

Immediate interview on 6/11/24 with staff E revealed staff is supposed to feed client #5 but allow him to drink himself.

Record review on 6/10/24 of client #S's mealtime guidelines stated, "For 3-4 attempts, attempt to feed hand over hand. After or during these trials if he pulls his hand away or appears disinterested in hand over hand feeding, staff can go ahead and feed him the remainder of his meal".

During an interview on 6/11/24, the Assistant Manager of ICF revealed staff should have attempted hand over hand with client #5 before feeding him his meal.

C. During observations in the home throughout 6/10/24 and 6/11/24, client #5 was not observed using any type of communication device.

Record review on 6/10/24 of client #S's Speech Language Update dated 3/23/21, revealed client

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W 249	Continued From page 3 #5 "Shares his wants and needs using a combination of vocalizations, eye contact, gestures and voice output devices. Client #5 activates a variety of augmentative communication devices to produce voice output. ... ". Interview on 6/11/24 with staff A revealed he was unaware of any communication devices used for client #5. Interview on 6/11/24 with the the Assistant Manager of ICFrevealed she was unaware of any communication devices in the home for client #5. After reading the Speech Language update, she confirmed client #5 should have communication devices in the home.	W249		
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 observations, record review and interviews, the facility failed to ensure nursing staff were sufficiently trained in medication administration. This affected 2 of 5 audit clients (#1 and #9). The findings are: A. During observations of medication administration in the home on 6/10/24 at 4:10pm, nurse #1 was observed preparing medications for client #1. Nurse #1 crushed client #1's medication and mixed it into a dessert size bowl of chocolate	W340	Nursing Management Team will conduct an in-service around preparation of oral medications in medication cups with pudding to ensure all medication is consumed. Nursing Management to do in-service training on proper documentation of medication administration.	08/10/2024

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W 340	Continued From page 4	W340		

pudding. Nurse #1 administered the medication which required client #1 to eat 6 large spoonfuls of pudding to receive all of the medication.

Interview on 6/11/24 with the nurse supervisor revealed that medications that are mixed with pudding or applesauce should be mixed in a medicine cup to ensure the client consumes all of the medication without having to consume excess pudding or applesauce.

B. During observations of medication administration in the home on 6/11/24 at 7:46am, nurse #2 was observed preparing medications for client #9. The medications consisted of Baclofen, Miralax and Vitamin D3. After client #9 consumed medication, nurse #2 signed off on the electronic medication administration record (EMAR) indicating client #9 received 6oz skim milk, Miralax, Baclofen and Vitamin D3.

Interview on 6/11/24 with nurse #2 revealed she was recently told by her supervisor to wait and see if client #9 would drink the milk by mouth during breakfast before administering via g-tube.

Review of client #9's physician's orders signed 6/7/24 revealed an order for "Give 6oz of skim milk- if refuses give per g-tube daily at 0800, 1200 and 1600".

Review of administration history for client #9 revealed that nurse #2 signed off that skim milk was administered to client #9 at 7:50am.

Interview on 6/11/24 with the nurse supervisor revealed that nursing should not sign off on the EMAR for anything that a client did not receive or consume at that time.

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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 observations, record review and interview, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 1 of 5 audit clients (#9). The finding is: During morning observations in the home on 6/11/24 at 7:46am, nurse #2 was observed administering Miralax, Baclofen and Vitamin D3 to client #9. Nurse #2 mixed Miralax and water into a 5oz cup. Record review 6/11/24 of client #9's physician's orders dated 6/7/24 revealed an order for "Mix 17gm of Miralax in 8oz of beverage of choice and give via g-tube once daily at 0800". Interview on 6/11/24 with the nurse supervisor revealed Miralax should have been mixed with 8oz of fluid. The nurse supervisor confirmed that would be impossible to do in a 5oz cup.	W368	Nursing Management Team will conduct in-service training on the 7 Rights to Med Administration and 3 Safety Checks of Med Administration.	08/10/2024
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 observations, record reviews and interviews, the facility failed to ensure each client received a nourishing, well balanced diet	W460	ICF Management Team will conduct in-service trainings on mealtime consistency and the utilization of diet cards. Management Team will also conduct an in-service training on daily schedules/time management and mealtime observations. Kitchen manager will do several observations to ensure meal pep and menu planning is being done correctly. ICF and	08/10/2024

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W 460	Continued From page 6 including modified specially prescribed diet as prescribed. This affected 4 of 5 audit clients (#2, #4, #5 and #9). The findings are: A. During afternoon observations in the home on 6/10/24, clients #2, #5 and #9 did not receive their afternoon snack. The surveyors entered the home at 3:40pm and noticed there were food items on the stove in the kitchen. Further observations revealed there was a bag of food items in a plastic bag and 2pm was written on the outside of the bag. During an interview on 6/10/24, when asked what was in the plastic bag with 2pm on it, Staff B opened the plastic bag and the little cups located in the bag and the cups contained peaches. During an interview on 6/10/24, Staff D revealed clients #2, #5 and #9 did not receive their 2pm snack. Further interview revealed the unit got behind with breakfast and that ended up throwing all the meals for the clients behind schedule. Staff D stated the clients #2, #5 and #9 got up around 2:15pm. During an interview on 6/11/24, the Assistant Manager for ICF stated clients #2, #5 and #5 should have received their 2pm snack when they got up. B. During afternoon observations on 6/10/24, client #4 did not receive her Magic Cup at 2pm, along with her afternoon snack. Review on 6/10/24 of the Client Supplement sheet (no date) stated client #4 is to received one Magic Cup with her 2pm snack.	W460	Nursing Management teams will perform a minimum of 3 meal observations and Nursing Management will perform a minimum of 3 med pass observations to make sure protocols are being followed.	

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W 460	Continued From page 7	W460		

Review on 6/11/24 of client #4's physicians orders dated 6/5/24 stated, "Diet: Magic Cup".

During an interview on 6/11/24, the Assistant Manager for ICF revealed client #4 should have received her Magic Cup with her 2pm snack. Further interview revealed client #4 receives the Magic Cup to help with weight gain.

C. During breakfast observations in the home on 6/11/24, client #2's breakfast consisted of one muffin and yogurt combined into one bowl. Further observations revealed the mixture was the consistency of oatmeal.

During an interview on 6/11/24, the facility's cook stated that finely chopped food should be smaller than a dice cube. Further interview revealed once the food leaves the kitchen she does not how the staff prepares client #2's food consistency.

Review on 6/11/24 of client #2's nutritional evaluation dated 5/5/24 stated, "...diet texture remains finely chopped."

During an interview on 6/11/24, the Assistant Manager for ICF stated staff are trained annually on how to prepare the clients' food in the correct consistency.

D. During breakfast observations in the home on 6/11/24, client #9 was not offered anything to drink with her meal.

During an interview on 6/11/24, Staff C stated client #9 had received her liquids via her gastrostomy tube from the nurse.

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W 460	Continued From page 8 Review on 6/11/24 of client #9's nutritional evaluation dated 1/18/24 stated, "offer juice or water orally with meals as desired." During an interview on 6/11/24, the Assistant Manger for ICF stated client #9 should have been offered liquids during breakfast.	W460		