

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G134	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2013
NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES			STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 000	INITIAL COMMENTS A recertification survey was conducted from March 25, 2013 through March 27, 2013. A sample of three clients was selected from a population of five males with varying degrees of intellectual disabilities. This survey was initiated utilizing the fundamental survey process. The findings of the survey were based on observations in the home and two day programs, interviews with one client, one guardian, direct support staff, nursing and administrative staff, as well as a review of client and administrative records, including incident reports. [Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]	W 000		
W 112	483.410(c)(2) CLIENT RECORDS The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the confidentiality of each client's physician's orders, for one of the five clients residing in the facility. (Client #5) The finding includes: On March 25, 2013, at 8:31 a.m., a physician's order for Client #5 was observed posted openly on a bulletin board in a common area (kitchen). Review of the order revealed that it included the client's full name and an order for a daily fluid	W 112	W112 The inappropriate posting was immediately removed on the survey date...3-27-13 Staff will be re-trained on BRA's Privacy and Confidentiality policy and HIPPA regulations, all of which was covered in the Phase I training required by DDS. Retraining will occur by...5-7-13 The QIDP and Home Manager will audit the physical environment weekly and will review it for inappropriately posted or exposed personal information. Should such information be discovered posted or exposed, the issue will be addressed immediately and the staff responsible will receive appropriate follow up actions (counseling, retraining and/or discipline)...5-1-13 Physician's orders are filed in the appropriate index of the medical record of each person supported. In providing the privacy/confidentiality training, the appropriate place to file and look for physician's orders will be reiterated...5-7-13 QIDP will develop for each house a mealtime protocol book for staff to view each mealtime protocol...5-7-13	

Received 4/29/13
Department of Health
Health Regulation & Licensing Administration
Intermediate Care Facilities Division
899 North Capitol St., N.E.
Washington, D.C. 20002

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

Amel H. Gordon

TITLE

Administrator

(X6) DATE

4/29/13

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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W 112	Continued From page 1 restriction "due to low sodium levels." On March 26, 2013, at approximately 11:25 a.m., Client #4's medical guardian was observed near the bulletin board in the kitchen. The physician's order remained posted openly at the time. The posting was brought to the attention of the house manager (Staff #2) on March 27, 2013, at 11:25 a.m. She immediately removed the order from the bulletin board, stating "that shouldn't be there, it violates his privacy."	W 112		
W 120	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure its outside day program accurately documented progress during quarterly reviews and revised one training objective when lack of progress was noted, for one of three clients in the sample. (Client #3) The findings include: 1. The facility failed to ensure its outside day program accurately documented Client #3's progress as follows: On March 26, 2013, commencing at 10:35 a.m., Client #3 was observed at his day program. At	W 120	W120 The QIDP will meet with the day program of Client #3 to ensure that the corrections necessary for the three IPP objectives are made and the programs are properly implemented thereafter...5-10-13 The QIDP will review the data for all measurable objectives run at the day program during monthly visits to ensure that the data is an accurate reflection of progress made or the lack thereof and that appropriate adjustments are made based on the (data-based) results...beginning 5-1-13 The QIDP will also review the quarterly and other periodic reports submitted by the day program for the same considerations and provide feedback as needed...beginning 5-1-13	

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W 120	<p>Continued From page 2</p> <p>the onset of the observation, Client #3 was engaged in a ball tossing activity. In concurrent interview with Client #3's classroom instructor (DPS #1), he was asked if Client #3 had any formal training objectives. The instructor mentioned Client #3 also participated in recreational activities, noting Client #3 liked to "spin" objects. The instructor also commented Client #3 participated in music. At 10:40 a.m., Client #3 was escorted out of the classroom to a restroom by his one-to-one direct support staff. (Staff #10)</p> <p>Review of Client #3's day program plan on March 26, 2013, commencing at 10:45 a.m., revealed training objectives had been established at an Individual Program Plan (IPP) meeting conducted on August 10, 2012. The record also contained evidence of monthly data computations for the respective objectives along with frequency tabulations for target behaviors. There also were quarterly reviews.</p> <p>Objective 1 - "Given unlimited verbal prompts, [Client #3] will choose the activities he wants to participate in (ball-toss, bowling, spinning wheel) daily 50% of the time for six consecutive months within one year - 8/2012 to 8/2013" had been established. For the quarterly review covering the months of November 2012, December 2012 and January 2013, data was entered as: November - 88%; December - 74%; January 50%. A case manager (CM) comment was documented, "Criterion not achieved at 76%." By data entry, the objective had actually been met in the quarter, since the criterion for success had been established at 50%.</p>	W 120			

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W 120	<p>Continued From page 3</p> <p>Objective 2 - "Given no more than 3 verbal prompts, [Client #3] will choose a partner to dance with during music therapy, 2 times weekly on 80% of opportunities provided for 6 consecutive months within one year" had been established. For the quarterly review covering the months of November 2012, December 2012 and January 2013, data was entered as: November - 25%; December - 0%; January 0%. A CM comment was documented, "Criterion not achieved at 100%." Though the objective had not been met as specified, the percentage for success that was reflected was inaccurate.</p> <p>Objective 3 - "Given physical assistance as needed, [Client #3] will operate a CD player on 80% of opportunities provided for 6 consecutive months within one year" had been established. For the quarterly review covering the months of November 2012, December 2012 and January 2013, data was entered as: November - 0%; December - 0%; January 0%. A CM comment was documented, "Criterion not achieved at 36%." Though the objective had not been met, the percentage reflected for success was also in error.</p> <p>In an interview with Client #3's day program CM (DPS #2) on March 27, 2013, at 11:33 a.m., she was asked to verify the data computations and comments that had been documented in Client #3's record. The CM stated she was new to the program and admitted all three objectives had errors in calculations and the corresponding comments. She also stated she would make the corrections.</p> <p>2. The facility failed to ensure its outside day</p>	W 120	

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W 120	Continued From page 4 program revised one training objective when lack of progress was noted, as follows: On March 26, 2013, commencing at 10:35 a.m., review of objective 3 revealed, "Given physical assistance as needed, [Client #3] will operate a CD player on 80% of opportunities provided for 6 consecutive months within one year" had been established at the August 2012 planning meeting. Data was entered in the record since establishment and was reflected as: September - 0%; October - 0%; November - 0%; December - 0%; January 10%. In an interview with DPS #2 on March 26, 2013, commencing at 11:33 a.m., she was asked if any revision to the IPP had been made since Client #3 had not made any progress in this training objective for five consecutive months. She further commented the team only gets together two times per year to discuss progress or lack of progress and she would make a change in the objective at Client #3's next scheduled meeting.	W 120		
W 129	483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure each client's right to privacy, for one of three clients in the sample. (Client #1) The finding includes:	W 129		

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W 129	Continued From page 5 On March 26, 2013, at 8:00 a.m., Client #2 had a toileting accident while sitting at the dining table and was subsequently escorted by two direct support staff (Staff #11 and #12) to the bathroom inside Client #1's bedroom for clean-up and changing. They passed an empty bathroom that was located in the hallway leading to Client #1's bedroom. Client #1 was in his bedroom with his staff at that time. Moments later, while Client #2 was using Client #1's bathroom, at 8:05 a.m., another staff (Staff #10) brought Client #3 into Client #1's bedroom to feed him breakfast. Client #3 sat in a chair for a minute and then refused to eat the meal. All were gathered in Client #1's bedroom. On March 27, 2013, at approximately 5:00 p.m., the issue of Client #1's bedroom and need for personal privacy was discussed. Neither the qualified intellectual disabilities professional (Staff #1) nor the house manager (Staff #2) could explain why staff had brought other clients into his bedroom when other bathrooms and the dining room were available for use.	W 129	W129 This behavior by all accounts and based on numerous, routine observations by the QIDP, Home Manager and Program Director, was extremely unusual for the staff. The QIDP conducted interviews with all staff members involved to ascertain why they brought multiple individual supported into the bedroom of Client #1 to perform support tasks that should have been done in the appropriate areas of the home. To a person they replied that they, "Just got nervous" during the survey process. It should be stated that the surveyors did nothing out of the ordinary to make the staff nervous. Based on the above, BRA staff will be retained on privacy and dignity with a focus on the issue of personal space. This training will reinforce the privacy/confidentiality training indicated above to address the inappropriate posting. Additionally, staff will be trained on performing their duties appropriately in a survey atmosphere with the essential message being, "Perform your normal duties appropriately as prescribed by protocols, the HMCP, the ISP/IPP and the Daily Activity Schedule". Management will reiterate to staff that there is nothing to become nervous about as long as they perform their assigned duties as trained and as prescribed by policy and treatment protocols. This training will be completed by... 5-7-13 Additionally, the QIDP and Home Manager (separately) will conduct active treatment training observations at minimum once weekly per shift to ensure that staff routinely respects privacy and dignity in performing their duties and follow the prescribed treatment protocols. Issues observed will be addressed via on-the-spot training that will be documented...beginning 5-1-13		
W 156	483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to report the results of all investigations to the administrator within five working days of the	W 156			

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W 156	<p>Continued From page 6</p> <p>incident, for five of the five clients residing in the facility. (Clients #1, #2, #3, #4 and #5)</p> <p>The findings include:</p> <ol style="list-style-type: none"> Review of the facility's incident and investigation reports on March 25, 2013, beginning at 10:35 a.m., revealed that on December 14, 2012, an anonymous caller had contacted the agency alleging that a direct support staff did not "do any work," was sleeping on the couch, had a personal relationship with the house manager (Staff #2) and was "stealing time," as she was getting all the "hours." The allegation was generalized and therefore, potentially affected all five clients. The investigation determined the allegation had been made by a former disgruntled employee and the allegation of neglect was deemed unsubstantiated. On the last page of the report were the signatures of the facility investigator (Staff #9) and the facility's qualified intellectual disabilities professional (QIDP, Staff #1). The form was also dated by those two individuals, but there was no reproducible evidence the results had been submitted to the facility administrator. There was a statement indicating the information had been sent to the administrator; however, there was no documentation evincing the date when the administrator received, opened or read the report. Continued review of incident investigation reports revealed similar signatures on the last page of investigation reports (QIDP and/or the facility investigator), with no documentation evincing the date when the administrator had received, opened or read the reports. Examples 	W 156	<p>W156</p> <p>BRA developed a systematic approach for ensuring that the administrator reviewed and signed off on all incident and investigation reports. The process flowed through the IMC. BRA lost its incumbent IMC to DDS in January 2013 and the two incidents cited were occurred in December 2012 during her transition from the organization. The temporary replacement that has been put in place was not aware of the issue of neglect. The Administrator had given authority to the Program Director to review all incident investigations. The Program Director had reviewed and signed the two incident reports cited. It is general practice that incident reports are reviewed by the entire management team during te Monday management meeting. In the future all incident investigations will be reviewed and signed off by the Program Director and Director ...5-1-13</p> <p>BRA has established a new IMC (temporary) while it recruits to fill the position full time. The systematic process formally put in place will flow through the temporary IMC until a full time IMC is selected...5-1-13</p> <p>Additionally, it is the responsibility of the QIDP for each location to ensure that incident reports are reviewed and signed off by the administrator; the QIDP provides cross-checking insurance that this occurs...5-1-13</p> <p>Further, incidents are discussed routinely in the weekly management staff meetings which provides a third opportunity to ensure that all incident reports are properly reviewed and signed off by the administrator...5-1-13</p>	

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W 156	Continued From page 7 included: - October 18, 2012 emergency room (ER) visit, unexplained laceration Client #5 sustained to his eye brow. Investigation report dated October 24, 2012; - December 23, 2012 ER visit, after Client #3 hit Client #1 on the head. Investigation report dated December 26, 2012, signed by the investigator and the QIDP; and, - December 30, 2012 ER visit, abrasion of unknown origin on Client #2's lower back. Investigation report dated January 3, 2013, signed by the Investigator and the QIDP. Interview with the agency's administrator on March 27, 2013, at 4:17 p.m., revealed that neither the investigator nor the QIDP were considered the administrator's designee. She stated that she received investigation reports and read them. Both she and the QIDP, who was present at the time, indicated they thought the administrator had been signing investigation reports. At the time of the survey, the facility failed to implement a verifiable system to ensure the results of all investigations were reported to the administrator within five working days. This is a repeat deficiency. See Federal Deficiency Report dated March 16, 2012.	W 156			
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be	W 159			

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W 159	<p>Continued From page 8</p> <p>integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility's qualified intellectual disabilities professional (QIDP) failed to incorporate day program data into each client's IPP, advise direct support staff on how to prepare meal with altered texture consistencies in accordance with each client's plan; and develop a plan for release from wrist guards, for one of three clients in the sample. (Client #3)</p> <p>The findings include:</p> <p>1. The QIDP (Staff #1) failed to incorporate behavior data into the individual program plan, as follows:</p> <p>On March 26, 2013, commencing at 10:35 a.m., Client #3 was observed at his day program. At the onset of the observation, Client #3 was engaged in a ball tossing activity. In concurrent interview with the classroom instructor (DPS #1), he was asked if Client #3 had any formal training objectives. The instructor mentioned Client #3 also participated in recreational activities, noting Client #3 liked to "spin" objects. The instructor also commented Client #3 participated in music. At 10:40 a.m., Client #3 was escorted out of the classroom to a restroom by his one-to-one direct support staff (Staff #10).</p> <p>Record review of Client #3's day program plan on March 26, 2013, commencing at 10:45 a.m., revealed training objectives had been established</p>	W 159	<p>W159</p> <p>1. The QIDP will ensure that behavior data collected at the day program is incorporated into the data-based review of targeted behaviors in the QIDP summaries developed quarterly and periodically...5-1-13</p> <p>Additionally, the QIDP will ensure that psychology receives the day program behavior data prior to monthly psychotropic medication reviews so that a 24/7 performance criteria is used to examine the progress made and make informed decisions as a team...5-1-13</p> <p>2. The RN will retain all staff including the QIDP on the special diet considerations for Client #3 and all of the individuals that have special diets in the home...5-7-13</p> <p>The nutritionist will provide follow up training by...5-20-13</p> <p>The training provided by the nutritionist will address the food texture issue and provide staff with specific training and practical definitions (with examples) as to what constitutes each prescribed texture. The QIDP will request handouts that staff can refer back to for guidance after the training has been completed...5-20-13</p> <p>Once appropriately trained by the RN and the nutritionist, the QIDP and Home Manager will conduct routine observations of meals at minimum weekly to ensure that meals are served in the proper texture for each person supported...5-20-13.</p>

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W 159	<p>Continued From page 9</p> <p>at an Individual Program Plan (IPP) meeting conducted on August 10, 2012. There was also a provision for the collection of behavior relevant to the target behaviors of self-injury, agitation, physical aggression and inappropriate sexual behavior. Monthly data computations for the respective objectives along with frequency tabulations for target behaviors were computed and there also were quarterly reviews. When Client #3's Case Manager (CM, DPS #2) was asked who received a copy of this information, she explained she sent all her reports to the facility's QIDP.</p> <p>In a follow-up interview with the QIDP on March 26, 2013 at 2:30 p.m., she was asked if she incorporated the behavior data from Client #3's day program into the IPP. She acknowledged she received the information, but did nothing with the data since the program was a separate outside service.</p> <p>2. The QIDP offered improper meal texture instructions to direct support staff, as follows:</p> <p>On March 26, 2013, commencing at 7:05 a.m., Client #3's one-to-one staff (Staff #10) tried to encourage Client #3 to eat, but he refused. The texture of the meal was noted to be finely chopped and Staff #10 stated she would try to encourage the client to eat the meal later. At 8:05 a.m., the QIDP entered the kitchen as Staff #10 was about to reheat Client #3's breakfast. The QIDP instructed her to blend the food to a pureed texture after observing that the food was finely chopped.</p> <p>At 8:40 a.m., the house manager (HM, Staff #2)</p>	W 159	<p>3. The PCP will be contacted by the RN and QIDP to discuss the wrist guard recommendation for Client #3 (from dermatology); if the PCP agrees, a physician's order will be added prescribing the use of the wrist guards for Client #3. The team also discussed the issue of the wrist guards in an Emergency Human Rights Committee meeting and why the wrist guards are being used as they were recommended by the dermatologist...5-1-13</p> <p>Once this is done, the issue will be presented to the BRA Human Rights Committee for review and approval. If the committee does not approve the use of the wrist guards, they will be discontinued. If they are approved, the QIDP will ensure that psychology addresses the use of the wrist guards in the BSP and sets parameters for the reduction of the use of the wrist guards...5-20-13</p> <p>If this results in a modification in the BSP, the modified BSP will be presented to the RCRC committee of DDS for review and approval...5-30-13.</p> <p>Psychology will also review the existing behavior support strategies to ensure effective strategies are in place to reduce the self injurious biting behavior and will modify the existing strategies or add new strategies if that is deemed necessary...5-20-13</p> <p>If at any point during the process, the use of the wrist guards is disapproved by DDS, the use will be immediately discontinued...5-30-13</p> <p>It should be noted that the use of the wrist guards has helped to greatly reduce the damage done to Client #3's wrists and arms based on the self injurious biting behavior.</p>	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G134	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/27/2013
NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES			STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019		
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W 159	<p>Continued From page 10</p> <p>was observed feeding Client #3 in his bedroom. It was the last spoonful, therefore, Staff #2 was asked to describe the texture of the meal that she had presented. She stated that Client #3 was required to receive a finely chopped diet consistency, and she had ensured he received the proper consistency, not the pureed blend as suggested by the QIDP.</p> <p>Record review for Client #3 on March 26, 2013, commencing at 2:00 p.m., revealed a nutrition assessment dated May 3, 2012, verifying that Client #3 should receive a regular diet with double portions in a finely chopped texture consistency.</p> <p>3. The QIDP failed to develop a monitoring plan for the use of, and reduction of dependency on, wrist guards, as follows:</p> <p>On March 25, 2013, at 6:05 p.m., Client #3 was observed at dinner. Client #3 had splints on both of his wrists as he ate. Concurrent interview with his one-on-one direct support staff (Staff #13) at the time revealed the splints were used for "contractures."</p> <p>Record review for Client #3 on March 26, 2013, commencing at 2:00 p.m., revealed a dermatology consult dated March 13, 2012. It documented "Lichen Simplex Chronicus of both dorsal hands - dry, rough, thickened from repetitive rubbing, scratching and biting. Recommendations - keep wrist guards in place as they help decrease his hand biting/rubbing."</p> <p>Additional documentation related to Client #3's biting behavior was evident in the monthly "Health Risk Management Care Plans" completed by</p>	W 159			

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W 159	<p>Continued From page 11</p> <p>nursing personnel from August 2012 through February 2013. In each month, it stated "Encourage wrist guards to reduce hand biting."</p> <p>Concurrent review of the behavior support plan (BSP) for Client #3 revealed a BSP with an effective date of August 9, 2012, revealed a "Behavior Support History" that included "[Client #3's name] has historically had an Axis 1 diagnosis of Obsessive Compulsive Disorder and Intermittent Explosive Disorder. He has received behavior support for several years for hand and wrist biting. Calluses have resulted on the back of his hand from these incidents and have led to consultations with dermatology. He was prescribed the use of wrist guards."</p> <p>Per review of the most recent physician order sheets in Client #3's record, dated February 26, 2013, there was no order specifically written for the wrist guards.</p> <p>In a follow-up interview with the QIDP, on March 26, 2013, at 3:25 p.m., to ascertain if there were any current physician orders for wrist guards, the QIDP verified there were none after conducting her own review. When the QIDP was asked how the wrist guards were to be used, given the comments provided by the dermatologist and monitored by nursing as being necessary due to biting behavior, she explained that since restraints were not used at the facility, this could not be part of the client's plan. The QIDP inferred that the Department on Disability Services (DDS) would not approve a plan if restraints were suggested. When she was asked if there was a plan outlining the application, release, the documentation necessary, as well as a plan for</p>	W 159			

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W 159	Continued From page 12 reduction of the use of wrist guards, the QIDP verified there were no such provisions in place.	W 159			
W 247	483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation and interview, facility staff failed to consistently encourage clients to eat and drink independently, or to the extent of their assessed abilities, and to participate in setting the dining table, for three of three clients in the sample. (Clients #1, #2 and #3) The findings include: 1. On March 25, 2013, at 4:59 p.m., Staff #14 placed a regular spoon in Client #1's hand. The client then began to feed himself a ground textured banana. At 5:02 p.m., Client #1 consumed his beverage independently after Staff #14 placed a cup in the client's hand. By contrast, on March 26, 2013, at 11:38 a.m., Staff #15 was observed to feed Client #1 ground chicken, collard greens and sweet potatoes for lunch the next day. At 11:45 a.m., Staff #15 also held the client's cup to his mouth while he consumed his beverage. On March 26, 2013, at 3:47 p.m., review of Client #1's occupational therapy assessment (dated July 30, 2012) revealed the client requires "moderate verbal cues and moderate physical cues to hold his juice. He is able to feed himself after set up."	W 247	W247 Staff member #15 will be retained to ensure that the opportunity to self feed is provided to Client #1...5-7-13 The QIDP has provided verbal reinforcement to staff #15...4-1-13 The QIDP will observe meals during day program visits to ensure routine compliance...5-1-13 2. The activity schedules of all of the individuals supported will be revised to reflect rotating chores including meal prep and post-meal tasks; staff will be trained on the revised daily activity schedules by...5-10-13 The QIDP and home manager will conduct routine observations weekly to ensure that these tasks are integrated into the daily routines and that each person is asked to perform up to their existing skill levels...5-1-13 3. Same as #1 above (training and subsequent observations)...5-7-13 4. Same as #1 above (training and subsequent observations)...5-7-13 5. Same as #2 above (activity schedule revisions, training and observations)...5-1-13		

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W 247	<p>Continued From page 13</p> <p>On March 26, 2013, at 11:50 a.m., interview with Staff #15 revealed that Client #1 could feed himself with minimum physical assistance. Further interview revealed that going forward, he would provide Client #1 with the opportunity to feed himself.</p> <p>2. On March 25, 2013, Client #2 finished eating his dinner at approximately 6:25 p.m. While the client remained seated, his 1:1 staff (Staff #16) removed the empty dinner plate from the table and handed it to another staff who carried it to the kitchen. Staff #16 then escorted the client from the table into the living room. During the meal a few minutes earlier, Client #2 had been observed holding a spoon while eating his food independently. He was also observed holding his beverage glass while drinking.</p> <p>When interviewed on March 27, 2013, at 12:55 p.m., the house manager (Staff #2) stated that Client #2 was able to grasp a dinner plate. She further stated that she had witnessed him carry his plate to the kitchen sink on numerous occasions, despite the client's unsteady gait. The facility's administrator stated that she too had observed him carry his plate to the kitchen. When discussing the observations from dinner on March 25, 2013, they both stated that staff were routinely instructed to involve clients in routine daily activities such as clearing the table.</p> <p>3. On March 25, 2013, at 8:30 a.m., Client #3 was observed sitting at the dining table. The direct support staff (Staff #10) working with Client #3 handed the client's cup to him. No attempt was made to encourage Client #3 to pick up the cup independently.</p>	W 247		

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W 247	Continued From page 14 4. On March 25, 2013, at 6:05 p.m. Client #3's direct support staff (Staff #13) wiped the client's mouth and face with a napkin. Staff #13 did not encourage Client #3 to use the napkin independently. 5. On March 26, 2013, at 6:55 a.m., the kitchen table was observed to have been set with plates, bowls, utensils and cups. At the time of the observation, Client #1 was in his room, while Clients #2 and #3 were in the living room. No other clients were observed up and no clients were involved in any table-setting activities for breakfast which was served at 7:05 a.m. On March 26, 2013, at 4:35 p.m., the facility's house manager, qualified intellectual disabilities professional (QIDP) and the administrator were queried about the training given to direct support staff with respect to promoting independence. The QIDP (Staff #1) stated the facility's staff were continuously offered training on this subject during routine discussions about active treatment. At the time of the survey, facility staff failed to allow clients to exercise their independence and allow options of choice.	W 247		
W 262	483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.	W 262		

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W 262	<p>Continued From page 15</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility's specially constituted committee failed to review and approve the incorporation of a restrictive intervention (one-to-one supervision) as part of a behavior support plan, for one of three clients in the sample. (Client #3)</p> <p>The finding includes:</p> <p>Upon entrance to the facility on March 25, 2013, at 8:05 a.m., Client #3 was observed sitting in the living room on a couch. A direct support staff (Staff #10) was noted to be sitting near to Client #3. Whenever Client #3 attempted to get up from the couch or leave the room Staff #10 would move to be with Client #3.</p> <p>During the entrance conference with the facility's qualified intellectual disabilities (QIDP, Staff #1) on March 25, 2013, beginning at 9:30 a.m., she stated that all clients living at the facility received one-to-one staffing. Except for Client #1, all the one-to-one supervision supports were in effect for client behavioral needs. The QIDP further stated that all clients had Behavior Support Plans (BSPs), there were no time-out rooms and restraints were not used at the facility.</p> <p>Per record review for Client #3 on March 26, 2013, beginning at 9:35 a.m., it was revealed Client #3 had a "one-to-one assignment book" with sheets documenting the level of supervision provided to Client #3, twenty four hours per day, seven days per week. Additionally, a reference BSP was available in the one-to-one assignment book for Client #3 identifying the following target</p>	W 262	<p>W262</p> <p>The QIDP will ensure that the BSP of Client #3 is updated to reflect the needed one-to-one supports and that the BSP as modified is reviewed by the HRC; the HRC will also discuss the one-to-one support itself and provide its feedback about the appropriateness of the support. The QIDP and psychology will provide the information and data needed for the HRC to provide informed feedback...5-20-13</p>	
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