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	34G045	A. BUILDING _____ B. WING _____	10/28/2025

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W 111	CLIENT RECORDS CFR(s): 483.410(c)(1) The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain a recordkeeping system that accurately reflected 2 of 5 audit clients (#1 and #6). The findings are: A. Review on 10/27/25 of client #6's Individual Program Plan (IPP), dated 9/4/25, revealed medical assessment information was not updated for the year. All information pertaining to her dental, vision, physicals, and nutritional assessments were in 2023 - early 2024. In addition, her nutritional information and weight was not updated, as her weight was listed as 256. Review on 10/28/25 of nursing weigh in notes, dated September 2025, revealed client #6 has lost 20 lbs. within the past year and now weighted 236. Interview on 10/28/25 with the Habilitation Manager (HM) revealed client #6's goals were updated in her new IPP. However, her medical information should have been updated to reflect changes over the past year. Interview on 10/28/25 with the Director of Nursing (DON) revealed client #6's medical information should reflect changes over the past year. B. Review on 10/27/25 of client's #1 IPP dated 10/05/25, revealed audiologist and vision	W 111		

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

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W 111	Continued From page 1 appiontments were scheduled for 12/15/24. There was no updated information regarding any current appointments. Interview on 10/28/25 with HM revealed client #1 goals were updated in her new IPP. However, her medical information should have been updated to reflect changes over the past year. Interview on 10/28/25 with the DON revealed client #1 medical information should reflect changes over the past year.	W 111		
W 203	ADMISSIONS, TRANSFERS, DISCHARGE CFR(s): 483.440(b)(5)(i) At the time of the discharge the facility must develop a final summary of the client's developmental, behavioral, social, health and nutritional status. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a final summary for 1 of 1 discharged client (dc #7) was developed. The finding is: Review on 10/27/25 of a physician's order dated 4/16/25: Client needs higher level of care to a SNF (Skilled Nursing Facility). Review on 10/27/25 of a physician's order dated 4/21/25: Add Diagnosis - Unspecified Dementia mild with behavioral disturbance. Review on 10/27/25 of dc #7's revealed no evidence a final discharge summary had been completed. Continued record review on 10/27/25 for dc #7	W 203		

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W 203	Continued From page 2 revealed a Qualified Intellectual Disabilities Professional (QIDP) note dated 5/27/25 stating "this QP called the guardian to report that [dc #7] would be admitted into the hospital due to an altered mental status. The guardian was made aware that [dc #7] requires a higher level of care and that he would be updated with more information as it is made available." Further review on 10/27/25 for dc #7 revealed a nursing note dated 6/24/25 stating a Direct Support Professional (DSP) came into nurses office and questioned where client had been moved to. The nurse advised the DSP that client was still in hospital per last conversation with client's guardian. DSP reported one of our night shift staff members had just come back from vacation and went to take client a shirt she had brought her and was told the client was no longer at the hospital. The nurse was not aware client had left the hospital. The nurse called medical records to question when client was discharged. Medical report supervisor, reports client was discharged 6/9/25 to a skilled nursing facility. Interview on 10/28/25 with the Director of Nursing (DON) revealed the facility was not made aware that dc #7 had been discharged to a SNF. She spoke to the clients' guardian the week prior and dc #7 was still in the hospital. The DON further confirmed the final discharge summary had not been completed.	W 203		
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.	W 240		

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W 240	Continued From page 3 This STANDARD is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to ensure client #6's Individual Program Plan (IPP) included relevant interventions to support her independence. This affected 1 of 5 audit clients. The finding is: Observation in the home throughout 10/27/25 and 10/28/25 revealed client #6 did not wear glasses. Review on 10/27/25 of client #6's IPP, dated 9/4/25, revealed she has glasses but refuses to wear them all the time. No formal training for becoming more independent in wearing her glasses could be located. Interview on 10/28/25 with the Habilitation Manager (HM) revealed client #6 often refuses to wear her glasses and breaks them. However, there has been no formal goal developed to address her need of becoming more independent in this area. Interview on 10/28/25 with the Director of Nursing (DON) revealed client #6 refuses to wear glasses and breaks them. She was asked to wear them for short intervals, at one time. The DON is not aware of any formal training to support client #6 in wearing her glasses.	W 240		
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure the	W 247		

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W 247	Continued From page 4 individual program plan (IPP) for 1 of 5 audit clients (#4) included opportunities for independence and self-management. The finding is: During observations in the home throughout the survey on 10/27 - 10/28/25 revealed several instances in which staff pushed client #4 from one area of the home to other areas. Continued observations revealed, client #4 self propelling herself in her wheelchair independently without difficulty. Review on 10/28/25 of client #4's physical therapy evaluation dated 9/3/25 revealed client #4 is independent in self-propelling her wheelchair. Interview on 10/28/25 with the Director of Nursing (DON) revealed client #4 is independent in self propelling her wheelchair. Staff should not push client #4 throughout the home.	W 247		
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all medications were administered without error. This affected 1 of 5 audit clients (#3). The finding is: During observations of medication administration in the home on 10/28/25 at 8:00am, Staff A administered Levothyroxine 100mg to client #2 following breakfast and with her other	W 369		

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W 369	Continued From page 5 medications. Review on 10/28/25 of client #2's physician's orders dated 10/14/25 revealed her Levothyroxine should be taken 30 minutes before breakfast and before other medications. Interview on 10/28/25 with the Director of Nursing (DON) revealed the Levothyroxine should be given according to the physician's orders and at least 30 minutes prior to breakfast.	W 369		
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations, reviews, and interviews, the facility failed to ensure medications remained locked except when being prepared for administration. The finding is: During medication administration observations in the home on 10/28/25 at 8:00am, Staff A placed client #3's box of medication out on the cabinet counter and left the medication room to go to the den and assist her in coming to get her medication. Review on 10/28/25 of the facility Storage of Medicines policy, dated 2018, revealed medications should be locked when not in use and should not be left unattended. Interview on 10/28/25 with the Director of Nursing (DON) revealed staff should never leave the room to secure a client for medication administration or	W 382		

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W 382	Continued From page 6 leave medication unattended.	W 382		
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, interviews and record reviews, the facility failed to ensure 1 of 5 audit clients (#6) was taught to use assistive devices appropriately and make informed choices about their use. The finding is: During observations in the facility throughout 10/27/25 and 10/28/25, client #6 was seen doing various activities. At no time did client #6 wear eyeglasses, and stafff did not encourage her to wear them. Review on 10/28/25 of client #6's Individual Program Plan (IPP), dated 9/4/25, revealed she has glasses but refuses to wear them all the time. A plan has been put into place for staff to encourage her to wear glasses for 15-minute intervals and then remove them, increasing the time until her goal is achieved. Interview on 10/28/25 with the Habilitation Manager (HM) revelaed client #6 does not have a formal goal for learning to wear her glasses. Staff should prompt her to wear them, but she often refuses. Interview on 10/28/25 with the Director of Nursing	W 436		

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W 436	Continued From page 7 (DON) revealed she is not aware of formal training to encourage client #6 to wear her glasses, but staff should encourage her to wear them.	W 436		
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure a sanitary environment was maintained. The finding is: During observations in the home on 10/27/25 at 3:30pm, the table was set for dinner with plates and utensils. At 3:50pm, activities were offered to clients to be completed at the dining table. Staff B moved one plate and utensils to the middle of the table and laid activities on the table for clients #2 and #4. At 4:04pm, client #5 retrieved the drinking cups for dinner from the kitchen and placed them on the dining table as actvities were ongoing. At 4:45pm, clients #1, #2, #3, #4, and #5 sat at the table doing various activities and talking with staff. The dinner plates, utensils, and cups remained in place on the table. Client #1 coughed several times during the activities. At 5:35pm, dinner was served. The plates, utensils, cups, and table were not sanitized prior to the clients eating dinner. Interview on 10/28/25 with Staff E revealed staff should clear the table for activities and wash the table after activities, especially before eating. Interview on 10/28/25 with the Director of Nursing	W 454		

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W 454	Continued From page 8 (DON) revealed staff should wipe down the table before dining materials during activity time. Interview on 10/28/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed staff should have removed the dining items prior to activities and cleaned the table prior to dining.	W 454		
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 all clients received their modified and specially-prescribed diets as indicated. This affected 2 of 5 audit clients (#2 and #6). The findings are: A. During breakfast observations on 10/28/25 at 7:15am, client #2 was served and consumed 1 whole piece of toast with jam, oatmeal, and cottage cheese. She had no issues with eating the bread. Review on 10/27/25 of client #2's Individual Program Plan (IPP), dated 10/10/25, revealed a prescribed, regular diet with foods having 1/2" - 1" consistency. Interview on 10/28/25 with Staff E revealed client #2 should receive all food cut to 1/2" - 1" consistency.	W 460		

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W 460	Continued From page 9 Interview on 10/28/25 with the Director of Nursing (DON) revealed all of client #2's food should have been cut to 1/2" -1" consistency. B. During breakfast observations on 10/28/25 at 7:15am, client #6 was served and consumed 1 whole piece of toast with jam, oatmeal, and cottage cheese. She had no issues with eating the bread. Review on 10/27/25 of client #6's Individual Program Plan (IPP), dated 9/4/25, revealed a prescribed, diabetic diet with foods having 1/2" - 1" consistency. Interview on 10/28/25 with Staff E revealed client #6 should receive all food cut to 1/2" - 1" consistency. Interview on 10/28/25 with the Director of Nursing (DON) revealed all of client #6's food should have been cut to 1/2" -1" consistency.	W 460		