

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G786	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/12/2021
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NAME OF PROVIDER OR SUPPLIER PATHFINDER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1570 JESSUP STREET HUNTINGTON, IN 46750
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W 0000 Bldg. 00	<p>This visit was for the pre-determined full recertification and state licensure survey. This visit included the Covid-19 focused infection control survey.</p> <p>Dates of Survey: 8/4, 8/5, 8/6, 8/9, 8/10, 8/11, and 8/12/2021</p> <p>Facility Number: 012414 Provider Number: 15G786 AIMS Number: 200998980</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 8/25/21.</p>	W 0000		
W 0192 Bldg. 00	<p>483.430(e)(2) STAFF TRAINING PROGRAM</p> <p>For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. Based on observation, record review, and interview for 3 of 3 sampled clients (clients #1, #2, and #3) and 3 additional clients (clients #4, #5, and #6), the facility failed to ensure the staff demonstrated competency regarding the agency's written policy/guidelines to assist with preventing the spread of Covid-19 (Coronavirus Disease/respiratory illness) and isolation procedures during a pandemic.</p> <p>Findings include:</p> <p>On 8/4/2021 at 12:25pm, an interview was conducted with QIDP (Qualified Intellectual Disabilities Professional) #1. At 12:25pm,</p>	W 0192	<p>Staff Training Program</p> <ul style="list-style-type: none"> -Staff will be trained as to the agency's COVID Policy -Agency COVID Policy will be posted in all group homes for reference by existing staff and staff will sign off verifying reading/understanding the policy -All new staff will be trained and sign off verifying reading/understanding the policy -HR will verify new staff reading/understanding before new staff are permitted to work in the group homes 	09/10/2021

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>QIDP #1 stated clients #1, #2, #3, #4, #5, and #6 were "Quarantined in the group home because [client #1] had tested positive for active Covid-19." QIDP #1 stated client #1 was kept in "isolation at the group home" and clients #2, #3, #4, #5, and #6 were "quarantined" at the group home.</p> <p>On 8/4/2021 at 1:20pm, the facility's BDDS (Bureau of Developmental Disability Services) reports were reviewed and indicated the following report for client #1:</p> <p>-An 8/2/2021 BDDS report for an incident on 8/1/2021 at 8:00am indicated client #1 "tested positive for Covid-19 when being seen at the walk in clinic for a URI (Upper Respiratory Illness). She was prescribed antibiotics, breathing treatments, and an infusion later administered at [the physician's office]. Plan to resolve: [Client #1] will follow all quarantine guidelines. [Client #1] had been vaccinated in March, 2021. Staff to monitor [client #1] and ensure all CDC (Centers for Disease Control) are being followed."</p> <p>During observations at the group home on 8/4/2021 from 2:30pm until 5:45pm, clients #1, #2, #3, #4, #5, and #6 were at the group home. During the observation period, client #1 was kept isolated inside her private bedroom, the window was open to fresh air, and items were cleaned before entering and being removed from client #1's bedroom. During the observation period, client #1 used the bathroom next to her bedroom. At 5:30pm, DSP (Direct Support Professional) #5 and the House Manager (HM) stated client #1 was on "isolation precautions" because of having Covid-19. DSP #6 indicated the bathroom next to client #1's bedroom was</p>		-September 10, 2021	

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	<p>used by client #1 only. DSP #6 stated clients #2, #3, #4, #5, and #6 were discouraged from entering client #1's bedroom. At 5:30pm, client #6 attempted to go inside client #1's bedroom and was told by DSP #6 that client #1 was sick and she needed to be left alone inside her bedroom. At 5:30pm, DSP #5, DSP #6, and the HM indicated they had been trained regarding Covid-19 in March, 2021 and the difference between isolation and quarantine procedures. The HM indicated no documented staff training was available for review. At 5:30am, DSP #6 wore gloves, carried the one single medication into client #1's bedroom, administered the medication, carried the medication out of the room, cleaned the bottle of the medication, removed her gloves, and washed her hands.</p> <p>During observations at the group home on 8/5/2021 from 6:15am until 8:05am, clients #1, #2, #3, #4, #5, and #6 were at the group home. At 6:15am, client #1 was isolated inside her private bedroom, the window was open to fresh air, and items were cleaned before entering and being removed from client #1's bedroom. At 6:40am, DSP #6 went into client #1's private bedroom, asked her to walk to the medication room, and did not wear gloves. At 6:40am, DSP #6 assisted client #1 to walk by holding onto the back of client #1's gait belt, they walked out of client #1's private bedroom, down the hallway, through the living room area, through the kitchen, down the back hallway, and into the medication room. Client #1 wore a face mask and coughed continuously while she was walking. Client #1 and DSP #6 walked by clients #4, #5, and #6 who were sitting and walking in the living room, kitchen, and hallways of the group home. Once inside the medication room, client #1 removed her face mask, continued to cough without</p>			

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	<p>covering her mouth, touched items inside the medication room, and refused to wash her hands. Client #1 handled her medication cards with DSP #1 to identify and name her medications. DSP #6 did not clean the cards after client #1 handled the medication cards. At 7:06am, DSP #6 stated "Yes, [client #1] was still on isolation" precautions because she has Covid-19.</p> <p>On 8/4/2021 at 1:00pm, the agency's 3/2020 "Covid-19 Procedures" related to the agency's policies and procedures during a pandemic indicated the agency followed CDC (Centers for Disease Control) guidelines, education for staff to refer to the CDC website for information, how to work remotely from home when possible, guidelines for employees to follow with their work day, and monitoring staff and clients regarding their body temperatures. The policy and procedure included written guidelines related to Covid-19 for the restriction of visitors at the group home, to monitor "all" temperatures for those who enter the group home, screening questions to ask, and when to quarantine and isolate clients related to Covid-19 for the staff to implement to assist with preventing the spread of Covid-19 during a pandemic for clients and visitors. The policy and procedure indicated clients who have Covid-19 should be isolated and gloves should be worn. The policy and procedure indicated clients who have been exposed to Covid-19 should be quarantined at the group home to prevent the spread of the infection.</p> <p>On 8/4/2021 at 1:00pm, on 8/5/2021 at 8:10am, and on 8/9/2021 at 1:40pm, the agency's undated "Covid-19 Training" regarding Covid-19 and the policy and procedure attendance record was requested. On 8/9/2021 at 1:40pm, QIDP (Qualified Intellectual Disabilities Professional)</p>			

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W 0250 Bldg. 00	<p>#1 indicated no documented staff training regarding Covid-19 was available for review.</p> <p>On 8/9/2021 at 1:45pm, an interview was conducted with the RN (Registered Nurse) and QIDP #1. The RN stated "We've had four coordinators in that home and the training was not located." The RN stated "We had the staff complete computer training of our agency's Covid-19 plan back in March, 2021 and that training is not documented." The RN stated client #1 "is on isolation. That means she should not leave her room at the group home." The RN stated client #1's medication administration "should have been completed inside her bedroom." The RN indicated the staff did not follow universal precautions and the facility's Covid-19 policy/procedure to prevent the spread of infection when client #1 was asked and then assisted by the staff to walk through the group home and into the medication room. The RN stated client #1 should "only leave her room to leave the group home and go to her private bathroom to use the rest room or shower." The RN indicated the staff failed to follow the written guidelines to prevent the spread of infection. The RN and QIDP #1 both indicated the agency followed the CDC guidelines.</p> <p>9-3-3(a) 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, interview, and record review, for 3 of 3 sampled clients (clients #1, #2, and #3), the facility failed to develop an</p>	W 0250	<p>Program Implementation -A program schedule will be implemented to reflect a routine</p>	09/10/2021

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	<p>active treatment schedule which included activities and the training that was to occur during the time when clients #1, #2, and #3 were not attending the day program.</p> <p>Findings include:</p> <p>During observations at the group home on 8/4/2021 from 2:30pm until 5:45pm, clients #1, #2, and #3 were at the group home. During the observation period from 2:30pm until 5:45pm, clients #2 and #3 walked inside/outside on the porch, clients changed the channel on the television set, read books, used the restroom, swept the floor, client #2 tore paper, and ate snacks with their fingers. At 5:30pm, DSP (Direct Support Professional) #5 and DSP #6 indicated clients #1, #2, and #3 did not have a schedule to follow during the day time hours when they did not attend the day program.</p> <p>During the observation period, client #1 was kept isolated inside her private bedroom, the window was open to fresh air, and items were cleaned before entering and being removed from client #1's bedroom. During the observation period, client #1 used the bathroom next to her bedroom. At 5:30pm, DSP (Direct Support Professional) #5 and the House Manager (HM) stated client #1 was on "isolation precautions" because of having Covid-19. DSP #6 indicated the bathroom next to client #1's bedroom was used by client #1 only. DSP #6 stated clients #1, #2, and #3 were kept at home from the day program during the day because they were on quarantine because of Covid-19.</p> <p>On 8/4/2021 at 12:25pm, an interview was conducted with QIDP (Qualified Intellectual Disabilities Professional) #1. At 12:25pm,</p>		<p>guideline of active treatment for use when individuals do not attend day program</p> <p>-Staff at all group homes will encourage individuals not attending day program to engage in routine activities throughout the day</p> <p>-An alternate day program schedule will be available at all group homes for use when an individual does not attend day program</p> <p>-Staff will document individuals' activities for the day, including any refusals of activities, to ensure the schedule was offered.</p> <p>-September 10, 2021</p>	

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	<p>QIDP #1 stated clients #1, #2, and #3 were "Quarantined in the group home because [client #1] had tested positive for active Covid-19." QIDP #1 stated client #1 was kept in "isolation at the group home" and clients #2 and #3 were "quarantined" at the group home and did not attend the day program during the day.</p> <p>On 8/4/2021 at 1:20pm, the facility's BDDS (Bureau of Developmental Disability Services) reports were reviewed and indicated the following report for client #1:</p> <p>-An 8/2/2021 BDDS report for an incident on 8/1/2021 at 8:00am indicated client #1 "tested positive for Covid-19 when being seen at the walk in clinic for a URI (Upper Respiratory Illness). She was prescribed antibiotics, breathing treatments, and an infusion later administered at [the physician's office]. Plan to resolve: [Client #1] will follow all quarantine guidelines. [Client #1] had been vaccinated in March, 2021. Staff to monitor [client #1] and ensure all CDC (Centers for Disease Control) are being followed."</p> <p>Client #1's record was reviewed on 8/5/2021 at 8:30am and on 8/6/2021 at 10:00am. Client #1's 11/16/2020 ISP (Individual Support Plan) and record indicated a "Daily Resident Sheet" which indicated from 8:00am until 3:00pm "daily: Day Services" and did not include a written daily schedule which outlined the current active treatment program, activities to offer, and the daily routine for staff to follow.</p> <p>Client #2's record was reviewed on 8/9/2021 at 12:15pm. Client #2's 4/26/2021 ISP and record indicated a "Daily Resident Sheet" which indicated from 8:00am until 3:00pm "daily: Day</p>			

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W 0382 Bldg. 00	<p>Services" and did not include a written daily schedule which outlined the current active treatment program, activities to offer, and the daily routine for staff to follow.</p> <p>Client #3's record was reviewed on 8/5/2021 at 9:15am and on 8/6/2021 at 11:00am. Client #3's 6/11/2021 ISP and record indicated a "Daily Resident Sheet" which indicated from 8:00am until 3:00pm "daily: Day Services" and did not include a written daily schedule which outlined the current active treatment program, activities to offer, and the daily routine for staff to follow.</p> <p>On 8/10/2021 at 8:05am, an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional) #1. QIDP #1 indicated clients #1, #2, and #3 did not have an active treatment schedule for the period of time when they did not attend the day program setting. QIDP #1 indicated no individual specific active treatment schedules which outlined the current active treatment program, activities to offer, and the daily routines for staff to follow were available for review for clients #1, #2, and #3.</p> <p>9-3-4(a)</p> <p>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, record review, and interview, 6 of 6 clients (clients #1, #2, #3, #4, #5, and #6), the facility failed to keep medications locked when medications were not being administered.</p> <p>Findings include:</p>	W 0382	<p>Drug Storage and Recordkeeping -Staff will be retrained to ensure medications are locked properly when not in use -Staff at all group homes will verify receipt of training on maintaining medications not in use in a secure</p>	09/10/2021

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	<p>During observations at the group home on 8/5/2021 from 6:15am until 8:05am, clients #1, #2, #3, #4, #5, and #6 were at the group home. From 6:15am until 6:40am, the medication closet was unlocked. During the observation period, clients #4, #5, and #6 walked into and out of the medication room independently without staff present. At 6:40am, DSP (Direct Support Professional) #6 went into client #1's private bedroom and asked her to walk to the medication room. At 6:40am, DSP #6 opened the unlocked medication closet, selected client #1's medications, and administered the medications. At 7:06am, DSP #6 stated "Yes, the door (to the medication closet) was unlocked. We have to get in there in the morning when clients get up." DSP #6 indicated the unlocked medication closet should have been kept locked. DSP #6 indicated the facility staff followed Core A/Core B medication administration training which indicated all medications should be kept locked unless being administered.</p> <p>On 8/9/2021 at 1:45pm, an interview was conducted with the Registered Nurse (RN).. The RN indicated the facility staff were trained regarding medications administration and to follow Core A/Core B medication training. The RN stated the facility staff should have "all" medication kept locked at the group home.</p> <p>On 8/10/2021 at 8:05am, an interview was conducted with QIDP (Qualified Intellectual Disabilities Professional) #1. QIDP #1 indicated the facility staff were trained to administer medications and to follow Core A/Core B medication training. QIDP #1 indicated the facility staff should keep medications locked.</p>		<p>locked area -Shift checks will be implemented to ensure employees are following Core A/B guidelines -Staff found to not be following Core A/B guidelines will have disciplinary action taken of all staff working the checked shift -September 10, 2021</p>	

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W 0391 Bldg. 00	<p>On 8/9/2021 at 1:45pm, the agency's 6/25/17 policy and procedure for "Medication Administration Handbook" indicated the agency followed the Core A/Core B medication training. The policy and procedure indicated medications should be locked when not being administered.</p> <p>On 8/9/2021 at 1:45pm, a review of the 2004 "Living in the Community" medication administration training manual, "Core Lesson : Principles of Administering Medications" indicated medications should be kept secured/locked when not being administered.</p> <p>9-3-6(a) 483.460(m)(2)(ii) DRUG LABELING</p> <p>The facility must remove from use drug containers with worn, illegible, or missing labels.</p> <p>Based on observation, record review, and interview, for 1 of 12 medications observed administered during the morning medication administration (client #1), the facility failed to remove from use the medication containers without labels from the pharmacy.</p> <p>Findings include:</p> <p>On 8/5/2021 at 6:40am, DSP (Direct Support Professional) #6 went into client #1's private bedroom and asked her to walk to the medication room. At 6:40am, DSP #6 selected the administered one tablet from an unlabeled "Mucus Relief, 600mg (milligrams) 40 tablet" box and indicated client #1 took the medication for Covid-19 related symptoms. At 7:06am, client #1 took the medication with water. At</p>	W 0391	<p>Drug Labeling</p> <p>-All medications purchased will be clearly labeled with individual name and direction for use by the nurse or with nurse oversight</p> <p>-Staff at all group homes will review their medications to ensure there are no unlabeled/illegible medications at their location monthly</p> <p>-Staff at all group homes will sign a monthly checklist stating all medications are clearly labeled with name and direction for use</p> <p>-Agency nurse will audit medications at the group homes to ensure labels are in place</p> <p>-September 10, 2021</p>	09/10/2021

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	<p>7:06am, DSP #6 indicated the box of Mucus Relief used for client #1 was not labeled with a pharmacy label, client #1's name, and/or the directions for its use. At 7:06am, client #1's 8/2021 MAR (Medication Administration Record) indicated "Guaifenesin/Mucinex, 600mg, take 1 tablet by mouth 2 x's (times) daily for 10 days" for upper respiratory illness.</p> <p>Client #1's record was reviewed on 8/5/2021 at 8:30am and on 8/6/2021 at 10:00am. Client #1's 8/2021 physician's order indicated "Guaifenesin/Mucinex, 600mg, take 1 tablet by mouth 2 x's (times) daily for 10 days" for upper respiratory illness.</p> <p>On 8/9/2021 at 1:45pm, a review of the 2004 "Living in the Community" medication administration training manual, Core A/Core B Lesson 2: Responsibilities in the Area of Medication Administration indicated medication containers should be labeled to identify the client name and directions for their use. The policy and procedure indicated medication containers without labels and/or illegible labels should be removed from use.</p> <p>On 8/9/2021 at 1:45pm, the 9/24/2019 policy and procedure for "Medication Administration" indicated each medication should be labeled with the client's name and directions for its use.</p> <p>On 8/9/2021 at 1:45pm, an interview was conducted with the RN (Registered Nurse). The RN indicated the staff did not follow the medication administration policy and procedure when the medication for client #1 did not include a pharmacy label or client #1's name on the medication. The RN indicated each medications should have a pharmacy label or a label made by</p>			

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W 0455 Bldg. 00	<p>the nurse which included the client name, the name of the medication, and directions for the medication use. The RN indicated the facility followed the Core A/Core B training for medication administration and the facility's policy and procedure for medication administration.</p> <p>On 8/10/2021 at 8:05am, an interview with QIDP (Qualified Intellectual Disabilities Professional) #1. QIDP #1 indicated client #1's medication should have a pharmacy label on the medication. QIDP #1 indicated each medication should have a pharmacy label or a label made by the nurse which included the client name, the name of the medication, and directions for the medication use. QIDP #1 indicated the facility followed the Core A/Core B training for medication administration and the facility's policy and procedure for medication administration.</p> <p>9-3-6(a)</p> <p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation, record review, and interview for 3 of 3 sampled clients (clients #1, #2, and #3) and 3 additional clients (clients #4, #5, and #6), the facility failed to ensure the staff implemented the agency's written policy/guidelines to assist with preventing the spread of Covid-19 (Coronavirus Disease/respiratory illness) and isolation procedures during a pandemic.</p> <p>Findings include:</p>	W 0455	: Infection Control #1 -Staff will be trained as to the agency's COVID Policy -Agency COVID Policy will be posted in all group homes for reference by existing staff and staff will sign off verifying reading/understanding the policy -All new staff will be trained and sign off verifying reading/understanding the policy	09/10/2021

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	<p>1. On 8/4/2021 at 12:25pm, an interview was conducted with QIDP (Qualified Intellectual Disabilities Professional) #1. At 12:25pm, QIDP #1 stated clients #1, #2, #3, #4, #5, and #6 were "Quarantined in the group home because [client #1] had tested positive for active Covid-19." QIDP #1 stated client #1 was kept in "isolation at the group home" and clients #2, #3, #4, #5, and #6 were "quarantined" at the group home.</p> <p>On 8/4/2021 at 1:20pm, the facility's BDDS (Bureau of Developmental Disability Services) reports were reviewed and indicated the following report for client #1:</p> <p>-An 8/2/2021 BDDS report for an incident on 8/1/2021 at 8:00am indicated client #1 "tested positive for Covid-19 when being seen at the walk in clinic for a URI (Upper Respiratory Illness). She was prescribed antibiotics, breathing treatments, and an infusion later administered at [the physician's office]. Plan to resolve: [Client #1] will follow all quarantine guidelines. [Client #1] had been vaccinated in March, 2021. Staff to monitor [client #1] and ensure all CDC (Centers for Disease Control) are being followed."</p> <p>During observations at the group home on 8/4/2021 from 2:30pm until 5:45pm, clients #1, #2, #3, #4, #5, and #6 were at the group home. During the observation period, client #1 was kept isolated inside her private bedroom, the window was open to fresh air, and items were cleaned before entering and being removed from client #1's bedroom. During the observation period, client #1 used the bathroom next to her bedroom. At 5:30pm, DSP (Direct Support Professional) #5 and the House Manager (HM)</p>		<p>-HR will verify new staff reading/understanding before new staff are permitted to work in the group homes -September 10, 2021</p> <p>POC for tag number W455 #2 -Handwashing Training will be provided to all group home individuals -Staff will review with each group home individual the importance of handwashing and when it's appropriate monthly -Handwashing procedure signs/pictures will be posted in all group homes -Staff will have a monthly practice session goal with each individual -September 10, 2021</p>	

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	<p>stated client #1 was on "isolation precautions" because of having Covid-19. DSP #6 indicated the bathroom next to client #1's bedroom was used by client #1 only. DSP #6 stated clients #2, #3, #4, #5, and #6 were discouraged from entering client #1's bedroom. At 5:30pm, client #6 attempted to go inside client #1's bedroom and was told by DSP #6 that client #1 was sick and she needed to be left alone inside her bedroom. At 5:30pm, DSP #5, DSP #6, and the HM indicated they had been trained regarding Covid-19 in March, 2021 and the difference between isolation and quarantine procedures. The HM indicated no documented staff training was available for review. At 5:30am, DSP #6 wore gloves, carried the one single medication into client #1's bedroom, administered the medication, carried the medication out of the room, cleaned the bottle of the medication, removed her gloves, and washed her hands.</p> <p>During observations at the group home on 8/5/2021 from 6:15am until 8:05am, clients #1, #2, #3, #4, #5, and #6 were at the group home. At 6:15am, client #1 was isolated inside her private bedroom, the window was open to fresh air, and items were cleaned before entering and being removed from client #1's bedroom. At 6:40am, DSP #6 went into client #1's private bedroom, asked her to walk to the medication room, and did not wear gloves. At 6:40am, DSP #6 assisted client #1 to walk by holding onto the back of client #1's gait belt, they walked out of client #1's private bedroom, down the hallway, through the living room area, through the kitchen, down the back hallway, and into the medication room. Client #1 wore a face mask and coughed continuously while she was walking. Client #1 and DSP #6 walked by clients #4, #5, and #6 who were sitting and walking in the living room,</p>			

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	<p>kitchen, and hallways of the group home. Once inside the medication room, client #1 removed her face mask, continued to cough without covering her mouth, touched items inside the medication room, and refused to wash her hands. Client #1 handled her medication cards with DSP #1 to identify and name her medications. DSP #6 did not clean the cards after client #1 handled the medication cards. At 7:06am, DSP #6 stated "Yes, [client #1] was still on isolation" precautions because she has Covid-19.</p> <p>On 8/4/2021 at 1:00pm, the agency's 3/2020 "Covid-19 Procedures" related to the agency's policies and procedures during a pandemic indicated the agency followed CDC (Centers for Disease Control) guidelines, education for staff to refer to the CDC website for information, how to work remotely from home when possible, guidelines for employees to follow with their work day, and monitoring staff and clients regarding their body temperatures. The policy and procedure included written guidelines related to Covid-19 for the restriction of visitors at the group home, to monitor "all" temperatures for those who enter the group home, screening questions to ask, and when to quarantine and isolate clients related to Covid-19 for the staff to implement to assist with preventing the spread of Covid-19 during a pandemic for clients and visitors. The policy and procedure indicated clients who have Covid-19 should be isolated and gloves should be worn. The policy and procedure indicated clients who have been exposed to Covid-19 should be quarantined at the group home to prevent the spread of the infection.</p> <p>2. During observations at the group home on 8/4/2021 from 2:30pm until 5:45pm, clients #2, #3, #4, #5, and #6 were at the group home.</p>			

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	<p>During the observation period from 2:30pm until 4:05pm, clients #2, #3, #4, #5, and #6 were not encouraged to wash their hands. From 2:30pm until 4:05pm, clients #2, #3, #4, #5, and #6 walked inside/outside on the porch, client #6 smoked hourly on the back patio, clients changed the channel on the television set, read books, used the restroom, swept the floor, client #2 tore paper, and ate snacks with their fingers without encouragement to wash their hands.</p> <p>On 8/4/2021 at 1:00pm, on 8/5/2021 at 8:10am, and on 8/9/2021 at 1:40pm, the agency's undated "Covid-19 Training" regarding Covid-19 and the policy and procedure attendance record was requested. On 8/9/2021 at 1:40pm, QIDP (Qualified Intellectual Disabilities Professional) #1 indicated no documented staff training regarding Covid-19 was available for review.</p> <p>On 8/9/2021 at 1:45pm, an interview was conducted with the RN (Registered Nurse) and QIDP #1. The RN stated "We've had four coordinators in that home and the training was not located." The RN stated "We had the staff complete computer training of our agency's Covid-19 plan back in March, 2021 and that training is not documented." The RN stated client #1 "is on isolation. That means she should not leave her room at the group home." The RN stated client #1's medication administration "should have been completed inside her bedroom." The RN indicated the staff should have worn gloves and washed the medication cards after client #1 handled the cards inside the medication room. The RN indicated the staff did not follow universal precautions and the facility's Covid-19 policy/procedure to prevent the spread of infection when client #1 was asked and then assisted by the staff to walk through the group</p>			

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	<p>home and into the medication room. The RN stated client #1 should "only leave her room to leave the group home and go to her private bathroom to use the rest room or shower." The RN indicated the staff failed to follow the written guidelines to prevent the spread of infection. The RN and QIDP #1 both indicated the agency followed the CDC guidelines. The RN and QIDP #1 both indicated clients #2, #3, #4, #5, and #6 should have been asked to wash their hands periodically during the observation period, before/after smoking, changing activities, and before eating.</p> <p>9-3-7(a)</p>				