

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

PRINTED: 06/08/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>50G053</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/20/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>FIRCREST SCHOOL PAT A</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>15230 15TH NORTHEAST D SEATTLE, WA 98155</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{W 000}	INITIAL COMMENTS  This report is a result of a Credible Allegation survey conducted at Fircrest School on 5/16/16, 5/17/16, 5/18/16, 5/19/16 and 5/20/16. Deficient practices were identified.  The survey was conducted by: Gerald Heilinger Shana Privett Olivia St. Claire Justin Smith Jim Tarr  The surveyors are 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  Telephone: (360) 725-3215	{W 000}			
{W 125}	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 1 of 12 Clients' (Client #10) rights were protected when the facility prevented him from having all of his personal clothing in his room. This failure resulted	{W 125}			

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

TITLE

(X6) DATE

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

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{W 125}	<p>Continued From page 1</p> <p>in Client #10 having limited clothing to choose from daily and denied him from accessing his personal property without due process.</p> <p>Findings include:</p> <p>Observation on 5/16/16 at 10:55 AM in the Adult Training Program (ATP) Room 315/316 of Client #10 revealed he was wearing a red sport t-shirt with 2 white stripes on each sleeve, grey pants, white socks and black shoes. Observations on 5/17/16 at 11:35 AM and 5/18/16 at 9:35 AM revealed Client #10 was observed wearing the same red sport t-shirt with 2 white stripes on each arm, grey pants, white socks and black shoes.</p> <p>Record review on 5/18/16 of Client #10 's file revealed a sheet of paper stating " There are no Restrictive Interventions for [Client #10 's first and last name). A PBSP is not required. Please refer to the Behavior Implementation Plan located in the Implementation Plans tab sections of this record for behavior intervention strategies. " A Behavior Support Plan (BSP) dated 2/15/16, stated under section 9. " Managing his clothing " - staff are to provide only 3 sets of clothing and a bathrobe for Client #10 daily because Client #10 will put all of his clothing in the soiled laundry. The remainder of his clothing was kept in an armoire by the entryway of House 315/316. There was no consent from the guardian or the Human Rights Committee (HRC) for restricting Client #10 from his clothing.</p> <p>Interview on 5/19/16 at 12:00 PM with Staff A, T, D and P verified Client #10 's BSP did include managing Client #10 's clothing, however they were not aware this was considered restrictive.</p>	{W 125}			

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{W 125}	Continued From page 2 This is a repeat citation from the Recertification Survey of 5/21/15. <b>W 129 483.420(a)(7) PROTECTION OF CLIENTS RIGHTS</b>  The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy.  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 3 of 9 Houses (Houses 315/316, 317/318 and 319/320) had Clients' personal information kept confidential. This failure resulted in violating the Clients' right to have their personal information confidential and allowed personal information to be visible to other clients, families and the public to read.  Findings include:  Observation on 5/17/16 at 9:00 AM at House 315/316 revealed plastic laminated dining cards of all the Clients hanging on a dining cart in the dining room. The cards had pictures of each Client, their full name, diet orders and dining equipment on them. All of the dining cards were held together by a single key ring which allowed the cards to be easily looked at by anyone in the room. Observations of wheelchairs revealed each chair contained a bright yellow tag with the Clients' first and last name identified on it.  Observation on 5/17/16 at 8:35 AM at House 317/318 revealed plastic laminated dining cards of all the Clients hanging on a dining cart in the	{W 125}			

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W 129	<p>Continued From page 3</p> <p>dining room. The cards had pictures of each Client, their full name, diet orders and dining equipment on them. All of the dining cards were held together by a single key ring which allowed the cards to be easily looked at by anyone in the room.</p> <p>Observation on 5/17/16 at 9:40 AM at House 319/320 revealed plastic laminated dining cards of all the Clients hanging on a dining cart in the dining room. The cards had pictures of each Client, their full name and diet orders and dining equipment on them. All of the dining cards were held together by a single key ring which allowed the cards to be easily looked at by anyone in the room. Observations of wheelchairs revealed each chair contained a bright yellow tag with the Clients' first and last name identified on it as well as each foot rest.</p> <p>Observation on 5/18/16 at 4:00 PM at House 319/320 revealed a desk located in the common living area with Clients' first and last names listed with schedules of therapy sessions posted under the plexi-glass.</p> <p>Interview on 5/19/16 at 12:00 PM with Staff A, T, D and Q from House 315/316 verified the dining cards had a cover, however staff often forget to ensure the private information was consistently covered. Staff indicated the yellow wheelchair tags were needed to help identify each Clients' personal wheelchairs. They stated there was no need for full Client names, and initials would be sufficient.</p> <p>Interview on 5/19/16 at 3:00 PM with Staff A, C, and E from House 317/318 verified the dining cards had a cover, however staff often forget to</p>	W 129			

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W 129	Continued From page 4 ensure the private information is consistently covered.  Interview on 5/19/16 at 2:00 PM with Staff B, T, F and Q from House 319/320 verified the dining cards had a cover however staff often forget to ensure the private information is consistently covered. Staff indicated the yellow wheelchair tags were needed to help identify each Clients' personal wheelchairs. They stated there was no need for full Client names, and initials would be sufficient. Staff F was unaware that Clients' names and therapy sessions were displayed on a desk.	W 129			
{W 154}	483.420(d)(3) STAFF TREATMENT OF CLIENTS  The facility must have evidence that all alleged violations are thoroughly investigated.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 15 of 30 selected events related to clients involving potential abuse, neglect, or mistreatment at the facility were thoroughly investigated. Failure to investigate incidents prevented the facility from knowing what happened, protecting Clients, and from providing an appropriate plan of correction.  Findings include:  Record review on 5/17/16 of 30 events revealed there was no evidence of an investigation for 15 of the incidents. These incidents occurred from 2/20/16 to 5/8/16.  Interview on 5/17/16 at approximately 10:00 AM	{W 154}			

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{W 154}	Continued From page 5 with Staff U confirmed there was no investigation for the incidents.  Interview on 5/18/16 at approximately 3:00 PM with Staff V revealed it was her expectation that each incident would have an attached investigation.	{W 154}			
{W 159}	This is a repeat citation from the Recertification Survey dated 5/21/15. 483.430(a) QIDP  Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the Qualified Intellectual Disability Professionals (QIDP) provided effective oversight of all aspects of 8 of 12 Sample Clients' (Clients #1, #3, #4, #6, #7, #9, #10, and #11) treatment process at the facility. This failure put a Client at risk of harm, and Clients from receiving the treatment they needed to become more independent, move to a less restrictive living setting, have input into their treatment plan, and access to their personnel possessions.  Findings include:  Client #6  1. a. Record review on 5/19/16 of Client #6's Individual Habilitation Plan (IHP) revision dated 3/13/16 revealed " Current Training Objectives: 3. Vocational Plan - Objective: [Client #6's first	{W 159}			

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{W 159}	<p>Continued From page 6</p> <p>name] will engage in work tasks following 2 verbal/gestural prompts, for at least 30 minutes a day 50% of trials for 3 consecutive months. "</p> <p>b. Review of Client #6 ' s Qualified Intellectual Disability Professional (QIDP) Reviews dated 4/12/16 and 5/10/16 revealed tracking for an Adult Training Program (ATP) - Vocational objective: " [Client #6 ' s first name] will return to ATP after lunch for at least 15 minutes, following 2 verbal/gestural prompts, 75% of trials for 3 months by 12/16. "</p> <p>c. Review of ATP ' s Vocational Implementation Plan dated May 2016 revealed Client #6 ' s " Goal: [Client #6 ' s first name] will return to ATP after lunch for at least 15 minutes, following 2 verbal/gestural prompts, 75% of trials, for 3 consecutive months by 12/16. "</p> <p>Interview on 5/19/16 at 1:30 PM with Staff I and B verified they were not previously aware of the revision of Client #6 ' s ATP program in the IHP revision dated 3/13/16.</p> <p>2. Observation on 5/16/16 at 11:50 AM at the Coffee Shop revealed Client #6 took a chocolate milk from the refrigerator to drink with his lunch.</p> <p>Observation on 5/17/16 at 4:47 PM at House 313/314 revealed staff using milk to moisten Client #6 ' s tuna salad sandwich.</p> <p>Record review on 5/19/16 revealed Client #6 ' s " feeding " guidelines stated " Moistened foods with: Sauces, condiments, honey thick broth or milk. " Review of Fircrest Nursing Quarterly Physical Exam listed Milk as an allergy.</p>	{W 159}		

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{W 159}	<p>Continued From page 7</p> <p>Interview on 5/19/16 at 1:30 PM with Staff I and B verified there was a contradiction between Client #6's "feeding" guidelines and his Nursing Quarterly Physical Exam.</p> <p>Based on record review and interview, the facility failed to ensure participation in Individual Habilitation Plan (IHP) meetings for 2 of 12 Clients (Clients #10 and #11) and their guardians. This failure prevented the Clients from having the opportunity to provide input to their treatment plan. See W209 for details.</p> <p>Based on observation, record review, and interview, the facility failed to provide training for 1 of 12 Sample Clients' (Client #6) assessed needs. This failure prevented Client #6 from having the opportunity to develop skills to help him become more independent. See W227 for details.</p> <p>Based on record review and interview, the facility failed to ensure 2 of 12 Sample Clients (Clients #7 and #11) had objectives written in singular format. This failure prevented the Clients from having one discreet behavior being trained and monitored. See W229 for details.</p> <p>Based on record review and interview, the facility failed to ensure all necessary criteria for completing an objective were provided for 1 of 12 Sample Clients (Client #7). This failure prevented the facility from determining when Client #7 completed the objective and put her at risk of not learning new skills. See W231 for details.</p> <p>Based on record review and interview, the facility failed to provide instructions on skill training</p>	{W 159}			

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{W 159}	<p>Continued From page 8</p> <p>programs for 4 of 12 Sample Clients (Clients #1, #9, #10 and #11) which provided enough information and detail to ensure staff across all shifts would train Clients in exactly the same way. This failure put Clients at risk of not receiving consistent training on identified needs and potentially put Clients at risk of not learning the skills which would allow them the opportunity to become more independent. See W234 for details.</p> <p>Based on record review and interview, the facility failed to ensure 2 of 12 Sample Clients (Client #4 and #10) had data recorded in a way which would allow the facility to determine the Clients' progress. This failure prevented the facility from knowing if the Clients were progressing or regressing on their training objectives and potentially prevented them from learning skills which would allow them the opportunity to gain more independence and move to a less restrictive setting. See W237 for details.</p> <p>Based on observation and interview, the facility failed to ensure 3 of 12 Sample Clients (Clients #6, #10, and #11) were encouraged to decide what to have for meals. This failure prevented the Clients from actively controlling what to eat for meals and prevented them from having the opportunity to increase their independence. See W247 for details.</p> <p>Based on observation, record review and interview, the facility failed to ensure 3 of 12 Sample Clients (Clients #3, #7 and #9) had Individual Habilitation Plans (IHP) which were implemented as they were written. This failure prevented the Clients from receiving training for their current needs and prevented them from</p>	{W 159}			

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{W 159}	Continued From page 9 having the opportunity to become more independent. See W249 for details.  Based on record review and interview, the facility failed to ensure training objectives from 1 of 12 Sample Clients' (Client #6) Positive Behavior Support Plan (PBSP) were reviewed and revised when progress was not being made. This failure prevented the opportunity for Client #6 to obtain skills to manage his inappropriate behaviors. See W257 for details.  Based on observation, record review and interview, the facility failed to update the Individual Habilitation Plans (IHP) for 2 of 12 Clients (Clients #1 and #10) when they showed significant functional changes. This failure did not reflect the progressive changes in the Clients and could potentially cause staff to continue to implement restrictive services. See W260 for details.  This is a repeat citation from the Recertification Survey dated 5/21/15.	{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 observation, record review and interview, the facility failed to ensure that 8 of 12 Sample Clients (Clients #1, #3, #4, #6, #7, #9, #10, and #11) received an aggressive, consistent program of services which included plans that were integrated and clearly directed staff on how	{W 195}			

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{W 195}	<p>Continued From page 10 to deliver the services needed.</p> <p>Findings include:</p> <p>Based on record review and interview, the facility failed to ensure participation in Individual Habilitation Plan (IHP) meetings for 2 of 12 Clients (Clients #10 and #11) and their guardians. This failure prevented the Clients from having the opportunity to provide input to their treatment plan. See W209 for details.</p> <p>Based on observation, record review, and interview, the facility failed to provide training for 1 of 12 Sample Clients' (Client #6) assessed needs. This failure prevented Client #6 from having the opportunity to develop skills to help him become more independent. See W227 for details.</p> <p>Based on record review and interview, the facility failed to ensure 2 of 12 Sample Clients (Clients #7 and #11) had objectives written in singular format. This failure prevented the Clients from having one discreet behavior being trained and monitored. See W229 for details.</p> <p>Based on record review and interview, the facility failed to ensure all necessary criteria for completing an objective were provided for 1 of 12 Sample Clients (Client #7). This failure prevented the facility from determining when Client #7 completed the objective and put her at risk of not learning new skills. See W231 for details.</p> <p>Based on record review and interview, the facility failed to provide instructions on skill training programs for 4 of 12 Sample Clients (Clients #1, #9, #10 and #11) which provided enough</p>	{W 195}			

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{W 195}	<p>Continued From page 11</p> <p>information and detail to ensure staff across all shifts would train Clients in exactly the same way. This failure put Clients at risk of not receiving consistent training on identified needs and potentially put Clients at risk of not learning the skills which would allow them the opportunity to become more independent. See W234 for details.</p> <p>Based on record review and interview, the facility failed to ensure 2 of 12 Sample Clients (Client #4 and #10) had data recorded in a way which would allow the facility to determine the Clients' progress. This failure prevented the facility from knowing if the Clients were progressing or regressing on their training objectives and potentially prevented them from learning skills which would allow them the opportunity to gain more independence and move to a less restrictive setting. See W237 for details.</p> <p>Based on observation and interview, the facility failed to ensure 3 of 12 Sample Clients (Clients #6, #10, and #11) were encouraged to decide what to have for meals. This failure prevented the Clients from actively controlling what to eat for meals and prevented them from having the opportunity to increase their independence. See W247 for details.</p> <p>Based on observation, record review and interview, the facility failed to ensure 3 of 12 Sample Clients (Clients #3, #7 and #9) had Individual Habilitation Plans (IHP) which were implemented as they were written. This failure prevented the Clients from receiving training for their current needs and prevented them from having the opportunity to become more independent. See W249 for details.</p>	{W 195}			

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{W 195}	Continued From page 12  Based on record review and interview, the facility failed to ensure training objectives from 1 of 12 Sample Clients' (Client #6) Positive Behavior Support Plan (PBSP) were reviewed and revised when progress was not being made. This failure prevented the opportunity for Client #6 to obtain skills to manage his inappropriate behaviors. See W257 for details.  Based on observation, record review and interview, the facility failed to update the Individual Habilitation Plans (IHP) for 2 of 12 Clients (Clients #1 and #10) when they showed significant functional changes. This failure did not reflect the progressive changes in the Clients and could potentially cause staff to continue to implement restrictive services. See W260 for details.  This is a repeat citation from the Recertification Survey dated 5/21/15.	{W 195}			
W 209	483.440(c)(2) INDIVIDUAL PROGRAM PLAN  Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure participation in Individual Habilitation Plan (IHP) meetings for 2 of 12 Clients (Clients #10 and #11) and their guardians. This failure prevented the Clients from having the opportunity to provide input to their treatment plan.	W 209			

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W 209	Continued From page 13  Findings include:  Client #10  Record review on 5/18/16 of Client #10's IHP dated 7/14/15 revealed an attendance section and those people who were in attendance had an asterisk in front of their name. Client #10 and his guardian did not have an asterisk. An IHP revision dated 5/25/16 revealed a list of Team Members present. Client #10 and his guardian were not on the list.  Interview on 5/19/16 at 12:00 PM with Staff A, T, D and Q verified Client #10's guardian and Client #10 were not in attendance at the meetings.  Client # 11  Record review on 5/18/16 of Client #11's IHP dated 10/6/15 revealed an attendance section and those people who were in attendance had an asterisk in front of their name. Client #11 and her guardian did not have an asterisk. An IHP revision dated 3/23/16 revealed a list of Team Members present. Client #11 and her guardian were not on the list.  Interview on 5/19/16 at 2:00 PM with Staff B, T, F and Q verified Client #11 and/or her guardian were not present at either meeting.	W 209			
W 227	483.440(c)(4) INDIVIDUAL PROGRAM PLAN  The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment	W 227			

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W 227	Continued From page 14 required by paragraph (c)(3) of this section.  This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide training for 1 of 12 Sample Clients' (Client #6) assessed needs. This failure prevented Client #6 from having the opportunity to develop skills to help him become more independent.  Findings include:  Observation on 5/16/16 revealed direct care staff led Client #6 to the coffee shop for lunch. Observation on 5/17/16 at House 313/314 revealed Client #6 again being led by staff from the living area to the bathroom to wash his hands. Client #6 was led into the dining area from the bathroom. Client #6 was led by staff to carry his plate to the dining room table. Through these observations Client #6 appeared to be visually impaired.  Record review on 5/18/16 of Client #6's Personal Profile verified Client #6 is visually impaired. Review of Client #6's Individual Habilitation Plan (IHP) revealed he had no skills training for his visual impairment.  Interview on 5/19/16 at 1:30 PM with Staff I and B verified Client #6 did not have any formal training for being visually impaired.	W 227			
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	W 229			

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W 229	<p>Continued From page 15 behavioral outcome.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 12 Sample Clients (Clients #7 and #11) had objectives written in singular format. This failure prevented the Clients from having one discreet behavior being trained and monitored.</p> <p>Findings include:</p> <p>Client #7</p> <p>Record review on 5/18/16 of Client #7 's Individualized Habilitation Plan (IHP) dated 4/20/16 revealed, " Objective Use Grooming kit: Goal [Client #7 first name] will locate her grooming kit and grasp items from the kit 75 of trials following 1 verbal prompt. " This objective contained two discrete behaviors.</p> <p>Interview on 5/19/16 at 1:00 PM with Staff M verified the objective for Client #7 regarding locating her grooming kit was not singular.</p> <p>Client #11</p> <p>Record review on 5/18/16 of Client #11 's formal objective for Recreation/Leisure and the Teaching Plan dated 5/2016 and Qualified Intellectual Disabilities Professional (QIDP) review dated 5/11/16 stated: " [Client #11 's first name] will plan her unstructured time with assistance; and join peers in the Dayroom for activities 3 times per week, with V-3 prompt for 3 consecutive months. "</p>	W 229			

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W 229	Continued From page 16	W 229			
W 231	<p>Interview on 5/19/16 at 2:30 PM with Staff B verified the objective was not written in singular terms.</p> <p>483.440(c)(4)(iii) INDIVIDUAL PROGRAM PLAN</p> <p>The objectives of the individual program plan must be expressed in behavioral terms that provide measurable indices of performance.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure all necessary criteria for completing an objective were provided for 1 of 12 Sample Clients (Client #7). This failure prevented the facility from determining when Client #7 completed the objective and put her at risk of not learning new skills.</p> <p>Findings include:</p> <p>Record review on 5/18/16 of Client #7's Individualized Habilitation Plan (IHP) dated 4/20/16 revealed "Objective; Complete work assignment Goal: "[Client #7 first name] will shred at least 10 documents with one verbal prompt; for 3 months; by 12/2016" . It did not specify the time period for completing the 10 documents.</p>	W 231			
W 234	<p>Interview on 5/19/16 with Staff M and R verified the objective for Client #7's work assignment was unclear and unmeasurable.</p> <p>483.440(c)(5)(i) INDIVIDUAL PROGRAM PLAN</p> <p>Each written training program designed to implement the objectives in the individual</p>	W 234			

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W 234	<p>Continued From page 17</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 provide instructions on skill training programs for 4 of 12 Sample Clients (Clients #1, #9, #10 and #11) which provided enough information and detail to ensure staff across all shifts would train Clients in exactly the same way. This failure put Clients at risk of not receiving consistent training on identified needs and potentially put Clients at risk of not learning the skills which would allow them the opportunity to become more independent.</p> <p>Findings include:</p> <p>Client #9</p> <p>Record review on 5/18/16 of Client #9 's Positive Behavior Support Plan (PBSP) revealed an instruction for staff to not engage Client #9 in horseplay. The term " horseplay " was not clearly defined.</p> <p>Interview on 5/19/16 at 10:00 AM with Staff H verified the instruction in Client #9 ' s PBSP around horseplay was not defined.</p> <p>Client #1</p> <p>Record review on 5/17/16 of Client #1 ' s program book revealed a laundry program, a shaving program, a recreation/leisure program, and a daily replacement behavior program. The teaching plans did not contain enough information to ensure staff across all shifts could consistently implement the programs to enable Client #1 to learn the objectives. For example, the programs did not list such things as what materials were</p>	W 234			

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W 234	<p>Continued From page 18</p> <p>needed, where the program was to take place, when the program was to take place or if the Client was right or left handed, etc.</p> <p>Interview on 5/19/16 at 3:00 PM with Staff A, C and E verified the teaching plans did not include enough information for staff across all shifts to ensure Client #1 was consistently taught the skills.</p> <p>Client #10</p> <p>Record review on 5/18/16 of Client #10 's program book revealed 2 separate laundry programs, a tooth brushing program and a vocational program. The teaching plans did not contain enough information to ensure staff across all shifts could consistently implement the programs to enable Client #10 to learn the objectives. For example, the programs did not list such things as what materials were needed, where the program was to take place, when the program was to take place or if the Client was right or left handed, etc.</p> <p>Interview on 5/19/16 at 12:00 PM with Staff A, T, D and P verified the teaching plans did not contain enough information to enable staff to consistently teach Client #10 the needed skills.</p> <p>Client #11</p> <p>Record review on 5/18/16 of Client #11 's program book revealed a fine motor leisure program, a laundry program plan, a walking program and a recreation/leisure program. The teaching plans did not contain enough information to ensure staff across all shifts could consistently implement the programs to enable Client #11 to</p>	W 234			

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W 234	Continued From page 19 learn the objectives. For example, the programs did not list such things as what materials were needed, where the program was to take place, when the program was to take place or if the Client was right or left handed, etc.	W 234			
W 237	Interview on 5/19/15 at 2:00 PM with Staff B, T and F verified the teaching plans lacked specific information to consistently ensure staff from across all shifts could teach Client #11 the skills. 483.440(c)(5)(iv) INDIVIDUAL PROGRAM PLAN  Each written training program designed to implement the objectives in the individual program plan must specify the type of data and frequency of data collection necessary to be able to assess progress toward the desired objectives.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 12 Sample Clients (Client #4 and #10) had data recorded in a way which would allow the facility to determine the Clients' progress. This failure prevented the facility from knowing if the Clients were progressing or regressing on their training objectives and potentially prevented them from learning skills which would allow them the opportunity to gain more independence and move to a less restrictive setting.  Findings include:  Client #4  Record review on 5/19/16 of Client #4's Individualized Habilitation Plan (IHP) dated	W 237			

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W 237	<p>Continued From page 20</p> <p>7/15/15 revealed an objective for Client #4 which stated " Will complete one or more chores of his choosing with physical cue reminder without engaging in tantrum 75% of trials per month for 3 consecutive months " . The corresponding data sheet instructed staff to mark a " + " (plus sign) if Client #4 completed the chore he chose or a " - " (minus sign) if he didn ' t complete the chore. There was no requirement for staff to record data regarding if Client #4 did or did not engage in a tantrum.</p> <p>Interview on 5/19/16 at 1:57 PM with Staff S verified the data sheet had been set up for direct care staff to record data only if Client #4 completed the chore but there was no instruction to also collect whether there was a tantrum or not.</p> <p>Client #10</p> <p>Record review on 5/18/16 of Client #11 ' s program book revealed a fine motor leisure program with data sheet, a laundry program plan with data sheet, a walking program with data sheet and a recreation and leisure program with data sheet. The teaching plans instructed staff on what score to use when the program was implemented, however staff often used other symbols (e.g. " N/A " - not explained, making it difficult to determine if Client #11 was progressing or not.</p> <p>Interview on 5/19/15 at 2:00 PM with Staff B, T and F verified the teaching plans lacked specific information to enable staff to analyze if Client #11 was progressing in skills or not.</p>	W 237			

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{W 247} {W 247}	Continued From page 21 483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN  The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 3 of 12 Sample Clients (Clients #6, #10, and #11) were encouraged to decide what to have for meals. This failure prevented the Clients from actively controlling what to eat for meals and prevented them from having the opportunity to increase their independence.  Findings include:  Client #6  Observation on 5/16/16 at 11:50 AM at the Coffee Shop revealed Client #6 gave his plate to the kitchen staff and was given his plate back full of food. Client #6 did not get to choose what to eat.  Observation on 5/17/16 at 4:47 PM at House 313/314 revealed Client #6 being told by staff he would be eating a tuna salad sandwich and tomato soup for dinner. Client #6 did not get to choose what to eat.  Record review on 5/19/16 revealed Client #6's "feeding" guidelines included "small bits of food/drink; staff make sure food is cut up into bite size, including bread; Moisten foods with sauces, condiments, honey thick broth or milk."  Interview on 5/19/16 at 1:30 PM with Staff I and B verified Client #6 was on a bite size and moistened food diet. The staff did not provide an explanation as to why Client #6 wasn't offered	{W 247} {W 247}			

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{W 247}	<p>Continued From page 22 choices for meals.</p> <p>Client #10</p> <p>Observation on 5/17/16 at 11:40 AM at the Coffee Shop of Client #10 revealed he handed his dishes to the kitchen staff at the buffet counter and kitchen staff dished up a mechanically altered diet ( " blenderized " ) for Client #10. Client #10 was asked if he wanted gravy on his meal and he said yes. Other than being asked what he would like to drink and if he wanted gravy, Client #10 did not get to choose his meal nor was he offered any other choices.</p> <p>Record review on 5/18/16 of Client #10 ' s file at House 315/316 revealed he is prescribed a ( ) diet: Blenderized and nectar thick liquids.</p> <p>Interview on 5/19/16 at 12:00 PM with Staff A, T, D and P verified Client #10 should have been offered choices of what he wanted to eat without having to refuse his meal first.</p> <p>Client #11</p> <p>Observation on 5/16/16 at the Day Program at 12:05 PM of Client #11 revealed staff dished Client #11 ' s mechanically altered meal (turkey, mashed potatoes, and strawberries) or her and assisted her to sit at the table to eat her lunch. Client #11 finished her meal and decided she wanted more to eat so staff again dished up food for her. Client #11 did not get to choose her meal nor was she offered any choices of what to eat.</p> <p>Observation on 5/17/16 at 4:33 PM at House 319/320 of Client #11 revealed staff brought her a</p>	{W 247}		

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{W 247}	Continued From page 23 mechanically altered meal. Client #11 did not get to choose her meal.  Observation on 5/18/16 at 4:40 PM at House 319/320 of Client #11 revealed Staff delivered her a mechanically altered meal. Other than a choice of liquids, Client #11 did not get to choose her meal.  Record review on 5/18/16 of Client #11 's file revealed she was prescribed a Dysphagia: Mechanical High Fiber diet with thin liquids.  Interview on 5/18/16 at 4:45 PM with House 319/320 staff verified Client #11 rarely refused her meals and if she did, she would then be offered an alternate meal.  Interview on 5/19/16 at 2:00 PM with Staff B, T and F verified Client #11 should be presented with choices of what to eat and not have to refuse a meal before being given choice of what to eat.  This is a repeat citation from the Recertification Survey dated 5/21/15.	{W 247}			
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.	W 249			

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W 249	Continued From page 24 This STANDARD is not met as evidenced by:	W 249			
{W 257}	483.440(f)(1)(iii) PROGRAM MONITORING & CHANGE  The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure training objectives for 1 of 12 Sample Clients ' (Client #6) Positive Behavior Support Plan (PBSP) were reviewed and revised when progress was not being made. This failure prevented the opportunity for Client #6 to obtain skills to manage his inappropriate behaviors.  Findings include:  Record review on 5/18/16 of Client #6 ' s PBSP revealed a behavior objective for aggression/assault which stated " No more than 1 episode of aggression per 30 days for 12 consecutive months. " Review of the training data revealed Client #6 had only one 30 day period of " no more than 1 episode of aggression " for the last 19 months.  Interview on 5/20/16 at 9:00 AM with Staff H verified Client #6 had only one 30 day period of " no more than 1 episode of aggression " for the last 19 months. Staff H verified the objective or criteria should have been revised.	{W 257}			

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{W 257}	Continued From page 25	{W 257}			
W 260	<p>This is a repeat citation from the Recertification Survey dated 5/21/15.</p> <p>483.440(f)(2) PROGRAM MONITORING &amp; CHANGE</p> <p>At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to update the Individual Habilitation Plans (IHP) for 2 of 12 Clients (Clients #1 and #10) when they showed significant functional changes. This failure did not reflect the progressive changes in the Clients and could potentially cause staff to continue to implement restrictive services. In addition, this failure placed the Clients' health and safety at risk for harm.</p> <p>Findings include:</p> <p>Client #1</p> <p>Record review on 5/18/16 of Client #1's IHP and Comprehensive Functional Assessment (CFA) dated 12/8/15 revealed " Staff has to cut all food to bite sized pieces before it is brought to table and moisten hard-to-chew food with condiments or broth. "</p> <p>Observation on 5/17/16 at 5:15 PM at House 317/318 of Client #1 revealed staff handed him a plate full of cooked food from the microwave. He</p>	W 260			

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W 260	Continued From page 26 sat down at the table and began eating large (2-3 inches long) chicken nuggets and large steak fries. He used his fingers and did not appear to have difficulty eating the crispy meat and french fries. He did not use any condiments or broth.  Interview on 5/19/16 at 3:00 PM with Staff P, A, C and E verified the IHP/CFA had not been updated to reflect Client #1's current dining abilities.  Client #10  Record review on 5/18/16 of Client #10's IHP/CFA dated 7/14/15 and updated on 5/25/16 indicated Client #10 had a program to learn to do his own laundry. The IHP/CFA also indicated that Client #10 is to have his clothing and bedding washed at the laundry due to hygiene concerns related to [REDACTED]	W 260			
W 445	483.470(i)(2)(i) EVACUATION DRILLS  The facility must actually evacuate clients during at least one drill each year on each shift.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to identify which Clients participated in emergency evacuation drills from 9/21/15 through 4/28/16. This failure prevented the facility from identifying if each Client had participated in at	W 445			

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W 445	Continued From page 27 least one emergency evacuation drill annually.  Findings include:  Record review on 5/19/16 revealed All-Hazards Operations Plan Drill forms from 9/21/15 through 4/28/16 did not identify which Clients participated in the drills.  Interview on 5/19/16 at 2:45 PM with Staff L verified the All-Hazards Operations Plan Drill forms did not identify each Client who participated in the drill.	W 445			
{W 448}	483.470(i)(2)(iv) EVACUATION DRILLS  The facility must investigate all problems with evacuation drills, including accidents.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure all identified problems within emergency fire drills from 9/21/15 through 4/28/16 had subsequent investigations. This failure resulted in the facility having no written plans to correct the identified problems and ensure they did not reoccur.  Findings include:  Record review on 5/19/16 of the All-Hazards Operations Plan Drill forms from 9/21/15 through 4/28/16 revealed the facility did not have any documentation of investigations conducted for identified problems within emergency fire drills.  Interview on 5/19/16 at 2:45 PM with Staff L verified there was no documentation of	{W 448}			

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{W 448}	Continued From page 28 investigations conducted for identified problems within emergency fire drills.  This is a repeat citation from the Recertification Survey dated 5/21/15.	{W 448}		