



The Camelot Society

6912-220th St SW, Suite 301
Mountlake Terrace, WA 98043

Phone: 425-771-2108
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December 2, 2015

Gerald Heilinger, Field Manager
State of Washington/Department of Social & Health Services
ADSA, RCS, ICF/IID Survey and Certification Program
PO Box 45600
Olympia, WA 98504-5600

RE: Credible Allegation of Compliance – Brookhaven Group Home
Annual Recertification Survey 10/6/15-10/9/15
Condition of Participation: Active Treatment Services

Dear Mr. Heilinger:

This letter is to inform you that the Camelot Society, specifically Brookhaven Group Home, is verifying that we have achieved compliance related to the findings made as the result of the above referenced Annual Recertification Survey.

The Camelot Society's Brookhaven Group Home is ready to demonstrate compliance related to the Conditions of Participation outlined in the summary report. Please refer to the individual tags for the corrective actions taken, including systems changes and compliance monitoring.

If you have any questions, please contact me at the (425) 771-2108 or by email at tammy@camelotsociety.org.

Sincerely,

Tammy E. Baldwin
Executive Director
Camelot Society – Camelot Group Home

Cc: Bruce Dotson, QIDP
Kelsey Yocum, Program Manager
Michelle Bauchman, DDA
Claire Anita Brown-Riker, DDA
Monica Reeves, DDA
Kenny Davis, DDA

RECEIVED
DEC 07 2015
Residential Care Services
ICF/IID Program

W104 – CFR 483.410 (a) (1): Governing Body

1. How and when the corrections will be made: Broken chair has been removed and thrown away. There is now a cleaning checklist for the kitchen areas which is to be done a minimum of 2 time/day; the areas to be cleaned are the kitchen and all appliances, which include sweeping and mopping, if needed, also the dining room table will be cleaned and sanitized at these times. Wooden joints between hardwood floors have been repaired. Lemon juice that looked old and appeared to have unidentifiable substance in it has been thrown away. Since it is an ongoing issue, each client has in writing – where they would like to have their soap, toilet paper and paper towels kept –since at this time these items are removed from the bathrooms by clients and kept in their bedrooms. A contractor from DSHS/DDA along with Camelot’s maintenance person inspected the bathroom. They came to a consensus that the rust concern not major and poses no health risk. They stated in order to fix the small area of rust the entire floor would have to redone; which is not believed to be necessary at this time. The bathroom fan has been replaced with a new fan. The stairway door has been fixed and now closes appropriately. Client #1’s wall in his bedroom has been repaired, removing all hazards. The spider web was gone by the time I read this report. An exterior cleaning checklist has been created to ensure spider webs and other such concerns on the outside of the home are addressed. Front room vent and overhead window in the main hallway were cleaned. Kitchen floor was assessed by our maintenance person and it was determined to be structurally sound with no underlying damage. There is a sign up stating that smoking must be done 25 feet away from house, and staff and clients were made aware of this. An in-service was completed to ensure staff are cueing clients to wash hands before entering the kitchen; an in-service also done as a retraining for staff reminding them that clients cannot enter the kitchen without first covering any open sores they may have.
2. The systems that are in place to maintain compliance: Once a week we have been doing a walk through the facility reporting any concerns or maintenance issue to the maintenance person for immediate repair; during this walk through we will check for cleanliness, broken furniture, items in disrepair, as well as active treatment, as well as ensuring that the new charts in place are being used by staff. The program manager will do in-services periodically to ensure staff knows what is expected of them concerning clients smoking, hand-washing and open sores.
3. How the corrective action will be monitored to ensure the deficient practice does not recur: The program manager will do a weekly walk through the house and report anything that needs to be fixed to the main office by sending in a work order. The QIDP will review work orders for completion no less than monthly.

W108 – CFR 483.410 (b): Compliance with Federal, State & Local Laws

1. There was an in-service by the program manager reminding staff of the importance of ensuring clients (or anyone) does not smoke within 25 feet of the front door.
2. Program manager has put up a sign that say “NO SMOKING WITH IN 25 FEET”. Periodic reminders will also be done to ensure everyone is on the same page.
3. The Program Manager and/or the QIDP will ensure no one smokes within 25 feet of the front door.

W125 – CFR 483.420 (a) (3): Protection of Clients Rights

1. A consent is signed and in place for the lighter restriction for client #3 and this restriction has been incorporated into the client's IPP, CFA & PBSP. Going forward, consents will be in place for all restrictive measures taken by the facility to ensure client safety. The Camelot Society Human Rights Committee (HRC) will review and sign off on all restrictive measures taken by the facility. All restrictive measure shall be incorporated into the client IPP, CFA and PBSP.
2. Each client that smokes is assessed annually and as needed for safety while smoking and from this assessment a determination is made what does this individual need (if anything at all) to be safe while smoking.
3. The QIDP will ensure that the above is adhered to on a consistent basis for all residents for all restrictive actions taken by the facility.

W126 – CFR 483.410 (a) (4): Protection of Clients Rights

1. Brookhaven Group Home does not currently have a client that cannot carry their money when going shopping or on outings. The program manager has done an in-service for staff stating that all clients can carry their money; until there are valid reasons why they cannot carry their own money which will then be in writing (as a restriction) and in the clients IPP/CFA/PBSP, as applicable.
2. The program manager will go over/have in-services about clients carrying their own money periodically at team meetings.
3. The QIDP will conduct random checks to ensure that the clients, who can safely carry their own money, are being allowed to do so. The QIDP will ensure staff training on this subject is occurring on a regular basis.

W159 – CFR 483.430 (a) Qualified Mental Retardation Professional

See W104, W125, W196, W210, W214, W226, W234

W195 – CFR 483.440 Active Treatment

See W196, W210, W214, W226, W234

W196 – CFR 483.440 (a) (1): Active Treatment

1. Each client has an Active Treatment Schedule in their personal program book; these Active Treatment Schedules map out each client's day individually and ensure clients are having productive days. All staff have been trained how to use them this includes what to do when the client refuses to follow the schedule as written; there is an exchange tab where these changes will be written and this can also be used to update the Active Treatment Schedule if patterns are noticed. Clients have been informed about the Active Treatment Schedules and changes.
2. The above change will aid the staff towards ensuring that they are continuously engaging the clients and using as much of the day as possible to increase client independence; which in turn will make it possible for them to move to a less restrictive setting.
3. The QIDP and the program manager will ensure that the Active Treatment Schedules are up to date and being used by staff daily. The QIDP will ensure each client has an Active Treatment goal/objective in place to meet an unmet need that hinders the client from becoming more independent. "Every Moment Is A Teachable Moment"

W210 – CFR 483.440 (c) (3): Individual Program Plan

1. Client #2 has a completed IPP, CFA PBSP in place and available for staff and others to reference if needed.
2. The QIDP is fully aware that he has 30 days to complete a client's IPP after the client moves in. That said the system is already in place and the QIDP will adhere to the 30 days after move in, going forward.
3. The executive director will ensure that the QIDP has followed protocol and check for a new client's IPP 30 days after they move in.

W214 – CFR 483.440 (c) (3) (iii): Individual Program Plan

1. Prior to the recertification survey only one other incident of client #1 (not client #3, as indicated in the SOD) [REDACTED] himself in public has ever been witnessed, which occurred with the client decided to [REDACTED]. By all accounts of all direct service staff, the program manager and the QIDP, this is the only time that they were aware that any such behavior had occurred and albeit the behavior was inappropriate [REDACTED] it was to serve a purpose [REDACTED]. We believe it would have been risking a client rights violation to add one incident of [REDACTED] to a client's IPP, CFA & PBSP, given that a pattern of behavior had not been established and because there had been no other witnessed incidents. The behavior noted by surveyors appears to have been different behavior, where the client was engaging in [REDACTED] activity. That said, there have been no further incidences of [REDACTED] activity since the surveyors left. At this time, the QIDP will note the behavioral incidents in client #1's CFA. Should any other incidents such as this occur in the future; the QIDP will add the information to client #1's IPP and ensure that it is incorporated in the PBSP.
2. Currently patterns of behavior or significant maladaptive behaviors are incorporated into a client's IPP/CFA & PBSP, as applicable. This will continue to be our practice when maladaptive behaviors are being displayed, so these behaviors can be addressed and client #1 and others can maintain their dignity.
3. The QIDP will ensure that all client CFA's are reviewed and up dated at least twice a year and as needed. The QIDP will add pertinent information, such as outlined above, when necessary, to all client IPP's, CFAs and PBSP, as applicable.

W226 – CFR 483.440 (c) (4): Individual Program Plan

1. Client #2 has a completed IPP, CFA PBSP in place and available for staff and others to reference if needed.
2. The QIDP is fully aware that he has 30 days to complete a client's IPP after the client moves in. That said the system is already in place and the QIDP will adhere to the 30 days after move in going forward.
3. The executive director will ensure that the QIDP has followed protocol and check for a new client's IPP 30 days after they move in.

W234 – CFR 483.440 (c) (5) (i): Individual Program Plan

1. Client #2 as well as all residents have a written formal active treatment program which is tangible; meaning the QIDP can use the data taken by staff to assess if the program is appropriate for the client, or if it needs to be "tweaked," or if he or she is doing well and will be on track to be independent at this program in the near future.

2. The lead staff, who is currently charged with reviewing program compliance and proper data collection, in conjunction with the facility manager and the QIDP, will ensure that client programs are in place and appropriate, and if completed ensure another program is put into place in a timely manner. Our teaching will not be limited to the formal programs, we will use every waking hour as a teachable moment.
3. QIDP will ensure all clients have written and relevant programs in place at all times.

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50G031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/09/2015
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NAME OF PROVIDER OR SUPPLIER BROOKHAVEN GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 17235 126TH PLACE NORTHEAST WOODINVILLE, WA 98072
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W 000	<p>INITIAL COMMENTS</p> <p>This report is a result of a recertification survey from 10/6/2015 through 10/9/2015 at Brookhaven Group Home. A sample of 3 Clients from a census of 5 were included in the survey. The remaining 2 Clients were added as Expanded Sample Clients. Failed provider practice was identified. The Condition of Participation for Active Treatment at W195 was found to be unmet.</p> <p>The survey was conducted by: Gerald Heifinger Shana Privett The survey team is from: Department of Social & Health Services Aging & Long Term Support Administration Residential Care Services, ICF/IID Survey and Certification Program PO Box 45600, MS: 45600 Olympia, WA 98504</p>	W 000		
W 104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to: 1. Ensure that the Client ' s home was properly maintained and cleaned. 2. Ensure that Clients, Visitors and Staff have a designated area for smoking (repeat citation from survey conducted on 7/16/2014).</p>	W 104		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 104	<p>Continued From page 1</p> <p>3. Ensure that house rules/policies were followed concerning cross contamination in the kitchen. This failure placed clients, visitors and staff at risk for injury, illness, cross contamination, and potentially causing life threatening illnesses.</p> <p>Findings include:</p> <p>1. Upon arrival to the Facility on 10/6/2015 at 8:50 AM, observation revealed that there was a broken chair outside the front door.</p> <p>Observation on 10/6/15 at approximately 9:00 AM revealed the kitchen had dirty/sticky counters. The dining room table was dirty and sticky. When opened, the microwave contained dried, stuck on food.</p> <p>Observation on 10/6/15 at 9:03 AM in the dining room/living room revealed the wooden joint between the hardwood floor and the carpet (2 different joints) was broken, cracked, and had sharp edges.</p> <p>Observation on 10/6/15 at 9:08 of the kitchen cupboard above the stove revealed a bottle of lemon juice which looked old. The bottle appeared to have a piece of paper in it and other unidentifiable substances.</p> <p>Observations on 10/6/15 at approximately 9:10 AM of the upstairs bathroom revealed there were no bath towels, soap or toilet paper and mold was noted on the shower walls. Upon further inspection, there was rust behind the door covering the heating element and a large area of rust on the floor next to the toilet. The bathroom fan was running however it was dust laden and there was no cover on the working motor.</p>	W 104			

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W 104	<p>Continued From page 2.</p> <p>Observation on 10/6/15 at approximately 9:25 AM revealed both stairway doors slammed shut quickly and loudly creating the potential for injury should the doors slam on a body part. Similar observations occurred throughout the survey through 10/8/15.</p> <p>Observations on 10/6/15 at approximately 9:30 AM of Client #1 's bedroom revealed his room to be in disarray with a 2 " x 2 " open dry wall hole with insulation and an electrical wire hanging out of it. Client #1 's door jamb was splintered in several pieces.</p> <p>Observation on 10/6/15 at approximately 10:40 AM revealed a large spider in a web on the outside of the exit door from the basement.</p> <p>Observation on 10/6/15 at 11:21 AM revealed the cold air return vent in the front room of the house had dirt and caked grime on it.</p> <p>Observation on 10/6/15 at 11:26 AM revealed the overhead window in the main hallway was covered with streaks of dirt.</p> <p>Observation on 10/6/15 at approximately 2:40 PM revealed the kitchen floor in front of the sink felt soft under the feet as if there might be some damage to the underfloor.</p> <p>Interview on 10/8/2015 at 2:45 PM with Staff A and Staff C verified that the house had items needing to be repaired and cleaned.</p> <p>2. On 10/6/2015, shortly after the Surveyors arrival at 8:50 AM, Client #5 was seen sweeping</p>	W 104		

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W 104	<p>Continued From page 3 up the cigarette ashes from the front door.</p> <p>Observation on 10/7/2015 at 8:15 AM revealed Client #4 was seen sitting on the broken chair smoking approximately 1.5' from the front door. Observation on 10/7/15 at 8:35 AM revealed Client #3 was standing under the front door covered area with Client #4 smoking however when Client #3 saw the Surveyors, she moved away from the front door, requesting to use the surveyors umbrella to stand in the rain.</p> <p>On 10/7/15 at 10:20 AM Expanded Sample Client #4 was observed smoking right outside the main entrance to the home. Both Staff A and Staff C were aware of this but did not intervene.</p> <p>On 10/7/15 at 5:17 PM Client ' s #3 and #4 were smoking right next to the main entrance to the home. Staff B was aware of this but did not intervene.</p> <p>On 10/7/15 at 6:40 PM Client #4 was smoking right outside the main entrance to the home.</p> <p>On 10/8/15 at 1:45 PM Client #4 was smoking right outside the main entrance to the home. Staff A was aware of this but did not intervene.</p> <p>Interview on 10/8/2015 with Staff A and Staff C at 2:40 PM verified that clients smoke within feet of the front door.</p> <p>3. Observation on 10/6/15 at 9:20 AM of Client #1 revealed that he had an approximate 1 inch [redacted] on his [redacted] area.</p> <p>Observation on 10/6/15 at 10:00 AM revealed that</p>	W 104		
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W 104	<p>Continued From page 4</p> <p>Client #1 came out of his bedroom and the [REDACTED] on his [REDACTED] appeared to be [REDACTED]. Staff requested Client #1 to put a Band-Aid on it however the client refused too.</p> <p>Observation on 10/6/15 at 12:00 noon revealed Client #1 went into the kitchen to get a Popsicle.</p> <p>Observation on 10/6/15 at 12:10 PM revealed that Client #1 was picking at his [REDACTED] and wiping it on the couch.</p> <p>Observation on 10/6/15 at 12:40 PM following lunch, Client #1 was cued to bus his dishes into the kitchen and get a paper towel from the kitchen to wipe off the table. At no time was Client #1 cued to wash his hands or use a napkin.</p> <p>Observation on 10/6/15 at 2:25 PM revealed that the [REDACTED] appeared to be [REDACTED] and staff again cued Client #1 to get a Band-Aid which the client refused because he reported that it felt funny and would not stick in place. Client #1 then went into the kitchen to get his snack of almonds.</p> <p>Observation on 10/7/2015 at 10:20 AM revealed Client #1 went into the kitchen to pour himself some soda pop.</p> <p>Observation on 10/7/15 at 11:45 AM revealed Client #1 bussed his dishes in the kitchen.</p> <p>Observation on 10/8/2015 at 9:05 AM revealed Client #1 came out of his room and his [REDACTED] appeared to be getting bigger. He was cued by staff to cover the [REDACTED] however the client replied " It doesn ' t work "</p> <p>The kitchen has a posting on the wall entitled "</p>	W 104		
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W 104	Continued From page 5 Brookhaven Kitchen Rules " that noted under #5: Any open sores or scabs will be covered with a Band-Aid before entering the kitchen for health and sanitary reasons and #6: Everyone will wash their hands upon entering the kitchen and wear gloves when preparing food this is for sanitary reasons. Client #1 was not observed to be cued to wash his hands or to wear gloves. Interview with Staff A and Staff C on 10/8/2015 at 2:40 PM verified the Client #1 should have been cued to wash his hands and he should have had his [REDACTED] covered with a Band-Aid before entering the kitchen.	W 104		
W 108	483.410(b) COMPLIANCE W FEDERAL, STATE & LOCAL LAWS The facility must be in compliance with all applicable provisions of Federal, State and local laws, regulations and codes pertaining to safety. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to follow State law (RCW 70.160.075) prohibiting smoking within 25 feet of entrances to public buildings. Clients were observed on numerous occasions smoking next to the front door of the home. Failure to follow this State law put anyone entering the building and those inside the building at risk of inhaling second hand smoke and any potential, associated health risks. Findings include: 1. Review on 10/15/15 of RCW 70.160.075 reveals it prohibits smoking within twenty-five feet	W 108		

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W 108	<p>Continued From page 6 of public places. This includes entrances, exits, and windows that open. The intent of the law is to prevent tobacco smoke from entering the building.</p> <p>2. The following observations occurred during the survey:</p> <p>On 10/6/2015, shortly after the Surveyors arrival at 8:50 AM, Client #5 was seen sweeping up the cigarette ashes from the front door.</p> <p>Observation on 10/7/2015 at 8:15 AM revealed Client #4 was seen sitting on the broken chair smoking approximately 1.5 feet from the front door.</p> <p>Observation on 10/7/15 at 8:35 AM revealed Client #3 was standing under the front door covered area with Client #4 smoking however when Client #3 saw the Surveyors, she moved away from the front door, requesting to use the surveyors umbrella to stand in the rain.</p> <p>On 10/7/15 at 10:20 AM Expanded Sample Client #4 was observed smoking right outside the main entrance to the home. Both Staff A and Staff C were aware of this but did not intervene.</p> <p>On 10/7/15 at 5:17 PM Client ' s #3 and #4 were smoking right next to the main entrance to the home. Staff B was aware of this but did not intervene.</p> <p>On 10/7/15 at 6:40 PM Client #4 was smoking right outside the main entrance to the home.</p>	W 108		
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W 108	Continued From page 7 On 10/8/15 at 1:45 PM Client #4 was smoking right outside the main entrance to the home. Staff A was aware of this but did not intervene.	W 108			
W 125	Interview on 10/8/2015 with Staff A and Staff C at 2:40 PM verified that clients smoke within feet of the front door. 483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure Client #3 ' s rights were protected when they restricted her use of a personal lighter without due process. This failure resulted in a violation of Client #3 ' s rights. Findings include: Observations on numerous occasions from 10/6/15 through 10/9/15 of Client #3 revealed she was smoking outside of the front entrance of Brookhaven. On several occasions, Staff was observed to either hand Client #3 a lighter to light her cigarette or staff would light Client #3 ' s cigarette for her. Once the smoking sessions were complete, Staff then secured the lighter in the locked kitchen.	W 125			

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W 125	Continued From page 8 Record reviews conducted on 10/8/15 at 10:35 AM revealed the Individual Program Plan (IPP), Comprehensive Functional Assessment (CFA) and Positive Behavior Support Plan (PBSP) did not mention the fact that Client #3 smoked nor was there any information found related to use of a lighter restriction. Interview on 10/8/15 at 2:40 PM with Staff A and Staff C verified that there was a blanket restriction on lighter use imposed on the house. Staff C did produce a " Camelot Society Smoking Assessment " form dated 4/13/13 for Client #3 that stated Client #3 was safe to use a lighter however there was a hand written note at the bottom of the page by Staff C stating: " Cannot carry materials to light cigarettes- Change after she used lighter inappropriately " signed [Staff C first and last name] dated 5/3/14. When asked if this restriction was presented to a Specially Constituted Committee for approval, Staff C verified that it was not. Staff C further verified that the facility should have obtained consent and that this information should be included in Client #3 ' s IPP, CFA and PBSP.	W 125			
W 126	483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to allow Client #3 to	W 126			

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W 126	<p>Continued From page 9</p> <p>carry her own money when on shopping excursions. Failure to allow Client #3 to manage her own funds prevents her from learning money management skills to increase her independence.</p> <p>Findings include:</p> <p>During an observation on 10/7/2015 at 11:50 AM, it was noted that Staff B sat with Client #3 and discussed a shopping trip they were planning. Staff B prepared the money to be used and Client #3 watched. Staff B and Client #3 left the house at 11:55 AM.</p> <p>On 10/8/2015 at 8:55 AM, Staff D was observed to be counting out money from a zippered pouch in a binder at the kitchen table. When asked what he was doing, Staff D noted that staff and clients pre-plan each week 's shopping trips and staff carries the money for each client because they have had trouble in the past. Staff D went on to explain that although each client must pre-plan their spending choices but each client has the option to change their minds during the shopping trip if it is safe, within diet orders and if they have enough money. When asked specifically if clients are allowed to carry their own wallets, Staff D replied no. Staff D indicated that staff carry the client 's wallets for them and then give it to the client once they are at the checkout stand because they have had trouble with money issues in the past.</p> <p>Review of Client #3 's Comprehensive Functional Assessment (CFA) dated 1/22/15 indicated that Client #3 is capable of identifying coins and bills and that she is able to make change and that her money skills are assessed at being fair.</p>	W 126		

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W 126	Continued From page 10 During an interview on 10/8/2015 at 1:15 PM with Client #3, she stated that she gets \$57.58 a month for her spending and that she has her own wallet but staff hold it for her when they are shopping. She reported that she often gets the change from the clerk and then hands it to the staff she is with, along with the receipt because that is the house rule. When asked if she thought she could learn more money skills she said " I think I can learn to keep track of my own money "	W 126		
W 159	Interview with Staff A and Staff C on 10/8/2015 at 2:40 PM, verified that Client #3 should carry her own money. 483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Qualified Intellectual Disabilities Professional (QIDP) coordinated and provided oversight of all aspects of 2 of 3 Sample Clients (Clients #1 and #2) treatment at the facility. Failure to provide general oversight of the facility and oversight of each Client ' s program at the facility puts Clients at risk of not receiving the treatment they need to become more independent and to live in a less restrictive setting. *(Qualified Mental Retardation Professional is equivalent to Qualified Intellectual Disabilities	W 159		

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W 159	<p>Continued From page 11 Professional)</p> <p>Findings include:</p> <p>Observations of the home on 10/7/15 and 10/8/15 revealed Clients smoking next to the main entrance to the home on several occasions. Client #1 had an [redacted] on his [redacted] and was observed in the kitchen, which is against facility policy. See W104 for details.</p> <p>Observations on 10/7/15 and 10/8/15 and a record review on 10/8/15 revealed Client #3 was not allowed to have unrestricted access to a cigarette lighter. There was no rights restriction in place for this. See W125 for details.</p> <p>Observations on 10/7/15 and 10/8/15 and a record review and interview on 10/8/15 revealed Client #3 was not given the opportunity to carry her own money when going out shopping. See W126 for details.</p> <p>Observations from 10/6/15 through 10/8/15 revealed 3 Sample Clients (Clients #1, #2, and #3) spent long periods of time without being engaged in activities designed to teach them skills to meet their needs. See W196 for details.</p> <p>Review on 10/8/15 at 10:42 AM of the records for Client #2 revealed there was no Comprehensive Functional Assessment or Individual Program Plan (IPP) in the file. See W210 for details.</p> <p>Observations on 10/6/15 and 10/7/15 revealed Client #1 was naked or partially clothed with his bedroom door open. See W214 for details.</p> <p>Record review on 10/8/15 at 10:42 AM revealed</p>	W 159		
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W 159	Continued From page 12 Client #2 did not have an IPP in place. See W226 for details. Record review on 10/8/15 revealed Client #2 did not have a written program in place for teaching " Residential Knowledge ". See W234 for details.	W 159		
W 195	483.440 ACTIVE TREATMENT SERVICES The facility must ensure that specific active treatment services requirements are met. This CONDITION is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to develop and implement systems that resulted in 3 of 3 Sample Clients (Clients #1, #2, and #3) receiving treatment regimens that insured their needs were being addressed, that assessments were driving the treatment plans, and that Clients were not spending large portions of the day without learning new skills which were designed to increase their independence. This failure prevented Clients from having all opportunities possible to become more independent and move to a less restrictive living setting. Findings include: Observations throughout the day on 10/6/15, 10/7/15, and 10/8/15 revealed Clients #1, #2, and #3 spent large amounts of time in unstructured activities and staff did not attempt to engage them in training activities to meet their needs. Observations during the survey (10/6 - 8/15) of Client #1 revealed several incidents of public	W 195		

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W 195	Continued From page 13 nudity. This need was not identified in his Comprehensive Functional Assessment (CFA). Review on 10/8/15 of the record for Client #2 revealed he did not have a completed CFA or Individual Program Plan. He also did not have a written program for staff to follow to teach him "Residential Knowledge". Findings include: See W196, W210, W214, W226, and W234	W 195			
W 196	483.440(a)(1) ACTIVE TREATMENT Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward: (i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and (ii) The prevention or deceleration of regression or loss of current optimal functional status. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure 3 of 3 sample Clients (Client ' s #1, #2 and #3) received an aggressive program of services designed to meet their needs. This failure prevented these Clients from having the opportunity to learn skills to increase their independence and move to a less restrictive living setting. Findings include: Client #1:	W 196			

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W 196	<p>Continued From page 14</p> <p>a. On 10/6/15 at 9:20 AM, observation revealed Client #1 in his bedroom, refusing visits from Surveyors. At 9:30 AM Client #1, still in pajamas, he allowed a brief visit in his bedroom. Client #1 then closed the bedroom door following the visit and remained in his bedroom until 10:10 AM when he briefly opened his door and yelled for staff, " Are we going for a walk yet? " Client #1 was in green underwear. Client #1 shut the door and remained in his bedroom until 11:15 AM when he was cued by Staff A to get dressed to go for a walk. During this observation Client #1 was not involved in any training activities.</p> <p>b. On 10/6/15 at noon, observation revealed Client #1 getting a popsicle from the kitchen freezer. He then sat on the couch in the living room conversing with Surveyors and teasing his peers until his lunch was served at 12:30 PM. At 12:40 PM Client #1 was cued by Staff B to take his dishes to the kitchen and to get a paper towel to wipe the kitchen table. Client #1 did not participate in making or serving his lunch. Other than a cue to wipe the dining room table, Staff did not involve Client #1 in any training opportunities during this observation.</p> <p>c. On 10/6/15 at 2:25 PM, observation revealed Client #1 outside arguing about available chairs with peers who were smoking. Client #1 remained outside until 2:50 PM when cued by Staff B to come into the house for a client meeting. Client #1 then came into the house; still arguing about chairs and traded a red chair for a black chair with a peer before the client meeting began. Client #1 was not observed to be involved in any training opportunities.</p>	W 196		

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W 196	<p>Continued From page 15</p> <p>d. On 10/7/15 at 8:00 AM Client #1 was observed to be dressed and in the living room. He then retreated to his bedroom at 8:15 AM and remained there until 9:20 AM when he left with a group of peers and staff to walk inside of a local store because it was raining outside. During this observation Staff did not involve Client #1 in any training opportunities.</p> <p>e. On 10/7/15 at 1:10 PM, Client #1 was observed in his bedroom. At 1:35 PM Client #1 called for staff. When staff checked on Client #1, he was naked. At 1:45 PM Client #1 came out of his bedroom clothed and talked on the telephone until 2:00 PM. During this observation Client #1 was not involved in any training opportunities.</p> <p>f. On 10/7/15 at 5:15 PM Client #1 was observed sitting outside with his peers who were smoking. At 5:20 PM, Client #1 went to his room. A few minutes later he called for staff. He was observed to have no pants on. Client #1 remained in his room until 6:15 PM when he came out of his room fully clothed and began arguing with staff about using the telephone again. Client #1 continued sitting on the couch until Surveyors left the house at 6:40 PM. During this observation Staff did not involve Client #1 in any training opportunities.</p> <p>g. Observations on 10/8/15 at 8:30 AM revealed that Client #1 was in his bedroom with the television on and the volume turned up loud. Client #1 came out of his room at 9:10 AM dressed and ready to go for a walk. Client #1 was not involved in any training opportunities during this observation.</p> <p>Review on 10/8/15 at 11:10 AM of Client #1 's</p>	W 196			

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W 196	<p>Continued From page 16</p> <p>Individual Program Plan (IPP) dated 4/2/2015 noted one formal objective to teach him how to tell time and informal objective 's to brush teeth, bathe, complete laundry, clean room, complete physical therapy stretches and to decrease his problematic behaviors of assaults, stealing food, verbal aggression and property destruction. The IPP did not give staff directions on how to interact with Client #1 during the normal course of his day apart from the specific objectives. In fact, the IPP noted the wrong client and the wrong house in the information under " Prognosis " on the first page of the IPP objective list.</p> <p>Interview with Client #1 on 10/8/15 at 1:40 PM revealed that he is bored. When asked why, he reported that it was boring living at Brookhaven. He said he had no job and could not have any pets.</p> <p>Interview with Staff A and Staff C on 10/8/15 at 2:10 PM verified that Client #1 spends large amounts of time in his room and he often refuses to do activities. Staff C stated Client #1 blew his job interview because he drank too much coffee and swore at the hiring supervisor.</p> <p>Client #2: a. Observation on 10/6/15 at 9:56 AM revealed Client #2 came out of his bedroom naked and went into the bathroom. A few moments later the shower was heard running. At 10:10 AM a staff talked to him through the closed door and asked if he was taking a shower. Client #2 responded affirmatively. At 10:12 AM Client #2 came out of the bathroom naked and went into his bedroom. At 10:20 AM Client #2 came out of his bedroom fully dressed and carried a laundry basket upstairs to the laundry room. Client #2 put his</p>	W 196		

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W 196	<p>Continued From page 17</p> <p>laundry into the washing machine, put in soap and turned the machine on. Client #2 then took his medications under staff supervision. He needed minor verbal cueing to take his medications. Upon finishing his medications, Client #2 went into the kitchen and got his breakfast. He used the microwave independently. At 11:10 AM after finishing breakfast he went into the House Manager ' s office and talked. Then he went outside and talked with the clients who were outside smoking. At 11:19 AM he went with the House Manager to the other side of the duplex to see a Client there. He returned at 11:26 AM and then left with a staff and another client in a car at 11:33 AM. Client #2 returned to the house at 12:20 PM and went to the kitchen to ask if lunch had been served yet. A staff gave him a popsicle to eat. At 12:32 PM Client #2 went into the kitchen to get his lunch which he ate at the dining room table independently. The observation ended at 12:40 PM. During this time staff did not do any active teaching of skills as client #2 was observed to be independent in all of the activities. Aside from the activities described, staff did not involve Client #2 in any training activities.</p> <p>b. Observation on 10/7/15 at 8:25 AM revealed Client #2 was sitting at the dining room table eating breakfast. At 8:43 AM he finished breakfast and took his dishes into the kitchen. Staff cued him to wipe the table where he had been sitting which he did independently. Staff cued him to rinse his dishes and put them into the dishwasher, which he did, and then, after the staff put the soap in, he turned the dishwasher on. He followed a surveyor outside but staff cued him to get a coat which he did. At 8:56 AM he came inside with a peer and then went to the laundry</p>	W 196			

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W 196	<p>Continued From page 18</p> <p>room and put his laundry into the washing machine. Then a staff asked him if he wanted to do his exercises but he declined. At approximately 9:00 AM he went outside and was talking to staff. Then all the clients left to go walking at a local hardware store. They walked for approximately ½ hour and then returned to the home. Staff did not engage Client #2 in any activities for which he needed training. Aside from the activities described, which Client #2 did fairly independently, staff did not involve Client #2 in any training activities.</p> <p>c. Observation on 10/7/15 at 1:10 PM revealed Client #2 still had his coat on and was in the living room of the home holding a sheet of paper. He talked to the surveyor for a bit and then went to sit at the dining room table. At 1:25 PM he was asked if he wanted to do his exercises, but he declined. At 1:45 PM he went to the House Manager ' s office. For the next 10 minutes he moved between the dining room and the Manager ' s office a couple of times. The observation ended at 1:56 PM. Staff did not engage Client #2 in any activities during this time.</p> <p>d. Observation on 10/7/15 at approximately 5:20 PM Client #2 asked Staff D to come downstairs with him, apparently to use the bathroom. When he finished in the bathroom Staff D looked into the bathroom and observed smeared bowel movement (BM) on the toilet. This apparently had happened earlier in the day. At 5:29 PM Client #2 was sitting at the dining room table waiting to take his medications. At 5:36 PM he went to the laundry room and put his wash into the dryer and turned it on independently. At 5:42 PM the staff handed him cleaning supplies to</p>	W 196		

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W 196	<p>Continued From page 19</p> <p>clean the bathroom and they both went downstairs. The staff cued him on what to do. At 6:10 PM Client #2 finished with the cleaning and went in to take his medications. The observation ended at 6:40 PM with Client #2 out in the dining room. Staff did not engage Client #2 in any formal programs or training activities during this time.</p> <p>Interview on 10/8/15 at 2:03 PM with Staff A and Staff C revealed the current plan for BM smearing was to ignore it and have staff clean it up. Staff C acknowledged this plan was not written down but was agreed upon verbally.</p> <p>e. Observation on 10/8/15 at 1:00 PM revealed Client #2 was sitting on a couch watching a peer write a letter. At 1:15 PM he went into the kitchen and returned with a bottle of water. He drank 3 glasses of the water while watching the peer write. At approximately 1:45 PM he sat and read the letter the peer had written. The observation ended at 1:50 PM. Staff did not interact with Client #2 around any training activities during this time.</p> <p>f. Observation on 10/8/15 at 2:50 PM revealed Client #2 was sitting on the couch reading a letter that had been written by a peer. The observation ended at 3:25 PM. Staff did not interact with Client #2 around any training activities during this time.</p> <p>Review on 10/8/15 at 10:42 AM of Client #2 's file revealed there was no Individual Program Plan (IPP).</p> <p>Interview on 10/8/15 at 2:03 PM with Staff A and Staff C verified there was no written IPP for Client</p>	W 196			

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W 196	<p>Continued From page 20 #2.</p> <p>Client #3:</p> <p>a. On 10/6/15 at 2:25 PM Client #3 was observed outside smoking. She put out her cigarette and went inside to get a snack of almonds and then back outside to smoke and work on a word search puzzle until the client meeting took place at 2:50 PM. Aside from measuring her snack which she did independently, Staff did not involve Client #3 in any training activities.</p> <p>b. Observation on 10/7/15 at 8:35 AM revealed Client #3 went down to her bedroom to get cigarettes and then went outside to smoke. Staff lit Client #3 ' s cigarette with a lighter for her. Client #3 continued to sit outside smoking until 9:20 AM when staff and peers left for a walking activity at a local store due to the heavy rain outside. During this observation Client #3 was not involved in any training activities.</p> <p>c. Observation on 10/7/15 at 5:15 PM revealed Client #3 to be outside smoking, seated under the front door awning to stay out of the rain. Upon the Surveyors arrival, Client #3 moved away from the front door and continued to smoke some distance from the house in the rain. At 5:25 PM Client #3 came inside, retrieved her puzzle book from her bedroom and sat on the couch in the living room to work the word search puzzles. Client #3 remained on the living room couch doing a word search puzzle until 6:40 PM when the Surveyors left for the evening. Client #3 was offered no training activities from staff.</p> <p>d. Observation on 10/8/15 at 8:30 AM revealed Client #3 was in her room with the television on.</p>	W 196		

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W 196	<p>Continued From page 21</p> <p>Client #3 left for a walk at 9:10 AM. Other than being verbally cued to take a walk, Client #3 was not involved in any training activities.</p> <p>Review on 10/8/15 at 10:35 AM of Client #3 ' s IPP dated 1/22/2015 noted one formal training objective to learn to type at 25 WPM with 80% accuracy. Client #3 also has several informal training objectives to brush teeth, bathe, increase physical activity, maintain weight, complete physical therapy exercises, make lunch and to refrain from stealing food. The Comprehensive Functional Assessment (CFA) dated 1/22/2015 noted that Client #3 is independent with bathing, oral care, living skills, room care, laundry, cooking, telephone skills, math skills, reading, time keeping and other miscellaneous chores. Client #3 does have a part time job however it only provides for an average of 12.75 hours of activity a month.</p> <p>Client #3 " s PBSP dated 1/31/2015 states; " If staff notice [Client #3 ' s first name] not engaging with any activities for longer than 20 minutes, staff should prompt her to ask for an activity to do. "</p> <p>Interview with Client #3 on 10/8/2015 at 1:15 PM revealed the part time job is ending soon. Client #3 indicated that she often gets bored. Client #3 noted that she used to go to church and to the library but only if there is enough staff to help.</p> <p>Interview with Staff A and Staff C on 10/8/2015 at 2:10 PM verified that Client #3 often spends significant amounts of unstructured time smoking or in her room. Staff both agreed that Client #3 is independent at basic living skills and capable of learning more complex skills.</p>	W 196			

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W 210	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN</p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 3 Sample Clients (Client #2) had a completed Comprehensive Functional Assessment (CFA) within thirty days of being admitted to the facility. Failure to complete a CFA in a timely manner prevents staff from having access to information about a Client ' s strengths and weaknesses which might better guide them in their teaching/training activities.</p> <p>Findings include:</p> <p>Review on 10/8/15 at 10:42 AM of Client #2 ' s file revealed there was no CFA in the file. Client #2 was admitted to the facility on [REDACTED] 15.</p> <p>Interview with Staff A on 10/8/15 at approximately 11:10 AM revealed there was a handwritten CFA which she kept in her office.</p> <p>Interview on 10/8/15 at 2:03 PM with Staff C verified there was no CFA in Client #2 ' s file. He said the handwritten CFA was a work in progress.</p>	W 210		
W 214	<p>483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN</p> <p>The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs.</p>	W 214		

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W 214	<p>Continued From page 23</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to identify and address a functional behavioral need of Client #3 when he was found to have ██████ himself in a public area on three separate occasions. The facility's failure placed Client #3 at risk for potential loss of dignity and humiliation and placed peers at risk for of seeing him ██████</p> <p>Findings include:</p> <p>Observation on 10/6/15 at 10:10 AM revealed Client #1 to be standing in his doorway wearing only green army colored brief underwear. Staff B cued Client #1 to close his bedroom door.</p> <p>Observation on 10/7/15 at 1:35PM, staff went to check on Client #1 and when Client #1 opened his door he was naked. He stood with the door open questioning staff about an upcoming walk. Client #1 was cued several times by staff to close the door. Staff finally went into the bedroom with Client #1 and closed the door.</p> <p>On 10/7/15 at 5:20 PM, Client #1 called the Surveyor to his bedroom. Client #1 was observed to have only a t-shirt on and no pants. Surveyor immediately walked out of view of the Client. Client #1 continued to repeatedly ask about the surveyors evening activities. When no answer was given, Client #1 announced that he was going to take a shower and he shut his bedroom door.</p> <p>On 10/8/15 at 11:10 AM, record review of Client #1 's Positive Behavior Support Plan (PBSP) dated 6/30/15, Comprehensive Functional</p>	W 214		

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W 214	Continued From page 24 Assessment (CFA) dated 4/2/15 and Individual Program Plan (IPP) dated 4/2/15 revealed [REDACTED] was not an assessed behavioral need. Interview on 10/8/15 at 2:40 PM revealed that neither Staff A nor Staff C was aware of Client #1's incidents of [REDACTED] himself. Staff C was aware of an incident last year where Client #1 [REDACTED] outside, [REDACTED] but thought that was an isolated incident.	W 214		
W 226	483.440(c)(4) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must prepare, for each client, an individual program plan. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 3 Sample Clients (Client #2) had an Individual Program Plan (IPP) within 30 days of being admitted to the facility. Failure to complete an IPP in a timely manner prevented all staff from knowing what the plan is for a client and delivering consistent services to the Client. Findings include: Review on 10/8/15 at 10:42 AM of Client #2's file revealed there was no IPP in the file. Client #2 was admitted to the facility on 4/1/15.	W 226		
W 234	483.440(c)(5)(i) INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual	W 234		

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W 234	<p>Continued From page 25</p> <p>program plan must specify the methods to be used.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff had a written program for 1 of 3 Sample Clients (Client #2) which provided directions on how staff where to teach the Client certain information related to his current address. Failure to provide staff with written directions prevents all staff across all shifts from providing the training in the same way. This puts the Client at risk of not learning the information or having it take longer to learn because of inconsistent methods being used.</p> <p>Findings include: Review on 10/8/15 at 10:42 AM of the records for Client #2 revealed there was no Comprehensive Functional Assessment or Individual Program Plan in the file. From the Achievement Sheet, a sheet for tracking the activities and progress used by staff for documentation purposes, it appeared that staff were tracking " Residential Knowledge " . However, there was no written program directing staff on how to implement this teaching process.</p> <p>Interview on 10/8/15 at 2:03 PM with Staff C verified there was no program for " Residential Knowledge " .</p>	W 234		