| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 15G107 | A. BUILDING 00<br>B. WING | 03/19/2021 |

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| CAREY SERVICES INC | 615 E NORTH ST<br>HARTFORD CITY, IN 47348 |

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| W 0000<br><br>Bldg. 00 | This visit was for the pre-determined full recertification and state licensure survey. This visit included the Covid-19 focused infection control survey.<br><br>Dates of survey: 3/8, 3/9, 3/10, 3/11, 3/15, 3/16, 3/18, and 3/19/2021.<br><br>Facility number: 000644<br>Provider number: 15G107<br>AIM number: 100234170<br><br>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.<br>Quality Review of this report completed by #15068 and #39778 on 4/6/21. | W 0000 | | |
| W 0210<br><br>Bldg. 00 | 483.440(c)(3)<br>INDIVIDUAL PROGRAM PLAN<br>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.<br>Based on observation, record review, and interview, for 1 of 3 sampled clients (client #2), the facility failed to complete an assessment of client #2's functional and physical abilities related to the use of her walker and wheel chair.<br><br>Findings include:<br><br>On 3/8/2021 from 12:35pm until 1:35pm, client #2 used a power wheel chair independently to move from one room to another and from one building to another at the facility owned day program. At 1:20pm, client #2 operated her power wheel chair | W 0210 | · The Community Living Nurse will ensure OT/ PT assessments are completed by 4/17/2021.<br>o *Documents: OT / PT Assessments*<br><br>*Revision:*<br>*There were no other individuals effected by this deficient practice. A new LPN is being hired to focus on group home individuals health and compliance with CMS* | 04/17/2021 |

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

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| | to exit the dining room, travel a long hallway into a connecting building, and drove her power wheel chair into the art room. Client #2 pulled up beside a chair at a table and transferred herself independently into the chair. Client #2 sat down in the chair then began to work on her craft project. Client #2 indicated she was independent with transfers and used a power wheel chair at the day program to move between buildings. Client #2 pointed to a walker beside her work table and stated, "That's mine too." Client #2 indicated she used the walker to navigate around the room and she needed the power wheel chair for long distances.<br><br>On 3/8/2021 from 2:15pm until 6:35pm, an observation was conducted at the group home. From 4:05pm until 6:35pm, client #2 was observed at the group home and she used a walker to walk throughout the group home independently.<br><br>On 3/9/2021 from 5:30am until 7:30am, client #2 was observed at the group home. From 5:30am until 6:15am, client #2 lay in bed with two of two full side rails up on each side of her bed. Client #2's walker was outside the door to her bedroom. At 6:10am, DSP (Direct Support Professional) #2 stated client #2's "walker was kept outside her bedroom in the hallway" or across the bedroom by her dresser "so she won't get up at night without staff. [Client #2] is at risk for falls." DSP #2 indicated client #2 was not independent with getting out of bed. From 6:15am until 7:30am, client #2 used her walker to walk independently throughout the group home and sat down/got up from her recliner in the living room independently without staff present.<br><br>Client #2's record was reviewed on 3/9/2021 at 10:30am. Client #2's record indicated she was | | *guidelines. These assessments will be part of a compliance tracking sheet that will be implemented.* | |

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| | admitted to the group home on 3/15/2019. Client #2's 2019 CFA (Comprehensive Functional Assessment) did not indicate client #2's functional and physical abilities related to the use of her walker and wheel chair. Client #2's record did not indicate physical therapy and occupational therapy assessments had been completed.<br><br>On 3/9/2021 at 11:00am and on 3/19/2021 at 9:00am, client #2's physical therapy, occupational therapy, and mobility assessments were requested for review. No documentation was available for review.<br><br>On 3/9/2021 at 11:45am, an interview was conducted with the RN (Registered Nurse). The RN indicated she would attempt to locate client #2's physical therapy, occupational therapy, and mobility assessments for client #2's walker and wheel chair use. The RN indicated client #2's assessments should be completed within 30 days of admission to the facility.<br><br>On 3/19/2021 at 1:30pm, an interview was conducted with the RN and the Director of Community Living (DCL). The DCL indicated client #2's assessments should be completed within 30 days of admission to the facility. The DCL and RN indicated no additional information was available for review.<br><br>9-3-4(a) | | | |
| W 0240<br><br>Bldg. 00 | 483.440(c)(6)(i)<br>INDIVIDUAL PROGRAM PLAN<br>The individual program plan must describe relevant interventions to support the individual toward independence.<br>Based on observation, record review, and | W 0240 | · The Community Living | 04/17/2021 |

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| | interview, for 1 of 3 sampled clients (client #2), the facility failed to ensure client #2's ISP (Individualized Support Plan) and risk plans included specific guidelines for the use of client #2's walker, wheel chair, and audio monitor.<br><br>Findings include:<br><br>On 3/8/2021 from 12:35pm until 1:35pm, client #2 used a power wheel chair independently to move from one room to another and from one building to another at the facility owned day program. At 1:20pm, client #2 operated her power wheel chair to exit the dining room, travel a long hallway into a connecting building, and drove her power wheel chair into the art room. Client #2 pulled up beside a chair at a table and transferred herself independently into the chair. Client #2 sat down in the chair then began to work on her craft project. Client #2 indicated she was independent with transfers and used a power wheel chair at the day program to move between buildings. Client #2 pointed to a walker beside her work table and stated, "That's mine too." Client #2 indicated she used the walker to navigate around the room and she needed the power wheel chair for long distances.<br><br>On 3/8/2021 from 2:15pm until 6:35pm, an observation was conducted at the group home. An audio monitor was on in clients #2 and #4's shared bedroom and the connecting monitor was on in the living room. From 4:05pm until 6:35pm, client #2 was observed at the group home and used a walker to walk throughout the group home independently. At 4:20pm, client #2 was inside her shared bedroom with an unidentified facility staff. The unidentified facility staff was heard over on the monitor by clients #1, #3, #4, #6, and #7 who were in the living room/kitchen area. The | | Nurse will update the Fall Risk plan to include guidelines for the use of the walker, wheelchair upon recommendations from PT. The Fall Risk Plan will be updated to include audio monitor no later than 4/16/2021. All Risk Plans are included in the ISP.<br>· Mandatory training will be completed by the Community Living Manager on the schedule and guidelines for the audio monitor no later than 4/16/2021.<br>o *Documents: Updated Fall Risk Plan, Monitoring schedule and Guidelines for audio monitor, Staff Training*<br><br>Revision:<br>There were no other individuals effected by this deficient practice. A new LPN is being hired to focus on group home individuals health and compliance with CMS guidelines. These assessments will be part of a compliance tracking sheet that will be implemented. | |

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| | unidentified facility staff stated, "Did you have a BM (Bowel Movement) today?" Client #2 stated, "Yes."<br><br>On 3/9/2021 from 5:30am until 7:30am, client #2 was observed at the group home and the audio monitor in her bedroom and living room were on. From 5:30am until 6:15am, client #2 lay in bed with two of two full side rails up on each side of her bed. Client #2's walker was outside the door to her bedroom. At 6:10am, DSP (Direct Support Professional) #2 stated client #2's "walker was kept outside her bedroom in the hallway" or across the bedroom by her dresser "so she won't get up at night without staff. [Client #2] is at risk for falls." DSP #2 stated, "Yeah. We keep that (audio monitor) on all the time." DSP #2 indicated client #2 was not independent with getting up out of bed. From 6:15am until 7:30am, client #2 used her walker to walk independently throughout the group home and sat down/got up from her recliner in the living room independently without staff present.<br><br>Client #2's record was reviewed on 3/9/2021 at 10:30am. Client #2's record indicated she was admitted to the group home on 3/15/2019. Client #2's risk plans did not include the use of an audio monitor, wheel chair, and walker. Client #2's record indicated she was at risk for falls. Client #2's 7/15/2020 ISP (Individual Support Plan) indicated client #2 used a wheel chair, audio monitor, and walker but did not include guidelines for use.<br><br>On 3/9/2021 at 11:45am, an interview was conducted with the RN (Registered Nurse). The RN indicated she would attempt to locate client #2's guidelines for the use of her walker, wheel chair, and audio monitor. The RN indicated client | | | |

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| | #2 had fallen in 10/2020 during the night when she attempted get up to use the bathroom at night.<br><br>On 3/19/2021 at 1:30pm, an interview was conducted with the RN and the Director of Community Living (DCL). The DCL indicated no additional documentation was available for review in regard to client #2's walker, wheel chair, and audio monitor.<br><br>9-3-4(a) | | | |
| W 0249<br><br>Bldg. 00 | 483.440(d)(1)<br>PROGRAM IMPLEMENTATION<br>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.<br>Based on observation, record review, and interview, for 1 of 3 sampled clients (client #3), the facility failed to implement client #3's ISP (Individual Support Plan) during formal and informal opportunities for shaving and wearing his prescribed eye glasses.<br><br>Findings include:<br><br>On 3/8/2021 from 12:35pm until 1:35pm, client #3 was at the facility owned day program. Client #3 did not use words to speak, did not wear his prescribed eye glasses, and he had facial hair. At 12:45pm, client #3 approached the surveyor and indicated whiskers were on his face. At 12:45pm, WKS (Workshop Staff) #1 stated client #3 "has had those whiskers on his face a few days now. He doesn't like them." WKS #1 indicated she had | W 0249 | · Mandatory staff training will be completed by the Community Living Manager on using formal and informal opportunities to completed shaving and use glasses no later than 4/16/2021.<br><br>· The Community Living Manager will assure compliance during routine group home observations, to occur each day that the manager is at the home. The frequency is generally 5 days out of every 7. After one month the Director of Community Living and Group Home manager can re-evaluate the need of observations if compliance has | 04/17/2021 |

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| | not seen client #3 wear prescribed eye glasses.<br><br>On 3/8/2021 from 2:15pm until 6:35pm, an observation was conducted at the group home. From 4:05pm until 6:35pm, client #3 was observed at the group home. Client #3 did not wear prescribed eye glasses to see and had facial hair. At 4:50pm, DSP (Direct Support Professional) #2 stated, "I'm not sure when [client #3] shaves, but it looks like he hasn't for some time." DSP #2 stated client #3's facial hair "varied in length from a half inch long to one inch long." During the observation period, client #3 watched television, served and fed himself meals, completed medication administration, looked at a magazine, and walked throughout the group home.<br><br>On 3/9/2021 from 5:30am until 7:30am, client #3 was observed at the group home. Client #3 was unshaven and did not wear his prescribed eye glasses to see. During the observation period, client #3 walked throughout the group home, served and fed himself his meal, rubbed his face where the facial hair was on his face, watched television, and completed medication administration.<br><br>Client #3's record was reviewed on 3/9/2021 at 11:05am. Client #3's 7/15/2020 ISP (Individual Support Plan) indicated objectives to shave himself twice a week and to wear his prescribed eye glasses one hour daily.<br><br>On 3/9/2021 at 11:45am, an interview was conducted with the Registered Nurse (RN). The RN indicated client #3 should be asked to shave daily and should be wearing his prescribed eye glasses to see.<br><br>On 3/9/2021 at 12:15pm, an interview was | | been met. If compliance has not been met observations will continue for another month and reevaluation will occur once again. Confirmation will occur by Director of Community Living and Vice President of Disability Services during home visits monthly and quarterly respectively. All levels will assure ongoing compliance.<br>o *Documents: Staff Training, Community Living Manager Observation Form* | |

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| | conducted with the DCL (Director of Community Living). The DCL indicated she would need to check client #3's goals. The DCL indicated client #3 had a shaving goal to shave twice a week. The DCL indicated client #3 should be asked to wear his eye glasses for one hour daily. The DCL indicated the facility staff failed to use formal and informal opportunities to teach client #3 regarding wearing his prescribed eye glasses and shaving.<br><br>9-3-4(a) | | | |
| W 0261<br><br>Bldg. 00 | 483.440(f)(3)<br>PROGRAM MONITORING & CHANGE<br>The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility.<br>Based on record review and interview for 3 of 3 sampled clients (#1, #2, and #3) and 5 additional clients (#4, #5, #6, #7, and #8), the facility failed to ensure Human Rights Committee (HRC) meetings were held to allow all members to speak and discuss when reviewing, approving, and monitoring the facility restrictive programs to protect each client's rights and to ensure a designated client attended the meetings.<br><br>Findings include:<br><br>On 3/9/2021 at 9:15am, the facility's HRC meeting minutes were reviewed for the period from 3/2020 through 3/9/2021. The review indicated a client designee was not present for the 9/1/2020 meeting. A meeting was held on 1/12/2021. No | W 0261 | · The HRC Committee met on 9/1/2020, 1/13/2021, and 3/16/2021. The HRC Committee will continue to meet quarterly or as needed. Meetings are scheduled to meet on the 3rd Wednesday during the months of March, June, September and December. The next scheduled meeting is 6/15/2021 @ 12:30pm. At this time, these meetings will be available in person or through an online meeting platform.<br>o *Documentation: HRC Meeting Minutes 3/16/2021* | 04/17/2021 |

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| | additional HRC meeting minutes were provided. This affected clients #1, #2, #3, #4, #5, #6, #7, and #8.<br><br>On 3/9/2021 at 9:15am, an interview was conducted with the DCL (Director of Community Living). The DCL stated the agency had not had "routine" face to face HRC meetings within the past year "because of Covid-19 (a respiratory illness)." The DCL indicated the client member did not attend due to Covid-19. The DCL indicated the HRC committee was reviewing, monitoring, and approving restrictive programs by email and no face to face meetings had been conducted.<br><br>On 3/9/2021 at 11:45am, an interview was conducted with the RN (Registered Nurse). HRC meeting minutes were requested and she indicated she would consult with the DCL regarding locating the meeting minutes.<br><br>On 3/19/2021 at 1:30pm, an interview was conducted with the DCL. The DCL indicated no additional information was available for review.<br><br>9-3-4(a) | | | |
| W 0264<br><br>Bldg. 00 | 483.440(f)(3)(iii)<br>PROGRAM MONITORING & CHANGE<br>The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.<br>Based on observation, record review, and | W 0264 | · HRC Approval has been | 04/17/2021 |

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| | interview, for 1 of 3 sampled clients (client #2) and 1 additional client (client #4), the facility failed to ensure the Human Rights Committee approved the use of an audio monitor in clients #2 and #4's shared bedroom and the removal of client #2's walker from her use during the night.<br><br>Findings include:<br><br>On 3/8/2021 from 2:15pm until 6:35pm, an observation was conducted at the group home. An audio monitor was on in clients #2 and #4's shared bedroom and the connecting monitor was on in the living room. From 2:15pm until 4:05pm, client #2 was not present at the group home. From 4:05pm until 6:35pm, clients #2 and #4 were observed at the group home. At 4:20pm, client #2 was inside her shared bedroom. An unidentified facility staff was heard on the monitor by clients #1, #3, #4, #6, and #7 who were in the living room/kitchen area. The unidentified facility staff stated, "Did you have a BM (Bowel Movement) today?" Client #2 stated, "Yes."<br><br>On 3/9/2021 from 5:30am until 7:30am, clients #2 and #4 were observed at the group home. The audio monitors in their bedroom and living room were on. From 5:30am until 6:15am, client #2 lay in bed with two of two full side rails up on each side of her bed. Client #2's walker was outside the door to her bedroom. At 6:10am, DSP (Direct Support Professional) #2 stated client #2's "walker was kept outside of her bedroom in the hallway" or across the bedroom by her dresser "so she won't get up at night without staff. [Client #2] is at risk for falls." DSP #2 stated, "Yeah. We keep that (audio monitor) on all the time." DSP #2 indicated client #2 was not independent with getting up out of bed. From 6:15am until 7:30am, client #2 used her walker to walk independently | | received for Client's #2 and #4 for the use of the audio monitor and Client #2's removal of the walker.<br>o *Documents: HRC Approval for audio monitor and removal of walker* | |

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| | throughout the group home and sat down/got up from her recliner in the living room independently without staff present.<br><br>Client #2's record was reviewed on 3/9/2021 at 10:30am. Client #2's record did not indicate the HRC had reviewed the restrictions for the use of the audio monitor and for removing client #2's walker from her access.<br><br>On 3/9/2021 at 9:15am, the facility's Human Rights Committee (HRC) meetings minutes were reviewed for the period of 3/2020 through 3/9/2021. The review did not indicate the facility's HRC committee had approved the restrictive practice of removing client #2's walker from her use/access and the audio monitor inside client #2 and #4's shared bedroom.<br><br>On 3/9/2021 at 9:15am, an interview was conducted with the Director of Community Living (DCL). The DCL indicated she was unsure if the HRC had reviewed and approved the audio monitor inside clients #2 and #4's shared bedroom and removing client #2's walker from her access.<br><br>On 3/19/2021 at 1:30pm, an interview was conducted with the RN and the DCL. The DCL indicated no additional documentation was available for review regarding the HRC approval.<br><br>9-3-4(a) | | | |
| W 0382<br><br>Bldg. 00 | 483.460(l)(2)<br>DRUG STORAGE AND RECORDKEEPING<br>The facility must keep all drugs and biologicals locked except when being prepared for administration.<br>Based on observation, record review, and interview, the facility failed to secure medications | W 0382 | · Mandatory retraining on securing medications not being | 04/17/2021 |

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| | 15G107 | A. BUILDING 00<br>B. WING | 03/19/2021 |

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| | for 3 of 3 sampled clients (#1, #2, and #3) and 5 additional clients (#4, #5, #6, #7, and #8), when medications were not being administered.<br><br>Findings include:<br><br>During the observation period, on 3/8/2021 from 2:15pm until 6:30pm, clients #4 and #8 were at the group home and from 4:05pm until 6:30pm, clients #1, #2, #3, #5, #6, and #7 were at the group home. During the observation period, inside the unlocked medication room was a double door closet held closed with a rubber band around the door handles. Throughout the observation period, DSP (Direct Support Professional) #2 removed the rubber band then removed medication cards from the unlocked closet. At 5:10pm, the surveyor asked DSP #2 to look inside the closet. DSP #2 removed the rubber band and the double door to the closet opened. DSP #2 indicated the unlocked closet contained clients #1, #2, #3, #4, #5, #6, #7, and #8's medications. DSP #2 indicated clients #1, #2, #3, #4, #5, #6, #7, and #8's medication should have been locked.<br><br>On 3/9/2021 at 5:55am, DSP #1 asked client #3 to come into the medication room. At 5:55am, DSP #1 unlocked the medication cart, selected client #3's medication card, placed the medication on top of the cart, and left the medication room. DSP #1 walked into the kitchen and down the hallway to the bathroom to speak with another staff person. Client #3 sat in the chair beside the unlocked medication cart and the medication card was on top of the cart. At 6:35am, DSP #1 indicated medications should be locked when not being administered and staff should not leave a client alone inside the medication room when the medications were unlocked. | | administered will be completed by the Community Living Manager no later than 4/16/2021.<br>· The Group Home Manager will assure compliance in secured medications during routine group home observations, generally 5 out of every 7 days. After one month the Director of Community Living and Group Home manager can re-evaluate the need of observations if compliance has been met. If compliance has not been met, observations will continue for another month and reevaluation will occur once again. Confirmation will occur by the Director of Community Living and Vice President of Disability Services during home visits monthly and quarterly respectively. All levels will assure initial compliance before deadline and will assure ongoing compliance thereafter.<br>o *Documentation: Staff Training, Group Home Observation Form* | |

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| | On 3/9/2021 at 11:45am, an interview with the RN (Registered Nurse) was conducted. The RN indicated the medication cart should be kept locked when not being administered.<br><br>9-3-6(a) | | | |
| W 0455<br><br>Bldg. 00 | 483.470(l)(1)<br>INFECTION CONTROL<br>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.<br>Based on observation, record review, and interview for 3 of 3 sampled clients (clients #1, #2, and #3) and 5 additional clients (clients #4, #5, #6, #7, and #8), the facility failed to implement and teach sanitary methods during meal preparation and to screen visitors to the group home to assist with preventing the spread of Covid-19 (Coronavirus Disease/respiratory illness) during a pandemic.<br><br>Findings include:<br><br>1. On 3/8/2021 at 6:00pm, clients #6 and #7 opened cans of vegetables and fruit for supper with DSP (Direct Support Professional) #4. Client #3 stood in the kitchen and watched the meal preparation. At 6:00pm, DSP #4 and client #7 began to pour carrots from five open cans into a pot. DSP #4 threw the empty carrot cans into the uncovered trash can. At 6:00pm, client #3 walked over to the trash can, picked up the empty carrot cans from the trash can, took his fingers on his left and right hands, and began to rub his fingers in a wiping motion around the inside of the cans. Client #3 licked his fingers between wiping the inside of each of the cans. No redirection was observed. No handwashing was encouraged. | W 0455 | · Mandatory Staff Training will be completed on Infection Control and COVID Precautions by the Community Living Manager no later than 4/16/2021.<br>· The Group Home Manager will assure compliance in Infection Control during routine group home observations, generally 5 out of every 7 days. After one month the Director of Community Living and Community Living Manager can re-evaluate the need of observations if compliance has been met. If compliance has not been met observations will continue for another month and reevaluation will occur once again. Confirmation will occur by the Director of Community Living and Vice President of Disability Services during home visits monthly and quarterly respectively. All levels will assure initial compliance before deadline and will assure ongoing compliance thereafter.<br>o *Documentation: Staff Training,* | 04/17/2021 |

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| | 2. On 3/9/2021 at 5:30am, DSP #1 answered the door at the group home, indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 were in bed, and invited the surveyor inside the group home. From 5:30am until 5:50am, no temperature check, screening questions, and handwashing were completed with the surveyor. At 5:50am, DSP #1 indicated visitors should be screened upon entry to the group home. DSP #1 stated, "I didn't implement the plan" to prevent the spread of Covid-19.<br><br>On 3/8/2021 at 11:30am, a review was conducted of the 5/2020 "Carey Services Covid 19 Pandemic." The plan indicated "...Needs: Other PPE (Personal Protective Equipment) No additional PPE has been requested at this time." A review of the 5/28/2020 "Covid 19 Consideration upon Reopening and Other Important Updates" indicated "Other Specific Considerations: Effective immediately, face to face meetings are allowed as long as building/room occupancy standards...are adhered to. All participants must maintain social distancing, properly wear a face mask, and practice acceptable hygiene practices; washing hands and sanitizing often...." The 3/11/2020 "Corona Virus Education" training indicated "What should I be doing? Most importantly, frequent handwashing with soap for at least 20 seconds, especially after going to the bathroom, before eating, and after blowing your nose, coughing, or sneezing...Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray of disinfect wipe."<br><br>On 3/8/2021 at 11:30am, the article "Coronavirus Disease 2019 (COVID-19): Protect Yourself" was reviewed from the website www.cdc.gov. The article indicated: " ...Everyone should: Wash | | *Group Home Observation Form* | |

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| | your hands often: Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing. If soap and water are not readily available, use a hand sanitizer that contains at least 60% (percent) alcohol. Cover all surfaces of your hands and rub them together until they feel dry. Avoid touching your eyes, nose, and mouth with unwashed hands. Avoid close contact: Avoid close contact with people who are sick, even if inside your home. If possible, maintain 6 feet between the person who is sick and other household members. Put distance between yourself and other people outside of your home. Remember that some people without symptoms may be able to spread virus. Stay at least 6 feet from other people. Do not gather in groups. Stay out of crowded places and avoid mass gatherings. Keeping distance from others is especially important for people who are at higher risk of getting very sick. Cover your mouth and nose with a cloth face cover when around others: You could spread COVID-19 to others even if you do not feel sick. Everyone should wear a cloth face cover when they have to go out in public, for example if they have to go to the grocery store or to pick up other necessities .... The cloth face cover is meant to protect other people in case you are infected .... Continue to keep about 6 feet distance between yourself and others. The cloth face cover is not a substitute for social distancing. Cover coughs and sneezes: If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow. Throw used tissues in the trash. Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a | | | |

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| | hand sanitizer that contains at least 60% alcohol. Clean and disinfect: Clean and disinfect frequently touched surfaces daily. This includes tables, door knobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets and sinks. If surfaces are dirty, clean them. Use detergent or soap and water prior to disinfection. Then, use a household disinfectant. Monitor your health: Be alert for symptoms. Watch for fever, cough, shortness of breath, or other symptoms of COVID-19. Especially important if you are running essential errands, going into the office or workplace, and in setting where it may be difficult to keep a physical distance of 6 feet. Take your temperature if symptoms develop .... Follow CDC (Center for Disease Control) guidance if symptoms develop." The guidelines indicated visitors should be screened before allowing entry to the group home for their temperature, screening questions, and encouraged to wash their hands.<br><br>On 3/9/2021 at 9:15am, an interview was conducted with the DCL (Director of Community Living). The DCL indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 should be encouraged to wash their hands before preparing meals and before eating/drinking. The DCL indicated client #4 should have been redirected by the facility staff to not remove items from the trash and then licking his fingers. The DCL indicated the facility followed Universal Precautions to encourage clients to wash their hands before eating, drinking, changing activities, and routinely throughout the day.<br><br>On 3/9/2021 at 11:45am, an interview was conducted with the RN (Registered Nurse). The RN indicated staff and clients should be prompted and encouraged to wash their hands regularly to prevent the spread of Covid-19. The RN indicated | | | |

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| | the facility followed Universal Precautions to encourage clients to wash their hands before eating, drinking, changing activities, and routinely throughout the day. The RN indicated the facility staff should screen visitors for Covid-19 before allowing entry by asking screening questions, taking temperatures, and encouraging hand washing. The RN indicated the staff did not implement the agency's Covid-19 plan when the surveyor was not screened upon entry.<br><br>9-3-7(a) | | | |