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	09G071	A. BUILDING _____ B. WING _____	06/11/2008

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W 000	INITIAL COMMENTS A recertification survey was conducted from June 9, 2008, through June 11, 2008, using the fundamental survey process. A random sample of three clients was selected from a residential population of six males with mental retardation and other disabilities. The survey findings were based on observations in the group home and at one day program, interviews, and a review of records, including unusual incident reports.	W 000		
W 124	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure the rights of each client and/or their legal guardian to be informed of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and the right to refuse treatment, for two of the three clients (Clients #2 and #3) included in the sample. The findings include: 1. The facility failed to provide evidence that revealed Client #3's legal guardian had been informed of recommended sedation prior to administering them. Review of Client #3' s medical record on June 10,	W 124		

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Linda Graham, QMRP Coordinator — 7/10/08

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 124	Continued From page 1 2008 at 1:47 PM revealed the following written physician's orders: February 14, 2008 - Ativan 3 mg by mouth one hour prior to visual evaluation on February 15, 2008. Review of the corrosponding Medication Administration Record (MAR) for February 2008 verified the sedation was adminstered on February 15, 2008. December 17, 2007 - Ativan 3 mg by mouth prior to audiology appointment. Review of corrosponding MAR for December 2007 revealed the sedation was administered on December 18, 2007. Interview with the Qualified Mental Retardation Professional (QMRP) on June 9, 2008, at 8:30 AM revealed Client #3 was not capable of giving informed consent for the use of medications and habilitation services. The QMRP's statement was verified on June 11, 2008, at 2:28 PM through review of Client #3's Psychological Assessment dated November 1, 2007. According to the assessment, Client #3 was " not able to make independent decisions concerning his treatment plan, financial affairs, living arrangements, or day placement." The QMRP further revealed the client had a legal guardian to assist him in decision making. Interview with the facility's charge nurse and continued review of the client's record on June 10, 2008, at 3:29 PM confirmed the client received the sedation for compliance with the aforementioned medical appointments. The nurse further revealed that consent from the legal guardian had not been obtained prior to the use of the sedation. Additionally, there was no	W 124	**W124** **1. The QMRP will ensure that all legal guardians assigned by the courts or family members are informed when any sedation is recommended for all individuals in the home. The medical guardian has been contacted and informed of the sedation used for client #3. The medical guardian has come out to the home to discuss the sedation used and appointments that are to be scheduled that have been recommended for the use of sedation. Once the appointments have been scheduled by the charge nurse the medical guardian for client #3 has agreed to sign consent for the use of sedation. In the future the legal guardian that is appointed by the courts or family members will be made aware of all recommendation for the use of sedation within 48 hours of their occurrence for any individual in the home.....07/08/08**	

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W 124	Continued From page 2 evidence the legal guardian had been informed of the sedation prior to their use. 2. The facility failed to provide evidence that revealed Client #2's legal guardian had been informed of his psychotropic medication prior to its use. Observation of the evening medication administration on June 9, 2008 beginning at 5:25 PM revealed Client #2 received Topomax and Hydroxyzine HCL. Interview with the nurse during the medication administration revealed the client received the medications to address his behaviors. Interview with the QMRP on June 9, 2008, at 8:30 AM revealed Client #2 was not capable of giving informed consent for the use of medications and habilitation services. The QMRP's statement was verified on June 11, 2008, at 11:40 AM through review of Client #2's Psychological Assessment dated March 26, 2008. According to the assessment, Client #2 was " not able to make independent decisions concerning his treatment plan, financial affairs, living arrangements, or day placement." The QMRP further revealed the client had a legal guardian to assist him in decision making. Review of the client's medical record and additional interview with the QMRP on June 10, 2008 failed to provide evidence that Client #2's treatment needs, including the benefits and potential side effects associated with his medications, and the right to refuse treatment, had been explained to him and a legally authorized representative.	W 124	**W124** **2. The QMRP will ensure that the legal guardians assigned by the courts or family members for all of the individuals in the home be informed of the use of psychotropic medication on an annual basis. The mother of client #2 has come and signed the consent for the use of psychotropic medication form. In the future the QMRP will ensure that all legal guardians assigned by the court or family members are informed of the use of psychotropic medications to address their behavioral concerns, the side effects associated with the medications and their right to refuse treatment of the medication for the purpose of addressing behavioral concerns.....06/13/08**	

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W 124	Continued From page 3 3. The facility failed to ensure a system/protocol had been maintained at the day program to address Client #3's behaviors. Observation of Client #3 at his day program on June 10, 2008 beginning at 10:43 AM revealed the client seated at a table with staff in the craft/jewelry center. At 10:45 AM, staff was observed to attempt to engage Client #3 in an activity, but the client refused and picked up some objects from the table and the floor and threw them. The staff member was then overheard to say, "ok ok, you are not going to do no work." It should be noted that one of the objects the client threw nearly hit Client #2, who was seated at the table behind him. At 10:46 AM, the staff member asked Client #3 if he wanted to go to the music room. The client initially refused and was observed to bite his hands and kick a chair. The client then complied and left the craft/jewelry center to go to the music room. At 10:50 AM, the client was observed in the music room. The client was observed to take one of his bibs off and throw it onto the floor. After which, the client was observed to leave the music room and exit the day program using the back door. At 10:52 AM, the staff member was observed with Client #3 outside. The staff member was observed telling Client #3 it was too hot to be outside. At 10:53 AM, the client and staff person were observed to re-enter the day program. At 10:55 AM, Client #3 was observed to attempt to leave the day program again, but the staff person assisting him explained that it was too hot to go outside. The client subsequently went back to the music room and threw a chair. Interview was conducted with the day program	W 124	**W124** **The QMRP will ensure that a system is maintained at the day program to address the behavioral concerns of client #3. Baseline data is currently being collected for a 60 day period in the home as well as in the day program. During the survey the behavioral specialist was contacted concerning the behaviors displayed and came out to the home and held an emergency in-service training with staff concerning baseline data collection for client #3. The day program is currently collecting baseline data on the behaviors of concern. The QMRP will ensure that the day program is documenting and will forward the information to the QMRP for review. A behavior support plan will be implemented if warranted at the end of the baseline period. In the future the QMRP will ensure that collaboration between the day program and the home exist and behavioral concerns are addressed as needed in a timely manner in the home as well as in the day program for all individuals.....07/02/08**	

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W 124	Continued From page 4 staff member on June 10, 2008 to ascertain if the client had a Behavior Support Plan (BSP) at the day program. The staff member indicated that the client had a plan but through discussion with one of the day program's Activities Coordinators, it was revealed that the BSP had been discontinued. At the time of the survey, the facility failed to ensure a system/protocol had been maintained at the day program to address Client #3's behaviors.	W 124		
W 148	483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS & The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure parents/guardians were notified of serious incidents, three of the six clients (Clients #1, #3, and #6) residing in the facility. The findings include: Review of the facility's incident reports on June 9, 2008 beginning at 8:40 AM revealed the following: 1. On May 26, 2008 a direct care staff reported an incident involving Client #1. According to the report, Client #1 "lost his balance causing him to fall on his right side." Continued review of the incident report revealed the client sustained a rug burn to his upper right cheek. Interview with the Qualified Mental Retardation	W 148	**W148** **1. The QMRP will ensure that that all legal guardians assigned by the court or family members are informed of all unusual incidents that occur in a timely manner. The medical guardian for client #1 has been informed of the incident that occurred and has come out to the home to review records and visit with client #1. In the future the QMRP will ensure that all legal guardians assigned by the court or family members are informed of all unusual incidents with 24 hours of their occurrence.....07/08/08**	

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W 148	Continued From page 5 (QMRP) on June 9, 2008, beginning at 9:30 AM revealed Client #1 received 1:1 male staff supervision twenty-four hours each day. Continued interview with the QMRP revealed the client was not supervised by his assigned 1:1 male staff when he fell because the 1:1 male staff was directed to go outside and assist with the preparation of the facility's cook-out. According to the QMRP, in the absence of the male 1:1 staffing support, she assigned Client #1 to work with a female staff. It should be noted that discussion with QMRP further revealed that Client #1did not respond well to female staff because he was "tall in stature and the females can't handle him." Additionally, discussion with the QMRP revealed that "males are able to keep him from falling." Note: Interview with the QMRP on June 9, 2008 at 8:30 AM revealed Client #1 had a legal guardian. At the time of the survey however, the facility failed to provide evidence that Client #1's legal guardian was notified of the aforementioned incident. 2. On January 9, 2008, staff reported an incident involving Client #6. According to the report, Client #6's blood pressure was elevated and he was transported to the emergency room for evaluation. Interview with the QMRP on June 9, 2008, beginning at 8:30 AM revealed that Client #6 had legal guardian. At the time of the survey, there was no documented evidence that Client #6's legal guardian was notified of the aforementioned incident.	W 148	**W148** **2. The QMRP will ensure that that all legal guardians assigned by the court or family members are informed of all unusual incidents that occur in a timely manner. The medical guardian for client #6 has been informed of the incident that occurred and has come out to the home to review records and visit with client #6. In the future the QMRP will ensure that all legal guardians assigned by the court or family members are informed of all unusual incidents with 24 hours of their occurrence.....07/08/08**	
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	Continued From page 6 integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that each client's active treatment program was integrated, coordinated and monitored by the Qualified Mental Retardation Professional (QMRP). The findings include: 1. The QMRP failed to ensure parents/guardians were notified of serious incidents. [See W148] 2. The QMRP failed to ensure each client received continuous active treatment services. [See W249] 3. The QMRP failed to ensure that data was collected in the form and frequency required. [See W252] 4. The QMRP failed to ensure the facility's Human Rights Committee (HRC) reviewed/approved Behavior Support Plans for Clients #2 and #3. [See W262]	W 159	**W159** **1. The QMRP will ensure that all parents/guardians are notified of serious reportable incidents within 24 hours of their occurrence. (See W148).....07/08/08** **2. The QMRP will ensure that each individual receives continuous active treatment services. (See W249).....07/01/08** **3. The QMRP will ensure that data is collected for all individuals in the form and frequency required. (See W252).....07/01/08** **4. The QMRP will ensure that the human rights committee will review/approve the current behavioral support plan for client #1 and client #2. In the future the human rights committee will review/approve at least annually the behavioral support plans for all individuals who reside in the home. (See W262).....6/26/08**	
W 189	483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that each employee was provided	W 189		

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W 189	Continued From page 7 with initial and continued training that enabled them to perform their duties effectively, efficiently, and competently. The findings include: [Cross Refer W148] Review of the facility's incident reports on June 9, 2008, revealed an incident involving Client #1 dated May 26, 2008. According to the report, Client #1 "lost his balance causing him to fall on his right side." Continued review of the incident report revealed the client sustained a rug burn to his upper right cheek. Review of the corresponding investigation (dated May 26, 2008) on June 9, 2008 at 9:30 AM revealed that as a result of the incident a recommendation was made to inservice staff on the 1:1 job description. It should be noted that interview with the Qualified Mental Retardation Professional (QMRP) on June 9, 2008 at 8:30 AM revealed that Client #1 had 1:1 staffing supports 24 hours a day to assist with his ambulation (unsteady gait) and his behaviors. Interview with the facility's incident management coordinator and review of the facility's inservice training records on June 9, 2008 at 12:27 PM revealed the inservice had not been conducted. At the time of the survey, the facility failed to ensure staff were trained on the 1:1 job description for Client #1 as recommended.	W 189	**W189** **The QMRP will ensure that everyone in the home is re-trained on the 1:1 job description for client #1. The in-service training took place on 06/19/08 and it was explained to staff that client #1 should work with male staff because of his stature and his ambulation issues of an unsteady gait. Everyone in the home was trained as well as the females because emergency situations do occur within the home. On the schedule client #1 is assigned to male staff. The job description was thoroughly reviewed and discussed. Assigned 1:1 have been told that they are to be within arms reach of all 1:1 at all times. BRA is in the process of hiring male staff with experience in this field for an on-call pool for every home. The 1:1 that was assigned to client #1 has been temporarily removed from working with client #1 until completion of more intensive routine training by the QMRP Coordinator on the 1:1 job description and the overall responsibilities of the 1:1 to feel comfortable that the support staff involved understands his responsibilities. In the future the QMRP will ensure that appropriate staffing is in place for client #1 and all other 1:1 in the home at all times.....06/19/08**	
W 214	483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs. This STANDARD is not met as evidenced by:	W 214		

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W 214	Continued From page 8 Based on observation, interview and record review, the facility failed to ensure a comprehensive functional assessment of behavioral needs was conducted for one of three clients(Client #3) included in the sample. The findings include: Observation of Client #3 on June 9, 2008 beginning at approximately 4:50 PM revealed the staff attempting to engage the client in an activity. The client was observed to be offered a multicolored lighted ball to manipulate and staff were also observed to blow bubbles in his direction while he was seated in the living room. The client appeared not to be interested and began to push/throw objects that were in his reach. Staff was then observed to rub the client on his back. [Cross Refer W120] Observation of Client #3 at his day program on June 10, 2008 beginning at 10:43 AM revealed the client throwing objects and leaving/attempting to leave the day program to go outside. Interview was conducted with a day program staff member on June 10, 2008 to ascertain if the client had a Behavior Support Plan (BSP) at the day program. The staff member indicated that the client had a plan but through discussion with one of the day program's Activities Coordinators, it was revealed that the BSP had been discontinued. Interview was conducted with the Qualified Mental Retardation Professional (QMRP) on June 9, 2008 at 8:30 AM that revealed the client had a Behavior Support Plan to address his maladaptive behavior. It should be noted however that additional interview with the QMRP	W 214	**W214** **The QMRP will ensure that a comprehensive functional assessment is completed for client #3 by the behavioral specialist and the QMRP. Client #3 is actively being monitored closer by the QMRP for active treatment involvement. Client #3 is being engaged more in the community and going on community walks regularly. Support staff continues to take baseline data on his current behavioral concerns. The behavior specialist will develop a behavior support plan as deemed appropriate at the end of the 60 day period. In the future the QMRP will ensure that comprehensive functional assessments are being completed for all individuals in the home that require the need for a comprehensive assessment to address their behavioral management needs on an annual basis.....07/10/08**	

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W 214	Continued From page 9 and record review on June 10, 2008, failed to provide evidence of the aforementioned BSP. Interview was conducted with facility staff that revealed they try not to bother the client, especially when he refuses to participate in an activity or task. Staff revealed the client would throw things and at times may become aggressive. At the time of the survey, the facility failed to provide evidence that Client #3 had a comprehensive assessment to address his behavior management needs.	W 214		
W 229	483.440(c)(4)(i) INDIVIDUAL PROGRAM PLAN The objectives of the individual program plan must be stated separately, in terms of a single behavioral outcome. This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure objectives documented in the Individual Program Plan (IPP) were stated separately, in terms of a single behavioral outcome for one of the three clients (Client #1) included in the sample. The finding includes: Observation of the evening medication administration on June 9, 2008, beginning at approximately 5:25 PM and review of the Medication Administration Record (MAR) revealed Client #1 had a self medication program for which data was being collected. The program objective revealed the client was required to complete the following:	W 229	**W229** **The QMRP will ensure that the self-medication program for client #1is listed on his individual program plan and that the objective identifies a single behavioral outcome. The QMRP and the RN Coordinator will review data collection on a weekly basis. The RN Coordinator inserviced the nursing staff on the implementation of client #1 self-medication program with a single outcome. All self-medication programs will be reviewed by the RN for all individuals in the home to ensure there is one single behavioral outcome identified. In the future the QMRP will ensure that all self-medication programs are listed on the individual support plan for each individual and will identify a single behavioral outcome for each individual.....07/10/08**	

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W 229	Continued From page 10 Client #1 will be given 3 verbal cues 100% of the time to complete the following steps to prepare for his medication regime: 1) Wash his hands, 2) Pour water for medication, 3) Take medication and place in his mouth 4) Drink water from cup, 5) Dispose of cup in the sink or trash every evening between 5:00 PM and 7:00 PM for 12 months. Further review of Client #1's data collection form for the month of June 2008 revealed the client required hand over hand assistance to complete the tasks of washing his hands and pouring the water. At the time of the survey, the facility failed to ensure Client #1's IPP documented his self-medication program objective, separately, making certain that the objective identified a single behavioral outcome.	W 229		
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure each client received continuous active treatment services, for one of the three clients (Client #3) included in the sample. The finding includes:	W 249	**W249** **The QMRP will ensure that all recommended goals and objectives are implemented as recommended. In the future the QMRP will monitor active treatment documentation on a weekly basis and ensure that all recommended goals and objective for each individual are written on the individual program plan and documented as recommended on a monthly basis. The QMRP will review documentation monthly and make necessary revisions as needed for all goals and objectives for each individual.....07/01/08**	

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W 249	Continued From page 11 Review of Client #3's records on June 10, 2008 at 2:5M revealed the client had an Individual Support Plan (ISP) dated December 18, 2007. Interview with the Qualified Mental Retardation Professional (QMRP) on May 29, 2008 and further review of Client #3's record revealed that at the time of the ISP meeting, the interdisciplinary team recommended program objectives including the following: Given verbal prompts, Client #3 will use the toilet appropriately 80% of the trials for three consecutive months. Further interview with the QMRP and review of the client's records failed to provide evidence that the aforementioned program objective had been initiated/implemented.	W 249		
W 252	483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that data was collected in the form and required frequency, for one of three clients (Client #2) included in the sample. The findings include: Interview with the Qualified Mental Retardation Professional (QMRP) and review of Client #2's record on June 11, 2008 at 10:32 AM, revealed the client had an Individual Support Plan (ISP)	W 252		

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W 252	Continued From page 12 meeting on April 4, 2008. At that time, the following program objectives were recommended for Client #2. 1. [Client's name] will brush all surfaces of his teeth twice a day (in the morning and in the evening) with verbal prompts from staff 75% of the time for six consecutive months. Continued review of the ISP revealed that data was to be collected for the objective two times per day. 2. [Client's name] will wash his hands 75% of the time with verbal prompts for six consecutive months. Continued review of the ISP revealed that data was to be collected for the objective daily after every meal. 3. [Client's name] will assist with washing his laundry 75% of the time with with verbal prompts for six consecutive months. Continued review of the ISP revealed that data was to be collected for the objective daily. 4. [Client's name] will strip he dirty linen from his bed every Saturday 60% of the time with verbal prompts for six consecutive months. Continued review of the ISP revealed that data was to be collected for the objective on Saturdays. 5. [Client's name] will make a choice selection during ADL activities on 3/5 opportunities. Continued review of the ISP revealed that data was to be collected for the objective daily. 6. [Client's name] will participate participate in group activities weekly at the home whenever verbally prompted 5/5 times. Continued review of the ISP revealed that data was to be collected for the objective five times a week.	W 252	**W252** **The QMRP will ensure that data is collected for all recommended objectives in the form and frequency required. The QMRP xeroxed and placed all the appropriate goals and objectives in the program book for data collection by the support staff for the month of June 2008. At the time of the survey someone removed all the data sheets for the month of June 2008 that were in the program book the day the survey began. In the future the QMRP and House Manager will both be responsible for monitoring the books and systematically checking each book for all the individuals on a daily basis to ensure that the appropriate goals and objectives are in place, the data collection sheet is in place and that the data appropriate data is being collected by the support staff implementing the program on the designated dates.....07/01/08**	

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W 252	Continued From page 13 Review of the data collection record on June 11, 2008 failed to provide evidence that data was being collected for the aforementioned program objectives during the month of June 2008. Interview with the QMRP on June 11, 2008 revealed that data was supposed to be collected for the programs, however, at the time of the survey, the facility failed to ensure data was collected for the aforementioned objectives in the form and frequency required.	W 252	**W262** **The QMRP will ensure that all psychotropic medication is reviewed and approved by the Human Rights Committee prior to it's administration. The Human Rights Committee has discussed the issue of the Topamax medication that had been discontinued by the neurologist. In the future the QMRP will review the physician orders weekly and monitor all consultation recommendations closely to ensure that the QMRP is aware of all new medications being administered for all individuals. The QMRP will ensure that all psychotropic medication recommended is reviewed by the human rights committee prior to its administration. Legal guardians, attorneys and family members will be invited to come to the monthly psychotropic drug review/human rights committee meetings. The human rights committee will ensure that any new medication is not implemented without the written informed consent of the individuals legal guardian or family member. In the future all legal guardians, attorneys and family members will be informed of all new medications that are being recommended.....06/26/08**	
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. This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that Client #2's psychotropic medication had been reviewed and approved by their Human Rights Committee (HRC). The finding includes: Observation of the evening medication administration on June 9, 2008, at approximately 5:25 PM revealed Client #2 received medications including Topamax 100 mg. Interview with the medication nurse during the medication administration revealed the aforementioned medications were used to address the client's seizure disorder.	W 262		

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W 262	Continued From page 14 Interview with the Qualified Mental Retardation Professional (QMRP) on June 10, 2008, at 1:43 PM revealed Client #2's Topamax was prescribed for a dual purpose. According to the QMRP, Client #2 received the aforementioned medication for seizures and behaviors. Review of the client's medical record on June 10, 2008 revealed the client began taking the Topamax on May 29, 2008. Review of the facility's Human Rights Committee (HRC) meeting minutes on June 10, 2008 at 1:51 PM revealed the last HRC meeting was held on May 22, 2008. At the time of the survey, the facility failed to provide evidence that Client #2 psychotropic medication had been reviewed and approved prior to its administration.	W 262		
W 263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on interview and record review, the facility's specially-constituted committee failed to ensure that restrictive programs were used only after written consents had been obtained, for one of the three clients (Client #3) included in the sample. The finding includes: 1. The facility failed to ensure written informed consent was obtained from Client #3's legal guardian prior to administering sedations.	W 263	**W263** **1. The QMRP will ensure that consent is obtained from the legal guardian assigned by the courts or family prior to the administration of sedation for compliance with medical appointments. In the future the QMRP will ensure that the legal guardian assigned by the court or family members are informed of the use of sedation prior to the administering of the sedation for all individuals in the home. This issue will also be reviewed prior to administration by the human rights committee once consent is obtained..... 06/26/08**	

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W 263	Continued From page 15 (Cross-refer to W124) Interview with the facility's charge nurse and review of Client #3's records on June 10, 2008 revealed the client received sedation (Ativan 3 mg) for compliance with two medical appointments (Audiology and Ophthalmology). Interview with the Qualified Mental Retardation Professional (QMRP) on June 9, 2008, at 8:30 AM and additional record review revealed Client #3 was not capable of giving informed consent for the use of medications and habilitation services. The QMRP further revealed the client had a legal guardian to assist him in decision making. Continued Interview with the facility's charge nurse and review of the client's record on June 10, 2008, at 3:29 PM confirmed the client received the sedations for compliance with the aforementioned medical appointments. The nurse further revealed that consent from the legal guardian had not been obtained prior to the use of the sedations. 2. The facility failed to ensure written informed consent was obtained from Client #2's legal guardian prior to administering psychotropic medications. Interview with the Qualified Mental Retardation Professional (QMRP) on June 10, 2008, at 1:43 PM revealed Client #2's Topamax was prescribed for a dual purpose. According to the QMRP, Client #2 received the aforementioned medication for seizures and behavior. Additionally, the QMRP indicated that the facility had received a court order to discontinue the client's Topamax. Continued interview with the QMRP and review of Client #2's Behavior Support Plan (BSP) dated	W 263	**W263** **2. The QMRP will ensure that written informed consent is obtained prior to the administering of any psychotropic medication. The mother of client #2 has signed consent for the use of the psychotropic medication. In the future the QMRP will ensure that written informed consent is obtained from the legal guardian assigned by the courts or family member prior to the administering of the psychotropic medication. The issue of restarting of any medication will also be reviewed prior to administration by the human rights committee once the written informed consent has been obtained.....06/26/08**	

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W 263	Continued From page 16 March 26, 2008 verified the Topamax was discontinued on March 24, 2008. Review of the client's medical record on June 10, 2008 revealed a written physician's order dated May 29, 2008 to "restart Topamax as follows: Topamax 25 mg bid x 1 week, Topamax 50 mg bid x 2 week, then Topamax 100 mg. At the time of the survey, there was no documented evidence the legal guardian had been informed of the restart of the psychotropic medication prior to it's use.	W 263		
W 331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility's nursing services failed to ensure that each client received nursing services in accordance with their needs, for one of the three clients (Client #3) included in the sample. The finding includes: Observation throughout the survey, revealed Client #3 utilized bibs to assist with his excessive drooling. Interview with the nurse and review of Client #3's June 2008 Physician's Orders (POS) on June 11, 2008 revealed the client was prescribed Hydroxyzine to decrease the saliva. The nurse further indicated that the Hydroxyzine had been initially administered approximately six months prior to the survey date. Additionally, interview with the nurse revealed that the client's drooling had not improved.	W 331	**W331** **The QMRP will ensure that all specific concerns are address appropriately in the health management care plan by the RN Coordinator during the ISP and quarterly reviews. The specific concern of drooling for client #3 has been addressed in the health management care plan under the nutrition issue because of the issue of hydration. The issue of drooling will be addressed along with documented information about how his excessive drooling will be monitored and treated. The issue of the increase in the Hydroxyzine was discussed with the pharmacist and the team at the human rights committee meeting. The Hydroxyzine has been increased and client #3 will be monitored closely over the next several months. In the future the QMRP in collaboration with the RN Coordinator will ensure that all specific concerns including risk management procedures will be addressed in the health care management plan along with how the issue will be monitored and treated.....06/28/08**	

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W 331	Continued From page 17 Review of the Client #3's record on June 10, 2008 at 4:37 PM revealed the client's Health Management Care Plan (HMCP) dated August 1, 2007. The HCMP, that was completed by the Registered Nurse, documented information including risk areas or conditions, specific concerns, and risk management procedures. Further review of the plan however, failed to document any information about how the client's drooling was being addressed. On June 11, 2008, an interview was conducted with the facility's Licensed Practical Nurse (LPN) to ascertain information about how the client's drooling was being treated. The HMCP was reviewed with the nurse and it was verified that the management of the drooling was not a part of the plan. At the time of the survey, the facility's nursing personnel failed to ensure Client #3 had a comprehensive HMCP that documented information about how his excessive drooling was to be monitored and treated. Note: At the end of the survey, the facility's Registered Nurse submitted a new HCMP that documented a "specific concern" of drooling in the section of the plan entitled, "Nutrition."	W 331		
W 368	483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that medications were administered in compliance with the physician's orders, for one of three clients (Client #1)	W 368	**W368** **The QMRP will ensure that all medication recommended on the physicians order will be administered as documented. The Debrox-Otic 5 drops are now being administered every Monday as documented on the physicians order. In the future the Charge Nurse, RN Coordinator and the QMRP collaborating together will review and monitor the written physician's orders and any new orders as they are given to ensure that all medication is obtained and administered as ordered in a timely manner for all individuals in the home.....06/16/08**	

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W 368	Continued From page 18 included in the sample. The finding includes: Review of Client #1's medical record on June 11, 2008, beginning at 3:56 PM revealed Physician's Order (POS) dated March 3, 2008. According to the POS, the physician prescribed Debrox to be administered in both ears twice a day for fourteen days. Further review of Client #1's record revealed a written POS dated April 8, 2008 that prescribed Debrox Otic 5 drops be administered in each ear every Monday. On June 11, 2008, review of Client #1's Medication Administration Records (MAR) for the months of April 2008 through June 2008 was conducted. According to the MARs and interview with the facility's Registered Nurse (RN) the recommended ear drops were not administered every Monday as prescribed. At the time of the survey, the facility failed to ensure Client #1 received his Debrox in accordance with the physician's orders.	W 368		

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I 000	INITIAL COMMENTS A re-licensure survey was conducted from June 9, 2008, through June 11, 2008. A random sample of three residents was selected from a residential population of six males with mental retardation and other disabilities. The survey findings were based on observations in the group home and at one day program, interviews, and a review of records, including unusual incident reports.	I 000		
I 090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure the interior of the facility was maintained in a safe, clean, orderly, attractive and sanitary manner. The findings include: Observation and interview with the House Manager during the environmental walk-through on June 11, 2008, at approximately 3:31 PM revealed the following: Living Room The carpet on the living room floor had an iron imprint in the middle of the floor. Additionally, the ottoman was torn exposing the stuffing material. Bathroom	I 090	**3504.1** **Living Room** **The carpet in the living room and dining room has been ordered and is being replaced. The ottoman was removed from the facility. In the future the QMRP and House Manager will ensure that routine maintenance checks are completed weekly and findings documented and reported to the provider. All furniture and carpeting will be replaced in a timely manner as needed.....07/10/08**	07/10/08

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I 090	Continued From page 1 The cup dispenser in the first floor bathroom had been removed from the wall, however, the dispenser's arms were left attached to the wall. The attachment was protruding from the wall posing a potential safety hazard. Kitchen 1. The right front burner on the facility's stove was inoperable. 2. The arm that prevents the frozen food from falling was missing from the freezer.	I 090	**3504.1** **Bathroom** **The cup dispenser in the first floor bathroom arm has been removed from protruding from the wall. In the future maintenance checks will be completed weekly by the QMRP and House Manager. All maintenance concerns will be addressed in a timely manner in the future.....07/01/08**	
I 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician ' s certification that a health inventory has been performed and that the employee ' s health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that each employee, prior to employment and annually thereafter, provided evidence of a physician's certification that documented a health inventory had been performed and that the employee's health status would allow him or her to perform the required duties. The finding includes: Interview with the Facility Coordinator on June 11,	I 206	**3504.1** **Kitchen** **The right front burner on the stove has been replaced. The arm for the freezer door has been ordered. In the future the QMRP with the assistance of the House Manager will ensure that all maintenance concerns are addressed in a timely manner by completing weekly routine maintenance checks of the home.....07/10/08**	

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I 206	Continued From page 2 2008, and review of the GHMRP's personnel records on June 9, 2008, (11:10 AM) and June 11, 2008, at approximately 4:00 PM revealed that the GHMRP failed to provide evidence that current health certificates were on file for two direct care staff.	I 206	**3509.6** **Personnel Policies** **The QMRP will ensure that all health certificates are current and updated in a timely manner for all direct care staff. The outstanding health certificates for the two staff have been received. In the future the QMRP in coordination with the Facility Coordinator will review the health certificates files at the beginning of each month and send out letter to staff no less than one month in advance of their expiration date requesting their updated health certificate for the records.....07/10/08**	
I 376	3519.7 EMERGENCIES Each GHMRP shall notify promptly the resident ' s guardian, next of kin, and sponsor of the death of a resident. This Statute is not met as evidenced by: Based on interview, and review of the records the GHMRP failed to ensure parents/guardians were notified of serious incidents, for three of the six residents (Residents #1, #3, and #6) residing in the facility. The findings include: Review of the facility's incident reports on June 9, 2008 beginning at 8:40 AM revealed the following: 1. On May 26, 2008 a direct care staff reported an incident involving Resident #1. According to the report, Resident #1 "lost his balance causing him to fall on his right side." Continued review of the incident report revealed the client sustained a rug burn to his upper right cheek. Interview with the Qualified Mental Retardation (QMRP) on June 9, 2008, beginning at 9:30 AM revealed Resident #1 received 1:1 male staff supervision twenty-four hours each day. Continued interview with the QMRP revealed the client was not supervised by his assigned 1:1 male staff when he fell because the 1:1 male staff	I 376		

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I 376	Continued From page 3 was directed to go outside and assist with the preparation of the facility's cook-out. According to the QMRP, in the absence of the male 1:1 staffing support, she assigned Resident #1 to work with a female staff. It should be noted that discussion with QMRP further revealed that Resident #1 does not respond well to female staff because he is "tall in stature and the females can't handle him." Additionally, discussion with the QMRP revealed that "males are able to keep him from falling." Note: Interview with the QMRP on June 9, 2008 at 8:30 AM revealed Resident #1 had a legal guardian. At the time of the survey however, the facility failed to provide evidence that Resident #1's legal guardian was notified of the aforementioned incident. 2. On January 9, 2008, staff reported an incident involving Resident #6. According to the report, Resident #6's blood pressure was elevated and he was transported to the emergency room for evaluation. Interview with the QMRP on June 9, 2008, beginning at 8:30 AM revealed that Resident #6 had legal guardian. At the time of the survey, there was no documented evidence that Resident #6's legal guardian was notified of the aforementioned incident.	I 376	**3519.7** **Emergencies** **The QMRP will ensure that everyone in the home is re-trained on the 1:1 job description for client #1. The in-service training took place on 06/19/07 and it was explained to staff that client #1 should work with male staff because of his stature and his ambulation issues of an unsteady gait. Everyone in the home was trained as well as the females because emergency situations do occur within the home. On the schedule client #1 is assigned to male staff. The job description was thoroughly reviewed and discussed. Assigned 1:1 have been told by the QMRP that they are to be within arms reach of all 1:1 at all times. They are not to leave their individual for any reason as they are the assigned 1:1 and will be held accountable if any incident occurs. BRA is in the process of hiring male staff with experience in this field for an on-call pool for every home. The medical guardian has been informed of the incident on 06/26/08 and has come out to the home to review the records. In the future the QMRP will ensure that appropriate staffing is in place for client #1 and all other 1:1 in the home at all times. The QMRP will also ensure that all legal guardians assigned by the courts or family members are notified within 24 hours of any incident occurring for all individuals.....07/08/08**	
I 401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident.	I 401		

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(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) COMPLETE DATE
I 401	Continued From page 4 This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure professional services included the identification of developmental levels and need, including treatment services for one of the three residents (Resident #3) included in the sample. The findings include: Observation throughout the survey, revealed Resident #3 utilized bibs to assist with his excessive drooling. Interview with the nurse and review of Resident#3's June 2008 Physician's Orders (POS) on June 11, 2008 revealed the resident was prescribed Hydroxyzine to decrease the saliva. The nurse further indicated that the Hydroxyzine had been initially administered approximately six months prior to the survey date. Additionally, interview with the nurse revealed that the client's drooling had not improved. Review of the Resident #3's record on June 10, 2008 at 4:37 PM revealed the resident's Health Management Care Plan (HMCP) dated August 1, 2007. The HCMP, that was completed by the Registered Nurse, documented information including risk areas or conditions, specific concerns, and risk management procedures. Further review of the plan however, failed to document any information about how the resident's drooling was being addressed. On June 11, 2008, an interview was conducted with the facility's Licensed Practical Nurse (LPN) to ascertain information about how the resident's drooling was being treated. The HMCP was reviewed with the nurse and it was verified that the management of the drooling was not a part of the plan. At the time of the survey, the facility's	I 401	**3519.7** **Emergencies** **The QMRP will ensure that that all legal guardians assigned by the court or family members are informed of all unusual incidents that occur in a timely manner. The medical guardian for client #6 has been informed of the incident that occurred and has come out to the home to review records and visit with client #6. In the future the QMRP will ensure that all legal guardians assigned by the court or family members are informed of all unusual incidents with 24 hours of their occurrence.....07/08/08**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HFD03-0023	A. BUILDING _____ B. WING _____	06/11/2008

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I 401	Continued From page 5 nursing personnel failed to ensure Resident #3 had a comprehensive HMCP that documented information about how his excessive drooling was to be monitored and treated. Note: At the end of the survey, the facility's Registered Nurse submitted a new HCMP that documented a "specific concern" of drooling in the section of the plan entitled, "Nutrition."	I 401	**3520.3** **The QMRP will ensure that all specific concerns are address appropriately in the health management care plan by the RN Coordinator during the ISP and quarterly reviews. The specific concern of drooling for client #3 has been addressed in the health management care plan under the nutrition issue because of the issue of hydration. The issue of drooling will be addressed along with documented information about how his excessive drooling will be monitored and treated. The issue of the increase in the Hydroxyzine was discussed with the pharmacist and the team at the human rights committee meeting. The Hydroxyzine has been increased and client #3 will be monitored closely over the next several months. In the future the QMRP in collaboration with the RN Coordinator will ensure that all specific concerns including risk management procedures will be addressed in the health care management plan along with how the issue will be monitored and treated.....06/28/08**	
I 422	3521.3 HABILITATION AND TRAINING Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident ' s Individual Habilitation Plan. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure habilitation, training and assistance was provided to its residents in accordance with their Individual Habilitation Plan(s), for one of the three residents (Resident #3) included in the sample. The finding includes: Review of Resident #3's records on June 10, 2008 at 2:5M revealed the resident had an Individual Support Plan (ISP) dated December 18, 2007. Interview with the Qualified Mental Retardation Professional (QMRP) on May 29, 2008 and further review of Resident 3's record revealed that at the time of the ISP meeting, the interdisciplinary team recommended program objectives including the following: Given verbal prompts, Resident #3 will use the toilet appropriately 80% of the trials for three consecutive months.	I 422		

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I 422	Continued From page 6 Further interview with the QMRP and review of the resident's records failed to provide evidence that the aforementioned program objective had been implemented.	I 422	**3521.3** **The QMRP will ensure that all recommended goals and objectives are implemented as recommended. In the future the QMRP will monitor active treatment documentation on a weekly basis and ensure that all recommended goals and objective for each individual are written on the individual program plan and documented as recommended on a monthly basis. The QMRP will review documentation monthly and make necessary revisions as needed for all goals and objectives for each individual.....07/01/08**	

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R 000	INITIAL COMMENTS A re-licensure survey was conducted from June 9, 2008, through June 11, 2008. A random sample of three residents was selected from a residential population of six males with mental retardation and other disabilities. The survey findings were based on observations in the group home and at one day program, interviews, and a review of records, including unusual incident reports.	R 000		
R 125	4701.5 BACKGROUND CHECK REQUIREMENT The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure criminal background checks disclosed the criminal history of any prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker had worked or resided within the seven (7) years prior to the check. The finding includes: Interview with the Facility Coordinator on June 11, 2008, and review of the GHMRP's personnel records on June 9, 2008, (11:10 AM) and June 11, 2008, at approximately 4:00 PM revealed that the GHMRP failed to provide evidence that criminal background checks were on file and disclosed a seven year history of all the	R 125		

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R 125	Continued From page 1 jurisdictions where the employee resided and worked for three staff.	R 125	**4701.5** **The QMRP will ensure that all staff hired have a criminal background check for the jurisdiction in which they lived and worked within the seven years prior to their check. The Facility Coordinator has reviewed the records for all the staff that work for BRA. Letters went out to each of the staff requesting the document from Global Investigations. Anyone not having the global done by the 10th of June 2008 will be taken off the schedule and cannot work for BRA until the document is received. In the future the QMRP in collaboration with the Facility Coordinator will ensure that anyone considered for employment for BRA provides evidence that a criminal background check with disclosure for a seven year history of all the jurisdictions where they resided and worked to be placed on file in their records.....07/10/08**	