STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G353	A. BUILDING 00 B. WING	08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
REM OCCAZIO LLC	1012 PARKWAY DR ANDERSON, IN 46012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 0000 Bldg. 00	This visit was for a pre-determined full annual recertification and state licensure survey. Dates of Survey: 8/15/19, 8/19/19, 8/20/19 and 8/21/19. Facility Number: 000869 Provider Number: 15G353 AIMS Number: 100244230 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 8/29/19.	W 0000		
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 1 of 3 sampled clients (#1) and one additional client (#4), the facility failed to implement its written policy and procedures to prevent exploitation of client #1 in regard to an incident of stolen money and client #4 in regard to an incident where a television was stolen. Findings include: 1. On 8/15/19 at 10:15 AM the facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed. A 7/9/19 BDDS report indicated the following incident happened on 7/9/19 at 4:30 PM. "...On 7-9-19 the Area Director was informed of possible missing money for [client #1]. Per the Program Supervisor [client #1's]	W 0149	·Staff training scheduled for 9-6-19 will review: ·IN Mentor's policy regarding abuse, neglect and exploitation ·When to contact the Program Supervisor, Program Director and Nurse ·Ensuring that allegations of abuse, neglect and exploitation are reported immediately to the administrator ·Competency tests completed for reporting expectations, the abuse/neglect/exploitation policy and when to contact the will be suspended immediately pending	09/20/2019

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

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	family will give him money to keep in his wallet. On 7-6-19 the Program Supervisor was aware that he had $35.00 in his wallet. On 7-8-19 in the evening [client #1] came to the Program Supervisor and showed her that he had an empty wallet. He said that his money was gone. The Program Supervisor connected with staff to determine if they or his family had taken him shopping over the weekend; he had not gone shopping. The Program Supervisor also searched the house, his room and his peers room to see if the money could be located. On 7-19-19 (7/9/19) it was determined after searching for the money that it was unable to be located." The Plan to Resolve section of the 7/9/19 BDDS report indicated, "An investigation has been started into the missing money. A request for reimbursement will be submitted to replace the missing money. The IDT (interdisciplinary team) will discuss with [client #1's] family changing the process with how they give him money. A request will be made to give the money to the Program Supervisor for his in house account so the money can be properly secured to help prevent theft concerns." A 7/15/19 The Mentor Network Report Form For Internal Investigation was reviewed and indicated the following: Incident Summary from the 7/15/19 investigation: "On 7-9-19 the Area Director was informed of possible missing money for PBS (person being served). Per the Program Supervisor PBSs family will give him money to keep in his wallet. On 7-6-19 the Program Supervisor was aware that he had $35.00 in his wallet. On 7-8-19 in the evening PBS came to the Program Supervisor and showed her that he had an empty wallet. He said that his		the outcome of an Program Supervisor, Program Director and Nurse ·Alleged staff involved in abuse, neglect and exploitation allegations investigation. ·The missing $35.00 has been replaced for Client #1 ·The missing television for Client #4 has been replaced ·Disciplinary actions will be completed for staff who fail to report allegations of abuse, neglect and exploitation timely to the administrator. ·New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets, risk plans, ISP's, BSP's, programming, and medication review. ·New staff hired to work at the site will receive training on reporting expectations. ·The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment. ·Quarterly Health and Safety assessments will be completed by the Program Coordinator and/or	

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	money was gone. The Program Supervisor connected with staff to determine if they or his family had taken him shopping over the weekend; he had not gone shopping. The Program Supervisor also searched the house, his room and his peers room to see if the money could be located. On 7-9-19 it was determined after searching for the money that it was unable to be located." Conclusion of Facts from the 7/15/19 investigation: - Evidence supports that [client #1] is missing $35.00. - Evidence supports that the money given by his family was not recorded in his in house cash. - Evidence supports that [client #1] received the money from his family the weekend of July 5th-7th. - Evidence is unable to indicate who is responsible for taking [client #1's] money. - Evidence supports that per his ISP (Individualized Support Plan), [client #1] is not responsible with his money. - Evidence supports that [client #1] did not go to the store to make a purchase with his money. - Evidence supports that the process for recording in house cash into Therap (online documentation program) was not followed. - Evidence supports that all of the staff and individuals interviewed deny taking the money". Response Plan Activities from the 7/15/19 investigation: "In regards to [client #1's] missing money: Submit the RFP (request for payment) for the missing money. IDT/Program Supervisor to follow up with family regarding the process for giving money for [client #1]. Review the finance tracking expectations with staff and Program Supervisor".		the Program Director and forwarded to the Quality Improvement department. These assessments include a review of the environmental needs for the home, review of risk plans, ISP, BSP and client specific training for the residents. The assessment also includes an interview of staff to ensure they know how to properly document, how to report incidents and understanding of BSP's. ·The weekly supervisory checks include a staff interview section addressing reporting expectations. If staff are unable to answer appropriately, additional training will be provided.	

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On 8/19/19 at 5:00 PM, the AD (Area Director) and the RN (Registered Nurse) were interviewed. The AD indicated the facility had a policy and procedure prohibiting exploitation of the clients and the facility should prevent exploitation of the clients. The AD indicated they were unable to determine what happened to client #1's money. The AD indicated the money was reimbursed to client #1.

2. On 8/15/19 at 10:15 AM the facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed. A 7/1/19 BDDS report indicated the following incident happened on 6/30/19 at 2:30 PM. "...On 6-30-19 the Program Supervisor worked at the site and discovered that [client #4's] second television was no longer in the closet. [Client #4] had purchased the television over a year ago and was storing it for when he moved out into the waiver program in the future. The Program Supervisor spoke with [client #4] about the television and [client #4] said that he had noticed it was missing over a week ago but had forgotten to say something to the Program Supervisor. The Program Supervisor searched the house during the shift she was working but was unable to locate it".

The Plan to Resolve section of the 7/1/19 BDDS report indicated, "An investigation has been started into the missing television. In the event that the television is not located, IN Mentor will replace the television for [client #4]".

A 7/8/19 The Mentor Network Report Form For Internal Investigation was reviewed and indicated the following:

Incident Summary from the 7/8/19 investigation:

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	"On 6-30-19 the Program Supervisor worked at the site and discovered that PBS' second television was no longer in the closet. PBS had purchased the television over a year ago and was storing it for when he moved out into the waiver program in the future. The Program Supervisor spoke with PBS about the television and PBS said that he had noticed it was missing over a week ago but had forgotten to say something to the Program Supervisor. The Program Supervisor searched the house during the shift she was working but was unable to locate it." Conclusion of Facts from the 7/8/19 investigation: - Evidence supports all staff and [client #4's] report he had a smaller flat screen TV (television) stored on the top shelf of the closet by his bedroom. - Evidence supports [client #4's] finances do not reflect a purchase of the smaller flat screen TV; however several purchases were made from [name of store] for over $100 according to Therap (documentation program). - Evidence supports all staff, his peers and [client #4] report not seeing anyone take the TV. - Evidence supports [client #4's] larger flat screen TV is accounted for. - Evidence supports only 1 staff, [former staff #6] report that they cleaned out the closet. - Evidence supports all staff but [staff #3] report knowing about the TV being missing for at least a week before [Program Supervisor] was aware that it was missing. - Evidence supports [client #4] reports that he forgot to tell [Program Supervisor] that the TV was missing. - Evidence supports all staff and [client #4] report that there was a sign saying do not touch or [client #4's] name on the TV box.			

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	- Evidence supports that the whereabouts of the missing TV remain unknown. - Evidence supports that there is no indication on who took [client #4's] TV". Response Plan Activities from the 7/8/19 investigation: "In regards to [client #4's] missing TV: Complete the investigation. Replace the TV if not located. Review with staff the abuse/neglect/exploitation policy". On 8/19/19 at 5:00 PM, the AD and the RN were interviewed. The AD indicated the facility had a policy and procedure prohibiting exploitation of the clients and the facility should prevent exploitation of the clients. The AD indicated they were unable to determine what happened to client #4's TV. The AD indicated the TV was replaced and client #4 is storing it in his bedroom instead of the closet. The facility's policy and procedures were reviewed on 8/20/19 at 1:00 PM. The facility's Quality and Risk Management Policy dated September 2017 indicated the following: -"Indiana Mentor promotes a high quality of service and seeks to protect individuals receiving Indiana Mentor services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluating and reducing risk to which individuals are exposed...." "...Alleged suspected, or actual abuse, neglect, or exploitation of an individual. An incident in this category shall also be reported to Adult Protective Services or Child Protective Services as applicable. The provider shall suspend staff			

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	involved in an incident from duty pending investigation by the provider. This may include: 1.... (i.) Unauthorized use of the personal services, personal property, or finances, or personal identity of an individual; or (j.) Any other instance of exploitation of an individual for one's own profit or advantage or for the profit or advantage of another...." -"...Indiana Mentor is committed to ensuring the individuals we serve are provided with a safe and quality living environment...." 9-3-2(a)			
W 0153 Bldg. 00	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview for 2 of 13 incident reports reviewed affecting clients #1 and #4, the facility failed to report two allegations of exploitation immediately to the administrator. Findings include: 1. On 8/15/19 at 10:15 AM the facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed. A 7/9/19 BDDS report indicated the following incident happened on 7/9/19 at 4:30 PM. "...On 7-9-19 the Area Director was informed of possible missing money for [client #1]. Per the Program Supervisor [client #1's] family will give him money to keep in his wallet. On 7-6-19 the Program Supervisor was aware that he had $35.00 in his wallet. On 7-8-19 in the	W 0153	·Staff training scheduled for 9-6-19 will review: ·IN Mentor's policy regarding abuse, neglect and exploitation ·When to contact the Program Supervisor, Program Director and Nurse ·Ensuring that allegations of abuse, neglect and exploitation are reported immediately to the administrator ·Competency tests completed for reporting expectations, the abuse/neglect/exploitation policy and when to contact the Program Supervisor, Program Director and	09/20/2019

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	evening [client #1] came to the Program Supervisor and showed her that he had an empty wallet. He said that his money was gone. The Program Supervisor connected with staff to determine if they or his family had taken him shopping over the weekend; he had not gone shopping. The Program Supervisor also searched the house, his room and his peers room to see if the money could be located. On 7-19-19 (7/9/19) it was determined after searching for the money that it was unable to be located." The Plan to Resolve section of the 7/9/19 BDDS report indicated, "An investigation has been started into the missing money. A request for reimbursement will be submitted to replace the missing money. The IDT (interdisciplinary team) will discuss with [client #1's] family changing the process with how they give him money. A request will be made to give the money to the Program Supervisor for his in house account so the money can be properly secured to help prevent theft concerns." A 7/15/19 The Mentor Network Report Form For Internal Investigation was reviewed and indicated the following: Incident Summary from the 7/15/19 investigation: "On 7-9-19 the Area Director was informed of possible missing money for PBS (person being served). Per the Program Supervisor PBSs family will give him money to keep in his wallet. On 7-6-19 the Program Supervisor was aware that he had $35.00 in his wallet. On 7-8-19 in the evening PBS came to the Program Supervisor and showed her that he had an empty wallet. He said that his money was gone. The Program Supervisor connected with staff to determine if they or his family had taken him shopping over the weekend;		Nurse ·Disciplinary actions will be completed for staff who fail to report allegations of abuse, neglect and exploitation timely to the administrator. ·New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets, risk plans, ISP's, BSP's, programming, and medication review. ·New staff hired to work at the site will receive training on reporting expectations. ·The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment. ·Quarterly Health and Safety assessments will be completed by the Program Coordinator and/or the Program Director and forwarded to the Quality Improvement department. These assessments include a review of the environmental needs for the home, review of risk plans, ISP, BSP and client specific training for the residents. The assessment also includes an interview of staff to ensure they know how to properly document, how to report	

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	he had not gone shopping. The Program Supervisor also searched the house, his room and his peers room to see if the money could be located. On 7-9-19 it was determined after searching for the money that it was unable to be located." A review of the 7/15/19 investigation indicated the money was reported as missing on 7/8/19 and was not reported to the Administrator until 7/9/19. The missing money was not reported immediately to the Administrator. On 8/19/19 at 5:00 PM, the AD (Area Director) and the RN (Registered Nurse) were interviewed. The AD indicated the Program Supervisor did not report the incident until the day after it was initially reported and it should have been reported immediately to the Administrator. 2. On 8/15/19 at 10:15 AM the facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed. A 7/1/19 BDDS report indicated the following incident happened on 6/30/19 at 2:30 PM. "...On 6-30-19 the Program Supervisor worked at the site and discovered that [client #4's] second television was no longer in the closet. [Client #4] had purchased the television over a year ago and was storing it for when he moved out into the waiver program in the future. The Program Supervisor spoke with [client #4] about the television and [client #4] said that he had noticed it was missing over a week ago but had forgotten to say something to the Program Supervisor. The Program Supervisor searched the house during the shift she was working but was unable to locate it". The Plan to Resolve section of the 7/1/19 BDDS report indicated, "An investigation has been		incidents and understanding of BSP's. ·The weekly supervisory checks include a staff interview section addressing reporting expectations. If staff are unable to answer appropriately, additional training will be provided.	

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	started into the missing television. In the event that the television is not located, IN Mentor will replace the television for [client #4]. A 7/8/19 The Mentor Network Report Form For Internal Investigation was reviewed and indicated the following: Incident Summary from the 7/8/19 investigation: "On 6-30-19 the Program Supervisor worked at the site and discovered that PBS' second television was no longer in the closet. PBS had purchased the television over a year ago and was storing it for when he moved out into the waiver program in the future. The Program Supervisor spoke with PBS about the television and PBS said that he had noticed it was missing over a week ago but had forgotten to say something to the Program Supervisor. The Program Supervisor searched the house during the shift she was working but was unable to locate it." A review of the 7/8/19 investigation indicated the staff knew about the missing TV for at least a week before it was reported as missing to the Program Supervisor. The staff did not report the missing TV immediately to the Administrator. On 8/19/19 at 5:00 PM, the AD and the RN were interviewed. The AD indicated the staff discovered the TV missing a week prior to it being reported. The AD indicated it should have been reported to the Administrator immediately. 9-3-2(a)			
W 0159 Bldg. 00	483.430(a) QIDP Each client's active treatment program must			

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	be integrated, coordinated and monitored by a qualified intellectual disability professional. Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor the clients' active treatment programs by failing to ensure clients #1, #2 and #3's Individual Support Plan (ISP) objectives were implemented in a timely manner and reviewed for progression and regression of skills. Findings include: Client #1's record was reviewed on 8/19/19 at 1:45 PM. Client #1's ISP dated 6/6/19 indicated client #1 had formal training objectives to increase his ability to complete grooming and hygiene needs, to understand his medications, to manage his money, to transition from locations/activities, household tasks, increase his participation in recreational activities and attend day services daily and increase his social skills. Client #1's APS (Action Plan Summaries) from 1/1/19-6/30/19 indicated goals were not entered into the program for staff to implement until 6/1/19. The 6/1/19-6/30/19 APS indicated staff did not implement the formal goals. There was no documentation provided for July 2019. The review indicated client #1's formal goals were not implemented from January 2019 through July 2019. Client #2's record was reviewed on 8/19/19 at 2:45 PM. Client #2's ISP dated 1/6/19 indicated client #2 had formal training objectives to increase his independence in grooming and hygiene skills, increase his recreational skills and access to the community, increase his understanding of his medication, increase his understanding of money management, increase his understanding of	W 0159	·Training completed with the staff on 9-6-19 regarding: ·Completing formal programming documentation ·The Program Director/QIDP will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. ·The Program Director/QIDP completed the leadership excellence orientation the week of 8-26-19. This training included a review of how to complete the formal programming expectations. ·A monthly QIDP work day has been scheduled to help the Program Director's stay on top of completing their formal programming and monthly summaries. The first work day is scheduled for 9-13-19. ·The Area Director will provide additional training to the new Program Director/QIDP on how to complete formal programming and monitor the individual's progress. ·The Program Director/QIDP and Program Supervisor will be retrained on the expectations for completing monthly summaries by 9-20-19. ·The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement,	09/20/2019

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	personal safety and participate in day services and increase his social skills. Client #2's APS from 1/1/19-6/30/19 indicated goals were not entered into the program for staff to implement until 6/1/19. The 6/1/19-6/30/19 APS indicated staff did not implement the formal goals. There was no documentation provided for July 2019. The review indicated client #2's formal goals were not implemented from January 2019 through July 2019. Client #3's record was reviewed on 8/19/19 at 1:00 PM. Client #3's ISP dated 6/6/19 indicated client #3 had formal training objectives to increase his ability to participate in recreational activities, increase contact with his family, increase his social behavior abilities, increase his health and well being, participate in day services and obtain a community job. Client #3's APS from 1/1/19-6/30/19 indicated goals were not entered into the program for staff to implement until 6/1/19. The 6/1/19-6/30/19 APS indicated staff did not implement the formal goals. There was no documentation provided for July 2019. The review indicated client #3's formal goals were not implemented from January 2019 through July 2019. On 8/19/19 at 5:00 PM, the AD (Area Director) and the RN (Registered Nurse) were interviewed. The AD indicated the facility had been without a QIDP for several months, but they currently had someone in training. The QIDP indicated the goals should have been implemented immediately after the ISP meeting and the former QIDP did not enter the goals before her employment was terminated. The AD indicated facility did not have documentation the QIDP implemented, reviewed, revised, updated and monitored the clients' formal training objectives on a monthly basis.		medical, workshop/day services, financial and adaptive equipment. These staffings are led by the QIDP. ·The Program Director/QIDP will monitor to ensure the clients plans and needs are being met during their weekly observations. ·New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets, risk plans, ISP's, programming, and medication review. ·Quarterly Health and Safety assessments will be completed by the Program Coordinator and/or the Program Director and forwarded to the Quality Improvement department. These assessments include a review of the environmental needs for the home, review of risk plans, ISP, BSP and client specific training for the residents. The assessment also includes an interview of staff to ensure they know how to properly document, how to report incidents, diets and understanding of BSP's. ·The AD will completed home observations which include a review of the programmatic data to ensure that the Program Director/QIDP is monitoring and updating as necessary.	

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W 0210 Bldg. 00	9-3-3(a) 483.440(c)(3) INDIVIDUAL PROGRAM PLAN 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. Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to complete assessments within 30 days of admission for clients #1, #2 and #3. Findings include: Client #1's record was reviewed on 8/19/19 at 1:45 PM. The record indicated client #1 was admitted to the group home on 1/16/19. The record did not indicate the following assessments/evaluations were completed within 30 days of client #1's admission to the group home: hearing, occupational therapy, physical therapy and a comprehensive functional assessment. Client #2's record was reviewed on 8/19/19 at 2:45 PM. The record indicated client #2 was admitted to the group home on 12/9/18. The record did not indicate the following assessments/evaluations were completed within 30 days of client #2's admission to the group home: hearing, occupational therapy, physical therapy and a comprehensive functional assessment. Client #3's record was reviewed on 8/19/19 at 1:00 PM. The record indicated client #3 was admitted to the group home on 1/16/19. The record did not indicate the following assessments/evaluations were completed within 30 days of client #3's admission to the group home: hearing,	W 0210	·Referral orders have been requested from Client #1's PCP for his hearing evaluation and OT/PT therapy. Appointments will be scheduled and completed upon receiving the referrals. ·Referral orders have been requested from Client #2's hearing evaluation and OT/PT therapy. Appointments will be scheduled and completed upon receiving the referrals. ·Client #2 had his OT/PT evaluation completed on 9-6-19. ·Referral orders have been requested from Client #3's PCP for his hearing evaluation and OT/PT therapy. Appointments will be scheduled and completed upon receiving the referrals. ·The Comprehensive functional assessments for Clients #1, #2 and #3 have all been completed. ·The Program Director/QIDP completed the leadership excellence orientation the week of 8-26-19. This training included a review of how to complete the comprehensive functional assessments. ·The Area Director will provide	09/20/2019

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	occupational therapy, physical therapy and a comprehensive functional assessment. On 8/19/19 at 5:00 PM, the AD (Area Director) and the RN (Registered Nurse) were interviewed. The AD indicated assessments should be completed within 30 days of admission to the group home. 9-3-4(a)		additional training to the new Program Director/QIDP on how to complete the comprehensive functional assessments. ·Training completed with the Program Director and Program Supervisor regarding: ·The expectations for completing the comprehensive functional assessment within the first 30 days. ·The expectations for ensuring that initial appointments such as hearing and OT/PT are completed within the first 30 days of admission. ·The Program Director will track the comprehensive functional assessments to ensure they are done within the first 30 days. ·A new admission check sheet will be completed to ensure all necessary assessments are completed. This will be turned into the Area Director for review. ·On-going as a part of the Area Director's supervisory visits a sample of the QIDP's clients will be reviewed to ensure that the comprehensive functional assessments are present and current. ·Medical charts will be audited quarterly by the nurse. ·The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's	

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			needed, family involvement, medical, workshop/day services, financial and adaptive equipment.	
W 0226 Bldg. 00	483.440(c)(4) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must prepare, for each client, an individual program plan. Based on record review and interview for 2 of 3 sampled clients (#1 and #3), the facility failed to ensure the ISP's (Individualized Support Plans) were completed for clients #1 and #3 within 30 days of admission to the group home. Findings include: Client #1's record was reviewed on 8/19/19 at 1:45 PM. The record indicated client #1 was admitted to the group home on 1/16/19. The record indicated client #1's ISP meeting was not held until 2/26/19 and the ISP was not implemented until 6/6/19. Client #3's record was reviewed on 8/19/19 at 1:00 PM. The record indicated client #3 was admitted to the group home on 1/16/19. The record indicated client #3's ISP meeting was not held until 2/26/19 and the ISP was not implemented until 6/6/19. On 8/19/19 at 5:00 PM, the AD (Area Director) and the RN (Registered Nurse) were interviewed. The AD indicated ISPs should be completed within 30 days of admission to the group home. 9-3-4(a)	W 0226	·The ISP for Client #1 and #3 have been completed ·The Program Director/QIDP completed the leadership excellence orientation the week of 8-26-19. This training included a review of how to complete the Individual Support Plans. ·The Area Director will provide additional training to the new Program Director/QIDP on how to complete the Individual Support Plans after the meeting is held. ·Training completed with the Program Director and Program Supervisor regarding: ·Ensuring ISP's are completed within 30 days of admission to the group home. ·The Program Director/QIDP will track the Individual Support Plans to ensure they are done within the first 30 days. ·A new admission check sheet will be completed to ensure all necessary assessments are completed. This will be turned into the Area Director for review. ·On-going as a part of the	09/20/2019

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			Area Director's supervisory visits a sample of the QIDP's clients will be reviewed to ensure that the Individual Support Plans are present and current. ·The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment.	
W 0227 Bldg. 00	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, record review and interview for 1 of 3 sampled clients (#2), the facility failed to ensure client #2 had programming in place addressing poor dental hygiene skills. Findings include: Observations were conducted at the group home on 8/15/19 from 6:00 AM to 7:55 AM and from 3:00 PM to 6:00 PM at the group home. An observation was conducted at the facility operated day service on 8/15/19 from 12:00 PM to 1:00 PM. Throughout the observation periods client #2 had a thick, white substance covering his teeth. Client #2's record was reviewed on 8/19/19 at 2:45 PM. The record indicated client #2 had an initial	W 0227	·The Program Director/QIDP will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. ·The Program Director/QIDP completed the leadership excellence orientation the week of 8-26-19. This training included a review of how to complete the formal programming expectations. ·A monthly QIDP work day has been scheduled to help the Program Director's stay on top of completing their formal programming and monthly summaries. The first work day is scheduled for 9-13-19.	09/20/2019

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	dental appointment on 12/20/18. The findings/recommendations indicated the following: "Comprehensive dental examination performed. Several severely decayed non-restorable teeth needing retracted. Gave referral to oral surgeon. Pt (patient) has periodontal disease and needs sealing/root planing to teeth. Requires improved oral care and perio (periodontal) maintenance apts (appointments) every 3 months. Several cavities needing dental restorations. Other option is to extract remaining teeth and make dentures. Patient expressed desire to keep teeth". On 1/15/19 client #2 had 8 teeth extracted with sedation by an oral surgeon. On 2/6/19 client #2 had a follow up appointment with the oral surgeon. A letter dated 2/22/19 from the dental practice indicated, "...[Client #2] desperately needs an electric toothbrush. He had an extensive cleaning 1 week ago, pt (patient) arrived today to have cavities fixed and had so much plaque that we were not able to do fillings. It is an extreme case of plaque and tartar. Please help pt (patient) brush, floss and use medicated rinse daily. With a routine home oral health care with an electric toothbrush we will see a huge difference in his gums. If pt (patient) continues with poor oral hygiene he will lose his teeth". On 3/21/19 client #2 had an appointment for periodontal maintenance and to have 4 cavities restored. The form indicated client #2's oral hygiene had improved. On 4/11/19 client #2 had an appointment for periodontal disease. A 5/16/19 consultation form indicated, "Filling #27 (tooth) where decay present. Pt (patient) has generalized heavy food and debris throughout. If pt gets more decay may need to have some teeth extracted. Pt not doing a good job with home care. Reviewed with pt and caregiver". Client #2's 1/6/19 (updated 8/14/19) ISP (Individualized		·The Area Director will provide additional training to the new Program Director/QIDP on how to complete formal programming and monitor the individual's progress. ·Formal programming will be implemented for Client #2 to address his poor dental hygiene skills. ·Training was completed on 9-6-19 with the Program Supervisors regarding ensuring physician recommendations are forwarded to the Program Director/QIDP within 24 hours of the appointments so formal programming recommendations can be completed. ·The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment. These staffings are led by the QIDP. ·The Program Director/QIDP will monitor to ensure the clients plans and needs are being met during their weekly observations. ·New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets, risk plans, ISP's, programming, and medication	

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	Support Plan) was reviewed and indicated client #2 did not have programming in place addressing poor dental hygiene. On 8/19/19 at 5:00 PM, the AD (Area Director) and the RN (Registered Nurse) were interviewed. The AD and RN indicated client #2 should have programming in place addressing poor dental hygiene. 9-3-4(a)		review. ·Quarterly Health and Safety assessments will be completed by the Program Coordinator and/or the Program Director and forwarded to the Quality Improvement department. These assessments include a review of the environmental needs for the home, review of risk plans, ISP, BSP and client specific training for the residents. The assessment also includes an interview of staff to ensure they know how to properly document, how to report incidents, diets and understanding of BSP's. ·The AD will completed home observations which include a review of the programmatic data to ensure that the Program Director/QIDP is monitoring and updating as necessary.	
W 0312 Bldg. 00	483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on observation, interview and record review for 3 of 3 clients in the sample (#1, #2 and #3), the facility failed to ensure clients #1, #2 and #3 had medication reduction plans for their psychotropic medications.	W 0312	·Client #1, 2, and 3's BSP's will be revised to include the specific criteria which needed to be achieved to consider possible medication reductions and to indicate how each of the	09/20/2019

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	Findings include: 1. Client #1's record was reviewed on 8/19/19 at 1:45 PM. Client #1's 6/6/19 ISP (Individualized Support Plan) did not include a plan to reduce the use of his psychotropic medications. Client #1's 2/26/19 (updated 8/13/19) BSP (Behavior Support Plan) did not include a plan to reduce the use of his psychotropic medications. Client #1's BSP indicated he was prescribed the following medications for behavior management: Celexa 10 mg (milligrams), Clonazepam 1 mg BID (twice daily), Cariprazine 3 mg and Clonidine .1 mg. The BSP indicated, "...It is unknown at this time how long the individual will benefit from medication. The current intervention is designed to provide appropriate psychotropic intervention while attempting to educate and train the individual with appropriate replacement behaviors. It is intended that the aforementioned medication(s) be administered in the minimal effective dosages as long as it is deemed therapeutic. Although it is understood that potential risks and side-effects may accompany the use of aforementioned medication(s), it is believed that the benefits of these medications outweigh the risks at this time". There was no medication reduction plan included in the BSP. 2. Client #2's record was reviewed on 8/19/19 at 2:45 PM. Client #2's 1/6/19 ISP did not include a plan to reduce the use of his psychotropic medications. Client #2's 1/7/19 (updated 8/14/19) BSP did not include a plan to reduce the use of his psychotropic medications. Client #2's BSP indicated he was prescribed the following medications for behavior management: Fluvoxamine Maleate 100 mg BID, Melatonin 3 mg, Ziprasidone 60 mg BID, Paroxetine 40 mg and Risperidone 1 mg. The 1/7/19 BSP indicated, "It is		medications' effectiveness could be determined. ·Staff were trained on the BSP revisions for Client #1, 2 and 3 on 9-6-19. ·All of the client's BSP's will be reviewed to ensure that specific medication plans of reduction are included. ·The Behavior Clinician will review the BSP's bi-monthly to ensure that all prescribed psychotropic medications included in each resident's plans have a plan of reduction. ·The Behavior Clinician will update the BSP's after the resident's psychiatry appointments when medication changes have taken place. ·The Behavior Clinician will monitor after changes are made in a psychiatry appointment and bi-monthly. ·The Program Director/QIDP and Area Director will monitor as they complete their supervisory visits.	

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	unknown at this time how long the individual will benefit from medication. The current intervention is designed to provide appropriate psychotropic intervention while attempting to educate and train the individual with appropriate replacement behaviors. It is intended that the aforementioned medication(s) be administered in the minimal effective dosages as long as it is deemed therapeutic. Although it is understood that potential risks and side-effects may accompany the use of aforementioned medication(s), it is believed that the benefits of these medications outweigh the risks at this time". There was no medication reduction plan included in the BSP. 3. Client #3's record was reviewed on 8/19/19 at 1:00 PM. Client #3's 6/6/19 ISP did not include a plan to reduce the use of his psychotropic medications. Client #3's 2/26/19 (updated 8/7/19) BSP did not include a plan to reduce the use of his psychotropic medications. Client #3's BSP indicated he was prescribed the following medications for behavior management: Buspar 15 mg BID, Lamictal 25 mg, Effexor XR (extended release) 150 mg, Paxil 10 mg and Seroquel 25 mg. The 2/26/19 BSP indicated, "It is unknown at this time how long the individual will benefit from medication. The current intervention is designed to provide appropriate psychotropic intervention while attempting to educate and train the individual with appropriate replacement behaviors. It is intended that the aforementioned medication(s) be administered in the minimal effective dosages as long as it is deemed therapeutic. Although it is understood that potential risks and side-effects may accompany the use of aforementioned medication(s), it is believed that the benefits of these medications outweigh the risks at this time". There was no medication reduction plan included in the BSP.			

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	On 8/19/19 at 5:00 PM, the AD (Area Director) and the RN (Registered Nurse) were interviewed. The AD and RN indicated clients #1, #2 and #3 did not have plans to reduce the use of their psychotropic medications. The AD and RN indicated clients #1, #2 and #3 needed plans to reduce the use of their psychotropic medications. 9-3-5(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 (#1), the facility failed to ensure client #1 had an Esophagram (x-ray of esophagus) as recommended after having a video swallowing study completed and scheduled a hearing examination for client #1 as recommended by client #1's physician. Findings include: 1. Client #1's record was reviewed on 8/19/19 at 1:45 PM and indicated client #1 had a video swallowing study completed on 4/8/19. The recommendations from the 4/8/19 swallow study included the following: Recommended diet and liquids: mechanical soft, chopped diet with thin liquids. Compensatory Strategies: small bites/sips, sit upright 90 degrees during PO (by mouth) intake, stay upright 30-60 minutes after meals, oral care after meals and try not to extend head backwards when drinking liquids. Medication Administration: crushed in pureed if possible Recommended referrals: Esophagram to further	W 0322	·Training with the Program Supervisor and Program Director regarding: ·Expectations regarding completing required and recommended medical appointments. ·Training with the Nurse by the Director of Nursing regarding: ·Expectations regarding completing required and recommended medical appointments. ·Referrals have been requested from Client #1's PCP for an esophagram and hearing evaluation. Appointments will be scheduled and completion upon receiving the referral. ·The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement,	09/20/2019

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	assess esophageal functioning. There was no indication the esophagram was completed. On 8/19/19 at 5:00 PM, the AD (Area Director) and the RN (Registered Nurse) were interviewed. The AD and RN indicated client #1 had not had an esophagram completed. The AD indicated recommendations for further treatment should be followed. 2. Client #1's record was reviewed on 8/19/19 at 1:45 PM. A 1/17/19 Consultation Form indicated client #1 was seen for his annual physical on 1/17/19. The consultation form indicated the physician was unable to assess client #1's hearing due to the left TM (tympanic membrane) being abnormal. The recommendations from the physical indicated client #1 needed a hearing evaluation due to his left ear being abnormal. The record did not indicate a hearing exam had been completed as recommended. On 8/19/19 at 5:00 PM, the AD (Area Director) and the RN (Registered Nurse) were interviewed. The AD and RN indicated physician recommendations should be followed and client #1 should have had a hearing evaluation. 9-3-6(a)		medical, workshop/day services, financial and adaptive equipment. ·New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets, risk plans, ISP's, programming, and medication review. ·Quarterly Health and Safety assessments will be completed by the Program Coordinator and/or the Program Director and forwarded to the Quality Improvement department. These assessments include a review of the environmental needs for the home, review of risk plans, ISP, BSP, medical appointments and client specific training for the residents. ·The nurse will monitor medical needs when she is in the home and/or day services at least weekly.	
W 0348 Bldg. 00	483.460(e)(1) DENTAL SERVICES The facility must provide or make arrangements for comprehensive diagnostic and treatment services for each client from qualified personnel, including licensed dentists and dental hygienists either through organized dental services in-house or through			

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	arrangement. Based on record review and interview for 1 of 3 sampled clients (#3), the facility failed to ensure client #3 was provided with timely dental services. Findings include: Client #3's record was reviewed on 8/19/19 at 1:00 PM. Client #3 had an initial dental appointment on 2/14/19. The findings/recommendations included the following: "Completed scaling/root planing left side. Next apt (appointment) is perio (periodontal) main (maintenance)". A follow up appointment was recommended. On 3/21/19 client #3 had a dental appointment for periodontal maintenance and fluoride application. The recommendation was to return in 3 months. There was no documentation indicating client #3 returned after the 3/21/19 appointment. On 8/19/19 at 5:00 PM, the AD (Area Director) and the RN (Registered Nurse) were interviewed. The AD and RN indicated physician recommendations should be followed. The AD indicated client #3 did not return to the dentist in 3 months as recommended. 9-3-6(a)	W 0348	·Training with the Program Supervisor and Program Director regarding: ·Expectations regarding completing required and recommended medical appointments. ·Training with the Nurse by the Director of Nursing regarding: ·Expectations regarding completing required and recommended medical appointments. ·Client #3 had his dental appointment on 8-28-19. ·Client #3 has a follow up dental appointment again on 12-4-19. ·The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment. ·New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets, risk plans, ISP's, programming, and medication review. ·Quarterly Health and Safety assessments will be completed by the Program Coordinator and/or the Program Director and	09/20/2019

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			forwarded to the Quality Improvement department. These assessments include a review of the environmental needs for the home, review of risk plans, ISP, BSP, medical appointments and client specific training for the residents. ·The nurse will monitor medical needs when she is in the home and/or day services at least weekly.	
W 0365 Bldg. 00	483.460(j)(4) DRUG REGIMEN REVIEW An individual medication administration record must be maintained for each client. 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 the MAR (medication administration record) was maintained. Findings include: On 8/19/19 at 3:45 PM, the MAR for August 2019 for clients #1, #2, #3, #4, #5, #6, #7 and #8 was reviewed and indicated the following: Client #1's August 2019 MAR contained blank boxes indicating staff did not sign indicating the medication was administered from 8/1/19-8/5/19 and 8/8/19-8/17/19. Client #2's August 2019 MAR contained blank boxes indicating staff did not sign indicating the medication was administered on 8/1/19, 8/5/19, 8/6/19, 8/7/19, 8/9/19, 8/12/19, 8/15/19, 8/16/19 and 8/17/19.	W 0365	·Training completed with the staff regarding: ·Medication administration expectations ·Documentation expectations ·Staff who continue to make medication documentation errors will be subject to disciplinary action. ·The Program Supervisor will complete monthly medication practicums with at least one staff assigned to the site. ·The Program Supervisor will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met. ·The Program Director will do home observations weekly to	09/20/2019

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	Client #3's August 2019 MAR contained blank boxes indicating staff did not sign indicating the medication was administered on 8/3/19, 8/8/19, 8/11/19, 8/14/19 and 8/16/19. Client #4's August 2019 MAR contained a blank box on 8/16/19 indicating staff did not sign indicating the medication was administered. Client #5's August 2019 MAR contained blank boxes indicating staff did not sign indicating the medication was administered from 8/1/19-8/17/19. Client #6's August 2019 MAR contained blank boxes indicating staff did not sign indicating the medication was administered on 8/1/19-8/8/19, 8/10/19, 8/15/19 and 8/16/19. Client #7's August 2019 MAR contained blank boxes indicating staff did not sign indicating the medication was administered on 8/1/19-8/8/19 and 8/10/19-8/16/19. Client #8's August 2019 MAR contained blank boxes indicating staff did not sign indicating the medication was administered on 8/5/19, 8/6/19 and 8/16/19. On 8/16/19 at 6:10 AM, staff #4 was interviewed and indicated the blanks on the MAR were from staff not signing for the medication indicating the medication was administered. Staff #4 indicated there shouldn't be any blanks on the MAR. On 8/19/19 at 5:00 PM, the AD (Area Director) and the RN (Registered Nurse) were interviewed. The AD and RN indicated the MAR should be completed as medications are administered and there shouldn't be any blank boxes on the MAR.		ensure staff are implementing the plans of clients, the client's needs are being met. ·New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets, risk plans, ISP's, programming, and medication review. ·The nurse will complete monthly med practicums with at least 2 staff to monitor for medication procedure compliance for the next 2 months.	

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	The AD indicated the staff needed to be retrained on how to complete the MAR after administering medications. 9-3-6(a)			
W 0369 Bldg. 00	483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Based on observation, record review and interview for 1 non-sampled client (#5), the facility failed to ensure staff administered client #5's medications as ordered by the physician. Findings include: On 8/16/19 at 6:10 AM an observation of client #5's 7:00 AM medication was conducted. Staff #4 did not administer the following medications for client #5: Ammonium Lactate 12% cream for dry skin Nyamyc powder 1 gram (antibacterial powder) Eucerin lotion (dry skin) Tears NaturalE-II Eye Drops. On 8/19/19 at 12:40 PM, client #5's record was reviewed. Client #5's 3/14/19 PO (Physician's Order) signed by the physician indicated client #5 was prescribed the following missed medications: Ammonium Lactate 12% cream for dry skin at 8AM Nyamyc powder 1 gram (antibacterial powder) at 8AM Eucerin lotion (dry skin) daily at 8AM Artificial Tears 1.4% three times daily. On 8/19/19 at 5:00 PM, the AD (Area Director) and	W 0369	·Training completed with the staff regarding: ·Medication administration expectations ·Ensuring that medications are passed according to physician orders ·A medication practicum was completed with Staff #4 before she was allowed to pass medications again. ·A Corrective Action was completed with Staff #4 regarding the medication error that occurred during the observation. ·Staff who continue to make medication errors will be subject to disciplinary action. First error is a written warning and an additional medication practicum. Second error is a final warning, attends Core A/B again and completes additional medication practicum with the nurse. Third error is termination. ·The Program Supervisor will complete monthly medication practicums with at least one staff	09/20/2019

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	the RN (Registered Nurse) were interviewed. The AD and RN indicated medications should be administered as prescribed by the physician. The AD stated, "[Staff #4] isn't going to be passing medications anymore". The AD indicated staff #4 had recently been retrained on administering medication due to medication errors. 9-3-6(a)		assigned to the site. ·The Program Supervisor will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met. ·The Program Director will do home observations weekly to ensure staff are implementing the plans of clients, the client's needs are being met. ·New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets, risk plans, ISP's, programming, and medication review. ·The nurse will complete monthly med practicums with at least 2 staff to monitor for medication procedure compliance for the next 2 months.	
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, record review, and interview, for 1 non-sampled client (#5), the facility failed to ensure client #5 had compression	W 0436	·New compression stockings for Client #5 will be purchased. ·Staff was able to locate	09/20/2019

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	stockings as ordered by his physician. Findings include: Observations were conducted at the group home on 8/15/19 from 6:00 AM to 7:55 AM and from 3:00 PM to 6:00 PM at the group home. An observation was conducted at the facility operated day service on 8/15/19 from 12:00 PM to 1:00 PM. Client #5 was not wearing compression stockings throughout the observation periods. On 8/19/19 at 12:40 PM, a focused review of client #5's record was conducted. Client #5's 4/3/18 risk plan for Edema (swelling) indicated, "[Client #5] is ordered to wear compression stockings and is on Furosemide (for swelling) daily. Staff are to encourage compliance of medication and compression stockings and educate on the importance of compliance...." Client #5's August 2019 MAR (medication administration record) was reviewed and indicated client #5 was ordered to wear his compression hose daily from 7:00 AM to 7:00 PM due to a history of cellulitis (skin infection). On 8/15/19 at 6:10 AM, staff #4 was interviewed. Staff #4 stated, "He (client #5) hasn't had them (compression stockings) for quite a while". Staff #4 indicated client #5 should wear his compression stockings daily. On 8/15/19 at 6:10 AM, client #5 was interviewed and he stated, "I haven't had those things for quite a while. I don't like to wear them". Client #5 indicated he should wear them daily but he doesn't have any. On 8/19/19 at 5:00 PM, the AD (Area Director) and the RN (Registered Nurse) were interviewed. The		Client #5's older compression stockings. ·Training was be completed with the Program Supervisor and Program Director regarding adaptive equipment monitoring expectations on 9-6-19. ·Formal programming will be implemented for Client #5 regarding wearing his compression stockings. ·Training for the staff was completed on 9-6-19 regarding: ·Ensuring that client adaptive equipment is available for use. ·Ensuring refusals to utilize adaptive equipment are documented ·The Program Director/QIDP will monitor to ensure the clients plans and needs are being met during their weekly observations. ·The Program Supervisor will monitor to ensure the clients plans and needs are being met during their weekly observations. New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's adaptive equipment needs, risk plans, ISP's, programming, and medication review.	

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	AD and RN indicated they were not aware client #5 did not have compression stockings. The AD stated client #5 had been noncompliant with wearing them for "many years". The AD and RN indicated client #5 might have hidden them so he wouldn't have to wear them. The AD and RN indicated client #5 should wear the compression stockings from 7:00 AM to 7:00 PM on a daily basis. 9-3-7(a)			
W 0474 Bldg. 00	483.480(b)(2)(iii) MEAL SERVICES Food must be served in a form consistent with the developmental level of the client. Based on observation, record review and interview for 1 of 3 sampled clients (#1) and one additional client (#5), the facility failed to follow client #1's dining risk plan and client #5's PO's (physician's orders). Findings include: 1. Observations were conducted at the group home on 8/15/19 from 6:00 AM to 7:55 AM and from 3:00 PM to 6:00 PM. On 8/15/19 at 5:35 PM, client #1 ate a soft taco shell with shredded chicken topped with salsa, cooked spinach and crushed pineapple. Client #1's taco was cut into three inch strips. Client #1 used a fork to eat the taco and the strips were so long he had to use the fork to put the rest of the taco shell into his mouth after he took each bite. At 5:40 PM, after client #1 took a few bites, the RM (Residential Manager) spoke to staff #2 and staff #2 took client #1's plate and cut his food up into smaller pieces. Client #1's food was cut into 1" (inch)-2" squares and given back to him. Client #1 continued to eat his food until it was gone. Client #1's food was not	W 0474	·The Program Supervisor will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. ·The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met. ·Training completed with the staff regarding: ·Client #1's dining plan and mechanical soft dietary orders ·Client #5's physician orders to take his medications in applesauce ·Preparing mechanical soft foods ·The Program Director will monitor to ensure the clients plans and needs are being met during their bi-weekly observations.	09/20/2019

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	cut into 1/4 inch to 1/2 inch pieces and staff did not encourage him to take sips of liquids between bites of food. Client #1's record was reviewed on 8/19/19 at 1:45 PM and indicated the following:. On 4/8/19 client #1 had a video swallowing study completed and the recommendations included a mechanical soft, chopped diet with thin liquids. Client #1's 1/14/19 choking risk plan indicated the following: "[Client #1] is at risk for choking because he has no back teeth. All foods should be soft and easy to chew. Staff should cut food up and should be cut up to 1/4 inch to 1/2 inch. [Client #1] should chew slowly and ensure that (sic) is chewed up and swallow several times. He should also have sips of water in between bites. Staff should also check [client #1's] mouth after meals for residual food in his mouth. If [client #1] does choke on food encourage him to cough on his own to dislodge the food...." Client #1's 5/13/19 Quarterly Nutritional Review indicated client #1's diet should be changed to mechanical soft with thin liquids. Meats are to be ground and all food moistened. Sips of liquids should be taken between bites of food. On 8/15/19 at 3:15 PM, staff #3 was interviewed and indicated client #1 was on a mechanical soft diet. On 8/19/19 at 5:00 PM, the AD (Area Director) and the RN (Registered Nurse) were interviewed. The AD and RN indicated client #1's diet was recently changed to mechanical soft with thin liquids, his food should be cut into 1/4 inch to 1/2 inch pieces and staff should prompt him to take drinks in between bites of food to prevent choking. The RN indicated the risk plan, dining plan and quarterly nutritional review should be followed by		·The Program Supervisor will monitor to ensure the clients plans and needs are being met during their weekly observations. ·The Program Supervisor will complete monthly meal observations.	

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	staff and staff needed to be retrained on client #1's diet. 2. On 8/16/19 at 6:10 AM an observation of client #5's 7:00 AM medication was conducted. Staff #4 prepared client #5's medication and placed the pills into a medication cup then handed the cup to client #5. Client #5 took his medications with water. On 8/19/19 at 12:40 PM, a focused review of client #5's record was conducted. Client #5 had a video swallow study completed on 2/20/19 and the recommendation was for client #5 to take medications whole/half in puree due to a choking risk. Client #5's August 2019 MAR (medication administration record) indicated client #5's medication was to be administered in a pureed food substance due to a choking risk. On 8/19/19 at 5:00 PM, the AD (Area Director) and the RN (Registered Nurse) were interviewed. The AD and RN indicated client #5's medication should be administered in applesauce or pudding due to him being a choking risk. 9-3-8(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, 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 the clients were involved in all aspects of the meal preparation based on their skill level.	W 0488	·The Program Supervisor will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. ·The Program Director will do home observations bi-weekly to	09/20/2019

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	Findings include: An observation was conducted at the group home on 8/15/19 from 3:00 PM to 6:00 PM. At 3:00 PM, staff #3 indicated they were substituting chicken fajitas and spinach for the tuna macaroni with broccoli, tomatoes and bread. At 4:05 PM, staff #1 was cutting up green peppers. At 4:15 PM, staff #1 was cooking chicken on the stove. At 4:40 PM, staff added the green peppers to the chicken and continued to stir the chicken. At 5:00 PM, staff #7 used a can opener to open cans of spinach and poured it into a pan then turned the stove on and stirred the spinach. Staff #2 and #7 added seasoning and cream cheese to the spinach and continued to stir it as it cooked. At 5:17 PM, staff #2 carried all of the food to the table and staff #7 walked around the table and placed a soft taco shell on the plates as the clients were sitting at the table. At 5:30 PM, the clients fixed their plates. Staff did not prompt or encourage the clients to assist with meal preparation. This affected clients #1, #2, #3, #4, #5, #6, #7 and #8. On 8/19/19 at 1:45 PM, client #1's record was reviewed. Client #1's 6/6/19 ISP (Individual Support Plan) indicated client #1 required assistance with all aspects of meal preparation and he had a valued outcome to increase his ability to complete household tasks. On 8/19/19 at 2:45 PM, client #2's record was reviewed. Client #2's 1/6/19 ISP indicated client #2 needed hands on staff assistance with preparing a meal and he had a goal to assist with meal preparation. On 8/19/19 at 1:00 PM, client #3's record was reviewed. Client #3's 6/6/19 ISP indicated client #3 had a valued outcome to increase his daily living		ensure staff are implementing the plans of clients and the client's needs are being met. ·Formal programming to be implemented for Clients #1-8 on meal preparation. ·Monthly meal observations will be completed by the Program Supervisor to ensure the individuals are participating in aspects of the meal preparation. ·Training completed on 9-6-19 with the staff regarding: ·Active treatment expectations ·Ensuring that the individuals are involved in all aspects of the meal preparation. ·The Program Supervisor will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. ·The Program Director will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. ·Monthly meal observations will be completed by the Program Supervisor to ensure the menus are being followed and the necessary utensils/glasses are available. ·Quarterly dietary observations will be completed by the dietician to ensure the menus are being followed.	

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	skills and he had a goal to assist with meal preparation. On 8/19/19 at 12:05 PM, a focused review of client #4's record was conducted. Client #4's 11/12/18 ISP indicated client #4 had a valued outcome to improve adult daily living skills. On 8/19/19 at 12:40 PM, a focused review of client #5's record was conducted. Client #5's 7/30/19 ISP indicated client #5 had a valued outcome to increase independence with daily living skills. On 8/19/19 at 11:55 AM, a focused review of client #6's record was conducted. Client #6's 11/12/18 ISP indicated client #6 had a valued outcome to complete meal preparation activities with staff assistance. On 8/20/19 at 5:00 PM, a focused review of client #7's record was conducted. Client #7's 11/12/18 ISP indicated client #7 had a valued outcome to participate in daily living activities such as cooking. On 8/19/19 at 12:25 PM, a focused review of client #8's record was conducted. Client #8's 3/12/19 ISP indicated client #8 had a valued outcome to participate in daily living activities such as cooking. On 8/15/19 at 3:15 PM, staff #3 was interviewed and indicated the clients refuse to cook and do their chores most of the time. Staff #3 indicated client #7 liked to help cook. Staff #3 indicated all eight of the clients were capable of helping with some aspect of the meal preparation. On 8/19/19 at 5:00 PM, the AD (Area Director) and the RN (Registered Nurse) were interviewed. The			

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	AD indicated staff should prompt and encourage the clients to assist with meal preparation. The AD and RN indicated all of the clients were capable of helping with some aspect of the meal preparation. 9-3-8(a)			