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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 observations and interviews, the facility failed to assure privacy for 3 sampled clients (#1, #4, #5) during care and treatment. The findings are: A. Observations in the group home on 3/11/25 at 5:28 PM, revealed staff to approach client #4 in a common hallway of the home, pull client #4's pants away from the client's body, look inside the pants, then tell the client he needed to be changed. This conversation could be overheard by staff and other clients as well as surveyor. B. Observations in the group home on 3/12/25 revealed a medication cart located in a common hallway of the home which was observed to be a high traffic area for the clients and staff. Further observation revealed client #1 to enter the medication area at 7:07 AM and to receive medications. Continued observations revealed client #4 to enter the medication area at 7:30 AM and to receive medication. Subsequent observations revealed several clients and staff to walk back and forth through the medication area and to have conversations with the staff administering the medications. C. Observations in the group home on 3/12/25 at 8:05 AM revealed all clients to be seated at the dining room table with 3 staff and 2 surveyors present. Further observation revealed staff A to state to surveyor that client #5 had been given his hemorrhoid treatment earlier in the morning.	W 130		

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

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W 130	Continued From page 1 Interview with the qualified intellectual disabilities professional (QIDP) on 3/12/25 confirmed that all clients should be given privacy during care and treatment and that staff should not discuss any client's personal care or treatment in the presence of others.	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 a continuous active treatment program consisting of needed interventions were identified in the Person-Centered Plan (PCP) for 1 sampled client (#3) relative to implementing training objectives relative to rate of eating. The finding is: Afternoon observations on 3/11/25 at 6:00PM revealed client #3 to sit at the dining table and participate in the dinner meal. Further observations revealed client #3 to eat at a fast pace without redirection from staff. Continued observations revealed client #3 to finish his meal at 6:09PM.	W 249		

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W 249	Continued From page 2 Morning observations on 3/12/25 at 7:58AM revealed client #3 to participate in the breakfast meal. Further observations revealed client #3 to again eat at a fast pace. Continued observations revealed client #3 to complete his meal at 8:05AM. Review of the record for client #3 on 3/12/25 reveled a PCP dated 6/16/24. Further review of the 6/2024 PCP revealed client #3 should receive prompting from staff to eat at a slower pace. Interview with the qualified intellectual disabilities professional (QIDP) on 3/12/25 revealed staff have been trained to monitor when client #3 is eating during mealtimes. Continued interview with the QIDP verified staff should have prompted client #3 to eat at a slower pace to prevent choking.	W 249		
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 interview, the facility failed to provide specially prescribed diets for 2 of 4 sampled clients (#1 #4). The findings are: A. The facility failed to provide honey thickened liquids during medication administration for client #4 as prescribed. For example, Morning observations on 3/12/25 at 7:35AM	W 460		

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W 460	Continued From page 3	W 460		

revealed staff to prepare medications for client #4 to participate in medication administration. Further observation revealed staff to crush client #4's medication and stir the medication into applesauce. Continued observations revealed staff to spoon the contents of the medication into client #4's mouth. Additional observations at 7:40AM revealed staff to pour a glass of water and serve it to the client. Subsequent observation revealed client #4 to immediately begin gagging and to regurgitate the contents of the medication. At no point during the medication administration did staff prepare client #4's water to a honey thickened consistency as prescribed.

Review of the record for client #4 on 3/12/25 revealed a physician's order dated 3/11/25 which indicated the client has the following diagnoses: I/DD profound, hiatal hernia, cerebral palsy with spastic diplegia, constipation, salivary gland disease, GERD, and Esophageal Obstruction. Further review of the physician's order indicated the client should have thickened liquids to honey consistency and empty the client's mouth after every three bites or sips to help decrease residual in the throat.

Interview with the facility nurse and qualified intellectual disabilities professional (QIDP) on 3/12/25 revealed staff have been trained to provide all liquids for client #4 at a honey thickened consistency to prevent choking and/or aspiration. Further interview with the QIDP verified client #4 should have been provided water at a honey thickened consistency during medication administration.

B. The facility failed to ensure client #1's diet was

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W 460	Continued From page 4 followed as prescrived. For example: Observations in the group home on 3/11/25 at 6:00 PM revealed client #1 to consume the dinner meal consisting of chicken and dumpling soup, steamed vegetables and whole wheat toast. At no time during the dinner meal did staff provide a packet of Benecalorie to add to client #1's food or drink. Observations in the group home on 3/12/25 at 8:00 AM revealed client #1 to consume the breakfast meal consisting of Cream of Wheat cereal and breakfast sausage links. At no time during the breakfast meal did staff offer client #1 a yogurt of his choice. Review of the records for client #1 revealed a person-centered plan (PCP) for client #1 dated 6/12/24 and a Nutritional Evaluation dated 1/30/25 which specifies the following diet: 2000 calorie weight gain, heart healthy, GERD, ground consistency, double portions of meals, no deep-fried foods, no spicy foods, no ketchup, BBQ sauce, vinegar, no acidic juices (orange, grapefruit, etc.) Benecalorie 1 packet at dinner meal, yogurt of choice at breakfast, Resource 2.0 4 oz BID, high calorie snack once a day at snack time. Interview with the qualified intellectual disabilities professional (QIDP) on 3/12/25 confirmed that the Benecalorie has been out of stock since 3/6/25 and that client #1 should have been provided with the Benecalorie and yogurt according to his prescribed diet.	W 460		
W 472	MEAL SERVICES CFR(s): 483.480(b)(2)(i)	W 472		

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Food must be served in appropriate quantity. This STANDARD is not met as evidenced by:
Based on observations, record reviews and interviews, the facility failed to ensure food was served in the appropriate quantity for 2 sampled clients (#2 and #5). The finding is:

Observations in the group home on 3/11/25 during the evening meal revealed all clients to be served canned chicken and dumpling soup, toast and a vegetable medley. Further observation revealed the meal to be served family style, with no measuring tools used to assist clients with portioning food on their plates, and all clients served themselves slices of toast. Subsequent observation revealed client #2 to eat 2 slices of toast along with the other items. Additional observation revealed that the prescribed menu for an 1800 calorie diet indicated one slice of toast to be the correct portion size.

Observations in the group home on 3/12/25 during the breakfast meal revealed all clients to be served cereal and breakfast sausage links. Further observation revealed the meal to again be served family style with clients using a ladle to serve themselves the cereal and staff to place sausage links on each client's plate. Subsequent observations revealed no effort made by staff to measure the food clients served themselves and the servings appeared to be larger than called for by the prescribed menu.

Review of client #2's record on 3/12/25 revealed a person-centered plan (PCP) dated 9/12/24. Review of the PCP revealed client #2 to be prescribed an 1800 calorie, weight loss, heart healthy ½" chopped consistency diet, second

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W 472	Continued From page 6 portions of non-starchy vegetables only, fruit and vegetable snacks only. Review of client #5's record on 3/12/25 revealed a PCP dated 11/17/22 which states client #5's diet to be whole 1800 cal. weight loss, second servings of vegetables, low calorie snack of 100 cal. or less. No caffeine, no concentrated sweets. Interview with the qualified intellectual disabilities professional (QIDP) on 3/12/25 confirmed clients #2 and 5's prescribed diets are current. Further interview with the QIDP confirmed specially modified diets should always be followed as prescribed.	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 food in a form consistent with the developmental level of 1 sampled client (#2) relative to prescribed diet. The finding is: Observations in the group home on 3/11/25 at 6:00 PM revealed the dinner meal to be canned chicken and dumpling soup, vegetable medley of broccoli, carrots and cauliflower, and whole wheat toast. Continued observations revealed staff to serve client #2 soup, vegetables and toast in whole form. Further observation revealed client #2 to eat the dinner meal. At no time during observation was staff observed to assist client #2 to modify his food to a ½" chopped consistency.	W 474		

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W 474	Continued From page 7 Observations in the group home on 3/12/25 at 8:00 AM revealed the breakfast meal to be cream of wheat cereal and breakfast sausage links. Continued observation revealed staff #2 cereal and sausage in whole form. Subsequent observation revealed client #2 to eat the breakfast meal with no assistance from staff to modify his food to ½" chopped consistency. Review of client #2's record on 3/12/25 revealed a person-centered plan (PCP) dated 9/12/24. Review of the PCP revealed client #2 to be prescribed an 1800 calorie, weight loss, heart healthy ½" chopped consistency diet, second portions of non-starchy vegetables only, fruit and vegetable snacks only. Interview with the qualified intellectual disabilities professional (QIDP) on 3/12/25 confirmed client #2's prescribed diet. Further interview with the QIDP confirmed specially modified diets should always be followed as prescribed.	W 474		
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv) Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure clients received a continuous active treatment program consisting of needed interventions as identified in the Person-Centered Plan (PCP) relative to providing adaptive equipment during mealtimes. This affected 4 of 5 clients (#2, #3, #4, #5). The findings are: A. The facility failed to provide adaptive equipment for clients #2, #3, and #5 relative to	W 475		

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rocker t knives to cut their food during the dinner meal. For example,

Afternoon observations on 3/11/25 at 5:45PM revealed clients to assist staff with setting the table for the dinner meal. Further observations revealed the following menu items for the dinner meal: chicken, vegetable, and dumpling soup, mixed vegetables, 1 slice of whole wheat bread, fruit, milk, and water. Continued observations revealed clients #2, #3, and #5 to eat the toast in whole form. At no point during the observation did staff offer a rocker t knife to clients #2, #3, and #5 as prescribed.

Review of the record for client #2 on 3/12/25 revealed an OT assessment dated 12/5/24 which indicated the client uses a rocker t knife during mealtimes. Further review of the 12/2024 OT assessment revealed client #2 should have a 1/2" diet consistency.

Review of the record for client #3 revealed a PCP dated 6/16/24 which indicated the client uses the following adaptive equipment during mealtimes: plate guard, rocker t knife, and dycem mat.

Review of the record for client #5 revealed an OT Assessment dated 9/16/24 which indicated the client uses the following adaptive equipment during mealtimes: rocker t knife and plate guard. Further review of the 9/2024 OT assessment revealed client #5 overstuffs his mouth.

Interview with the qualified intellectual disabilities professional (QIDP) on 3/12/25 verified that the training objectives and adaptive equipment for clients #2, #3, and #5 were current. Further interview with the QIDP verified that staff have

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been trained to provide the necessary adaptive equipment for all clients during mealtimes as prescribed.

B. The facility failed to provide adaptive equipment to client #4 during the breakfast meal. For example,

Morning observations on 3/12/25 at 8:00AM revealed clients to sit at the dining room table and participate in the breakfast meal. Further observation revealed client #4 to consume the breakfast meal without a dycem mat as prescribed. Continued observation revealed client #4's plate to slide to the left during the breakfast meal.

Review of the record on 3/12/25 for client #4 revealed a physician's order dated 3/11/25 which indicated the client has the following adaptive equipment during mealtimes: deep divided plate, built up handle spoon, 4 oz. cups, dycem mat, and clothing protector.

Interview with the QIDP on 3/12/25 verified that the training objectives and adaptive equipment for client #4 is current. Further interview with the QIDP verified that staff should have provided a dycem mat for client #4 during mealtimes as prescribed.