

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G225</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>05/27/2026</b>
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W0120	<p>SERVICES PROVIDED WITH OUTSIDE SOURCES</p> <p>CFR(s): 483.410(d)(3)</p> <p>The facility must assure that outside services meet the needs of each client.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations, record review and interviews, the facility failed to ensure outside services were provided in accordance with client #6's Individual Program Plan (IPP). This affected 1 of 4 audit clients. The finding is:</p> <p>During observations at the day program on 5/26/26, Staff E exited a bathroom while pushing client #6 to a nearby classroom. No other staff were observed in the bathroom.</p> <p>Immediate interview with Staff E revealed she had assisted client #6 with toileting. When asked if they used any adaptive equipment such as the Hoyer Lift (located inside the bathroom area), the staff indicated she did not. Additional interview revealed she tilted the client's wheelchair back and lifted her up to change her incontinence pad. Further interview indicated client #6 does not like the staff to use the lift while assisting her because she is afraid they will drop her. Staff E indicated she is supposed to use the Hoyer Lift to help transfer client #6 during toileting.</p> <p>Review on 5/26/26 of client #6's IPP dated 2/9/26 revealed she utilizes a Hoyer Lift to assist with lifts and transfers. The plan indicated a manual lift would be used when the electric lift malfunctions. Additional review of the client's Physical Therapy (PT) evaluation dated 3/30/26 noted, "Staff uses a mechanical lift to provide her with assistance during transfers. In the event the lift is unavailable (such as due to malfunction), staff may provide assistance to [Client #6] using manual total/max lift assist technique with two staff."</p> <p>Interview on 5/27/26 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed day program staff should be utilizing a Hoyer Lift for all</p>	W0120		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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W0120	Continued from page 1 transfers involving client #6 and have been trained to do so.	W0120		
W0137	<p>PROTECTION OF CLIENTS RIGHTS</p> <p>CFR(s): 483.420(a)(12)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations, record review and interview, the facility failed to ensure client #2 had the right to access his eyeglasses. This affected 1 of 4 audit clients. The finding is:</p> <p>During morning observations in the home on 5/27/26, client #2's eyeglasses were retrieved by Qualified Intellectual Disabilities Professional (QIDP) from a cabinet in an office of the home. The eyeglasses were then taken to the client as he sat on the couch in the living room. At 8:41am, QIDP returned the client's eyeglasses to the office and locked them in the medication closet.</p> <p>Immediate interview with QIDP revealed client #2's eyeglasses are routinely kept in the locked medication closet, so he won't "just put them anywhere".</p> <p>Review on 5/27/26 of client #2's Individual Program Plan (IPP) dated 9/23/25 revealed he has reading glasses which are worn "prn" when he is watching television. Additional review of the plan also indicated, "Staff should assist [Client #2] in terms of exercising his rights through gestures and explaining to [Client #2] his rights as a citizen and as a resident on a regular basis."</p> <p>Additional interview with the QIDP on 5/27/26 confirmed client #2 does not have free access to his eyeglasses.</p>	W0137		
W0125	<p>PROTECTION OF CLIENTS RIGHTS</p> <p>CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p>	W0125		

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W0125	Continued from page 2  This STANDARD is NOT MET as evidenced by:  Based on observations, record review and interviews, the facility failed to ensure client #6 had the right to dignity regarding the use of incontinence pads. This affected 1 of 4 audit clients. The finding is:  During observations at the day program and in the home on 5/26/26, an incontinence pad was positioned underneath client #6 and spread across the seat of the client's wheelchair. The pad was large and visible to anyone in the area.  Interview on 5/26/26 with Staff E revealed the pad was used to prevent client #6's seat from getting wet in case of a toileting accident.  Review on 5/26/26 of client #6's Individual Program Plan (IPP) dated 2/9/26 revealed she communicates her wants and needs. Additional review of the client's Community/Home Life Assessment (CHLA) dated 1/28/26 revealed she can independently verbalize her need to use the toilet. The IPP also indicated she advocates for herself and staff periodically review her rights with her to ensure they are not violated.  Interview on 5/27/26 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6 vocalizes her need to use the bathroom and an incontinence pad should not be used on the seat of her wheelchair.	W0125		
W0240	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 #6's Individual Program Plan (IPP) included specific information to support the use of a neck collar/brace. This affected 1 of 4 audit clients. The finding is:  During observations at the day program on 5/26/26, client #6 wore a neck collar/brace secured around her neck. During additional morning observations in the home on 5/27/26 at 8:10am, the client wore a	W0240		

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W0240	Continued from page 3 neck collar/brace around her neck after breakfast. The device was removed at 8:43am just before clients loaded the facility van en route to the day program.  Interview on 5/27/26 with Staff A revealed client #6 wears the neck brace during day time hours to prevent potential neck injury.  Review on 5/27/26 of client #6's IPP dated 2/9/26 revealed, "Staff should implement more consistent cervical collar (neck brace) program to promote extension of the cervical spine and optimal posture." Additional review of the plan did not include specific information regarding the neck collar or it's use.  Interview on 5/27/26 with the QIDP indicated client #6's neck collar should only be worn for 1 – 2 hours. She noted the day program also has separate neck collar for her use. The QIDP acknowledged the client's IPP does not have specific information regarding the use of her neck collar.	W0240		
W0263	PROGRAM MONITORING & CHANGE  CFR(s): 483.440(f)(3)(ii)  The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.  This STANDARD is NOT MET as evidenced by:  Based on record review and interview, the facility failed to ensure written informed consent was obtained for client #2's restrictive Behavior Support Plan (BSP). This affected 1 of 4 audit clients. The finding is:  Review on 5/27/26 of client #2's BSP dated 10/31/25 revealed an objective to reduce episodes of target behaviors to 0 episodes per month for 12 consecutive months. Additional review of the BSP included the use of Buspar, Hydroxyzine HCL, Mirtazapine, Risperdone and Sertraline. Further review of the record did not include written informed consent for the restrictive BSP.  Interview on 5/27/26 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed written informed consent had not been obtained for the BSP as of the date of the survey.	W0263		

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W0340	<p><b>NURSING SERVICES</b></p> <p>CFR(s): 483.460(c)(5)(i)</p> <p>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.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations, record reviews and interviews, the facility failed to ensure all staff were sufficiently trained to provide necessary grooming for 3 of 4 audit clients (#2, #5 and #6). The finding is:</p> <p>During observations throughout the survey on 5/26 – 5/27/26, client #2, client #5 and client #6's fingernails were long and extended well beyond the tips of their fingers. Some of the client's nails were also jagged with sharp edges.</p> <p>Interview on 5/27/26 with the Home Manger (HM) indicated that client's fingernails are not cut by staff and all of the clients in the home go out once a quarter to have their nails cut at a doctor's office. The HM noted staff only file and/or polish client's fingernails.</p> <p>Review on 5/27/26 of client #2's, client #5's and client #6's Community/Home Life Assessment (CHLA) dated 7/24/25, 9/29/25 and 1/28/26, respectively, revealed they all require physical assistance to maintain their fingernails at an appropriate length.</p> <p>Interview on 5/27/26 with the facility nurse revealed staff are responsible for nail care in the home. She indicated clients only see a podiatrist for nail care if they have certain medical conditions such as diabetes which would require nail care by a physician.</p> <p>Interview on 5/27/26 with the Qualified Intellectual Disabilities Professional (QIDP) revealed the home currently does not have a regular schedule for nail care in the home.</p>	W0340		
W0368	<p><b>DRUG ADMINISTRATION</b></p> <p>CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the</p>	W0368		

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W0368	Continued from page 5 physician's orders.  This STANDARD is NOT MET as evidenced by:  Based on observation, record review and interviews, the facility failed to ensure all medications were administered in accordance with physician's orders. This affected 1 of 3 clients (#6) observed receiving medications. The finding is:  During morning observations of medication administration in the home on 5/27/26 at 7:00am, the Medication Technician (MT) poured a single packet of HealthyLax powder into client #6's adaptive cup which was filled with water. The powder immediately settled to the bottom of the clear cup as the MT did not stir/mix it with the water. Client #6 was then presented with the cup at her breakfast meal.  Interview on 5/27/26 with the MT revealed she adds the powder to client #6's drink and allows it to dissolve.  Review on 5/27/26 of client #6's physician's orders (signed 3/30/26) noted an order for HealthyLax powder, mix 17 gms (1 packet) in 8 ounces of liquid and drink twice daily, 7:00am.  Interview on 5/27/26 with the facility nurse confirmed the powder should have been mixed with the water as the order indicates in order for it to dissolve thoroughly.	W0368		
W0369	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 3 clients (#6) observed receiving medications. The findings are:  A. During morning observations of medication administration in the home on 5/27/26 at 7:00am, the Medication Technician (MT) poured a single packet of HealthyLax powder into client #6's adaptive cup which was filled with water. The powder immediately settled to the bottom of the	W0369		

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W0369	<p>Continued from page 6</p> <p>clear cup as the MT did not stir/mix it with the water. Client #6 was then presented with the cup at her breakfast meal. The water remained on the table as client #6 consumed her breakfast meal. Client #6 took approximately three sips of the water throughout the meal but did not consume the entire drink. At 7:50am, the cup, containing approximately ¾ of the drink, was taken to the kitchen and disposed of.</p> <p>Review on 5/27/26 of client #6's physician's orders (signed 3/30/26) revealed an order for HealthyLax powder, mix 17 gms (1 packet) in 8 ounces of liquid and drink twice daily, 7:00am.</p> <p>Interview on 5/27/26 with the MT revealed she was not aware that client #6 had not consumed her HealthyLax powder at breakfast.</p> <p>Interview on 5/27/26 with the facility nurse confirmed the MT should have ensured the medication was consumed by client #6.</p> <p>B. During morning observations of medication administration in the home on 5/27/26 from 6:33am – 7:00am, client #6 was presented with the following medications for ingestion: Baclofen, Multivitamin, Buspar, Prilosec, Linzess, Ferrous Sulfate, Pristiq and Miralax. No other medications were administered at this time.</p> <p>Review on 5/27/26 of client #6's physician's orders (signed 3/30/26) revealed an order for Latulose 10gm/15 ml sol, 7.5 by mouth on Monday, Wednesday and Friday, (Hold if having frequent loose stools, 7:00am.</p> <p>Interview with the facility nurse confirmed client #6 should have gotten the Latulose this morning as she was not aware of her experiencing any frequent loose stools.</p>	W0369		
W0460	<p><b>FOOD AND NUTRITION SERVICES</b></p> <p>CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations, record reviews and interviews, the facility failed to ensure each client received their specially prescribed diet as indicated. This affected 2 of 4 audit clients (#2 and #4). The</p>	W0460		

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W0460	<p>Continued from page 7 findings are:</p> <p>A. During dinner observations in the home on 5/26/26 at 5:02pm, client #2 was assisted to serve himself chicken, rice and pears. Closer observation of the food items revealed the chicken was ground and moist, the rice was ground and thick while the pears resembled applesauce with small pear chunks throughout. Client #2 consumed the meal without difficulty.</p> <p>During additional observations of the breakfast meal on 5/27/26 at 6:52am, client #2 was assisted to serve himself ground cereal. The client then added milk to the cereal and consumed it without difficulty.</p> <p>Interview on 5/27/26 with Staff D revealed client #2 consumes a mechanical soft food consistency.</p> <p>Review on 5/27/26 of client #2's Individual Program Plan (IPP) dated 9/23/25 and his current physician's orders (signed 2/24/26) revealed he consumes a bite-size food consistency. The IPP noted his food should be cut into ½ inch to 1 inch pieces.</p> <p>Interview on 5/27/26 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2's should not be served at a mechanical soft consistency and should be in bite-size pieces as indicated in his IPP.</p> <p>B. During breakfast observations in the home on 5/27/26 at 7:10am, client #4 was presented with ground cereal which he added milk to and consumed it. Closer observation of the mixture revealed ground pieces of cereal floating in an excessive amount of milk. The client consumed the cereal without difficulty.</p> <p>Interview on 5/27/26 with Staff D revealed he routinely grinds up client #4's cereal and has him add the milk. The staff noted the cereal will "turns into pudding" after it sits.</p> <p>Review on 5/26/26 of client #4's IPP dated 8/27/25 revealed he consumes a pureed diet for safety. Additional review of a list of food consistency definitions posted in the kitchen of the home noted for Pureed, "All foods are moistened and processed until smooth (no lumps) to an applesauce-like or pudding consistency. The uniform texture should hold together and be 'spoon-thick' in consistency." The list further noted, "Foods should be prepared so that: It is smooth throughout and there are NO lumps...It is NOT pasty, sticky or gummy...It is NOT runny...It is NOT dry."</p>	W0460		

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W0460	Continued from page 8  Interview on 5/27/26 with the QIDP confirmed client #4's food should be served at a pureed consistency as indicated.	W0460		