STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G452	A. BUILDING 00 B. WING	07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
DUNGARVIN INDIANA LLC	52812 HIGHLAND DR SOUTH BEND, IN 46635

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W 0000 Bldg. 00	This visit was for a pre-determined full recertification and state licensure survey. This visit included the investigation of complaint #IN00410992. Complaint #IN00410992: No deficiencies related to the allegation(s) are cited. Dates of Survey: 7/12, 7/13, 7/14, 7/17, 7/18, 7/19, 7/20, 7/21, 7/24 and 7/25/23. Facility Number: 000966 Provider Number: 15G452 AIMS Number: 100244770 These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 8/8/23.	W 0000		
W 0102 Bldg. 00	483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on observation, record review, and interview for 3 of 3 sample clients (A, B and C), plus 4 additional clients (D, E, F and G), the facility failed to meet the Condition of Participation: Governing Body. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the home was in good repair, there was sufficient oversight for clients B, E, F and G's finances, and to effectively integrate, coordinate, and monitor clients A, B, C, D, E, F, and G's active treatment programs. The facility's governing body failed to meet the	W 0102	**W102** Governing Body and Management (Condition) - Failed to exercise general policy, budget, and operating direction over the facility to ensure the home was in good repair, to provide sufficient oversight for clients' finances and to monitor clients' active treatment programs. Failed to meet the Condition of Participation: Active Treatment Services. The governing	08/24/2023

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

Susan Gichohi | Area Director | 09/01/2023

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	Condition of Participation: Active Treatment for clients A, B, C, D, E, F, and G. Findings include: 1. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the home was in good repair for clients A, B, C, D, E, F and G, to provide sufficient oversight for clients B, E, F and G's finances and to monitor clients A, B, C, D, E, F, and G's active treatment programs. Please see W104. 2. The governing body failed to meet the Condition of Participation: Active Treatment Services. The governing body failed to effectively integrate, coordinate, and monitor clients A, B, C, D, E, F, and G's active treatment programs and to ensure implementation of an aggressive active treatment program to meet clients A, B, C, D, E, F and G's specific needs. Please see W195. 9-3-1(a)		body failed to effectively integrate, coordinate, and monitor clients' active treatment programs and to ensure implementation of an aggressive active treatment program to meet clients' specific needs. Citations at W104 and W195. Corrective action for resident(s) found to have been affected All parts of the POC for the survey with event ID FY4811 will be fully implemented, including the following specifics: · All facility staff trained on the importance of reporting all maintenance concerns immediately via the Maintenance Request forms. · All maintenance concerns reported are being addressed through deep cleaning, discarding broken or unsafe items, replacing or repairing any broken furniture, as well as the completion of needed repairs by the Maintenance department. · Lead DSP and QIDP are responsible to note any broken items or maintenance needs during daily and weekly observations at the home. Lead DSP is to document concerns on monthly Site Risk Management Checklist. Maintenance Department is required to conduct a monthly inspection and note needed repairs or safety concerns.	

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			QIDP visits several times per week and is to report these concerns to Maintenance as needed. Area Director is also to visit at least quarterly to ensure that concerns are being reported as needed. · All facility staff retrained on the expectation that Dungarvin must pay for all haircuts for the individuals. · An audit of all client statements for the past year completed to ensure that funds used for any haircuts for the individuals are reimbursed to the individuals served. · All facility staff have received training on the importance of providing a continuous and aggressive active treatment program to each individual. The facility team met to review ways that each client could be engaged in meaningful activities throughout the day. · Training included expectations of active treatment programs to be implemented at mealtimes, med passes, personal hygiene, etc. · QIDP has developed individualized active treatment schedules for all individuals at the facility and all staff have been trained on the expectations regarding implementation. Copies of the schedules are being uploaded to Therap documents so that staff can access them at all times.	

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			· The QIDP has received retraining on providing oversight to staff and related reviews of staff documentation on ISP programs for individuals at the home. · The QIDP is auditing all ISPs in place to ensure that the goals listed in the ISP are in place correctly in the Therap documentation system. · All facility staff have received retraining on the importance of completing documentation on all ISP programs. ·The QIDP received retraining on the completion of monthly reviews of program plan documentation. Monthly summaries for July were completed and verified by the Area Director. ·The QIDP, Nurse, Area Director or other qualified supervisory staff will be responsible to conduct Active Treatment observations at varying times of the day to ensure that facility staff demonstrate competency on providing active treatment. Initially these observations will be conducted 4 times per week for the first two weeks. If competency is shown in that time, observations may reduce to 3 times per week for the next two weeks and then titrate to 2 times per week for two weeks. Any observed concerns will be addressed through immediate retraining and coaching. -	

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W 0104	483.410(a)(1) GOVERNING BODY		How facility will identify other residents potentially affected & what measures taken All residents potentially are affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence Going forward, QIDP is to maintain a regular, frequent presence in the home and provide direct coaching and redirection to staff regarding the overall quality of the maintenance and cleanliness of the home, in order to coach staff on active treatment implementation at all naturally occurring opportunities, and to monitor the implementation of Dungarvin systems of accounting client finances. In addition, Maintenance is to tour the home monthly for any concerns and the Area Director is to conduct look behind visits to verify that concerns are being reported appropriately and that staff demonstrate competency in monitoring the cleanliness and safety of the home. QIDP is to effectively implement an aggressive active treatment program for each client according to their specific needs.	

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Bldg. 00	The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview for 3 of 3 sampled clients (A, B and C), plus 4 additional clients (D, E, F and G), the governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the home was in good repair, to ensure clients B, E, F, and G did not pay for haircuts and to monitor and ensure implementation of clients A, B, C, D, E, F, and G's active treatment programs. Findings include: A) Observations were conducted on 7/12/23 from 3:58 pm to 6:25 pm, 7/13/23 from 5:57 am to 7:30 am, 7/13/23 from 11:39 am to 1:30 pm and 7/17/23 from 10:10 am to 12:45 pm. Clients A, B, D, E, F and G were present throughout the observation periods. Client C was present on 7/17/23 from 10:10 am to 12:45 pm. The following environmental issues were noted affecting clients A, B, C, D, E, F, and G: 1) In the front living room, the laminate flooring in front of the couch was missing in a circular spot measuring 5 inches by 2 1/2 inches. 2) In the doorway to the back living room there was a piece of tape measuring 20 1/2 inches by 2 inches keeping the carpet in place. 3) The flooring in the hallway in front of the medication room had a piece of laminate flooring missing measuring 13 1/2 inches by 1 1/2 inches. 4) In the Jack and Jill bathroom between client B and C's bedroom and client A and D's bedroom, the tile around the bottom of the shower had a	W 0104	**W 104** Governing Body (Standard) – The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the home was in good repair, to ensure clients B, E, F, and G did not pay for haircuts and to monitor and ensure implementation of clients A, B, C, D, E, F, and G's active treatment programs. Corrective action for resident(s) found to have been affected All parts of the POC for the survey with event ID FY4811 will be fully implemented, including the following specifics: · All facility staff trained on the importance of reporting all maintenance concerns immediately via the Maintenance Request forms. · All maintenance concerns reported are being addressed through deep cleaning, discarding broken or unsafe items, replacing or repairing any broken furniture, as well as the completion of needed repairs by the Maintenance department. · Lead DSP and QIDP are responsible to note any broken items or maintenance needs during daily and weekly observations at the home. Lead	08/24/2023

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	black substance on it. The bottom of the door was separated and coming apart. 5) In the Jack and Jill bathroom between client E and F's bedroom and client G's bedroom half of the seal along the bottom of the shower was missing. 6) In client E and F's bedroom a spot on the wall measuring 9 inches by 2 inches did not have paint on it. An interview with the Program Director (PD) was conducted on 7/20/23 at 9:38 am. The PD stated, "The home should be habitable. The floor has a lot of wear and tear. Maintenance came last week to do an estimate for new flooring. Bathrooms should be clean. It looks like mold on the tiles. The walls should all be painted." An interview with the Area Director (AD) was conducted on 7/20/23 at 10:59 am. The AD stated, "The home should be clean and in good repair. We are getting quotes on all new flooring. Bathrooms should be clean. There should be light bulbs in all light fixtures. The shower should have a seal along the entire shower opening. All walls should be painted." B) 1. Client B's record was reviewed on 7/13/23 at 2:46 pm. Client B's bank statement dated July 2023 indicated the following: 7/8/23 - [Store Name] Haircut, $22.50. Client B's bank statement indicated client B paid $22.50 for a haircut. 2. Client E's record was reviewed on 7/13/23 at 2:46 pm.		DSP is to document concerns on monthly Site Risk Management Checklist. Maintenance Department is required to conduct a monthly inspection and note needed repairs or safety concerns. QIDP visits several times per week and is to report these concerns to Maintenance as needed. Area Director is also to visit at least quarterly to ensure that concerns are being reported as needed. · All facility staff retrained on the expectation that Dungarvin must pay for all haircuts for the individuals. · An audit of all client statements for the past year completed to ensure that funds used for any haircuts for the individuals are reimbursed to the individuals served. How facility will identify other residents potentially affected & what measures taken All residents potentially are affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence Going forward, the QIDP is to maintain a regular presence in the home through scheduled and unscheduled visits multiple times per week, to monitor for the overall quality of the maintenance and cleanliness of the home and in	

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	Client E's bank statement dated June 2023 indicated the following: 4/10/23- [Store Name] Haircut, $21.99 4/10/23-[Store Name] Haircut, $22.00. Client E's bank statement indicated client E paid $43.99 for haircut. 3. Client F's record was reviewed on 7/13/23 at 2:46 pm. Client F's bank statement dated July 2023 indicated the following: 4/10/23- [Store Name] Haircut, $27.00. Client F's bank statement indicated client F paid $27.00 for haircut. 4. Client G's record was reviewed on 7/13/23 at 2:46 pm. Client G's bank statement dated June 2023 indicated the following: 4/10/23- [Store Name] Haircut, $ 0.01. Client G's bank statement indicated client G paid $0.01 for haircut. An interview with the Program Director (PD) was conducted on 7/20/23 at 9:38 am. The PD stated, "Individuals should not pay for their haircuts." An interview with the Area Director (AD) was conducted on 7/20/23 at 10:59 am. The AD stated, "Haircuts should be paid for by the agency." C. The governing body failed to ensure clients A, B, C, D, E, F and G received a continuous and aggressive active treatment program. Please see W196. 9-3-1(a)		order to coach staff on active treatment implementation at all naturally occurring opportunities. In addition, Maintenance is to tour the home monthly for any concerns and the Area Director is to conduct look behind visits to verify that concerns are being reported appropriately and that staff demonstrate competency in monitoring the cleanliness and safety of the home. All Program Directors and Lead DSPs are to receive training on personal fund spending vs. facility spending, including the expectation that personal haircuts are to be paid for by the facility.	

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W 0140 Bldg. 00	483.420(b)(1)(i) CLIENT FINANCES The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 1 of 3 sampled clients (client B), plus 3 additional clients (E, F and G) the facility failed to assure a full and complete accounting of clients B, E, F and G's finances. Findings include: 1. Client B's record was reviewed on 7/13/23 at 6:03 am. A review of client B's ledger at the house indicated: Client B's money credit card tracking ledger was dated October 2020. The ledger had an entry dated 10/7/22 for a deposit of $70.00 and an entry for 4/29/23 indicating $12.81 was spent at [restaurant name] and balance of $57.19. Client B did not have a money ledger for July 2023. 2. Client E's record was reviewed on 7/13/23 at 6:03 am. A review of client E's ledger at the house indicated: Client E's money credit card tracking ledger was dated October 2022. The ledger had an entry dated 10/7/22 for a deposit of $60.00 and an entry on 10/29/22 indicating $59.94 was spent at [store name] and balance of $0.06. Client E did not have a money ledger for July 2023. 3. Client F's record was reviewed on 7/13/23 at 6:03 am. A review of client F's ledger at the house indicated: Client F's money credit card tracking ledger was dated October 2022. The ledger had an entry dated 10/7/22 for a deposit of $150.00 and an entry	W 0140	**W 140** Client Finances (Standard) – The facility failed to assure a full and complete accounting of clients B, E, F and G's finances. Corrective action for resident(s) found to have been affected All parts of the POC for the survey with event ID FY4811 will be fully implemented, including the following specifics: · All facility staff retrained on the proper documentation expected when assisting individuals in spending their personal funds. Program Director retrained on the expectation that monthly ledgers are to be turned in monthly and that new ledgers are to be started each month. New ledgers are in place for August 2023 and will be turned over on the 1st of the month. · The house currently does not have anyone in the Lead DSP position but as soon as that position is filled, that staff will be trained on the monthly financial packets to be prepared for each individual with their monthly ledgers audited and balanced. In the meantime, the Program Director will assume responsibility	08/24/2023

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	for 10/29/22 indicating $66.77 was spent at [store name] and balance of $83.00. Client F did not have a money ledger for July 2023. 4. Client G's record was reviewed on 7/13/23 at 6:03 am. A review of client G's ledger at the house indicated: Client G's money credit card tracking ledger was dated October 2022. The ledger had an entry dated 10/7/22 for a deposit of $100.00. No other entries were listed on ledger. Client G did not have a money ledger for July 2023. An interview with the Program Director (PD) was conducted on 7/20/23 at 9:38 am. The PD stated, "All money ledgers should be up to date and accurate." An interview with the Area Director (AD) was conducted on 7/20/23 at 10:59 am. The AD stated, "Money ledgers should be completed and turned in monthly. All transactions should be documented and accurate." 9-3-2(a)		for this task. . How facility will identify other residents potentially affected & what measures taken All residents potentially are affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence Going forward, all Program Directors and Lead DSPs are to receive training on Dungarvin systems for monitoring and auditing the use of client personal funds. Monthly financial packets are to be completed and submitted to the office for auditing by the client finance coordinator by the 15th of each month.	
W 0149 Bldg. 00	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 8 of 44 incident reports affecting clients A, C, E and H, the facility failed to implement its policy and procedures for prohibiting abuse, neglect, exploitation, mistreatment and/or violation of individuals' rights to prevent client-to-client physical aggression.	W 0149	**W 149** Staff Treatment of Clients (Standard) – For 8 of 44 incident reports affecting clients A, C, E and H, the facility failed to implement its policy and procedures for prohibiting abuse, neglect, exploitation, mistreatment	08/24/2023

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	Findings include: The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 7/13/23 at 10:03 am. The review indicated the following: 1. BDDS report dated 1/11/23 indicated, "... This writer was informed by staff today (1/12/23) that [client H] reported that [client C] covered his mouth with his hand and 'drug' him out of the laundry room. This reportedly happened last evening (1/11/23). Upon questioning [client C] about the incident, he stated, 'He just p----- me off.' This Incident Report (IR) writer also spoke with [client C] about his coping mechanisms (as indicated in his Behavior Support Plan) and what he is supposed to do if someone is 'ticking him off.' [Client C] apologized. [Client H] was not injured." There was not an investigation for the incident of client to client aggression. 2. BDDS report dated 2/2/23 indicated, "...On the evening of 2/2, [client A] moved into the group home. The new housemate was upset after the staff from his previous group home left. [Client A] became more agitated pacing around the home. [Client E] was seated on a small couch in the front living room as she had just had a g-tube (gastrostomy) feeding and needed to remain sitting up. As the new housemate passed by while pacing and saying he wanted to go home (to his previous group home), he suddenly struck [client E] on the right back shoulder. A red mark was noted initially, however as of today there was no sign of bruising, and she is not displaying any signs of pain. [Client E] was upset at the time and staff made sure that [client E] was kept a (sic)		and/or violation of individuals' rights to prevent client-to-client physical aggression. Corrective action for resident(s) found to have been affected All parts of the POC for the survey with event ID FY4811 will be fully implemented, including the following specifics: · All facility staff retrained on Dungarvin policies regarding Incident Reporting. All incidents of peer-to-peer aggression constitute high level GERs which require submission of an internal incident report (GER) and direct reporting to the nurse and supervisor. ·All supervisory/QIDP level staff receiving retraining on the Dungarvin policy on Incident Reporting and the BDDS policy on Incident Reporting. ·QIDP is to review staff notes daily to ensure that no reportable incidents are in staff notes that were not reported to the Program Director or the PD on call. ·QIDP retrained on effective completion of Significand Incident Investigations, including the purpose of completing them thoroughly and promptly in order to prevent recurrence and identify any trends. How facility will identify other residents potentially affected & what measures taken All residents potentially are affected, and corrective measures	

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	distance from the new housemate and provided moral and emotional support to her. ..." There was not an investigation for the incident of client to client aggression. 3. BDDS report dated 2/9/23 indicated, "...[Client C] became angry when [client A] went into his room and lay on his bed. [Client C] got up from where he was sitting in the living room, yelling and cussing and yanked [client A] out of his bed, punching him the mouth. [Client C] was punched in forehead. Staff reported redness on [client C's] face, but later on, the redness dissipated and no injury was noted. [Client C] had no complaints of pain. Staff was able to intervene before any further physical aggression. [Client C] returned to the living room to continue watching his show." 4. BDDS report dated 3/11/23 indicated, "...This writer was informed that [Client E] was having altercation with [Client A] on March 11, 2023, at around 2:55 PM. [Client E] punched him on his face and on his upper body. Staff deescalated the individuals and move (sic) the individuals to sit in separate areas in (sic) home. There were no noticeable injuries. ..." 5. BDDS report dated 4/16/23 indicated, "...On 4/16/23 [client H] had reported that [client C] had gone into his housemate's room and smacked his housemate on the back of the head." Investigation of Significant Incident dated 4/17/23 indicated, " ... Staff didn't witness the incident so were not able to implement plans. ..." 6. BDDS report dated 4/29/23 indicated, "...On 4/29/23, This writer was informed that [client C] had an altercation with his roommate. [Client C]		address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence All new Program Director/QIDPs will be trained on Incident Reporting expectations. All new staff are trained on Incident Reporting during new staff orientation and then on an annual basis as a part of annual ANE training. Program Director is responsible to be aware of all reportable incidents and to report them according to state law. All significant incidents which could indicate abuse, neglect, exploitation, mistreatment and/or violation of individuals' rights will be investigated within 5 business days, including an analysis of any antecedents or triggers as well as any programmatic changes or staff trainings that are needed to prevent recurrence.	

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	was vacuuming around the area where his house mate was sitting in the living room. [Client A] became agitated and began cursing. [Client C] verbally retaliated. At that point, [Client A] kicked him on the outside of his left leg. Staff noticed a small swelling on [client C's] leg where he was kicked." Investigation of Significant Incident dated 4/30/23 indicated, "...Summary of findings and Recommendations: ... While staff were not able to prevent the altercation, they were supervising and responded very quickly to separate and de-escalate the individaula (sic). ... Could the Incident have been prevented? It would have been difficult for the staff to anticipate that the conversation would turn the way it did. Prior to this the guys had not had issues during the day. When [client A] cursed out to [client C] it escalated very quickly. ..." 7. BDDS report dated 5/4/23 indicated, "On 5/3/23, Qualified Intellectual Disabilities Professional (QIDP) review of staff documentation found that there was an incident recorded in the Therap Documentation system from 4/30/23. The staff working on 4/30/23 reported that there was an altercation between [client C] and [client H]. Staff recorded that [client C] awoke and came out (sic) his room to have lunch. [Client H] soon followed. As [client H] got into the front television room [client C] began to state to [client H], 'The Food is Not Done, Go Back, The food id (sic) not done.' [Client C] followed after [client H] and proceeded to shove him from the back into the hallway. Staff reported that [client C] continued to verbally berate [client H] as he followed him towards his room. The staff member documented that this was reported to the on call supervisor, and when the on call notes were checked there was no record of			

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	a call. The supervisor of the home later found a text message had been sent to his personal phone, but he was not checking that phone over the weekend. ..." Investigation of Significant Incident dated 5/9/23 indicated, "...Summary of findings and Recommendations: ... While staff were not able to prevent the altercation, they were supervising and responded very quickly to separate and de-escalate the individuals. ..." 8. BDDS report dated 5/19/23 indicated, " ... This writer was informed that on 5/19/23 [client A] was bickering with his housemate [client E]. His housemate [client C] entered the room and began berating [client A]. Staff reported that [client A] was kicked on his left leg by his housemate [client C]. Staff intervened and separated [client C] from [client A] and checked [client A] for injuries. A 2-inch scratch was noted on his leg. Staff reported that [client C] continued to verbally berate [client A] and threatened to kill him. [Client A] has a 1:1 for his safety. Based on the threats made, sharps in the home have been locked up pending emergency Human Rights Committee approval to include this in the plan for [client C]." Investigation of Significant Incident dated 5/25/23 indicated, "...Summary of findings and Recommendations: ... While staff were not able to prevent the altercation, they were supervising and responded very quickly to separate and de-escalate the individuals. ..." An interview with the Program Director (PD) was conducted on 7/20/23 at 9:38 am. The PD stated, "Individuals should not be hit or cursed at in the			

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	home. We are trying to come up with supports that individuals need. We are looking into anger management for [client C] If someone is targeting another individual, we would need to have team meeting to discuss behaviors." An interview with the Area Director (AD) was conducted on 7/20/23 at 10:59 am. The AD stated, "Staff should be following the Abuse, Neglect and Exploitation Policy (ANE) at all times. Individuals should not be hit by any of their peers." A review of the ANE Policy dated 1/25/22, reviewed on 7/13/23 at 10:40 am indicated. "...PURPOSE: Dungarvin believes that each individual has the right to be free from mental, emotional, and physical abuse in his/her daily life. This policy establishes Dungarvin' s procedures to prevent abuse, neglect, or exploitation and identifies specific actions to be taken if abuse, neglect, or exploitation occurs or is suspected. ...DEFINITIONS A. Physical abuse is defined as any act which constitutes a violation of the assault, prostitution, or criminal sexual conduct statues, including intentionally touching another person in a rude, insolent or angry manner; willful infliction of injury; unnecessary restraint/confinement resulting from physical or chemical intervention; any sexual contact between staff and an individual including rape, molestation, coercion and exploitation. " 9-3-2(a)			
W 0159 Bldg. 00	483.430(a) QIDP Each client's active treatment program must be integrated, coordinated and monitored by			

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	a qualified intellectual disability professional who- Based on observation, record review and interview for 3 of 3 sampled clients (A, B and C) plus 4 additional clients (D, E, F and G), the Qualified Intellectual Disability Professional (QIDP) failed to effectively integrate, coordinate and monitor clients A, B and C's active treatment programs. The QIDP failed to develop, implement, and monitor active treatment programs to meet clients A, B, C, D, E, F and G's specific needs, and to ensure formal training objectives were implemented at all opportunities. The QIDP failed to have an active treatment schedule for clients A, B, C, D, E, F and G. Findings include: 1. Client A's record was reviewed on 7/13/23 at 3:08 pm. Client A's Individual Support Plan (ISP) dated 3-6-23 indicated the following goals: "Personal Hygiene, Dental Hygiene, Wear Helmet, and Clean room." There was no documentation the QIDP reviewed client A's goals in April 2023, May 2023 or June 2023. 2. Client B's record was reviewed on 7/17/23 at 1:15 pm. Client B's ISP dated 7/13/23 indicated the following goals: "Oral Hygiene, Bathing, Self Medication and Physical therapy exercises." There was no documentation the QIDP reviewed client B's goals in April 2023, May 2023 or June 2023. 3. Client C's record was reviewed on 7/18/23 at 11:39 am. Client C's ISP dated 3/6/23 indicated the following goals: "Exercise, Social Skills and Healthy food choice." There was no documentation the QIDP reviewed	W 0159	**W 159** QIDP (Standard) – QIDP failed to effectively integrate, coordinate and monitor clients A, B and C's active treatment programs. The QIDP failed to develop, implement, and monitor active treatment programs to meet clients A, B, C, D, E, F and G's specific needs, and to ensure formal training objectives were implemented at all opportunities. The QIDP failed to have an active treatment schedule for clients A, B, C, D, E, F and G. Citations at W196, W249, W250 Corrective action for resident(s) found to have been affected All parts of the POC for the survey with event ID FY4811 will be fully implemented, including the following specifics: · QIDP has received retraining on the role of the QIDP and the responsibility to effectively integrate, coordinate and monitor all active treatment programs at the facility. · All facility staff have received training on this finding and on the importance of providing a continuous and aggressive active treatment program to each individual. The facility team met to review ways that each client could be engaged in meaningful activities throughout the day. · Training included	08/24/2023

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	client C's goals in April 2023, May 2023 or June 2023. 4. The QIDP failed to ensure clients A, B, C, D, E, F and G received a continuous and aggressive active treatment program. Please see 196. 5. The QIDP failed to ensure staff implemented clients A, B, C, D, E, F and G's program plans as written. Please see W249. 6. The QIDP failed to have an active treatment schedule for clients A, B, C, D, E, F and G. Please see W250. 9-3-3(a)		expectations of active treatment programs to be implemented at mealtimes, med passes, personal hygiene, at all learning opportunities which present themselves throughout the day. · QIDP has developed individualized active treatment schedules for all individuals at the facility and all staff have been trained on the expectations regarding implementation. Copies of the schedules are being uploaded to Therap documents so that staff can access them at all times. · The QIDP has received retraining on providing oversight to staff and related reviews of staff documentation on ISP programs for individuals at the home. · The QIDP is auditing all ISPs in place to ensure that the goals listed in the ISP are in place correctly in the Therap documentation system. · All facility staff have received retraining on the importance of completing documentation on all ISP programs. ·The QIDP received retraining on the completion of monthly reviews of program plan documentation. Monthly summaries for July were completed and verified by the Area Director. ·The QIDP, Nurse, Area Director or other qualified supervisory staff will be responsible to conduct	

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			Active Treatment observations at varying times of the day to ensure that facility staff demonstrate competency on providing active treatment. Initially these observations will be conducted 4 times per week for the first two weeks. If competency is shown in that time, observations may reduce to 3 times per week for the next two weeks and then titrate to 2 times per week for two weeks. Any observed concerns will be addressed through immediate retraining and coaching. How facility will identify other residents potentially affected & what measures taken All residents potentially are affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence QIDP to maintain a very regular presence in the facility in order to monitor continuous active treatment, coach staff on plan implementation at all naturally occurring opportunities, and review staff competency on how to prevent and respond to incidents that may occur in accordance with the BSP. A simplified audit tool was implemented to ensure that needed assessments and program goals are in place for each	

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			individual. A checklist for all items required within the first 30 days of admission is in place and all Program Director/QIDPs are trained on this checklist. Program Director/QIDP will be responsible to ensure that the Life Skills Profile, FBA, and CFA are completed for individuals upon admission and yearly thereafter. Going forward, the QIDP is responsible to monitor staff documentation on an ongoing basis. The QIDP is then required to complete a monthly summary of data gathered by the 5th of the month to assess progress on all goals and review that data gathered was sufficient per the parameters of each individual program. All staff to be held accountable for expectations of documentation per the job description, including retraining and disciplinary action as needed.	
W 0195 Bldg. 00	483.440 ACTIVE TREATMENT SERVICES The facility must ensure that specific active treatment services requirements are met. Based on observation, record review, and interview for 3 of 3 sampled clients (A, B and C), and 4 additional clients (D, E, F and G), the facility failed to meet the Condition of Participation: Active Treatment Services. The facility failed to integrate, coordinate and monitor clients A, B, C, D, E, F, and G's active treatment programs. The facility failed to ensure	W 0195	**W 195** Active Treatment Services (Condition) – The facility failed to meet the Condition of Participation: Active Treatment Services. The facility failed to integrate, coordinate and monitor clients A, B, C, D, E, F, and G's active treatment programs. The	08/24/2023

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	staff implemented the clients' program plans. The facility failed to ensure active treatment schedules were available for A, B, C, D, E, F, and G. Findings include: 1. The facility failed to effectively integrate, coordinate and monitor clients A, B and C's active treatment programs. The facility failed to develop, implement, and monitor active treatment programs to meet clients A, B and C's specific needs, and to ensure clients A, B, C, D, E, F and G's formal training objectives were implemented at all opportunities. Please see W159. 2. The facility failed to ensure the clients received a continuous, aggressive and consistent active treatment program including the implementation of the clients A, B, C, D, E, F and G's program plans. Please see W196. 3. The facility failed to ensure clients A, B, C, D, E, F and G's formal training objectives were implemented during formal and informal training opportunities and clients' Behavior Support Plans were implemented as written. Please see W249. 4. The facility failed to have an active treatment schedule for clients A, B, C, D, E, F and G. Please see W250. 9-3-4(a)		facility failed to ensure staff implemented the clients' program plans. The facility failed to ensure active treatment schedules were available for A, B, C, D, E, F, and G. Citations at W159, W196, W249, W250. Corrective action for resident(s) found to have been affected All parts of the POC for the survey with event ID FY4811 will be fully implemented, including the following specifics: · All facility staff have received training on this finding and on the importance of providing a continuous and aggressive active treatment program to each individual. The facility team met to review ways that each client could be engaged in meaningful activities throughout the day. · Training included expectations of active treatment programs to be implemented at mealtimes, med passes, personal hygiene, etc. · QIDP has developed individualized active treatment schedules for all individuals at the facility and all staff have been trained on the expectations regarding implementation. Copies of the schedules are being uploaded to Therap documents so that staff can access them at all times. · The QIDP has received retraining on providing oversight to	

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			staff and related reviews of staff documentation on ISP programs for individuals at the home. · The QIDP is auditing all ISPs in place to ensure that the goals listed in the ISP are in place correctly in the Therap documentation system. · All facility staff have received retraining on the importance of completing documentation on all ISP programs. ·The QIDP received retraining on the completion of monthly reviews of program plan documentation. Monthly summaries for July were completed and verified by the Area Director. ·The QIDP, Nurse, Area Director or other qualified supervisory staff will be responsible to conduct Active Treatment observations at varying times of the day to ensure that facility staff demonstrate competency on providing active treatment. Initially these observations will be conducted 4 times per week for the first two weeks. If competency is shown in that time, observations may reduce to 3 times per week for the next two weeks and then titrate to 2 times per week for two weeks. Any observed concerns will be addressed through immediate retraining and coaching. How facility will identify other	

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			residents potentially affected & what measures taken All residents potentially are affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence A simplified audit tool was implemented to ensure that needed assessments and program goals are in place for each individual. A checklist for all items required within the first 30 days of admission is in place and all Program Director/QIDPs are trained on this checklist. Program Director/QIDP will be responsible to ensure that the Life Skills Profile, FBA, and CFA are completed for individuals upon admission and yearly thereafter.	
W 0196 Bldg. 00	483.440(a)(1) ACTIVE TREATMENT Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward: (i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and (ii) The prevention or deceleration of regression or loss of current optimal functional status.			

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	Based on observation, record review and interview for 3 of 3 sampled clients (A, B and C), plus 4 additional clients (D, E, F and G), the facility failed to ensure clients A, B, C, D, E, F and G received a continuous and aggressive active treatment program. Findings include: Observations were conducted on 7/12/23 from 3:58 pm to 6:25 pm, 7/13/23 from 5:57 am to 7:30 am, 7/13/23 from 11:39 am to 1:30 pm and 7/17/23 from 10:10 am to 12:45 pm. Clients A, B, D, E, F and G were present throughout the observation period. Client C was present on 7/17/23 from 10:10 am to 12:45 pm. On 7/12/23 at 3:58 pm clients A and F were sitting in the front living room watching television. At 4:01 pm client D was sitting in his bedroom watching television. Staff #2 was in the kitchen peeling potatoes. At 4:04 pm staff #1 and #4 were standing in living room folding laundry. At 4:08 pm client E was laying on her bed, she just had a shower. At 4:09 pm client E walked to the medication room using her walker and was administered her medication. Staff #3 did not implement a medication goal with client E. At 4:12 pm client E walked back to her bedroom and laid down in her bed. At 4:21 pm client G was lying in his bed. At 4:23 pm client B was lying down in his bed. He stated, "I feel safe in my home. I just lay in bed and watch TV. I would like to go places; I don't know where but there are not enough staff." At 4:36 pm staff #2 and #4 walked with client A to the bathroom. Client F walked into the front living room and sat on the couch.	W 0196	**W 196** Active Treatment (Standard) – Facility failed to ensure clients A, B, C, D, E, F and G received a continuous and aggressive active treatment program. Corrective action for resident(s) found to have been affected All parts of the POC for the survey with event ID FY4811 will be fully implemented, including the following specifics: · All facility staff have received training on this finding and on the importance of providing a continuous and aggressive active treatment program to each individual. The facility team met to review ways that each client could be engaged in meaningful activities throughout the day. · Training included expectations of active treatment programs to be implemented at mealtimes, med passes, personal hygiene, etc. · QIDP has developed individualized active treatment schedules for all individuals at the facility and all staff have been trained on the expectations regarding implementation,. Copies of the schedules are being uploaded to Therap documents so that staff can access them at all times. ·The QIDP, Nurse, Area Director or other qualified supervisory staff	08/24/2023

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	At 4:43 pm client G was in his bedroom. Client G stated, "I want to get batteries for my radio. During the day I watch Wheel of Fortune, all I do is watch TV. I am not allowed to get the mail. I don't help cook." At 5:22 pm staff #2 put chicken, potatoes and broccoli on 4 plates and set them on the table. Staff #2 moved one plate to the end of the counter for client A. At 5:25 pm staff #3 pureed food client B. Client F came and sat at the table. Client F stated, "You forgot my spoon." Staff #1 gave client F a spoon. At 5:26 pm staff #2 was feeding client B at the table. Client A sat at the end of the counter in the kitchen and ate his food. Client A did not have a drink throughout the meal. Client F asked for gravy for the potatoes. Staff #2 told client F they didn't have flour in the house to make gravy. At 5:30 pm client A finished eating, got up and sat back in the chair in the front living room. At 5:35 pm client D came to the dining table and sat down and began eating. Staff #1 was sitting at table while clients D and F were eating. At 5:41 pm client F finished eating and asked for chocolate milk to drink. Staff #2 told client F she would get it for her. At 5:44 pm client D got up from the table and asked for another piece of chicken. Staff #4 asked client D if he wanted more mashed potatoes. Client D indicated he did and staff #4 placed more potatoes on client D's plate. Staff #4 then gave client D another piece of chicken. At 5:47 pm client G had not come out of his bedroom to eat, staff #2 covered client G's plate of food and left it sitting on the table. At 5:48 pm staff #2 gave client F a glass of chocolate milk. Staff #2 took client A's plate to the kitchen sink. At 6:21 pm client E was sitting in the living room watching the television.		will be responsible to conduct Active Treatment observations at varying times of the day to ensure that facility staff demonstrate competency on providing active treatment. Initially these observations will be conducted 4 times per week for the first two weeks. If competency is shown in that time, observations may reduce to 3 times per week for the next two weeks and then titrate to 2 times per week for two weeks. Any observed concerns will be addressed through immediate retraining and coaching. How facility will identify other residents potentially affected & what measures taken All residents potentially are affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence Going forward, the QIDP is to maintain a regular presence in the home through scheduled and unscheduled visits multiple times per week, in order to coach staff on active treatment implementation at all naturally occurring opportunities.	

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	At 6:24 pm client A was sleeping sitting in a chair in the front living room. On 7/13/23 at 6:17 am client E sat on the couch in the living room after receiving her feeding. At 6:19 am client A walked out of his bedroom and went and sat in the chair in the front living room. Client A stated he needed to use the restroom. Staff #6 walked with client A to the restroom. At 6:30 am client E got up and used the restroom then sat back down in the recliner in the living room. At 6:37 am staff #5 checked on client G, client G was lying in his bed. At 6:40 am client E got up and started walking to her bedroom. Staff #5 prompted client E to sit back down due to just having her feeding. At 6:45 am client D walked into the front living room after taking his shower. Staff #6 assisted client A in walking to the chair in the front living room. Client E walked to her bedroom and went laid and down in her bed. At 7:26 am staff #8 was in the kitchen making malt of meal for breakfast. On 7/13/23 at 11:40 am client D was sitting in the living room watching television. Client E was lying in her bed. At 11:42 am client G was sitting at the kitchen table talking on the telephone. At 11:44 am clients A and F were sitting in the front living room watching television. Client D was sitting in the living room with staff #7. At 12:02 pm staff #7 was brushing client G's hair in the front living room. Staff #9 walked with client A from the medication room to the chair in the front living room. At 12:04 pm staff #4 was cooking fish and French fries in the kitchen. Staff #4 plated the food on four plates and set them on the table. A plate of			

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	fish and fries was placed in front of client B. Staff #8 started to take the plate from client B and stated, "No,[client B's] food needs to be pureed." Client B stated, "No, I can eat it." Staff #8 took the plate from client B to prepare the food pureed. At 12:08 pm client A got out of a chair and went into the kitchen and sat at the lower countertop. A plate with one piece of fish and French fries was sitting on the counter. Client A picked up his fish with his fingers and ate. Client A did not have silverware or a drink at the counter while eating. At 12:13 pm staff #4 began cooking green beans. At 12:14 pm client G sat at the table and ate his piece of fish with his fingers. Client D walked into the kitchen and sat at the table. A plate of fish and French fries was sitting on the table for client D. Client D began eating his fish picking it up with his fingers. Client F indicated she did not want to sit at the table and eat by client B. Staff #8 asked client F if she wanted to eat sitting on couch with a TV tray. Staff #8 stated, "[Client F] is upset because she has not had a nap today." At 12:19 pm staff #6 stated, "[Client F] can pick up the fish and fries with her fingers." Client F began eating without any silverware. Staff #6 placed some green beans on client F's plate and gave her a spoon to eat with. At 12:24 pm client B was eating his pureed fish and fries on his own. At 12:34 pm client F stated she wanted chocolate milk. Staff #4 told client F, "If you drink a glass of water, you can have chocolate milk." At 12:34 pm client G was lying in bed. He told staff he was still hurting by his catheter. Staff #6 indicated she would call the nurse to see if he can have pain medications. At 12:41 pm staff #6 received permission from the nurse to give client G pain medication. Client G received the pain medication in his bedroom. At 12:47 pm client E was sitting in the front living			

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	room watching a movie. Client A was sitting in the chair drawing on paper. At 12:56 pm client D was sitting in the living room watching television. At 12:57 pm client G was sleeping in his bed. At 1:04 pm Staff #8 pushed client B in his wheelchair into his bedroom and then left the room. When client B was attempting to transfer to his bed, he was not able to get on the bed. Surveyor called for staff to assist. No one came. Surveyor went into the hallway and asked staff #9 to come and assist client B. Staff #9 came into the room and assisted client B into his bed. At 1:18 pm staff #8 was sitting at the table in the front living room on her cellular telephone. Staff #7 was sitting at the table. Client E was sitting on the couch combing her hair. Staff #4 was sitting on the couch between clients E and F. At 1:22 pm client D was sitting in the living room watching the television. Client D stated, "I watch TV all day." He indicated he would like to go shopping or out to eat. At 1:28 pm client G was lying down in his bed; client B was laying down in his bed. Client D was watching TV in the living room. Clients E and F were watching TV in the front living room. Client A was sitting in the chair in the front living room. On 7/17/23 at 10:10 am Client F was sitting on the couch in the front living room. Client A was in the kitchen eating breakfast. Staff #4 stated, "Everyone else got up and took their medication and went back to bed." At 10:14 am client G asked for some cereal. At 10:16 am client E got out of her bed and went to the medication room. At 10:17 am client D was in his bedroom watching TV. Client D stated, "I had fried eggs, toast and tater tots for breakfast. I didn't help cook. Staff always do the cooking." Client D indicated his plans for the day were to do his laundry sometime			

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	today and watch TV. At 10:19 am staff #4 was in client E and F's bedroom making their beds. Staff #4 was interviewed on 7/17/23 at 10:22 am and asked if clients E and F make their own beds. Staff #4 stated, "I just do it. [Client E] can't really do it, because she can't stand for very long and [client F] will yell to help her." When asked about active treatment schedules, Staff #4 stated "I was not trained on any active treatment schedules." At 10:27 am client G was sitting in the kitchen at the table eating a bowl of cold cereal. At 10:31 am staff #1 was sitting in the front living room with clients A, E and F. Client A was sitting in the chair. Clients E and F were sitting on the couch. Client E was coloring. Client F was watching TV. At 10:40 am client A asked for paper to draw on. Staff #1 gave client A a piece of paper. Staff #1 was interviewed on 7/17/23 at 10:43 am. Staff #1 stated, "They have not had a day program since COVID. It's on staff to take them to the park or something. Right now, we do not have any active treatment schedules. At the house, [client F] watches TV, [client A] likes to draw, [client B] stays in his room most of the time, he does have exercises to do after his shower. [Client C] will help with dishes and cleaning the house, [client D] will do some chores." At 10:49 am clients B and C were in their beds sleeping. At 10:59 am clients E and F were sitting on the couch, staff #4 was sitting between clients E and F on her cellular phone. Client A was asleep sitting in the chair in the front living room. Client D was walking around in the house.			

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	At 11:11 am client A woke up. At 11:12 am clients A and E were talking back and forth. Client E was saying it was her birthday and client A was telling her it was not. Staff #1 asked clients A and E not to argue back and forth. At 11:57 am client B stated, " If I have goals, I do not know what they are." At 11:58 am client D stated, "I don't have any goals that I am working on," At 12:15 pm Staff #1 set the table with plates and silverware. Then staff #1 placed bowls of food with macaroni and cheese, meatballs, and vegetables on the table. At 12:22 pm Client B was brought to the table. Client B's food was prepared and placed in front of him. He began eating. Client F walked to the table with her walker. Staff #1 assisted client F to sit at the table. Staff #1 served client F her food and placed it on her plate. At 12:34 pm client D came to the kitchen. Client A came into the kitchen and sat at the chair at the end of the counter. Staff #1 dished out food for client A. At 12:36 pm client D served himself his food. At 12:38 pm staff #9 told client B he had to stay sitting up to let his food digest before going back to his bed to lay down. Throughout the observation periods, staff did not engage clients in meaningful activities. Clients A, B, C, D, E, F, and G were not encouraged to participate in any activities throughout the day. 1. Client A's record was reviewed on 7/13/23 at 3:08 pm. Client A's Individual Support Plan (ISP) dated 3/6/23 indicated the following: "...Needed Support [Client A] relies on staff for 24-hour supervision. He relies on staff for verbal prompting to initiate ADL (Activities of Daily			

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	Living), including, showering, thoroughness with toileting, dressing, undressing, oral hygiene and grooming. He relies on staff to initiate and complete domestic tasks such as laundry (all aspects); meal preparation and cooking; cleaning, etc. He states that he has no interest in cooking or doing his laundry. He is capable of cleaning up after himself at the meal table. ... Goals: Behavior: [Client] will control his physical aggression with staff intervention of a favorite activity. Did [client A] control his physical aggression? Goal will be practiced daily with documentation a minimum of 15 times per month. Toothbrushing: [Client A] will brush his teeth with staff reminders a minimum of 15 times per month. [Client A] will brush his teeth daily with a minimum of documentation 15 times a month with staff reminders. Domestic: [Client A] will pick up his DVDs from the floor in his room with staff reminders a minimum of 12 times a month. [Client A] will clean up his DVDs with staff prompts a minimum of 12 times per month. Health and Safety: [Client A] will wear his helmet . [Client A] should wear his helmet at all times when he is up ambulating (due to his seizure disorder). Document a minimum of 15 times per month." Client A did not have an active treatment schedule to review. Client A's record did not indicate documentation of QIDP (Qualified Intellectual Disabilities Professional) monthly review and monitoring of client A's active treatment program from April 2023 to June 2023.			

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	Client A's BSP dated 2/2023 indicated the following: "...Target Behaviors: Physical aggression...Verbal Aggression... Health Sills (sic) Deficits... Elopement... The targeted behaviors are most likely to occur when [client A] believes another person is rude to him or is demanding him to fo (sic) something, he may strike that person. Staff should not answer [Client A] with 'no'. [Client A] will, at times, refuse to respond to staff direction that are related to his safety. [Client A] has a history of refusing showers and changing his clothes. ... Proactive Strategies: Staff should engage [client A] in a variety of activity (sic) while working with him and run his goals, including his communication goals. [Client A] will almost never turn down an activity when he has 1:1 staffing. ...Staff should always try to look for positive and have positive interactions with [client A].Staff should attempt to keep [client A] awake throughout the day so he sleeps at night." 2. Client B's records were reviewed on 7/17/23 at 1:15 pm. Client B's ISP dated 7/13/23 indicated the following: "What's Most Important to the Individual: Baseball, coffee and listening to music. ...Goals: Oral Hygiene: [Client B] will allow staff to brush his teeth without resistance. [Client B]will allow staff to complete oral hygiene at least one time per day. Bathing: [Client B] will independently wash his face and upper body. Domestic: [Client B] will choose a t-shirt he would like to wear for the day. Given a choice of 2 t-shirts, [client B] will choose the one he would like to wear for the day. Self-Medication: Given 1 verbal prompt [client B]			

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	will state the reason why he takes Wellbutrin XL 150 milligrams (mg) (used to treat depression). Transferring Wheelchair safety: [Client B] will use lateral transfers when transferring to/from his wheelchair. Physical Therapy Exercise: [Client B]will complete recommended PT exercises for health and wellness daily." Client B did not have an active treatment schedule to review. Client B's record did not indicate documentation of QIDP (Qualified Intellectual Disabilities Professional) monthly review and monitoring of client B's active treatment program from April 2023 to June 2023. Client B's BSP dated 6/23 indicated the following: "...Target Behaviors: Verbally Inappropriate Language ...calling other people names and cursing as well as whining, crying and screaming for his parents for reasons other than pain or discomfort, any demeaning remarks made by [client B] that target his housemates and staff, especially those of color. Proactive Strategies:- At the beginning of the week, staff should discuss with [client B] the events of the upcoming week. At this time, [client B] should be given an opportunity to make choices of the activities he would like to participate in during the week. Staff should also discuss with [client B] the importance of participating in all his goals and staying active.- In the course of the week, staff will need to engage [client B] in conversation before they request that he does something. [Client B] may get agitated when requested to do something he does not like. Staff will listen, remain positive, and focus on informing [client B] of the value of the activity or program.- Staff members should not			

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	lecture or 'talk at' [client B] as he tends to react with defiance to and disregard such approaches. Instead, staff should collaborate with him.- Staff will ask and offer [client B]any assistance he needs in order for him to run his program or participate in an activity.- [client B] will continue to use his sunlamp to help him with his depression...." 3. Client C's records were reviewed on 7/18/23 at 11:39 am. Client C's ISP dated 3/6/23 indicated the following: "Goals: Health/ Exercise: [Client C] should have some form of exercise daily. Staff will document a minimum of 20 times per month. With staff prompting, [client C]will ride the stationary bike, take a walk around the house or yard, or some other type of exercise daily. Social Skills-Appropriate Conversation: Goal should be worked on daily with documentation a minimum of 15 times per month. [Client C]will have appropriate conversation with both staff and/or housemates. Health-Choice of foods: Goal should be run daily with documentation a minimum of 20 times per month. [Client C] will choose healthy meals/snacks." Client C did not have an active treatment schedule to review. Client C's record did not indicate documentation of QIDP (Qualified Intellectual Disabilities Professional) monthly review and monitoring of client C's active treatment program from April 2023 to June 2023. Client C's BSP dated 6/23 indicated the following: "...Target Behaviors: Verbal Aggression...Physical Aggression... Anytime [client C] uses harsh			

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	language, threatens, calls names or any other way he uses his words to cause harm to housemates or staff. ... Proactive Strategies: Staff can help remind [client C] what is appropriate and what is not. Staff can help remind [client C] to keep his distance from his housemates. Staff are encouraged to take some time out of the day to spend some one-on-one time with [client C]so that he can talk out some of the things that may be upsetting him. Praise [client C] when he is doing something positive." 4. Client D's record was reviewed on 7/20/23 at 9:01 am. Client D's Individual Support Plan (ISP) dated 3/21/23 indicated the following: "...He is social, friendly, cooperative and enjoys helping around the house. [Client D] mostly keeps to himself, spending time in his room watching moves (sic) on DVDs. ... Goals: Meal Preparation: [Client] will assist staff in meal preparation a minimum of 15 times per month. Toothbrushing: Staff will remind [client D] to brush his teeth twice daily. Community outings: When able to go on community outings: Given choices or community bulletin, [client D] will choose an outing he would like to attend. A minimum of twice per month." Client D did not have an active treatment schedule to review. Client D's record did not indicate documentation of QIDP (Qualified Intellectual Disabilities Professional) monthly review and monitoring of client D's active treatment program from April 2023 to June 2023.			

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	5. Client E's record was reviewed on 7/20/23 at 9:03 am. Client E's ISP dated 3/6/23 indicated the following: "...Can report pain or discomfort verbally. Loves everything Christmas, Loves coloring, Sitting with her roommate..." -"Goal/Service: Residential: [Client E] will put her clothes in the appropriate place after laundry is completed (drawer/closet). Goal will be completed when laundry is done and documented a minimum of 12 times per month. Toothbrushing: Task will be worked on daily with documentation a minimum of 15 times per month. Bathing: [Client E] will wash her hair on her shower days." Client E's record did not indicate documentation of QIDP (Qualified Intellectual Disabilities Professional) monthly review and monitoring of client E's active treatment program from April 2023 to June 2023. 6. Client F's record was reviewed on 7/20/23 at 9:05 am. Client F's ISP dated 2/28/23 indicated the following: "...[Client F] enjoys shopping, going out to eat and social interaction with staff and peers alike. ..." -"Goal/Service: Self -Medication: [Client F] will be able to state why she takes Paxil (used to treat depression). Bathing: [Client F] with wash her mid-section with staff assisting with putting soap on the washcloth. Toileting: [Client F] will wash her hands using warm water and soap after using the restroom."			

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	Client F's record did not indicate documentation of QIDP (Qualified Intellectual Disabilities Professional) monthly review, monitoring or integration of client F's active treatment program from April 2023 to June 2023. 7. Client G's record was reviewed on 7/20/23 at 9:08 am. Client G's ISP dated 3/6/23 indicated the following: -"Goal/Service: Money Management: [Client G]will learn to count out correct change/money to pay for an item of his choice. Community: [Client G] would like to learn the streets around his home. Self-Care- bathing: [Client G] would like to become more independent in washing his body. Domestic: [Client G] will independently wash his bedsheets weekly. Meal Preparation: [Client G] will choose which meal and what he would like to prepare. Grooming: [Client G] will increase his independence by choosing clean clothes to wear daily." Client G's record did not indicate documentation of QIDP (Qualified Intellectual Disabilities Professional) monthly review and monitoring of client E's active treatment program from April 2023 to June 2023. An interview with the Program Director (PD) was conducted on 7/20/23 at 9:38 am. The PD stated, "Currently they don't have a day program. Staff should be doing activities in the home. All of the clients should have active treatment schedules. Goals should be run according to the goal, daily, weekly or monthly. Staff should record goal anytime it is run. Monthly summaries are the responsibility of the PD. I have not done any monthly summaries since I took over the home on 4/5/23."			

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	An interview with the Area Director (AD) was conducted on 7/20/23 at 10:59 am. The AD stated, "Individuals are not currently going to day program, but [Agency name] has stated they can start taking more individuals, so we are setting up visits for them. We should have active treatment schedules for all individuals. Staff should be involving every learning opportunity to involve the clients. They should fit in their daily living activities. Clients should not be lying in bed all day or watching TV. Goals should be run at any natural occurring opportunity. The PD should be reviewing goals monthly and complete a report." 9-3-4(a)			
W 0249 Bldg. 00	483.440(d)(1) PROGRAM IMPLEMENTATION 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. Based on observation, interview and record review for 3 of 3 sampled clients (A, B and C), plus 4 additional clients (D, E, F and G), the facility failed to ensure staff implemented the clients' program plans as written. Findings include: Observations were conducted on 7/12/23 from 3:58 pm to 6:25 pm, 7/13/23 from 5:57 am to 7:30 am, 7/13/23 from 11:39 am to 1:30 pm and 7/17/23 from 10:10 am to 12:45 pm. Clients A, B, D, E, F and G were present throughout the observation	W 0249	**W 249** Program Implementation (Standard) – Facility failed to ensure staff implemented the clients' program plans as written. Corrective action for resident(s) found to have been affected All parts of the POC for the survey with event ID FY4811 will be fully implemented, including the following specifics: · The QIDP has received	08/24/2023

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	period. Client C was present on 7/17/23 from 10:10 am to 12:45 pm. On 7/12/23 at 3:58 pm clients A and F were sitting in the front living room watching television. At 4:01 pm client D was sitting in his bedroom watching television. Staff #2 was in the kitchen peeling potatoes. At 4:04 pm staff #1 and #4 were standing in living room folding laundry. At 4:08 pm client E was laying on her bed, she just had a shower. At 4:09 pm client E walked to the medication room using her walker and was administered her medication. Staff #3 did not implement a medication goal with client E. At 4:12 pm client E walked back to her bedroom and laid down in her bed. At 4:21 pm client G was lying in his bed. At 4:23 pm client B was lying down in his bed. He stated, "I feel safe in my home. I just lay in bed and watch TV. I would like to go places; I don't know where but there are not enough staff." At 4:36 pm staff #2 and #4 walked with client A to the bathroom. Client F walked into the front living room and sat on the couch. At 4:43 pm client G was in his bedroom. Client G stated, "I want to get batteries for my radio. During the day I watch Wheel of Fortune, all I do is watch TV. I am not allowed to get the mail. I don't help cook." At 5:22 pm staff #2 put chicken, potatoes and broccoli on 4 plates and set them on the table. Staff #2 moved one plate to the end of the counter for client A. At 5:25 pm staff #3 pureed food client B. Client F came and sat at the table. Client F stated, " You forgot my spoon." Staff #1 gave client F a spoon. At 5:26 pm staff #2 was feeding client B at the table. Client A sat at the end of the counter in the		retraining on providing oversight to staff and related reviews of staff documentation on ISP programs for individuals at the home. · The QIDP is auditing all ISPs in place to ensure that the goals listed in the ISP are in place correctly in the Therap documentation system. · All facility staff have received retraining on the importance of completing documentation on all ISP programs. · The QIDP received retraining on the completion of monthly reviews of program plan documentation. Monthly summaries for July were completed and verified by the Area Director. How facility will identify other residents potentially affected & what measures taken All residents potentially are affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence Going forward, the QIDP will be responsible to monitor staff documentation on ISP program goals multiple times per week. The QIDP will be responsible to complete the review of monthly documentation by the 5th of the	

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	kitchen and ate his food. Client A did not have a drink throughout the meal. Client F asked for gravy for the potatoes. Staff #2 told client F they didn't have flour in the house to make gravy. At 5:30 pm client A finished eating, got up and sat back in the chair in the front living room. At 5:35 pm client D came to the dining table and sat down and began eating. Staff #1 was sitting at table while clients D and F were eating. At 5:41 pm client F finished eating and asked for chocolate milk to drink. Staff #2 told client F she would get it for her. At 5:44 pm client D got up from the table and asked for another piece of chicken. Staff #4 asked client D if he wanted more mashed potatoes. Client D indicated he did and staff #4 placed more potatoes on client D's plate. Staff #4 then gave client D another piece of chicken. At 5:47 pm client G had not come out of his bedroom to eat, staff #2 covered client G's plate of food and left it sitting on the table. At 5:48 pm staff #2 gave client F a glass of chocolate milk. Staff #2 took client A's plate to the kitchen sink. At 6:21 pm client E was sitting in the living room watching the television. At 6:24 pm client A was sleeping sitting in a chair in the front living room. On 7/13/23 at 6:17 am client E sat on the couch in the living room after receiving her feeding. At 6:19 am client A walked out of his bedroom and went and sat in the chair in the front living room. Client A stated he needed to use the restroom. Staff #6 walked with client A to the restroom. At 6:30 am client E got up and used the restroom then sat back down in the recliner in the living room. At 6:37 am staff #5 checked on client G, client G was lying in his bed.		month and revisions or retraining on any goals should be completed by the 15th of each month.	

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	At 6:40 am client E got up and started walking to her bedroom. Staff #5 prompted client E to sit back down due to just having her feeding. At 6:45 am client D walked into the front living room after taking his shower. Staff #6 assisted client A in walking to the chair in the front living room. Client E walked to her bedroom and went laid and down in her bed. At 7:26 am staff #8 was in the kitchen making malt of meal for breakfast. On 7/13/23 at 11:40 am client D was sitting in the living room watching television. Client E was lying in her bed. At 11:42 am client G was sitting at the kitchen table talking on the telephone. At 11:44 am clients A and F were sitting in the front living room watching television. Client D was sitting in the living room with staff #7. At 12:02 pm staff #7 was brushing client G's hair in the front living room. Staff #9 walked with client A from the medication room to the chair in the front living room. At 12:04 pm staff #4 was cooking fish and French fries in the kitchen. Staff #4 plated the food on four plates and set them on the table. A plate of fish and fries was placed in front of client B. Staff #8 started to take the plate from client B and stated, "No, [client B's] food needs to be pureed." Client B stated, "No, I can eat it." Staff #8 took the plate from client B to prepare the food pureed. At 12:08 pm client A got out of a chair and went into the kitchen and sat at the lower countertop. A plate with one piece of fish and French fries was sitting on the counter. Client A picked up his fish with his fingers and ate. Client A did not have silverware or a drink at the counter while eating. At 12:13 pm staff #4 began cooking green beans. At 12:14 pm client G sat at the table and ate his piece of fish with his fingers. Client D walked into			

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	the kitchen and sat at the table. A plate of fish and French fries was sitting on the table for client D. Client D began eating his fish picking it up with his fingers. Client F indicated she did not want to sit at the table and eat by client B. Staff #8 asked client F if she wanted to eat sitting on couch with a TV tray. Staff #8 stated, "[Client F] is upset because she has not had a nap today." At 12:19 pm staff #6 stated, "[Client F] can pick up the fish and fries with her fingers." Client F began eating without any silverware. Staff #6 placed some green beans on client F's plate and gave her a spoon to eat with. At 12:24 pm client B was eating his pureed fish and fries on his own. At 12:34 pm client F stated she wanted chocolate milk. Staff #4 told client F, "If you drink a glass of water, you can have chocolate milk." At 12:34 pm client G was lying in bed. He told staff he was still hurting by his catheter. Staff #6 indicated she would call the nurse to see if he can have pain medications. At 12:41 pm staff #6 received permission from the nurse to give client G pain medication. Client G received the pain medication in his bedroom. At 12:47 pm client E was sitting in the front living room watching a movie. Client A was sitting in the chair drawing on paper. At 12:56 pm client D was sitting in the living room watching television. At 12:57 pm client G was sleeping in his bed. At 1:04 pm Staff #8 pushed client B in his wheelchair into his bedroom and then left the room. When client B was attempting to transfer to his bed, he was not able to get on the bed. Surveyor called for staff to assist. No one came. Surveyor went into the hallway and asked staff #9 to come and assist client B. Staff #9 came into the room and assisted client B into his bed. At 1:18 pm staff #8 was sitting at the table in the			

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	front living room on her cellular telephone. Staff #7 was sitting at the table. Client E was sitting on the couch combing her hair. Staff #4 was sitting on the couch between clients E and F. At 1:22 pm client D was sitting in the living room watching the television. Client D stated, "I watch TV all day." He indicated he would like to go shopping or out to eat. At 1:28 pm client G was lying down in his bed; client B was laying down in his bed. Client D was watching TV in the living room. Clients E and F were watching TV in the front living room. Client A was sitting in the chair in the front living room. On 7/17/23 at 10:10 am Client F was sitting on the couch in the front living room. Client A was in the kitchen eating breakfast. Staff #4 stated, "Everyone else got up and took their medication and went back to bed." At 10:14 am client G asked for some cereal. At 10:16 am client E got out of her bed and went to the medication room. At 10:17 am client D was in his bedroom watching TV. Client D stated, "I had fried eggs, toast and tater tots for breakfast. I didn't help cook. Staff always do the cooking." Client D indicated his plans for the day were to do his laundry sometime today and watch TV. At 10:19 am staff #4 was in client E and F's bedroom making their beds. Staff #4 was interviewed on 7/17/23 at 10:22 am and was asked if clients E and F make their own beds. Staff #4 stated, "I just do it. [Client E] can't really do it, because she can't stand for very long and [client F] will yell to help her." When asked about active treatment schedules, Staff #4 stated "I was not trained on any active treatment schedules."			

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	At 10:27 am client G was sitting in the kitchen at the table eating a bowl of cold cereal. At 10:31 am staff #1 was sitting in the front living room with clients A, E and F. Client A was sitting in the chair. Clients E and F were sitting on the couch. Client E was coloring. Client F was watching TV. At 10:40 am client A asked for paper to draw on. Staff #1 gave client A a piece of paper. Staff #1 was interviewed on 7/17/23 at 10:43 am. Staff #1 stated, "They have not had a day program since COVID. It's on staff to take them to the park or something. Right now, we do not have any active treatment schedules. At the house, [client F] watches TV, [client A] likes to draw, [client B] stays in his room most of the time, he does have exercises to do after his shower. [Client C] will help with dishes and cleaning the house, [client D] will do some chores." At 10:49 am clients B and C were in their beds sleeping. At 10:59 am clients E and F were sitting on the couch, staff #4 was sitting between clients E and F on her cellular phone. Client A was asleep sitting in the chair in the front living room. Client D was walking around in the house. At 11:11 am client A woke up. At 11:12 am clients A and E were talking back and forth. Client E was saying it was her birthday and client A was telling her it was not. Staff #1 asked clients A and E not to argue back and forth. At 11:57 am client B stated, " If I have goals, I do not know what they are." At 11:58 am client D stated, "I don't have any goals that I am working on," At 12:15 pm Staff #1 set the table with plates and silverware. Then staff #1 placed bowls of food with macaroni and cheese, meatballs, and			

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	vegetables on the table. At 12:22 pm Client B was brought to the table. Client B's food was prepared and placed in front of him. He began eating. Client F walked to the table with her walker. Staff #1 assisted client F to sit at the table. Staff #1 served client F her food and placed it on her plate. At 12:34 pm client D came to the kitchen. Client A came into the kitchen and sat at the chair at the end of the counter. Staff #1 dished out food for client A. At 12:36 am client D served himself his food. At 12:38 pm staff #9 told client B he had to stay sitting up to let his food digest before going back to his bed to lay down. 1. Client A's record was reviewed on 7/13/23 at 3:08 pm. Client A's Individual Support Plan (ISP) dated 3/6/23 indicated the following: "...Needed Support [Client A] relies on staff for 24-hour supervision. He relies on staff for verbal prompting to initiate ADL (Activities of Daily Living), including, showering, thoroughness with toileting, dressing, undressing, oral hygiene and grooming. He relies on staff to initiate and complete domestic tasks such as laundry (all aspects); meal preparation and cooking; cleaning, etc. He states that he has no interest in cooking or doing his laundry. He is capable of cleaning up after himself at the meal table. ... Goals: Behavior: [Client] will control his physical aggression with staff intervention of a favorite activity. Did [client A] control his physical aggression? Goal will be practiced daily with documentation a minimum of 15 times per month. Toothbrushing: [Client A] will brush his teeth with staff reminders a minimum of 15 times per month. [Client A] will			

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	brush his teeth daily with a minimum of documentation 15 times a month with staff reminders. Domestic: [Client A] will pick up his DVDs from the floor in his room with staff reminders a minimum of 12 times a month. [Client A] will clean up his DVDs with staff prompts a minimum of 12 times per month. Health and Safety: [Client A] will wear his helmet . [Client A] should wear his helmet at all times when he is up ambulating (due to his seizure disorder). Document a minimum of 15 times per month." Client A's record did not indicate documentation of QIDP (Qualified Intellectual Disabilities Professional) monthly review and monitoring of client A's active treatment program from April 2023 to June 2023. Client A's BSP dated 2/2023 indicated the following: "...Target Behaviors: Physical aggression...Verbal Aggression... Health Sills (sic) Deficits... Elopement... The targeted behaviors are most likely to occur when [client A] believes another person is rude to him or is demanding him to fo (sic) something, he may strike that person. Staff should not answer [Client A] with 'no'. [Client A] will, at times, refuse to respond to staff direction that are related to his safety. [Client A] has a history of refusing showers and changing his clothes. ... Proactive Strategies: Staff should engage [client A] in a variety of activity (sic) while working with him and run his goals, including his communication goals. [Client A] will almost never turn down an activity when he has 1:1 staffing. ...Staff should always try to look for positive and have positive interactions with [client A].Staff			

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	should attempt to keep [client A] awake throughout the day so he sleeps at night." 2. Client B's records were reviewed on 7/17/23 at 1:15 pm. Client B's ISP dated 7/13/23 indicated the following: "What's Most Important to the Individual: Baseball, coffee and listening to music. ...Goals: Oral Hygiene: [Client B]will allow staff to brush his teeth without resistance. [Client B] will allow staff to complete oral hygiene at least one time per day. Bathing: [Client B] will independently wash his face and upper body. Domestic: [Client B] will choose a t-shirt he would like to wear for the day. Given a choice of 2 t-shirts, [client B] will choose the one he would like to wear for the day. Self-Medication: Given 1 verbal prompt [client B] will state the reason why he takes Wellbutrin XL 150 milligrams (mg) (used to treat depression). Transferring Wheelchair safety: [Client B] will use lateral transfers when transferring to/from his wheelchair. Physical Therapy Exercise: [Client B]will complete recommended PT exercises for health and wellness daily." Client B's record did not indicate documentation of QIDP (Qualified Intellectual Disabilities Professional) monthly review and monitoring of client B's active treatment program from April 2023 to June 2023. Client B's BSP dated 6/23 indicated the following: "...Target Behaviors: Verbally Inappropriate Language ...calling other people names and cursing as well as whining, crying and screaming for his parents for reasons other than pain or			

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	discomfort, any demeaning remarks made by [client B] that target his housemates and staff, especially those of color. Proactive Strategies:- At the beginning of the week, staff should discuss with [client B] the events of the upcoming week. At this time, [client B] should be given an opportunity to make choices of the activities he would like to participate in during the week. Staff should also discuss with [client B] the importance of participating in all his goals and staying active.- In the course of the week, staff will need to engage [client B] in conversation before they request that he does something. [Client B] may get agitated when requested to do something he does not like. Staff will listen, remain positive, and focus on informing [client B] of the value of the activity or program.- Staff members should not lecture or 'talk at' [client B] as he tends to react with defiance to and disregard such approaches. Instead, staff should collaborate with him.- Staff will ask and offer [client B]any assistance he needs in order for him to run his program or participate in an activity.- [client B] will continue to use his sunlamp to help him with his depression...." 3. Client C's records were reviewed on 7/18/23 at 11:39 am. Client C's ISP dated 3/6/23 indicated the following: "Goals: Health/ Exercise: [Client C] should have some form of exercise daily. Staff will document a minimum of 20 times per month. With staff prompting, [client C]will ride the stationary bike, take a walk around the house or yard, or some other type of exercise daily. Social Skills-Appropriate Conversation: Goal should be worked on daily with documentation a minimum of 15 times per month. [Client C]will have appropriate conversation with both staff and/or housemates.			

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	Health-Choice of foods: Goal should be run daily with documentation a minimum of 20 times per month. [Client C] will choose healthy meals/snacks." Client C's record did not indicate documentation of QIDP (Qualified Intellectual Disabilities Professional) monthly review and monitoring of client C's active treatment program from April 2023 to June 2023. Client C's BSP dated 6/23 indicated the following: "...Target Behaviors: Verbal Aggression...Physical Aggression... Anytime [client C] uses harsh language, threatens, calls names or any other way he uses his words to cause harm to housemates or staff. ... Proactive Strategies: Staff can help remind [client C] what is appropriate and what is not. Staff can help remind [client C] to keep his distance from his housemates. Staff are encouraged to take some time out of the day to spend some one-on-one time with [client C]so that he can talk out some of the things that may be upsetting him. Praise [client C] when he is doing something positive." 4. Client D's record was reviewed on 7/20/23 at 9:01 am. Client D's Individual Support Plan (ISP) dated 3/21/23 indicated the following: "...He is social, friendly, cooperative and enjoys helping around the house. [Client D] mostly keeps to himself, spending time in his room watching moves (sic) on DVDs. ... Goals: Meal Preparation: [Client] will assist staff in meal preparation a minimum of 15 times per month. Toothbrushing: Staff will remind [client D] to brush his teeth twice daily.			

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	15G452	A. BUILDING 00 B. WING	07/25/2023

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	Community outings: When able to go on community outings: Given choices or community bulletin, [client D] will choose an outing he would like to attend. A minimum of twice per month." Client D's record did not indicate documentation of QIDP (Qualified Intellectual Disabilities Professional) monthly review and monitoring of client D's active treatment program from April 2023 to June 2023. 5. Client E's record was reviewed on 7/20/23 at 9:03 am. Client E's ISP dated 3/6/23 indicated the following: "...Can report pain or discomfort verbally. Loves everything Christmas, Loves coloring, Sitting with her roommate..." -"Goal/Service: Residential: [Client E] will put her clothes in the appropriate place after laundry is completed (drawer/closet). Goal will be completed when laundry is done and documented a minimum of 12 times per month. Toothbrushing: Task will be worked on daily with documentation a minimum of 15 times per month. Bathing: [Client E] will wash her hair on her shower days." Client E's record did not indicate documentation of QIDP (Qualified Intellectual Disabilities Professional) monthly review and monitoring of client E's active treatment program from April 2023 to June 2023. 6. Client F's record was reviewed on 7/20/23 at 9:05 am. Client F's ISP dated 2/28/23 indicated the following: "...[Client F] enjoys shopping, going out to eat			

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	and social interaction with staff and peers alike. ..." -"Goal/Service: Self -Medication: [Client F] will be able to state why she takes Paxil (used to treat depression). Bathing: [Client F] with wash her mid-section with staff assisting with putting soap on the washcloth. Toileting: [Client F] will wash her hands using warm water and soap after using the restroom." Client F's record did not indicate documentation of QIDP (Qualified Intellectual Disabilities Professional) monthly review, monitoring or integration of client F's active treatment program from April 2023 to June 2023. 7. Client G's record was reviewed on 7/20/23 at 9:08 am. Client G's ISP dated 3/6/23 indicated the following: -"Goal/Service: Money Management: [Client G] will learn to count out correct change/money to pay for an item of his choice. Community: [Client G] would like to learn the streets around his home. Self-Care- bathing: [Client G] would like to become more independent in washing his body. Domestic: [Client G] will independently wash his bedsheets weekly. Meal Preparation: [Client G] will choose which meal and what he would like to prepare. Grooming: [Client G] will increase his independence by choosing clean clothes to wear daily." Client G's record did not indicate documentation of QIDP (Qualified Intellectual Disabilities Professional) monthly review and monitoring of client E's active treatment program from April 2023 to June 2023.			

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	An interview with the Program Director (PD) was conducted on 7/20/23 at 9:38 am. The PD stated, "Currently they don't have a day program. Staff should be doing activities in the home. All of the clients should have active treatment schedules. Goals should be run according to the goal, daily, weekly or monthly. Staff should record goal anytime it is run. Monthly summaries are the responsibility of the PD. I have not done any monthly summaries since I took over the home on 4/5/23." An interview with the Area Director (AD) was conducted on 7/20/23 at 10:59 am. The AD stated, "Individuals are not currently going to day program, but [Agency name] has stated they can start taking more individuals, so we are setting up visits for them. We should have active treatment schedules for all individuals. Staff should be involving every learning opportunity to involve the clients. They should fit in their daily living activities. Client should not be lying in bed all day or watching TV. Goals should be run at any natural occurring opportunity The PD should be reviewing goals monthly and complete a report." 9-3-4(a)			
W 0250 Bldg. 00	483.440(d)(2) PROGRAM IMPLEMENTATION The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. Based on observation, record review and interview for 3 of 3 sampled clients (A, B and C), plus 4 additional clients (D, E, F and G), the facility failed to have an active treatment schedule for clients A, B, C, D, E, F and G.	W 0250	**W 250** Program Implementation (Standard) – Facility failed to have an active treatment schedule for clients A, B, C, D, E, F and G.	08/24/2023

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	Findings include: Observations were conducted on 7/12/23 from 3:58 pm to 6:25 pm, 7/13/23 from 5:57 am to 7:30 am, 7/13/23 from 11:39 am to 1:30 pm and 7/17/23 from 10:10 am to 12:45 pm. Clients A, B, D, E, F and G were present throughout the observation period. Client C was present on 7/17/23 from 10:10 am to 12:45 pm. On 7/12/23 at 3:58 pm clients A and F were sitting in the front living room watching television. At 4:01 pm client D was sitting in his bedroom watching television. Staff #2 was in the kitchen peeling potatoes. At 4:04 pm staff #1 and #4 were standing in living room folding laundry. At 4:08 pm client E was laying on her bed, she just had a shower. At 4:09 pm client E walked to the medication room using her walker and was administered her medication. Staff #3 did not implement a medication goal with client E. At 4:12 pm client E walked back to her bedroom and laid down in her bed. At 4:21 pm client G was lying in his bed. At 4:23 pm client B was lying down in his bed. He stated, "I feel safe in my home. I just lay in bed and watch TV. I would like to go places; I don't know where but there are not enough staff." At 4:36 pm staff #2 and #4 walked with client A to the bathroom. Client F walked into the front living room and sat on the couch. At 4:43 pm client G was in his bedroom. Client G stated, "I want to get batteries for my radio. During the day I watch Wheel of Fortune, all I do is watch TV. I am not allowed to get the mail. I don't help cook." At 5:22 pm staff #2 put chicken, potatoes and broccoli on 4 plates and set them on the table.		Corrective action for resident(s) found to have been affected All parts of the POC for the survey with event ID FY4811 will be fully implemented, including the following specifics: · QIDP has developed individualized active treatment schedules for all individuals at the facility and all staff have been trained on the expectations regarding implementation. Copies of the schedules are being uploaded to Therap documents so that staff can access them at all times. ·QIDP has received retraining on this standard and on the expectation that each individual must have an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. How facility will identify other residents potentially affected & what measures taken All residents potentially are affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence Going forward, the QIDP is responsible to implement an active treatment schedule for each individual at the facility and to	

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	Staff #2 moved one plate to the end of the counter for client A. At 5:25 pm staff #3 pureed food client B. Client F came and sat at the table. Client F stated, "You forgot my spoon." Staff #1 gave client F a spoon. At 5:26 pm staff #2 was feeding client B at the table. Client A sat at the end of the counter in the kitchen and ate his food. Client A did not have a drink throughout the meal. Client F asked for gravy for the potatoes. Staff #2 told client F they didn't have flour in the house to make gravy. At 5:30 pm client A finished eating, got up and sat back in the chair in the front living room. At 5:35 pm client D came to the dining table and sat down and began eating. Staff #1 was sitting at table while clients D and F were eating. At 5:41 pm client F finished eating and asked for chocolate milk to drink. Staff #2 told client F she would get it for her. At 5:44 pm client D got up from the table and asked for another piece of chicken. Staff #4 asked client D if he wanted more mashed potatoes. Client D indicated he did and staff #4 placed more potatoes on client D's plate. Staff #4 then gave client D another piece of chicken. At 5:47 pm client G had not come out of his bedroom to eat, staff #2 covered client G's plate of food and left it sitting on the table. At 5:48 pm staff #2 gave client F a glass of chocolate milk. Staff #2 took client A's plate to the kitchen sink. At 6:21 pm client E was sitting in the living room watching the television. At 6:24 pm client A was sleeping sitting in a chair in the front living room. On 7/13/23 at 6:17 am client E sat on the couch in the living room after receiving her feeding. At 6:19 am client A walked out of his bedroom and went and sat in the chair in the front living room.		update the schedule at least quarterly to reflect the individual's active treatment program.	

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	Client A stated he needed to use the restroom. Staff #6 walked with client A to the restroom. At 6:30 am client E got up and used the restroom then sat back down in the recliner in the living room. At 6:37 am staff #5 checked on client G, client G was lying in his bed. At 6:40 am client E got up and started walking to her bedroom. Staff #5 prompted client E to sit back down due to just having her feeding. At 6:45 am client D walked into the front living room after taking his shower. Staff #6 assisted client A in walking to the chair in the front living room. Client E walked to her bedroom and went laid and down in her bed. At 7:26 am staff #8 was in the kitchen making malt of meal for breakfast. On 7/13/23 at 11:40 am client D was sitting in the living room watching television. Client E was lying in her bed. At 11:42 am client G was sitting at the kitchen table talking on the telephone. At 11:44 am clients A and F were sitting in the front living room watching television. Client D was sitting in the living room with staff #7. At 12:02 pm staff #7 was brushing client G's hair in the front living room. Staff #9 walked with client A from the medication room to the chair in the front living room. At 12:04 pm staff #4 was cooking fish and French fries in the kitchen. Staff #4 plated the food on four plates and set them on the table. A plate of fish and fries was placed in front of client B. Staff #8 started to take the plate from client B and stated, "No, [client B's] food needs to be pureed." Client B stated, "No, I can eat it." Staff #8 took the plate from client B to prepare the food pureed. At 12:08 pm client A got out of a chair and went into the kitchen and sat at the lower countertop.			

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	A plate with one piece of fish and French fries was sitting on the counter. Client A picked up his fish with his fingers and ate. Client A did not have silverware or a drink at the counter while eating. At 12:13 pm staff #4 began cooking green beans. At 12:14 pm client G sat at the table and ate his piece of fish with his fingers. Client D walked into the kitchen and sat at the table. A plate of fish and French fries was sitting on the table for client D. Client D began eating his fish picking it up with his fingers. Client F indicated she did not want to sit at the table and eat by client B. Staff #8 asked client F if she wanted to eat sitting on couch with a TV tray. Staff #8 stated, "[Client F] is upset because she has not had a nap today." At 12:19 pm staff #6 stated, "[Client F] can pick up the fish and fries with her fingers." Client F began eating without any silverware. Staff #6 placed some green beans on client F's plate and gave her a spoon to eat with. At 12:24 pm client B was eating his pureed fish and fries on his own. At 12:34 pm client F stated she wanted chocolate milk. Staff #4 told client F, "If you drink a glass of water, you can have chocolate milk." At 12:34 pm client G was lying in bed. He told staff he was still hurting by his catheter. Staff #6 indicated she would call the nurse to see if he can have pain medications. At 12:41 pm staff #6 received permission from the nurse to give client G pain medication. Client G received the pain medication in his bedroom. At 12:47 pm client E was sitting in the front living room watching a movie. Client A was sitting in the chair drawing on paper. At 12:56 pm client D was sitting in the living room watching television. At 12:57 pm client G was sleeping in his bed. At 1:04 pm Staff #8 pushed client B in his wheelchair into his bedroom and then left the			

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	room. When client B was attempting to transfer to his bed, he was not able to get on the bed. Surveyor called for staff to assist. No one came. Surveyor went into the hallway and asked staff #9 to come and assist client B. Staff #9 came into the room and assisted client B into his bed. At 1:18 pm staff #8 was sitting at the table in the front living room on her cellular telephone. Staff #7 was sitting at the table. Client E was sitting on the couch combing her hair. Staff #4 was sitting on the couch between clients E and F. At 1:22 pm client D was sitting in the living room watching the television. Client D stated, "I watch TV all day." He indicated he would like to go shopping or out to eat. At 1:28 pm client G was lying down in his bed; client B was laying down in his bed. Client D was watching TV in the living room. Clients E and F were watching TV in the front living room. Client A was sitting in the chair in the front living room. On 7/17/23 at 10:10 am Client F was sitting on the couch in the front living room. Client A was in the kitchen eating breakfast. Staff #4 stated, "Everyone else got up and took their medication and went back to bed." At 10:14 am client G asked for some cereal. At 10:16 am client E got out of her bed and went to the medication room. At 10:17 am client D was in his bedroom watching TV. Client D stated, "I had fried eggs, toast and tater tots for breakfast. I didn't help cook. Staff always do the cooking." Client D indicated his plans for the day were to do his laundry sometime today and watch TV. At 10:19 am staff #4 was in client E and F's bedroom making their beds. Staff #4 was interviewed on 7/17/23 at 10:22 am and asked if clients E and F make their own beds.			

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	Staff #4 stated, "I just do it. [Client E] can't really do it, because she can't stand for very long and [client F] will yell to help her." When asked about active treatment schedules, Staff #4 stated "I was not trained on any active treatment schedules." At 10:27 am client G was sitting in the kitchen at the table eating a bowl of cold cereal. At 10:31 am staff #1 was sitting in the front living room with clients A, E and F. Client A was sitting in the chair. Clients E and F were sitting on the couch. Client E was coloring. Client F was watching TV. At 10:40 am client A asked for paper to draw on. Staff #1 gave client A a piece of paper. Staff #1 was interviewed on 7/17/23 at 10:43 am. Staff #1 stated, "They have not had a day program since COVID. It's on staff to take them to the park or something. Right now, we do not have any active treatment schedules. At the house, [client F] watches TV, [client A] likes to draw, [client B] stays in his room most of the time, he does have exercises to do after his shower. [Client C] will help with dishes and cleaning the house, [client D] will do some chores." At 10:49 am clients B and C were in their beds sleeping. At 10:59 am clients E and F were sitting on the couch, staff #4 was sitting between clients E and F on her cellular phone. Client A was asleep sitting in the chair in the front living room. Client D was walking around in the house. At 11:11 am client A woke up. At 11:12 am clients A and E were talking back and forth. Client E was saying it was her birthday and client A was telling her it was not. Staff #1 asked clients A and E not to argue back and forth. At 11:57 am client B stated, " If I have goals, I do			

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	not know what they are." At 11:58 am client D stated, "I don't have any goals that I am working on," At 12:15 pm Staff #1 set the table with plates and silverware. Then staff #1 placed bowls of food with macaroni and cheese, meatballs, and vegetables on the table. At 12:22 pm Client B was brought to the table. Client B's food was prepared and placed in front of him. He began eating. Client F walked to the table with her walker. Staff #1 assisted client F to sit at the table. Staff #1 served client F her food and placed it on her plate. At 12:34 pm client D came to the kitchen. Client A came into the kitchen and sat at the chair at the end of the counter. Staff #1 dished out food for client A. At 12:36 pm client D served himself his food. At 12:38 pm staff #9 told client B he had to stay sitting up to let his food digest before going back to his bed to lay down. 1. Client A's record was reviewed on 7/13/23 at 3:08 pm. Client A did not have an Active Treatment Schedule to review. 2. Client B's records were reviewed on 7/17/23 at 1:15 pm. Client B did not have an Active Treatment Schedule to review. 3. Client C's records were reviewed on 7/18/23 at 11:39 am. Client C did not have an Active Treatment Schedule to review. 4. Client D's records were reviewed on 7/20/23 at 9:01 am. Client D did not have an Active Treatment Schedule to review. 5. Client E's records were reviewed on 7/20/23 at 9:03 am. Client E did not have an Active Treatment			

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	Schedule to review. 6. Client F's records were reviewed on 7/20/23 at 9:05 am. Client F did not have an Active Treatment Schedule to review. 7. Client G's records were reviewed on 7/20/23 at 9:08 am. Client G did not have an Active Treatment Schedule to review. An interview with the Program Director (PD) was conducted on 7/20/23 at 9:38 am. The PD stated, "Currently they don't have a day program. Staff should be doing activities in the home. All of the clients should have active treatment schedules. Goals should be run according to the goal, daily, weekly or monthly. Staff should record goal anytime it is run." An interview with the Area Director (AD) was conducted on 7/20/23 at 10:59 am. The AD stated, "Individuals are not currently going to day program , but [Agency name] has stated they can start taking more individuals, so we are setting up visits for them. We should have active treatment schedules for all individuals. Staff should be involving every learning opportunity to involve the clients. They should fit in their daily living activities. Clients should not be lying in bed all day or watching TV. Goals should be run at any natural occurring opportunity." 9-3-4(a)			
W 0322 Bldg. 00	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on record review and interview for 1 of 3 sampled clients (clients A), the facility failed to	W 0322	**W 322** Physician Services (Standard) –	08/24/2023

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	ensure a physical was completed within 30 days of admission. Findings include: Client A's record was reviewed on 7/13/23 at 3:08 pm. There was not a physical completed within 30 days of admission. Client A was admitted to the group home on 2/2/23. An interview with the Licensed Practical Nurse (LPN) was conducted on 7/20/23 at 2:30 pm. The LPN stated, "Physicals should be completed yearly. [Client A] went to his primary care physician last month but we don't have the documents back from the doctor." An interview with the Program Director (PD) was conducted on 7/20/23 at 9:38 am. The PD stated, "Physicals are completed annually. They should have done a physical prior to admission or immediately after being admitted." An interview with the Area Director (AD) was conducted on 7/20/23 at 10:59 am. The AD stated, "Physical exams should be completed within the first 30 days of placement and then yearly. " 9-3-6(a)		Facility failed to ensure a physical was completed within 30 days of admission for Client A. Corrective action for resident(s) found to have been affected All parts of the POC for the survey with event ID FY4811 will be fully implemented, including the following specifics: · Facility nurse consulted with the physician for client A and scheduled the annual physical which was completed on 8/23/23. · Facility nurse and QIDP are being retrained on the Dungarvin Pre/Post Admission Checklist in place to assist the oversight team in ensuring that all requirements are met before and immediately after a new admission, including obtaining proof of all required medical assessments/appointments. How facility will identify other residents potentially affected & what measures taken All residents potentially are affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence Going forward, the nurse and Program Director/QIDP will utilize the Pre/Post Admission Checklist in conjunction with the Master	

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	15G452	A. BUILDING 00 B. WING	07/25/2023

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			Medical Schedule to ensure that all required appointments are scheduled, completed, and documented in the Medical File within prescribed timeframes. The team of Nurse, PD/QIDP, Med DSP and Lead DSP are to meet weekly to review compliance with appointments, paperwork, and filing, as well as discussing the overall health and safety needs of the home.	
W 0323 Bldg. 00	483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Based on record review and interview for 1 of 3 sampled clients (clients A), the facility failed to ensure a hearing exam was completed within 30 days of admission. Findings include: Client A's record was reviewed on 7/13/23 at 3:08 pm. There was not a hearing exam completed within 30 days of admission. Client A was admitted to the group home on 2/2/23. An interview with the Licensed Practical Nurse (LPN) was conducted on 7/20/23 at 2:30 pm. The LPN stated, "Hearing exams should be completed every three years. It does not appear that [client A] has had a hearing exam since being placed with us." An interview with the Area Director (AD) was conducted on 7/20/23 at 10:59 am. The AD stated,	W 0323	**W 323** Physician Services (Standard) - Facility failed to ensure a hearing exam was completed within 30 days of admission for Client A. Corrective action for resident(s) found to have been affected All parts of the POC for the survey with event ID FY4811 will be fully implemented, including the following specifics: · Facility nurse consulted with the physician for client A and scheduled an annual physical which was completed on 8/23/23. A referral for a hearing evaluation was requested at this appointment and this is being sent to schedule him for the first available	08/24/2023

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	"Hearing is assessed within the first 30 days and then every three years or according to their needs." 9-3-6(a)		appointment. · Facility nurse and QIDP are being retrained on the Dungarvin Pre/Post Admission Checklist in place to assist the oversight team in ensuring that all requirements are met before and immediately after a new admission, including obtaining proof of all required medical assessments/appointments. <u>How facility will identify other residents potentially affected & what measures taken</u> All residents potentially are affected, and corrective measures address the needs of all clients. <u>Measures or systemic changes facility put in place to ensure no recurrence</u> Going forward, the nurse and Program Director/QIDP will utilize the Pre/Post Admission Checklist in conjunction with the Master Medical Schedule to ensure that all required appointments are scheduled, completed, and documented in the Medical File within prescribed timeframes. The team of Nurse, PD/QIDP, Med DSP and Lead DSP are to meet weekly to review compliance with appointments, paperwork, and filing, as well as discussing the overall health and safety needs of the home.	

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W 0352 Bldg. 00	483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. Based on record review and interview for 2 of 3 sampled clients (A and B), the facility failed to ensure clients A and B had an annual dental exam. Findings include: 1. Client A's record was reviewed on 7/13/23 at 3:08 pm. No dental records were available for review since admission on 2/2/23. 2. Client B's record was reviewed on 7/17/23 at 1:15 pm. The last dental record for review was dated 3/18/21. An interview with the Licensed Practical Nurse (LPN) was conducted on 7/20/23 at 2:30 pm. The LPN stated, "Dental exams should be competed every 6 months or yearly depending on dentist recommendations. I don't see that [Client A] has had a dental exam since being in our care. [Client B's] last dental exam was 12/16/22 but we don't have documentation of that exam. The last dental exam documented was on 3/18/21." An interview with the Program Director (PD) was conducted on 7/20/23 at 9:38 am. The PD stated, "Individuals should have annual dental exams." An interview with the Area Director (AD) was conducted on 7/20/23 at 10:59 am. The AD stated, "Dental exams should be completed annually unless specified differently by the dentist." 9-3-6(a)	W 0352	**W 352** Comprehensive Dental Diagnostic Service (Standard) - Facility failed to ensure clients A and B had an annual dental exam. Corrective action for resident(s) found to have been affected All parts of the POC for the survey with event ID FY4811 will be fully implemented, including the following specifics: · Clients A and B are both scheduled with a new dentist on 10/4/23, the first available appointment with the new practitioner. · Facility nurse has audited all files to ensure annual dental exams are found in each file and that the next appointment is scheduled for each individual according to the recommendations on file. · Facility nurse and QIDP are being retrained on the Dungarvin master medical tracking and the importance of including obtaining proof of all required medical assessments/appointments. · All facility staff being retrained on Dungarvin's procedures on running medical appointments, including how to	08/24/2023

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			scan and enter paperwork from appointments into the Therap Documentation system. · Going forward, Nurse and Program Director are expected to meet weekly and review all appointments run over the past week to ensure that appointments occurred as scheduled and that all documentation is scanned and attached and that all orders have been implemented. This is to be documented on the weekly Nurse/PD meeting agenda form. How facility will identify other residents potentially affected & what measures taken All residents potentially are affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence Going forward, the nurse and Program Director/QIDP will utilize the Pre/Post Admission Checklist in conjunction with the Master Medical Schedule to ensure that all required appointments are scheduled, completed, and documented in the Medical File within prescribed timeframes. The team of Nurse, PD/QIDP, Med DSP and Lead DSP are to meet weekly to review compliance with appointments, paperwork, and filing, as well as discussing the	

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			overall health and safety needs of the home.	
W 0382 Bldg. 00	483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation and interview for 2 of 3 sampled clients (A and B) plus 4 additional clients (D, E, F and G), the facility failed to ensure the clients' medications were stored in a secure manner. Findings include: Observations were conducted on 7/12/23 from 3:58 pm to 6:25 and 7/13/23 from 5:57 am to 7:30 am. Client C was on leave with family on 7/12/23 and 7/13/23. On 7/12/23 at 4:00 pm the medication cart was unlocked when Surveyor arrived at the home. At 4:04 pm staff #3 walked into the medication room and locked the cabinet. Staff were not able to see the medication cart when it was unlocked. Clients A and F were in the living room by the medication room. The medication cart was left unlocked for 4 minutes. An interview with staff #3 was conducted on 7/12/23 at 4:04 pm. Staff #3 stated, "Medication is stored locked and I have to have keys on me at all times." On 7/13/23 at 5:57 am when surveyor arrived at the home the medication cart was unlocked with the keys hanging from the unlocked lock on the cart. At 6:06 am staff #6 went into the medication room and locked the medication cart and locked the cart	W 0382	**W 382** Drug Storage and Recordkeeping (Standard) - Facility failed to ensure the clients' medications were stored in a secure manner. Corrective action for resident(s) found to have been affected All parts of the POC for the survey with event ID FY4811 will be fully implemented, including the following specifics: ·All facility staff have been retrained on this finding and on the expectations regarding secure storage of medications. ·The QIDP, Nurse, Area Director or other qualified supervisory staff will be responsible to conduct Active Treatment observations at varying times of the day to ensure that facility staff demonstrate competency on drug storage procedures. Initially these observations will be conducted 4 times per week for the first two weeks. If competency is shown in that time, observations may reduce to 3 times per week for the next two weeks and then titrate to 2 times per week for two weeks. Any observed concerns will be	08/24/2023

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	and put the keys away. Client E was awake and up walking around the house. An interview with staff #6 was conducted on 7/13/23 at 6:12 am. Staff #6 stated, "The medication cart should be locked at all times." An interview with the Licensed Practical Nurse (LPN) was conducted on 7/20/23 at 2:30 pm. The LPN stated, "Medication is stored in locked medication cart." An interview with the Program Director (PD) was conducted on 7/20/23 at 9:38 am. The PD stated, "Medications should be in medication cupboard and double locked with the staff having the keys at all times." An interview with the Area Director (AD) was conducted on 7/20/23 at 10:59 am. The AD stated, "Medications should be locked at all times staff are not working directly with them." 9-3-6(a)		addressed through immediate retraining and coaching. How facility will identify other residents potentially affected & what measures taken All residents potentially are affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence Going forward, QIDP and nurse are to maintain a regular, frequent presence in the home and provide direct coaching and redirection to staff regarding secure storage of medications.	
W 0383 Bldg. 00	483.460(l)(2) DRUG STORAGE AND RECORDKEEPING Only authorized persons may have access to the keys to the drug storage area. Based on observation and interview for 2 of 3 sampled clients (A and B) plus 4 additional clients (D, E, F and G), the facility failed to ensure the clients did not have access to the medication room keys. Findings include: Observation was conducted on 7/13/23 from 5:57 am to 7:30 am. Client C was on leave with family on 7/13/23.	W 0383	**W 383** Drug Storage and Recordkeeping (Standard) - Facility failed to ensure the clients did not have access to the medication room keys. Corrective action for resident(s) found to have been affected All parts of the POC for the survey with event ID FY4811 will be fully	08/24/2023

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	On 7/13/23 at 5:57 am when surveyor arrived at the home the medication cart was unlocked with the keys hanging from the unlocked lock on the cart. At 6:06 am staff #6 went into the medication room and locked the medication cart and locked the cart and put the keys away. Client E was awake and up walking around the house. An interview with staff #6 was conducted on 7/13/23 at 6:12 am. Staff #6 stated, "The medication cart should be locked at all times." An interview with the Licensed Practical Nurse (LPN) was conducted on 7/20/23 at 2:30 pm. The LPN stated, "Medication is stored locked in medication cart and the keys should be in box or on the staff." An interview with the Program Director (PD) was conducted on 7/20/23 at 9:38 am. The PD stated, "Medications should be in medication cupboard and double locked with the staff having the keys at all times." An interview with the Area Director (AD) was conducted on 7/20/23 at 10:59 am. The AD stated, "Keys should be on staff or in a secure place." 9-3-6(a)		implemented, including the following specifics: · All facility staff received retraining on this standard and the importance of keeping the medication cart keys in a safe location at all times to ensure the clients do not have access to the keys. · The QIDP, Nurse, Area Director or other qualified supervisory staff will be responsible to conduct active treatment observations at varying times of the day to ensure that facility staff demonstrate competency on the storage of the medication cart keys. Initially these observations will be conducted 4 times per week for the first two weeks. If competency is shown in that time, observations may reduce to 3 times per week for the next two weeks and then titrate to 2 times per week for two weeks. Any observed concerns will be addressed through immediate retraining and coaching. How facility will identify other residents potentially affected & what measures taken All residents potentially are affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no	

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			recurrence Going forward, QIDP and nurse are to maintain a regular, frequent presence in the home and provide direct coaching and redirection to staff regarding safe storage of the medication room keys.	
W 0436 Bldg. 00	483.470(g)(2) SPACE AND EQUIPMENT 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. Based on observation and interview for 1 of 3 sampled clients (B), the facility failed to ensure client B's wheelchair was maintained in good repair. Findings include: Observations were conducted on 7/12/23 from 3:58 pm to 6:25 pm, 7/13/23 from 5:57 am to 7:30 am, 7/13/23 from 11:39 am to 1:30 pm and 7/17/23 from 10:10 am to 12:45 pm. Throughout these observations client B utilized his wheelchair as an adaptive support device for ambulation. On 7/13/23 at 1:06 pm staff #9 was assisting client B into his bed. The arm rest on client B's wheelchair was not on the chair. Staff #9 looked under bed and around the room looking for the arm rest. An interview with staff #9 was conducted on 7/13/23 at 1:07 pm. Staff #9 stated, "Without the arm rest on the wheelchair staff need to do everything for [client B]." Staff #9 indicated client B would not be able to get a good grip on the	W 0436	**W 436** Space and Equipment (Standard) - Facility failed to ensure client B's wheelchair was maintained in good repair. Corrective action for resident(s) found to have been affected All parts of the POC for the survey with event ID FY4811 will be fully implemented, including the following specifics: · Client B's wheelchair arm has been replaced. · All facility staff received training on this finding and on the importance of reporting any broken or worn adaptive equipment to the nurse and PD for prompt follow up. How facility will identify other residents potentially affected & what measures taken	08/24/2023

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	wheelchair without the arm rest. An interview with staff #6 was conducted on 7/13/23 at 1:10 pm stated, "The chair was supposed to get fixed. [Company Name] has never picked up the chair to fix it. We have called the Program Director to notify him when the wheelchair is broken." An interview with the Licensed Practical Nurse (LPN) was conducted on 7/20/23 at 2:30 pm. The LPN stated. "If staff tell me the wheelchair is in need of repair, I call and take care of it. [Client B] should have an arm rest on each side. Staff have not reported the wheelchair needed repaired, but I saw it at his meeting this week. The wheelchair should be in good working order." An interview with the Program Director (PD) was conducted on 7/20/23 at 9:38 am. The PD stated, "The PD and the nurse are responsible for making sure adaptive equipment is for any repairs. Staff should report what needs repaired. [Client B's] arm rest is missing. I noticed at his meeting on 7/13/23. I don't know how long it has been missing." An interview with the Area Director (AD) was conducted on 7/20/23 at 10:59 am. The AD stated, "All adaptive equipment should be in good repair. The nurse and/ or the PD are responsible for getting repairs made." 9-3-7(a)		All residents potentially are affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence Going forward, the team of Nurse, PD/QIDP, Med DSP and Lead DSP are to meet weekly to review compliance with appointments, paperwork, and filing, as well as discussing the overall health and safety needs of the home, including any adaptive equipment needing attention.	
W 0440 Bldg. 00	483.470(i)(1) EVACUATION DRILLS at least quarterly for each shift of personnel. Based on record review and interview for 3 of 3 sample clients (A, B and C), plus 4 additional	W 0440	**W 440** Evacuation Drills (Standard) -	08/24/2023

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	clients (D, E, F and G), the facility failed to conduct quarterly evacuation drills for each shift of personnel. Findings include: The facility's Evacuation drills were reviewed on 7/12/23 at 4:51 pm for clients A, B, C, D, E, F and G and indicated the following: -During the day shift (6:00 am to 3:30 pm) the facility did not conduct evacuation drills from 7/1/22 to 9/30/22 and 1/1/23 to 4/30/23. -During the evening shift (11:00 pm to 6:00 am) the facility did not conduct evacuation drills from 10/31/22 to 12/31/22. An interview with the Program Director (PD) was conducted on 7/20/23 at 9:38 am. The PD stated, "Evacuation drills should be completed every shift once a month." An interview with the Area Director (AD) was conducted on 7/20/23 at 10:59 am. The AD stated, "Evacuation drills are completed every shift once a month to meet the federal regulation of one per shift per quarter." 9-3-7(a)		Facility failed to conduct quarterly evacuation drills for each shift of personnel. Corrective action for resident(s) found to have been affected All parts of the POC for the survey with event ID FY4811 will be fully implemented, including the following specifics: · All facility staff have reviewed this finding and received retraining on the expectation that a fire drill must be documented on each shift each quarter. · Drills will be run on each shift by 08/31/23 to ensure compliance for the current quarter. · PD/QIDP will receive retraining on the role of the PD in monitoring compliance with this standard. How facility will identify other residents potentially affected & what measures taken All residents potentially are affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence ="" p="">	
W 0454 Bldg. 00	483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections.			

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	Based on observation, record review, and interview for 2 of 3 sampled clients (A and B), plus 3 additional clients (D, F and G), the facility failed to ensure staff working in the home implemented universal precautions before eating meals. Findings include: Observations were conducted on 7/12/23 from 3:58 pm to 6:25 pm, 7/13/23 from 5:57 am to 7:30 am, 7/13/23 from 11:39 am to 1:30 pm and 7/17/23 from 10:10 am to 12:45 pm. Clients A, B, D, E, F and G were present throughout the observation period. Client C was present on 7/17/23 from 10:10 am to 12:45 pm. On 7/12/23 at 4:57 pm client B was sitting at the dining room table. Staff #2 was cooking. Clients A and F were sitting in the front living room. At 5:22 pm staff #2 placed chicken, potatoes and vegetables on plates and set them on the table. Staff #2 pureed client B's food. At 5:24 pm client F walked to the table and sat down. Client A sat at on the chair at the end of the counter. At 5:25 pm client D came to the table and sat down. Staff #2 sat at the table and was feeding client B. Staff did not prompt individuals to wash hands prior to eating dinner. On 7/13/23 at 12:04 pm staff #4 was cooking fish and French fries in the kitchen. Staff #4 plated the food on four plates and set them on the table. A plate of fish and fries was placed in front of client B. Staff #8 started to take the plate from client B and stated, "No,[client B's] food needs to be pureed. Client B stated, "No, I can eat it." Staff #8	W 0454	**W 454** Infection Control (Standard) - Facility failed to ensure staff working in the home implemented universal precautions before eating meals. Corrective action for resident(s) found to have been affected All parts of the POC for the survey with event ID FY4811 will be fully implemented, including the following specifics: ·All facility staff have received training on this finding and on Dungarvin policy on handwashing, Policy C-17, Exposure Control Plan. ·The QIDP, Nurse, Area Director or other qualified supervisory staff will be responsible to conduct active treatment observations at varying times of the day to ensure that facility staff demonstrate competency on the handwashing policy. Initially these observations will be conducted 4 times per week for the first two weeks. If competency is shown in that time, observations may reduce to 3 times per week for the next two weeks and then titrate to 2 times per week for two weeks. Any observed concerns will be addressed through immediate retraining and coaching. How facility will identify other residents potentially affected &	08/24/2023

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	took plate from client B to prepare the food pureed. At 12:08 pm client A got out of chair and went into the kitchen and sat at the lower countertop. A plate with one piece of fish and French fries was sitting on the counter. Client A picked up his fish with his fingers and ate. Client A did not have silverware or a drink at the counter while eating. At 12:13 pm staff #4 began cooking green beans. At 12:14 pm client G sat at the table and ate his piece of fish with his fingers. Client D walked into the kitchen and sat at the table. A plate of fish and French fries was sitting on the table for client D. Client D began eating his fish picking it up with his fingers. Client F indicated she did not want to sit at the table and eat by client B. Staff #8 asked client F if she wanted to eat sitting on couch with a TV tray. Staff #8 stated, "[Client F] is upset because she has not had a nap today." At 12:19 pm staff #6 stated, "[Client F] can pick up the fish and fries with her fingers. Client F began eating without any silverware. Staff #6 placed some green beans on client F's plate and gave her a spoon to eat with. At 12:24 pm client B was eating his pureed fish and fries on his own. At 12:34 pm client F stated she wanted chocolate milk. Staff #4 told client F, "If you drink a glass of water, you can have chocolate milk." On 7/17/23 at 12:15 pm Staff #1 set the table with plates and silverware. Then staff #1 placed bowls of food with macaroni and cheese, meatballs, and vegetables on the table. At 12:22 pm Client B was brought to the table. Client B's food was prepared and placed in front of him. He began eating. Client F walked to the table with her walker. Staff #1 assisted client F to sit at the table. Staff #1 served client F her food		what measures taken All residents potentially are affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence All staff are trained on universal precautions upon hire and annually thereafter. QIDP and nurse are to maintain a regular, frequent presence in the home and provide direct coaching and redirection to staff on handwashing and universal precautions.	

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	and placed it on her plate. At 12:34 pm client D came to the kitchen. Client A came into the kitchen and sat at the chair at the end of the counter. Staff #1 dished out food for client A. Staff did not prompt clients to wash hands prior to eating. An interview with the Licensed Practical Nurse (LPN) was conducted on 7/20/23 at 2:30 pm. The LPN stated, "Hands should be washed after using the restroom, before eating, before taking their medication." An interview with the Program Director (PD) was conducted on 7/20/23 at 9:38 am. The PD stated, "Individuals should be washing their hand before meals." An interview with the Area Director (AD) was conducted on 7/20/23 at 10:59 am. The AD stated, "Everyone should wash their hand before meals." 9-3-7(a)			
W 0488 Bldg. 00	483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation and interview for 2 of 2 sampled clients (A and B) plus 3 additional clients (D, F and G), the facility failed to ensure the clients assisted with meal preparation, setting the table for lunch and dinner, and participate in family style dining. Findings include:	W 0488	**W 488** Dining Areas and Service (Standard) - Facility failed to ensure the clients assisted with meal preparation, setting the table for lunch and dinner, and participate in family style dining. Corrective action for resident(s)	08/24/2023

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	Observations were conducted on 7/12/23 from 3:58 pm to 6:25 pm, 7/13/23 from 11:39 am to 1:30 pm and 7/17/23 from 10:10 am to 12:45 pm. Clients A, B, D, E, F and G were present throughout the observation period. Client C was not present on 7/12/23 or 7/13/23 due to being on leave with family. Client E did not eat anything by mouth. On 7/12/23 At 4:01 pm client D was sitting in his bedroom watching television. Staff #2 was in the kitchen peeling potatoes. At 4:36 pm staff #2 and #4 walked with client A to the bathroom. Client F walked into the front living room and sat on the couch. At 4:43 pm client G was in his bedroom. Client G stated, "I want to get batteries for my radio. During the day I watch Wheel of Fortune, all I do is watch TV. I am not allowed to get the mail. I don't help cook." At 5:22 pm staff #2 put chicken, potatoes and broccoli on 4 plates and set them on the table. Staff #2 moved one plate to the end of the counter for client A. At 5:25 pm staff #3 pureed food of client B. Client came and sat at the table. Client F stated, " You forgot my spoon." Staff #1 gave client F a spoon. At 5:26 pm staff #2 was feeding client B at the table. Client A sat at the end of the counter in the kitchen and ate his food. Client A did not have a drink throughout the meal. Client F asked for gravy for the potatoes. Staff #2 told client F they didn't have flour in the house to make gravy. At 5:30 pm client A finished eating, got up and sat back in the chair in the front. At 5:35 pm client D came to the dining table and sat down and began eating. Staff #1 was sitting at table while clients D and F were eating. At 5:41 pm client F finished eating and asked for chocolate milk to drink. Staff #2 told client F she		found to have been affected All parts of the POC for the survey with event ID FY4811 will be fully implemented, including the following specifics: · All facility staff have received training on this finding and on the expectations of family style dining. Training covered ways each individual could participate in the preparation, serving, and cleanup of meals according to their individual strengths and needs. · The QIDP, Nurse, Area Director or other qualified supervisory staff will be responsible to conduct active treatment observations at varying times of the day to ensure that facility staff demonstrate competency on implementation of family style dining. Initially these observations will be conducted 4 times per week for the first two weeks. If competency is shown in that time, observations may reduce to 3 times per week for the next two weeks and then titrate to 2 times per week for two weeks. Any observed concerns will be addressed through immediate retraining and coaching. How facility will identify other residents potentially affected & what measures taken All residents potentially are affected, and corrective measures address the needs of all clients.	

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	would get it for her. At 5:44 pm client D got up from the table and asked for another piece of chicken. Staff #4 asked client D if he wanted more mashed potatoes. Client D indicated he did, staff #4 placed more potatoes on client D's plate. Staff #4 then gave client D another piece of chicken. At 5:47 pm client G had not come out of his bedroom to eat, staff #2 covered client G's plate of food and left it sit on the table. At 5:48 pm staff #2 gave client F a glass of chocolate milk. Staff #2 took client A's plate to the kitchen sink. At 6:21 pm client E was sitting in living room watching the television. At 6:24 pm client A was sleeping sitting in chair in the front living room. On 7/13/23 at 12:04 pm staff #4 was cooking fish and French fries in the kitchen. Staff #4 plated the food on four plates and set them on the table. A plate of fish and fries was placed in front of client B. Staff #8 started to take the plate from client B and stated, "No,[client B's] food needs to be pureed. Client B stated, "No, I can eat it." Staff #8 took plate from client B to prepare the food pureed. At 12:08 pm client A got out of chair and went into the kitchen and sat at the lower countertop. A plate with one piece of fish and French fries was sitting on the counter. Client A picked up his fish with his fingers and ate. Client A did not have silverware or a drink at the counter while eating. At 12:13 pm staff #4 began cooking green beans. At 12:14 pm client G sat at the table and ate his piece of fish with his fingers. Client D walked into the kitchen and sat at the table. A plate of fish and French fries was sitting on the table for client D. Client D began eating his fish picking it up		Measures or systemic changes facility put in place to ensure no recurrence All new employees are trained on the the expectations of family style dining and active treatment and participation of all individuals in mealtimes. QIDP is to maintain a regular, frequent presence in the home and provide direct coaching and redirection to staff on active treatment at mealtimes and family style dining.	

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	with his fingers. Client F indicated she did not want to sit at the table and eat by client B. Staff #8 asked client F if she wanted to eat sitting on couch with a TV tray. Staff #8 stated, "[Client F] is upset because she has not had a nap today." At 12:19 pm staff #6 stated, "[Client F] can pick up the fish and fries with her fingers. Client F began eating without any silverware. Staff #6 placed some green beans on client F's plate and gave her a spoon to eat with. At 12:24 pm client B was eating his pureed fish and fries on his own. At 12:34 pm client F stated she wanted chocolate milk. Staff #4 told client F, "If you drink a glass of water, you can have chocolate milk." On 7/17/23 at 12:15 am Staff #1 set the table with plates and silverware. Then staff #1 placed bowls of food with macaroni and cheese, meatballs, and vegetables on the table. At 12:22 pm Client B was brought to the table. Client B's food was prepared and placed in front of him. He began eating. Client F walked to the table with her walker. Staff #1 assisted client F to sit at the table. Staff #1 served client F her food and placed it on her plate. At 12:34 pm client D came to the kitchen. Client A came into the kitchen and sat at the chair at the end of the counter. Staff #1 dished out food for client A. Clients were not prompted to assist with preparing lunch or dinner, setting the table or to serve themselves their food by the staff. An interview with staff #2 was conducted on 7/12/23 at 5:59 pm. Staff #2 stated, "I wait till they finish eating to give them a drink. I dish up all the food for them because it has to be portions."			

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	An interview with staff #1 was conducted on 7/17/23 at 10:50 am. Staff #1 stated, "Staff prepare all the meals. At times [client C] will sometimes help. Staff set the table and clean up afterwards. I don't know if they have any goals to assist in the kitchen." An interview with the Program Director (PD) was conducted on 7/20/23 at 9:38 am. The PD stated, "Staff should be helping the clients with meal preparation. Meals are served family style and individuals all sit around the table. Staff set the table for the individuals. Staff should assist with serving their food. At all meals individuals should have silverware and drinks while they are eating." An interview with the Area Director (AD) was conducted on 7/20/23 at 10:59 am. The AD stated, "Meals should be served family style. Every individual should be encouraged to participate in meal preparation and setting the table according to their abilities. The table should be set with napkins, condiments, cups, silverware and beverages." 9-3-8(a)			
W 9999 Bldg. 00	State Findings: 460 IAC 9-3-4 Active Treatment Services. The following Community Residential Facilities rule was not met. (b) The provider shall obtain day services for each resident which: (1) meet the criteria and certification requirements established by the	W 9999	**W 9999** Final Observations (State Findings) - Facility failed to meet the active treatment needs pertaining to day services programming for 3 of 3 sampled clients (A, B and C), plus 4 additional clients (D, E, F and G). Corrective action for resident(s)	08/24/2023

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	division of aging and rehabilitative services for all day service providers; (2) meet the resident's active treatment needs set forth in the resident's individual program plan as determined by the interdisciplinary team conference with preference for services in the least restrictive environment. Based on observation, record review and interview, the facility failed to meet the active treatment needs pertaining to day services programming for 3 of 3 sampled clients (A, B and C), plus 4 additional clients (D, E, F and G). Findings include: Observations were conducted on 7/12/23 from 3:58 pm to 6:25 pm, 7/13/23 from 5:57 am to 7:30 am, 7/13/23 from 11:39 am to 1:30 pm and 7/17/23 from 10:10 am to 12:45 pm. Clients A, B, D, E, F and G were present throughout the observation period. Client C was present on 7/17/23 from 10:10 am to 12:45 pm. Client A's record was reviewed on 7/13/23 at 3:08 pm. Client A's record did not indicate documentation of day service or vocational programming. Client B's record was reviewed on 7/17/23 at 1:15 pm. Client B's record did not indicate documentation of day service or vocational programming. Client C's record was reviewed on 7/18/23 at 11:39 am. Client C's record did not indicate documentation of day service or vocational programming. Client D's record was reviewed on 7/20/23 at 9:01 am. Client D's record did not indicate		found to have been affected All parts of the POC for the survey with event ID FY4811 will be fully implemented, including the following specifics: · All individuals completed visits to the contracted day service provider. All ISPs and High Risk Plans are being communicated to the provider and trainings are being set up for the staff there before establishing the start date for each individual and the correct program within the provider facility for each individuals' needs. · In the meantime, the QIDP and facility staff have developed activity and active treatment schedules to ensure that each individual receives meaningful day services. · All QIDPs have received training on this finding and on the requirement that appropriate day services programming must be provided for all individuals supported in the Dungarvin ICF homes. How facility will identify other residents potentially affected & what measures taken All residents potentially are affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence Program Directors are responsible	

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	documentation of day service or vocational programming. Client E's record was reviewed on 7/20/23 at 9:03 am. Client E's record did not indicate documentation of day service or vocational programming. Client F's record was reviewed on 7/20/23 at 9:05 am. Client F's record did not indicate documentation of day service or vocational programming. Client G's record was reviewed on 7/20/23 at 9:08 am. Client G's record did not indicate documentation of day service or vocational programming. Staff #1 was interviewed on 7/17/23 at 10:43 am. Staff #1 stated, "They have not had a day program since COVID. It's on staff to take them to the park or something. Right now, we do not have any active treatment schedules. At the house, [client F] watches TV, [client A] likes to draw, [client B] stays in his room most of the time, he does have exercises to do after his shower. [Client C] will help with dishes and cleaning the house, [client D] will do some chores." An interview with the Program Director (PD) was conducted on 7/20/23 at 9:38 am. The PD stated, "Currently they don't have a day program. Staff should be doing activities in the home. All of the clients should have active treatment schedules. Goals should be run according to the goal, daily, weekly or monthly. Staff should record goal anytime it is run." An interview with the Area Director (AD) was conducted on 7/20/23 at 10:59 am. The AD stated,		to utilize the Day Services section of the ISP to address the team's agreement on meaningful day activities for the individuals in services. They are also responsible to develop a corresponding individualized active treatment plan as a part of the implementation of the ISP.	

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	"Individuals are not currently going to day program , but [Agency name] has stated they can start taking more individuals, so we are setting up visits for them. We should have active treatment schedules for all individuals. Staff should be involving every learning opportunity to involve the clients. They should fit in their daily living activities. Clients should not be lying in bed all day or watching TV. Goals should be run at any natural occurring opportunity." 9-3-4(b)(1)(2)			