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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

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 observation and interview, the facility failed to ensure the provision of subsistence needs for clients and staff relative to the emergency food supply. The finding is: Observation of the facility's emergency food supply on 8/13/24 revealed the emergency food supply bin contained various food items which included 2 jugs of one gallon water, 2 boxes of cookies, a box granola of bars, multiple can goods, and a bag of pretzels. There were 2 additional jugs of one gallon water on the shelf. Continued observations revealed the food items with expiration dates between 09/2023-06/2024. Interview with the qualified intellectual disabilities professional (QIDP) confirmed that the facility should inspect the food regularly and ensure that the home has an adequate supply of unexpired food.	E 015		
W 000	INITIAL COMMENTS The complaint survey was completed during the	W 000		

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W 000	Continued From page 2 recertification survey 8/12/24 -8/13/24. The complaint survey was unsubstantiated, however, recertification survey did result in deficiency practices.	W 000		
W 104	GOVERNING BODY CFR(s): 483.410(a)(1) The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation, review of records and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to assure facility repairs were conducted in a timely manner. The finding is: Observation of the group home during the 8/12/24- 8/13/24 survey revealed the fire smoke detector in client #6's bedroom to be inoperable (cover missing and battery not attached to wiring), ceiling to have light brown water stains and both bathrooms to have broken paper towel holders. Client #4's bedroom has a hole in the wall behind the door, dining room to have a hole in the wall and light brown water stains on the ceiling, and the kitchen to have a drawer broken off from a cabinet. Continued observation revealed stains on the interior walls and no patio furnishings at the home. Further observation revealed staff A to report paper towel holders, wall repairs, patio furnishings, kitchen drawer, fire alarm and ceilings stains were reported to management with pending work orders. Review of the facility records on 8/13/24 for work orders revealed the work order for the repairs were submitted on 8/13/24. Continue review of	W 104		

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W 104	Continued From page 3 work orders revealed the patio furnishings were "to be order" status. Further review did not reveal work orders had been completed until survey request. Interview with the qualified intellectual disabilities professional (QIDP) on 8/13/24 verified concern with lack of appropriate timely reporting by staff. Continued interview revealed the repairs now have been reported to maintenance.	W 104		
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 observations, record reviews and interviews, the facility failed to ensure 2 of 6 audit clients (#3 and #6) were afforded privacy during personal care. The findings are: A. During observations in the home on 8/13/24 at 7:19am revealed staff E to assist client #3 to the bathroom. Continued observation revealed client #3 to sit on the toilet unclothed with staff E standing by observing. The door to the bathroom was standing open and client #3 could be seen from the hallway. Further observation revealed staff E to walk to client #3's room to retrieve his clothes leaving the bathroom door open while client 3 remained on the toilet. Review on 8/13/24 of client #3's Individual Program Plan (IPP) dated 1/8/24 revealed client is dependent on staff to ensure his privacy. Interview on 8/13/24 with the qualified intellectual	W 130		

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W 130	Continued From page 4 disabilities professional (QIDP) revealed staff should close the door for client #3 during personal care to ensure his privacy. B. During additional observations in the home on 8/13/24 at 7:31am revealed client #6 sitting on his bed in boxers and shirtless. The door to the bathroom was open and client #6 could be seen from the hallway. Continued observation revealed client #6 donning on his shirt while staff E observed and the door remained opened. Further observation revealed staff E donning on client #6's shoes. Review on 8/13/24 of client #6's IPP dated 5/8/24 revealed client is dependent on staff to ensure his privacy. Interview on 8/13/24 with the QIDP revealed staff should close the door for client #6 during personal care to ensure his privacy.	W 130		
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: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 6	W 249		

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W 249	Continued From page 5	W 249		

clients (#3, and #4) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of program guidelines. The findings are:

A. Clients were not provided the opportunity of engagement.

During observations in the home on 8/12/24 from 4:38 pm until 5:12 pm, client #3 was observed to remain in his bedroom unengaged. Continued observation at 5:12 pm revealed client #3 to participate in the dinner meal. Further observation revealed client #3 to consume 100% of his meal and dessert and be assisted to the living room to sit unengaged. Subsequent observation revealed client #3 to watch television. At no time during the observation was client #3 prompted to clear his dinner dishes with staff assistance.

Interview on 8/13/24 with the qualified intellectual disabilities professional (QIDP) confirmed staff should be running client goals and clients should be engaged in formal activities.

B. Observations in the home on 8/12/24 from 4:38 pm until 5:10 pm, client #4 was observed to remain in his bedroom unengaged. Continued observation revealed client #4 to consume his dinner meal and dessert. Further observation revealed client #4 not to clear his dinner dishes from the table. At no time during the observation was client #3 prompted to clear his dinner dishes with staff assistance.

Interview on 8/13/24 with the QIDP revealed staff should be running program goals. Continued interview with the QIDP revealed staff have been

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W 249	Continued From page 6 trained to implement goals with all clients. Further interview with the QIDP verified all program goals are current for each client.	W 249		
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 observations, record review and interview, the facility failed to ensure 1 of 3 audit clients (client #5) was taught to make informed choices regarding the use of prescription eyeglasses. This affected 1 of 3 audit clients. The finding is: Observations at the facility throughout the 8/12/24 - 8/13/24 survey revealed client #5 did not wear his prescribed eyeglasses. At no time did staff prompt or encourage client # 5 to wear his eyeglasses. Review on 8/12/24 of client #5's Individualized Program Plan (IPP) dated 5/16/24 revealed vision exam dated 1/6/2020 " his eye exam noted Presbyopia and Nuclear Sclerosis (cataract). Client #5 wears prescription glasses and often refuses to wear his glass. Staff continue to prompt usage. Client #5 on a formal program to tolerate his glasses." Continued review of client #5's IPP did not reveal a goal for his eyeglasses. Review on 8/13/24 of client #5's vision exam consultation dated 6/10/22 revealed an ocular	W 436		

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W 436	Continued From page 7 diagnosis of Cataract, Hyperopia, Presbyopia, and Glaucoma. Continued review revealed a new prescription for eyeglasses. Interview on 8/13/24 with the facility nurse verified client #5 should be wearing eyeglasses and had scheduled him another vision exam.	W 436		
W 448	EVACUATION DRILLS CFR(s): 483.470(i)(2)(iv) The facility must investigate all problems with evacuation drills, including accidents. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to investigate all problems relative to fire evacuation drills including the justification for extended times needed for facility evacuation. The finding is: Review on 8/12/24 of facility's Fire Evacuation Drill reports revealed 12 fire drill reports conducted over the survey 2023-2024 review year. Continued review of the facility fire drills revealed 7 out of 12 drills with extended evacuation times to evacuate the facility. Further review of the fire drill reports revealed the 7 drills evacuation times ranged from 3 minutes 7 seconds to 9 minutes 27 seconds in length. Additional review of the fire drill reports indicated fire drill dated 7/8/24 was missing the start time and 8/16/24 was missing the total evacuation time. Review on 8/12/24 of the facility's Fire Drill Procedures dated 3/21/24 revealed "if evacuation time extended the approved amount of time a corrective action must be completed that includes an additional drill within the current month."	W 448		

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Subsequent review of the fire drill reports indicated the 7 extended evacuation times with no documented concerns identified (7/8/24-8:30, 6/5/24-9:27, 5/8/24-3:07, 3/6/24-3:30, 1/6/24-3:30, 12/2/23-3:30, and 11/7/23-6:03). Review of the fire evacuation drills did not reveal a corrective action or additional drill within the current month for the extended evacuation times.

Interview 8/13/24 with the qualified intellectual disabilities professional (QIDP) revealed the facility's policy is a three minute maximum time to evaluate the facility. Continued interview with the QIDP revealed she could not verify a corrective action or additional drills had been completed relative to extended evacuation times.

W 466 FOOD AND NUTRITION SERVICES (W 466)
CFR(s): 483.480(a)(6)

Unless otherwise specified by medical needs, the diet must be prepared at least in accordance with the latest edition of the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences, adjusted for age, sex, disability and activity.
This STANDARD is not met as evidenced by:
Based on observations, record reviews, and interviews, the facility failed to prepare diets in the accordance with the latest recommended dietary allowances for 4 of 6 clients (#1, #2, #5 and #6). The finding are:

A. Client #1 was not provided his diet in accordance with menu.

Review on 8/12/24 of the prescribed

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W 466	Continued From page 9 spring/summer dinner menu to be as follows: 8oz pasta and beef casserole, 1/2 cup chopped broccoli, 1 tsp butter, 4oz frozen yogurt sundae, with bananas and chocolate sauce, 8oz sugar free beverage, and 8oz 2% milk. Observation in the group home on 8/12/24 revealed staff A to prepare the chicken pasta casserole; added the broccoli and carrots in with the chicken casserole. Continued observation revealed client #1 to serve himself his first serving of chicken casserole. Further observation at 5:22 pm revealed client #1 to serve himself his second serving of the chicken casserole and to be served his ice cream in a large bowl. Subsequent observation revealed client #1 to eat 100% of his dinner meal. Review on 8/13/24 of the prescribed spring/summer breakfast menu to be as follows: 4oz grape juice, 1 cup cold cereal (choice), with 2/tsp raisins, 1 slice cheese toast, 1 scrambled egg, 8oz 2% milk, decaf coffee, if desired. Observation in the group home on 8/13/124 at 6:40 am revealed staff A to prepare the following breakfast meal: choice of cinnamon toast crunch or honeycomb cereal, 1 slice of raisin toast with margarine spread, whole milk, and apple juice. Continued observation of the breakfast meal revealed client #1 to consume two large bowls of cinnamon toast cereal, scrambled eggs, raisin toast cut ¼ inches, whole milk in both bowls of cereal, one cup of milk and two cups of apple juice. Record review on 8/13/24 for client #1 revealed a nutritional assessment (NA) dated 11/08/23. Continued review of the NA for client #1 revealed	W 466		

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the diet order as follows: weight loss 1900 calorie, heart healthy, 1 inch, ½ portions dessert, NAS, 16 oz water daily, provide low calorie food options such as fruits and vegetables to manage food seeking behaviors.

Interview on 8/13/24 with the Facility Nurse and Qualified Intellectual Disabilities Professional (QIDP) verified client #1's NA is current. Continued interview revealed staff are trained on all client #1's plans including his NA and prescribed menus. Further interviews revealed a vegetable should have been provided separate from the casserole to allow for appropriate seconds for weight-controlled diets.

B. Client #2 was not provided his diet in accordance with menu.

Review on 8/13/24 of the prescribed spring/summer breakfast menu to be as follows: 4oz grape juice, 1 cup cold cereal (choice), with 2/tsp raisins, 1 slice cheese toast, 1 scrambled egg, 8oz 2% milk, decaf coffee, if desired.

Observation in the group home on 8/13/124 at 6:40 am revealed staff A to prepare the following breakfast meal: choice of cinnamon toast crunch cereal, honeycomb cereal, 1 slice of raisin toast with margarine spread, whole milk, and apple juice. Continued observation of the breakfast meal revealed client #2 to receive his first serving of cinnamon toast crunch cereal with whole milk in the large size bowl. Further observation of the breakfast meal at 8:06 am reveal client #2 to receive his second bowl of cinnamon toast crunch cereal with more whole milk.

Record Review on 8/13/24 for client #2 revealed

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a nutritional assessment (NA) dated 01/19/2024. Continue review of the NA for client #2 revealed the diet order as follows: weight loss 1800 calories, heart healthy, ½ inch consistency, pace mouth needed due to difficulty with rate of eating.

Interview on 8/13/24 with the Facility Nurse and the QIDP verified client #2's NA is current. Continued interview revealed staff are trained on all client #1's plans including his NA and prescribed menus. Further interviews revealed a vegetable should have been provided separate from the casserole to allow for appropriate seconds for weight-controlled diets.

A. Client #5 was not provided his diet in accordance with menu.

Review on 8/12/24 of the prescribed spring/summer dinner menu to be as follows: 8oz pasta and beef casserole, 1/2 cup chopped broccoli, 1 tsp butter, 4oz frozen yogurt sundae, with bananas and chocolate sauce, 8oz sugar free beverage, and 8oz 2% milk.

Observation in the group home on 8/12/24 revealed staff A to prepare the chicken pasta casserole; added the broccoli and carrots in with the chicken casserole. Continued observation revealed client #5 at 5:05pm to serve himself the first serving of chicken casserole. Further observation at 5:15 pm revealed client #5 to serve himself a second serving of chicken casserole. Subsequent observation revealed client #5 to consume two cookies substituted for the ice cream due to lactose intolerance. Client #5 consumed 100% of his dinner meal.

Review on 8/13/24 of the prescribed

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W 466	Continued From page 12 spring/summer breakfast menu to be as follows: 4oz grape juice, 1 cup cold cereal (choice), with 2/tsp raisins, 1 slice cheese toast, 1 scrambled egg, 8oz 2% milk, decaf coffee, if desired. Observation in the group home on 8/13/124 at 6:40 am revealed staff A to prepare the following breakfast meal: choice of cinnamon toast crunch or honeycomb cereal, 1 slice of raisin toast with margarine spread, whole milk, and apple juice. Continued observation at 7:42 am revealed client #5 to be served be staff E honey-comb cereal with whole milk in a large bowl. Further observation at 7:49 am revealed client #5 to be served a second serving of honeycomb cereal with whole milk. Subsequent observation revealed client #5 to consume 100% of his breakfast meal. Record Review on 8/13/24 for client #5 revealed a nutritional assessment (NA) dated 7/27/24. Continue review of the NA for client #5 revealed the diet order as follows: Weight Loss 1800 calorie, heart healthy, high fiber, ¼ inch consistency diet, seconds of veggies only, alternate bits and sips, cue slow down when eating, hand over hand assisting for chopping. Lactose intolerant and has diverticulitis. Interview on 8/13/24 with the Facility Nurse and QIDP verified client #5's NA is current. Continued interview revealed staff are trained on all client #5's plans including his NA and prescribed menus. Further interview with staff revealed client #5 should have receive Lactulose milk due to his milk intolerance. Further interview revealed a vegetable should have been provided separate from the casserole to allow for appropriate seconds for weight-controlled diets.	W 466		

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(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 466	Continued From page 13	W 466		

D. Client #6 was not provided his diet in accordance with menu.

Review on 8/12/24 of the prescribed spring/summer dinner menu to be as follows: 8oz pasta and beef casserole, 1/2 cup chopped broccoli, 1 tsp butter, 4oz frozen yogurt sundae, with bananas and chocolate sauce, 8oz sugar free beverage, and 8oz 2% milk.

Observation in the group home on 8/12/24 revealed staff A to prepare the chicken pasta casserole; added the broccoli and carrots in with the chicken casserole. Continued observation at 5:08 pm revealed client #6 to serve himself the first serving of chicken casserole. Further observation at 5:20 pm revealed client #6 to serve himself, with staff assistance, a second serving of chicken casserole. Subsequent observation at 5:24 pm revealed client #6 to consume 100% of his dinner meal.

Review on 8/13/24 of the prescribed spring/summer breakfast menu to be as follows: 4oz grape juice, 1 cup cold cereal (choice), with 2/tsp raisins, 1 slice cheese toast, 1 scrambled egg, 8oz 2% milk, decaf coffee, if desired.

Observation in the group home on 8/13/124 at 6:40 am revealed staff A to prepare the following breakfast meal: choice of cinnamon toast crunch or honeycomb cereal, 1 slice of raisin toast with margarine spread, whole milk, and apple juice. Continued observations at 7:36am revealed client #6 to be served his first bowl of cinnamon toast crunch cereal by staff E with whole milk in a large bowl. Further observation revealed client #6 to encourage staff E to fill his large cereal bowl to

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	34G162	A. BUILDING ______ B. WING ______	C 08/13/2024

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W 466	Continued From page 14 the rim the cereal, both laughing. Additional Observation revealed client #6 to be served a second bowl of cinnamon toast crunch cereal by staff E with more whole milk. Continued observation at 8:10 am revealed client #6 to consume 100% of his breakfast meal. Further observation at 8:13 am revealed staff to return client #6 to the dining room for a prescribed 8 oz Ensure consumed if client #6 eats less than 50% of meals. Subsequent observation at 8:15 am revealed client #6 to finish the 8 oz Ensure. Record Review on 8/13/24 revealed a nutritional assessment (NA) dated 7/22/24. Continued review of the NA revealed the diet order as follows: weight loss 1800 calories, meat cut into 1-inch, thin liquids, aspiration precautions: Eat/Drink only when alert, sit upright 60 minutes after eating, no straws, small bites, frequent sips, alternate bites and sips, stop eating at the signs of choking. Ensure 8 oz if less than 50% consumed at each meal. Interview on 8/13/24 with the Facility Nurse and QIDP verified client #6's NA is current. Continued interview revealed staff are trained on all client #6's plans including his NA and prescribed menus. Further interview with the Nurse and QIDP confirms staff should not have given client #6 the Ensure as he consumed 100% of his breakfast. Further interviews revealed a vegetable should have been provided separate from the casserole to allow for appropriate seconds for weight-controlled diets.	W 466		
W 472	MEAL SERVICES CFR(s): 483.480(b)(2)(i)	W 472		

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W 472	Continued From page 15 Food must be served in appropriate quantity. This STANDARD is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to serve food in appropriate quantity consistent with the developmental level for 4 of 6 clients (#1, #2, #5 and #6). The finding are: Observations in the group home on 8/12/24 at 4:30 pm revealed clients #1, #2, #5 and #6 consumed the following dinner meal: chicken pasta mixed with broccoli and carrots, ice cream with chocolate sauce, cookie substitute for lactose intolerant client, whole milk, sugar free beverage, and water. Further observation revealed staff A to prepare the chicken pasta casserole; added the broccoli and carrots in with the chicken casserole. Subsequent observation revealed clients #1, #2, #5 and #6 received double portions of the chicken pasta casserole with the other menu items; all eating 100% of their meals, including the dessert. Observation on 8/13/24 at 6:40am of the breakfast meal revealed clients #1, #2, #5 and #6 to consume the following breakfast meal: choice of cinnamon toast crunch cereal, honeycomb cereal, 1 slice of raisin toast with margarine spread, whole milk, and apple juice. Further observation of the breakfast meal revealed clients #1, #5 and #6 to consume two large bowls of cinnamon toast cereal, scrambled eggs, raisin toast cut ¼ inches, whole milk in both bowls of cereal, one cup of milk and two cups of apple juice. Client #2 did not consume his eggs and toast. Subsequent observations revealed that the cereal bowl was noted to be the size of small serving bowls, too large for breakfast bowls.	W 472		

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W 472	Continued From page 16 Record review on 8/13/24 for clients #1, #2, #5 and #6 revealed current nutritional assessments noting weight-controlled diets, pace, and choking/aspiration guidelines. Interview on 8/13/24 with the Facility Nurse and Qualified Intellectual Disabilities Professional (QIDP) clients #1, #2, #5 and #6 nutritional assessments are current. Continued interview with the nurse and QIDP verified staff know the appropriate serving sizes for the clients and that they have weight controlled diets.	W 472		
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 beverages in a form consistent with the developmental level for 1 of 6 audit clients (#4). The finding is: Observations in the home on 8/12/24 at 5:24 pm at the dinner meal revealed client #4 to be served a cup of water containing no thickener. Continued observations of the dinner meal at 5:31pm revealed client #4 to be served a cup of orange-pineapple juice nectar thickened. Observations in the home on 8/13/24 at 8:00 am at the breakfast meal revealed client #4 to be served a cup of apple juice containing no thickener. Review of records on 8/13/24 of client #4's Nutritional Assessment (NA) dated 7/22/24 revealed a diet order of weight loss 1800 calorie	W 474		

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W 474	Continued From page 17 Heart Healthy, Ground moist meats, soft, cooked vegetables, and soft fruits, no dried fruits, no breads, and nectar thick liquids. Interview on 8/13/24 with the Facility Nurse and Qualified Intellectual Disabilities Professional (QIDP) revealed client #4's NA is current. Continued interview revealed staff are trained on client #4's plans including his NA. Further interview revealed staff are aware that client #4's liquids are thickened to nectar consistency.	W 474		