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	34G090	A. BUILDING _____ B. WING _____	09/17/2025

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W 226	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) Within 30 days after admission, the interdisciplinary team must prepare, for each client, an individual program plan. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure each client received an Individual Program Plan (IPP) within thirty days after admission. This affected 1 of 1 newly admitted audit clients (#5). The finding is: Record review on 9/16/25 of client #5's record revealed he was admitted to the facility on 9/23/24. Further review revealed client #5 did not have an IPP. Interview on 9/16/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed the facility had been using the IPP from client #5's previous provider 9/23/24 to 8/29/25. The facility had completed his evaluations within 30 days of admission. However, objectives, based on evaluations, were not implemented until 11/4/24. The QIDP confirmed client #5 did not have an IPP within 30 days of his admission to the facility. Further interview revealed it is the QIDP's responsibility to ensure IPP's are completed for newly admitted clients.	W 226		
W 240	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i) The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #4's Individual Program Plan (IPP) included relevant	W 240		

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 240	Continued From page 1 interventions to support his independence. This affected 1 out of 4 audit clients. The finding is: Observation in the home throughout 9/16/25 to 9/17/25 revealed client #4 wearing a gait belt and using the wall, as well as furniture, to balance as he ambulated with an unsteady gait. On 9/16/25, no staff was observed using the gait belt to assist client #4 as he ambulated. On 9/17/25 at 6:45am, he entered the den area, holding onto the wall and couch, to move towards the kitchen. Staff A left the kitchen to use the gait belt and briefly assist him into the area. At 6:55am, he held to the wall to go to the dining area and be seated. At 7:10am, he attempted to carry his plate and place mat in his arms to the kitchen and lost his balance. He stopped to use the doorway to balance himself, and then proceeded to the kitchen. He then used the wall and furniture to go to the back of the home alone. Staff did not use the gait belt to assist. Review on 9/17/25 of client #4's IPP, dated 6/4/25, revealed he has mild, lower extremity spasticity with a stiff gait and cerebral palsy. While he ambulates independently, he has presented emerging problems regarding mobility. A gait belt has been recommended. No further guidelines could be located for the use of a gait belt or fall precautions. Review on 9/17/25 of client #4's physical therapy (PT) evaluation, dated 4/2/25, revealed client #4 transfers and ambulates independent of a device. However, "his gait is labored, at best", as he reaches for furniture and walls for stability. He has an increased leaning, forward gait with a bent spine. He has had no falls reported, but is at increasing risk for falls. His gait has declined	W 240		

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W 240	Continued From page 2 significantly since 2023. A gait vest would be beneficial to enable staff better to counter his forward lean. He is a high falls risk at this time. No further guidelines were specified for the use of the gait belt. Interview on 9/17/25 with the Director of Nursing revealed client #4 is unsteady and staff should be with him nearby at all times to assist when he ambulates. Staff should use the gait belt to assist him. It was assumed the staff knew to use the gait belt. Interview on 9/17/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed staff should be using the gait belt to assist client #4 in walking. However, the QIDP confirmed there were no ambulation guidelines in place for the use of the gait belt.	W 240		
W 278	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(1)(iii) Procedures that govern the management of inappropriate client behavior must insure, prior to the use of more restrictive techniques, that the client's record documents that programs incorporating the use of less intrusive or more positive techniques have been tried systematically and demonstrated to be ineffective. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure less intrusive, more positive techniques were implemented prior to the use of more intrusive techniques for 1 of 4 audit clients (#1). Review on 9/16/25 of client #1's Behavior	W 278		

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W 278	Continued From page 3	W 278		

Intervention Plan (BIP), dated 8/21/25, revealed a target behavior of inappropriate social behavior, defined as rumination and repetitive talking. Repetitive talking refers to client #1 continuing to focus on a particular subject or question after three redirections. After redirecting three times, staff may use restriction as an intervention. Restriction means to lose access to personal items such as stereo, television, CDs, tapes, etc. for the remainder of the day. Furthermore, client #1 will be excluded from any planned workshop or group home outing for the day.

Review on 9/16/25 of client #1's previous BIP, dated 8/21/23, revealed the same target behavior and restriction for intervention.

Review on 9/17/25 of client #1's behavior data from 1/1/25 to 9/17/25 revealed no documented repetitive talking behavior.

Interview on 9/16/25 with Staff B revealed he has been working in the home for the past several months and has never seen items restricted from client #1.

Interview on 9/16/25 with Staff C revealed he has been working in the home for a couple of months and has never seen items restricted from client #1. While he does tend to talk about favored subjects, he usually will stop if prompted.

Interview on 9/17/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she has been at the home for a year and is not aware of client #1's items being restricted. He does tend to talk about certain things, but usually will stop repeating himself when prompted. The QIDP confirmed the plan should be updated as the

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W 278	Continued From page 4 restrictions are not used or needed.	W 278		
W 341	NURSING SERVICES CFR(s): 483.460(c)(5)(ii) 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 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 observations and interview, the facility failed to implement measures to assure staff were trained and followed methods of infection control. This affected 1 of 4 audit clients (#3). The finding is: During breakfast observation on 9/17/25 at 6:55am, Staff D assisted clients to the table and passed serving bowls and pitchers of beverages. She then assisted #3 cut his sausage and toast with a rocker knife, hand over hand, reaching into his plate, and placing her bare fingers and palm of hand on his toast, to continue to cut. Review on 9/17/25 of the facility infection control policy for food preparation revealed food should be handled with utensils when possible. Disposable plastic gloves are used when necessary. Interview on 9/17/25 with the Director of Nursing revealed staff have been trained on handling food. The staff should not have reached into client #3's plate and touched his food with her bare hands.	W 341		
W 460	FOOD AND NUTRITION SERVICES	W 460		

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W 460	Continued From page 5 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 all clients received their modified and specially-prescribed diets as indicated. This affected 1 of 4 audit clients (#3). The finding is: During lunch observations on 9/16/25 at 11:45am at the day program, client #3 was served and consumed a tossed salad with ham, a cup of soup, and six whole Saltine crackers. He had no issues with eating the crackers. During breakfast observations on 9/17/25 at 6:55am at the home, he was served two whole sausage patties, 2 whole pieces of toast, and peaches. The staff then assisted him to cut his food with a rocker knife, hand over hand, into 2" - 3" pieces. He ate his food with no issues. Review on 9/16/25 of client #3's Individual Program Plan (IPP), dated 10/15/24, revealed a prescribed, regular diet with no sugar added and sugar free condiments. Food should be cut into bite-sized pieces 1/2" - 1" before being served. Review on 9/17/25 of the home kitchen dietary listing, dated 9/24/24, revealed client #3's food should be cut to 1/2" - 1" pieces prior to serving. Interview on 9/16/25 with Staff A revealed client #3's food should be cut to 1/2" - 1" pieces before being served at table because he gets frustrated	W 460		

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W 460	Continued From page 6 if he has to wait for it to be cut. Interview on 9/17/25 with the Director of Nursing revealed staff should cut client #3's food to 1/2" - 1" pieces before serving to him. Interview on 9/17/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed staff should cut client #3's food prior to bringing to the table. Staff have been trained on this.	W 460		