COPY

IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

CERTIFIED MAIL: 7007 3020 0001 3745 8160

June 30, 2011

Heather Davis, Administrator
Home Again ICF
2311 Aruba Drive
Nampa, ID 83686

RE: Home Again ICF, Provider #13G078

Dear Ms. Davis:

Based on the annual recertification survey completed at Home Again ICF on June 16, 2011, by our staff, we have determined that Home Again ICF is out of compliance with the Medicaid Intermediate Care Facility for People with Mental Retardation (ICF/MR) Conditions of Participation on **Governing Body (42 CFR 483.410), Client Protections (42 CFR 483.420), Facility Staffing (42 CFR 483.430) and Active Treatment (42 CFR 483.440)**. To participate as a provider of services in the Medicaid program, an ICF/MR must meet all of the Conditions of Participation established by the Secretary of Health and Human Services.

The deficiencies which caused these Conditions to be unmet, substantially limit the capacity of Home Again ICF to furnish services of an adequate level or quality. The deficiencies are described on the enclosed Statement of Deficiencies/Plan of Correction (CMS-2567). A similar form indicates State Licensure deficiencies.

You have an opportunity to make corrections of those deficiencies, which led to the finding of non-compliance with the Conditions of Participation referenced above by submitting a written Credible Allegation of Compliance/Plan of Correction.

It is important that your Credible Allegation/Plan of Correction address each deficiency in the following manner:

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;

2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;

3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;

4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,

5. Include dates when corrective action will be completed.

Sign and date the form(s) in the space provided at the bottom of the first page.

Such corrections must be achieved and compliance verified by this office, before July 29, 2011. To allow time for a revisit to verify corrections prior to that date, it is important that the completion dates on your Credible Allegation/Plan of Correction show compliance no later than July 21, 2011.

Please complete your Allegation of Compliance/Plans of Correction and submit to this office by **July 11, 2011**.

Failure to correct the deficiencies and achieve compliance will result in our recommending that the Medicaid Agency terminate your approval to participate in the Medicaid Program. If you fail to notify us, we will assume you have not corrected.

Also, pursuant to the provisions of IDAPA 16.03.11.320.04, Home Again ICF ICF/ID is being issued a Provisional Intermediate Care Facility for People with Intellectial Disabilities license. The license is enclosed and is effective June 16, 2011, through October 14, 2011. The conditions of the Provisional License are as follows:

1. Post the provisional license.

2. Correct all cited deficiencies and maintain compliance.

Please be aware that failure to comply with the conditions of the provisional license may result in further action being taken against the facility's license pursuant to IDAPA 16.03.11.350.

Be advised, that, consistent with IDAPA 16.05.03.300, you are entitled to request an administrative review regarding the issuance of the provisional license. To be entitled to an administrative review, you must submit a written request by **July 26, 2011**. The request must state the grounds for the facility's contention of the issuance of the provisional license. You should include any documentation or additional evidence you wish to have reviewed as part of the administrative review.

Your written request for administrative review should be addressed to:

Randy May, Deputy Administrator
Division of Medicaid -- DHW
PO Box 83720
Boise, ID 83720-0036
Phone: (208)364-1804
Fax: (208)364-1811

If you fail to submit a timely request for administrative review, the Department of Health and Welfare's decision to issue the provisional license becomes final. Please note that issues, which are not raised at an administrative review, may not be later raised at higher level hearings (IDAPA 16.05.03.301).

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in the State Informal Dispute Resolution (IDR) Process which can be found on the Internet at:

www.icfmr.dhw.idaho.gov

Scroll down until the Program Information heading on the right side is visible and there are three IDR selections to choose from.

This request must be received by July 11, 2011. If a request for informal dispute resolution is received after July 11, 2011 the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

We urge you to begin correction immediately. If you have any questions regarding this letter or the enclosed reports, please contact me at (208)334-6626.

Sincerely,

MICHAEL CASE
Health Facility Surveyor
Non-Long Term Care

NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

MC/srm
Enclosures

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

PRINTED: 06/30/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	13G078		06/16/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME AGAIN ICF	2311 ARUBA DRIVE NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS The following deficiencies were cited during the annual recertification survey. The survey was conducted by: Michael Case, LSW, QMRP, Team Leader Trish O'Hara, RN Common abbreviations/symbols used in this report are: ABC - Antecedent, Behavior, Consequence ADHD - Attention Deficit Hyperactive Disorder ADL - Activity of Daily Living AOD - Administrator On Duty AQMRP - Assistant Qualified Mental Retardation Professional CFA - Comprehensive Functional Assessment CPI - Crisis Prevention Intervention - a behavioral intervention system which includes physical restraint DCS - Direct Care Staff HRC - Human Rights Committee IDT - Interdisciplinary Team IEP - Individualized Education Program IPP - Individual Program Plan LPN - Licensed Practical Nurse MAR - Medication Administration Record NOS - Not Otherwise Specified OCD - Obsessive Compulsive Disorder ODD - Oppositional Defiant Disorder OT - Occupational Therapist PBSP - Positive Behavior Support Plan PRN - As Needed PT - Physical Therapy PTSD - Post Traumatic Stress Disorder QMRP - Qualified Mental Retardation Professional RSM - Resident Service Manager	W 000	RECEIVED JUL 12 2011 FACILITY STANDARDS	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Admin	7/10/11

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 000	Continued From page 1 U.S. - United States	W 000		
W 100	440.150(c) ICF SERVICES OTHER THAN IN INSTITUTIONS "Intermediate care facility services" may include services in an institution for the mentally retarded (hereafter referred to as intermediate care facilities for persons with mental retardation) or persons with related conditions if: (1) The primary purpose of the institution is to provide health or rehabilitative services for mentally retarded individuals or persons with related conditions; (2) The institution meets the standards in Subpart E of Part 442 of this Chapter; and (3) The mentally retarded recipient for whom payment is requested is receiving active treatment as specified in §483.440. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews, it was determined each recipient for whom payment was requested was not receiving active treatment as specified in 483.440. The findings include: 1. Refer to W195 - Condition of Participation for Active Treatment Services not met and related standard level deficiencies.	W 100		
W 102	483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.	W 102		

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W 102	Continued From page 2 This CONDITION is not met as evidenced by: Based on observation, record review, and staff interviews, it was determined the facility's governing body failed to take actions that identified and resolved systematic problems of a serious and recurrent nature. As a result, systemic deficient practices significantly impeded the facility's ability to meet the individuals' health, safety, and developmental needs resulting in inadequate protections and active treatment. The findings include: 1. The facility was previously cited at W102 - Condition of Participation for Governing Body during a follow-up survey on 3/28/11. 2. Refer to W104 as it relates to the facility's failure to ensure the governing body provided sufficient operating direction over the facility to ensure correction of past deficiencies. The facility was previously cited at W104 during a follow up survey dated 3/28/11. 3. Refer to W122 - Condition of Participation for Client Protections and related standard level deficiencies as they relate to the facility's failure to ensure individuals were not subjected to abuse, neglect or mistreatment. The facility was previously cited at W122 during a complaint survey dated 2/14/11.	W 102		
W 104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.	W 104		

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W 104	Continued From page 3 This STANDARD is not met as evidenced by: Based on observation, record review, staff interviews, and a review of the facility's compliance history, it was determined the facility's governing body failed to take actions that identified and resolved systematic problems for the individuals residing at the facility. This failure directly impacted 6 of 8 individuals (Individuals #1 - #5 and #8) residing at the facility, and had the potential to negatively impact all individuals (Individuals #1 - #8) residing at the facility. This failure resulted in a lack of the governing body to provide sufficient direction and control over the facility necessary to ensure individuals' needs were met. The findings include: 1. The facility's undated Head Injury policy stated "All head injuries shall be immediately reported to nursing staff who shall perform a neurological evaluation as soon as possible to determine appropriate follow up. Charge staff for off campus outings and on campus charge staff shall be trained by the nursing staff in quarterly in service meetings in serial neurological checks outlined in the procedures and shall perform these checks in the case that nursing staff is unable to immediately assess the residents." The policy further stated staff were to document "the investigation of injury on the significant event reporting form and file in resident's records" and "Serial neurological check will be repeated and documented" as follows: "A. Q [every] 15 min for 1 hour B. Q [every] 30 min for 2 hours C. Q [every] 2 hours for 4 hours	W 104		

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W 104	Continued From page 4 D. Q [every] 4 hours for 8 hours E. Once a shift until resolved Abnormal neurological signs will be promptly reported to the physician." Attached to the Head Injury policy was a "Neuro Checklist Form," which was to be completed. The form included blanks for the time, the date and staff initials. The form also included checkboxes which stated the following: - person can be awakened - person can speak normally - person can walk - person can move extremities normally No other neuro-check information was included. However, the facility's Head Injury policy stated staff were to "Perform and document a complete neurological assessment consisting of complete vital signs and: A. Level of consciousness B. Hand grasps C. Ambulatory status D. Ability to speak E. Response and equality of pupils" The policy did not include where the additional information, not included on the "Neuro Checklist Form," was to be documented. Additionally, on 6/6/11 at 7:53 a.m., Individual #5 was observed with staff doing laundry. After Individual #5 put the laundry soap away, he went back to the laundry room, turned off the light, slammed the door, then hit his head on the hallway wall. Staff then prompted Individual #5 to go to his bedroom.	W 104		

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W 104	Continued From page 5 Staff were not noted to call the nurse and a neurological check was not observed to be performed. When asked during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated she did not have documentation of a neuro-check being completed as a result of the head hit, but it should have been. The facility's governing body failed to ensure the Head Injury policy and forms were sufficiently developed and implemented necessary to meet the individuals' needs. 2. Refer to W111 as it relates to the facility's failure to ensure a record keeping system was developed and maintained that documented individuals' health care, active treatment, social information, and protection of their rights. The facility was previously cited at W111 during the annual recertification dated 4/23/10. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 3. Refer to W120 as it relates to the facility's failure to ensure that outside services met the needs of each individual. The facility was previously cited at W120 during a follow up survey dated 3/28/11. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 4. Refer to W124 as it relates to the facility's failure to ensure sufficient information was provided to parents/guardians on which to base consent decisions. The facility was previously	W 104		

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W 104	Continued From page 6 cited at W124 during the annual recertification dated 4/23/10 and a follow up survey dated 3/28/11. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 5. Refer to W137 as it relates to the facility's failure to ensure a system was developed to ensure individuals' personal possessions and clothing were accounted for. The facility was previously cited at W137 during the annual recertification dated 4/23/10. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 6. Refer to W149 as it relates to the facility's failure to ensure written policies and procedures that prohibited mistreatment, neglect or abuse were developed, implemented, and adequately monitored. The facility was previously cited at W149 during a complaint survey dated 2/14/11. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 7. Refer to W153 as it relates to the facility's failure to ensure all allegations of abuse were immediately reported to the administrator. The facility was previously cited at W153 during a complaint survey dated 2/14/11. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 8. Refer to W154 as it relates to the facility's failure to ensure there was evidence that all alleged violations were thoroughly investigated.	W 104		

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W 104	Continued From page 7 The facility was previously cited at W154 during a complaint survey dated 2/14/11. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 9. Refer to W159 as it relates to the facility's failure to ensure the QMRP provided sufficient monitoring and coordination. The facility was previously cited at W159 during the annual recertification dated 4/23/10, a complaint survey dated 2/14/11, and a follow up survey dated 3/28/11. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 10. Refer to W189 as it relates to the facility's failure to ensure all staff received initial and on-going training in order to perform their job duties effectively, efficiently, and competently. The facility was previously cited at W189 during the initial survey dated 8/19/09. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 11. Refer to W214 as it relates to the facility's failure to ensure behavioral assessments were completed and contained comprehensive information. The facility was previously cited at W214 during the annual recertification dated 4/23/10, a complaint survey dated 2/14/11, and a follow up survey dated 3/28/11. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 12. Refer to W227 as it relates to the facility's	W 104		

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W 104	Continued From page 8 failure to ensure individuals' IPPs included objectives to meet their needs. The facility was previously cited at W227 during the annual recertification dated 4/23/10, a complaint survey dated 2/14/11, and a follow up survey dated 3/28/11. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 13. Refer to W230 as it relates to the facility's failure to ensure all objectives of the IPP were assigned projected completion dates. The facility was previously cited at W230 during a follow up survey dated 3/28/11. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 14. Refer to W231 as it relates to the facility's failure to ensure all objectives of the IPP were expressed in behavioral terms that provided measurable indices of performance. The facility was previously cited at W231 during the annual recertification dated 4/23/10. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 15. Refer to W236 as it relates to the facility's failure to ensure all written training programs, designed to implement the objectives in the IPP, specified the person responsible for the program. The facility was previously cited at W236 during a follow up survey dated 3/28/11. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 16. Refer to W237 as it relates to the facility's	W 104		

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W 104	Continued From page 9 failure to ensure all written training programs, designed to implement the objectives in the IPP, specified the type of data and frequency of data collection necessary to be able to assess progress toward the desired objectives. The facility was previously cited at W237 during a follow up survey dated 3/28/11. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 17. Refer to W249 as it relates to the facility's failure to ensure each individual received 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 IPP. The facility was previously cited at W249 during the annual recertification dated 4/23/10. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 18. Refer to W250 as it relates to the facility's failure to ensure an active treatment schedule that outlined the current active treatment program for each individual was developed and readily available for review by relevant staff. The facility was previously cited at W250 during the annual recertification dated 4/23/10. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 19. Refer to W252 as it relates to the facility's failure to ensure data was collected sufficiently to determine the efficacy of intervention strategies. The facility was previously cited at W252 during a	W 104		

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W 104	Continued From page 10 complaint survey dated 2/14/11 and during a follow up survey dated 3/28/11. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 20. Refer to W262 as it relates to the facility's failure to ensure restrictive interventions were implemented only with the approval of the human rights committee. The facility was previously cited at W262 during a follow up survey dated 11/17/09, a complaint survey dated 2/14/11, and during a follow up survey dated 3/28/11. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 21. Refer to W263 as it relates to the facility's failure to ensure restrictive interventions were implemented only with the written informed consent of the parent/guardian. The facility was previously cited at W263 during a follow up survey dated 11/17/09, a complaint survey dated 2/14/11, and during a follow up survey dated 3/28/11. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 22. Refer to W276 as it relates to the facility's failure to ensure the behavior policy included all interventions used to manage maladaptive behavior. The facility was previously cited at W276 during the annual recertification dated 4/23/10 and during a follow up survey dated 3/28/11. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies.	W 104		

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W 104	Continued From page 11 23. Refer to W289 as it relates to the facility's failure to ensure techniques used to manage inappropriate behavior were incorporated into program plans. The facility was previously cited at W289 during the annual recertification dated 4/23/10, a complaint survey dated 2/14/11, and during a follow up survey dated 3/28/11. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 24. Refer to W313 as it relates to the facility's failure to ensure drugs used for control of inappropriate behavior were not used until it was justified that the harmful effects of the behavior clearly outweighed the potentially harmful effects of the drugs. The facility was previously cited at W313 during a complaint survey dated 2/14/11. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 25. Refer to W322 as it relates to the facility's failure to ensure all individuals received general and preventative health care services. The facility was previously cited at W322 during the annual recertification dated 4/23/10. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 26. Refer to W426 as it relates to the facility's failure to ensure that the temperature of the water did not exceed 110 degrees Fahrenheit. The facility was previously cited at W426 during the annual recertification dated 4/23/10. The governing body failed to provide sufficient operating direction over the facility to ensure	W 104		

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	13G078		06/16/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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W 104	Continued From page 12 correction of past deficiencies. 27. Refer to W436 as it relates to the facility's failure to furnish, maintain in good repair, and teach individuals to use and to make informed choices about eyeglasses. The facility was previously cited at W436 during the annual recertification dated 4/23/10. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 28. Refer to W440 as it relates to the facility's failure to ensure evacuation drills were conducted at least quarterly for each shift of personnel. The facility was previously cited at W440 during the annual recertification dated 4/23/10. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. The cumulative effect of these systemic, reoccurring deficient practices significantly impeded the facility's ability to meet the individuals' health, safety, and developmental needs.	W 104		
W 111	483.410(c)(1) CLIENT RECORDS The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to maintain a record keeping system that contained	W 111		

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W 111	Continued From page 13 accurate and complete information for 5 of 5 individuals (Individuals #1 - #5) whose records were reviewed. This resulted in a lack of complete and consistent information in individuals' records. The findings include: 1. Individual #5's 4/3/11 IPP stated he was an 11 year old male diagnosed with severe autism and ADHD. His record did not contain comprehensive, accurate information as follows: a. Individual #5's floor book, used by direct care staff, included 2 different undated active treatment schedules. One of the schedules included some of Individual #5's IPP objectives, the other did not. When asked which schedule was current during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated the Active Treatment Schedule without the objectives was current. b. Individual #5's floor book, used by direct care staff, included 2 different undated quick reference sheets primarily related to Individual #5's behavioral interventions. When asked which information was current during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated that both sheets should have been removed from Individual #5's floor book. c. Individual #5's floor book, used by direct care staff, included a paper which stated "We use signs all throughout the day with [Individual #5]. You can use signs teamed with an activity. The words he knows how to read are below. The list grows everyday. He uses these signs to read sentences and stories." A list of words was then given. However, no information related to	W 111		

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W 111	Continued From page 14 Individual #5's sign language skills and needs pertaining to the list could be found. When asked about the list during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated it should have been removed from the floor book. She stated Individual #5 had been working on sign, verbalizations and using pictures and it was too much so they were concentrating on just verbalizations and pictures now. d. Individual #5's IPP included an objective which stated he would comb/brush his hair given a verbal prompt. However, his "QMRP Notes and IPP Objective Evaluation Sheet" stated he would comb/brush his hair given light physical assistance. When asked about the objective during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the AQMRP stated the "QMRP Notes and IPP Objective Evaluation Sheet" was not accurate and needed to be updated to reflect Individual #5's current prompt level. e. Individual #5's IPP included an objective which stated "Given indirect verbal prompt from staff, [Individual #5] will thoroughly rinse the soap and shampoo from his body and hair during a shower in 5 out of 7 trials..." However, his "QMRP Notes and IPP Objective Evaluation Sheet" stated he would rinse the soap from his body and did not include information related to rinsing his hair. When asked about the objective during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the AQMRP stated the "QMRP Notes and IPP Objective Evaluation Sheet" was not accurate and needed to be updated. f. Individual #5's IPP included an objective for taking his medications which stated he would mix	W 111		

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W 111	Continued From page 15 his medications into his yogurt given direct verbal prompts. However, his "QMRP Notes and IPP Objective Evaluation Sheet" stated he would "put the medications given to him by med certified staff into his mouth." When asked about the objective during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the AQMRP stated the "QMRP Notes and IPP Objective Evaluation Sheet" was not accurate and needed to be updated. g. Individual #5's IPP included an objective labeled ADL #8 for turn taking which stated he would play a simple turn taking game with staff or another resident. However, his "QMRP Notes and IPP Objective Evaluation Sheet" stated ADL #8 was related to using direct eye contact. When asked about the objective during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated the "QMRP Notes and IPP Objective Evaluation Sheet" was not accurate and should reflect turn taking. Additionally, when asked about eye contact, the Administrator stated Individual #5 did have an eye contact objective that just didn't work for him so it was discontinued. When asked if QMRP or other progress notes were available regarding the discontinuation of Individual #5's eye contact objective, the Administrator stated they were not. h. Individual #5's IPP included an objective labeled ADL #9 for saying "thank you" which stated he would say "thank you" in response to being given something. However, his "QMRP Notes and IPP Objective Evaluation Sheet" stated ADL #9 was related to saying "hi." When asked about the objective during an interview on 6/13/11	W 111		

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W 111	Continued From page 16 from 9:00 a.m. - 12:15 p.m., the Administrator stated the "QMRP Notes and IPP Objective Evaluation Sheet" was not accurate and should reflect saying "thank you." i. Individual #5's IPP included an objective labeled ADL #10 for answering a yes/no questions which stated he would verbally answer yes/no given direct verbal prompts. However, his "QMRP Notes and IPP Objective Evaluation Sheet" stated ADL #10 was related to identifying U.S. coins. When asked about the objective during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated the "QMRP Notes and IPP Objective Evaluation Sheet" was not accurate. ADL #10 should have been related to yes/no questions and ADL #11 was for coin identification. Individual #5's "QMRP Notes and IPP Objective Evaluation Sheet" did not include data summary information or documentation of QMRP monitoring for his yes/no objective. j. Individual #5's IPP included an objective for identifying U.S. coins which stated he would identify all U.S. coins given indirect verbal prompts. However, his "QMRP Notes and IPP Objective Evaluation Sheet" stated he would identify only 3 U.S. coins. When asked during an interview on 6/15/11 at 2:57 p.m., the Administrator stated Individual #5 was to identify all U.S. coins. k. Individual #5's IPP included a Replacement Behavior Objective #1 which stated he would use pictures portraying emotions to verbally identify emotions. However, his "QMRP Notes and IPP Objective Evaluation Sheet" stated he would engage in a preferred non-structured activity for	W 111		

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W 111	Continued From page 17 Replacement Objective #1. When asked about the objective during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the AQMRP stated the "QMRP Notes and IPP Objective Evaluation Sheet" was not accurate and needed to be updated. l. Individual #5's IPP included a Replacement Behavior Objective #2 which stated he would choose a task given 2 choices. However, his "QMRP Notes and IPP Objective Evaluation Sheet" stated he would reduce incidents of self-injurious behavior to 1 time per week for Replacement Objective #2. When asked about the objective during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the AQMRP stated the "QMRP Notes and IPP Objective Evaluation Sheet" was not accurate and needed to be updated. m. Individual #5's IPP included a Replacement Behavior Objective #3 which stated he would engage in an activity of his choice with other residents. However, his "QMRP Notes and IPP Objective Evaluation Sheet" stated he would treat facility property with respect for Replacement Objective #3. When asked about the objective during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the AQMRP stated the "QMRP Notes and IPP Objective Evaluation Sheet" was not accurate and needed to be updated. n. Individual #5's IPP included a Replacement Behavior Objective #4 which stated he would use a picture schedule. However, his "QMRP Notes and IPP Objective Evaluation Sheet" stated he would comply with requests for Replacement Objective #4. When asked about the objective	W 111		

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W 111	Continued From page 19 q. During an observation on 6/7/11 at 7:44 a.m., staff took a plate with toast and ketchup to where Individual #5 was sitting at the table and gave it to him. When asked about the ketchup on the toast during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated when Individual #5 first came to the facility he would only eat corn dogs, waffles, and ketchup. She stated he now had to specifically ask for ketchup if he wanted it. When asked if the information was in Individual #5's IPP, the Administrator stated it was not but it needed to be. Additionally, Individual #5's Nutritional Consult, dated 9/13/10, did not include information related to ketchup and stated he was 1 year of age. The facility failed to ensure Individual #5's record contained accurate, comprehensive information. 2. Individual #2's 4/3/11 IPP stated she was a 15 year old female diagnosed with mild mental retardation, reactive attachment disorder, mood disorder NOS, ODD, PTSD, and ADHD. Her record did not contain comprehensive, accurate information as follows: a. Individual #2's floor book, used by direct care staff, included 2 different undated active treatment schedules. One of the schedules included some of Individual #2's IPP objectives, the other did not. When asked which schedule was current during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the Active Treatment Schedule with the objectives was current. b. Individual #2's floor book, used by direct care	W 111		

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W 111	Continued From page 18 during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the AQMRP stated the "QMRP Notes and IPP Objective Evaluation Sheet" was not accurate and needed to be updated. o. Individual #5's "QMRP Notes and IPP Objective Evaluation Sheet" included a Replacement Behavior Objective #5 which stated he would participate in activities in common areas of the facility. However, the objective could not be found on his IPP or in his behavior management plans. When asked about the objective during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the AQMRP stated the "QMRP Notes and IPP Objective Evaluation Sheet" was not accurate and needed to be updated. p. Individual #5's record included a Quarterly Nursing Assessment, dated 5/12/11. The assessment did not include information regarding Individual #5's use of eyeglasses. However, his record included a prescription for eyeglasses, dated 11/23/10. Additionally, the nursing assessment stated he required no set up or physical help for toileting, personal hygiene, or bathing. However, his IPP included objectives for toileting, personal hygiene, and bathing. Further, the nursing assessment did not include information related to rehabilitation and restorative care (e.g. range of motion, walking and mobility, etc.). When asked about the nursing assessment during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated the assessment was not accurate in making Individual #5's needs known.	W 111		

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W 111	Continued From page 20 staff, included 2 different undated quick reference sheets primarily related to Individual #2's behavioral interventions. When asked which information was current during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated that both sheets should have been removed from Individual #2's floor book. c. Individual #2's IPP included an objective which stated she would independently initiate toothbrushing. However, her "QMRP Notes and IPP Objective Evaluation Sheet" and her undated training plan stated she would initiate toothbrushing with an indirect verbal prompt. When asked which information was current during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the information on the individuals' IPPs was correct. d. Individual #2's IPP included an objective which stated she would select coins to pay for an item independently. However, her "QMRP Notes and IPP Objective Evaluation Sheet" stated she would select coins with a direct verbal prompt. When asked which information was current during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the information on the individuals' IPPs was correct. e. Individual #2's IPP included an objective which stated she would comb her hair given an indirect verbal prompt or less. However, her "QMRP Notes and IPP Objective Evaluation Sheet" stated she would comb her hair with a gesture/model prompt. When asked which information was current during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the information on the individuals' IPPs was correct.	W 111		

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W 111	Continued From page 21 f. Individual #2's IPP included an objective which stated that given a direct verbal prompt, she would take a shower in 6 out of every 8 trials (75%). However, her "QMRP Notes and IPP Objective Evaluation Sheet" stated she would take a shower in 40% of trials. Further, her undated training plan stated she would take a shower in 7 out of 10 trials (70%). When asked which information was current during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the information on the individuals' IPPs was correct. g. Individual #2's IPP included an objective which stated that given an indirect verbal prompt, she would initiate appropriate interactions in 6 out of every 8 trials (75%). However, her "QMRP Notes and IPP Objective Evaluation Sheet" stated she would initiate interactions with a gestural prompt in 80% of trials. Further, her undated training plan stated she would initiate interactions with a direct verbal prompt in 6 of 10 trials (60%). When asked which information was current during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the information on the individuals' IPPs was correct. h. Individual #2's IPP included an objective which stated that given an indirect verbal prompt, she would take her medications in 6 of 8 trials per month (75%). However, her "QMRP Notes and IPP Objective Evaluation Sheet" stated she would take her medications with a direct verbal prompt in 5 of 7 trials per week (71%). When asked which information was current during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the information on the	W 111		

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W 111	Continued From page 22 individuals' IPPs was correct. i. Individual #2's IPP included an objective which stated she would independently answer a question in 7 of 8 trials per month. However, her "QMRP Notes and IPP Objective Evaluation Sheet" and her undated training plan stated she would answer questions with an indirect verbal prompt in 5 of 7 trials per week. When asked which information was current during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the information on the individuals' IPPs was correct. j. Individual #2's IPP included an Objective #9 related to increasing her utterance length in 7 of 8 trials. However, her undated training plan stated she would increase her utterance length in 7 of 10 trials. Further, her "QMRP Notes and IPP Objective Evaluation Sheet" stated Objective #9 was related to washing her hands. When asked which information was current during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the information on the individuals' IPPs was correct. k. Individual #2's IPP included an Objective #10 related to problem solving. However, her "QMRP Notes and IPP Objective Evaluation Sheet" stated Objective #10 was related to wearing her glasses. When asked which information was current during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the information on the individuals' IPPs was correct. l. Individual #2's IPP included behavioral objectives for task avoidance, angry emotional outbursts, property destruction, running away,	W 111		

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W 111	Continued From page 23 inappropriate boundaries, making false accusations, decreasing her ODD, PTSD, and ADHD symptoms, and increasing her sleep. However, her "QMRP Notes and IPP Objective Evaluation Sheet" did not include information related to the objectives. Additionally, Individual #2's IPP included Replacement Behavior Objectives for documenting her mood and activity level, and speaking respectfully. However, her "QMRP Notes and IPP Objective Evaluation Sheet" did not include information related to the objectives. m. Individual #2's IPP included a Replacement Behavior Objective #1 which stated she would follow her active treatment schedule. However, her "QMRP Notes and IPP Objective Evaluation Sheet" stated Replacement Behavior Objective #1 was related to engaging in non-preferred activities. When asked which information was current during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the information on the individuals' IPPs was correct. n. Individual #2's IPP included a Replacement Behavior Objective #2 which stated she would use thought blocking to stop self defeating thoughts. However, her "QMRP Notes and IPP Objective Evaluation Sheet" stated Replacement Behavior Objective #2 was related to complying with requests. When asked which information was current during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the information on the individuals' IPPs was correct. o. Individual #2's IPP included a Replacement Behavior Objective #3 which stated she would	W 111		

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W 111	Continued From page 24 use the circle program to respect personal space of others in 70% of 16 trials per month. However, her "QMRP Notes and IPP Objective Evaluation Sheet" stated she would respect the personal space of others in 50% of trials per month. When asked which information was current during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the information on the individuals' IPPs was correct. p. Individual #2's IPP included a Replacement Behavior Objective #4 which stated that given an indirect verbal prompt, she would engage in her sleep hygiene routine in in 80% of 12 trials per month. However, her "QMRP Notes and IPP Objective Evaluation Sheet" stated Replacement Behavior Objective #4 was related to thinking before answering. Additionally, the "QMRP Notes and IPP Objective Evaluation Sheet" included a Replacement Behavior #5 which stated she would go to bed when given a gestural prompt. When asked which information was current during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the information on the individuals' IPPs was correct. The facility failed to ensure Individual #2's record contained accurate, comprehensive information. 3. Individual #1's 4/4/11 IPP stated he was a 17 year old male whose diagnoses included mild mental retardation, ODD, mood disorder NOS, ADHD, and PTSD. His record did not contain comprehensive, accurate information as follows: a. Individual #1's floor book, used by direct care staff, included 3 different undated active treatment schedules. One of the schedules	W 111		

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	13G078		06/16/2011

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W 111	Continued From page 25 included some of Individual #1's IPP objectives, the other two did not. When asked which schedule was current during an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator identified one of the schedules without the objectives. b. Individual #1's floor book, used by direct care staff, included 3 different undated quick reference sheets primarily related to Individual #1's behavioral interventions. When asked which information was current during an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated all 3 sheets should have been removed from Individual #1's floor book. c. Individual #1's IPP included an objective which stated he would clean his entire room given indirect verbal prompts 75% of trials. However, his "QMRP Notes and IPP Objective Evaluation Sheet" and undated Training Data Sheet both stated he would clean his entire room with a direct verbal prompt. When asked during an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated the IPP was accurate and the other documents needed to be revised. d. Individual #1's IPP included an objective which stated he would initiate tooth brushing given indirect verbal prompts 100% of 8 trials per month. However, his "QMRP Notes and IPP Objective Evaluation Sheet" and undated Training Data Sheet both stated he would initiate tooth brushing given indirect verbal prompts 75% of trials per month. When asked during an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated the IPP was accurate and	W 111		

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W 111	Continued From page 26 the other documents needed to be revised. e. Individual #1's IPP included an objective which state he would independently brush his hair 75% of 8 trials per month. However, his "QMRP Notes and IPP Objective Evaluation Sheet" and undated Training Data Sheet both stated he would brush his hair given indirect verbal prompts 75% of trials per month. When asked during an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated the IPP was accurate and the other documents needed to be revised. f. Individual #1's IPP included an objective which stated he would use the 1 dollar more method to purchase a combination of 3 or more items valuing a total of $40 or less given a direct verbal prompt in 7 of 10 trials per month. However, his "QMRP Notes and IPP Objective Evaluation Sheet" and undated Training Data Sheet both stated he would make a purchase for $10 or less given a direct verbal prompt in 7 of 10 trials. When asked during an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated the IPP was accurate and the other documents needed to be revised. g. Individual #1's IPP included an objective which stated he would independently choose to eat the items on the menu in 5 of 8 trials per month. However, his "QMRP Notes and IPP Objective Evaluation Sheet" and undated Training Data Sheet both stated he would eat the items on the menu given a direct verbal prompt in 5 of 7 trials. When asked during an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated the IPP was accurate and the other documents needed to be revised.	W 111		

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W 111	Continued From page 27 h. Individual #1's IPP included an objective which stated he would correctly state why he took his medications when asked by staff given a direct verbal prompt in 5 of 8 trials per month. However, his "QMRP Notes and IPP Objective Evaluation Sheet" and undated Training Data Sheet both stated he would ask for his Risperidone given a direct verbal prompt in 5 of 7 trials per month. When asked during an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated the IPP was accurate and the other documents needed to be revised. i. Individual #1's "QMRP Notes and IPP Objective Evaluation Sheet" included an objective which stated he would wear underwear given direct verbal prompts in 50% of trials. The notes included data through 3/11. However, neither Individual #1's 2/11 or 4/4/11 IPP included an objective for wearing underwear. When asked during an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated the 4/4/11 IPP was accurate and the "QMRP Notes and IPP Objective Evaluation Sheet" needed to be revised. j. Individual #1's floor book, used by direct care staff, included an undated Training Data Sheet which stated he would slow his speech to be better understood when given a direct verbal prompt in 5 of 7 trials. His "QMRP Notes and IPP Objective Evaluation Sheet" included the same objective and included data through 5/11. However, neither Individual #1's 2/11 nor 4/4/11 IPP included an objective for slowing his speech. When asked during an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated	W 111		

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W 111	Continued From page 28 the 4/4/11 IPP was accurate and the "QMRP Notes and IPP Objective Evaluation Sheet" needed to be revised. k. Individual #1's IPP included a Replacement Objective #1 which stated he would appropriately refuse tasks. However, his "QMRP Notes and IPP Objective Evaluation Sheet" stated he would talk to staff about his feelings when he began to feel angry for Replacement Objective #1. When asked during an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated the IPP was accurate and the other documents needed to be revised. l. Individual #1's IPP included a Replacement Objective #2 which stated he would appropriately use his coping skills to calm down. However, his "QMRP Notes and IPP Objective Evaluation Sheet" stated he would comply with staff request for Replacement Objective #2. When asked during an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated the IPP was accurate and the other documents needed to be revised. m. Individual #1's IPP included a Replacement Objective #3 which stated he would comply with his sleep hygiene routine. However, his "QMRP Notes and IPP Objective Evaluation Sheet" stated he would appropriately refuse tasks for Replacement Objective #3. When asked during an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated the 4/4/11 IPP was accurate and the "QMRP Notes and IPP Objective Evaluation Sheet" needed to be revised.	W 111		

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W 111	Continued From page 29 n. Individual #1's IPP included a Replacement Objective #4 which stated he would respect the rights of others by staying outside of the personal space of those around him. However, his "QMRP Notes and IPP Objective Evaluation Sheet" stated he would request a break during a non preferred task for Replacement Objective #4. When asked during an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated the 4/4/11 IPP was accurate and the "QMRP Notes and IPP Objective Evaluation Sheet" needed to be revised. o. Individual #1's "QMRP Notes and IPP Objective Evaluation Sheet" included a Replacement Objective #5 which stated he would attend school. Data was collected through 4/11. However, Individual #1's IPP did not include a Replacement Objective #5. When asked during an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated the 4/4/11 IPP was accurate and the "QMRP Notes and IPP Objective Evaluation Sheet" needed to be revised. p. Individual #1's record included a Quarterly Nursing Assessment, dated 5/20/11. Under the section "Body Control Problems," which included information related to balance, dexterity, gait, and trunk stability, the nurse had checked "none." Additionally, the section related to rehabilitation and restorative care (e.g. range of motion, walking and mobility, etc.), was blank. However, Individual #1's PT evaluation, dated 6/4/10, stated he had "significant decreased balance, strength and coordination" and included recommendations to improve core strength and to strengthen quadriceps and hamstrings to prevent joint	W 111		

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W 111	Continued From page 30 degeneration secondary to posture and gait. When asked during an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated the Quarterly Nursing Assessment was inaccurate. The facility failed to ensure Individual #1's record contained accurate, comprehensive information. 4. Individual #3's 4/3/11 IPP stated he was a 14 year old male whose diagnoses included mild mental retardation, mood disorder, ADHD, and ODD. His record did not contain comprehensive, accurate information as follows: a. Individual #3's IPP included an objective which stated he would brush his teeth with an indirect verbal prompt 100% of 2 trials per week. However, his "QMRP Notes and IPP Objective Evaluation Sheet" stated he would brush his teeth with an indirect verbal prompt or less 5 out of 7 trials per week. Further, his undated Training Data Sheet stated he would brush his teeth with a gestural/model prompt or less 8 out of 10 times. When asked during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the IPP was accurate and the other documents needed to be revised. b. Individual #3's IPP included an objective which stated he would make his bed with an indirect prompt or less. However, his "QMRP Notes and IPP Objective Evaluation Sheet" stated he would make his bed with a direct prompt or less, and his undated Training Data Sheet stated he would make his bed independently. When asked during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the IPP was accurate and	W 111		

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W 111	Continued From page 31 the other documents needed to be revised. c. Individual #3's IPP stated "Objective #3" had been discontinued. However, the "QMRP Notes and IPP Objective Evaluation Sheet" for Objective #3 stated he would eat at a slower pace with a direct verbal prompt or less. Further, his floor book, used by staff, included an undated Training Data Sheet for Objective #3 which stated he would make a healthy snack with an indirect verbal prompt. When asked during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the IPP was accurate and the other documents needed to be revised. d. Individual #3's IPP included an objective, labeled "Objective #4," which stated he would save money toward a long term goal with a direct verbal prompt or less. However, his "QMRP Notes and IPP Objective Evaluation Sheet" for Objective #4 stated he would complete the purchase of an item from the store that cost less than $3.00 with an indirect verbal prompt. Further, his floor book used by staff included an undated Training Data Sheet for Objective #4 which stated he would take his medication with a gesture/model prompt. When asked during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the IPP was accurate and the other documents needed to be revised. e. Individual #3's IPP included an objective, labeled "Objective #5," which stated he would take a shower with an indirect verbal prompt 100% of 8 trials per month. However, his "QMRP Notes and IPP Objective Evaluation Sheet" for Objective #5 stated he would take a shower with an indirect verbal prompt or less for 4 of 7 trials.	W 111		

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W 111	Continued From page 32 Further, his floor book used by staff included an undated Training Data Sheet for Objective #5 which stated he would interact with peers and staff in an appropriate manner 7 out of 10 times weekly. When asked during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the IPP was accurate and the other documents needed to be revised. f. Individual #3's IPP stated "Objective #6" had been discontinued. However, his "QMRP Notes and IPP Objective Evaluation Sheet" for Objective #6 stated he would slow down his speech with a direct verbal prompt or less 4 out of 7 trials. Further, his floor book included an undated Training Data Sheet for Objective #6 which stated he would purchase an item from the store that cost less that $3.00 with an indirect verbal prompt. When asked during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the IPP was accurate and the other documents needed to be revised. g. Individual #3's IPP included an objective, titled "Objective #7" which stated he would correctly name his medications with an indirect prompt or less 70% of trials per week. However, his "QMRP Notes and IPP Objective Evaluation Sheet" for Objective #7 stated he would correctly name his medications with an indirect prompt 50% of trials. Further, his floor book included an undated Training Data Sheet for Objective #7 which stated he would take a shower with a gesture/model or less 6 out of 7 times. When asked during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the IPP was accurate and the other documents needed to be revised.	W 111		

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W 111	Continued From page 33 h. Individual #3's IPP included an objective, titled "Objective #8," which stated he would wear his glasses one day per week with a direct verbal prompt. However, his floor book contained an undated Training Data Sheet for Objective #8 which stated he would isolate himself when he became upset with others on a community outing with 2 direct verbal prompts or less. When asked during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the IPP was accurate and the other documents needed to be revised. i. Individual #3's floor book included an undated Training Data Sheet for Objective #9 which stated he would slow his speech with a gesture/model 6 of 7 trials. However, his "QMRP Notes and IPP Objective Evaluation Sheet" and IPP did not include an Objective #9. When asked during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the program should have been removed from Individual #3's floor book. j. Individual #3's Quarterly Nursing Assessment, dated 5/13/11, stated he required no setup or physical help for personal hygiene routines and that he was independent in bathing. However, his IPP included objectives for tooth brushing and bathing. k. Individual #3's HRC Approval Request Form, signed by the HRC and guardian, for physical redirection and CPI Team restraint, contained Individual #1's Task Avoidant behavior program and restraint information rather than Individual #3's.	W 111		

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W 111	Continued From page 34 The facility failed to ensure Individual #3's record contained accurate, comprehensive information. 5. Individual #4's 4/3/11 IPP stated he was a 15 year old male whose diagnoses included mild mental retardation, OCD, and ADHD. His record did not contain comprehensive, accurate information as follows: a. Individual #4's floor book used by staff included two undated "quick reference" sheet, undated, primarily related to Individual #4's behavioral interventions. When asked about the forms, during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the forms should have been removed from Individual #4's floor book. b. Individual #4's IPP included an objective which stated he would eat the items on the menu given a direct verbal prompt in 75% of 8 trials per month. However, his "QMRP Notes and IPP Objective Evaluation Sheet" stated he would make a healthy snack given a gestural/models prompt or less in 5 of 7 (71%) of trials per month. Further, his undated Training Data Sheet stated he would make a healthy snack given an indirect verbal prompt or less in 5 of 7 trials per month. When asked during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the IPP was accurate and the other documents needed to be revised. c. Individual #4's IPP included an objective which stated he would save his money for an item with direct verbal prompts in 3 of 12 trials (25%) per month. However, his "QMRP Notes and IPP	W 111		

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W 111	Continued From page 35 Objective Evaluation Sheet" stated he would make a purchase for $10 or less and count the change with a direct verbal prompt or less in 7 of 10 trials (70%). Further, his undated Training Data Sheet stated he would make a purchase for $10 or less with a direct verbal prompt in 7 of 10 trials. When asked during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the IPP was accurate and the other documents needed to be revised. d. Individual #4's record included a Quarterly Nursing Assessment, dated 5/19/11. The assessment did not include information regarding Individual #4's use of eyeglasses. However, his record included a prescription for eyeglasses, undated. Additionally, the nursing assessment did not include information related to rehabilitation and restorative care (e.g. range of motion, walking and mobility, etc.). When asked during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the Quarterly Nursing Assessment was inaccurate. The facility failed to ensure Individual #4's record contained accurate, comprehensive information. 6. Refer to W114 as it relates to the facility's failure to ensure all entries in the individuals' records were signed and dated. 7. Refer to W259 as it relates to the facility's failure to ensure individuals' CFAs were reviewed by the interdisciplinary team for relevancy and updated as necessary.	W 111		

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W 111	Continued From page 36 8. Refer to W260 as it relates to the facility's failure to ensure IPPs were revised to reflect and respond to individuals' current needs and functional changes.	W 111		
W 114	483.410(c)(4) CLIENT RECORDS Any individual who makes an entry in a client's record must make it legibly, date it, and sign it. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure that all entries in the individuals' records were signed and dated for 5 of 5 individuals (Individuals #1 - #5) whose records were reviewed. This resulted in the potential for records to be altered. Findings include: 1. Individual #5's 4/3/11 IPP stated he was an 11 year old male diagnosed with severe autism and ADHD. His record did not include signatures and dates as follows: a. Individual #5's records included a CFA. It was not signed or dated. b. A note at the bottom of Individual #5's "QMRP Notes and IPP Objective Evaluation Sheet" stated "(Q-Notes Narrative: ...Objectives 9 and 10 both have increasing progress, maintain prompt levels until further data.) May in progress." The note was not signed or dated. c. Individual #5's record included a "Social Responsiveness Scale AutoScore Form," which was not signed or dated.	W 114		

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W 114	Continued From page 37 When asked, during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated records were to be signed and dated. When asked about the "AutoScore Form," the Administrator stated she was not sure what the form was, where it came from, or what it was for. The facility failed to ensure that all entries in Individual #5's record were signed and dated. 2. Individual #2's 4/3/11 IPP stated she was a 15 year old female diagnosed with mild mental retardation, reactive attachment disorder, mood disorder NOS, ODD, PTSD, and ADHD. Her record did not include signatures and dates as follows: a. Individual #2's records included a CFA. It was not signed or dated. b. A sheet of paper stated "attempted to obtain Verbal Consent for Behavior Intervention" on 5/3/11 and 5/5/11. The sheet of paper was not signed. 3. Individual #1's 4/4/11 IPP stated he was a 17 year old male whose diagnoses included mild mental retardation, ODD, mood disorder NOS, ADHD, and PTSD. His record did not include signatures and dates as follows: a. Individual #1's record included a CFA. The form was not dated. Additionally, sections 4, 5, and 6 of the CFA were signed as completed by the contracted Social Worker, but sections 1-3 and 7-9 were not signed.	W 114		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	13G078		06/16/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME AGAIN ICF	2311 ARUBA DRIVE NAMPA, ID 83686

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W 114	Continued From page 38 b. Individual #1's "QMRP Notes and IPP Objective Evaluation Sheet" included two notes at the bottom, one stated "QMRP notes:...to ensure that documentation is completed regularly" and the other stated "(Q-Notes Narrative:...ADL's with the exception of house hold [sic] chores.)" Neither note was signed or dated. c. Individual #1's record include a Functional Behavioral Assessment, dated 4/5/11, which was not signed. When asked during an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated all entries in the record should have been signed and dated. 4. Individual #3's 4/3/11 IPP stated he was a 14 year old male whose diagnoses included mild mental retardation, mood disorder, ADHD, and ODD. His record did not include signatures and dates as follows: a. Individual #3's record included a CFA. The form was not dated or signed. b. A note at the bottom of Individual #3's "QMRP Notes and IPP Objective Evaluation Sheet" stated "(Q-Notes Narrative:...for replacement objective 3 it is his first month of recorded success on the year, maintain prompt levels to await further data collection.)" The note was not signed or dated. c. Individual #3's record included a Functional Behavioral Assessment, dated 3/30/11, which was not signed. d. Individual #3's record included a PT evaluation,	W 114		

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W 114	Continued From page 39 dated 1/25/11, which was not signed. e. Individual #3's record included a Comprehensive Functional Behavioral/Psychological Assessment & Medical Social Evaluation, dated 1/30/10, which was not signed. When asked during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated all entries in the record should have been signed and dated. 5. Individual #4's 4/3/11 IPP stated he was a 15 year old male whose diagnoses included mild mental retardation, OCD, and ADHD. His record did not include signatures and dates as follows: a. Individual #4's record included a CFA. The form was not dated or signed. b. A note at the bottom of Individual #4's "QMRP Notes and IPP Objective Evaluation Sheet:" stated "(Q-Notes Narrative:...maintain prompt levels for furthered [sic] data collection.)." The note was not signed or dated. c. Individual #4's record included a Functional Behavioral Assessment, dated 3/29/11, which was not signed. d. Individual #4's record included a PT evaluation, dated 1/25/11, which was not signed. When asked during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated all entries in the record should have been signed and dated.	W 114		

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W 114	Continued From page 40 The facility failed to ensure all entries made in the records for Individuals #1 - #5 were signed and dated.	W 114		
W 120	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interview it was determined the facility failed to ensure outside services met the needs for 2 of 2 sample individuals (Individuals #1 and #3) who attended a specialized alternative school. This resulted in outside services not being sufficiently coordinated necessary to meet the individuals' behavioral needs. The findings include: 1. Individual #1's 4/4/11 IPP stated he was a 17 year old male whose diagnoses included mild mental retardation, ODD, mood disorder NOS, ADHD and PTSD. He attended a specialized alternative school. Individual #1's 4/4/11 PBSP stated he received Carbatrol (an anticonvulsant drug) 700 mg daily for physical aggression, Risperidone (an antipsychotic drug) 4.5 mg for aggression, and Clonidine (an antihypertensive drug) 0.3 mg daily for task avoidance. Services were not sufficiently coordinated with the school as follows: a. Individual #1's PBSP, dated 4/4/11, stated he	W 120		

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W 120	Continued From page 41 engaged in the following: - Task avoidance (defined as refusing to comply with staff requests or complete tasks on his active treatment schedule and other skills of daily living) - Verbal aggression (undefined) - Running away (undefined) - Damaging property (undefined) - Verbal intimidation (defined as threatening statements) - Physical aggression (defined as hitting, spitting, kicking and biting others) - Socially inappropriate behavior (defined as invading the rights or space of others, touching others, making inappropriate gestures, swearing, and making sexually inappropriate comments or gestures) Individual #1's IEP, dated 9/24/10, included three objectives under the Behavior Management section: - Choose an appropriate coping skill when frustrated - Use appropriate language - Identify triggers that cause his behavior During an interview on 6/7/11 from 9:30 - 9:50 a.m., the school Principal stated the school utilized a Daily Tracking Form to track behaviors listed on the IEP. The Daily Tracking Form included a line for each period of the school day and columns to track the individual's IEP behavioral goals. Additionally, the Form included a column for "Overall Rating" and a column for "Comments." Further, the school had added a column to Individual #1's tracking sheet titled "Med related behavior." School personnel were able to circle either "Physical Aggression" or	W 120		

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W 120	Continued From page 42 "Task Avoidance." There was no further explanation for the "Med related behavior" column. The Form included a space where parents were supposed to sign the form before returning it to the school. The Principal stated no other behavioral data was tracked. The Principal stated the school did have a copy of Individual #1's PBSP from the facility, but stated they did not follow the facility's behavioral objectives as they were geared more towards the community than for school. The Principal stated the school Case Manager would send the Daily Tracking Forms home on a daily basis, and the forms had to be signed and returned to school the next day. The Principal stated the Case Manager would call or e-mail the facility at least once a week, but the facility did not make a lot of calls to the school. The Principal stated the facility usually called only when an individual had an appointment and the call was usually from the facility's Book Keeper, but sometimes was from the AQMRP or QMRP. The facility's records related to coordination of services between the facility and school were reviewed. The records did not contain sufficient information related to Individual #1's maladaptive behaviors. Examples include, but were not limited to, the following: 5/16/11 - form signed by the QMRP: - During Science class staff circled "Task Avoidance" and wrote "very slow to work, wandered after Ramen [sic], difficult time re-engaging, multiple prompts." - During PE class staff circled "Task Avoidance"	W 120		

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W 120	Continued From page 43 and wrote "rude to staff swearing." Additionally, in the Overall Rating column staff documented the Quiet Room had been used. - During Social Studies class staff circled "Task Avoidance" and wrote "avoiding work stayed in QR [Quiet Room] laying down." Additionally, in the Overall Rating column staff documented the Quiet Room had been used. However, the 5/16/11 Daily Tracking Form did not provide additional information related to Individual #1's maladaptive behaviors, i.e. how many prompts were required during Science class, what constituted risk requiring the use of the Quiet Room during PE class, how long Individual #1 was in the Quiet Room during PE class, how long the Quiet Room was used during Social Studies class, or what behavioral interventions were attempted other than the use of the Quiet Room. 5/18/11 - form signed by the QMRP: - During the "Bus to School/Bus Home prior day" time period staff wrote "to talk to a staff in QR." Additionally, in the Overall Rating column staff documented the Quiet Room had been used. - During Social Communication class staff circled "Physical Aggression" and "Task Avoidance" and wrote "pounding walls in [illegible] name calling refusing to play board game." Additionally, in the Overall Rating column staff documented the Quiet Room had been used. - During Math class staff documented, in the Overall Rating column, Individual #1 chose to go to the Quiet Room. However, the 5/18/11 Daily Tracking Form did not provide additional information related to Individual	W 120		

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W 120	Continued From page 44 #1's maladaptive behaviors, i.e. why the Quiet Room was required to "talk to staff," how he was physically aggressive during Social Communication, what required the use of the Quiet Room during Social Communication and how long he was in the room, what behavior prompted Individual #1 to choose to go to the Quiet Room during Math class, or what behavioral interventions were attempted other than the use of the Quiet room. 5/25/11 - form signed by the QMRP: - During PE class staff circled "Physical Aggression" and "Task Avoidance" and wrote "refused to participate - walked out of class, kicking QR wall." Additionally, in the Overall Rating column, staff documented "ZT" for zero tolerance. - During Math class staff circled "Task Avoidance" and wrote "refused to participate - walked out of class." Additionally, in the Overall Rating column, staff documented "ZT." - During Learning Center class staff documented "Said he'd 'smash faces in [sic] 'hang himself,' 'shoot' his staff, 'bomb the school,' and 'slit-throats.' Refused to finish his work. Attempting to break lights in the [illegible]." Additionally, in the Overall Rating column, staff documented "ZT." However, the 5/25/11 Daily Tracking Form did not provide additional information related to Individual #1's maladaptive behaviors, i.e. if he voluntarily went into the Quiet Room during PE or was physically placed there, how long he was in the Quiet Room during PE, if the Quiet Room was used for any other zero tolerance infractions, if any other behavioral interventions were	W 120		

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W 120	Continued From page 45 attempted for his maladaptive behaviors, or if his threat to "hang himself" was addressed as potential suicidal ideation. Summary data from the school related to the use of the Time Out Room, also referred to as the Quiet Room, did not exist past 4/20/11. During an interview on 6/9/11 at 11:45 a.m., the QMRP stated he had no additional information related to Individual #1's maladaptive behaviors exhibited at the school. Without sufficient documentation, the facility would not be able to make appropriate decisions related to Individual #1's maladaptive behavior plans and interventions, or to coordinate services between the school, the facility, and Individual #1's psychiatric service provider. During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated the QMRP was to have been monitoring and coordinating services between the school and the facility and had failed to do so. The facility failed to ensure tracking and documentation of Individual #1's maladaptive behaviors was consistent between the school and the facility, and that the facility was tracking maladaptive behavior exhibited at school as part of his behavioral progress/regress. b. During the entrance conference on 6/6/11 at 1:15 p.m., the QMRP stated Individual #1 was to start summer school on 6/7/11. However, during an interview on 6/7/11 from 9:30	W 120		

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W 120	Continued From page 46 - 9:50 a.m., the school Principal stated the summer school session had started on 6/6/11, but Individual #1 did not attend. The Principal stated she had spoken with the facility's Book Keeper regarding the missed day and was told Individual #1 had informed staff he had school on 6/6/11, but the staff did not believe him. Additionally, Individual #1's record contained a consent for an Equine Assisted Therapy program, signed by the AQMRP on 5/7/11, which stated the summer school session would start on 6/6/11. During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated facility staff should have been made aware of the start of the summer school session prior to 6/7/11, and the lack of coordination of services was due to a lack of QMRP oversight. The facility failed to ensure services with the school were sufficiently coordinated to ensure Individual #1 was able to attend the first day of summer school. 2. Individual #3's 4/3/11 IPP stated he was a 14 year old male whose diagnoses included mild mental retardation, mood disorder, and ADHD. He attended a specialized alternative school. Individual #3's 4/4/11 PBSP stated he received Eskalin (an antipsychotic drug) 1200 mg daily for aggression, Abilify (an antipsychotic drug) 15 mg daily for property destruction, and Depakote (an anticonvulsant drug) 1500 mg daily for inappropriate sexual conduct. Services were not sufficiently coordinated with the	W 120		

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W 120	Continued From page 47 school as follows: a. Individual #3's PBSP, dated 4/4/11, stated he engaged in the following: - Tantrums (defined as falling to the ground kicking and screaming very loudly) - Physical assault (undefined) - Property destruction (undefined) - Self injurious behavior (undefined) - Provoking others (defined as intentionally annoying others) - Inappropriate sexual contact (undefined) - Suicidal ideation (defined as making suicidal threats or suicidal gestures) - Mood disorder depressive symptoms (defined as appearing tearful, self isolating in his room for long periods, spending long period of time sitting on his floor or taking all of the toys out of his toy box without apparent interest) - ADHD symptoms (defined as fidgeting, getting up from and distracted when trying to complete a task, running about and climbing when and where it is not appropriate, trouble playing or enjoying leisure activities quietly, whooping, and talking excessively) Individual #3's IEP, dated 3/1/10, included two objectives under the Behavior Management section: - Identify how he is feeling - Choose an appropriate coping skill During an interview on 6/7/11 from 9:30 - 9:50 a.m., the school Principal stated the school utilized a Daily Tracking Form to track behaviors listed on the IEP. The Daily Tracking Form included a line for each period of the school day and columns to track the individual's IEP	W 120		

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W 120	Continued From page 48 behavioral goals. Additionally, the Form included a column for "Overall Rating" and a column for "Comments." Further, the school had added a column to Individual #3's tracking sheet titled "Med related behavior." School personnel were able to circle either "Physical Aggression," "Property Destruction," or "InApp. [inappropriate] Sexual Conduct." There was no further explanation for the "Med related behavior" column. The Form included a space where parents were supposed to sign the form before returning it to the school. The Principal stated no other behavioral data was tracked. The Principal stated the school did have a copy of Individual #3's PBSP from the facility, but stated they did not follow the facility's behavioral objectives as they were geared more towards the community than for school. The Principal stated the school Case Manager would send the Daily Tracking Forms home on a daily basis, and the forms had to be signed and returned school the next day. The Principal stated the Case Manager would call or e-mail the facility at least once a week, but the facility did not make a lot of calls to the school. The Principal stated the facility usually called only when an individual had an appointment and the call was usually from the facility's Book Keeper, but sometimes was from the AQMRP or QMRP. The facility's records related to coordination of services between the facility and school were reviewed. The records did not contain sufficient information related to Individual #3's maladaptive behaviors. Examples include but were not limited to the following:	W 120		

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W 120	Continued From page 49 5/16/11 - form signed by the QMRP: - During Social Studies class staff documented Individual #3 voluntarily went to the Quiet Room. - During Science class staff circled "Physical Aggression" and "InApp. Sexual Conduct" and wrote "refusal to follow directions, not working." Additionally, staff documented in the Overall column "ZT" for zero tolerance. - During Intervention class staff circled "Physical Aggression" and wrote "Hitting staff - Threatened to shoot staff in head w/shotgun. - punched staff - Threats to strangle peer [sic]." Additionally, staff documented in the Overall column "ZT." - During PE class staff circled "Physical Aggression" and "InApp. Sexual Conduct" and wrote "-Refusal to follow directions. Threats to strangle peer - Threw shoes @ staff." Additionally, staff documented in the Overall column "ZT." However, the 5/16/11 Daily Tracking Form did not provide additional information related to Individual #3's maladaptive behavior, i.e. information related to physical aggression and inappropriate sexual conduct during Science class, duration of behaviors, number of physical assaults during Intervention or PE class, information related to inappropriate sexual conduct during PE class, if zero tolerance had resulted in the use of the Quiet Room as per school policy, or what types of behavioral interventions had been implemented as a result of the behaviors. 5/19/11 - form signed by the Book Keeper: - During Science class the staff had circled "Physical Aggression." Additionally, in the Overall column staff had written "ZT" for zero tolerance.	W 120		

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W 120	Continued From page 50 - During Social Studies class staff had circled "Physical Aggression" and written "threats [illegible] peer." Additionally, in the Overall column staff had written "ZT." However, the 5/19/11 Daily Tracking Form did not provide additional information related to Individual #3's maladaptive behaviors, i.e. information related to the physical aggression during Science class, information related to the physical aggression and types of threats made during Social Studies class, if zero tolerance had resulted in the use of the Quiet Room as per school policy, or what types of behavioral interventions had been implemented as a result of the behaviors. 5/23/11 - form signed by the QMRP: - During Intervention class staff circled "InApp. Sexual Conduct" and wrote "was able to get some work done w/staff assistance but prompted to keep eyes on paper several times." - During Math class staff wrote "Disruptive." However, the 5/23/11 Daily Tracking Form did not provide additional information related to Individual #3's maladaptive behaviors, i.e. information related to his inappropriate sexual conduct, information related to his disruptiveness, or what behavioral interventions were implemented as a result of the behaviors. - Summary data from the school related to the use of the Time Out Room, also referred to as the Quiet Room, did not exist past 4/20/11. During an interview on 6/9/11 at 11:45 a.m., the QMRP stated he had no additional information	W 120		

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W 120	Continued From page 51 related to Individual #3's maladaptive behaviors exhibited at the school. Without sufficient documentation, the facility would not be able to make appropriate decisions related to Individual #3's maladaptive behavior plans and interventions, or to coordinate services between the school, the facility, and Individual #3's psychiatric service provider. During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated the QMRP was to have been monitoring and coordinating services between the school and the facility, and had failed to do so. The facility failed to ensure tracking and documentation of Individual #3's maladaptive behaviors was consistent between the school and the facility, and that the facility was tracking maladaptive behavior exhibited at school as part of his behavioral progress/regress. b. During the entrance conference on 6/6/11 at 1:15 p.m., the QMRP stated Individual #3 was to start summer school on 6/7/11. However, during an interview on 6/7/11 from 9:30 - 9:50 a.m., the school Principal stated the summer school session had started on 6/6/11, but Individual #3 did not attend. The Principal stated she had spoken with the facility's Book Keeper regarding the missed day and was told Individual #3 had informed staff he had school on 6/6/11, but the staff did not believe him. Individual #3 had decided not to attend on 6/7/11 as well. The Principal stated two absences were all that was allowed given the shortened term for	W 120		

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	13G078		06/16/2011

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HOME AGAIN ICF	2311 ARUBA DRIVE NAMPA, ID 83686

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W 120	Continued From page 52 the summer session. During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated facility staff should have been made aware of the start of the summer school session prior to 6/7/11, and the lack of coordination of services was due to a lack of QMRP oversight. The facility failed to ensure services with the school were sufficiently coordinated to ensure Individual #3 was able to attend the first day of summer school.	W 120		
W 122	483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. This CONDITION is not met as evidenced by: Based on observations, review of incident reports, review of the facility's policies and procedures, record review, and staff interviews it was determined the facility failed to provide the necessary client protections and ensure steps were taken to protect individuals' health, safety and rights. These failures resulted in a lack of effective systems to ensure individuals were safe and their rights were upheld. The findings include: 1. Refer to W124 as it relates to the facility's failure to ensure sufficient information was provided to parents/guardians on which to base consent decisions. 2. Refer to W125 as it relates to the facility's	W 122		

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W 122	Continued From page 53 failure to ensure individuals' rights were allowed and encouraged. 3. Refer to W137 as it relates to the facility's failure to ensure a system was developed to ensure individuals' personal possessions and clothing were accounted for. 4. Refer to W148 as it relates to the facility's failure to ensure individuals' parents or gurdians were promptly notified of any significant incidents. 5. Refer to W149 as it relates to the facility's failure to ensure written policies and procedures that prohibited mistreatment, neglect or abuse were developed, implemented, and adequately monitored. 6. Refer to W153 as it relates to the facility's failure to ensure all allegations of abuse were immediately reported to the administrator. 7. Refer to W154 as it relates to the facility's failure to ensure there was evidence that all alleged violations were thoroughly investigated.	W 122		
W 124	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. This STANDARD is not met as evidenced by:	W 124		

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W 124	Continued From page 54 Based on record review and staff interview, it was determined the facility failed to ensure sufficient information was provided to parents/guardians on which to base consent decisions for 5 of 5 individuals (Individuals #1 - #5) whose IPPs were reviewed. This resulted in a lack of information being provided to the individuals' guardians regarding restrictive interventions. The findings include: 1. Individual #1 - #5's IPPs were reviewed. The IPPs included an "Allowance Policy" section which stated the individuals would earn money for the following: - completing tasks/complying with requests - using respectful language - maintaining appropriate physical boundaries - exercising respectful care and treatment of property. The policy stated "Residents who cause destruction of more than $10.00 in value or cause serious harm to another person will lose the ability to earn allowance for that week." The policy further stated individuals would receive their allowance once per week and "If the resident has been severely destructive or aggressive during the week, they will not receive any allowance for that week." The policy did not define "serious harm to another person," or include information regarding what "severely destructive or aggressive" meant. Further, the policy did not include how restitution would be applied but stated "Once a resident receives allowance, it becomes their personal property and will not be taken from them."	W 124		

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W 124	Continued From page 55 When asked for clarification during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated if an individual earned their allowance during the first part of the week and was then aggressive and destructive during the last part of the week, then they would not receive any allowance for that week. The loss of allowance which had already been earned was considered restitution. The facility failed to ensure the Allowance policy included definitions and instructions necessary to ensure parents/guardians were sufficiently informed. 2. Individual #5's 4/3/11 IPP stated he was an 11 year old male diagnosed with severe autism and ADHD. His Behavior and Replacement Objective plan for tantrums, undated, stated if Individual #5 hit or pinched himself staff were to "hold his hands gently." The "Manual Restraint" section of the facility's undated Hierarchy of Behavioral Interventions policy stated the facility was using the CPI restraint system. When asked about the hand holds, during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated the hand holds were not a part of the CPI system. Individual #5's record included a written informed consent, signed by his guardian on 5/3/11. The consent did not include a description of the hand holds. Without such information, it would not be possible for the facility to ensure Individual #5's guardian was sufficiently informed of the intervention.	W 124		

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W 124	Continued From page 56 The facility failed to ensure written informed consents contained sufficient information. 3. Individual #2's 4/3/11 IPP stated she was a 15 year old female diagnosed with mild mental retardation, reactive attachment disorder, mood disorder NOS, ODD, PTSD, and ADHD. The facility used an HRC Approval Request Form to document written informed consent from the guardian and HRC's approval for restrictive interventions. Individual #2's HRC Approval Request Forms did not provide sufficient information as follows: a. Individual #2's HRC Approval Request Forms for the use of Lithium Carbonate, Concerta, and Trazadone, all signed on 5/5/11, did not include dosage ranges for the drugs. When asked during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the HRC Approval Request should have identified the dosages of the medications being approved. b. Individual #2's HRC Approval Request Form, dated 5/5/11, stated staff were to restrain Individual #2 using a CPI Team Restraint if she was presenting an immediate risk to herself or others. The consent did not include potential negative effects of the intervention. When asked during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the HRC Approval Request should have contained an explanation of the potential negative effects of the CPI Team Restraint being approved.	W 124		

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W 124	Continued From page 57 The facility failed to ensure written informed consents contained sufficient information. 4. Individual #1's 4/4/11 IPP stated he was a 17 year old male whose diagnoses included mild mental retardation, ODD, mood disorder NOS, ADHD, and PTSD. The facility used an HRC Approval Request Form to document written informed consent from the guardian and HRC's approval for restrictive interventions. Individual #1's HRC Approval Request Forms did not provide sufficient information as follows: a. Individual #1's prescription Resident Profile, dated 5/12/11, stated he received Chlorpromazine (an antipsychotic drug) 25 - 50 mg PRN for increased agitation. However, Individual #1's HRC Approval Request Form, dated 5/3/11 and signed by the HRC, stated Chlorpromazine was for insomnia and that the drug was discontinued 12/22/10. Additionally, the form did not include specific negative side effects of the drug or possible consequences for refusing to consent to the use of the drug. During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated she was not sure why the consent had been completed and the drug was to have been discontinued. b. Individual #1's prescription Resident Profile, dated 5/12/11, stated he received Clonidine (an antihypertensive drug) 0.3 mg daily. His IPP stated Clonidine was for task avoidance.	W 124		

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W 124	Continued From page 58 However, Individual #1's record included 2 HRC Approval Request Forms for Clonidine. The first, dated 4/28/11, stated Clonidine was for task avoidance. The second, dated 5/3/11, stated Clonidine was for socially inappropriate behavior, defined as invading the rights or space of others by touching others in unwanted ways, invading the personal space of others, making inappropriate gestures, swearing, and making sexually inappropriate comments or gestures. Neither form included information related to the drug's dosage range. Both HRC Approval Request Forms for Clonidine documented verbal consent was obtained from the guardian on 5/3/11, and both were signed by the HRC on 5/3/11. It was not clear what information was provided to the guardian and what the drug was to be used for. During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated she did not know why two different forms had been completed or what information was presented to the guardian. c. Individual #1's prescription Resident Profile, dated 5/12/11, stated he received Carbatrol (an anticonvulsant drug) 500 mg daily. His IPP stated Carbatrol was for physical aggression. Individual #1's HRC Approval Request Form, dated 4/28/11 and signed by the HRC 5/3/11, did not include a dosage range for the drug. During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated the consent should have included the drug dosage range.	W 124		

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W 124	Continued From page 59 d. Individual #1's prescription Resident Profile, dated 5/12/11, stated he received Risperidone (an antipsychotic drug) 4.5 mg daily. His IPP stated Risperidone was for physical aggression. Individual #1's HRC Approval Request Form, dated 4/28/11 and signed by the HRC 5/3/11, did not include a dosage range for the drug. During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated the consent should have included the drug dosage range. e. Individual #1's HRC Approval Request Form, signed by the HRC on 5/3/11 and verbal consent from the guardian obtained 5/2/11, stated a time out room could be used at the school. However, the consent did not provide specific information related to the time out room, i.e. mechanical locking mechanism, duration of time he may spend in the room, etc. Additionally, the consent did not include potential negative effects of the intervention. During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated Individual #1's HRC Approval Request Forms needed to be revised. The facility failed to ensure Individual #1's HRC Approval Request Forms contained sufficient information on which to base consent decisions. 5. Individual #3's 4/3/11 IPP stated he was a 14 year old male whose diagnoses included mild mental retardation, mood disorder, ADHD, and ODD.	W 124		

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W 124	Continued From page 60 The facility used an HRC Approval Request Form to document written informed consent of the guardian and HRC approval for restrictive interventions. Individual #3's HRC Approval Request Forms did not provide sufficient information as follows: a. Individual #3's prescription Resident Profile, dated 5/12/11, stated he received Lithium Carbonate (an antipsychotic drug) 1200 mg daily. However, his HRC Approval Request Form, signed by the HRC and guardian, stated the consent was for Lithium Carbonate 450 mg twice daily. b. Individual #3's prescription Resident Profile, dated 5/12/11, stated he received Abilify (an antipsychotic drug) 15 mg daily. However, his HRC Approval Request Form, signed by the HRC and guardian, did not include the dose range of the drug. c. Individual #3's prescription Resident Profile, dated 5/12/11, stated he received Divalproex (Depakote - an anticonvulsant drug) 1500 mg daily. However, his HRC Approval Request Form, signed by the HRC and guardian, did not include the dose range of the drug. d. Individual #3's HRC Approval Request Form, signed by the guardian on 4/28/11 and the HRC on 5/3/11, stated a time out room could be used at the school. However, the consent did not	W 124		

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W 124	Continued From page 61 provide specific information related to the time out room, i.e. mechanical locking mechanism, duration of time he may spend in the room, etc. Additionally, the consent did not include potential negative effects of the intervention. e. Individual #3's HRC Approval Request Form, signed by the guardian on 4/28/11 and the HRC on 5/3/11, for physical redirection and CPI Team restraint, contained Individual #1's Task Avoidant behavior program and restraint information rather than Individual #3's. f. Individual #3's HRC Approval Request Form, signed by the guardian on 4/28/11 and the HRC on 5/3/11, for one-to-one staff did not include information related to the specific negative effects of the intervention. During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated Individual #3's consents lacked accurate or sufficient information and needed to be revised. The facility failed to ensure Individual #3's HRC Approval Request Forms contained sufficient information on which to base consent decisions. 6. Individual #4's 4/3/11 IPP stated he was a 15 year old male whose diagnoses included mild mental retardation, OCD, and ADHD. Individual #4's HRC Approval Request Form, dated 4/28/11 and signed by the guardian and HRC on 5/3/11, stated he received Thorazine (an antipsychotic drug) for physical aggression. However, the consent did not contain information related to dose range of the drug. Additionally,	W 124		

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W 124	Continued From page 62 the attached signature sheet from the HRC stated the consent was for Abilify (an antipsychotic drug). During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated consents lacked accurate or sufficient information and needed to be revised. The facility failed to ensure Individual #4's HRC Approval Request Form for Thorazine contained sufficient information on which to base consent decisions.	W 124		
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 record review and staff interviews, it was determined the facility failed to ensure individuals' rights were allowed and encouraged for 1 of 5 individuals (Individual #1) whose consents were reviewed. This resulted in facility staff signing an individual's permission slip without the appropriate authority. The findings include: 1. Individual #1's 4/4/11 IPP stated he was a 17 year old male whose diagnoses included mild mental retardation, ODD, mood disorder NOS, ADHD and PTSD. He attended a specialized	W 125		

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W 125	Continued From page 63 alternative school. Individual #1's record included a permission slip for an Equine Assisted Therapy program. The permission slip released the school and equine arena from any liability should Individual #1 be injured during the activity or during transportation to and from the activity. The permission slip was signed by the facility's AQMRP. Individual #1's record did not contain documentation that Individual #1's guardian had been consulted or provided with information related to the activity. During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated the school had requested permission slips for field trips which were typically signed by a staff member at the facility. The Administrator stated there was no documentation in place that Individual #1's guardian had given consent for the facility to sign permission slips. The facility failed to ensure Individual #1's rights were ensured by obtaining appropriate consent for potentially hazardous activities.	W 125		
W 137	483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it	W 137		

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W 137	Continued From page 64 was determined the facility failed to ensure sufficient systems had been developed and implemented to ensure individuals' personal possessions were accounted for and secured. This failure directly impacted 5 of 5 individuals (Individuals #1 - #5) whose records were reviewed and had the potential to impact all individuals (Individuals #1 - #8) residing in the facility. This resulted in the potential for individuals' possessions to be lost, stolen, or destroyed without appropriate interventions being implemented. The findings include: 1. Individual #1 - #5's floor books, used by direct care staff, were reviewed. The books included a "Resident Inventory" which stated "Only items over $10.00." When asked 6/8/11 at 11:28 a.m., the Administrator stated the facility did not have a policy related to personal possession inventories. During a subsequent interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator was asked about the Resident Inventory form. The Administrator stated staff were to add purchased items over $10.00 to the list. The facility failed to ensure a system was sufficiently developed to ensure all individuals' personal possessions, including items under ten dollars, were accounted for.	W 137		
W 148	483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS & The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not	W 148		

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W 148	Continued From page 65 limited to, serious illness, accident, death, abuse, or unauthorized absence. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interview it was determined the facility failed to ensure significant events were promptly reported to guardians for 5 of 5 individuals (Individuals #1, #2, #3, #5 and #8) for whom a significant event had occurred. This resulted in a lack of advocacy for individuals by the legal guardians. The findings include: 1. Each individual's record included a Parent Notification Form, signed by each individual's guardians. All guardians documented they wished to be notified per the facility's policy regarding notifications. The facility's Family and Legal Guardian Involvement and Notification Policy, undated and attached to each Parent Notification Form, stated "Any significant event or change that occurs with the residents will be reported promptly to the families and legal guardians by the QMRP or administrator/designee." The facility failed to ensure guardians were notified of significant events, as defined in policy, as follows: a. In response to a request for all investigations and accident/injury forms, on 6/6/11 the Administrator provided one Client Significant Event Report, dated 6/5/11, which stated Individual #6 struck Individual #3 on the left arm with a kitchen spatula.	W 148		

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	13G078		06/16/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME AGAIN ICF	2311 ARUBA DRIVE NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 148	Continued From page 66 The form did not include documentation that Individual #3's guardian had been notified of the incident. During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated guardian notification had not taken place. b. During an observation on 6/7/11 from 6:50 - 8:55 a.m., Individual #5 was observed with staff doing laundry. After Individual #5 put the laundry soap away, he went back to the laundry room, turned off the light, slammed the door, then hit his head on the hallway wall. Staff prompted Individual #5 to go to his room. On 6/8/11, the facility's documentation for 6/7/11 was requested. There was no information, including Client Significant Event Reports or behavioral data, that documented Individual #5's guardian had been notified of the head banging. During an interview on 6/13/11 from 9:00 a.m. to 12:15 p.m., the Administrator stated documentation should have been completed, and Individual #5's guardian should have been notified of the head banging incident. c. During an observation on 6/6/11 from 5:40 - 7:40 p.m., the following was observed: - 6:50 p.m.: While in the kitchen, Individual #2 shoved Individual #3. Individual #6, who was also in the kitchen, hit Individual #2. Individual #3 then shoved Individual #2. - 7:30 p.m.: While in the dining area, Individual #6	W 148		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
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W 148	Continued From page 67 pinched Individual #1, then ran across the living room and jumped on the couch where Individual #8 was sitting. Individual #6 grabbed Individual #8 by the shoulders. Individual #6 then hit Individual #3 on the shoulder. - 7:35 p.m.: While in the dining area, Individual #6 shoved Individual #8. The facility's documentation of significant events and maladaptive behaviors was reviewed for 6/6/11. However, no documentation could be found regarding the observed client to client altercations for Individuals #1, #2, #3, or #8, including documentation that guardians had been notified. During an interview on 6/13/11 from 9:00 a.m. to 12:15 p.m., the Administrator stated documentation should have been completed, and individuals' guardians should have been notified of the incidents observed on 6/6/11 between 5:40 - 7:40 p.m. The facility failed to ensure significant incidents for Individuals #1, #2, #3, #5 and #8 were promptly reported to their guardians.	W 148		
W 149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on review of the facility's policies and procedures for abuse, review of investigations,	W 149		

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W 149	Continued From page 68 record review, and staff interviews it was determined the facility failed to adequately developed and implement policies necessary to protect individuals from abuse, neglect and/or mistreatment. That failure directly impacted 5 of 8 individuals (Individuals #1, #2, #3, #5, and #8), and had the potential to impact all individuals. This resulted in the potential for individuals to be unprotected from abuse, neglect and/or mistreatment. The findings include: 1. The facility Abuse Policy, undated, was reviewed. The policy was not appropriately developed and implemented as follows: a. The General Guidelines and Procedures section stated the following: - Facility staff would be "trained by nursing staff in annual in-service meeting to know the signs and symptoms of abuse." However, the policy did not indicate how newly hired staff would be trained prior to annual in-service meetings related to signs and symptoms of abuse. - Facility staff were to be on alert for signs and symptoms of abuse and "shall alert any such symptoms immediately to QMRP and/or administrator/designee." However, the policy did not indicate how staff were to "alert" symptoms of abuse to the appropriate party, or how staff were to determine who (QMRP, administrator, or designee) to contact.	W 149		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
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W 149	Continued From page 69 b. The Procedures for Significant Events section of the policy stated the Staff Member in Charge would complete a Client Significant Event Form and deliver it to the QMRP or AOD by the end of shift. However, the policy did not indicate how this was to take place outside of normal business hours when the QMRP or AOD were not present at the facility. During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated she, the AOD, or the QMRP were to come into the facility when they received a call indicating a Significant Event Form was being completed. For the 6/5/11 Client Significant Event Report, the report was completed by the Charge staff and documented the QMRP had been contacted at 8:36 p.m. However, the report did not include documentation that the form had been provided to or reviewed by the QMRP, AOD, or Administrator. c. The Procedures for Significant Events section of the policy stated upon receipt of the Client Significant Event Form, the QMRP/AOD was to immediately ensure that client protection and supervision was in place. However, for the 6/5/11 Client Significant Event Report, the form did not document the QMRP/AOD had taken any steps or measures to ensure individuals were not at risk due to potential on-going abuse or neglect. d. The Procedures for Significant Events section	W 149		

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W 149	Continued From page 70 of the policy stated the QMRP/AOD would document a brief description of the event as described in the Client Significant Event Form and attach it to the form along with all notes and documentation within 2 hours of receiving the report. However, for the 6/5/11 Client Significant Event Report, no documentation from the QMRP/AOD was attached. e. The Procedures for Significant Events section of the policy stated the QMRP/AOD would notify the family or guardian according to the family/legal guardian notification policy and document family/guardian notification on the Client Significant Event Form. However, for the 6/5/11 Client Significant Event Report, the form did not document guardian notification. f. The Procedures for Significant Events section of the policy stated "Nursing Staff will complete a physical examination within 1 hour of notification or before the end of shift." However, the policy did not specify what types of events would require nursing physical examination. Additionally, for the 6/5/11 Client Significant Event Report, the form did not document physical examination related to the incident completed by the nursing staff. g. The Procedures for Significant Events section of the policy included instructions for the	W 149		

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W 149	Continued From page 71 Administrator/AOD which included: - Receive and review the Client Significant Report form and all attachments or Investigation of Injury of Unknown Origin Form and the Team Review and Response Form. However, for the 6/5/11 Client Significant Event Report, there was no attached Team Review and Response Form and no indication of Administrator/AOD review. - Review the plans submitted by the QMRP. However, there were no plans submitted by the QMRP. - Be responsible for placing the person accused of abuse, threat, neglect or misconduct on leave unless it is the administrator who has been accused. However, the policy did not identify a timeframe for placing an accused person on leave (i.e. immediately upon report, only after receiving and reviewing a Significant Event Form, etc.). During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated the Abuse Policy was not appropriately implemented. The facility failed to ensure the Abuse Policy was appropriately developed and implemented. 2. Refer to W153 as it relates to the facility's failure to ensure all allegations of abuse were immediately reported to the administrator.	W 149		

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W 149	Continued From page 72 3. Refer to W154 as it relates to the facility's failure to ensure all allegations of abuse, neglect and mistreatment were thoroughly investigated.	W 149		
W 153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on observation, review of investigations, review of the facility's abuse policy, record review, and staff interviews it was determined the facility failed to ensure all allegations of abuse and neglect were immediately reported to the administrator for 5 of 5 individuals (Individuals #1, #2, #3, #5, and #8) for whom abuse was alleged. This resulted in the potential for on-going abuse to occur. The findings include: 1. The facility's Abuse Policy, undated, stated abuse was defined as "the ill-treatment, violation, revilement, exploitation and/or otherwise disregard of the individual, whether purposeful or due to carelessness, inattentiveness, or omission of the perpetrator." The Policy further stated any staff member who witnessed or received reports of abuse were to take immediate action to protect the individual and notify the staff member in charge immediately. The Policy stated the staff member in charge was to immediately notify the QMRP and Administrator.	W 153		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
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W 153	Continued From page 73 The Policy was not implemented as follows: a. A Client Significant Event Report, dated 6/5/11, documented Individual #6 had struck Individual #3 with a spatula in the kitchen at 6:00 p.m. Both Individual #6 and Individual #3 had one-to-one staffing at the time of the incident. The report did not include information related to where staff were located at the time of the incident (i.e., in the same room, between the individuals, etc.). The report documented the QMRP had been notified at 8:36 p.m. However, the section for Administrator notification was blank. During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated she had not been contacted regarding the incident but should have been. b. During an observation on 6/7/11 from 6:50 - 8:55 a.m., Individual #5 was observed with staff doing laundry. After Individual #5 put the laundry soap away, he went back to the laundry room, turned off the light, slammed the door, then hit his head on the hallway wall. Staff prompted Individual #5 to go to his room. On 6/8/11, the facility's documentation for 6/7/11 was requested. There was no information, including Client Significant Event Reports or behavioral data, that documented the Administrator being notified of Individual #5's head banging. Without Administrator notification, the facility could not ensure incidents of potential staff neglect were appropriately identified.	W 153		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
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W 153	Continued From page 74 During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated she was unaware of the head banging incident but it should have been reported. c. During an observation on 6/6/11 from 5:40 - 7:40 p.m., the following was observed: - 6:50 p.m.: While in the kitchen, Individual #2 shoved Individual #3. Individual #6, who was also in the kitchen, hit Individual #2. Individual #3 then shoved Individual #2. - 7:30 p.m.: While in the dining area, Individual #6 pinched Individual #1, then ran across the living room and jumped on the couch where Individual #8 was sitting. Individual #6 grabbed Individual #8 by the shoulders. Individual #6 then hit Individual #3 on the shoulder. - 7:35 p.m.: While in the dining area, Individual #6 shoved Individual #8. The facility's documentation for 6/6/11 was requested. There was no information, including Client Significant Event Reports or behavioral data, that documented the Administrator being notified of the client to client altercations. The facility's documentation of significant events and maladaptive behaviors was reviewed for 6/6/11. However, there was no documentation that the client to client altercations were reported to the facility's Administrator. Without Administrator notification, it would not be possible for the facility to ensure incidents of	W 153		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
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W 153	Continued From page 75 potential staff neglect or client to client abuse were appropriately identified. During an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated she was not aware of the client to client altercations but she should have been notified. The facility failed to ensure all allegations of potential abuse and neglect were immediately reported to the Administrator.	W 153		
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 review of the facility's abuse policy, review of significant events, record review, and staff interview, it was determined the facility failed to ensure all allegations of neglect were thoroughly investigated. This directly impacted 2 of 2 individuals (Individuals #1 and #3) for whom significant events were reported and had the potential to impact all individuals for whom allegations of abuse, neglect or mistreatment were alleged. This resulted in the absence of appropriate investigation and follow up to the incident. The findings include: 1. The facility's Abuse Policy, undated, stated the policy was to be used "in regards to abuse by any individual, whether that is staff to resident, resident to resident, or any abuse to resident by any person." The policy stated "All incidents of unknown origin and allegations of mistreatment,	W 154		

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W 154	Continued From page 76 neglect, threats, or abuse shall be thoroughly investigated by the IDT..." The policy included the following definitions: Abuse - "the ill-treatment, violation, revilement, exploitation and/or otherwise disregard of the individual, whether purposeful or due to carelessness, inattentiveness, or omission of the perpetrator." Physical Abuse - "any physical motion or action (e.g. slapping, hitting, punching, kicking, pinching) by which bodily harm or trauma occurs." Neglect - "failure to provide goods, supervision or services necessary to avoid physical or psychological harm." In response to a request for all investigations and accident/injury forms on 6/6/11, the Administrator provided one Client Significant Event Report, dated 6/5/11. The Administrator stated no other significant events had been documented or investigated since the previous survey. The Client Significant Event Report stated Individual #3 and Individual #6 were in the kitchen. Individual #3 began making noises in Individual #6's ear. After the second time Individual #3 made noises in Individual #6's ear, staff prompted Individual #3 to give personal space. Individual #3 continued the behavior. Individual #6 then obtained a spatula from a drawer and struck Individual #3 on the left arm. Staff physically redirected Individual #6 to his bedroom where he was "spoken to about his behavior."	W 154		

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W 154	Continued From page 77 The report included a section titled Client Supervision in which staff completing the report checked "yes" to questions related to enhanced supervision being in place for the client involved, and for enhanced supervision being completed properly. Individual #3's 4/4/11 PBSP stated "Due to the severity of violent/aggressive behaviors, the provoking behaviors, and the sexually inappropriate behaviors, and danger that [Individual #3] presents to himself and others... [Individual #3] requires close proximity (same room), one to one supervision while he is awake by specially trained staff members." His PBSP stated staff were to direct him to his room away from other residents if he tried to provoke another resident. Individual #6's 4/5/11 PBSP stated "Due to the severity of violent/destructive behaviors, and danger that [Individual #6] presents to himself and others...[Individual #6] requires close proximity (2 arms length), one to one supervision while he is awake..." However, the Significant Event Report did not include evidence it had been reviewed by the Administrator. Additionally, the Report did not document investigation of potential staff neglect given the client to client altercation taking place between two individuals for whom one to one staffing was implemented due to the severity and violent nature of their maladaptive behaviors. During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the Client	W 154		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
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W 154	Continued From page 78 Significant Event Report was not an investigation unto itself, and stated the incident should have been investigated due to potential staff neglect. The facility failed to ensure all allegations of potential abuse, neglect, and mistreatment were thoroughly investigated.	W 154		
W 158	483.430 FACILITY STAFFING The facility must ensure that specific facility staffing requirements are met. This CONDITION is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to ensure competent, trained staff were available to provide supervision and meet the health, safety, and active treatment needs of the individuals residing in the facility. This resulted in a lack of appropriate active treatment, behavioral, and health services being provided to the individuals. The findings include: 1. Refer to W159 as it relates to the facility's failure to ensure the QMRP provided sufficient monitoring and coordination. 2. Refer to W169 as it relates to the facility's failure to ensure professional program staff participated in on-going staff development and training in both formal and informal settings. 3. Refer to W189 as it relates to the facility's failure to ensure all staff received initial and on-going training in order to perform their job duties effectively, efficiently, and competently.	W 158		

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W 158	Continued From page 79 4. Refer to W190 as it relates to the facility's failure to ensure staff were able to demonstrate cross-cutting skills and competencies related to the developmental needs of individuals. 5. Refer to W191 as it relates to the facility's failure to ensure staff were able to demonstrate cross-cutting skills and competencies related to behavioral needs of individuals. 6. Refer to W192 as it relates to the facility's failure to ensure staff were able to demonstrate cross-cutting skills and competencies related to individuals' health needs. 7. Refer to W193 as it relates to the facility's failure to ensure staff demonstrated the skills and competencies to administer behavioral interventions. 8. Refer to W194 as it relates to the facility's failure to ensure staff demonstrated the skills and competencies necessary to implement the individuals' IPPs.	W 158		
W 159	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 observation, record review, and staff interviews it was determined the facility failed to ensure the QMRP provided sufficient monitoring and coordination which directly impacted 5 of 5 individuals (Individuals #1 - #5) whose records	W 159		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 159	Continued From page 80 were reviewed, and had the potential to effect 8 of 8 individuals (Individuals #1 - #8) residing at the facility. That failure resulted in individuals not receiving the necessary services, supports, and training required to meet their active treatment, behavioral, and health needs. The findings include: 1. Refer to W111 as it relates to the facility's failure to ensure the QMRP ensured a record keeping system was developed and maintained that documented individuals' health care, active treatment, social information, and protection of their rights. 2. Refer to W114 as it relates to the facility's failure to ensure the QMRP ensured any person who made an entry in an individual's record dated and signed it. 3. Refer to W122 and related standard level deficiencies as they relate to the facility's failure to ensure the QMRP ensured steps were taken to protect individuals' health, safety and rights. 4. Refer to W169 as it relates to the facility's failure to ensure the QMRP ensured professional program staff participated in on-going staff development and training in both formal and informal settings. 5. Refer to W189 as it relates to the facility's failure to ensure the QMRP ensured all staff received initial and on-going training in order to perform their job duties effectively, efficiently, and competently. 6. Refer to W190 as it relates to the facility's	W 159		

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	13G078		06/16/2011

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W 159	Continued From page 81 failure to ensure the QMRP ensured staff demonstrated cross-cutting skills and competencies related to the developmental needs of individuals. 7. Refer to W191 as it relates to the facility's failure to ensure the QMRP ensured staff demonstrated cross-cutting skills and competencies related to behavioral needs of individuals. 8. Refer to W192 as it relates to the facility's failure to ensure the QMRP ensured staff demonstrated cross-cutting skills and competencies related to individuals' health needs. 9. Refer to W193 as it relates to the facility's failure to ensure the QMRP ensured staff demonstrated the skills and competencies to administer behavioral interventions. 10. Refer to W194 as it relates to the facility's failure to ensure the QMRP ensured staff demonstrated the skills and competencies necessary to implement the individuals' IPPs. 11. Refer to W195 and related standard level deficiencies as they relate to the facility's failure to ensure the QMRP ensured active treatment services were provided to each individual participating in the facility's program. 12. Refer to W289 as it relates to the facility's failure to ensure the QMRP ensured techniques used to manage inappropriate behavior were incorporated into program plans. 13. Refer to W290 as it relates to the facility's	W 159		

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W 159	Continued From page 82 failure to ensure the QMRP ensured standing or as needed programs to control inappropriate behavior were not permitted. 14. Refer to W295 as it relates to the facility's failure to ensure the QMRP ensured physical restraint was only used as an integral part of an individual program plan that was intended to lead to less restrictive means of managing and eliminating the behavior for which the restraint was applied. 15. Refer to W302 as it relates to the facility's failure to ensure the QMRP ensured individuals placed in restraints were released from the restraints as quickly as possible. 16. Refer to W313 as it relates to the facility's failure to ensure the QMRP ensured drugs used for control of inappropriate behavior were not used until it was justified that the harmful effects of the behavior clearly outweighed the potentially harmful effects of the drugs. 17. Refer to W316 as it relates to the facility's failure to ensure the QMRP ensured drugs used for control of inappropriate behavior were gradually withdrawn at least annually. 18. Refer to W322 as it relates to the facility's failure to ensure the QMRP ensured all individuals received general and preventative health care services. 19. Refer to W351 as it relates to the facility's failure to ensure the QMRP ensured comprehensive dental services were provided to individuals.	W 159		

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W 159	Continued From page 83 20. Refer to W368 as it relates to the facility's failure to ensure the QMRP ensured all drugs were administered in compliance with the physician's orders. 21. Refer to W370 as it relates to the facility's failure to ensure the QMRP ensured that unlicensed personnel were not allowed to administer drugs. 22. Refer to W426 as it relates to the facility's failure to ensure the QMRP ensured the temperature of the water did not exceed 110 degrees Fahrenheit. 23. Refer to W436 as it relates to the facility's failure to ensure the QMRP ensured individuals' eyeglasses were provided, and individuals were taught to use and to make informed choices about their eyeglasses. 24. Refer to W440 as it relates to the facility's failure to ensure the QMRP ensured evacuation drills at least quarterly for each shift of personnel. 25. Refer to W478 as it relates to the facility's failure to ensure the QMRP ensured menus provided a variety of foods at each meal. 26. Refer to W481 as it relates to the facility's failure to ensure the QMRP ensured menus for food actually served were kept on file for 30 days. 27. Refer to W484 as it relates to the facility's failure to ensure the QMRP ensured the facility was equipped with tables, chairs, eating utensils, and dishes designed to meet the developmental	W 159		

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W 159	Continued From page 84 needs of each individual. 28. Refer to W488 as it relates to the facility's failure to ensure the QMRP ensured that each individual ate in a manner consistent with their developmental level.	W 159		
W 169	483.430(b)(4) PROFESSIONAL PROGRAM SERVICES Professional program staff must participate in on-going staff development and training in both formal and informal settings with other professional, paraprofessional, and nonprofessional staff members. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure professional staff sought and received training needed to meet the needs of 8 of 8 individuals (Individuals #1 - #8) residing in the facility. This resulted in a lack of assessment, program development, monitoring, and oversight necessary to meet individuals' needs. The findings include: 1. The job description/duties for the QMRP were reviewed and documented the following responsibilities: - To develop an IPP and Positive Behavior Supports for each individual with the help and input of the IDT. - To ensure and monitor the implementation of each individual's IPP and PBSP. - To observe individuals, review data and progress, and revise programs based on	W 169		

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W 169	Continued From page 85 individuals' needs and performance. - To provide staff training to the staff responsible for implementation of each IPP and ensure staff are knowledgeable in the interventions necessary to implement the IPPs. - To perform evaluation, revision and monitoring of individual active treatment programs. - To ensure that all individual needs are assessed and addressed through active treatment services. - To ensure consistency between external and internal programs and disciplines. - To coordinate personnel provision and training with Administrator/designee to meet active treatment program needs. - To investigate and provide a plan of correction for all incidents. - To monitor the implementation of facility policies and procedures and ensure implementation of licensing standards. - To ensure that any discrepancies or conflicts between programmatic, medical, dietary, and vocational aspects of the individuals' assessments are resolved. - To follow up on recommendations for services, equipment, or programs. - To ensure that adequate environmental supports and assistive devices are present to support independence of individuals. However, the facility's training records were reviewed and did not contain documentation the QMRP received training with regards to his job responsibilities. During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the QMRP had visited other providers to review a blank record and talk about school issues. The Administrator	W 169		

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W 169	Continued From page 86 stated she required the QMRP to watch "BFS webinars," but stated no other training had been sought. The Administrator stated there was no documentation related to the QMRP's training for his current job responsibilities. The facility failed to ensure the QMRP received sufficient training to meet the needs of the individuals residing at the facility. 2. The job description/duties for the AQMRP were reviewed and documented the following responsibilities: - To assist the QMRP to develop an IPP and Positive Behavior Supports for each individual. - To participate as part of the IDT. - To assist the QMRP in monitoring the implementation of each individual's IPP. - To assist the QMRP in observing individuals, reviewing data and progress, and revising programs based on individual needs and performance. - To provide staff training to staff responsible for implementation of each IPP at the direction of the QMRP. - To assist the QMRP in coordination between external and internal programs and disciplines. - To assist the QMRP to investigate and provide a plan of correction for all incidents. - To follow up on recommendations for services, equipment or programs. - To function as part of the Human Rights Committee. However, the facility's training records were reviewed and did not contain documentation that the AQMRP had received training with regards to	W 169		

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W 169	Continued From page 87 his job responsibilities. During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated there was no documentation related to the AQMRP's training for his current job responsibilities. The facility failed to ensure the AQMRP received sufficient training from professional program staff to meet the needs of the individuals residing at the facility.	W 169		
W 189	483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to ensure staff were provided initial and on-going training necessary to enable staff to perform the job duties effectively, efficiently, and competently for 4 of 5 individuals (Individuals #1, #3, #4, and #5) whose records were reviewed. This resulted in a lack appropriate interventions and training being provided to individuals. The findings include: 1. Refer to W190 as it relates to the facility's failure to ensure staff were able to demonstrate cross-cutting skills and competencies related to the individuals' developmental needs. 2. Refer to W191 as it relates to the facility's failure to ensure staff were able to demonstrate	W 189		

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W 189	Continued From page 88 cross-cutting skills and competencies related to the individuals' behavioral needs. 3. Refer to W192 as it relates to the facility's failure to ensure staff were able to demonstrate cross-cutting skills and competencies related to the individuals' health needs. 4. Refer to W193 as it related to the facility's failure to ensure staff demonstrated the skills and competencies to administer the individuals' behavioral interventions. 5. Refer to W194 as it relates to the facility's failure to ensure staff demonstrated the skills and competencies to implement the individuals' IPPs.	W 189		
W 190	483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' developmental needs. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interview, it was determined the facility failed to ensure staff were able to demonstrate cross-cutting skills and competencies related to the developmental needs of 3 of 5 individuals (Individuals #1, #4, and #5) reviewed. This resulted in a lack of opportunity for the individuals to practice skills and maximize their developmental potential. The findings include: 1. Individual #5's 4/3/11 IPP stated he was an 11 year old male diagnosed with severe autism and ADHD. Throughout observations conducted at the facility on 6/6/11 and 6/7/11, staff were not	W 190		

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W 190	Continued From page 89 observed to demonstrate cross-cutting skills and competencies necessary to promote Individual #5's independence and maximize his developmental potential as follows: a. Individual #5 was observed at the facility on 6/6/11 from 2:45 - 3:50 p.m. During the 1 hour and 5 minute observation period, the following was observed: At 3:02 p.m., staff held up a communication wallet with various pictures and asked him if he would like to do something. Individual #5 had a pillow over his head and did not look at the pictures. The staff's use of the communication wallet was not functional for Individual #5. At 3:05 p.m., staff verbally prompted Individual #5 to play a game with her and stated they needed to find the "flash cards." Staff removed the pillow from Individual #5 and held out her hand. Individual #5 took staff's hand and stood up. Individual #5 then followed staff to look for the flash cards. Staff stated they needed keys and Individual #5 went back to the couch, laid down and covered his head with the pillow. Staff continued to ask other staff members if they had keys so she could get Individual #5's flash cards. Individual #5 remained laying on the couch with the pillow over his head until staff returned with the flash cards at 3:15 p.m. Individual #5's continued participation in obtaining the cards was not elicited. At 3:15 p.m., staff verbally prompted Individual #5 to the table to play with the flash cards. Individual #5 stood up and went to the table, then sat down. Staff proceeded to lay out several cards on the	W 190		

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W 190	Continued From page 90 table. Staff finished laying cards on the table in front of Individual #5 and verbally prompted him to find a match. Individual #5 did not look at the cards and began making vocalizations. Staff verbally prompted him to find a triangle and tapped the table by the cards with her finger. Individual #5 did not look at the cards and vocalized louder. Staff told Individual #5 he did not have to play with the cards and he did not need to get upset. Staff then picked up the cards and verbally prompted Individual #5 to wash his hands for a snack. Individual #5 then stood up and went to his bedroom. Individual #5's participation in laying out and picking up the cards was not elicited. At 3:50 p.m., staff finished reading Individual #5 a book and verbally prompted him to stand up and asked if he wanted to paint. Staff held one hand out to Individual #5, which he took and stood up. Staff then pointed to the table. Individual #5 went to the table and sat in a chair next to the Art Therapist. The Art Therapist stated it was another individual's turn to paint and Individual #5 would have to wait. Staff then prompted Individual #5 to stand up, which he did. Staff then told Individual #5 he would have to wait for painting and asked if he wanted a snack or a book. Individual #5 did not respond and went into his bedroom where he remained until the observation ended. It was not evident why staff prompted Individual #5 to an activity he could not yet participate in. b. Individual #5 was observed at the facility on 6/6/11 from 5:40 - 7:40 p.m. During the 2 hour observation period, the following was observed:	W 190		

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W 190	Continued From page 91 5:40 - 6:15 p.m., Individual #5 was laying on the couch watching television, playing with a throw pillow and periodically placing it over his head. At 6:10 p.m., Individual #1 walked to the television, turned it off with his foot, then went to his room. Individual #5 continued manipulating the pillow. Individual #5's staff obtained the picture wallet, opened it, and while holding the picture wallet above the top of Individual #5's head where he could not see it, asked him a question. Individual #5 did not respond and staff then walked away leaving Individual #5 on the couch spinning a pillow and periodically covering his head with it until 6:15 p.m. The staff's use of the communication wallet was not functional for Individual #5. At 7:00 p.m., Individual #5 came out of his room and sat at the table. Individual #5 grabbed the back of his head by his hair. A plastic plate was on the table in front of Individual #5. The staff, standing to Individual #5's right, placed one piece of raw broccoli and one raw baby carrot on Individual #5's plate. Individual #5's participation in obtaining the plate and serving himself vegetables was not elicited. At 7:05 p.m., staff placed a shrimp quesadilla on Individual #5's plate. Individual #5 peeled the quesadilla open with his fingers. The staff handed him a fork. Individual #5 held the fork in his right hand and used the fingers of his left hand to feed himself. Individual #5 repeatedly placed his fork on the table and staff continued to place the fork in Individual #5's hand, periodically spearing his food for him and handing him the fork and verbally prompting Individual #5 to use his fork. The staff also asked Individual #5 if he	W 190		

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W 190	Continued From page 92 would rather have a spoon. Individual #5 did not answer and a spoon was not provided to him or present on the table. Individual #5's participation in obtaining and serving himself a quesadilla and obtaining a spoon was not elicited. At 7:15 p.m., another staff brought Individual #5's staff a plate with a quesadilla on it. The staff continued to stand next to Individual #5, prompting him to use his fork, while she ripped her own quesadilla into pieces and ate it with her fingers. Staff did not demonstrate a model of behavior she was attempting to elicit from Individual #5. c. Individual #5 was observed at the facility on 6/7/11 from 6:50 - 8:55 a.m. During the 2 hour and 5 minute observation period, the following was observed: At 7:35 a.m., Individual #5 entered the kitchen with his staff. Individual #5 opened the refrigerator while his staff obtained cold cereal. Individual #5 returned the cereal to the pantry with a verbal cue paired with a gesture. Staff then walked Individual #5 to the dining table and Individual #5 sat down and began eating his cereal independently. Staff then returned to the kitchen and prepared toast. At 7:44 a.m., staff took a plate with toast and ketchup to where Individual #5 was sitting at the table and gave it to him. Staff then left and returned with a paper towel, which she placed on the table by Individual #5. Staff was not observed to include Individual #5 in all aspects of preparing his breakfast. At 8:15 a.m., staff asked Individual #5 if he would like to mop with her. Individual #5 did not	W 190		

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W 190	Continued From page 93 respond and continued laying on his bed while staff mopped his bathroom. Staff was not observed to implement the prompt hierarchy to elicit Individual #5's participation in cleaning his bathroom. When asked about the observations during an interview, on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated staff were to be implementing training programs and using every moment as a teaching moment. The facility failed to ensure staff were able to demonstrate cross-cutting skills and competencies necessary for Individual #5 to practice skills, promote his independence, and maximize his developmental potential. 2. Individual #1's 4/4/11 IPP stated he was a 17 year old male whose diagnoses included mild mental retardation, ODD, mood disorder NOS, ADHD, and PTSD. Individual #1's IPP included an objective which stated he would eat items on the menu. His undated Training Data Sheet stated staff were to provide Individual #1 with the predetermined menu items for snacks and meals. If Individual #1 were to refuse to eat the items on the menu, staff were to assure him that the items were well prepared, healthy, and tasty, and remind him of the benefits of following a healthy structured diet. Additionally, Individual #1's PBSP 4/4/11 stated task avoidance and "not getting what he wants...are the first parts of a behavior chain that includes verbal aggression, verbal intimidation, running away, property destruction, and rarely	W 190		

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W 190	Continued From page 94 physical aggression." During an observation on 6/7/11 from 6:50 - 8:55 a.m., the following was observed: At 7:30 a.m., Individual #1 entered the kitchen, opened the freezer and removed cookies and cream ice cream and obtained strawberry syrup from the refrigerator. Individual #1 told staff that he was going to make a milkshake for breakfast. The staff explained to Individual #1 that a milkshake was not appropriate for breakfast and that the menu called for fruit smoothies made with yogurt and frozen fruit. Individual #1 stated the Book Keeper said he could have a milkshake for breakfast. The staff reminded Individual #1 about the need to follow the menu. Individual #1 started repeating that berries made him throw up and that the Book Keeper said he could have a milkshake. Staff attempted to redirect Individual #1 to the menu. Individual #1 went into the office and told the Book Keeper he wanted a milkshake. The Book Keeper stated he could have a milkshake. Individual #1 ran back into the kitchen stating he was told he could have a milkshake. The staff then explained to the Book Keeper what was on the menu. At 7:35 a.m., the staff reminded Individual #1 he needed to follow the menu or choose from the substitution list. Individual #1 then obtained cereal out of the pantry and stated he was mad and wanted to kill people.	W 190		

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	13G078		06/16/2011

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 190	Continued From page 95 At 7:40 a.m., Individual #1 ran out the front door of the facility and staff followed after him. During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated the facility Book Keeper should not have intervened with Individual #1. The Administrator stated the Book Keeper's duties were clerical and she should not have been working with the individuals. The facility failed to ensure the Book Keeper's interactions with Individual #1 were appropriate to his developmental needs. 3. Individual #4's 4/3/11 IPP stated he was a 15 year old male whose diagnoses included mild mental retardation, OCD, and ADHD. Individual #4's PBSP, dated 4/3/11, stated he engaged in task refusal, emotional outbursts (defined as yelling, throwing items, and being in a state of visible agitation), running away, property destruction (defined as kicking and punching walls, doors, dressers, other property, and destroying personal and facility property), and physical aggression (defined as hitting, punching, biting, and kicking). The "Prevention" section of Individual #4's PBSP included the following directions: - Keep Individual #4 on his schedule. - Explain to Individual #4 what task needs to be completed and why. - Ask Individual #4 to complete the task so that others cannot hear and do not make it a power struggle. - Be positive when prompting Individual #4 to the task.	W 190		

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W 190	Continued From page 96 During an observation on 6/7/11 from 10:20 - 11:10 a.m., the following was observed: At 10:20 a.m., Individual #4 was at the table with Individual #3, Individual #7, and Individual #8 working with two staff and the OT. At 10:40 a.m., Individual #4 left the group and walked towards his bedroom. The OT reminded Individual #4 that the group was not over. Individual #4 went into his bedroom and started playing video games. A staff member followed Individual #4 into his bedroom and reminded him that the group was not yet over. The staff reminded Individual #4 of his schedule for the day and explained why the group was important. While the staff was engaged with Individual #4 explaining why he should return to the group, the Book Keeper came out of the office, went into Individual #4's bedroom and began talking over the staff telling Individual #4 that he needed to go back to the group because it was not over yet. During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated the observed events should not have happened. The Administrator stated the Book Keeper should not have been interfering when staff were working with Individual #4. The facility failed to ensure the Book Keeper's interactions with Individual #4 were appropriate to his developmental needs.	W 190		
W 191	483.430(e)(2) STAFF TRAINING PROGRAM	W 191		

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W 191	Continued From page 97 For employees who work with clients, training must focus on skills and competencies directed toward clients' behavioral needs. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interview, it was determined the facility failed to ensure staff were able to demonstrate cross-cutting skills and competencies related to behavioral needs for 2 of 5 individuals (Individuals #3 and #5) reviewed. This resulted in the inability of staff to consistently intervene when individuals displayed mal-adaptive behaviors. The findings include: 1. Individual #5's 4/3/11 IPP stated he was an 11 year old male diagnosed with severe autism and ADHD. Throughout observations conducted at the facility on 6/6/11, 6/7/11, and 6/9/11, staff were not observed to demonstrate cross-cutting skills and competencies related to Individual #5's mal-adaptive behaviors as follows: a. Individual #5's undated Behavior plan for tantrums stated he would become upset by overwhelming sensory input including white noise from the microwave, crowded and noisy rooms, etc. The plan stated staff should intervene as soon as he showed signs of anxiety, which Individual #5 displayed by making loud noises, clapping loudly and banging on objects. Staff were to offer him sensory tools such as his fur scarf, a bear rug, etc. During observations on 6/6/11, 6/7/11, and 6/9/11 Individual #5 was observed on multiple occasions to lay on the couch covering his head with a pillow for extended periods of time. When asked about	W 191		

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W 191	Continued From page 98 the observations during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated staff should have used Individual #5's communication wallet to ask what he was feeling. If Individual #5 indicated it was "too loud," staff should have then prompted him to get his earmuffs. However, Individual #5's tantrum behavior plan did not include instructions to staff regarding what to do if Individual #5 was covering his head, instructions on the use of the emotions pictures, or information related to his earmuffs and staff were not observed to implement the interventions as explained by the Administrator. Additionally, during observations on 6/6/11 at 6:35 p.m., Individual #5 laid on his back on the couch with his headphones/earmuffs on, looking at the television. His staff was sitting on the couch by the top of his head. Without saying anything to Individual #5, his staff grabbed hold of the headphones/earmuffs and removed them from his head and laid them on the couch. Individual #5's tantrum plan did not include information related to when the earmuffs were to be removed. When asked during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated staff should not remove Individual #5's earmuffs. Further, on 6/6/11 at 3:30 p.m., Individual #5 came out of his bedroom with earmuffs on (the earmuffs were designed to muffle sound when firing a gun). He laid on the couch and began manipulating a pillow in his hands. Staff sat on the floor in front of the couch with a "Blues Clues"	W 191		

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W 191	Continued From page 99 book and began reading to him. The activity of reading was not consistent with Individual #5's efforts to block out sensory information by wearing his earmuffs. The facility failed to ensure staff were sufficiently trained to demonstrate cross-cutting behavioral interventions. 2. Individual #3's 4/3/11 IPP stated he was a 14 year old male whose diagnoses included mild mental retardation, mood disorder, ADHD, and ODD. A review of Individual #3's record documented he was restrained using a CPI 1 Man restraint as follows: - 5/2/11 at 7:30 (a.m. or p.m. not indicated). - 5/27/11 at 5:35 p.m. - 5/27/11 at 5:42 p.m. - 5/28/11 at 6:15 p.m. However, Individual #3's PBSP, dated 4/4/11, included the use of the CPI Team restraint, but did not include the use of a CPI 1 Man restraint. During an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated all staff were trained on the CPI restraint system, which included the CPI 1 Man restraint. Although staff were trained to implement the CPI 1 Man restraint, staff failed to demonstrate behavioral intervention skills by implementing an intervention that was not incorporated into Individual #3's plan. The facility failed to ensure staff were sufficiently	W 191		

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W 191	Continued From page 100 trained to implement Individual #3's restraints according to his plan.	W 191		
W 192	483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interview, it was determined the facility failed to ensure staff were able to demonstrate cross-cutting skills and competencies related to an individual's health needs for 1 of 5 individuals (Individual #5) reviewed. This resulted in a lack of appropriate monitoring of an individual after a head injury. The findings include: 1. The facility's undated Head Injury policy stated "All head injuries shall be immediately reported to nursing staff who shall perform a neurological evaluation as soon as possible to determine appropriate follow up. Charge staff for off campus outings and on campus charge staff shall be trained by the nursing staff in quarterly in service meeting in serial neurological checks outlined in the procedures and shall perform these checks in the case that nursing staff is unable to immediately assess the residents." The policy further stated staff were to document "the investigation of injury on the significant event reporting form and file in resident's records" and "Serial neurological check will be repeated and documented" as follows: "A. Q [every] 15 min for 1 hour	W 192		

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W 192	Continued From page 101 B. Q [every] 30 min for 2 hours C. Q [every] 2 hours for 4 hours D. Q [every] 4 hours for 8 hours E. Once a shift until resolved Abnormal neurological signs will be promptly reported to the physician." On 6/6/11 at 7:53 a.m., Individual #5 was observed with staff doing laundry. After Individual #5 put the laundry soap away, he went back to the laundry room, turned off the light, slammed the door, then hit is head on the hallway wall. Staff then prompted Individual #5 to go to his bedroom. Staff were not noted to call the nurse and a neurological check was not observed to be performed. When asked during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated she did not have documentation of a neuro-check being completed as a result of the head hit, but it should have been. When asked for documentation of training regarding head injuries during a subsequent interview on 6/15/11 from 1:15 to 4:15 p.m., the Administrator stated the facility did not have any. The facility failed to ensure staff were sufficiently trained to implement the facility's Head Injury policy.	W 192		
W 193	483.430(e)(3) STAFF TRAINING PROGRAM Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients.	W 193		

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W 193	Continued From page 102 This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to ensure staff demonstrated the skills and competencies to administer behavioral interventions for 2 of 5 individuals (Individuals #3 and #5) whose behavior intervention plans were reviewed. This resulted in staff being insufficiently trained to address individuals' maladaptive behaviors. The findings include: 1. Individual #5's 4/3/11 IPP stated he was an 11 year old male diagnosed with severe autism and ADHD. Throughout observations conducted at the facility on 6/6/11, 6/7/11 and 6/9/11, staff were not observed to demonstrate the skills and competencies necessary to implement his behavior management plans as follows: a. Individual #5's undated Behavior plan for ADHD symptoms stated staff were to warn him 5 minutes before an activity was to end. Additionally, his undated Behavior plan for task avoidance stated staff were to offer him the choice of 2 activities on his active treatment schedule. Individual #5 was observed at the facility on 6/6/11 from 2:45 - 3:50 p.m. His Active Treatment Schedule stated between 2:30 and 5:00 p.m. he was to engage in the following: - "prepare and eat snack" - "On school days [Individual #5] will make his bed, clean room, vacuum room, and clean his bathroom during this time." - "art activity ([Individual #5] likes to draw and paint. He also really enjoys watching staff draw.)"	W 193		

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W 193	Continued From page 103 The time block did not include information regarding non-school days and no other activities were listed in the time block. On 6/6/11 from 3:45 to 3:50 p.m., staff read a book to Individual #5. Staff then verbally prompted Individual #5 to stand up and asked if he wanted to paint. Staff were not observed to notify him 5 minutes prior to the book ending in accordance with his tantrum behavior plan and they were not observed to offer him a choice of activities in accordance with his task avoidance behavior plan. At 3:50 p.m., staff held one hand out to Individual #5, which he took and stood up. Staff then pointed to the table. Individual #5 went to the table and sat in a chair next to the Art Therapist. The Art Therapist stated it was another individual's turn to paint and Individual #5 would have to wait. Staff then prompted Individual #5 to stand up, which he did. Staff then told Individual #5 he would have to wait for painting and asked if he wanted a snack or a book. When asked about the observation during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated staff were to implement programs and offer Individual #5 choice of tasks he could engage in from his Active Treatment Schedule. b. Individual #5's undated Behavior plan for tantrums stated he would express increased anxiety by making loud noises, clapping loudly and banging on objects. The plan stated if he displayed increase anxiety symptoms, staff were	W 193		

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W 193	Continued From page 104 to immediately stop and prompt him to engage in a preferred activity such as watching a movie, jumping on the trampoline or coloring. On 6/6/11 at 3:15 p.m., Individual #5 was observed. Staff verbally prompted Individual #5 to the table to play with flash cards. Individual #5 stood up and went to the table, then sat down. Staff proceeded to lay out several cards on the table. Individual #3 asked Individual #5 if he wanted to go fishing. Individual #5 did not respond. Staff finish laying cards on the table in front of Individual #5 and verbally prompted him to find a match. Individual #5 did not look at the cards and began making vocalizations. Staff verbally prompted him to find a triangle and tapped the table by the cards with her finger. Individual #5 did not look at the cards and vocalized louder. Staff told Individual #5 he did not have to play with the cards and he did not need to get upset. Staff then picked up the cards and verbally prompted Individual #5 to wash his hands for a snack. Individual #5 then stood up and went to his bedroom. Staff were not observed to prompt him to a preferred activity in accordance with his tantrum behavior plan. On 6/6/11 at 6:20 p.m., Individual #5 came out of the laundry/medication room carrying a plastic bowl and spoon. He was wearing his headphones/earmuffs. He took the bowl and spoon into the kitchen and put them in the sink independently. He then began to make loud vocalizations, and ran out of the room to his bedroom while grabbing his hair at the back of his head. He obtained an 8 inch rubber ball from his	W 193		

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W 193	Continued From page 105 room and began bouncing the ball. Individual #5 grabbed hold of his headphones/earmuff and threw them to the floor. Individual #5 then went into the kitchen, bouncing the ball as he went. Once in the kitchen, Individual #5 continued to bounce the ball and make vocalizations. Individual #5 then went back to the couch and placed his earmuffs back on. Staff were not observed to prompt him to a preferred activity in accordance with his tantrum behavior plan. On 6/7/11 at 7:53 a.m., Individual #5 emerged from his bedroom carrying a laundry basket with clothes in it. Individual #5 went with the staff to a closet by the kitchen. He held the laundry basket against the wall while staff accessed the closet for laundry soap. Individual #5 hit the wall twice with his right fist and staff directed him to the laundry room. Staff verbally prompted Individual #5 to do his laundry and Individual #5 did not respond. Staff were not observed to prompt him to a preferred activity in accordance with his tantrum behavior plan. When asked about the observations during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated staff should have offered Individual #5 a preferred activity. Individual #5's tantrum plan further stated if Individual #5 was engaging in self-injurious behavior such as pinching or hitting himself, staff were to "hold his hands gently." On 6/9/11, the following was observed:	W 193		

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W 193	Continued From page 106 At 9:15 a.m., Individual #5 was sitting at the dining table. A staff was standing on his right. Individual #5 was making loud vocalizations and interlaced his fingers, then twisted his hands in opposite directions, forcibly wringing his hands. His hands were noted to be red. Individual #5 then hit his legs 14 times and hit the right side of his face with the ball of his right hand 4 times. Staff faced Individual #5 and kneeled down in front of him, then interlaced each of his hands with Individual #5's (staff's right hand to Individual #5's left, etc.). Individual #5 pulled his hands back, but staff maintained their grip. At one point, Individual #5 pulled his hands away and staff grasped him by the wrists. At 9:20 a.m., two staff assisted Individual #5 by holding onto his hands and walked him to the couch. Both staff repeatedly asked Individual #5 to show them what he wanted. Individual #5 did not respond. Once at the couch, Individual #5 flopped down on his back, faced towards the television, and placed a pillow over the side of his head, sandwiching his head between the pillow and the couch cushions. Individual #2 was sitting at the other end of the couch. The staff working with Individual #5 got the picture wallet off the kitchen counter and said "tell me what you want." Individual #5 did not respond. Staff then held the picture wallet in front of Individual #5, touched the picture wallet and said "I see you're angry." Individual #5 did not respond. At 9:25 a.m., the LPN entered the room. The staff told the LPN Individual #5 appeared upset about	W 193		

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W 193	Continued From page 107 going on an outing. The LPN pulled the corner of the pillow covering Individual #5's head, said "Hi, how are you?" Individual #5 made loud vocalizations and the LPN walked away. Individual #5 quieted, appeared to be looking at the television (which was on) and held the pillow over the side of his head. At 9:26 a.m., Individual #5 made a loud vocalization and clasped his hands together repeating the forcible hand wringing. Staff grabbed Individual #5's hands over the back of the couch and separated them. Staff then held Individual #5's right hand down against the pillow, which had slipped to Individual #5's chest. Staff asked Individual #5 if he wanted to go for a walk. Individual #5 did not respond. Individual #2 got up from the couch and the staff sat by the top of Individual #5's head. Individual #5 hit his head two times with his hands. The LPN, who had moved to the back of the couch, reached over the couch and took hold of Individual #5's right hand by the wrist. The staff took hold of Individual #5's left hand by interlacing his fingers through Individual #5's. Individual #5 pulled his hands away, but the staff and the LPN maintained their hold. The staff and the LPN released Individual #5's hands after approximately 30 seconds. Individual #5 hit his thighs. The LPN asked the staff to get a ball. The staff obtained an 8 inch rubber ball. The Nurse told the staff to ask Individual #5 to bounce the ball. Individual #5 took the ball and threw it. At 9:30 a.m., Individual #5 hit his head 2 times with his hands. The staff grabbed hold of Individual #5's hands. The staff held onto	W 193		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME AGAIN ICF	2311 ARUBA DRIVE NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 193	Continued From page 108 Individual #5's hands for approximately 30 seconds. Staff then release Individual #5's hands and he appeared to calm and watch the television. When asked about the observation during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated staff did not implement the behavior plan or the hand holds correctly. When asked if the hand holds were part of the CPI restraint system used by the facility, the Administrator stated the hand holds were not a part of the CPI system. When asked for documentation of training regarding Individual #5's behavior plans or the hand holds during an interview on 6/15/11 from 1:15 to 4:15 p.m., the Administrator stated the facility did not have any. The facility failed to ensure staff were sufficiently trained to implement Individual #5's behavior programs. 2. Individual #3's 4/3/11 IPP stated he was a 14 year old male whose diagnoses included mild mental retardation, mood disorder, ADHD, and ODD. He required one-to-one staffing due to the level and severity of his maladaptive behaviors. An observation was conducted at the facility on 6/7/11 from 6:50 - 8:55 a.m. During that time, the following was observed: At 8:15 a.m., Individual #3 was in the pantry. Individual #3 banged on the shelves, told his one-to-one staff to get out and called him a "f*****." The one-to-one staff requested	W 193		

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W 193	Continued From page 109 assistance from a second staff. The two staff then escorted Individual #3 to his bedroom by taking Individual #3 from either side under the arm and walking him rapidly to his room. Once inside the bedroom, Individual #3's one-to-one staff remained in the room and the second staff stood outside the bedroom door. At 8:20 a.m., A thump sound was heard from Individual #3's bedroom. Individual #3's one-to-one staff called for the second staff who opened the door. The one-to-one staff stated Individual #3 kicked him and the two staff placed Individual #3 in a CPI Team restraint. This consisted of a staff being on each side of Individual #3. Individual #3 was standing with his legs apart, bent forward at the waist. Each of the staff had their leg closest to Individual #3 in front of his legs, their hips against Individual #3's hips, and his arm closest to them stretched across their body. Individual #3 was observed to spit on the staff's shoes. Both staff repeatedly told Individual #3 he needed to calm down and asked him to start counting. After approximately 3 minutes, Individual #3 counted backwards from 10 to 1. The one-to-one staff told Individual #3 that was not good enough and he needed to take some deep breaths first. Individual #3 took three deep breaths after which the one-to-one staff asked him to count down again. Individual #3 again counted backwards from 10 to 1, at which point staff released him from the restraint. Approximately 90 seconds elapsed between the time Individual #3 began counting backwards the first time and staff released him from the restraint.	W 193		

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W 193	Continued From page 110 His PBSP, dated 4/4/11, stated if Individual #3 presented an immediate danger to himself or others, staff could implement a CPI Team Restraint until he appeared calm. The PBSP stated staff were to release the restraint at the earliest opportunity. His PBSP did not include instructions related to having Individual #3 count backwards from 10 or take deep breaths. During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated Individual #3 should have been released from the restraint as soon as he was no longer a risk to himself or others. The Administrator stated Individual #3 should not have been made to count backwards one time, let alone twice, and should not have been asked to take deep breaths. The facility failed to ensure staff were able to demonstrate the skills necessary implement Individual #3's CPI Team Restraint.	W 193		
W 194	483.430(e)(4) STAFF TRAINING PROGRAM Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interview it was determined the facility failed to ensure staff were able to demonstrate the skills and competencies necessary to implement an individual's IPP for 1 of 5 individuals (Individual #5) reviewed. This resulted in an individual not receiving training and services consistent with his	W 194		

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W 194	Continued From page 111 IPP. The findings include: 1. Individual #5's 4/3/11 IPP stated he was an 11 year old male diagnosed with severe autism and ADHD. Throughout observations conducted at the facility on 6/6/11 and 6/7/11, staff were not observed to demonstrate the skills and competencies necessary to implement his IPP as follows: a. Individual #5's undated training program for self administration of medication stated staff were to use the prompt hierarchy to provide him with the least amount of assistance possible to mix his medications into yogurt. On 6/7/11 at 8:50 a.m., staff was observed crushing one tablet of Risperidal (an antipsychotic drug) 0.25 mg and one tablet of Theregran multivitamin (a supplemental drug). The crushed medications were then mixed with yogurt in a bowl. Individual #5 then entered the medication room. The staff member working with Individual #5 scooped the yogurt, mixed with the crushed medication, into Individual #5's mouth with a spoon. Individual #5 was not observed to participate in the medication administration as per his IPP. When asked about the observation during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated the self administration of medication program should have been implemented. b. Individual #5's undated training program for saying "thank you" stated he would be given daily opportunities to participate in the objective	W 194		

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W 194	Continued From page 112 "whenever he is given medication, food, etc..." Staff were to use the prompt hierarchy to provide him with the least amount of assistance possible say thank you. - On 6/6/11 at 7:00 p.m., Individual #5 was observed eating dinner. Staff placed one piece of raw broccoli and one raw baby carrot on Individual #5's plate followed by a shrimp quesadilla at 7:05 p.m. Staff were not observed to prompt Individual #5 to say thank you. - On 6/7/11 at 8:50 a.m., Individual #5 was observed taking his medications. Staff were not observed to prompt Individual #5 to say thank you. - On 6/7/11 at 7:35 a.m., staff prepared Individual #5's breakfast cereal. At 7:44 a.m., staff took a plate with toast and ketchup to where Individual #5 was siting at the table and gave it to him. Staff were not observed to prompt Individual #5 to say thank you. When asked about the observation during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated the program should have been implemented as opportunities presented themselves. c. Individual #5's undated training program for answering yes or no stated staff were to ask him yes/no questions throughout the day. - On 6/6/11 at 2:50 p.m., Individual #3 asked Individual #5 if he wanted to go fishing. Staff were not observed to prompt Individual #5 to answer yes or no.	W 194		

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W 194	Continued From page 113 - On 6/6/11 at 3:02 p.m., staff held up a communication wallet with various pictures and asked him if he would like to do something. Staff were not observed to prompt Individual #5 to answer yes or no. On 6/6/11 at 3:50 p.m., staff verbally prompted Individual #5 to stand up and asked if he wanted to paint. Staff were not observed to prompt Individual #5 to answer yes or no. - On 6/6/11 at 7:05 p.m., staff asked Individual #5 if he would rather have a spoon to eat his dinner. Individual #5 did not answer. Staff were not observed to prompt Individual #5 to answer yes or no. When asked about the observations during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated the program should have been implemented as opportunities presented themselves. d. Individual #5's undated Behavior plan for ADHD symptoms stated staff were to warn him 5 minutes before an activity was to end. Additionally, his undated Behavior plan for task avoidance stated staff were to offer him the choice of 2 activities on his active treatment schedule. Individual #5 was observed at the facility on 6/6/11 from 2:45 - 3:50 p.m. His Active Treatment Schedule stated between 2:30 and 5:00 p.m. he was to engage in the following: - "prepare and eat snack" - "On school days [Individual #5] will make his	W 194		

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W 194	Continued From page 114 bed, clean room, vacuum room, and clean his bathroom during this time." - "art activity ([Individual #5] likes to draw and paint. He also really enjoys watching staff draw.)" The time block did not include information regarding non-school days and no other activities were listed in the time block. On 6/6/11 from 3:45 to 3:50 p.m., staff read a book to Individual #5. Staff then verbally prompted Individual #5 to stand up and asked if he wanted to paint. Staff were not observed to notify him 5 minutes prior to the book ending in accordance with his tantrum behavior plan and they were not observed to offer him a choice of activities in accordance with his task avoidance behavior plan. At 3:50 p.m., staff held one hand out to Individual #5, which he took and stood up. Staff then pointed to the table. Individual #5 went to the table and sat in a chair next to the Art Therapist. The Art Therapist stated it was another individual's turn to paint and Individual #5 would have to wait. Staff then prompted Individual #5 to stand up, which he did. Staff then told Individual #5 he would have to wait for painting and asked if he wanted a snack or a book. When asked about the observation during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated staff were to implement programs and offer Individual #5 choice of tasks he could engage in from his Active Treatment Schedule. When asked for documentation of training	W 194		

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W 194	Continued From page 115 regarding Individual #5's training plans during an interview on 6/15/11 from 1:15 to 4:15 p.m., the Administrator stated the facility did not have any. The facility failed to ensure staff were sufficiently trained to implement Individual #5's IPP.	W 194		
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 review, and staff interviews it was determined the facility failed to ensure active treatment services were provided to each individual participating in the facility's program. This resulted in a lack of necessary services and supports being provided to individuals in order to adequately address their needs. The findings include: 1. Refer to W120 as it relates to the facility's failure to ensure that outside services met the needs of each individual. 2. Refer to W196 as it relates to the facility's failure to ensure each individual was provided with continuous and consistent active treatment services in accordance with their individualized needs. 3. Refer to W214 as it relates to the facility's failure to ensure developmental assessments were completed and contained comprehensive information.	W 195		

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W 195	Continued From page 116 4. Refer to W216 as it relates to the facility's failure to ensure all comprehensive functional assessments included physical development and health. 5. Refer to W223 as it relates to the facility's failure to ensure all comprehensive functional assessments included social development. 6. Refer to W227 as it relates to the facility's failure to ensure individuals' IPPs included objectives to meet their needs. 7. Refer to W229 as it relates to the facility's failure to ensure all objectives of the IPP were stated separately, in terms of a single behavioral outcome. 8. Refer to W230 as it relates to the facility's failure to ensure all objectives of the IPP were assigned projected completion dates. 9. Refer to W231 as it relates to the facility's failure to ensure all objectives of the IPP were expressed in behavioral terms that provided measurable indices of performance. 10. Refer to W232 as it relates to the facility's failure to ensure objectives of the IPP were organized to reflect a developmental progression appropriate to each individual. 11. Refer to W234 as it relates to the facility's failure to ensure all written training programs designed to implement the objectives in the IPP specified the methods to be used. 12. Refer to W235 as it relates to the facility's	W 195		

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W 195	Continued From page 117 failure to ensure all written training programs designed to implement the objectives in the IPP specified the schedule for use of the method. 13. Refer to W236 as it relates to the facility's failure to ensure all written training programs designed to implement the objectives in the IPP specified the person responsible for the program. 14. Refer to W237 as it relates to the facility's failure to ensure all written training programs designed to implement the objectives in the IPP specified the type of data and frequency of data collection necessary to be able to assess progress toward the desired objectives. 15. Refer to W249 as it relates to the facility's failure to ensure each individual received 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 IPP. 16. Refer to W250 as it relates to the facility's failure to ensure an active treatment schedule that outlined the current active treatment program for each individual was developed and readily available for review by relevant staff. 17. Refer to W251 as it relates to the facility's failure to ensure each individual's IPP was implemented by all staff who worked with the individual. 18. Refer to W252 as it relates to the facility's failure to ensure data was collected sufficiently to determine the efficacy of intervention strategies.	W 195		

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W 195	Continued From page 118 19. Refer to W255 as it relates to the facility's failure to ensure the IPP was revised when the individual successfully completed an objective or objectives identified in the IPP. 20. Refer to W257 as it relates to the facility's failure to ensure the IPP was revised when the individual was failing to progress toward identified objectives. 21. Refer to W259 as it relates to the facility's failure to ensure that at least annually, the comprehensive functional assessment of each individual was reviewed by the interdisciplinary team for relevancy and updated as needed. 22. Refer to W260 as it relates to the facility's failure to ensure the IPP was revised, as appropriate. 23. Refer to W262 as it relates to the facility's failure to ensure restrictive interventions were implemented only with the approval of the human rights committee. 24. Refer to W263 as it relates to the facility's failure to ensure restrictive interventions were implemented only with the written informed consent of the parent/guardian.	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:	W 196		

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W 196	Continued From page 119 (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 staff interviews it was determined the facility failed to ensure each individual was provided with continuous and consistent active treatment services in accordance with their individualized needs for 1 of 5 individuals (Individual #5) reviewed. That failure resulted in an individual not receiving the training necessary for him to function with as much self-determination and independence as possible. The findings include: 1. Individual #5's 4/3/11 IPP stated he was an 11 year old male diagnosed with severe autism and ADHD. During observations conducted on 6/6/11 and 6/7/11, the following was observed: a. Individual #5 was observed at the facility on 6/6/11 from 2:45 - 3:50 p.m. During the 1 hour and 5 minute observation period, the following was observed: 2:45 - 2:50 p.m.: Individual #5 was laying on the couch covering his head with a throw pillow. At 2:50 p.m., Individual #3 asked him if he wanted to go fishing. Individual #5 did not respond and continued laying on the couch with the pillow over his head. A 3:02 p.m., staff held up a communication wallet with various pictures and asked him if he would like to do something. Individual #5 did not look at the picture and	W 196		

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W 196	Continued From page 120 continued laying on the couch with the pillow over his head. 3:05 - 3:15 p.m.: At 3:05 p.m., staff verbally prompted Individual #5 to play a game with her and stated they needed to find the "flash cards." Staff removed the pillow from Individual #5 and held out her hand. Individual #5 took staff's hand and stood up. Individual #5 then followed staff to look for the flash cards. Staff stated they needed keys and Individual #5 went back to the couch, laid down and covered his head with the pillow. Staff continued to ask other staff members if they had keys so she could get Individual #5's flash cards. Individual #5 remained laying on the couch with the pillow over his head until staff returned with the flash cards at 3:15 p.m. 3:15 - 3:19 p.m.: Staff verbally prompted Individual #5 to the table to play with the flash cards. Individual #5 stood up and went to the table, then sat down. Staff proceeded to lay out several cards on the table. Individual #3 again asked Individual #5 if he wanted to go fishing. Individual #5 did not respond. Staff finished laying cards on the table in front of Individual #5 and verbally prompted him to find a match. Individual #5 did not look at the cards and began making vocalizations. Staff verbally prompted him to find a triangle and tapped the table by the cards with her finger. Individual #5 did not look at the cards and vocalized louder. Staff told Individual #5 he did not have to play with the cards and he did not need to get upset. Staff then picked up the cards and verbally prompted Individual #5 to wash his hands for a snack. Individual #5 then stood up and went to his bedroom.	W 196		

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W 196	Continued From page 121 3:19 - 3:30 p.m.: Individual #5 was in his bedroom with staff. 3:30 - 3:45 p.m.: Individual #5 came out of his bedroom with earmuffs on (the earmuffs were designed to muffle sound when firing a gun). He laid on the couch and began manipulating a pillow in his hands. Staff sat on the floor in front of the couch with a "Blues Clues" book and began reading to him. Individual #5 continued playing with the pillow as staff continued reading to him until 3:45 p.m. When asked if Individual #5 could hear the story while wearing the earmuffs, staff stated he could, it would just be muffled. 3:45 - 3:50 p.m.: Staff finished the book and verbally prompted Individual #5 to stand up and asked if he wanted to paint. Staff held one hand out to Individual #5, which he took and stood up. Staff then pointed to the table. Individual #5 went to the table and sat in a chair next to the Art Therapist. The Art Therapist stated it was another individual's turn to paint and Individual #5 would have to wait. Staff then prompted Individual #5 to stand up, which he did. Staff then told Individual #5 he would have to wait for painting and asked if he wanted a snack or a book. Individual #5 did not respond and went into his bedroom where he remained until the observation ended. Individual #5 was not observed to be engaged in functional, meaningful activities designed to promote his growth and maximize his independence during the 1 hour and 5 minute observation period.	W 196		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 196	Continued From page 122 b. Individual #5 was observed at the facility on 6/6/11 from 5:40 - 7:40 p.m. During the 2 hour observation period, the following was observed: 5:40 - 6:15 p.m.: Individual #5 was the only individual at the facility. All other individuals were on outings. Individual #5 was lying on his back on the couch and appeared to be watching Dora the Explorer on television. Individual #5 was wearing his earmuffs. A staff was sitting on the couch by the top of Individual #5's head. Individual #5 was holding a throw pillow, spinning it on his finger as he watched television. At 5:45 p.m., Individuals #2, #6, #7, and #8 returned to the facility. Individual #5 continued to lie on his back with his earmuffs on, looking at the television, but had placed the pillow over the side of his head, sandwiching his head between the pillow and the couch cushions. Individual #5 remained on the couch periodically playing with the pillow and placing it over his head. At 6:10 p.m., Individual #1 walked to the television, turned it off with his foot, then went to his room. Individual #5 continued manipulating the pillow. Individual #5's staff obtained the picture wallet, opened it, and while holding the picture wallet above the top of Individual #5's head where he could not see it, asked him a question. Individual #5 did not respond and staff then walked away leaving Individual #5 on the couch spinning a pillow and periodically covering his head with it until 6:15 p.m. 6:15 - 6:35 p.m.: Individual #5 was alone on the couch pressing the pillow onto the side of his head. Individual #5's staff then came to the living room and signed to Individual #5. Individual #5 stood and went with the staff to the	W 196		

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	13G078		06/16/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME AGAIN ICF	2311 ARUBA DRIVE NAMPA, ID 83686

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W 196	Continued From page 123 laundry/medication room. At 6:20 p.m., Individual #5 came out of the laundry/medication room carrying a plastic bowl and spoon. He was still wearing his earmuffs. He took the bowl and spoon into the kitchen and put them in the sink independently. He then began to make loud vocalizations, and ran out of the room to his bedroom while grabbing his hair at the back of his head. He obtained an 8 inch rubber ball from his room and began bouncing the ball. Individual #5 grabbed hold of his earmuffs and threw them to the floor. Individual #5 then went into the kitchen, bouncing the ball as he went. Once in the kitchen, Individual #5 continued to bounce the ball and make vocalizations. Individual #5 then went back to the couch and placed his earmuffs back on. 6:35 - 6:55 p.m.: Individual #5 laid on his back on the couch with his earmuffs on, looking at the television. His staff was sitting on the couch by the top of his head. Without saying anything to Individual #5, his staff grabbed hold of the earmuffs and removed them from his head and laid them on the couch. The staff then stood and left the room. Individual #5 stuck his thumbs into his ears. At 6:38 p.m., Individual #5 grabbed his earmuffs and put them on. Individual #5 continued to lie on his back on the couch, periodically playing with a pillow and pressing it into his stomach until 6:55 p.m. 6:55 - 7:00 p.m.: Staff turned the television off and asked Individual #5 to stand. Individual #5 stood up and moved to stand by the wall. The staff verbally cued Individual #5 to sit at the table, which he did. Staff then verbally cued him to wash his hands. Individual #5 stood and went to	W 196		

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W 196	Continued From page 124 his bedroom. At 7:00 p.m., Individual #5 came out of his room and sat at the table. Individual #5 grabbed the back of his head by his hair. A plastic plate was on the table in front of Individual #5. The staff, standing to Individual #5's right, placed one piece of raw broccoli and one raw baby carrot on Individual #5's plate. The staff then used hand over hand assistance to have Individual #5 squirt ranch dressing from a bottle over the top of the carrot and broccoli with his right hand. The staff left Individual #5 sitting at the table and went to the kitchen. Individual #5 repeatedly grabbed the back of his head by his hair as he continued to sit at the table. At 7:05 p.m., staff place a shrimp quesadilla on Individual #5's plate. Individual #5 peeled the quesadilla open with his fingers. The staff handed him a fork. Individual #5 held the fork in his right hand and used the fingers of his left hand to feed himself. Individual #5 repeatedly placed his fork on the table and staff continued to place the fork in Individual #5's hand, periodically spearing his food for him and handing him the fork and verbally prompting Individual #5 to use his fork. The staff also asked Individual #5 if he would rather have a spoon. Individual #5 did not answer and a spoon was not provided to him or present on the table. At 7:15 p.m., another staff brought Individual #5's staff a plate with a quesadilla on it. The staff continued to stand next to Individual #5, prompting him to use his fork, while she ripped her own quesadilla into pieces and ate it with her fingers.	W 196		

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W 196	Continued From page 125 At 7:30 p.m., Individual #5 finished his food and independently took his plate to the sink. After dropping his plate in the sink, Individual #5 went to the couch and laid on his back, where he remained until 7:35 p.m. 7:35 - 7:40 p.m.: Staff verbally cued Individual #5 to brush his teeth. Individual #5 stood and went to his bedroom. With the door open, staff had Individual #5 brush his teeth using gestures to cue to brush all areas. Individual #5 remained in his room until the observation ended at 7:40 p.m. Other than placing his dishes in the sink (after medications and after dinner) and brushing his teeth, Individual #5 was not observed to be engaged in functional, meaningful, activities designed to promote his growth and maximize his independence during the 2 hour observation period. c. Individual #5 was observed at the facility on 6/7/11 from 6:50 - 8:55 a.m. During the 2 hour and 5 minute observation period, the following was observed: 6:50 - 7:15 a.m.: Individual #5 was in his bedroom. At 7:10 a.m., vocalizations and thumping sounds could be heard from Individual #5's bedroom. Staff entered the bedroom. At 7:15 a.m., Individual #5 came out of his bedroom with staff, carrying a towel and shampoo/soap, and went into the laundry/medication room to shower.	W 196		

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W 196	Continued From page 126 At 7:30 a.m., Individual #5 left the laundry/medication room and went to his bedroom. 7:35 - 7:48 a.m.: Individual #5 entered the kitchen with his staff. Individual #5 opened the refrigerator while his staff obtained cold cereal. Individual #5 returned the cereal to the pantry with a verbal cue paired with a gesture. Staff then walked Individual #5 to the dining table and Individual #5 sat down and began eating his cereal independently. Staff then returned to the kitchen and prepared toast. At 7:44 a.m., staff took a plate with toast and ketchup to where Individual #5 was sitting at the table and gave it to him. Staff then left and returned with a paper towel, which she placed on the table by Individual #5. At 7:46 a.m., Individual #5 finished eating and staff handed him the paper towel. Individual #5 wiped his face and staff told him "good job." Staff then pointed at Individual #5's dishes and Individual #5 stood up and independently took his dishes to the kitchen, tapped his bread crusts into the trash and placed his dishes in the sink. He then went and laid down on the living room couch. 7:48 - 8:00 a.m.: Staff prompted Individual #5 to go with her. Individual #5 stood up and followed the staff to the medication/laundry room. He came out of the medication/laundry room carrying his night clothes that he had taken off prior to his shower. He then went into his bedroom. At 7:53 a.m., Individual #5 emerged from his bedroom carrying a laundry basket with clothes in it. Individual #5 went with the staff to a closet by the kitchen. He held the laundry basket against the	W 196		

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W 196	Continued From page 127 wall while staff accessed the closet for laundry soap. Individual #5 hit the wall twice with his right fist and staff directed him to the laundry room. Staff verbally prompted Individual #5 to do his laundry and Individual #5 did not respond. He then proceeded to stand with his back to the door (leading to the garage) while staff placed his clothes and soap in the washing machine. Staff started the washer then handed the soap and the soap scoop to Individual #5 and asked that he take it back to the closet. Staff then left the laundry room and walked toward the closet. Individual #5 followed the staff to the closet and handed her the soap. He then went back to the laundry room, turned off the light, slammed the door, then hit is head on the hallway wall. Staff then prompted Individual #5 to go to his bedroom. At 8:10 a.m., Individual #5 left his bedroom to get cleaning supplies. Individual #5 then went back to his room and laid on his bed. At 8:15 a.m., staff asked Individual #5 if he would like to mop with her. Individual #5 did not respond and continued laying on his bed while staff mopped his bathroom. Individual #5 then continued to lie on his bed, where he remained until the observation ended at 8:55 a.m. Other than showering, eating his breakfast, minimal participation in laundry and minimal participation in obtaining cleaning supplies, Individual #5 was not observed to be engaged in functional, meaningful, activities designed to promote his growth and maximize his independence during the 2 hour and 5 minute observation period.	W 196		

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W 196	Continued From page 128 When asked about the observations during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated staff were to be implementing training programs and using every moment as a teaching moment. The facility failed to ensure Individual #5 was provided with a pervasive, systemic active treatment program designed to maximize his independence and promote his self-direction. 2. Refer to W249 as it relates to the facility's failure to ensure individuals received training and services consistent with their program plans. 3. Refer to W251 as it relates to the facility's failure to ensure staff provided training and reinforced acquired skills to maximize the individuals' independence.	W 196		
W 214	483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure CFAs were an accurate reflection of developmental and behavioral strengths and needs for 5 of 5 individuals (Individuals #1 - #5) whose records were reviewed. This resulted in a lack of assessment information on which to base program decisions. The findings include: 1. Individual #5's 4/3/11 IPP stated he was an 11 year old male diagnosed with severe autism and	W 214		

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W 214	Continued From page 129 ADHD. His undated CFA did not include updated information as follows: a. Individual #5's floor book, used by direct care staff, included an undated "Skills of Daily Living Charting Sheet." The charting sheet included various tasks, which direct care staff were to assist Individual #5 to complete. When asked about the charting sheet during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated it was a way for the facility to ensure tasks were being complete and staff were to record the prompt level necessary for Individual #5 to initiate the task. Individual #5's charting sheet for 6/11 and his CFA were reviewed and documented the following: - Data documented for 6/6/11 and 6/7/11 in the column titled "Get Dressed" stated Individual #5 required gestural/model prompts. However, his CFA documented he was independent in basic dressing skills. The CFA did not include information related to the prompt level required for Individual #5 to initiate dressing. - Data documented for 6/6/11 and 6/7/11 in the column titled "Vacuum Bedroom" stated Individual #5 required gestural/model and direct verbal prompts. However, the "Vacuums floors" line of his CFA was crossed out. The CFA did not include information related to Individual #5's ability to vacuum floors. - Data documented for 6/6/11 and 6/7/11 in the column titled "Clean Bathroom" stated Individual #5 required light physical assistance. However,	W 214		

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W 214	Continued From page 130 the bathroom cleaning skills (including washing and rinsing sinks and faucets, cleaning tub/shower, cleaning tub and shower tiles, cleaning toilet, cleaning toiletry cabinets, cleaning mirrors and cleaning door handles) lines of his CFA were crossed out. Additionally, an unsigned and undated note in the "Comments" sections stated "Staff maintain common areas..." The CFA did not include information related to Individual #5's ability to clean the bathroom or his participation in the activity. - Data documented for 6/6/11 and 6/7/11 in the column titled "Wash/Fold Laundry" stated Individual #5 required light physical and full physical assistance. However, an unsigned and undated note in the "Comments" section under the "Clothing Care" heading of his CFA stated "Staff addresses [Individual #5's] clothing care needs." His CFA did not include information related to Individual #5's ability or his participation in the activity. When asked about Individual #5's CFA during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated the CFA was completed when individuals were first admitted to the facility to obtain baseline information and had not been updated. The facility failed to ensure Individual #5 CFA was updated since his admission in 2009. b. Individual #5's 4/3/11 IPP and CFA were reviewed and documented the following: - Individual #5's IPP included an objective which stated he would comb/brush his hair given a	W 214		

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W 214	Continued From page 131 verbal prompt. However, his CFA stated he could perform the task with a less restrictive gestural/model prompt. When asked about the objective during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated Individual #5 did not acknowledge gestural prompts and the facility was teaching him to respond to them. However, his CFA did not reflect his lack of the response to gestural prompts or the need to teach him to respond to gestural prompts. c. Individual #5's IPP included an objective which stated he would indicate he needed to use the bathroom given 2 direct verbal prompts. However, his CFA did not specify what prompt level Individual #5 needed to initiate going to the bathroom. When asked about the objective during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated Individual #5 had regressed in his toileting skills and his CFA needed to be updated. d. Individual #5's IPP included an objective for lathering and rinsing his hands which stated he would independently lather (minimum of 20 seconds) and rinse his hands in 5 of 7 trails per month for 3 consecutive months. However, his CFA stated he could already rinse his hands independently but did need specific verbal cues to rub his hands together for 30 seconds. When asked about the objective during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated Individual #5 could independently wash his hands but it was a compliance issue as he would not always initiate the task. The Administrator stated the CFA needed to be updated to reflect his current skill	W 214		

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W 214	Continued From page 132 level in hand washing. The facility failed to ensure Individual #5's CFA was an accurate reflection of his developmental strengths and needs. 2. Individual #2's 4/3/11 IPP stated she was a 15 year old female diagnosed with mild mental retardation, reactive attachment disorder, mood disorder NOS, ODD, PTSD, and ADHD. a. Individual #2's IPP included an objective which stated she required indirect verbal prompts to comb her hair. However, her CFA stated she combed her hair independently. When asked during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the information on her IPP was correct. b. Individual #2's Functional Behavioral Assessment, dated 2/11, stated under the diagnosis of Mood Disorder that Individual #2 had made 1 suicide threat in the past 12 months which was "evaluated to be insincere." The IPP stated "If she has another episode in 6 months, this will be assessed and integrated in the PBSP." No information related to the date of the last incident could be found in the assessment. However, Individual #2's psychiatric progress notes, dated 1/18/11 and 3/15/11, both stated "Tells me today that she became upset and had suicidal thoughts. She has no intent or plan." When asked during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated Individual #2's assessment needed to be updated.	W 214		

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W 214	Continued From page 133 The facility failed to ensure Individual #2's Functional Behavioral Assessment was updated to include comprehensive information related to her suicidal thoughts. 3. Individual #1's 4/4/11 IPP stated he was a 17 year old male whose diagnoses included mild mental retardation, ODD, mood disorder NOS, ADHD, and PTSD. His undated CFA did not include updated information as follows: a. Individual #1's floor book, used by direct care staff, included an undated "Skills of Daily Living Charting Sheet." The charting sheet included various tasks, which direct care staff were to assist Individual #1 to complete. When asked about the charting sheet during an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated it was a way for the facility to ensure tasks were being completed and staff were to record the prompt level necessary for Individual #1 to initiate the task. Individual #1's charting sheet for 6/11 and his CFA were reviewed and documented the following: - Data documented for 6/6/11 and 6/7/11 in the column titled "Shower/Wash hair" stated Individual #1 required direct verbal prompts. However, his CFA documented he was independent in showering/bathing skills. The CFA did not include information related to the prompt level required for Individual #1 to initiate showering/bathing. - Data documented for 6/6/11 and 6/7/11 in the	W 214		

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W 214	Continued From page 134 column titled "Put on Deodorant" stated Individual #1 required direct verbal prompts. However, his CFA documented he was independent in putting on deodorant. The CFA did not include information related to the prompt level required for Individual #1 to initiate putting on deodorant. - Data documented for 6/6/11 and 6/7/11 in the column titled "Brush Teeth" stated Individual #1 required direct verbal prompts. However, his CFA documented he was independent in tooth brushing. The CFA did not include information related to the prompt level required for Individual #1 to initiate brushing his teeth. - Data documented for 6/6/11 and 6/7/11 in the column titled "Make Bed" stated Individual #1 required direct verbal prompts. However, his CFA documented he required non-specific verbal cues to make his bed. The CFA did not include information related to the prompt level required for Individual #1 to initiate making his bed. During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated the CFA needed to be updated. The facility failed to ensure Individual #1's CFA was updated since his admission on 4/19/10. b. Individual #1's 4/4/11 IPP and CFA were reviewed and documented the following: - Individual #1's IPP included an objective which stated he would initiate brushing his teeth given indirect verbal prompts. However, the CFA documented he was independent in tooth brushing and did not include information related	W 214		

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W 214	Continued From page 135 to initiation of the task. - Individual #1's IPP included an objective which stated he would initiate showering given indirect verbal prompts. However, the CFA documented he was independent in showering/bathing and did not include information related to initiation of the task. - Individual #1's IPP included an objective which stated he would independently brush his hair. However, his CFA documented he could already independently comb/brush his hair. - Individual #1's IPP included an objective which stated he would wear his glasses one day per week for at least 2 hours given direct verbal prompts. However, his CFA did not include information about the care or use of glasses. During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated Individual #1's CFA needed to be revised. The facility failed to ensure Individual #1's CFA was an accurate reflection of his developmental strengths and needs. 4. Individual #3's 4/3/11 IPP stated he was a 14 year old male whose diagnoses included mild mental retardation, mood disorder, ADHD, and ODD. His undated CFA did not include updated information as follows: a. Individual #3's floor book, used by direct care staff, included an undated "Skills of Daily Living Charting Sheet." The charting sheet included various tasks, which direct care staff were to	W 214		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 214	Continued From page 136 assist Individual #3 to complete. When asked about the charting sheet during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated it was a way for the facility to ensure tasks were being completed and staff were to record the prompt level necessary for Individual #3 to initiate the task. Individual #3's charting sheet for 6/11 and his CFA were reviewed and documented the following: - Data documented for 6/6/11 in the column titled "Shower/Wash hair" stated Individual #3 required direct verbal prompts. However, his CFA documented he was independent in showering/bathing skills. The CFA did not include information related to the prompt level required for Individual #3 to initiate showering/bathing. - Data documented for 6/6/11 and 6/7/11 in the column titled "Brush Teeth" stated Individual #3 required direct verbal prompts. However, his CFA documented he was independent in initial set up of tooth brushing, but required indirect verbal cues to brush tooth surfaces. The CFA did not include information related to the prompt level required for Individual #3 to initiate tooth brushing. During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the CFA needed to be revised. The facility failed to ensure Individual #3's CFA was updated since his admission on 1/27/10.	W 214		

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W 214	Continued From page 137 b. Individual #3's 4/3/11 IPP and CFA were reviewed and documented the following: - Individual #3's IPP included an objective which stated he would brush his teeth with an indirect verbal prompt or less. However, his CFA stated he could already perform set up steps independently and could brush all surfaces of his teeth with a non-specific verbal cue (indirect verbal prompt). - Individual #3's IPP included an objective which stated he would make his bed with an indirect prompt or less. However, his CFA stated he required a specific verbal cue to pull up a blanket and make his bed daily, but did not assess Individual #3's ability to complete other areas of bed making, including removing soiled bedding, putting on a clean mattress cover, putting on a clean fitted sheet, putting on a clean top sheet, appropriately straightening sheets, putting on a bed cover, or regularly changing linens from normal use. - Individual #3's IPP included an objective which stated he would save money toward a long term goal with a direct verbal prompt or less. However, his CFA did not assess his ability to save money. - Individual #3's IPP included an objective which stated he would take a shower with an indirect verbal prompt or less. However, his CFA stated he was independent in showering skills. - Individual #3's IPP included an objective which stated he would wear his glasses one day per week for at least 2 hours with a direct verbal	W 214		

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W 214	Continued From page 138 prompt. However, his CFA did not include information about the care or use of glasses. During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated Individual #3's CFA needed to be revised. The facility failed to ensure Individual #3's CFA was an accurate reflection of his developmental strengths and needs. 5. Individual #4's 4/3/11 IPP stated he was a 15 year old male whose diagnoses included mild mental retardation, OCD, and ADHD. a. Individual #4's floor book, used by direct care staff, included an undated "Skills of Daily Living Charting Sheet." The charting sheet included various tasks, which direct care staff were to assist Individual #4 to complete. When asked about the charting sheet during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated it was a way for the facility to ensure tasks were being completed and staff were to record the prompt level necessary for Individual #4 to initiate the task. Individual #4's charting sheet for 6/11 and his CFA were reviewed and documented the following: - Data documented for 6/6/11 and 6/7/11 in the column titled "Shower/Wash hair" stated Individual #4 required light physical assistance and full physical assistance. However, his CFA documented he was independent in showering/bathing skills. The CFA did not include information related to the prompt level	W 214		

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W 214	Continued From page 139 required for Individual #4 to initiate showering/bathing. - Data documented for 6/6/11 and 6/7/11 in the column titled "Comb Hair" stated Individual #4 required gestural/model prompts. However, his CFA documented he was independent in combing his hair. The CFA did not include information related to the prompt level required for Individual #4 to initiate combing his hair. - Data documented for 6/6/11 and 6/7/11 in the column titled "Put on Deodorant" stated Individual #4 required gestural/model prompts. However, his CFA documented he was independent in putting on deodorant. The CFA did not include information related to the prompt level required for Individual #4 to initiate putting on deodorant. - Data documented for 6/6/11 and 6/7/11 in the column titled "Brush Teeth" stated Individual #4 required gestural/model prompts. However, his CFA documented he was independent in tooth brushing. - Data documented for 6/6/11 and 6/7/11 in the column titled "Get Dressed" stated Individual #4 required gestural/model prompts. However, his CFA documented he was independent in dressing tasks. The CFA did not include information related to the prompt level required for Individual #4 to initiate dressing. - Data documented for 6/6/11 and 6/7/11 in the column titled "Clean Bedroom" stated Individual #4 required light physical assistance. However, his CFA stated he was independent or required non-specific verbal cues to complete house	W 214		

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W 214	Continued From page 140 keeping tasks. The CFA did not include information related to the prompt level required for Individual #4 to initiate cleaning his room. - Data documented for 6/6/11 and 6/7/11 in the column titled "Clean Bathroom" stated Individual #4 required light physical assistance. However, his CFA stated he required non-specific verbal cues to complete bathroom cleaning tasks. The CFA did not include information related to the prompt level required for Individual #4 to initiate cleaning his bathroom. - Data documented for 6/6/11 and 6/7/11 in the column titled "Make Bed" stated Individual #4 required light physical assistance. However, his CFA stated he required non-specific verbal cues to complete making his bed. During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated Individual #4's CFA had not been updated The facility failed to ensure Individual #4's CFA was updated since his admission on 4/29/10. b. Individual #4's 4/3/11 IPP and CFA were reviewed and documented the following: - Individual #4's IPP included an objective which stated he would save money for an item given a direct verbal prompt. However, his CFA did not include information assessing his ability to save money. - Individual #4's IPP included an objective which stated he would wear his glasses one day per week for at least 2 hours given a direct verbal	W 214		

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W 214	Continued From page 141 prompt. However, his CFA did not include information assessing his glasses use. During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated Individual #4's CFA needed to be revised. The facility failed to ensure Individual #4's CFA was an accurate reflection of his developmental strengths and needs.	W 214		
W 216	483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include physical development and health. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure individuals' assessments included comprehensive health information for 4 of 5 individuals (Individuals #1, #3, #4 and #5) whose CFAs were reviewed. This resulted in the potential for individuals to not receive appropriate training necessary to maximize their independence in self administration of medications. The findings include: 1. Individual #5's 4/3/11 IPP stated he was an 11 year old male diagnosed with severe autism and ADHD. His CFA included a "Medications" section. The level of assistance required for Individual #5 to complete each step of the self-administration process was to be indicated on the assessment. However, lines were drawn through the steps and no information regarding his level of independence was included. A note in the comments section of the assessment stated	W 216		

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W 216	Continued From page 142 "meds managed by DCS/nursing staff." When asked about assessment information related to Individual #5's strengths and needs for self-administration of medications during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated the nurse was to complete the assessment information. 2. Individual #1's 4/4/11 IPP stated he was a 17 year old male whose diagnoses included mild mental retardation, ODD, mood disorder NOS, ADHD and PTSD. Individual #1's IPP included an objective which stated he would correctly state the reason he took his medications given a direct verbal prompt. However, his CFA did not include assessment information related to Individual #1's medication administration abilities or needs. During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated Individual #1's CFA needed to be updated to include information related to his self administration of medications skills. 3. Individual #3's 4/3/11 IPP stated he was a 14 year old male whose diagnoses included mild mental retardation, mood disorder, ADHD, and ODD. Individual #3's IPP included an objective which stated he would correctly name his medications when asked with an indirect prompt or less. However, his CFA stated he was all ready able to name or identify the medications he was taking with a non-specific verbal cue (indirect prompt).	W 216		

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W 216	Continued From page 143 During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated Individual #3's CFA needed to be revised. 4. Individual #4's 4/3/11 IPP stated he was a 15 year old male whose diagnoses included mild mental retardation, OCD, and ADHD. Individual #4's IPP included an objective which stated he would ask for his medication at the appointed time given a gestural/model prompt. However, his CFA did not include assessment information related to Individual #4's medication administration abilities or needs. During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated Individual #4's CFA needed to be revised. The facility failed to ensure Individuals #1, #3, #4 and #5's self-administration skills were assessed.	W 216		
W 223	483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include social development. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure the comprehensive functional assessment included social development for 2 of 5 individuals (Individuals #1 and #3) whose IPPs and assessments were reviewed. This resulted in a lack of information on which to base program decisions related to individuals' leisure and interpersonal skills. The findings include:	W 223		

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W 223	Continued From page 144 1. Individual #1's 4/4/11 IPP stated he was a 17 year old male whose diagnoses included mild mental retardation, ODD, mood disorder NOS, ADHD, and PTSD. Individual #1's Functional Assessment, undated, included a section titled Recreational, Leisure, & Retirement. Under the statement "Selects something to do at home for fun when given a choice" the number "1" was circled, indicating he was independent in this task. However, none of the remaining 130 data probes that assessed Individual #1's recreational and leisure likes and abilities, and assessed how he related to others during those times, were completed. Additionally, the narrative sections of the form that listed strengths, needs, limitations, and adaptive equipment needs were blank. During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated Individual #1's CFA needed to be updated. The Administrator stated additional information may be present in other assessments, but was unable to provide the survey team with additional documentation related to Individual #1's assessed leisure and interpersonal skills by the exit conference on 6/16/11. 2. Individual #3's 4/3/11 IPP stated he was a 14 year old male whose diagnoses included mild mental retardation, mood disorder, ADHD, and ODD. Individual #3's Functional Assessment, unsigned and undated, included a section titled Recreational, Leisure, & Retirement which included 131 data probes that assessed his recreational and leisure likes and abilities, and	W 223		

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W 223	Continued From page 145 assessed how he related to others during those times. The section, including the narrative sections of the form that listed strengths, needs, limitations, and adaptive equipment needs, was blank. During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated Individual #3's CFA needed to be updated. The Administrator stated additional information may be present in other assessments, but was unable to provide the survey team with additional documentation related to Individual #3's assessed leisure and interpersonal skills by the exit conference on 6/16/11. The facility failed to ensure Individuals #1 and #3's CFA included updated social development information.	W 223		
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 required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined that the facility failed to ensure specific objectives were developed for the identified needs for 3 of 5 individuals (Individuals #1, #2 and #5) whose assessments, IPPs, and objectives were reviewed. This resulted in individuals' identified needs not being addressed. The findings include:	W 227		

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W 227	Continued From page 146 1. Individual #5's 4/3/11 IPP stated he was an 11 year old male diagnosed with severe autism and ADHD. Individual #5's IPP did not include specific objectives necessary to meet his identified needs as follows: a. His record included a 9/15/10 dental progress note which stated Individual #5 "demonstrates limited cooperation allowing minimal visual examination. No radiographs are attempted." The note included a recommendation to "work towards increased willingness to allow comprehensive examinations including [sic] radiographs." However, Individual #5's IPP did not include objectives designed to desensitize him to dental examinations and increase his cooperation during examinations. When asked about the note during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated Individual #5 experienced increased anxiety during all appointments. The facility failed to ensure Individual #5's IPP included specific objectives designed to increase his cooperation during appointments, necessary to ensure his dental needs were met. b. Individual #5's 2/21/11 Physical Therapy Re-Evaluation included recommendations to participate in gross motor activities. Further, his IPP included a "Priority need" for him to "increase his motor skills." However, no objective related to increasing his motor skills could be found. When asked during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated if it was listed as a priority need on his IPP then an	W 227		

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W 227	Continued From page 147 objective should have been developed. The facility failed to ensure Individual #5's IPP included specific objectives designed to meet his gross motor needs. 2. Individual #2's 4/3/11 IPP stated she was a 15 year old female diagnosed with mild mental retardation, reactive attachment disorder, mood disorder NOS, ODD, PTSD, and ADHD. The Positive Behavior Support Plan section of her IPP stated under the diagnosis of Mood Disorder that Individual #2 had made 1 suicide threat in the past 12 months which was "evaluated to be insincere." The IPP stated "If she has another episode in 6 months, this will be assessed and integrated in the PBSP." No information related to the date of the last incident or an objective related to suicidal thoughts could be found in her IPP. However, Individual #2's psychiatric progress notes, dated 1/18/11 and 3/15/11, both stated "Tells me today that she became upset and had suicidal thoughts. She has no intent or plan." When asked during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated she was not aware of the psychiatric progress notes for 1/18/11 and 3/15/11. She further stated she did not know if any other IDT member was aware of the notes. The facility failed to ensure Individual #2's IPP included specific objectives to address her suicidal thoughts.	W 227		

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W 227	Continued From page 148 3. Individual #1's 4/4/11 IPP stated he was a 17 year old male whose diagnoses included mild mental retardation, ODD, mood disorder NOS, ADHD, and PTSD. His record included a dental note, dated 5/4/11, which stated he had been seen due to chipping all surfaces of teeth 7 and 8. The note stated he "wouldn't allow Dr. to fix tooth today." However, his IPP did not include information or objectives related to desensitizing him to dental care necessary to allow his teeth to be fixed. When asked during an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated a desensitization program had not been developed for Individual #1. The facility failed to ensure Individual #1's IPP included specific objectives designed to ensure his dental needs were met.	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 behavioral outcome. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure each training objective clearly stated one expected learning result for 2 of 5 individuals (Individuals #3 and #5) whose objectives were reviewed. This resulted in the individuals participating in activities for which the learning goal was not clearly identified. The findings include:	W 229		

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W 229	Continued From page 149 1. Individual #5's 4/3/11 IPP stated he was an 11 year old male diagnosed with severe autism and ADHD. His IPP included the following objectives: a. "Independently, [Individual #5] will thoroughly lather (min. of 20 seconds) and rinse his hands in 5 of 7 trails..." b. "Given indirect verbal prompt from staff, [Individual #5] will thoroughly rinse the soap and shampoo from his body and hair during a shower in 5 out of 7 trials..." The objectives were not stated separately, in terms of a single behavioral outcome. When asked about the objectives during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated the objectives needed to be revised to reflect single terms. The facility failed to ensure Individual #5's objectives were stated in single terms. 2. Individual #3's 4/3/11 IPP stated he was a 14 year old male whose diagnoses included mild mental retardation, mood disorder, ADHD, and ODD. Individual #3's record included a training program which stated he would "slow down his speech and articulate his words so that others can understand what he is saying..." The objective was not stated separately, in terms of a single behavioral outcome. During an interview on 6/15/11 from 1:15 - 4:15	W 229		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 229	Continued From page 150 p.m., the Administrator stated the objective should have been written with a single goal. The facility failed to ensure Individual #3's communication program had a single measurable goal.	W 229		
W 230	483.440(c)(4)(ii) INDIVIDUAL PROGRAM PLAN The objectives of the individual program plan must be assigned projected completion dates. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to assign individualized projected completion dates to objectives for 5 of 5 individuals (Individuals #1 - #5) whose training programs were reviewed. This resulted in the potential for individuals to receive training on objectives for extended periods of time without their rate of learning, strengths, and abilities being taken into consideration. The findings include: 1. Individual #5's 4/3/11 IPP stated he was an 11 year old male diagnosed with severe autism and ADHD. His training programs for using the bathroom, mixing medications, turn taking, saying thank you, and answering yes/no all included a projected completion date of 1/10. When asked about the projected completion dates during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated the dates needed to be individualized. The facility failed to ensure Individual #5's projected completion dates were individualized.	W 230		

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W 230	Continued From page 151 2. Individual #2's 4/3/11 IPP stated she was a 15 year old female diagnosed with mild mental retardation, reactive attachment disorder, mood disorder NOS, ODD, PTSD, and ADHD. Her training programs for brushing her teeth, showering, initiating appropriate interactions, answering questions, and increasing her utterance length all included a projected completion date of 1/10. When asked during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated each objective should have had a separate completion date. The facility failed to ensure Individual #2's projected completion dates were individualized. 3. Individual #1's 4/4/11 IPP stated he was a 17 year old male whose diagnoses included mild mental retardation, ODD, mood disorder NOS, ADHD, and PTSD. His training programs for cleaning his room, tooth brushing, showering, brushing hair, making a purchase, eating from menu, slowing his speech, asking for his medication, and wearing his glasses all included a statement at the top which said "All objectives have a 3 month projected date." However, there was not a date on the training sheets from which to project a completion date. During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated the projected completion dates needed to be revised. The facility failed to ensure Individual #1's projected completion dates were updated.	W 230		

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W 230	Continued From page 152 4. Individual #3's 4/3/11 IPP stated he was a 14 year old male whose diagnoses included mild mental retardation, mood disorder, ADHD, and ODD. His training programs for brushing teeth, making his bed, making a snack, taking his medication, appropriate interactions, purchase items, showering, isolation, and slowing his speech all included a statement at the top which said "All Objectives have a 1 year projection date 3/2011. All objectives have a 3 month projection date." During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the projected completion dates needed to be individualized. The facility failed to ensure Individual #3's projected completion dates were individualized. 5. Individual #4's 4/3/11 IPP stated he was a 15 year old male whose diagnoses included mild mental retardation, OCD, and ADHD. His training programs for brushing teeth, making a snack, applying lotion, make a purchase, slowing his speech, write a letter, and wear his glasses all stated "All objectives have a 3 month projected date." However, there was not a date on the training sheets from which to project a completion date. During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the projected completion dates needed to be individualized. The facility failed to ensure Individual #4's projected completion dates were individualized.	W 230		
W 231	483.440(c)(4)(iii) INDIVIDUAL PROGRAM PLAN	W 231		

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W 231	Continued From page 153 The objectives of the individual program plan must be expressed in behavioral terms that provide measurable indices of performance. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure the objectives of the IPP were behaviorally stated in measurable terms so as to accurately monitor progress towards the objectives for 4 of 5 individuals (Individuals #1, #2, #4 and #5) whose IPPs and objectives were reviewed. This resulted in individuals participating in activities for which progress and regression could not be assessed. The findings include: 1. Individual #5's 4/3/11 IPP stated he was an 11 year old male diagnosed with severe autism and ADHD. His IPP included the following objectives: a. Individual #5's training program for combing his hair, undated, stated he was to complete hair brushing given a verbal prompt. The plan include a prompt hierarchy that staff were to follow which included both indirect verbal and direct verbal prompts. Without specification of which verbal prompt staff were to give (direct or indirect verbal), it would not be possible for the facility to to determine whether Individual #5 met the objective. b. Individual #5's IPP included an objective for brushing his teeth which stated he would thoroughly brush all surfaces of his teeth given "direct verbal prompts." The objective did not include a targeted number of prompts (i.e., 2	W 231		

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W 231	Continued From page 154 verbal prompts, etc.). Without specific established criteria, it would not be possible for the facility to determine whether Individual #5 met the objective. c. Individual #5's IPP included an objective for taking his medications which stated he would mix his medications into his yogurt given "direct verbal prompts." The objective did not include a targeted number of prompts (i.e., 2 verbal prompts, etc.). Without specific established criteria, it would not be possible for the facility to determine whether Individual #5 met the objective. d. Individual #5's IPP included an objective for turn taking which stated he would play a simple turn taking game with staff or another resident given indirect verbal prompts. The objective did not include a targeted number of prompts (i.e., 2 verbal prompts, etc.). Without specific established criteria, it would not be possible for the facility to determine whether Individual #5 met the objective. e. Individual #5's IPP included an objective for saying "thank you" which stated he would say "thank you" in response to being given something with direct verbal prompts. The objective did not include a targeted number of prompts (i.e., 2 verbal prompts, etc.). Without specific established criteria, it would not be possible for the facility to determine whether Individual #5 met the objective. f. Individual #5's IPP included an objective for answering yes/no questions which stated he would verbally answer yes/no given direct verbal	W 231		

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W 231	Continued From page 155 prompts. The objective did not include a targeted number of prompts (i.e., 2 verbal prompts, etc.). Without specific established criteria, it would not be possible for the facility to determine whether Individual #5 met the objective. g. Individual #5's IPP included an objective for identifying U.S. coins which stated he would identify all U.S. coins given indirect verbal prompts. The objective did not include a targeted number of prompts (i.e., 2 verbal prompts, etc.). Without specific established criteria, it would not be possible for the facility to determine whether Individual #5 met the objective. When asked about the objectives during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated the criteria needed to be revised. The facility failed to ensure Individual #5's objectives were stated in measurable terms. 2. Individual #2's 4/3/11 IPP stated she was a 15 year old female diagnosed with mild mental retardation, reactive attachment disorder, mood disorder NOS, ODD, PTSD, and ADHD. Her IPP included the following objectives: a. Individual #2's IPP included a Replacement Behavior Objective #3 which stated she would use the circle program to respect personal space of others in 70% of 16 trials per month. As stated it would not be possible for Individual #2 to achieve 70% (i.e., 11/16 = 69% and 12/16 = 75%). b. Individual #2's IPP included a Replacement	W 231		

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W 231	Continued From page 156 Behavior Objective #4 which stated given an indirect verbal prompt, she would engage in her sleep hygiene routine in 80% of 12 trials per month. As stated it would not be possible for Individual #2 to achieve 80% (i.e., 9/12 = 75% and 10/12 = 83%). c. Individual #2's IPP included a Replacement Behavior Objective #3 which stated she would show respect for staff by speaking respectfully to them in 70% of 16 trials per month. As stated it would not be possible for Individual #2 to achieve 70% (i.e., 11/16 = 69% and 12/16 = 75%). d. Individual #2's IPP included a Replacement Behavior Objective #6 which stated given an direct verbal prompt, she would document her activity level on her mood chart in 70% of trials for 3 consecutive months. The number of trials was not included in the objective. When asked during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator said Individual #2's objectives were not measurable as stated. The facility failed to ensure Individual #2's objectives were stated in measurable terms. 3. Individual #1's 4/4/11 IPP stated he was a 17 year old male whose diagnoses included mild mental retardation, ODD, mood disorder NOS, ADHD, and PTSD. His IPP included the following objectives: a. Individual #1's IPP included an objective for cleaning his room which stated he would clean his entire room with indirect verbal prompts. The objective did not include a targeted number of	W 231		

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W 231	Continued From page 157 prompts (i.e., 2 verbal prompts, etc.). Without specific established criteria, it would not be possible for the facility to determine whether Individual #1 met the objective. b. Individual #1's IPP included an objective for tooth brushing which stated he would initiate tooth brushing with indirect verbal prompts. The objective did not include a targeted number of prompts (i.e., 2 verbal prompts, etc.). Without specific established criteria, it would not be possible for the facility to determine whether Individual #1 met the objective. c. Individual #1's IPP included an objective for showering which stated he would initiate showering with indirect verbal prompts. The objective did not include a targeted number of prompts (i.e., 2 verbal prompts, etc.). Without specific established criteria, it would not be possible for the facility to determine whether Individual #1 met the objective. d. Individual #1's IPP included an objective for wearing his glasses which stated he would wear his glasses with direct verbal prompts. The objective did not include a targeted number of prompts (i.e., 2 verbal prompts, etc.). Without specific established criteria, it would not be possible for the facility to determine whether Individual #1 met the objective. When asked during an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated the objectives needed to be revised. The facility failed to ensure Individual #1's objectives were stated in measurable terms.	W 231		

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W 231	Continued From page 158 4. Individual #4's 4/3/11 IPP stated he was a 15 year old male whose diagnoses included mild mental retardation, OCD, and ADHD. His IPP included the following objectives: a. Individual #4's IPP included an objective for slowing his speech which stated he would slow his rate of speech given "direct verbal prompts." The objective did not include a targeted number of prompts (i.e., 2 verbal prompts, etc.). Without specific established criteria, it would not be possible for the facility to determine whether Individual #4 met the objective. b. Individual #4's IPP included an objective for glasses which stated he would wear his glasses one day per week for at least 2 hours given "direct verbal prompts." The objective did not include a targeted number of prompts (i.e., 2 verbal prompts, etc.). Without specific established criteria, it would not be possible for the facility to determine whether Individual #4 met the objective. During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated Individual #4's objectives needed to be revised. The facility failed to ensure Individual #4's objectives were stated in measurable terms.	W 231		
W 232	483.440(c)(4)(iv) INDIVIDUAL PROGRAM PLAN The objectives of the individual program plan must be organized to reflect a developmental progression appropriate to the individual.	W 232		

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W 232	Continued From page 159 This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure objectives were established based on the individuals' functional abilities and were designed to allow the individual to experience success in achieving those objectives for 1 of 5 individuals (Individual #5) whose IPPs were reviewed. This resulted in an individual receiving training on objectives for extended periods of time without their rate of learning, strengths, and abilities being taken into consideration. The findings include: 1. Individual #5's 4/3/11 IPP stated he was an 11 year old male diagnosed with severe autism and ADHD. His IPP and undated CFA were reviewed and documented the following: a. Individual #5's IPP included an objective to choose weather appropriate clothing given 2 direct verbal prompts. However, his CFA stated could already choose weather appropriate clothing with specific verbal cues. When asked about the objective during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated the criteria for the objective probably should have been set higher. b. Individual #5's IPP included an objective for hand washing which stated "Independently, [Individual #5] will thoroughly lather (min. of 20 seconds) and rinse his hands in 5 of 7 trails..." However, his CFA stated he could already rinse his hands independently. When asked about the objective during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated the objective needed to be re-written to measure	W 232		

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W 232	Continued From page 160 Individual #5's ability to complete the total task of hand washing, not just lathering and rinsing. c. Individual #5's IPP included an objective for brushing his teeth which stated he would thoroughly brush all surfaces of his teeth given direct verbal prompts. However, his CFA stated he could already perform the task with specific verbal cues. When asked about the objective during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated the objective criteria needed to be revised. d. Individual #5's IPP included an objective for turn taking which stated he would play a simple turn taking game with staff or another resident given indirect verbal prompts. However, his Speech/Language Therapy Evaluation, dated 12/8/10, stated he "demonstrated appropriate eye contact and turn taking skills..." When asked about the objective during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated Individual #5 could play a game with others but preferred to play by himself. The Administrator stated the facility was trying to get Individual #5 to be more socially involved with others. The facility failed to ensure Individual #5's objectives were based on his functional abilities and were designed to allow him to experience success in achieving those objectives.	W 232		
W 234	483.440(c)(5)(i) INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual program plan must specify the methods to be used.	W 234		

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W 234	Continued From page 161 This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to ensure clear direction to staff was provided in each written training program for 5 of 5 individuals (Individuals #1 - #5) whose training plans were reviewed. This resulted in a lack of instructions to staff being included in individuals' programs. The findings include: 1. Individual #5's 4/3/11 IPP stated he was an 11 year old male diagnosed with severe autism and ADHD. His training programs did not include sufficient program instruction to staff as follows: a. Individual #5's undated training program for combing/brushing his hair stated staff would use indirect, then direct verbal prompts to brush/comb his hair. The plan did not state how staff were to accomplish this (e.g., point to the drawer containing his hygiene kit, place his brush on the bathroom counter, etc.). b. Individual #5's undated training program for choosing weather appropriate clothing stated if he was unable to independently select weather appropriate clothing, staff were to follow the prompt hierarchy in order to get him to do so. The plan did not include information as to how Individual #5 was to be informed of weather conditions. When asked about the program instructions during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated staff were to tell Individual #5 what the weather was. c. Individual #5's undated training program for	W 234		

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W 234	Continued From page 162 using the bathroom stated staff were to watch for signs that Individual #5 needed to use the bathroom as well as directly prompt him to use it. However, his plan did not specify when or how often staff were to prompt him. The plan further stated staff were to use the prompt hierarchy to offer the least amount of assistance necessary for him to successfully complete the task. The plan did not include how physical assistance (included in the facility's prompt hierarchy) was to be used. When asked about the program instructions during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated the plan should specify when to prompt Individual #5. d. Individual #5's undated training program for brushing his teeth stated staff would present Individual #5 with opportunities throughout his daily routine to brush his teeth. The plan did not state how staff were to present the opportunity (e.g., verbal prompts, giving him his toothbrush, picture card for the task, etc.). The plan further stated Individual #5 did not require any physical assistance to thoroughly brush his teeth and that no physical assistance should be used as it may escalate his behavior. However, his 9/15/10 dental progress note included the following recommendations: - "Brush daily with assistance from caregiver (make certain gum line is brushed effectively)" - "attempt to floss daily with assistance" - "work towards increased willingness to allow comprehensive examinations..." Individual #5's plan for brushing teeth did not	W 234		

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W 234	Continued From page 163 include instructions to staff regarding how to ensure his gum line was adequately brushed, how to assist him to floss, or how to desensitize him to dental care. e. Individual #5 was observed taking his morning medications on 6/7/11 at 8:50 a.m. Staff was observed crushing one tablet of Risperidal (an antipsychotic drug) 0.25 mg and one tablet of Theregran multivitamin (a supplemental drug). The crushed medications were then mixed with yogurt in a bowl. Individual #5 then entered the medication room. The staff member working with Individual #5 scooped the yogurt, mixed with the crushed medication, into Individual #5's mouth with a spoon. Individual #5 was not observed to participate in his medication administration. His training program for taking medications stated staff were to follow the prompt hierarchy to provide Individual #5 with the least amount of assistance possible to mix his medication into yogurt. No other instruction to staff regarding how they were to assist Individual #5 to prepare to take his medication, (obtaining yogurt and medications, punching medications from blister packs, etc.), take his medications, or what he was to do after he took his medications (consume all of the yogurt mixture, take a drink, place his bowl in the sink, etc.) was available. When asked about the program instructions during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated the steps of Individual #5's medication administration were not spelled out in his program and they should have been.	W 234		

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	13G078		06/16/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME AGAIN ICF	2311 ARUBA DRIVE NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 234	Continued From page 164 f. Individual #5's undated training program for turn taking stated he would engage in a simple turn taking game. The plan did not included which games Individual #5 was to play or how many turns Individual #5 was to take. When asked about the program instructions during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated the plan should specify additional information. The facility failed to ensure Individual #5's program methods included sufficient instructions to staff regarding how to implement the intervention strategies. 2. Individual #2's 4/3/11 IPP stated she was a 15 year old female diagnosed with mild mental retardation, reactive attachment disorder, mood disorder NOS, ODD, PTSD, and ADHD. Individual #2's undated training plan for taking her medications stated she would take Lithium (an antipsychotic drug) from the bubble pack. The instructions section of the plan stated "Staff will instruct [Individual #2] to take the Lithium out of the bubble pack...Staff may offer light physical assistance in the form of retrieving the medicine from the bottle and placing it in the palm of their hand to offer to [Individual #2]...[Individual #2] is successful in this task when she is able to take her medication from staff and put it in her mouth." The program instructions were not clear in describing if bubble packs or bottles were used and if Individual #2 was successful when she obtained her Lithium or if she was successful when she placed it in her mouth.	W 234		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
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W 234	Continued From page 165 When asked during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the plan needed to be revised. The facility failed to ensure Individual #2's self administration of medication program methods included sufficient instructions to staff regarding how to implement the intervention strategy. 3. Individual #1's 4/4/11 IPP stated he was a 17 year old male whose diagnoses included mild mental retardation, ODD, mood disorder NOS, ADHD, and PTSD. His training programs did not include sufficient program instruction to staff as follows: a. Individual #1's training program for room cleaning, undated, stated staff were to provide direct verbal prompts to get him to clean his room at the "appropriate" times on a daily basis. The program stated if Individual #1 refused, staff were to wait "momentarily" and prompt him again. However, the program did not state what "appropriate" times were, did not state how long "momentarily" was, and did not state how many times to repeat the prompt. b. Individual #1's training program for tooth brushing, undated, stated staff were to provide indirect verbal prompts to initiate tooth brushing at the "appropriate" times daily. If Individual #1 refused, staff were to wait "momentarily" and re-cue. However, the program did not state what "appropriate" times were, did not state how long "momentarily" was, and did not state how many times to repeat the prompt.	W 234		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
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W 234	Continued From page 166 c. Individual #1's training program for showering, undated, stated staff were to provide an indirect verbal cue to initiate showering. The program stated staff were to prompt him "on a nightly basis and in the morning if necessary." The program stated if Individual #1 declined, staff were to wait "momentarily" and re-cue. However, the program did not state how staff knew if they were to prompt in the morning or at night, did not state how long "momentarily" was, and did not state how many times to repeat the prompt. d. Individual #1's training program for hair brushing, undated, did not include any methods for hair brushing, but included methods for brushing his teeth. e. Individual #1's training program for purchasing, undated, stated if Individual #1 did not get to go on 2 - 3 personal outings a week, staff were to use play money and have him practice buying items with a stated value of less than $10.00. However, the program did not state how staff were to accomplish this (e.g., where play money items were located, how to set up choices of items to purchase, cost of items, etc.). f. Individual #1's training program for medication administration, undated, stated he would ask for his medication, Risperidone (an antipsychotic drug), given direct verbal prompts. However, the instruction section of the program directed staff to tell Individual #1 what medication he was taking and ask him to repeat it back after he took the medication. The program did not include instructions to staff on how to illicit Individual #1 asking for his Risperidone.	W 234		

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W 234	Continued From page 167 During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated Individual #1's training programs needed to be revised. The facility failed to ensure Individual #1's training programs included sufficient direction to staff. 4. Individual #3's 4/3/11 IPP stated he was a 14 year old male whose diagnoses included mild mental retardation, mood disorder, ADHD, and ODD. His training programs did not include sufficient program instruction to staff as follows: a. Individual #3's training program for purchasing, undated, stated if he had not spent any of his money by Sunday, staff were to practice the objective using either his money or play money. However, the program did not state how staff were to accomplish this (e.g., where play money items were located, how to set up choices of items to purchase, cost of items, etc.). b. Individual #3's training program for taking his medication, undated, stated he would take his medication with a gestural/model prompt or less. The Instructions section of the plan stated staff were to provide two indirect prompts or less to cue Individual #3 to the medication room. However, the program did not include information related to how Individual #3 was to take his medications (e.g., items required to complete the task, obtaining the medication basket, removing the pills from the container, etc.). During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated Individual #3's training programs needed to be revised.	W 234		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
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W 234	Continued From page 168 The facility failed to ensure Individual #3's training programs for purchasing and taking his medications included sufficient direction to staff. 5. Individual #4's 4/3/11 IPP stated he was a 15 year old male whose diagnoses included mild mental retardation, OCD, and ADHD. His training programs did not include sufficient program instruction to staff as follows: Individual #4's training program for taking medications, undated, stated he would ask staff for his medication at the appointed times given a gestural/model prompt. However, the Instructions section of the program stated staff were to tell Individual #4 what medications he was taking each day prior to giving him the medication. The Instructions did not include information as to how staff were to illicit Individual #4's asking for his medications at the appointed time. During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated Individual #4's medication administration program needed to be revised. The facility failed to ensure Individual #4's training program for taking his medications included sufficient direction to staff. 6. Refer to W289 as it relates to the facility's failure to ensure techniques used to manage inappropriate behavior were sufficiently defined and incorporated into the individuals' program plans.	W 234		
W 235	483.440(c)(5)(ii) INDIVIDUAL PROGRAM PLAN	W 235		

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W 235	Continued From page 169 Each written training program designed to implement the objectives in the individual program plan must specify the schedule for use of the method. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure training programs designed to implement the objectives in the IPP specified the schedule for use of the method for 1 of 5 individuals (Individual #1) whose IPPs were reviewed. This resulted in a lack of clear indication of when and how staff were to implement interventions for an individual's maladaptive behaviors. The findings include: 1. Individual #1's 4/4/11 IPP stated he was a 17 year old male whose diagnoses included mild mental retardation, ODD, mood disorder NOS, ADHD, and PTSD. Individual #1's PBSP, dated 4/4/11, included an objective for Task Avoidance, defined as refusing to comply with staff requests or complete tasks on his active treatment schedule and other skills of daily living such as showering, cooking and light housekeeping. Individual #1's PBSP included the following directions for staff related to Task Avoidance: "1. If [Individual #1] begins to avoid task, staff will remind him of the positive consequences of his positive choices by giving him options and consequences. (ex. [Individual #1] is [sic] you do the dishes you will earn allowance and be able to buy that video game faster, and if you don't the dishes [sic] it will only take longer for you to earn	W 235		

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W 235	Continued From page 170 the money you need.) 2. Staff will prompt [Individual #1] to refuse appropriately and/or chose another [sic] from his active treatment schedule. Staff will then follow up on the active treatment schedule replacing the chosen task with the one [Individual #1] is avoiding. 3. If [Individual #1] refuses a task appropriately staff will immediately praise him, and later prompt him to complete his avoided task (every 20 min, unless the task has been replaced by another task on active treatment schedule.) [sic]" However, the plan did not include information as to when staff were to implement Individual #1's Task Avoidance program (i.e., at every opportunity, during particular tasks, etc.). Additionally, Individual #1's ADL programs were reviewed and included staff directions that were contrary to his Task Avoidance program which included, but were not limited to, the following: - For Objective #1, the program stated "Staff will prompt [Individual #1] to clean his bedroom at the appropriate times on a daily basis. Should [Individual #1] decline or even refuse to clean his room staff will wait momentarily then prompt him to clean his room again. Staff will kindly inform [Individual #1] that cleaning his room is one of his ADL's [sic] and refusal to complete daily tasks will result in a loss of privileges such as video games, guided free time, etc. [sic]" The program did not include instructions to staff as to how to implement Individual #1's Task Avoidance program. Additionally, the instructions to staff, i.e. wait momentarily then prompt again,	W 235		

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W 235	Continued From page 171 were contradictory to the Task Avoidance plan to prompt Individual #1 to refuse appropriately and re-cue in 20 minutes if he did not choose another task from his active treatment schedule. - For Objective #2, the program stated "Staff will give [Individual #1] multiple direct verbal prompts to brush his teeth at the appropriate times daily. Should [Individual #1] decline or refuse to brush his teeth he will be reminded that this is a part of his daily hygienic tasks and should they not be done it will result in a loss of privileges such as guided free time, video games, movies, etc. [sic] Should he still decline staff will wait momentarily before again prompting [Individual #1]." The program did not include instructions to staff as to how to implement Individual #1's Task Avoidance program. Additionally, the instructions to staff, i.e. wait momentarily then prompt again, were contradictory to the Task Avoidance plan to prompt Individual #1 to refuse appropriately and re-cue in 20 minutes if he did not choose another task from his active treatment schedule. - For Objective #3, the program stated "Staff will prompt [Individual #1] to shower on a nightly basis and in the morning if necessary. [Individual #1] will generally comply with shower prompts from staff however [sic] should he decline momentarily staff will remind [Individual #1] that showering is a daily hygienic task and refusal to do so will result in loss of privileges such as guided free time, video games, movies, etc. [sic] Should [Individual #1] refuse staff will wait momentarily before again prompting him to shower."	W 235		

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W 235	Continued From page 172 The program did not include instructions to staff as to how to implement Individual #1's Task Avoidance program. Additionally, the instructions to staff, i.e. wait momentarily then prompt again, were contradictory to the Task Avoidance plan to prompt Individual #1 to refuse appropriately and re-cue in 20 minutes if he did not choose another task from his active treatment schedule. During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated Individual #1's PBSP needed to be revised to include when the program should be implemented. The Administrator stated Individual #1 was not allowed to "opt out" of needed programs like hygiene and medication administration. The facility failed to ensure Individual #1's PBSP included clear instructions on when to implement the behavioral intervention method for appropriate refusals.	W 235		
W 236	483.440(c)(5)(iii) INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual program plan must specify the person responsible for the program. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to assign a person responsible to monitor the objectives for 3 of 5 individuals (Individuals #1, #3 and #4) whose training programs were reviewed. This resulted in the potential for individuals to receive training on objectives without their implementation being monitored. The findings include:	W 236		

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W 236	Continued From page 173 1. Individual #1's 4/4/11 IPP stated he was a 17 year old male whose diagnoses included mild mental retardation, ODD, mood disorder NOS, ADHD, and PTSD. Individual #1's training programs for Objectives #1 - #4 and #6 - #10, undated, listed the name of the former QMRP as the person responsible for the programs. During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated the programs should list the current QMRP as the person responsible, and that the change was overlooked. 2. Individual #3's 4/3/11 IPP stated he was a 14 year old male whose diagnoses included mild mental retardation, mood disorder, ADHD, and ODD. Individual #3's training programs for Objectives #1 - #9, undated, listed the name of the former QMRP as the person responsible for the programs. During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the programs should list the current QMRP as the person responsible, and that the change was overlooked. 3. Individual #4's 4/3/11 IPP stated he was a 15 year old male whose diagnoses included mild mental retardation, OCD, and ADHD. Individual #4's training programs for Objectives #1, #4 - #6, and #8 - #11, undated, listed the name of the former QMRP as the person	W 236		

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W 236	Continued From page 174 responsible for the programs. Additionally, Individual #4's training program for Objective #7, undated, stated Individual #4 was responsible for the training program. During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the programs should list the current QMRP as the person responsible, and that the change was overlooked. The facility failed to ensure the name or title of the person responsible for monitoring the progress and implementation of each objective was identified for Individuals #1, #3, and #4.	W 236		
W 237	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 staff interview, it was determined the facility failed to ensure the training programs included the type and frequency of data necessary to assess the efficacy of the intervention for 4 of 5 individuals, (Individuals #1, #2, #3, and #5) whose training plans were reviewed. That failure had the potential to prevent the facility from making objective decisions regarding individuals' success or lack of success. The findings include: 1. Individual #5's 4/3/11 IPP stated he was an 11 year old male diagnosed with severe autism and ADHD. Individual #5's training programs did not	W 237		

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W 237	Continued From page 175 clearly identify the data to be taken as follows: a. Individual #5's training program for combing his hair, undated, stated he was to complete hair brushing given a verbal prompt. The program stated staff were to record a "+" if he was successful and a "-" if he was unsuccessful. The plan's instructions stated he was successful when he brushed his hair with a direct verbal prompt or less. However, the comments section of the plan stated he was successful whenever he allowed staff to brush his hair with light physical assistance or less. The plan was not consistent in identifying what the "+" or "-" system meant. b. Individual #5's training program for brushing his teeth, undated, stated he was to complete tooth brushing given a verbal prompts. The program stated staff were to record a "+" if he was successful and a "-" if he was unsuccessful. However, the plan's instructions stated he was successful when he brushed his teeth with 2 indirect verbal prompts or less and the comments section of the plan stated he was successful whenever he brushed his teeth with 2 direct verbal prompts. The plan was not consistent in identifying what the "+" or "-" system meant. c. Individual #5's training program for showering, undated, stated he was to rinse the soap and shampoo from his body and hair during a shower given an indirect verbal prompt. The program stated staff were to record a "+" if he was successful and a "-" if he was unsuccessful. However, the plan's instructions and comments stated he was successful when he rinsed with light physical assistance. The plan was not consistent in identifying what the "+" or "-" system	W 237		

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W 237	Continued From page 176 meant. d. Individual #5's training program for hand washing, undated, stated he was to wash his hands independently. The program stated staff were to record a "+" if he was successful and a "-" if he was unsuccessful. However, the plan's instructions stated he was successful when he washed his hands with 3 indirect verbal prompts. The plan was not consistent in identifying what the "+" or "-" system meant. When asked about the data during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated the "+" or "-" system needed to be removed from the plans and that staff were to be recording prompt levels only. e. Individual #5's training program for turn taking, undated, stated he was to play a simple turn taking game given 2 indirect verbal prompts. The program stated staff were to record a "+" if he was successful and a "-" if he was unsuccessful. However, the plan's comments section stated he was successful when he used direct eye contact with 2 indirect verbal prompts or less. The plan was not consistent in what staff were to be collecting data on. When asked about the data during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated the data needed to be revised to reflect turn taking not eye contact. The facility failed to ensure Individual #5's training plans clearly stated the type of data necessary to assess progress toward his objectives.	W 237		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 237	Continued From page 177 2. Individual #2's 4/3/11 IPP stated she was a 15 year old female diagnosed with mild mental retardation, reactive attachment disorder, mood disorder NOS, ODD, PTSD, and ADHD. Individual #2's training programs did not clearly identify the data to be taken as follows: a. The data tracking section of Individual #2's undated training program for making a purchase stated "write the prompt number that corresponds to the prompt level required for the resident to be successful." The objective stated she would select coins and paper money independently. However, the plan's instructions stated she was successful when she paid for an item with a direct verbal prompt or less. The plan was not consistent in identifying what successful meant. b. The data tracking section of Individual #2's undated training program for combing her hair stated "write the prompt number that corresponds to the prompt level required for the resident to be successful." The objective stated she would comb her hair given an indirect verbal prompt. However, the plan's instructions stated she was successful when she was able to comb her hair with direct verbal prompts. The plan was not consistent in identifying what successful meant. c. Individual #2's undated training program for taking medications did not include how staff were to collect data related to the objective. When asked during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated Individual #2's training programs needed to be revised.	W 237		

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	13G078		06/16/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME AGAIN ICF	2311 ARUBA DRIVE NAMPA, ID 83686

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W 237	Continued From page 178 The facility failed to ensure Individual #2's training plans clearly stated the type of data necessary to assess progress toward her objectives. 3. Individual #1's 4/4/11 IPP stated he was a 17 year old male whose diagnoses included mild mental retardation, ODD, mood disorder NOS, ADHD, and PTSD. Individual #1's training programs did not clearly identify the data to be taken as follows: a. The data tracking section of Individual #1's undated training program for tooth brushing stated "write the number that corresponds to the prompt level required for the resident to be successful." The objective stated he would initiate tooth brushing with an indirect verbal prompt. However, the plan's instructions stated he was successful if he initiated with a direct verbal prompt. The plan was not consistent in identifying what successful meant. b. The data tracking section of Individual #1's undated purchase program stated "write the number that corresponds to the prompt level required for the resident to be successful." The objective stated he would make a purchase given a direct verbal prompt. However, the plan's instructions stated he was successful when he chose the correct amount of money with an indirect verbal prompt. The plan was not consistent in identifying what successful meant. During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated Individual #1's training programs needed to be revised. The facility failed to ensure Individual #1's training	W 237		

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W 237	Continued From page 179 plans clearly stated the type of data necessary to assess progress toward his objectives. 4. Individual #3's 4/3/11 IPP stated he was a 14 year old male whose diagnoses included mild mental retardation, mood disorder, ADHD, and ODD. Individual #3's training programs did not clearly identify the data to be taken as follows: a. Individual #3's training program for tooth brushing, undated, stated he was to complete tooth brushing given a gestural/model prompt or less. The program stated staff were to record a "+" if he was successful and a "-" if he was unsuccessful. The plan's instructions stated he was successful when he brushed his teeth with a direct verbal prompt. The plan was not consistent in identifying what the "+" or "-" system meant. b. Individual #3's training program for making his bed, undated, stated he was to complete making his bed independently. The program stated staff were to record a "+" if he was successful and a "-" if he was unsuccessful. The plan's instructions stated staff were to move down the prompt hierarchy if Individual #3 did not complete the task with a direct prompt. The instructions stated Individual #3 was successful when he completed the task on his own at the required prompt level. The plan was not consistent in identifying what the "+" or "-" system meant. c. Individual #3's training program for taking his medication, undated, stated he would take his medication given a gestural/model prompt or less. The program stated staff were to record a "+" if he was successful and a "-" if he was unsuccessful. The plan's instructions stated he	W 237		

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W 237	Continued From page 180 was successful when he went to the medication room with 2 indirect prompts or less. The plan was not consistent in identifying what the "+" or "-" system meant. d. Individual #3's training program for taking a shower, undated, stated he would take a shower given a gesture/model prompt or less. The program stated staff were to record a "+" if he was successful and a "-" if he was unsuccessful. The plan's instructions stated he was successful when he took a shower with an indirect prompt. The plan was not consistent in identifying what the "+" or "-" system meant. e. Individual #3's training program for slowing his speech and articulating his words, undated, stated he would slow his speech and articulate his words given a gestural/model prompt. The program stated staff were to record a "+" if he was successful and a "-" if he was unsuccessful. The plan's instructions stated he was successful when he slowed down and repeated himself after staff verbally prompted him. The plan was not consistent in identifying what the "+" or "-" system meant. During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated Individual #3's programs needed to be revised. The facility failed to ensure Individual #3's training plans clearly stated the type of data necessary to assess progress toward his objectives.	W 237		
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan,	W 249		

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W 249	Continued From page 181 each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, record review and staff interviews, it was determined the facility failed to ensure individuals received training and services consistent with their program plans for 1 of 5 individuals (Individual #5) whose programs were reviewed. This resulted in an individual not receiving training in accordance with his identified needs. The findings include: 1. Individual #5's 4/3/11 IPP stated he was an 11 year old male diagnosed with severe autism and ADHD. Observations were conducted on 6/6/11 and 6/7/11. During that time, Individual #5's formal training plans were not observed to be implemented. Examples include, but are not limited to, the following: a. Individual #5's undated training program for self administration of medication stated staff were to use the prompt hierarchy to provide him with the least amount of assistance possible to mix his medications into yogurt. On 6/7/11 at 8:50 a.m., staff was observed crushing one tablet of Risperidal (an antipsychotic drug) 0.25 mg and one tablet of Theragran multivitamin (a supplemental drug). The crushed medications were then mixed with yogurt in a	W 249		

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W 249	Continued From page 182 bowl. Individual #5 then entered the medication room. The staff member working with Individual #5 scooped the yogurt, mixed with the crushed medication, into Individual #5's mouth with a spoon. Individual #5 was not observed to participate in the medication administration. When asked about the observation during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated the self administration of medication program should have been implemented. b. Individual #5's undated training program for saying "thank you" stated he would be given daily opportunities to participate in the objective "whenever he is given medication, food, etc..." staff were to use the prompt hierarchy to provide him with the least amount of assistance possible say thank you. - On 6/6/11 at 7:00 p.m., Individual #5 was observed eating dinner. Staff placed one piece of raw broccoli and one raw baby carrot on Individual #5's plate followed by a shrimp quesadilla at 7:05 p.m. Staff were not observed to prompt Individual #5 to say thank you. - On 6/7/11 at 8:50 a.m., Individual #5 was observed taking his medications. Staff were not observed to prompt Individual #5 to say thank you. - On 6/7/11 at 7:35 a.m., staff prepared Individual #5's breakfast cereal. At 7:44 a.m., staff took a plate with toast and ketchup to where Individual #5 was siting at the table and gave it to him. Staff were not observed to prompt Individual #5 to say	W 249		

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W 249	Continued From page 183 thank you. When asked about the observations during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated the program should have been implemented as opportunities presented themselves. c. Individual #5's undated training program for answering yes or no stated staff were to ask him yes/no questions throughout the day. - On 6/6/11 at 2:50 p.m., Individual #3 asked Individual #5 if he wanted to go fishing. Staff were not observed to prompt Individual #5 to answer yes or no. - On 6/6/11 at 3:02 p.m., staff held up a communication wallet with various pictures and asked him if he would like to do something. Staff were not observed to prompt Individual #5 to answer yes or no. - On 6/6/11 at 3:50 p.m., staff verbally prompted Individual #5 to stand up and asked if he wanted to paint. Staff were not observed to prompt Individual #5 to answer yes or no. - On 6/6/11 at 7:05 p.m., staff asked Individual #5 if he would rather have a spoon to eat his dinner. Individual #5 did not answer. Staff were not observed to prompt Individual #5 to answer yes or no. When asked about the observations during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated the program should have been implemented as opportunities presented	W 249		

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W 249	Continued From page 184 themselves. d. Individual #5's undated Behavior plan for ADHD symptoms stated staff were to warn him 5 minutes before an activity was to end. Additionally, his undated Behavior plan for task avoidance stated staff were to offer him the choice of 2 activities on his active treatment schedule. Individual #5 was observed at the facility on 6/6/11 from 2:45 - 3:50 p.m. His Active Treatment Schedule stated between 2:30 and 5:00 p.m. he was to engage in the following: - "prepare and eat snack" - "On school days [Individual #5] will make his bed, clean room, vacuum room, and clean his bathroom during this time." - "art activity ([Individual #5] likes to draw and paint. He also really enjoys watching staff draw.)" The time block did not include information regarding non-school days and no other activities were listed in the time block. On 6/6/11 from 3:45 to 3:50 p.m., staff read a book to Individual #5. Staff then verbally prompted Individual #5 to stand up and asked if he wanted to paint. Staff were not observed to notify him 5 minutes prior to the book ending in accordance with his ADHD symptoms plan and they were not observed to offer him a choice of activities in accordance with his task avoidance behavior plan. At 3:50 p.m., staff held one hand out to Individual #5, which he took and stood up. Staff then pointed to the table. Individual #5 went to the	W 249		

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W 249	Continued From page 185 table and sat in a chair next to the Art Therapist. The Art Therapist stated it was another individual's turn to paint and Individual #5 would have to wait. Staff then prompted Individual #5 to stand up, which he did. Staff then told Individual #5 he would have to wait for painting and asked if he wanted a snack or a book. When asked about the observations during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated staff were to implement programs and offer Individual #5 choice of tasks he could engage in from his Active Treatment Schedule. e. Individual #5's undated Behavior plan for tantrums stated he would express increased anxiety by making loud noises, clapping loudly and banging on objects. The plan stated if he displayed increase anxiety symptoms, staff were to immediately stop and prompt him to engage in a preferred activity such as watching a movie, jumping on the trampoline or coloring. On 6/6/11 at 3:15 p.m., Individual #5 was observed. Staff verbally prompted Individual #5 to the table to play with flash cards. Individual #5 stood up and went to the table, then sat down. Staff proceeded to lay out several cards on the table. Individual #3 asked Individual #5 if he wanted to go fishing. Individual #5 did not respond. Staff finished laying cards on the table in front of Individual #5 and verbally prompted him to find a match. Individual #5 did not look at the cards and began making vocalizations. Staff verbally prompted him to find a triangle and tapped the table by the cards with her finger. Individual #5 did not look at the cards and	W 249		

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W 249	Continued From page 186 vocalized louder. Staff told Individual #5 he did not have to play with the cards and he did not need to get upset. Staff then picked up the cards and verbally prompted Individual #5 to wash his hands for a snack. Individual #5 then stood up and went to his bedroom. Staff were not observed to prompt him to a preferred activity in accordance with his tantrum behavior plan. On 6/6/11 at 6:20 p.m., Individual #5 came out of the laundry/medication room carrying a plastic bowl and spoon. He was wearing his earmuffs. He took the bowl and spoon into the kitchen and put them in the sink independently. He then began to make loud vocalizations, and ran out of the room to his bedroom while grabbing his hair at the back of his head. He obtained an 8 inch rubber ball from his room and began bouncing the ball. Individual #5 grabbed hold of his earmuff and threw them to the floor. Individual #5 then went into the kitchen, bouncing the ball as he went. Once in the kitchen, Individual #5 continued to bounce the ball and make vocalizations. Individual #5 then went back to the couch and placed his earmuffs back on. Staff were not observed to prompt him to a preferred activity in accordance with his tantrum behavior plan. On 6/7/11 at 7:53 a.m., Individual #5 emerged from his bedroom carrying a laundry basket with clothes in it. Individual #5 went with the staff to a closet by the kitchen. He held the laundry basket against the wall while staff accessed the closet for laundry soap. Individual #5 hit the wall twice	W 249		

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W 249	Continued From page 187 with his right fist and staff directed him to the laundry room. Staff verbally prompted Individual #5 to do his laundry and Individual #5 did not respond. Staff were not observed to prompt him to a preferred activity in accordance with his tantrum behavior plan. When asked about the observations during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated staff should have offered Individual #5 a preferred activity. Individual #5's tantrum plan further stated if Individual #5 was engaging in self-injurious behavior such as pinching or hitting himself, staff were to "hold his hands gently." On 6/9/11, the following was observed: At 9:15 a.m., Individual #5 was sitting at the dining table. A staff was standing on his right. Individual #5 was making loud vocalizations and interlaced his fingers, then twisted his hands in opposite directions, forcibly wringing his hands. His hands were noted to be red. Individual #5 then hit his legs 14 times and hit the right side of his face with the ball of his right hand 4 times. Staff faced Individual #5 and kneeled down in front of him, then interlaced each of his hands with Individual #5's (staff's right hand to Individual #5's left, etc.). Individual #5 pulled his hands back, but staff maintained their grip. At one point, Individual #5 pulled his hands away and staff grasped him by the wrists. At 9:20 a.m., a second staff assisted the staff working with Individual #5 to stand Individual #5	W 249		

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W 249	Continued From page 188 by holding onto his hands and walked him to the couch. Both staff repeatedly asked Individual #5 to show them what he wanted. Individual #5 did not respond. Once at the couch, Individual #5 flopped down on his back, faced towards the television, and placed a pillow over the side of his head, sandwiching his head between the pillow and the couch cushions. Individual #2 was sitting at the other end of the couch. The staff working with Individual #5 got the picture wallet off the kitchen counter and said "tell me what you want." Individual #5 did not respond. Staff then held the picture wallet in front of Individual #5, touched the picture wallet and said "I see you're angry." Individual #5 did not respond. At 9:25 a.m., the LPN entered the room. The staff told the LPN Individual #5 appeared upset about going on an outing. The LPN pulled the corner of the pillow covering Individual #5's head, said "Hi, how are you?" Individual #5 made loud vocalizations and the LPN walked away. Individual #5 quieted, appeared to be looking at the television (which was on) and held the pillow over the side of his head. At 9:26 a.m., Individual #5 made a loud vocalization and clasped his hands together repeating the forcible hand wringing. Staff grabbed Individual #5's hands over the back of the couch and separated them. Staff then held Individual #5's right hand down against the pillow, which had slipped to Individual #5's chest. Staff asked Individual #5 if he wanted to go for a walk. Individual #5 did not respond. Individual #2 got up from the couch and the staff sat by the top of Individual #5's head. Individual	W 249		

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W 249	Continued From page 189 #5 hit his head two times. The LPN, who had moved to the back of the couch, reached over the couch and took hold of Individual #5's right hand by the wrist. The staff took hold of Individual #5's left hand by interlacing his fingers through Individual #5's. Individual #5 pulled his hands away, but the staff and the LPN maintained their hold. The staff and the LPN released Individual #5's hands after approximately 30 seconds. Individual #5 hit his thighs. The LPN asked the staff to get a ball. The staff obtained an 8 inch rubber ball. The Nurse told the staff to ask Individual #5 to bounce the ball. Individual #5 took the ball and threw it. At 9:30 a.m., Individual #5 hit his head 2 times. The staff grabbed hold of Individual #5's hands. The staff held onto Individual #5's hands for approximately 30 seconds. Staff then released Individual #5's hands and he appeared to calm and watch the television. When asked about the observation during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated staff did not implement the behavior plan or the hand holds correctly. The facility failed to ensure Individual #5 received training and services consistent with his IPP.	W 249		
W 250	483.440(d)(2) PROGRAM IMPLEMENTATION The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff.	W 250		

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W 250	Continued From page 190 This STANDARD is not met as evidenced by: Based on observation, record review and staff interviews, it was determined the facility failed to develop an active treatment schedule which was consistent and reflective of an individual's needs for 1 of 5 individuals (Individual #5) whose active treatment schedule was reviewed. This had the potential to impede the implementation of an individual's active treatment plans and services. The findings include: 1. Individual #5's 4/3/11 IPP stated he was an 11 year old male diagnosed with severe autism and ADHD. a. Individual #5's floor book, used by direct care staff, included 2 different undated active treatment schedules. One of the schedules included some of Individual #5's IPP objectives, the other did not. When asked which schedule was current during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated the Active Treatment Schedule without the objectives was current. When asked if Individual #5's objectives should be included in the Active Treatment Schedule, the Administrator stated yes. b. Individual #5's Active Treatment Schedule stated "Staff will run Behavior and Replacement Objectives whenever [Individual #5] expresses anxiety or mal-adaptive behaviors." However his Behavior and Replacement Objective Training programs, undated, stated his replacement objectives were to be implemented as follows: - Replacement Objective #1 for using pictures to	W 250		

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HOME AGAIN ICF	2311 ARUBA DRIVE NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 250	Continued From page 191 portray emotions: the plan stated "This replacement objective will be documented 5 times per week." - Replacement Objective #2 for choosing a task: the plan stated "This replacement objective will be documented 3 times per week." - Replacement Objective #3 for engaging in an activity of his choice: the plan stated "This replacement objective will be documented 3 times per week." - Replacement Objective #4 for using a picture schedule: the plan stated "This objective will be documented 3 times per week." Individual #5's Active Treatment Schedule did not include the regular times staff were to implement the replacement objectives. c. Individual #5's Active Treatment Schedule stated between 2:30 and 5:00 p.m. he was to engage in the following: - "prepare and eat snack" - "On school days [Individual #5] will make his bed, clean room, vacuum room, and clean his bathroom during this time." - "art activity ([Individual #5] likes to draw and paint. He also really enjoys watching staff draw.)" The time block did not include information regarding non-school days and no other activities were listed in the time block. Individual #5 was observed at the facility on 6/6/11 from 2:45 - 3:50 p.m. From 3:45 to 3:50 p.m., staff read a book to Individual #5. However,	W 250		

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W 250	Continued From page 192 reading was not listed on Individual #5's Active Treatment Schedule as an option for that time block. When the book was finished, staff then verbally prompted Individual #5 to stand up and asked if he wanted to paint. Staff held one hand out to Individual #5, which he took and stood up. Staff then pointed to the table. Individual #5 went to the table and sat in a chair next to the Art Therapist. The Art Therapist stated it was another individual's turn to paint and Individual #5 would have to wait. Staff then prompted Individual #5 to stand up, which he did. Staff then told Individual #5 he would have to wait for painting and asked if he wanted a snack or a book. When asked about the observation during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated Individual #5 should have been prompted that it was time to do a specific task as indicated on the Active Treatment Schedule. Individual #5's Active Treatment Schedule was not sufficiently developed to ensure staff had sufficient direction and options to offer to Individual #5.	W 250		
W 251	483.440(d)(3) PROGRAM IMPLEMENTATION Except for those facets of the individual program plan that must be implemented only by licensed personnel, each client's individual program plan must be implemented by all staff who work with the client, including professional, paraprofessional and nonprofessional staff.	W 251		

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W 251	Continued From page 193 This STANDARD is not met as evidenced by: Based on observation, record review and staff interviews, it was determined the facility failed to ensure staff provided opportunity training and reinforced acquired skills to maximize independence for 1 of 5 individuals (Individual #5) whose IPPs were reviewed. This resulted in an individual not receiving sufficient, continuous active treatment. The findings include: 1. Individual #5's 4/3/11 IPP stated he was an 11 year old male diagnosed with severe autism and ADHD. Throughout observations conducted at the facility on 6/6/11 and 6/7/11, staff were not observed to provide Individual #5 with opportunity training and reinforce acquired skills to promote his independence and maximize his developmental potential as follows: a. Individual #5 was observed at the facility on 6/6/11 from 2:45 - 3:50 p.m. During the 1 hour and 5 minute observation period, the following was observed: At 3:02 p.m., staff held up a communication wallet with various pictures and asked him if he would like to do something. Individual #5 had a pillow over his head and did not look at the pictures. The staff's use of the communication wallet was not functional for Individual #5. At 3:05 p.m., staff verbally prompted Individual #5 to play a game with her and stated they needed to find the "flash cards." Staff removed the pillow from Individual #5 and held out her hand. Individual #5 took staff's hand and stood up.	W 251		

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W 251	Continued From page 194 Individual #5 then followed staff to look for the flash cards. Staff stated they needed keys and Individual #5 went back to the couch, laid down and covered his head with the pillow. Staff continued to ask other staff members if they had keys so she could get Individual #5's flash cards. Individual #5 remained laying on the couch with the pillow over his head until staff returned with the flash cards at 3:15 p.m. Individual #5's continued participation in obtaining the cards was not elicited. At 3:15 p.m., staff verbally prompted Individual #5 to the table to play with the flash cards. Individual #5 stood up and went to the table, then sat down. Staff proceeded to lay out several cards on the table. Staff finished laying cards on the table in front of Individual #5 and verbally prompted him to find a match. Individual #5 did not look at the cards and began making vocalizations. Staff verbally prompted him to find a triangle and tapped the table by the cards with her finger. Individual #5 did not look at the cards and vocalized louder. Staff told Individual #5 he did not have to play with the cards and he did not need to get upset. Staff then picked up the cards and verbally prompted Individual #5 to wash his hands for a snack. Individual #5 then stood up and went to his bedroom. Individual #5's participation in laying out and picking up the cards was not elicited. At 3:50 p.m., staff finished reading Individual #5 a book and verbally prompted him to stand up and asked if he wanted to paint. Staff held one hand out to Individual #5, which he took and stood up. Staff then pointed to the table. Individual #5 went to the table and sat in a chair next to the Art	W 251		

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W 251	Continued From page 195 Therapist. The Art Therapist stated it was another individual's turn to paint and Individual #5 would have to wait. Staff then prompted Individual #5 to stand up, which he did. Staff then told Individual #5 he would have to wait for painting and asked if he wanted a snack or a book. Individual #5 did not respond and went into his bedroom where he remained until the observation ended. It was not evident why staff prompted Individual #5 to an activity he could not yet participate in. b. Individual #5 was observed at the facility on 6/6/11 from 5:40 - 7:40 p.m. During the 2 hour observation period, the following was observed: 5:40 - 6:15 p.m.: Individual #5 was laying on the couch watching television, playing with a throw pillow and periodically placing it over his head. At 6:10 p.m., Individual #1 walked to the television, turned it off with his foot, then went to his room. Individual #5 continued manipulating the pillow. Individual #5's staff obtained the picture wallet, opened it, and while holding the picture wallet above the top of Individual #5's head where he could not see it, asked him a question. Individual #5 did not respond and staff then walked away leaving Individual #5 on the couch spinning a pillow and periodically coving his head with it until 6:15 p.m. The staff's use of the communication wallet was not functional for Individual #5. At 7:00 p.m., Individual #5 came out of his room and sat at the table. Individual #5 grabbed the back of his head by his hair. A plastic plate was on the table in front of Individual #5. The staff, standing to Individual #5's right, placed one piece of raw broccoli and one raw baby carrot on	W 251		

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W 251	Continued From page 196 Individual #5's plate. Individual #5's participation in obtaining the plate and serving himself vegetables was not elicited. At 7:05 p.m., staff place a shrimp quesadilla on Individual #5's plate. Individual #5 peeled the quesadilla open with his fingers. The staff handed him a fork. Individual #5 held the fork in his right hand and used the fingers of his left hand to feed himself. Individual #5 repeatedly placed his fork on the table and staff continued to place the fork in Individual #5's hand, periodically spearing his food for him and handing him the fork and verbally prompting Individual #5 to use his fork. The staff also asked Individual #5 if he would rather have a spoon. Individual #5 did not answer and a spoon was not provided to him or present on the table. Individual #5's participation in serving himself a quesadilla or obtaining a spoon was not elicited. At 7:15 p.m., another staff brought Individual #5's staff a plate with a quesadilla on it. The staff continued to stand next to Individual #5, prompting him to use his fork, while she ripped her own quesadilla into pieces and ate it with her fingers. Staff did not demonstrate a model of behavior she was attempting to elicit from Individual #5. c. Individual #5 was observed at the facility on 6/7/11 from 6:50 - 8:55 a.m. During the 2 hour and 5 minute observation period, the following was observed: At 7:35 a.m., Individual #5 entered the kitchen with his staff. Individual #5 opened the refrigerator while his staff obtained cold cereal.	W 251		

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W 251	Continued From page 197 Individual #5 returned the cereal to the pantry with a verbal cue paired with a gesture. Staff then walked Individual #5 to the dining table and Individual #5 sat down and began eating his cereal independently. Staff then returned to the kitchen and prepared toast. At 7:44 a.m., staff took a plate with toast and ketchup to where Individual #5 was sitting at the table and gave it to him. Staff then left and returned with a paper towel, which she placed on the table by Individual #5. Staff was not observed to include Individual #5 in all aspects of preparing his breakfast. At 8:15 a.m., staff asked Individual #5 if he would like to mop with her. Individual #5 did not respond and continued laying on his bed while staff mopped his bathroom. Staff were not observed to implement the prompt hierarchy to elicit Individual #5's participation in cleaning his bathroom. When asked about the observations during an interview, on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated staff were to be implementing training programs and using every moment as a teaching moment. The facility failed to ensure staff provided Individual #5 with opportunity training and reinforce acquired skills to promote his independence and maximize his developmental potential.	W 251		
W 252	483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.	W 252		

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W 252	Continued From page 198	W 252		

This STANDARD is not met as evidenced by:
Based on observation, record review and staff interviews, it was determined the facility failed to ensure data was collected sufficiently to determine the efficacy of the intervention strategies. That failure directly impacted 6 of 8 individuals (Individuals #1, #2, #3, #5, #6, and #8) whose program data was reviewed, and had the potential to impact all individuals (#1 - #8) residing in the facility. That failure had the potential to impede the ability of the IDT in evaluating the effectiveness of programmatic techniques. The findings include:

1. During the entrance conference on 6/6/11 at 1:15 p.m., the QMRP stated the facility had implemented electronic tracking for the individuals' programs.

During an observation on 6/6/11 at 3:10 p.m., staff was observed walking through the facility with a computer tablet. At that time, staff was asked about the tablet. Staff stated he was checking to see what programs needed to be completed. He stated before the end of the shift he would talk to the other staff and complete the data.

The staff were not completing data at the time that interventions occurred with the individuals. Without such data, it would not be possible for the facility to ensure data was consistently and accurately recorded.

The facility's Electronic Data Input policy, dated

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W 252	Continued From page 199 5/16/11, stated staff were to track data and individual documentation using an electronic system. The policy did not include information as to when staff were to complete data. When asked about the electronic records on 6/13/11 at 1:30 p.m., the Administrator stated staff should be collecting data as interventions occurred. 2. Individual #5's 4/3/11 IPP stated he was an 11 year old male diagnosed with severe autism and ADHD. Individual #5's record did not include documentation of his observed maladaptive behaviors as specified in his program plans as follows: a. Individual #5's undated Behavior plan for tantrums defined tantrums as making loud noises, crying and clapping his hands very loudly when he became upset. The plan stated he would express increased anxiety by making loud noises, clapping loudly, and banging on objects. The plan stated if he displayed increase anxiety symptoms, staff were to immediately stop and prompt him to engage in a preferred activity such as watching a movie, jumping on the trampoline or coloring. The plan further stated if he engaged in head banging, or self-injurious behavior such as hitting or pinching himself, staff were to physically intervene to keep him safe. The plan stated ABC documentation was to be completed every time a behavior occurred. Individual #5 was observed engaging in tantrum behavior as follows: - On 6/6/11 at 3:15 p.m., Individual #5 was observed. Staff verbally prompted Individual #5	W 252		

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W 252	Continued From page 200 to the table to play with flash cards. Individual #5 stood up and went to the table, then sat down. Staff proceeded to lay out several cards on the table. Individual #3 asked Individual #5 if he wanted to go fishing. Individual #5 did not respond. Staff finished laying cards on the table in front of Individual #5 and verbally prompted him to find a match. Individual #5 did not look at the cards and began making vocalizations. Staff verbally prompted him to find a triangle and tapped the table by the cards with her finger. Individual #5 did not look at the cards and vocalized louder. Staff told Individual #5 he did not have to play with the cards and he did not need to get upset. Staff then picked up the cards and verbally prompted Individual #5 to wash his hands for a snack. Individual #5 then stood up and went to his bedroom. - On 6/6/11 at 6:20 p.m., Individual #5 came out of the laundry/medication room carrying a plastic bowl and spoon. He was wearing his earmuffs. He took the bowl and spoon into the kitchen and put them in the sink independently. He then began to make loud vocalizations, and ran out of the room to his bedroom while grabbing his hair at the back of his head. He obtained an 8 inch rubber ball from his room and began bouncing the ball. Individual #5 grabbed hold of his earmuffs and threw them to the floor. Individual #5 then went into the kitchen, bouncing the ball as he went. Once in the kitchen, Individual #5 continued to bounce the ball and make vocalizations. Individual #5 then went back to the couch and placed his earmuffs back on. - On 6/7/11 at 7:53 a.m., Individual #5 emerged from his bedroom carrying a laundry basket with	W 252		

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W 252	Continued From page 201 clothes in it. Individual #5 went with the staff to a closet by the kitchen. He held the laundry basket against the wall while staff accessed the closet for laundry soap. Individual #5 hit the wall twice with his right fist and staff directed him to the laundry room. Staff verbally prompted Individual #5 to do his laundry and Individual #5 did not respond. - On 6/7/11 at 8:00 a.m., Individual #5 was in the laundry room with staff. Staff verbally prompted Individual #5 to do his laundry and Individual #5 did not respond. He then proceeded to stand with his back to the door (leading to the garage) while staff placed his clothes and soap in the washing machine. Staff started the washer then handed the soap and the soap scoop to Individual #5 and asked that he take it back to the closet. Staff then left the laundry room and walked toward the closet. Individual #5 followed the staff to the closet and handed her the soap. He then went back to the laundry room, turned off the light, slammed the door, then hit is head on the hallway wall. Staff then prompted Individual #5 to go to his bedroom. On 6/9/11 the following was observed: At 9:15 a.m., Individual #5 was sitting at the dining table. A staff was standing on his right. Individual #5 was making loud vocalizations and interlaced his fingers, then twisted his hands in opposite directions, forcibly wringing his hands. His hands were noted to be red. Individual #5 then hit his legs 14 times and hit the right side of his face with the ball of his right hand 4 times. Staff faced Individual #5 and kneeled down in front of him, then interlaced each of his hands	W 252		

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W 252	Continued From page 202 with Individual #5's (staff's right hand to Individual #5's left, etc.). Individual #5 pulled his hands back, but staff maintained their grip. At one point, Individual #5 pulled his hands away and staff grasped him by the wrists. At 9:20 a.m., a second staff assisted the staff working with Individual #5 to stand Individual #5 by holding onto his hands and walked him to the couch. Both staff repeatedly asked Individual #5 to show them what he wanted. Individual #5 did not respond. Once at the couch, Individual #5 flopped down on his back, faced towards the television, and placed a pillow over the side of his head, sandwiching his head between the pillow and the couch cushions. Individual #2 was sitting at the other end of the couch. The staff working with Individual #5 got the picture wallet off the kitchen counter and said "tell me what you want." Individual #5 did not respond. Staff then held the picture wallet in front of Individual #5, touched the picture wallet and said "I see you're angry." Individual #5 did not respond. At 9:25 a.m., the LPN entered the room. The staff told the LPN Individual #5 appeared upset about going on an outing. The LPN pulled the corner of the pillow covering Individual #5's head, said "Hi, how are you?" Individual #5 made loud vocalizations and the LPN walked away. Individual #5 quieted, appeared to be looking at the television (which was on) and held the pillow over the side of his head. At 9:26 a.m., Individual #5 made a loud vocalization and clasped his hands together repeating the forcible hand wringing. Staff grabbed Individual #5's hands	W 252		

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W 252	Continued From page 203 over the back of the couch and separated them. Staff then held Individual #5's right hand down against the pillow, which had slipped to Individual #5's chest. Staff asked Individual #5 if he wanted to go for a walk. Individual #5 did not respond. Individual #2 got up from the couch and the staff sat by the top of Individual #5's head. Individual #5 hit his head two times. The LPN, who had moved to the back of the couch, reached over the couch and took hold of Individual #5's right hand by the wrist. The staff took hold of Individual #5's left hand by interlacing his fingers through Individual #5's. Individual #5 pulled his hands away, but the staff and the LPN maintained their hold. The staff and the LPN released Individual #5's hands after approximately 30 seconds. Individual #5 hit his thighs. The LPN asked the staff to get a ball. The staff obtained an 8 inch rubber ball. The Nurse told the staff to ask Individual #5 to bounce the ball. Individual #5 took the ball and threw it. At 9:30 a.m., Individual #5 hit his head 2 times. The staff grabbed hold of Individual #5's hands. The staff held onto Individual #5's hands for approximately 30 seconds. Staff then release Individual #5's hands and he appeared to calm and watch the television. However, ABC data reflecting the maladaptive behaviors, observed on 6/6/11, 6/7/11, and 6/9/11 could not be found. When asked about ABC data during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated there was none. When asked about behavior data related to the restraint used on 6/9/11, during a	W 252		

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W 252	Continued From page 204 subsequent interview on 6/15/11 from 1:15 and 4:15 p.m., the Administrator stated the data did not exist. The facility failed to ensure data was collected as specified in Individual #5's plans. 3. The facility used an ABC Behavior Data Sheet to document individuals' maladaptive behaviors. Instructions on the form stated the form was to be used to document any maladaptive behaviors or symptoms of mental illness. Additionally, the facility used a Client Significant Event Report to document issues such as client to client assaults. Staff failed to sufficiently document individuals' maladaptive behaviors that resulted in client to client assaults as follows: An observation was conducted at the facility on 6/6/11 from 5:40 - 7:40 p.m. During that time, the following was observed: - 6:50 p.m.: While in the kitchen, Individual #2 shoved Individual #3. Individual #6, who was also in the kitchen, hit Individual #2. Individual #3 then shoved Individual #2. - 7:30 p.m.: While in the dining area, Individual #6 then pinched Individual #1, then ran across the and jumped on the couch where Individual #8 was sitting. Individual #6 grabbed Individual #8 by the shoulders. Individual #6 then hit Individual #3 on the shoulder. - 7:35 p.m.: While in the dining area, Individual #6	W 252		

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W 252	Continued From page 205 shoved Individual #8. The facility's ABC Behavior Data Sheets and Client Significant Event Reports for 6/6/11 were reviewed. However, no documentation of the maladaptive behaviors and client to client assaults observed could be found. Without accurate documentation related to the events witnessed, the facility would not be able to ensure individuals were meeting behavioral objectives. During an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated she was not aware of the client to client altercations, and the incidents should have been documented by staff. The facility failed to ensure all maladaptive behaviors, including client to client assaults, were accurately documented.	W 252		
W 255	483.440(f)(1)(i) 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 has successfully completed an objective or objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure IPPs were revised as appropriate for 5 of 5 individuals (Individuals #1 - #5) whose IPPs and program summaries were reviewed. This resulted in	W 255		

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W 255	Continued From page 206 individuals continuing to receive formal training on objectives they had successfully completed. The findings include: 1. Individual #5's 4/3/11 IPP stated he was an 11 year old male diagnosed with severe autism and ADHD. His 5/10, 3/11, and 4/3/11 IPP objectives and data summaries from 5/10 - 4/11 were reviewed and documented the following: a. Individual #5's 5/10 IPP included an objective which stated he would comb/brush his hair given light physical prompts in 5 of 7 trials (71%) per month for 3 consecutive months. His data summaries documented he had achieved the objective as follows: 5/10: 15/16 (94%) 6/10: 16/16 (100%) 7/10: 11/14 (79%) 8/10: 7/7 (100%) 9/10: 5/5 (100%) 10/10: 5/7 (71%) 11/10: 2/2 (100%) 12/10: 27/31 (87%) 1/11: 29/29 (100%) 2/11: 8/8 (100%) However, documentation that the objective had been revised was not evident until his 3/11 IPP revisions. b. Individual #5's 5/10 IPP included an objective which stated he would choose weather appropriate clothing given 2 direct verbal prompts or less in 5 of 7 trials (71%) per month for 3 consecutive months. His data summaries documented he had achieved the objective as	W 255		

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W 255	Continued From page 207 follows: 5/10: 9/10 (90%) 6/10: 11/12 (92%) 7/10: 10/13 (77%) 8/10: 5/5 (100%) 9/10: 4/4 (100%) 10/10: 5/6 (83%) However, documentation that the objective had been revised was not evident in Individual #5's record. c. Individual #5's 5/10 IPP included an objective which stated "Given 3 indirect verbal prompts or less, [Individual #5] will thoroughly lather (min. of 20 seconds) and rinse his hands in 5 out of 7 trials (71%) per month for 3 consecutive months." His data summaries documented he had achieved the objective as follows: 5/10: 19/20 (95%) 6/10: 15/16 (94%) 7/10: 15/16 (94%) 8/10: 8/8 (100%) 9/10: 8/8 (100%) 10/10: 8/8 (100%) 11/10: 5/5 (100%) However, documentation that the objective had been revised was not evident in Individual #5's record. d. Individual #5's 5/10 IPP included an objective which stated "Given indirect verbal prompts, [Individual #5] will thoroughly brush all surfaces of his teeth in 5 out of 7 trials (71%) per month for 3 consecutive months." His data summaries	W 255		

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W 255	Continued From page 208 documented he had achieved the objective as follows: 5/10: 22/24 (92%) 6/10: 16/16 (100%) 7/10: 15/15 (100%) 8/10: 10/10 (100%) 9/10: 6/6 (100%) 10/10: 6/6 (100%) 11/10: 4/4 (100%) However, documentation that the objective had been revised was not evident in Individual #5's record until his 3/11 IPP. e. Individual #5's 5/10 IPP included an objective which stated "Given direct verbal prompt, [Individual #5] will thoroughly rinse the soap from his body during a shower in 5 out of 7 trials (71%) per month for 3 consecutive months." His data summaries documented he had achieved the objective as follows: 5/10: 12/12 (100%) 6/10: 14/15 (93%) 7/10: 9/12 (75%) 8/10: 6/6 (100%) 9/10: 6/6 (100%) 10/10: 5/6 (83%) 11/10: 1/1 (100%) 12/10: 9/10 (90%) However, documentation that the objective had been revised was not evident in Individual #5's record until his 3/11 IPP. f. Individual #5's 5/10 IPP included an objective which stated "Given direct verbal prompts,	W 255		

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W 255	Continued From page 209 [Individual #5] will use direct eye contact 5 out of 7 trials (71%) per month for 3 consecutive months." His data summaries documented he had achieved the objective as follows: 5/10: 24/26 (92%) 6/10: 30/30 (100%) 7/10: 10/10 (100%) 8/10: 7/7 (100%) 9/10: 3/3 (100%) 10/10: 7/8 (88%) 11/10: 2/2 (100%) 12/10: 20/24 (83%) 1/11: 22/28 (79%) 2/11: 5/5 (100%) However, documentation that the objective had been revised was not evident in Individual #5's record until his 3/11 IPP. g. Individual #5's 5/10 IPP included an objective which stated "Given direct verbal prompts, [Individual #5] will greet another person by saying 'Hi' in 30% of trials per month for 3 consecutive months." His data summaries documented he had achieved the objective as follows: 5/10: 16/18 (89%) 6/10: 13/13 (100%) 7/10: 11/11 (100%) 8/10: 5/5 (100%) 9/10: 2/2 (100%) 10/10: 5/5 (100%) 11/10: 4/4 (100%) 12/10: 3/18 (17%) 1/11: 15/20 (75%) 2/11: 3/3 (100%)	W 255		

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W 255	Continued From page 210 However, documentation that the objective had been revised was not evident in Individual #5's record until his 3/11 IPP. When asked about QMRP notes regarding objective revisions during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated there were none. 2. Individual #2's 4/3/11 IPP stated she was a 15 year old female diagnosed with mild mental retardation, reactive attachment disorder, mood disorder NOS, ODD, PTSD, and ADHD. Her 5/10, 2/11, and 4/3/11 IPP objectives and data summaries from 5/10 - 4/11 were reviewed and documented the following: a. Individual #2's 5/10 IPP included an objective which stated "Given a indirect [sic] verbal prompt, [Individual #2] will initiate tooth brushing 6 out of every 10 of trials [sic] per month for 3 consecutive months..." Her data summaries documented she had achieved the objective as follows: 5/10: 17/17 (100%). A second set of data summaries documented 22/22 (100%). 6/10: 4/4 (100%). A second set data summaries documented 17/17 (100%). 7/10: 15/16 (93%). A second set of data summaries documented 15/15 (100%). 8/10: 10/12 (83%). A second set of data summaries documented 9/9 (100%). 9/10: 10/10 (100%) 10/10:12/13 (92%) 11/10: 2/3 (66%) 12/10: 32/39 (82%) 1/11: 22/30 (73%) 2/11: 9/12 (75%)	W 255		

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W 255	Continued From page 211 However, documentation that the objective had been revised was not evident in Individual #2's record until her 2/11 IPP. b. Individual #2's 5/10 IPP included an objective which stated "Given direct verbal prompts, [Individual #2] will respond correctly when asked, 'Who is the main character' about a story she has read 7 out of every 10 trials per month for 3 consecutive months..." Her data summaries documented she had achieved the objective as follows: 5/10: 13/13 (100%). 6/10: 1/1 (100%). A second set data summaries documented 8/8 (100%). 7/10: 2/2 (93%). A second set of data summaries documented 5/5 (100%). 8/10: "NA" was recorded. 9/10: 3/3 (100%) 10/10: 4/4 (100%) 11/10: 1/1 (100%) However, documentation that the objective had been revised was not evident in Individual #2's record until her 2/11 IPP. c. Individual #2's 5/10 IPP included an objective which stated "Given a direct verbal prompt, [Individual #2] will select the correct coins to 'pay' for an item with a stated value under $5.00 6 out of every 8 trials for 3 consecutive months..." Her data summaries documented she had achieved the objective as follows: 5/10: 8/8 (100%). A second set of data summaries documented 5/6 (83%).	W 255		

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W 255	Continued From page 212 6/10: 2/2 (100%). A second set of data summaries documented 8/8 (100%). 7/10: 5/5 (100%). A second set of data summaries documented 5/5 (100%). 8/10: 2/2 (100%). A second set of data summaries documented 2/2 (100%). 9/10: 3/3 (100%) 10/10: 4/4 (100%) 11/10: 3/3 (100%) 12/10: 7/7 (100%) 1/11: 14/14 (100%) However, documentation that the objective had been revised was not evident in Individual #2's record until her 2/11 IPP. d. Individual #2's 5/10 IPP included an objective which stated "Given a gesture/modeling prompting, [Individual #2] will comb her hair 75% of trials for 3 consecutive months..." Her data summaries documented she had achieved the objective as follows: 5/10: 11/11 (100%). A second set of data summaries documented 13/15 (86%). 6/10: 5/5 (100%). A second set of data summaries documented 12/12 (100%). 7/10: 12/12 (100%). A second set of data summaries documented 12/12 (100%). 8/10: 9/9 (100%). A second set of data summaries documented 7/7 (100%). 9/10: 12/12 (100%) 10/10: 9/9 (100%) 11/10: 3/3 (100%) 12/10: 31/34 (91%) 1/11: 29/30 (96%) However, documentation that the objective had	W 255		

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W 255	Continued From page 213 been revised was not evident in Individual #2's record until her 2/11 IPP. e. Individual #2's 5/10 IPP included an objective which stated "Given a direct verbal prompt [Individual #2] will take a shower without the presence of a staff member in the bathroom 40% of trials for 3 consecutive months..." Her data summaries documented she had achieved the objective as follows: 5/10: 12/12 (100%). A second set of data summaries documented 13/13 (100%). 6/10: 2/2 (100%). A second set of data summaries documented 7/7 (100%). 7/10: 11/11 (100%). A second set of data summaries documented 10/10 (100%). 8/10: 9/9 (100%). A second set of data summaries documented 7/7 (100%). 9/10: 6/7 (85%) 10/10: 10/10 (100%) 11/10: 4/4 (100%) 12/10: 16/24 (66%) 1/11: 22/28 (78%) However, documentation that the objective had been revised was not evident in Individual #2's record until her 2/11 IPP. f. Individual #2's 5/10 IPP included an objective which stated "Given a controlled, structured social environment, and given gestural prompts, [Individual #2] will initiate appropriate interaction with a peer (as defined by not invading the personal space of others and initiating contact with socially appropriate language) 80% of trials for 3 consecutive months..." Her data summaries documented she had achieved the objective as	W 255		

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W 255	Continued From page 214 follows: 5/10: 13/13 (100%). A second set of data summaries documented 16/16 (100%). 6/10: 5/5 (100%). A second set of data summaries documented 12/12 (100%). 7/10: 12/14 (85%). A second set of data summaries documented 14/14 (100%). 8/10: 6/8 (75%). A second set of data summaries documented 6/6 (100%). 9/10: 5/8 (62%) 10/10: 7/9 (77%) 11/10: 2/5 (40%) 12/10: 18/35 (51%) 1/11: 24/25 (96%) However, documentation that the objective had been revised was not evident in Individual #2's record until her 2/11 IPP. g. Individual #2's 5/10 IPP included an objective which stated "Given a direct verbal prompt [Individual #2] will learn to self administer her prescribed medications...5 out of 7 trials per week for 3 consecutive months..." Weekly monitoring of the objective could not be found. However, her monthly data summaries documented she had achieved the objective as follows: 5/10: 11/11 (100%). A second set of data summaries documented 11/11 (100%). 6/10: 5/5 (100%). A second set of data summaries documented 5/5 (100%). 7/10: 11/11 (100%). A second set of data summaries documented 11/11 (100%). 8/10: 10/10 (100%). A second set of data summaries documented 8/8 (100%). 9/10: 13/13 (100%)	W 255		

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W 255	Continued From page 215 10/10: 11/11 (100%) 11/10: 3/3 (100%) 12/10: 37/39 (100%) 1/11: 28/28 (100%) However, documentation that the objective had been revised was not evident in Individual #2's record until her 2/11 IPP. h. Individual #2's 5/10 IPP included an objective which stated "Given indirect verbal prompts and staff modeling, [Individual #2] will clearly answer a question/inquiry 5 out of 7 trials per week for 3 consecutive months..." Weekly monitoring of the objective could not be found. However, her monthly data summaries documented she had achieved the objective as follows: 5/10: 12/12 (100%). A second set of data summaries documented 12/13 (92%). 6/10: 2/4 (50%). A second set of data summaries documented 9/10 (90%). 7/10: 10/11 (90%). A second set of data summaries documented 10/11 (90%). 8/10: 8/8 (100%). A second set of data summaries documented 6/6 (100%). 9/10: 7/7 (100%) 10/10: 10/10 (100%) 11/10: 3/3 (100%) 12/10: 23/35 (92%) 1/11: 24/26 (92%) However, documentation that the objective had been revised was not evident in Individual #2's record until her 2/11 IPP. When asked during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated there	W 255		

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W 255	Continued From page 216 were no accurate QMRP notes. 3. Individual #1's 4/4/11 IPP stated he was a 17 year old male whose diagnoses included mild mental retardation, ODD, mood disorder NOS, ADHD, and PTSD. His 5/10, 2/11, and 4/4/11 IPP objectives and data summaries from 5/10 - 4/11 were reviewed and documented the following: a. Individual #1's 5/10 IPP included an objective which stated "Given direct verbal prompts, [Individual #1] will clean his entire room 75% of the trials per month for 3 consecutive months..." His data summaries documented he had achieved the objective as follows: 8/10: 2/2 (100%) 9/10: 3/3 (100%) 10/10: 2/2 (100%) 11/10: 2/2 (100%) 1/11: 22/22 (100%) However, documentation that the objective had been revised was not evident in Individual #1's record until his 2/11 IPP. b. Individual #1's 5/10 IPP included an objective which stated "Given direct verbal prompts, [Individual #1] will wear underwear 50% of the trials per month for 3 consecutive months..." His data summaries documented he had achieved the objective as follows: 8/10: 0/1 (0%) 9/10: 2/3 (67%) 10/10: 1/2 (50%) 11/10: 2/3 (67%)	W 255		

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W 255	Continued From page 217 1/11: 16/23 (70%) 2/11: 8/8 (100%) 3/11: 9/9 (100%) 4/11: N/A However, documentation that the objective had been revised was not evident in Individual #1's record. Additionally, the objective was not present in his 2/11 or 4/4/11 IPPs. c. Individual #1's 5/10 IPP included an objective which stated "Given a direct verbal prompt, [Individual #1] will eat the items on the menu in 5 out of 7 trials [71%] per month for 3 consecutive months..." His data summaries documented he had achieved the objective as follows: 8/10: 2/2 (100%) 9/10: 4/4 (100%) 10/10: 7/7 (100%) 11/10: 3/3 (100%) 1/11: 21/25 (84%) Despite decreased data probes, Individual #1's data documented he could complete the task. However, documentation that the objective had been revised was not evident in Individual #1's record until his 2/11 IPP. When asked about the objectives during an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated there were no accurate QMRP notes. 4. Individual #3's 4/3/11 IPP stated he was a 14 year old male whose diagnoses included mild mental retardation, mood disorder, ADHD, and ODD. His 5/10, 2/11, and 4/3/11 IPP objectives	W 255		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 255	Continued From page 218 and data summaries from 5/10 - 4/11 were reviewed and documented the following: a. Individual #3's 5/10 IPP included an objective which stated he would make his bed given a direct prompt in 5 of 7 trials (71%) per week for 3 consecutive months. His data summaries documented he had achieved the objective as follows: 5/10: 19/19 (100%) 6/10: 17/17 (100%) 7/10: 12/12 (100%) 8/10: 6/7 (85%) 9/10: 5/5 (100%) 10/10: 8/8 (100%) 11/10: 5/5 (100%) However, documentation that the objective had been revised was not evident until his 2/11 IPP revisions. b. Individual #3's 5/10 IPP included an objective which stated he would eat at a slower pace in 3 of 4 trials (75%) or 3 consecutive months. His data summaries documented he had achieved the objective as follows: 5/10: 3/3 (100%) 6/10: 9/10 (90%) 7/10: 8/10 (80%) 8/10: 4/4 (100%) 9/10: 3/3 (100%) 10/10: 7/7 (100%) 11/10: 8/8 (100%) 12/10: No Data 1/11: 19/22 (86%) 2/11: 8/8 (100%)	W 255		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	13G078		06/16/2011

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W 255	Continued From page 219 However, documentation that the objective had been revised was not evident until his 2/11 IPP where the objective was discontinued. c. Individual #3's 5/10 IPP included an objective which stated he would complete the purchase of an item from the store that cost less than $3.00 in 3 of 5 trials (60%) per week for 3 consecutive months. His data summaries documented he had achieved the objective as follows: 5/10: 15/15 (100%) 6/10: 13/13 (100%) 7/10: 11/11 (100%) 8/10: 9/9 (100%) 9/10: 6/6 (100%) 10/10: 9/9 (100%) 11/10: 1/1 (100%) 12/10: No Data 1/11: 16/20 (80%) 2/11: 6/8 (75%) However, documentation that the objective had been revised was not evident until his 2/11 IPP revisions. During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated there were no accurate QMRP notes. 5. Individual #4's 4/3/11 IPP stated he was a 15 year old male whose diagnoses included mild mental retardation, OCD, and ADHD. His 4/10, 3/11, and 4/3/11 IPP objectives and data summaries from 1/11 - 4/11 were reviewed and documented the following:	W 255		

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W 255	Continued From page 220 a. Individual #4's 4/10 IPP included an objective which stated he would slow his speech to be easier to be understood given a direct verbal prompt in 6 of 7 trials (86%) for 3 consecutive months. His data summaries documented he had achieved the objective as follows: 1/11: 25/26 (96%) 2/11: 8/8 (100%) 3/11: 9/10 (90%) 4/11: 8/8 (100%) 5/11: 19/19 (100%) However, documentation that the objective had been revised was not evident. b. Individual #4's 4/10 IPP included an objective which stated, when given a direct verbal prompt, he would wear his glasses one day per week for at least 2 hours for 3 consecutive months. His data summaries documented he had achieved the objective as follows: 1/11: 4/19 (21%) 2/11: 2/2 (100%) 3/11: 2/2 (100%) 4/11: 7/7 (100%) 5/11: 2/2 (100%) However, documentation that the objective had been revised was not evident. During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated there were no accurate QMRP notes. The facility failed to ensure Individual #4's objectives were revised when criteria was met.	W 255		

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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 staff interview, it was determined the facility failed to ensure IPPs were revised as appropriate for 4 of 5 individuals (Individuals #1, #2, #4 and #5) whose IPPs and program summaries were reviewed. This resulted in individuals failing to progress toward objectives without appropriate programmatic revisions being made. The findings include: 1. Individual #5's 4/3/11 IPP stated he was an 11 year old male diagnosed with severe autism and ADHD. His IPP 5/10, 3/11, and 4/3/11 objectives and data summaries from 5/10 - 4/11 were reviewed and documented the following: a. Individual #5's 5/10 IPP included an objective which stated he would choose weather appropriate clothing given 2 direct verbal prompts or less in 5 of 7 trials (71%) per month for 3 consecutive months. His data summaries documented he had failed to consistently progress toward the objective as follows: 11/10: 3/5 (60%) 12/10: 0/24 (0%) 1/11: 10/30 (33%) 2/11: 2/7 (29%)	W 257		

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W 257	Continued From page 222 3/11: 2/7 (29%) 4/11: 3/8 (38%) However, documentation that the objective had been revised as a result of his failure to progress was not evident. b. Individual #5's 5/10 IPP included an objective which stated he would indicate he needed to use the bathroom given 2 direct verbal prompts or less in 7 of 10 trials (70%) per month for 3 consecutive months. His data summaries documented he had failed to consistently progress toward the objective as follows: 5/10: 15/18 (83%) 6/10 13/15 (87%) 7/10: 4/6 (67%) 8/10: 1/1 (100%) 9/10: 0/1 (0%) 10/10: 0/4 (0%) 11/10: 3/4 (75%) 12/10: 23/24 (96%) 1/11: 0/29 (0%) 2/11: 0/7 (0%) 3/11: 2/11 (18%) 4/11: 2/12 (16%) 5/11: 2/17 (12%) However, documentation that the objective had been revised as a result of his failure to progress was not evident. When asked about QMRP notes regarding objective revisions during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated there were none.	W 257		

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W 257	Continued From page 223 2. Individual #2's 4/3/11 IPP stated she was a 15 year old female diagnosed with mild mental retardation, reactive attachment disorder, mood disorder NOS, ODD, PTSD, and ADHD. Her 5/10, 2/11, and 4/3/11 IPP objectives and data summaries from 5/10 - 4/11 were reviewed and documented the following: a. Individual #2's 5/10 IPP included an objective which stated "Given a controlled, structured social environment, and given gestural prompts, [Individual #2] will initiate appropriate interaction with a peer (as defined by not invading the personal space of others and initiating contact with socially appropriate language) 80% of trials for 3 consecutive months..." Her data summaries documented she had failed to consistently progress toward the objective as follows: 5/10: 13/13 (100%). A second set of data summaries documented 16/16 (100%). 6/10: 5/5 (100%). A second set of data summaries documented 12/12 (100%). 7/10: 12/14 (85%). A second set of data summaries documented 14/14 (100%). 8/10: 6/8 (75%). A second set of data summaries documented 6/6 (100%). 9/10: 5/8 (62%) 10/10: 7/9 (77%) 11/10: 2/5 (40%) 12/10: 18/35 (51%) 1/11: 24/25 (96%) However, documentation that the objective had been revised as a result of her failure to progress was not evident. When asked during an interview on 6/15/11 from	W 257		

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W 257	Continued From page 224 1:15 - 4:15 p.m., the Administrator stated there were no accurate QMRP notes. 3. Individual #1's 4/4/11 IPP stated he was a 17 year old male whose diagnoses included mild mental retardation, ODD, mood disorder NOS, ADHD, and PTSD. His 5/10, 2/11, and 4/4/11 IPP objectives and data summaries from 5/10 - 4/11 were reviewed and documented the following: a. Individual #1's 5/10 IPP included an objective which stated "Given indirect verbal prompts, [Individual #1] will initiate toothbrushing 75% of the trials per month for 3 consecutive months..." His data summaries documented he had failed to consistently progress toward the objective as follows: 8/10: 1/1 (100%) 9/10: 0/0 (0%) 10/10: 2/3 (67%) 11/10: 2/3 (67%) 1/11: 3/26 (12%) 2/11: 0/8 (0%). His 2/11 IPP included revised criteria to 100% of the trials. It was not documented why the criteria level had been raised when Individual #1 had not met criteria set at 75%. 3/11: 1/9 (11%) 4/11: 2/8 (25%). His 4/4/11 IPP documented criteria at 100% of 8 trials. 5/11: 1/12 (8%) Individual #1 had failed to show consistent progression toward the objective. However, his IPP did not document appropriate revisions,	W 257		

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W 257	Continued From page 225 designed to promote Individual #1's success were made. b. Individual #1's 5/10 IPP included an objective which stated "Given indirect verbal prompts, [Individual #1] will initiate showering 75% of the trials per month for 3 consecutive months..." His data summaries documented he had failed to consistently progress toward the objective as follows: 8/10: 0/1 (0%) 9/10: 0/1 (0%) 10/10: 2/3 (66%) 11/10: 2/3 (66%) 1/11: 2/19 (11%) 2/11: 2/8 (25%) 3/11: 2/9 (22%) However, his IPP did not document appropriate revisions, designed to promote Individual #1's success were made. c. Individual #1's 5/10 IPP included an objective which stated "Given indirect verbal prompts, [Individual #1] will brush his hair 75% of the trials per month for 3 consecutive months..." His data summaries documented he had failed to consistently progress toward the objective as follows: 8/10: 0/0 (0%) 9/10: 3/3 (100%) 10/10: 1/1 (100%) 11/10: 2/2 (100%) 1/11: 9/22 (41%) 2/11: 2/8 (25%). His 2/11 IPP included revised criteria to independently brush his hair. It was not	W 257		

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W 257	Continued From page 226 documented why the criteria level had been raised when Individual #1 had not met criteria set at an indirect verbal prompt. 3/11: 6/10 (60%) 4/11: 3/8 (36%). His 4/4/11 IPP documented criteria 8 trials. 5/11: 2/8 (25%) Individual #1 had failed to show consistent progression toward the objective. However, his IPP did not document appropriate revisions, designed to promote Individual #1's success, were made. d. Individual #1's 5/10 IPP included an objective which stated "Given direct verbal prompts, Individual #1 will wear his glasses one day per week for at least 2 hours for 3 consecutive months..." His data summaries documented he had failed to consistently progress toward the objective as follows: 8/10: 0/1 9/10: 0/1 10/10: 3/4 11/10: 1/4 1/11: 1/23 2/11: 0/4 3/11: 0/3 4/11: 0/2 5/11: 0/4 Individual #1 had failed to show consistent progression toward the objective. However, his IPP did not document appropriate revisions, designed to promote Individual #1's success, were made.	W 257		

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W 257	Continued From page 227 When asked about the objectives during an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated there were no accurate QMRP notes. 4. Individual #4's 4/3/11 IPP stated he was a 15 year old male whose diagnoses included mild mental retardation, OCD, and ADHD. His 4/10, 3/11, and 4/3/11 IPP objectives and data summaries from 1/11 - 4/11 were reviewed and documented the following: a. Individual #4's 4/10 IPP included an objective which stated he would brush his teeth given an indirect verbal prompt in 6 of 7 trials (86%) per month for 3 consecutive months. His data summaries documented he had achieved the objective as follows: 1/11: 4/32 (13%) 2/11: 4/15 (27%) 3/11: 5/50 (10%) 4/11: 36/53 (68%) However, documentation that the objective had been revised as a result of his failure to consistently progress was not evident. b. Individual #4's 4/10 IPP included an objective which stated he would apply lotion to his skin following his shower given a gesture/model prompt in 5 of 7 (71%) trails per month for 3 consecutive months. His data summaries documented he had achieved the objective as follows: 1/11: 2/15 (13%)	W 257		

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W 257	Continued From page 228 2/11: 2/8 (25%) 3/11: 1/9 (11%) 4/11: 1/8 (13%) 5/11: 0/12 (0%) However, documentation showed the only revision to the objective was to change the criteria to 86% on his 3/11 IPP. Revisions based upon his failure to progress were not documented. During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated there were no accurate QMRP notes. The facility failed to ensure Individual #4's objectives were revised when a lack of progress was documented.	W 257		
W 259	483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to ensure CFAs were reviewed by the IDT for relevancy and updated as necessary for 5 of 5 individuals (Individuals #1 - #5) whose records were reviewed. This resulted in an a lack of assessment information on which to base program decisions. The findings include: 1. Refer to W214 as it relates to the facility's failure to ensure CFAs were updated and an	W 259		

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W 259	Continued From page 229 accurate reflection of the individuals' developmental strengths and needs. 2. Refer to W216 as it relates to the facility's failure to ensure individuals' CFAs included comprehensive health information. 3. Refer to W223 as it relates to the facility's failure to ensure individuals' CFAs included comprehensive social development information.	W 259		
W 260	483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined that the facility failed to ensure IPPs were revised to reflect and respond to individuals' current needs and functional changes. That failure directly impacted 5 of 5 individuals (Individuals #1 - #5), whose IPPs were reviewed and had the potential to impact all individuals (#1 - #8) residing at the facility. This resulted in IPPs which were not reflective of the individuals' current status and needs. The findings include: 1. An undated "List of Individuals" was provided by the facility. The list stated Individual #5 had "restitution." However, the intervention could not be found in Individual #5's IPP. When asked about the list during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated Individual #5's restitution was related to earning	W 260		

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W 260	Continued From page 230 his allowance. The "Allowance Policy" section of Individual #5's IPP stated he would earn money for the following: - completing tasks/complying with requests - using respectful language - maintaining appropriate physical boundaries - exercising respectful care and treatment of property. The policy stated "Residents who cause destruction of more than $10.00 in value or cause serious harm to another person will lose the ability to earn allowance for that week." The policy further stated individuals would receive their allowance once per week and "If the resident has been severely destructive or aggressive during the week, they will not receive any allowance for that week." The same information was found in Individual #1's 4/4/11 IPP, Individual #2's 4/3/11 IPP, Individual #3's 4/3/11 IPP and Individual #4's 4/3/11 IPP. The policy, as stated in the individuals' IPPs, did not define "serious harm to another person," or include include information regarding what "severely destructive or aggressive" meant. Further, the policy did not include how restitution would be applied. When asked for clarification during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated if an individual earned their allowance during the first part of the week and was then aggressive and destructive during the last part of the week, then they would not receive any allowance for that week.	W 260		

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W 260	Continued From page 231 However, the policy stated "Once a resident receives allowance, it becomes their personal property and will not be taken from them." Individual #1 - #5's IPPs were not updated to include clear instructions reflecting "restitution" or describing the specific behaviors (e.g. serious harm, severely destructive and aggressive) which would cause them to lose the allowance already earned and the ability to earn additional allowance during the remainder of the week. 2. During an observation on 6/7/11 at 7:19 a.m., a chart with each individual's name was observed hanging on the kitchen wall of the facility. Individual #2 was observed assisting staff to place a sticker or an "X" on a chart next to each individual's name. However, no information regarding the chart could be found in Individual #1 - #5's records. When asked about the chart during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated if an individual went 4 days in a row without behaviors, then they were allowed to go to a restaurant for breakfast. The facility failed to ensure Individual #1 - #5's IPPs were updated to include information related to the chart. 3. Individual #5's 4/3/11 IPP stated he was an 11 year old male diagnosed with severe autism and ADHD. Individual #5's IPP was not reflective of his current status and needs as follows: a. Individual #5's record included a 9/15/10 dental	W 260		

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W 260	Continued From page 232 progress note which stated Individual #5 "demonstrates limited cooperation allowing minimal visual examination. No radiographs are attempted." The note included recommendations to "work towards increased willingness to allow comprehensive examinations including [sic] radiographs." However, Individual #5's IPP did not include information related to his resistance to dental appointments. When asked about the note during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated Individual #5 experienced increased anxiety during all appointments. The facility failed to ensure Individual #5's IPP was reflective of his increased anxiety and resistance to medical appointments. b. Individual #5's floor book, used by direct care staff, included a Reading Log. However, no information regarding reading could be found in his IPP. When asked about the log during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated it was used to encourage reading and literacy. Individual #5 could not read but staff read to him and he enjoyed it. The facility failed to ensure Individual #5's IPP included comprehensive information related to reading. c. Individual #5's record included a prescription for eyeglasses, dated 11/23/10. Observations were conducted at the facility on 6/6/11 and 6/7/11. At no time during the	W 260		

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	13G078		06/16/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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W 260	Continued From page 233 observations was Individual #5 noted to be wearing his eyeglasses. Additionally, his IPP and Active Treatment schedule did not include information related to his eyeglasses. When asked during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated she thought Individual #5 only used his eyeglasses at school and that his eyeglass use had not been incorporated into his IPP but it should have been. d. During an observation on 6/6/11 at 3:02 p.m., staff held up a communication wallet with various pictures and asked Individual #5 if he would like to do something. Additionally, on 6/6/11 at 6:10 p.m., Individual #5's staff obtained the picture wallet, opened it, and while holding the picture wallet above the top of Individual #5's head where he could not see it, asked him a question. No information regarding the picture wallet could be found in Individual #5's IPP. When asked during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated the facility was easing him into using the wallet. It was currently being used to assist him to identify his emotions and would be used for other things, but there was not currently any written information on its use. e. During an observation on 6/7/11 at 7:44 a.m., staff took a plate with toast and ketchup to where Individual #5 was sitting at the table and gave it to him. When asked about the ketchup on the toast during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated when Individual #5 first came to the facility, he would	W 260		

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W 260	Continued From page 234 only eat corn dogs, waffles and ketchup. She stated he now had to specifically ask for ketchup if he wanted it. When asked if the information was in Individual #5's IPP, the Administrator stated it was not but it needed to be. The facility failed to ensure Individual #5's IPP was updated to reflect his current strengths, needs, and interventions. 4. Individual #2's 4/3/11 IPP stated she was a 15 year old female diagnosed with mild mental retardation, reactive attachment disorder, mood disorder NOS, ODD, PTSD, and ADHD. The Positive Behavior Support Plan section of her IPP stated under the diagnosis of Mood Disorder that Individual #2 had made 1 suicide threat in the past 12 months which was "evaluated to be insincere." The IPP stated "If she has another episode in 6 months, this will be assessed and integrated in the PBSP." No information related to the date of the last incident could be found in her IPP. However, Individual #2's psychiatric progress notes, dated 1/18/11 and 3/15/11, both stated "Tells me today that she became upset and had suicidal thoughts. She has no intent or plan." When asked during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated she was unaware of the psychiatric progress notes for 1/18/11 and 3/15/11. She further stated she did not know if other IDT members were aware of the progress notes or why Individual #2's IPP had not been updated accordingly.	W 260		

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W 260	Continued From page 235 The facility failed to ensure Individual #2's IPP was updated to include comprehensive information related to her suicidal thoughts.	W 260		
W 262	483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure restrictive interventions were implemented only with the approval of the human rights committee for 2 of 5 individuals (Individuals #1 and #3) whose restrictive interventions were reviewed. This resulted in a lack of protection of individuals' rights through prior approvals of restrictive interventions. The findings include: 1. Individual #3's 4/3/11 IPP stated he was a 14 year old male whose diagnoses included mild mental retardation, mood disorder, ADHD, and ODD. Individual #3's PBSP, dated 4/4/11, stated Individual #3 could be restrained using a CPI Team restraint. However, a review of Individual #3's record documented he was restrained using a CPI 1 Man restraint as follows: - 5/2/11 at 7:30 (a.m./p.m. not indicated). - 5/27/11 at 5:35 p.m.	W 262		

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W 262	Continued From page 236 - 5/27/11 at 5:42 p.m. - 5/28/11 at 6:15 p.m. Individual #3's record did not include HRC approval for the use of a CPI 1 Man Restraint. During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated there was no HRC approval for the CPI 1 Man Restraint, but there should have been. 2. Individual #1's 4/4/11 IPP stated he was a 17 year old male whose diagnoses included mild mental retardation, ODD, mood disorder NOS, ADHD, and PTSD. Individual #1's PBSP, dated 4/4/11, stated he could be restrained using a CPI Team Restraint or a CPI 1 Man Restraint. However, Individual #1's record did not include HRC approval for the use of a CPI 1 Man Restraint. During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated there was no HRC approval for the CPI 1 Man Restraint, but there should have been. The facility failed to ensure HRC approval was obtained for use of Individual #1 and Individual #3's CPI 1 Man Restraint as outlined in their behavior programs.	W 262		
W 263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed	W 263		

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W 263	Continued From page 237 consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure restrictive interventions were implemented only with the written informed consent of the parent/guardian for 2 of 5 individuals (Individuals #1 and #3) whose restrictive interventions were reviewed. This resulted in a lack of protection of individuals' rights through prior consent for restrictive interventions. The findings include: 1. Individual #3's 4/3/11 IPP stated he was a 14 year old male whose diagnoses included mild mental retardation, mood disorder, ADHD, and ODD. Individual #3's PBSP, dated 4/4/11, stated Individual #3 could be restrained using a CPI Team restraint. However, a review of Individual #3's record documented he was restrained using a CPI 1 Man restraint as follows: - 5/2/11 at 7:30 (a.m./p.m. not indicated). - 5/27/11 at 5:35 p.m. - 5/27/11 at 5:42 p.m. - 5/28/11 at 6:15 p.m. Individual #3's record did not include guardian consent for the use of a CPI 1 Man Restraint. During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated there was no guardian consent for the CPI 1 Man Restraint, but	W 263		

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W 263	Continued From page 238 there should have been. 2. Individual #1's 4/4/11 IPP stated he was a 17 year old male whose diagnoses included mild mental retardation, ODD, mood disorder NOS, ADHD, and PTSD. Individual #1's PBSP, dated 4/4/11, stated he could be restrained using a CPI Team Restraint or a CPI 1 Man Restraint. However, Individual #1's record did not include guardian consent for the use of a CPI 1 Man Restraint. During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated there was no guardian consent for the CPI 1 Man Restraint, but there should have been. The facility failed to ensure guardian consent was obtained for use of Individual #1 and Individual #3's CPI 1 Man Restraint as outlined in their behavior programs.	W 263		
W 276	483.450(b)(1)(i) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Policies and procedures that govern the management of inappropriate client behavior must specify all facility approved interventions to manage inappropriate client behavior. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure the behavior policy included all interventions used to manage maladaptive behavior which directly	W 276		

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W 276	Continued From page 239 impacted 5 of 5 individuals (Individuals #1 - #5) reviewed, and had the potential to impact all individuals residing at the facility. This resulted in individuals being subjected to monetary restitution and physical restraints without appropriate approvals. The findings include: 1. Individual #1 - #5's IPPs were reviewed. The IPPs included an "Allowance Policy" section which stated the individuals would earn money for the following: - completing tasks/complying with requests - using respectful language - maintaining appropriate physical boundaries - exercising respectful care and treatment of property. The policy stated "Residents who cause destruction of more than $10.00 in value or cause serious harm to another person will lose the ability to earn allowance for that week." The policy further stated individuals would receive their allowance once per week and "If the resident has been severely destructive or aggressive during the week, they will not receive any allowance for that week." The policy did not define "serious harm to another person," or include include information regarding what "severely destructive or aggressive" meant. Further, the policy did not include how restitution would be applied but stated "Once a resident receives allowance, it becomes their personal property and will not be taken from them." When asked for clarification during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated if an individual earned their	W 276		

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W 276	Continued From page 240 allowance during the first part of the week and was then aggressive and destructive during the last part of the week, then they would not receive any allowance for that week. The loss of allowance which had already been earned was considered restitution. The facility's Hierarchy of Behavioral Interventions policy, undated, included a definition for restitution which stated it required the client to restore the area that was disturbed to its original condition. The policy did not include information regarding monetary restitution. During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated the allowance procedures were not incorporated into the behavior policy. 2. Individual #5's 4/3/11 IPP stated he was an 11 year old male diagnosed with severe autism and ADHD. His Behavior and Replacement Objective plan for tantrums, undated, stated if Individual #5 hit or pinched himself staff were to "hold his hands gently." The "Manual Restraint" section of the facility's undated Hierarchy of Behavioral Interventions policy stated the facility was using the CPI restraint system. When asked about the hand holds during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated the hand holds were not a part of the CPI system. When asked if the hold should have been included in the facility's behavior intervention policy during an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated it	W 276		

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W 276	Continued From page 241 should have been. The facility failed to ensure the Hierarchy of Behavioral Interventions policy included all facility approved intervention.	W 276		
W 289	483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. This STANDARD is not met as evidenced by: Based on observations, record review, and staff interviews it was determined the facility failed to ensure techniques used to manage inappropriate behavior were sufficiently defined and incorporated into the program plans. The directly impacted 5 of 5 individuals (Individuals #1 - #5) whose behavior plans were reviewed, and had the potential to impact all individuals (Individuals #1 - #8) residing at the facility. This resulted in a lack of appropriate interventions being in place to ensure individuals' behavioral needs were met. The findings include: 1. Individual #5's 4/3/11 IPP stated he was an 11 year old male diagnosed with severe autism and ADHD. a. An undated "List of Individuals" was provided by the facility. The list stated Individual #5 had "restitution." However, the intervention could not be found in Individual #5's IPP. When asked	W 289		

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W 289	Continued From page 242 during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated Individual #5's restitution was related to earning his allowance. The "Allowance Policy" section of Individual #5's IPP stated he would earn money for the following: - completing tasks/complying with requests - using respectful language - maintaining appropriate physical boundaries - exercising respectful care and treatment of property. The policy stated "Residents who cause destruction of more than $10.00 in value or cause serious harm to another person will lose the ability to earn allowance for that week." The policy further stated individuals would receive their allowance once per week and "If the resident has been severely destructive or aggressive during the week, they will not receive any allowance for that week." The policy did not define "serious harm to another person," or include information regarding what "severely destructive or aggressive" meant. Further, the policy did not include how restitution would be applied. However, the policy stated "Once a resident receives allowance, it becomes their personal property and will not be taken from them." When asked for clarification during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated if an individual earned their allowance during the first part of the week and was then aggressive and destructive during the last part of the week, then they would not receive	W 289		

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W 289	Continued From page 243 any allowance for that week. Individual #5's IPP was not updated to include clear instructions reflecting his "restitution" or in describing the specific behaviors (e.g. serious harm, severely destructive and aggressive) which would cause him to lose the allowance already earned and the ability to earn additional allowance during the remainder of the week. Additionally, Individual #5's record included behavior management plans for tantrums (including self injurious behavior and destructive behavior) and task avoidance. Interventions regarding the loss of allowance already earned or the loss of ability to earn allowance were not incorporated into the plans. b. During an observation on 6/7/11 at 7:19 a.m., a chart with each individual's name was observed hanging on the kitchen wall of the facility. Individual #2 was observed assisting staff to place a sticker or an "X" on a chart next to each individual's name. However, no information regarding the chart could be found in Individual #5's record. When asked about the chart during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated if an individual went 4 days in a row without behaviors, then they were allowed to go to a restaurant for breakfast. When asked if the intervention had been incorporated into any of Individual #5's plans, the Administrator stated it had not. c. Individual #5's undated Behavior plan for tantrums stated he would become upset by	W 289		

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W 289	Continued From page 244 overwhelming sensory input including white noise from the microwave, crowded and noisy rooms, etc. The plan stated staff should intervene as soon as he showed signs of anxiety by making loud noises, clapping loudly and banging on objects. Staff were to offer him sensory tools such as his fur scarf, a bear rug, etc. During observations on 6/6/11, 6/7/11, and 6/9/11 Individual #5 was observed on multiple occasions to lay on the couch covering his head with a pillow for extended periods of time. When asked about the observations during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated staff should have used Individual #5's communication wallet to ask what he was feeling. If Individual #5 indicated it was "too loud" staff should have then prompted him to get his earmuffs. However, Individual #5's tantrum behavior plan did not include instructions to staff regarding what to do if Individual #5 was covering his head, instructions on the use of the emotions pictures, or information related to his earmuffs as explained by the Administrator. Additionally, during observations on 6/6/11 at 6:35 p.m., Individual #5 laid on his back on the couch with his earmuffs on, looking at the television. His staff was sitting on the couch by the top of his head. Without saying anything to Individual #5, his staff grabbed hold of the earmuffs and removed them from his head and laid them on the couch. Individual #5's tantrum plan did not include information related to when the earmuffs were to	W 289		

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W 289	Continued From page 245 be removed. When asked during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated staff should not remove Individual #5's earmuffs. The facility failed to ensure Individual #5's tantrum program included sufficient instructions to staff. Individual #5's tantrum behavior also stated if he began engaging in self injurious activity (pinching or hitting himself) staff were to physically intervene to protect him by physically holding his hands and assisting him to use sensory objects. However, a description of how staff were to hold Individual #5's hands was not included in the plan. Additionally, the plans stated staff were to move Individual #5 to a safe area where there was nothing he could destroy or use to hurt himself. However the location of the safe area was not included in the plan. When asked during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated the safe area was Individual #5's room and the plan did not include a description of the hand holds. The facility failed to ensure techniques used to manage inappropriate behavior were sufficiently defined and incorporated into Individual #5's plans. 2. Individual #2's 4/3/11 IPP stated she was a 15 year old female diagnosed with mild mental retardation, reactive attachment disorder, mood	W 289		

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W 289	Continued From page 246 disorder NOS, ODD, PTSD, and ADHD. a. Individual #2's IPP included an "Allowance Policy" section, which stated she would earn money for the following: - completing tasks/complying with requests - using respectful language - maintaining appropriate physical boundaries - exercising respectful care and treatment of property. The policy stated "Residents who cause destruction of more than $10.00 in value or cause serious harm to another person will lose the ability to earn allowance for that week." The policy further stated individuals would receive their allowance once per week and "If the resident has been severely destructive or aggressive during the week, they will not receive any allowance for that week." The policy did not define "serious harm to another person," or include information regarding what "severely destructive or aggressive" meant. Further, the policy did not include how restitution would be applied. However, the policy stated "Once a resident receives allowance, it becomes their personal property and will not be taken from them." When asked for clarification during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated if an individual earned their allowance during the first part of the week and was then aggressive and destructive during the last part of the week, then they would not receive any allowance for that week.	W 289		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	13G078		06/16/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME AGAIN ICF	2311 ARUBA DRIVE NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 289	Continued From page 247 Individual #2's IPP was not updated to include clear instructions reflecting her "restitution" or in describing the specific behaviors (e.g. serious harm, severely destructive and aggressive) which would cause her to lose the allowance already earned and the ability to earn additional allowance during the remainder of the week. Additionally, Individual #2's record included behavior management plans for task avoidance, property destruction, and inappropriate boundaries (including inappropriate language and person space). Interventions regarding the loss of allowance already earned or the loss of ability to earn allowance were not incorporated into the plans. When asked during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the intervention regarding the loss of allowance had not been incorporated into any of Individual #2's plans. b. During an observation on 6/7/11 at 7:19 a.m., a chart with each individual's name was observed hanging on the kitchen wall of the facility. Individual #2 was observed assisting staff to place a sticker or an "X" on a chart next to each individual's name. However, no information regarding the chart could be found in Individual #2's record. When asked about the chart during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated if an individual went 4 days in a row without behaviors, then they were allowed to go to a restaurant for breakfast.	W 289		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
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HOME AGAIN ICF	2311 ARUBA DRIVE NAMPA, ID 83686

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W 289	Continued From page 248 When asked if the intervention had been incorporated into any of Individual #2's plans during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated it had not. The facility failed to ensure behavioral interventions were incorporated into Individual #2's program plans. 3. Individual #3's 4/3/11 IPP stated he was a 14 year old male whose diagnoses included mild mental retardation, mood disorder, ADHD, and ODD. a. Individual #3's PBSP, dated 4/4/11, stated Individual #3 could be restrained using a CPI Team restraint. However, a review of Individual #3's record documented he was restrained using a CPI 1 Man restraint as follows: - 5/2/11 at 7:30 (a.m./p.m. not indicated). - 5/27/11 at 5:35 p.m. - 5/27/11 at 5:42 p.m. - 5/28/11 at 6:15 p.m. Individual #3's PBSP did not include information related to the use of a CPI 1 Man restraint. During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the CPI 1 Man restraint should have been incorporated into Individual #3's plan. b. Individual #3's IPP included an "Allowance Policy" section, which stated he would earn money for the following: - completing tasks/complying with requests	W 289		

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W 289	Continued From page 249 - using respectful language - maintaining appropriate physical boundaries - exercising respectful care and treatment of property. The policy stated "Residents who cause destruction of more than $10.00 in value or cause serious harm to another person will lose the ability to earn allowance for that week." The policy further stated individuals would receive their allowance once per week and "If the resident has been severely destructive or aggressive during the week, they will not receive any allowance for that week." The policy did not define "serious harm to another person," or include information regarding what "severely destructive or aggressive" meant. Further, the policy did not include how restitution would be applied. However, the policy stated "Once a resident receives allowance, it becomes their personal property and will not be taken from them." When asked for clarification during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated if an individual earned their allowance during the first part of the week and was then aggressive and destructive during the last part of the week, then they would not receive any allowance for that week. Individual #3's IPP was not updated to include clear instructions reflecting his "restitution" or in describing the specific behaviors (e.g. serious harm, severely destructive and aggressive) which would cause him to lose the allowance already earned and the ability to earn additional	W 289		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
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W 289	Continued From page 250 allowance during the remainder of the week. Additionally, Individual #3's record included behavior management plans for tantrums, property destruction, self injurious behavior, provoking others, and sexual misconduct. Interventions regarding the loss of allowance already earned or the loss of ability to earn allowance were not incorporated into the plans. When asked during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the plans needed to be revised. c. During an observation on 6/7/11 at 7:19 a.m., a chart with each individual's name was observed hanging on the kitchen wall of the facility. Individual #2 was observed assisting staff to place a sticker or an "X" on a chart next to each individual's name. However, no information regarding the chart could be found in Individual #3's record. When asked about the chart during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated if an individual went 4 days in a row without behaviors, then they were allowed to go to a restaurant for breakfast. When asked if the intervention had been incorporated into any of Individual #3's plans during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the interventions had not been incorporated. 4. Individual #4's 4/3/11 IPP stated he was a 15 year old male whose diagnoses included mild mental retardation, OCD, and ADHD.	W 289		

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W 289	Continued From page 251 a. Individual #4's IPP included an "Allowance Policy" section, which stated he would earn money for the following: - completing tasks/complying with requests - using respectful language - maintaining appropriate physical boundaries - exercising respectful care and treatment of property. The policy stated "Residents who cause destruction of more than $10.00 in value or cause serious harm to another person will lose the ability to earn allowance for that week." The policy further stated individuals would receive their allowance once per week and "If the resident has been severely destructive or aggressive during the week, they will not receive any allowance for that week." The policy did not define "serious harm to another person," or include information regarding what "severely destructive or aggressive" meant. Further, the policy did not include how restitution would be applied. However, the policy stated "Once a resident receives allowance, it becomes their personal property and will not be taken from them." When asked for clarification during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated if an individual earned their allowance during the first part of the week and was then aggressive and destructive during the last part of the week, then they would not receive any allowance for that week. Individual #4's IPP was not updated to include	W 289		

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W 289	Continued From page 252 clear instructions reflecting his "restitution" or in describing the specific behaviors (e.g. serious harm, severely destructive and aggressive) which would cause him to lose the allowance already earned and the ability to earn additional allowance during the remainder of the week. Additionally, Individual #4's record included behavior management plans for emotional outbursts, physical aggression, property destruction, and running away. Interventions regarding the loss of allowance already earned or the loss of ability to earn allowance were not incorporated into the plans. When asked during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the plans needed to be revised. b. During an observation on 6/7/11 at 7:19 a.m., a chart with each individual's name was observed hanging on the kitchen wall of the facility. Individual #2 was observed assisting staff to place a sticker or an "X" on a chart next to each individual's name. However, no information regarding the chart could be found in Individual #4's record. When asked about the chart during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated if an individual went 4 days in a row without behaviors, then they were allowed to go to a restaurant for breakfast. When asked if the intervention had been incorporated into any of Individual #4's plans during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the intervention	W 289		

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W 289	Continued From page 253 had not been incorporated into the plan. 5. Individual #1's 4/4/11 IPP stated he was a 17 year old male whose diagnoses included mild mental retardation, ODD, mood disorder NOS, ADHD, and PTSD. a. Individual #1's IPP included an "Allowance Policy" section, which stated he would earn money for the following: - completing tasks/complying with requests - using respectful language - maintaining appropriate physical boundaries - exercising respectful care and treatment of property. The policy stated "Residents who cause destruction of more than $10.00 in value or cause serious harm to another person will lose the ability to earn allowance for that week." The policy further stated individuals would receive their allowance once per week and "If the resident has been severely destructive or aggressive during the week, they will not receive any allowance for that week." The policy did not define "serious harm to another person," or include information regarding what "severely destructive or aggressive" meant. Further, the policy did not include how restitution would be applied. However, the policy stated "Once a resident receives allowance, it becomes their personal property and will not be taken from them." When asked for clarification during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated if an individual earned their	W 289		

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W 289	Continued From page 254 allowance during the first part of the week and was then aggressive and destructive during the last part of the week, then they would not receive any allowance for that week. Individual #1's IPP was not updated to include clear instructions reflecting his "restitution" or in describing the specific behaviors (e.g. serious harm, severely destructive and aggressive) which would cause him to lose the allowance already earned and the ability to earn additional allowance during the remainder of the week. Additionally, Individual #1's record included behavior management plans for task avoidance, verbal aggression, running away, property destruction, physical aggression, and socially inappropriate behavior. Interventions regarding the loss of allowance already earned or the loss of ability to earn allowance were not incorporated into the plans. Further, Individual #1's record included plans which impacted his allowance including, but not limited to, the following: - Individual #1's Training Data Sheet for following the menu stated staff were to remind him that refusing to follow the menu would result in a deduction of allowance as well as a loss in privileges. - Individual #1's Training Data Sheet for sleep hygiene stated staff were to remind him that failure to go to bed could result in the loss of opportunity to earn allowance. When asked during an interview on 6/15/11 from	W 289		

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W 289	Continued From page 255 10:00 a.m. - 12:15 p.m., the Administrator stated the plans needed to be revised. b. During an observation on 6/7/11 at 7:19 a.m., a chart with each individual's name was observed hanging on the kitchen wall of the facility. Individual #2 was observed assisting staff to place a sticker or an "X" on a chart next to each individual's name. However, no information regarding the chart could be found in Individual #1's record. When asked about the chart during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated if an individual went 4 days in a row without behaviors, then they were allowed to go to a restaurant for breakfast. When asked if the intervention had been incorporated into any of Individual #1's plans during an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated the intervention had not been incorporated into the plan. The facility failed to ensure all behavioral interventions used were appropriately incorporated into plans for Individuals #1 - #5.	W 289		
W 290	483.450(b)(5) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Standing or as needed programs to control inappropriate behavior are not permitted. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure	W 290		

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W 290	Continued From page 256 standing or as needed programs to control inappropriate behavior, in the absence of evidence to justify such usage, were not in place for 1 of 5 individuals (Individual #1) whose behavioral interventions were reviewed. This resulted in a PRN psychotropic drug being in place without justification for its use. The findings include: 1. Individual #1's 4/4/11 IPP stated he was a 17 year old male whose diagnoses included mild mental retardation, ODD, mood disorder NOS, ADHD, and PTSD. His prescription Resident Profile, dated 5/12/11, stated he received chlorpromazine (Thorazine - an antipsychotic drug) 25 mg, 1 - 2 tablets as needed for increased agitation. Individual #1's record included a Medication Management Visit note, signed by the psychiatric provider, which stated "Thorazine 50 mg daily prn [increased] agitation." Additionally, Individual #1's MARs, dated 12/10 - 5/11 were reviewed and documented he was to receive Chlorpromazine 25 mg 1 - 2 tablets as needed for agitation. However, Individual #1's MARs documented he had never received the PRN drug. It was not clear why Individual #1 required an order for PRN Thorazine. During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated the PRN Thorazine had not been used and needed to be discontinued. The facility failed to ensure Individual #1's PRN Thorazine was discontinued for lack of use.	W 290		

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W 295	483.450(d)(1)(i) PHYSICAL RESTRAINTS The facility may employ physical restraint only as an integral part of an individual program plan that is intended to lead to less restrictive means of managing and eliminating the behavior for which the restraint is applied. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure effective programs to reduce the need for physical restraints were in place for 1 of 5 individuals reviewed (Individual #3) for whom restraint was used. This resulted in the use of a restraint for which there was no plan. The findings include: 1. Individual #3's 4/3/11 IPP stated he was a 14 year old male whose diagnoses included mild mental retardation, mood disorder, ADHD, and ODD. Individual #3's PBSP, dated 4/4/11, stated Individual #3 could be restrained using a CPI Team restraint. However, a review of Individual #3's record documented he was restrained using a CPI 1 Man restraint as follows: - 5/2/11 at 7:30 (a.m./p.m. not indicated). - 5/27/11 at 5:35 p.m. - 5/27/11 at 5:42 p.m. - 5/28/11 at 6:15 p.m. Individual #3's PBSP did not include the use of a CPI 1 Man restraint. It would not be possible for the facility to work towards reduction of the	W 295		

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W 295	Continued From page 258 restraint without incorporating the restraint into Individual #3's plan. During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated CPI 1 Man restraint had not been incorporated into Individual #3 plan and the plan needed to be revised. The facility failed to ensure CPI 1 Man restraint was incorporated into Individual #3's plan before it was used.	W 295		
W 302	483.450(d)(4) PHYSICAL RESTRAINTS A client placed in restraint must be released from the restraint as quickly as possible. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interview it was determined the facility failed to ensure restraints were removed as quickly as possible for 1 of 2 individuals (Individual #3) for whom restraints were witnessed. This resulted in an individual being held in a physical restraint after he was calm. The findings include: 1. Individual #3's 4/3/11 IPP stated he was a 14 year old male whose diagnoses included mild mental retardation, mood disorder, ADHD, and ODD. He required one-to-one staffing due to the level and severity of his maladaptive behaviors. An observation was conducted at the facility on 6/7/11 from 6:50 - 8:55 a.m. During that time, the following was observed: - 8:15 a.m.: Individual #3 was in the pantry. Individual #3 banged on the shelves, told his	W 302		

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W 302	Continued From page 259 one-to-one staff to get out and called him a "f*****." The one-to-one staff requested assistance from a second staff. The two staff then escorted Individual #3 to his bedroom by taking Individual #3 from either side under the arm and walking him rapidly to his room. Once inside the bedroom, Individual #3's one-to-one staff remained in the room and the second staff stood outside the bedroom door. - 8:20 a.m.: A thump sound was heard from Individual #3's bedroom. Individual #3's one-to-one staff called for the second staff who opened the door. The one-to-one staff stated Individual #3 kicked him and the two staff placed Individual #3 in a CPI Team restraint. This consisted of a staff being on each side of Individual #3. Individual #3 was standing with his legs apart, bent forward at the waist. Each of the staff had their leg closest to Individual #3 in front of his legs, their hips against Individual #3's hips, and his arm closest to them stretched across their body. Individual #3 was observed to spit on the staffs' shoes. Both staff repeatedly told Individual #3 he needed to calm down and asked him to start counting. After approximately 3 minutes, Individual #3 counted backwards from 10 to 1. The one-to-one staff told Individual #3 that was not good enough and he needed to take some deep breaths first. Individual #3 took three deep breaths after which the one-to-one staff asked him to count down again. Individual #3 again counted backwards from 10 to 1 at which point staff released him from the restraint. Approximately 90 seconds elapsed between the	W 302		

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W 302	Continued From page 260 time Individual #3 began counting backwards the first time and staff released him from the restraint. His PBSP, dated 4/4/11, stated if Individual #3 presented an immediate danger to himself or others, staff could implement a CPI Team restrain until he appeared calm. The PBSP stated staff were to release the restraint at the earliest opportunity. During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated Individual #3 should have been released from the restraint as soon as he was no longer a risk to himself or others. The Administrator stated Individual #3 should not have been made to count backwards one time, let alone twice, and should not have been asked to take deep breaths. The facility failed to ensure the physical restraint used for Individual #3 was released as quickly as possible.	W 302		
W 313	483.450(e)(3) DRUG USAGE Drugs used for control of inappropriate behavior must not be used until it can be justified that the harmful effects of the behavior clearly outweigh the potentially harmful effects of the drugs. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure behavior modifying drugs were not used until the severity of the behavior was shown to outweigh the associated risks of the drugs for 1 of 5 individuals (Individual #1) whose restrictive	W 313		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME AGAIN ICF	2311 ARUBA DRIVE NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 313	Continued From page 261 interventions were reviewed. This resulted in the potential for an individual to receive behavior modifying drugs without the necessary justification. The findings include: 1. Individual #1's 4/4/11 IPP stated he was a 17 year old male whose diagnoses included mild mental retardation, ODD, mood disorder NOS, ADHD and PTSD. Individual #1's prescription Resident Profile, dated 5/12/11, documented he received Clonidine (an antihypertensive drug) 0.3 mg daily. His PBSP, dated 4/4/11, stated he received Clonidine for task avoidance, defined as refusing to comply with staff requests or complete tasks on his active treatment schedule and other skills of daily living such as showering, cooking, and light housekeeping. Additionally, Individual #1's PBSP stated he engaged in task avoidance 5 - 7 times per month. The Nursing 2011 Drug Handbook stated the side effects of Clonidine included, but were not limited to, drowsiness, dizziness, sedation, weakness, fatigue, agitation, depression, bradycardia (slow heart rate), severe rebound hypertension (a risk of sudden increase in blood pressure if the medication is abruptly stopped which could potentially cause organ damage), orthostatic hypotension (a sudden drop in blood pressure when standing), constipation, nausea, vomiting, urine retention, pruritus (itching), and rash. Individual #1's record did not contain documented evidence that the risk of his task avoidance outweighed the potentially harmful effects of	W 313		

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W 313	Continued From page 262 Clonidine. During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated documentation of the risk of the behavior outweighing the potential risk of the drug did not exist. The Administrator stated the drug use needed to be re-assessed. The facility failed to ensure the risks of Individual #1's maladaptive behavior outweighed the potential side effects of Clonidine.	W 313		
W 316	483.450(e)(4)(ii) DRUG USAGE Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually. This STANDARD is not met as evidenced by: Based on record review and interview, it was determined the facility failed to ensure that drugs used to control inappropriate behavior were gradually withdrawn at least annually for 1 of 5 individuals (Individual #5) whose behavior modifying drugs were reviewed. This resulted in the potential for an individual to receive behavior modifying drugs with no efforts to challenge the drugs used. The findings include: 1. Individual #5's 4/3/11 IPP stated he was an 11 year old male diagnosed with severe autism and ADHD. A Health Care Plan of Care form, dated 12/28/09, stated he received Risperidone (an antipsychotic drug) 0.25 mg each morning and 1 mg each evening and Clonidine (an antihypertensive drug) 0.3 mg each evening. The Medication to treat	W 316		

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W 316	Continued From page 263 Behavior Needs section of his 4/3/11 IPP listed the same medication and doses. The IPP stated Risperdal (Risperidone) was used to treat Individual #5's tantrum behavior and Clonidine was used to treat ADHD symptoms. No documentation of an attempted annual gradual withdraw could be found in Individual #5's record. When asked about the list during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated she would need to look for documentation of an annual withdrawal. However, no documentation was available. The facility failed to ensure drugs used to control Individual #5's inappropriate behavior were gradually withdrawn at least annually.	W 316		
W 322	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to ensure adequate general and preventative medical care was provided for 5 of 5 individuals (Individuals #1 - #5) whose medical records were reviewed. This resulted in the potential for individuals to not receive adequate medical care. The findings include: 1. The facility's undated Head Injury policy stated "All head injuries shall be immediately reported to nursing staff who shall perform a neurological evaluation as soon as possible to determine	W 322		

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W 322	Continued From page 264 appropriate follow up. Charge staff for off campus outings and on campus charge staff shall be trained by the nursing staff in quarterly in service meetings in serial neurological checks outlined in the procedures and shall perform these checks in the case that nursing staff is unable to immediately assess the residents." The policy further stated staff were to document "the investigation of injury on the significant event reporting form and file in resident's records" and "Serial neurological check will be repeated and documented" as follows: "A. Q [every] 15 min for 1 hour B. Q [every] 30 min for 2 hours C. Q [every] 2 hours for 4 hours D. Q [every] 4 hours for 8 hours E. Once a shift until resolved Abnormal neurological signs will be promptly reported to the physician." On 6/6/11 at 7:53 a.m., Individual #5 was observed with staff doing laundry. After Individual #5 put the laundry soap away, he went back to the laundry room, turned off the light, slammed the door, then hit is head on the hallway wall. Staff then prompted Individual #5 to go to his bedroom. Staff were not noted to call the nurse and a neurological check was not observed to be performed. When asked during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated she did not have documentation of a neuro-check being completed as a result of the head hit, but it	W 322		

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W 322	Continued From page 265 should have been. 2. Individual #3's 4/3/11 IPP stated he was a 14 year old male whose diagnoses included mild mental retardation, mood disorder, ADHD, and ODD. Individual #3's prescription Resident Profile, dated 5/12/11, stated he received Lithium Carbonate (an antipsychotic drug) 1200 mg daily and Divalproex (Depakote - an anticonvulsant drug) 1500 mg daily. Individual #3's record documented his last blood levels for valproic acid (Depakote) and lithium were obtained on 11/30/10. No additional testing or schedule for testing could be found. During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated Individual #3's blood levels for valproic acid and lithium were only completed with a specific physician's order and the facility had not questioned routine testing or monitoring. The facility failed to ensure a schedule for routine blood testing for psychotropic drugs was outlined. 3. Individuals #1 - #4's medical records were reviewed and documented the following: - Individual #1 was admitted to the facility on 4/19/10. His record did not contain documentation tuberculin testing had occurred in relation to his admission. - Individual #2 was admitted to the facility on 1/29/10. Her record did not contain	W 322		

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W 322	Continued From page 266 documentation tuberculin testing had occurred in relation to her admission. - Individual #3 was admitted to the facility on 1/27/10. His record did not contain documentation tuberculin testing had occurred in relation to his admission. - Individual #4 was admitted to the facility on 4/29/10. His record did not contain documentation tuberculin testing had occurred in relation to his admission. Additionally, Individual #1 - #4's record did not contain documentation that tuberculin testing had occurred since admission to the facility. During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated the testing should have been part of the admission physical. The Administrator stated if it was not documented on the physical, it may have been missed. The facility failed to ensure appropriate tuberculin testing had taken place related to admissions.	W 322		
W 351	483.460(f)(1) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include a complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the client's condition not later than one month after admission to the facility (unless the examination was completed within twelve months before admission).	W 351		

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W 351	Continued From page 267 This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure a periodic comprehensive dental evaluation was accomplished for 1 of 5 individuals (Individual #5) whose dental records were reviewed. This resulted in the potential for an individual's dental problems to be unidentified and untreated. The findings include: 1. Individual #5's 4/3/11 IPP stated he was an 11 year old male diagnosed with severe autism and ADHD. His record included a 9/15/10 dental progress note which stated Individual #5 "demonstrates limited cooperation allowing minimal visual examination. No radiographs are attempted." The note included a recommendation to "work towards increased willingness to allow comprehensive examinations including [sic] radiographs." When asked if Individual #5 had received comprehensive dental diagnostic services since his admission to the facility in 2009 the during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated he had seen the dentist in April and the facility could obtain the reports. However, as of 6/20/11, comprehensive dental reports for Individual #5 had not been received. The facility failed to ensure a complete extraoral and intraoral examination had been obtained for Individual #5.	W 351		
W 368	483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.	W 368		

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W 368	Continued From page 268 This STANDARD is not met as evidenced by: Based on observation, record review, and staff interview, it was determined the facility failed to administer drugs as ordered by the physician for 1 of 6 individuals (Individual #5), who were observed taking medication. This resulted in potential for an individual to receive medications in a manner inconsistent with physician orders. The findings include: 1. Individual #5's IPP, dated 4/3/11, stated he was an 11 year old male with diagnoses including severe autism and ADHD. On 6/7/11 at 8:50 a.m., staff was observed crushing one tablet of Risperidal (an antipsychotic drug) 0.25 mg and one tablet of Theregran multivitamin (a supplemental drug). The crushed medications were then mixed with yogurt in a bowl. Individual #5 then entered the medication room. The staff member working with Individual #5 scooped the yogurt, mixed with the crushed medication, into Individual #5's mouth with a spoon. Review of Individual #5's physician orders did not show documentation of a physician's order to crush his medications. In an interview on 6/16/11 at 2:30 p.m., the Administrator stated medications for Individual #5 had been crushed since his admission to the facility. She further stated the direction to crush medication must have come from pre-admission information. She further confirmed there was no physician's order to crush medications for	W 368		

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W 368	Continued From page 269 Individual #5. The facility failed ensure Individual #5's medications were administered according to physician's orders.	W 368		
W 370	483.460(k)(3) DRUG ADMINISTRATION The system for drug administration must assure that unlicensed personnel are allowed to administer drugs only if State law permits. This STANDARD is not met as evidenced by: Based on observation and staff interview, it was determined the facility failed to ensure only licensed personnel administered medications to 1 of 6 individuals (Individual #5), who were observed taking medication. This resulted in staff administering medications contrary to State law. The findings include: 1. Individual #5's IPP, dated 4/3/11, stated he was an 11 year old male with diagnoses including severe autism and ADHD. His IPP documented the medications Risperidal (an antipsychotic drug) 0.25 mg 1 tablet and Theragran multivitamin (a supplemental drug) 1 tablet, were to be given orally each morning. On 6/7/11 at 8:50 a.m., staff was observed crushing one tablet of Risperidal 0.25 mg and one tablet of Theregran multivitamin. The crushed medications were then mixed with yogurt in a bowl. Individual #5 then entered the medication room. The staff member working with Individual #5 scooped the yogurt, mixed with the crushed medication, into Individual #5's mouth with a spoon. Individual #5 was not observed to	W 370		

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W 370	Continued From page 270 participate in the medication administration. When asked during the observation, the staff stated he was medication certified but held no type of licensure. Idaho Administrative Code 23.01.01.490, dated 2011, defined Unlicensed Assistive Personnel (UAP) as unlicensed personnel employed to perform nursing care services under the direction and supervision of licensed nurses. Additionally, Idaho Administrative Code 23.01.01.490.05(e) outlined assistance with medication as including giving medication through a gastric tube and assisting with oral or topical medications. Further, Idaho Administrative Code 23.01.01.490.06 stated unlicensed assistive personnel were prohibited from performing any licensed nurse functions that were specifically defined in Section 54-1402, Idaho Code. Idaho Code 54-1402(3)(d) stated licensed nurses were responsible for implementing the appropriate aspects of the strategy of care as defined by the board, including administering medications and treatments as prescribed by those health care providers authorized to prescribe medication. During an interview on 6/13/11 from 9:15 a.m. - 12:15 p.m., the Administrator stated staff who were medication certified were also trained to assist individuals with taking medication, rather than to administer medications. The facility failed to ensure Individual #5's medication was not administered by unlicensed personnel.	W 370		
W 426	483.470(d)(3) CLIENT BATHROOMS	W 426		

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W 426	Continued From page 271 The facility must, in areas of the facility where clients who have not been trained to regulate water temperature are exposed to hot water, ensure that the temperature of the water does not exceed 110 degrees Fahrenheit. This STANDARD is not met as evidenced by: Based on environmental review and staff interview, it was determined the facility failed to ensure hot water temperatures were maintained at or below 110 degrees Fahrenheit for 4 of 8 individuals (Individuals #5 - #8) who were unable to regulate water temperatures independently. This resulted in an increased risk of scald injuries during hand washing and bathing. The findings include: 1. An environmental survey was conducted at the facility on 6/9/11 from 10:25 - 11:45 a.m. During that time, hot water temperatures (Fahrenheit) were measured and showed the following: Kitchen sink - 128.3 degrees Medication/laundry room - 124.5 degrees Shower room - 125.4 degrees Individual #5's sink - 127.9 degrees Individual #6's sink - 126.7 degrees Individual #7's sink - 127.6 degrees Individual #8's sink - 128.8 degrees The Shift Lead, who was present during the environmental assessment, stated Individuals #5 - #8 were unable to self regulate water temperatures. The RSM, who was also present during the	W 426		

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W 426	Continued From page 272 environmental survey, provided a graveyard checklist which showed a column for each day of the month and a statement which read "Check water temp." However, the form did not indicate how staff were to check water temperatures or from which locations water temperatures were to be checked. The checklist included staff's initials for each date, but no documentation of what temperatures were obtained. The QMRP was informed of the elevated water temperatures. On 6/13/11 from 2:16 - 2:30 p.m., hot water temperatures (Fahrenheit) were re-measured at a sampling of locations throughout the facility and showed the following: Kitchen sink - 129.8 degrees Medication/laundry room - 129.2 degrees Shower room - 128.3 degrees Individual #5's bedroom - 128.8 degrees Individual #8's bedroom - 129.4 degrees The AQMRP, who was present when the temperatures were re-measured, was notified of the elevated water temperatures. The facility failed to ensure water temperatures were maintained at or below 110 degrees Fahrenheit for individuals who were unable to self regulate water temperatures. Note: On 6/15/11 at 3:50 p.m., the facility's water temperatures were again re-measured and found to be within an acceptable range.	W 426		
W 436	483.470(g)(2) SPACE AND EQUIPMENT	W 436		

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W 436	Continued From page 273 The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, record review and staff interviews, it was determined the facility failed to ensure individuals were taught to use and make informed decisions regarding adaptive equipment for 2 of 5 individuals (Individuals #2 and #5) who required adaptive equipment. This resulted in a lack of plans being developed and implemented related to the use of eyeglasses. The findings include: 1. Individual #5's 4/3/11 IPP stated he was an 11 year old male diagnosed with severe autism and ADHD. His record included a prescription for eyeglasses, dated 11/23/10. Observations were conducted at the facility on 6/6/11, 6/7/11 and 6/9/11. At no time during the observations was Individual #5 noted to be wearing his eyeglasses. Additionally, his IPP and Active Treatment schedule did not include information related to his eyeglasses. When asked during an interview on 6/13/11 from 9:00 a.m. - 12:15 p.m., the Administrator stated she thought Individual #5 only used his eyeglasses at school and that his eyeglass use had not been incorporated into his IPP but it should have been.	W 436		

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W 436	Continued From page 274 The facility failed to ensure Individual #5 was taught to use and make informed decisions about his eyeglasses. 2. Individual #2's 4/3/11 IPP stated she was a 15 year old female diagnosed with mild mental retardation, reactive attachment disorder, mood disorder NOS, ODD, PTSD, and ADHD. Her record included a prescription for eyeglasses, dated 11/19/10. However, observations were conducted at the facility on 6/6/11, 6/7/11 and 6/9/11. At no time during the observations was Individual #2 noted to be wearing her eyeglasses. The "Sensory Motor Development" section of her IPP stated she "may also want to wear her eyeglasses for increased visual acuity." Wearing her eyeglasses was also identified as a priority need. The "Baseline" note above Objective #10 on her IPP stated she "has been prescribed glasses by the Optometrist but refuses to wear them." However, Objective #10 and the corresponding training sheet talked about problematic social situations. When asked during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator confirmed Individual #2's IPP objectives should have, but did not, address her need to wear her eyeglasses. The facility failed to ensure Individual #2 was taught to use and make informed decisions about her eyeglasses.	W 436		
W 440	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least	W 440		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	13G078		06/16/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME AGAIN ICF	2311 ARUBA DRIVE NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 440	Continued From page 275 quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure evacuation drills were conducted quarterly for each shift for 8 of 8 individuals (Individuals #1 - #8) residing in the facility. This resulted in the potential for the facility and staff not being able to determine individuals' responses nor identify problem areas. The findings include: 1. The facility's evacuation drills were reviewed on 6/9/11 and documented the following: - There were no evacuation drills completed for the first quarter of 2011 (January, February, March), the third quarter of 2010 (July, August, September), or the fourth quarter of 2010 (October, November, December) for the a.m. shift (6:30 a.m. - 2:30 p.m.). - There were no evacuation drills completed for the first quarter of 2011 (January, February, March), the third quarter of 2010 (July, August, September), or the fourth quarter of 2010 (October, November, December) for the graveyard shift (10:30 p.m. - 6:30 a.m.). During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated issues with evacuation drills being completed had been identified but she thought they had been resolved. The Administrator was unable to locate any additional evacuation drills. The facility failed to ensure evacuation drills were	W 440		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	13G078		06/16/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME AGAIN ICF	2311 ARUBA DRIVE NAMPA, ID 83686

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W 440	Continued From page 276 conducted at least quarterly on all shifts.	W 440		
W 478	483.480(c)(1)(ii) MENUS Menus must provide a variety of foods at each meal. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure individuals were provided a variety of foods at each meal for 1 of 5 individuals (Individual #1), whose dining programs were reviewed. This resulted in the potential for an individual not being allowed to substitute menu items with personal choices. The findings include: 1. Individual #1's 4/4/11 IPP stated he was a 17 year old male whose diagnoses included mild mental retardation, ODD, mood disorder NOS, ADHD, and PTSD. Individual #1's dining program, undated, stated "Staff will provide [Individual #1] with the predetermined menu items for snacks and meals on a daily basis. Should [Individual #1] refuse to eat what is on the menu staff will assure him that what is made for his [sic]well prepared, healthy, and tasty, reminding him of the benefits to following a healthy structured diet. Should [Individual #1] yet decline the menu item staff will remind [Individual #1] that this act will result in a deduction of allowance as well as a loss in privileges." However, the program did not include information related to appropriate substitutions and individual choice should Individual #1 choose not to eat the	W 478		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	13G078		06/16/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME AGAIN ICF	2311 ARUBA DRIVE NAMPA, ID 83686

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W 478	Continued From page 277 planned meal. Additionally, Individual #1's Nutritional Assessment, dated 9/27/10, stated there were no restrictions on foods and did not list likes or dislikes. During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated Individual #1 was allowed to have alternative meals, but staff would only know his likes or dislikes through their personal knowledge of him. The Administrator stated the program needed to be revised. The facility failed to ensure Individual #1's dining program allowed for the ability to substitute menu items with personal choices that contained comparative nutritive value to the planned menu items.	W 478		
W 481	483.480(c)(2) MENUS Menus for food actually served must be kept on file for 30 days. This STANDARD is not met as evidenced by: Based on observation, record review, and interview, it was determined the facility failed to ensure a record of food served was kept for 30 days, which directly impacted 5 of 8 individuals (Individuals #1 - #5) residing at the facility, and had the potential to impact all individuals (Individuals #1 - #8) residing at the facility. This resulted in the potential for individuals to not receive an adequate variety of food. The findings include: 1. The facility's menu was provided by the Administrator on 6/15/11. The menu was not followed as evidenced by the following:	W 481		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	13G078		06/16/2011

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W 481	Continued From page 278 a. During an observation on 6/6/11 from 5:40 - 7:40 p.m., all individuals were observed to be served cheese quesadilla with shrimp and vegetables, raw baby carrots and broccoli. Individual #6 refused the meal and made a tuna sandwich. However, the menu documented the meal should have been spaghetti with meat sauce, salad, apple sauce and milk. b. During an observation on 6/7/11 from 6:50 - 8:55 a.m., Individual #3 was observed to make fruit smoothies for all individuals with staff assistance. Additionally, individuals were observed to make toast. However, the menu documented the meal should have been cold cereal with milk, cinnamon toast, and juice. During an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated all meal substitutions were to be documented on each individual's Menu Substitution Form. The Administrator stated there was no other documentation system to track substitutions of entire meals. Individual #1 - #5's Menu Substitution Forms were reviewed. Individual #1's form documented he received cold cereal for breakfast on 6/7/11. No other substitutions were documented for dinner on 6/6/11 or breakfast on 6/7/11 for Individuals #1 - #5. When asked during an interview on 6/15/11 from 1:15 - 4:15 p.m., the Administrator stated the	W 481		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME AGAIN ICF	2311 ARUBA DRIVE NAMPA, ID 83686

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W 481	Continued From page 279 meal substitutions witnessed should have been documented. The facility failed to ensure documentation of meals actual served were kept for 30 days.	W 481		
W 484	483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. This STANDARD is not met as evidenced by: Based on observation and staff interview, it was determined the facility failed to ensure enough chairs were provided to accommodate seated dining for individuals who were present for an evening meal. This failure directly impacted 5 of 8 individuals (Individuals #1, #2, #3, #4, and #8), whose evening meal was observed, and had the potential to impact all individuals (Individuals #1 - #8) residing at the facility. The findings include: 1. During an observation of the evening meal on 6/6/11 from 5:45 - 7:40 p.m., it was noted there were 6 chairs at the dining table. Eight individuals and 6 staff members were present for the meal. At 6:55 p.m., Individual #6 sat at the table with his staff and ate his tuna sandwich. At 7:05 p.m., Individuals #4, #5, #6 and #7 were at the table eating. Two staff members were seated at the table eating. One staff member was standing at the table eating. Individuals #1, #2, #3 and #8 were in the kitchen with their	W 484		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
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W 484	Continued From page 280 plates. Individual #6 and 1 staff member finished their meals and left the table, leaving 2 chairs empty. Individuals #2 and #3 sat in the 2 empty chairs. Individuals #1 and #8 remained in the kitchen with their plates. At 7:10 p.m., a staff member brought a chair from the library and sat down at the table. Individual #4 got up from the table to get a second helping of food from the kitchen. Individual #8 sat down in the temporarily vacated chair. Individual #4 returned to the table, found his chair occupied, and was prompted by staff to eat while standing at the kitchen counter, along with 2 staff members. At the same time, Individual #7 finished eating and left the table. Individual #1 sat in the vacated chair at the table. With the exception of Individual #5, who never moved, and Individual #6, who finished eating before any one else, individuals and staff were not observed to finish the meal in one location. The facility did not have enough chairs present for all individuals and staff to remain seated in the same location throughout the meal. In an interview on 6/16/11 at 2:30 p.m., the Administrator stated additional dining chairs had been ordered but had not arrived. She further stated, when asked, that staff had been instructed to provide folding chairs to accommodate seating for all individuals during meal time. The facility failed to ensure the dining area was equipped with enough chairs to meet the needs of the individuals.	W 484		
W 488	483.480(d)(4) DINING AREAS AND SERVICE	W 488		

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W 488	Continued From page 281 The facility must assure that each client eats in a manner consistent with his or her developmental level. This STANDARD is not met as evidenced by: Based on observation and staff interview, it was determined the facility failed to ensure each individual ate in a manner consistent with their developmental level for 8 of 8 individuals, (Individuals #1 - 8), who were observed during mealtime. This failure impacted individuals' ability to learn dining skills and master the social skills involved in dining. The findings include: 1. Individuals #1 - #8 were observed eating their evening meal, consisting of shrimp quesadillas and mixed vegetables. The meal started at 6:55 p.m. and ended at 7:25 p.m. The following concerns were noted: - The table was not set with plates prior to the meal. Plates were handed to individuals to be filled in the kitchen. - Silverware was not provided on the table. Individual #5's staff got a fork from the kitchen for him to use. Individuals #2 and #8 got forks from the kitchen for themselves. No other individuals were provided with forks, knives or spoons. - No napkins were provided at the table before, during, or after the meal. - No beverages or beverage glasses were provided at the table.	W 488		

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W 488	Continued From page 282 - One bowl of vegetables, with a serving spoon, was placed in the center of the table. It was not passed from person to person. Individual #5 was served from the bowl by staff. No other individuals were served by staff or served themselves with or without staff prompts. During an interview on 6/16/11 at 2:30 p.m., the Administrator said family style dining should have been observed. The facility failed to provide individuals with the opportunity to learn dining skills or social skills related to eating.	W 488		

Home Again ICF Plan of Corrections for Survey dated June 16, 2011

Key:

1. ***Describe what corrective actions will be accomplished for those individuals found to have been affected by the deficient practice.***
2. ***Describe how the facility will identify other individuals having the potential to be affected by the same deficient practice and what corrective actions and what corrective actions will be taken.***
3. ***Describes what measures will be put into place or what systematic change will be made to ensure that the deficient practice does not reoccur. How will the corrective actions be monitored to ensure that the deficient practice will not reoccur, ie. What quality assurance program will be put into place.***
4. ***What is the date that the corrective actions will be completed?***

RECEIVED
JUL 12 2011
FACILITY STANDARDS

W100 – Refer to W195

W102 - Refer to W104, W122

W104 – Refer to W111, W120, W124, W137, W149, W153, W154, W159, W189, W214, W227, W228, W231, W236, W237, W249, W250, W252, W262, W263, W276, W289, W313, W322, W426, W436, W440,

1. For individual #5, Staff have been retrained by the administrator and LPN on the importance of performing neuro checks whenever he bangs his head.
2. For all residents, staff have been retrained by the administrator and LPN on the importance of performing neuro checks ay time a resident has a head injury.
3. The Neuro check form has been changed by the LPN to include Level of Consciousness, hand grasps, ambulatory status, ability to speak, and response and equality of pupils. All staff will be trained on the complete neuro check and how to use the new form.
4. This will be completed by 7/20/11.

W111 – Refer to W114, W259, W260

1. For individuals 1-5 their floor books will be cleaned out by the QMRP and only current, dated documents will be kept in the floor books. This will include 1 dated Active Treatment Schedule that includes when to run the objectives. The Staff instructions for IPP and Replacement Objectives (which will now be found on the secure web site) will be detailed and will accurately reflect the current IPP and replacement objectives. QMRP summaries will accurately reflect all current objectives.
   For Individual #5, the dietician will consulted and an objective to specifically address his use of Ketchup will be created with specific staff instructions.
   For individual #1, the nursing evaluation will be revised by the LPN to reflect accurately the resident's needs as reported by the IDT members.
   For individual #3, the nursing evaluation will be revised by the LPN to reflect accurately the resident's needs as reported by the IDT members. The HRC Approval Request Form for CPI Team Restraint will be corrected.
   For individual #4, the nursing evaluation will be revised by the LPN to reflect accurately the resident's needs as reported by the IDT members. The HRC Approval Request Form for CPI Team Restraint will be corrected.
2. For all residents, their floor books will be cleaned out by the QMRP and only current, dated documents will be kept in the floor books. This will include 1 dated Active Treatment Schedule that includes when to

run the objectives. The Staff instructions for IPP and Replacement Objectives (which will now be found on the secure web site) will be detailed and will accurately reflect the current IPP and replacement objectives. QMRP summaries will accurately reflect all current objectives. The LPN will review the Quarterly Nursing Evaluations to ensure that they accurately reflect the residents needs and the IDT evaluations.

3. The AQMRP will review the resident's floor books to ensure that they only contain signed accurate and up to date information at least monthly. The Staff instructions and the QMRP summaries will be reviewed by the QMRP and AQMRP monthly to ensure that the information is accurate and up to date. The LPN will review the IDT evaluations prior to completing the Quarterly Nursing Evaluations and will ensure that the information on the evaluations is accurate.
4. This will all be completed by July 20, 2011

W114

1. For individuals 1-5 all information in the resident's record will be reviewed and information that is not signed will be sent for signatures by the QMRP. If signatures can not be obtained from previous employees or sub-contractors, a note will be added to the record.
2. For all residents, all information in the resident's record will be reviewed and information that is not signed will be sent for signatures by the QMRP. If signatures can not be obtained from previous employees or sub-contractors, a note will be added to the record.
3. All future information added to the resident's records will be signed. The QMRP and AQMRP will review the resident's records monthly to ensure that all information is signed.
4. This will be completed as of July 20, 2010.

W120

1. For individuals 1and 3, The QMRP will contact the school atleast weekly when school is in session to clarify behavior data and will document the clarification in the residents' record. The QMRP will coordinate between the school and home to ensure that staff are aware of activities and events related to school.
2. For all residents the QMRP will coordinate between outside resources to ensure that the information received is clear and sufficient to meet the needs of the residents. The QMRP will also coordinate between the home and outside resources to ensure that staff are aware of events or activities related to those resources.
3. The QMRP will coordinate between outside resources to ensure that the information received is clear and sufficient to meet the needs of the residents. The QMRP will also coordinate between the home and outside resources to ensure that staff are aware of events or activities related to those resources..
4. This will be completes as of July, 15, 2011.

W122 - Refer to W124, W125, W137, W148, W149, W153, W154

W124

1. For individuals 1-5, The allowance policies have been personalized and integrated into their plans and the Written Informed Consent Forms have been updated for the allowance policy consents and sent for new signatures. Informed Consents for Behavior Modifying Medications will be amended to add doses and

new signatures will be obtained. Any old consents for discontinued medications will be moved to the back of the consents section and kept for our records.
For Individual #5, a new Written Informed Consent will be created and sent for signatures for the handhold restraint.
For individual #2, The CPI Team Restraint Consent form will be amended to include potential negative effects of the intervention.
For individual #1, The Consent form for Clonidine will be clarified. The Consent for the time out room used at school will be revised to give specific information regarding the room and the duration.
For individual #3, The dose on the Consent for Lithium Carbonate will be changed to state the current dose. The Consent for the time out room used at school will be revised to give specific information regarding the room and the duration. His consents will be revised to eliminate any information regarding another resident.

2. For all residents, The allowance policies have been personalized and integrated into their plans and the Written Informed Consent Forms have been updated for the allowance policy consents and sent for new signatures. Informed Consents for Behavior Modifying Medications will be amended to add doses and new signatures will be obtained. Any old consents for discontinued medications will be moved to the back of the consents section and kept for our records. All Informed Consents will be reviewed to ensure that they are accurate.
3. All new Written Informed Consents will include specific information that is current and accurate including dose for Behavior Modifying Medication.
4. The QMRP will ensure that this is done and it will be accomplished by 7/20/11.

W125

1. For Individual #1, a signed consent from his parent will be obtained for the equine therapy and a verbal informed consent will be obtained and documented until the written consent can be returned.
2. For all residents, the QMRP will obtain specific verbal informed consent for school field trips and other school activities. If an activity is potentially dangerous, the QMRP will obtain written informed consent from the parent/guardian.
3. For all residents, the QMRP will obtain specific verbal informed consent for school field trips and other school activities. If an activity is potentially dangerous, the QMRP will obtain written informed consent from the parent/guardian. The administrator has amended the community outing policy to include these instructions and will train all staff including professional staff on these policies.
4. This will be done by 7/20, 2011.

W137

1-2. New inventories are being created by direct care staff for all residents. These inventories will include digital photographs of the resident's belongings along with a document with written descriptions of any items that the residents did not want to be photographed or which could infringe on the privacy of the resident if photographed. (ie. Bras, undergarments, journals etc.)

3. For all new residents, inventories will be taken at the time of admittance including digital photographs of

the resident's belongings along with a document with written descriptions of any items that the residents did not want to be photographed or which could infringe on the privacy of the resident if photographed. (ie. Bras, undergarments, journals etc.) The inventories will be updated with pictures or written descriptions of new items that are acquired. A new Resident's Personal Possessions Policy has been added to the Policies and Procedures Manual. The QMRP will ensure that the resident's inventories are current and accurate.

4. This will be completed as of 7/20/11

W148

1. (1-2) For all residents, staff have been retrained by the Administrator on what constitutes a significant event and on our notification policy. Staff have been retrained on the importance on thoroughly documenting all mal-adaptive behaviors including significant event forms when indicated. This has been done through memos that have been reviewed and signed by the staff, as well as direct training and role plays.
3. The QMRP will review all behavior documentation weekly to ensure that notifications have been made when needed and will make any corrective actions needed. The Charge Staff will monitor the residents and staff on their shift and will ensure that all significant events are documented.
4. This will be completed by 7/18/11.

W149

1. (1-2) For all residents, staff have been retrained by the Administrator on the abuse policy including notification. All staff are also being retrained on what constitutes abuse or neglect by the administrator and the signs or symptoms of abuse by the LPN.
3. The abuse policy is being revised by the administrator to be more clear regarding how staff are trained at time of hire, what types of events would require a nursing evaluation, how and when a person will be placed on leave in case of an allegation of abuse, and how the QMRP and Administrator/AOD would be notified and will respond in the case of a significant event. The QMRP will ensure that the abuse policy is followed including notification.
4. This will be completed as of 7/21/11.

W153

1. (1-2) For all residents, staff are being retrained by the Administrator on what constitutes a significant event and on our notification policy. Staff are being retrained on the importance on thoroughly documenting all mal-adaptive behaviors including significant event forms when indicated. For all residents, staff are being retrained by the Administrator on the abuse policy including notification. All staff are also being retrained on what constitutes abuse of neglect by the administrator and the signs or symptoms of abuse by the LPN.
3. The QMRP will review all behavior documentation weekly to ensure that notifications have been made when needed and will make any corrective actions needed. The Charge Staff will monitor the residents and staff on their shift and will ensure that all significant events are documented. The QMRP will ensure that the abuse policy is followed including notification.
4. This will be completed by 7/21/11.

W154

1. (1-2) For all residents, all staff have been retrained on the importance of following the instructions for 1:1 supervision. The QMRP and AQMRP will be retrained on the importance of performing investigations any time there is evidence of possible abuse or neglect.
3. The QMRP will review all documentation atleast weekly and will perform investigations whenever there is reason to suspect abuse or neglect.
4. This will be completed by 7/21/11.

W158 - Refer to W159, W169, W189, W190, W191, W192, W193, W194

W159 Refer to W111, W114, W122, W169, W189, W190, W191, W192, W193, W194, W195, W289, W290, W295, W302, W313, W316, W322, W351, W368, W370, W436, W440, W478, W481, W484, W488.

W169 - (1-4) Documentation of training for all professional staff including the QMRP and the AQMRP will be recorded. This will be completed by 7/18/11.

W189 refer to 190, 191, 192, 193, 194

W190

1. (1-2) For all residents, Staff have been reminded that the programs have to be run in a functional way. They have been reminded that residents must be active participants in all of their programs. Staff are being retrained on the importance of being prepared and informed about the activities that the residents are participating in. Staff are being retrained on the importance of using adaptive equipment in functional ways. (ex. Picture Wallet) Staff are being retrained on the importance of never doing anything for the residents that they can do for themselves and in eliciting the help of the residents in preparing for programs including meals. Staff are being retrained on the importance of modeling the skills being taught. The clerical staff have been retrained on the importance of not intervening with the residents unless it is developmentally appropriate and they understand and are trained to follow the programs.
3. The QMRP and Charge Staff will monitor the staff and ensure that they are demonstrating cross cutting skills.
4. This will be accomplished by 7/18/11.

W191

1. For individual #5, Staff are being retrained on his behavior programs and on the importance of running them as written. His behavior program is being changed to specify how and when to use his headphones and staff will be trained by the QMRP.
   For individual #3, specific instructions on the use of a CPI 1 man restraint and staff will be trained by the QMRP on when to use this intervention. Informed consents related to 1 man restraint will be obtained.
2. For all residents, all staff are being retrained by the administrator and the QMRP on the importance of running the behavior programs as written.
3. The QMRP and Charge Staff will monitor the staff and ensure that they are running the programs as written.
4. This will be completed by 7/18/11.

W192 - (1-4) The head injury policy is being amended by the administrator and nursing staff to allow direct care staff to be trained to give the neuro checks any time the nursing staff is not present. The policy will include

immediate notification of nursing staff who will guide the direct care staff in completing and documenting the neuro checks. Staff are being retrained by the nursing staff on the importance notifying nursing staff, administrator, and guardians; and in performing and documenting neuro checks whenever a resident hurts their head. New staff will be trained on this at time of hire and all staff will be trained in this by the nursing staff atleast annually. This will be completed by 7/18/11.

W193

1. For individual #5, the task avoidance program is being revised to provide more clarity by the administrator and QMRP and staff will be trained to consistently follow the behavior programs. All staff will be trained on the handhold restraint and how to perform it according to his behavior plan, and it has been added to the hierarchy and restraint policy.
   For individual #3, staff are being retrained on how and when to perform a CPI restraint and to release at the earliest opportunity,
2. For all residents, all staff are being retrained by the administrator on all restraints used by Home Again ICF and when they are to be used for each resident and on the importance of releasing at the earliest opportunity.
3. All staff will be retrained on the restraints used by Home Again ICF and the policies and programs related to the restraints at the time of hire and atleast every 4 months by the administrator. The QMRP will review all behavior and restraint documentation to ensure that any restraint is performed according to the resident's plans and company policy.
4. This will be completed by 7/18/11.

W194

1. For individual #5, med certified staff will be retrained by the administrator and the nursing staff on how to run the medication program. Staff will be retrained to run the resident's programs at every opportunity.
2. For all resident's staff will be retrained by the administrator and the QMRP in the importance of running the residents' programs as written at every opportunity.
3. The QMRP will observe and monitor staff to ensure that programs have been run as written and at every opportunity.
4. This will be completed by 7/18/11.

W195 refer to W120, W196, W214, W216, W223, W227, W229, W230, W231, W232, W234, W235, W236, W237, W249, W250, W251, W252, W255, W257, W259, W260, W262, W263

W196- For individual #5 and all residents, staff are being retrained by the administrator and the QMRP to use every moment as a teaching moment and to provide meaningful teaching opportunities throughout the day. This will be completed by 7/18/11. Refer to W249, and W251.

W214

1. For individuals 1-5, all Comprehensive Functional Assessments are being re-assessed by direct care staff as well as other members of the IDT and will provide information in all areas of the assessments. The IPP's for the residents are being revised to ensure that they are in line with the CFA and the other IDT assessments.
   For individual #2, the psychiatrist has clarified that there was only one instance of suicidal ideation that was reported in relation to the documented instance in the home. The other reference to suicidal

ideation was a mistake and had been accidentally left on the report from the previous report. This will be documented. Because there was only 1 instance which has not repeated in the last 6 months, suicidal ideation will not be assessed for this resident.
For individual #1, 3, & 4, their new CFA reflects the need for cuing to initiate the hygiene activities in the comment section.
For individuals #3 & 4, the new CFAs include comments regarding saving money and the care and use of their glasses.

2. For all residents, all Comprehensive Functional Assessments are being re-assessed by direct care staff as well as other members of the IDT and will provide information in all areas of the assessments. The IPP's for the residents are being revised to ensure that they are in line with the CFA and the other IDT assessments. Where appropriate, new CFA reflects the need for cuing to initiate the hygiene activities in the comment section, and comments regarding saving money and the care and use of their glasses and any other needs that have been observed.

3. The QMRP will ensure that new CFA's are completed atleast yearly and that the information is complete and comprehensive to give a clear picture of the resident. The QMRP will use the information in the CFA's to complete the IPP's and will ensure that the IPP information and objectives are consistent with the information in the CFA and other IDT assessments.
4. This will be completed as of 7/18/11.

W216

1. (1-2) For all residents, the CFA'a are being completely reassessed including information related to medication management. The information on medication management will be used by the QMRP and LPN to update the medication management objections in the IPPs.
3. The QMRP will ensure that new CFA's are completed atleast yearly and that the information is complete and comprehensive to give a clear picture of the resident including medication management. The QMRP will use the information in the CFA's to complete the IPP's and will ensure that the IPP information and objectives are consistent with the information in the CFA and other IDT assessments.
4. This will be completed as of 7/18/11.

W223

1. (1-2) For all residents, the CFA'a are being completely reassessed Including information related to leisure activities. The information on medication management will be used by the QMRP and LPN to update the medication management objections in the IPPs.
3. The QMRP will ensure that new CFA's are completed atleast yearly and that the information is complete and comprehensive to give a clear picture of the resident including leisure activity. The QMRP will use the information in the CFA's to complete the IPP's and will ensure that the IPP information and objectives are consistent with the information in the CFA and other IDT assessments.
4. This will be completed as of 7/18/11.

W227

1. For individual #5, the IPP will be amended to include desensitization programs for medical and dental procedures and exams. An objective for increasing his gross motor activity is also being added.
For individual #2, the psychiatrist has clarified that there was only one instance of suicidal ideation that was reported in relation to the documented instance in the home. The other reference to suicidal

ideation was a mistake and had been accidentally left on the report from the previous report. This will be documented. Because there was only 1 instance which has not repeated in the last 6 months, a program for suicidal ideation will not be added for this resident.

2. For all residents, the assessments and records will be reviewed by the administrator and the QMRP and IPP and/or PBSP objectives will be added if there are needs identified that do not have objectives to address them.
3. The QMRP will ensure that all needs that are identified by the IDT will have objectives to address them or will have documented informal programs to address the needs.
4. This will be completed as of 7/20/11.

W229

1. (1-2) For all residents, all Objectives are being reviewed by the AQMRP and QMRP and any that are singular will be amended to ensure that they represent a single objective.
3. The QMRP will ensure that all future objectives are singular.
4. This will be completed as of 7/20/11.

W230

1. (1-2) For all residents, all Objectives and training programs are being reviewed by the AQMRP and QMRP and any that do not have assigned target dates will be amended to ensure that they have assigned target dates.
3. The QMRP will ensure that all future objectives have assigned target dates.
4. This will be completed as of 7/20/11

W231

1. (1-2) For all residents, all Objectives and training programs are being reviewed by the AQMRP and QMRP and any that are not stated in measurable terms will be amended to ensure that they are stated in measurable terms.
3. The QMRP will ensure that all future objectives are stated in measurable terms.
4. This will be completed as of 7/20/11

W232

1. For individual #5, his objectives for choosing appropriate clothing, handwashing, brushing his teeth, and playing a simple game will be amended to ensure that they are based on his functional abilities.
2. For all residents, the QMRP and AQMRP will review the objectives to ensure that they are based on the functional abilities of the residents according to the new CFA's and will amend or discontinue objectives as needed.
3. In the future all objectives will be written based on the CFA and other IDT assessments to ensure that they are based on the functional abilities of the residents. The QMRP will ensure that this happens.
4. This will be completed by 7/20/11.

W234

1. (1-2) For all residents, all training programs are being reviewed by the AQMRP and QMRP and any that do not include sufficient detailed instructions to staff will be amended to ensure that they do.
3. The QMRP will ensure that all future training programs include sufficient specific instructions for staff.

4. This will be completed as of 7/20/11

W235

1. For individual #1, the staff instructions will be amended by the AQMRP and the QMRP for appropriate refusals to ensure that they are clear as to how to implement the program and what tasks it is to be used with.
2. For all residents, all training programs are being reviewed by the AQMRP and QMRP and any that do not include sufficient detailed instructions to staff will be amended to ensure that they do.
3. The QMRP will ensure that all future training programs include sufficient specific instructions for staff.
4. This will be completed as of 7/20/11

W236

1. (1-2) For all residents, a statement is being added to the IPPs that states the name of the new QMRP as the person responsible for monitoring the objectives.
3. Anytime the QMRP changes, the administrator and the AQMRP will ensure that the name of the new QMRP is listed as the person responsible for monitoring the objectives.
4. This will be completed by 7/10/11.

W237

1. (1-2) For all residents, the training instructions are being amended to specify what constitutes success. The training programs will be documented on the computer and instructions for documenting on the computer is found in the Electronic Data Policy.
3. The QMRP will ensure that all future training programs specify what constitutes success.
4. This will be completed by 7/20/11.

W249

1. For individual #5, med certified staff will be retrained by the administrator and the nursing staff on how to run the medication program. Staff will be retrained to run the resident's programs at every opportunity and to run the interventions as written in the IPP and training instructions.
2. For all resident's staff will be retrained by the administrator and the QMRP in the importance of running the residents' programs as written at every opportunity.
3. The QMRP will observe and monitor staff to ensure that programs have been run as written and at every opportunity.
4. This will be completed by 7/18/11.

W250

1. For individual #5, his Active Treatment Schedule is being revised to give sufficient directions to staff on how to provide active treatment to him.
2. For all residents, the active treatment schedules are being reviewed by the AQMRP and QMRP to ensure that they provide sufficient instructions to staff and the active treatment schedules will be revised as needed.

3. All active treatment schedules will be revised as the residents' needs change and the QMRP will ensure that the active treatment schedules contain sufficient instructions for staff.
4. This will be completed by 7/20/11.

W251

1. For individual #5, Staff are being retrained on the importance on running the training programs as written at every opportunity.
2. For all residents Staff are being retrained on the importance on running the training programs as written at every opportunity.
3. The QMRP and Charge Staff will monitor the direct care staff to ensure that programs are run as written at every opportunity and will make corrective actions as needed.
4. This will be completed by 7/15/11.

W252

1. (1-2) For all residents, all staff are being trained on the importance of documenting data as it occurs. Staff are being trained that they must have documented reason for any late notification. Staff are also being retrained on the importance of accurately, specifically documenting all mal-adaptive behaviors and significant events.
3. The QMRP and Charge Staff will monitor direct care staff to ensure that they are accurately and completely documenting behaviors, significant events and other data. The Administrator has amended the Electronic Data Policy to state when documentation is to be recorded.
4. This will be completed as of 7/15/11.

W255

1. (1-2) For all residents, QMRP Summaries are being reviewed for the last 6 months and all objectives that have been met for 3 or more months will be amended or discontinued. All objectives for which residents have failed to make progress for 3 or more months will also be amended or discontinued.
3. The QMRP will review the monthly data summaries every month and will revise or discontinue the objectives if the resident has met the objective or is consistently failing to make progress towards the objective.
4. This will be completed by 7/18/11.

W257

1. (1-2) For all residents, QMRP Summaries are being reviewed for the last 6 months and all objectives that have been met for 3 or more months will be amended or discontinued. All objectives for which residents have failed to make progress for 3 or more months will also be amended or discontinued.
3. The QMRP will review the monthly data summaries every month and will revise or discontinue the objectives if the resident has met the objective or is consistently failing to make progress towards the objective.
4. This will be completed by 7/18/11.

W259 – refer to W214, W216, W223

W260

1. (1-2) The allowance, reading logs, and star charts are being personalized and integrated into the resident's training programs.
   For individual #5, a desensitization program for medical and dental exams and procedures and programs for eyeglasses, his picture wallet, and his use of Ketchup are being added to the IPP.
   For Individual #2, the psychiatrist has clarified that there was only one instance of suicidal ideation that was reported in relation to the documented instance in the home. The other reference to suicidal ideation was a mistake and had been accidentally left on the report from the previous report. This will be documented. Because there was only 1 instance which has not repeated in the last 6 months, a program for suicidal ideation will not be added for this resident.
   The QMRP will ensure that all needs identified and interventions used with the residents are integrated in the IPPs.
3. This will be completed by 7/18/11.

W262

1. For individuals 1 and 3, informed consents will be obtained for CPI 1 man restraint.
2. For all of the residents, the AQMRP will review all restrictive interventions used and ensure that informed consents are in place for all.
3. The AQMRP will ensure that any future restrictive interventions added to the residents' plans have informed consents for those interventions.
4. This will be completed as of 7/18/11.

W263

1. For individuals 1 and 3, HRC approval will be obtained for CPI 1 man restraint.
2. For all of the residents, the AQMRP will review all restrictive interventions used and ensure that HRC Approvals are in place for all.
3. The AQMRP will ensure that any future restrictive interventions added to the residents' plans have HRc approvals for those interventions.
4. This will be completed as of 7/18/11.

W276 - The Heirarchy of behavioral Interventions is being updated to include allowance as it pertains to restitution and the hand hold restraint. The Administrator will have this completed by 7/6/11.

W289

1. (1-2) For all residents, allowance and the star chart are being personalized and added to their IPP's
   For individual #5, instructions for the picture wallet, hand hold restraint, and his head phones will be added to the IPP.
   For individual #3, instructions for the CPI 1 man restraint will be integrated into the IPP.
3. The QMRP will ensure that training programs include instructions for the use of all interventions and training tools used with the residents.
4. This will be completed by 7/15/11.

W290

1. Thorazine PRN for individual #1 will be officially discontinued and will be removed from the MAR.

2. The nursing staff will review the medical records of the other residents to ensure that there are no other discontinued medications on the MARs of the other residents. If there are, those will be discontinued and removed from the MARs as well.
3. The Nursing Staff will ensure that there are no PRN or as needed behavior modifying medications o any of the resident's records.
4. This will be completed as of 7/10/11.

W295

1. For individual #3, the CPI one man restraint is being added to the PBSP.
2. The AQMRP will review the other resident's behavior documentation and will ensure that any other residents who are restrained using the CPI 1 man restraint have that restraint in their PBSP.
3. The QMRP will review behavior data regularly and will ensure that restraints are not used that are not included in the resident's plan. The QMRP will make and document corrective actions as needed.
4. This will be completed by 7/15/11.

W302

1. For individual #3, staff have been retrained on the importance of removing restraints as soon as possible.
2. All staff are being retrained on the importance of releasing all restraints as soon as possible.
3. The QMRP will monitor staff and documentation of restraints to ensure that restraints are released as soon as possible and used only in emergencies.
4. This will be completed by 7/15/11.

W313

1. For individual #1, the medical plan of reduction for clonadine has been changed to property destruction.
2. For all individuals, the QMRP and nursing staff will review the behavior modifying medications to ensure that the mal-adaptive behaviors used outweigh the potential side effects of the medications.
3. The QMRP and nursing staff will work together to ensure that no new behavior modifying medications will be added until there is documentation to show that the mal-adaptive behaviors used outweigh the potential side effects of the medications.
4. This will be completed by 7/1/11.

W316

1. For individual #5, the IDT will meet to determine which medication to try to reduce. One behavior modifying medication will be challenged.
2. All other residents' records will be reviewed and if any of the residents have not had a reduction in behavior modifying medication in the last year, the IDT team will meet to determine a medication to challenge.
3. The QMRP and Nursing Staff will work together to ensure that all residents' behavior modifying medications are gradually withdrawn atleast annually.
4. This will be completed by 7/15/11.

W322

1. (1-2) For individual #5 and all residents, staff are being retrained on the importance of following the head injury policy including neuro checks and notifying the nurse whenever a resident hurts their head.

For individual #3, the prescribing doctor will be contacted to discuss a schedule for blood testing for levels of Lithium and Depakote. The recommended schedule for blood testing will be followed.
For all residents, tuberculin testing has been completed and documented.

3. The LPN will ensure that residents get regular blood draws to check medication levels in accordance with doctor's recommendations in the future. The LPN will also ensure that all future residents receive tuberculin testing at the time of admission.
4. This will be completed by 7/10/11.

W351

1. For individual #5, the record of the comprehensive dental exam has been obtained and is in the record.
2. For all residents, the LPN is reviewing the records to ensure that we have records of all evaluations.
3. In the future, the LPN will ensure that we receive a record of all resident's comprehensive dental examination in a timely manner.
4. This has been completed as of 7/1/11.

W368

1. For individual #5, the LPN will talk to his physician to request documentation of doctor's orders to crush his pills. If the doctor does not recommend that we continue to crush his pill, the LPN will retrain med certified staff in the administration of his medication.
2. The LPN will ensure that all other medication administration programs represent appropriate developmental levels as recently reassessed on the CFA. If this is not the case, the programs will be changed to match the appropriate developmental levels.
3. The LPN will ensure that all future medication administration programs represent appropriate developmental levels as recently reassessed on the CFA.
4. This will be completed by 7/15/11.

W370

1. (1-2) All med certified staff have been reminded that residents must participate in self administering their medication. They have also been reminded that non-licensed staff may not ever put any medication into the mouth of a resident.
3. The LPN will monitor med pass atleast monthly to ensure that medications are passed in accordance with the residents' plans.
4. This has been completed as of 7/18/11.

W426 – The form for checking the water temperature has been changed to include how the temperature is to be taken and a place to list the water temperatures. This was completed on 6/17/11.

W436

1. For individuals 2 and 5, training programs are being created and amended to include training to teach them to use and make informed decisions about the eye glasses.

2. All residents who have eye glasses will have training programs to teach them to use and make informed decisions about the eye glasses.
3. The QMRP will ensure that all future residents who have eye glasses will have training programs to teach them to use and make informed decisions about the eye glasses.
4. This will be completed by 7/10/11.

W440 – The RSM is ensuring that evacuation drills are being held in all shifts by 7/15/11.

W478

1. (1-2) Food likes and dislikes are being added to the resident's IPP's and detailed instructions on acceptable substitutes will be added to resident #1's eating program.
3. The QMRP will ensure that likes and dislikes of food are updated atleast annually when the IPP's are updated and at the time of admission for new residents.
4. This will be completed by 7/20/11.

W481 – all staff have been retrained on the importance of documenting any substitution of food not on the menu. This will be completed by the administrator by 7/10/11.

W484 – New chairs for the dining room have been purchased and there are now enough chairs for the residents to eat together family style at the table. This was completed by the administrator by 7/5/11.

W488 – The administrator has trained the staff on what family style dinner means and the expectation that the residents will eat all meals in family style at Home Again ICF. This was completed as of 7/10/11.

MM111 -

1. (1-2) For all residents, tuberculin testing has been completed and documented.
3. The LPN will also ensure that all future residents receive tuberculin testing at the time of admission.
4. This will be completed by 7/10/11.

MM164 – refer to W124

MM168 – refer to W125

MM177 – refer to W122, W149, W153, and W154

MM182 – refer to W302

MM191 – refer to W290, and W295

MM192 – refer to W316

MM194 – refer to W262

MM196 – refer to W263

MM197 – refer to W289 and W313

MM209 – refer to 137

MM212 – refer to W195, W196, W249, W251, and W252

MM231 – refer to W148

MM238 – refer to W250

MM337 – refer to W440

MM380 –

Individual #1's pillow cases have been put back on and his dresser will be repaired.

Individual #2's laundry will be done, the patch on the wall will be painted, and the dresser will be repaired.

Individual #3's patches on the wall will be painted, the door has been replaced, the pull knob will be replaced o the dresser, the holes have been patched up and will be painted, the blinds will be fixed or replaced, the fish tank has been cleaned and placed in the garage by the resident, the laundry has been done.

Individual #4, the bathroom faucet has been fixed, the towel rack will be replaced, an objective has been added to his IPP to help him control his laundry, the dresser will be replaced, The curtain has been reattached with Velcro.

Individual #5, the floor has been cleaned, the foam pad will be removed, the bed has been made, the pillows have pillow cases, the curtain will be replaced and mounted with Velcro.

Individual #6, The bathroom drawer has been washed, he does not have a garbage can because he throws the metal cans through his window but the plastic bag has been removed, the floor has been straightened, the bedding was being washed and has been replaced, the curtain has been replaced and attached with Velcro, the patch has been painted.

Individual #7, His closet is being organized, the curtain is attached with Velcro, his pillow is on his bed, the patches have been painted.

Individual #8, the closet door has been put back on the track, the pull knobs will be replaced, the window latch will be replaced.

Kitchen, the microwave is being replaced and a new one has been ordered, the orange pan has been discarded, the oven has been cleaned, the towel drawer has been cleaned, the floor in the big bathroom is being repaired, the plastic drain cover has been replaced,.

The RSM is ensuring that all of these things are done and they will be done by 8/1/11

MM416 – refer to W484

MM428 – refer to W426

MM429 – W436

MM512 – refer to W100

MM520 – refer to W102, W104, and W276

MM534 – refer to W111

MM539 – refer to W114

MM598 – refer to W158

MM620 – refer to W169, W189, W190, and W194

MM621 – refer to W192

MM622 – refer to W191, W193

MM660 – refer to W488

MM672 – refer to W481

MM686 – refer to W478

MM724 – refer to W233, W259

MM725 – refer to W159

MM729 – refer to W227, W229

MM730 – refer to W214

MM731 – refer to W231, W232, W237

MM735 – refer to W322

MM754 – refer to W368

MM755 – refer to W370

MM756 – refer to W216

MM782 – refer to W351

MM855 – refer to W234, W235, W236

MM859- refer to W120

MM861 – refer to W255, W257, W260

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G078	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/16/2011
NAME OF PROVIDER OR SUPPLIER HOME AGAIN ICF	STREET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686		

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
MM111	16.03.11.050.01(c) Medical History A medical history and a physical examination must be completed by a physician not more than ninety (90) days before admission. The medical history and the record of the physical examination must include information concerning the resident's activity limitations and the results of a tuberculin skin test or chest x-ray. This Rule is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure appropriate tuberculin testing had occurred for 4 of 4 individuals (Individuals #1 - #4) whose records were reviewed. This resulted in the potential for an infected individual to be admitted to the facility undetected. The findings include: 1. Individuals #1 - #4's medical records were reviewed and documented the following: - Individual #1 was admitted to the facility on 4/19/10. His record did not contain documentation tuberculin testing had occurred in relation to his admission. - Individual #2 was admitted to the facility on 1/29/10. Her record did not contain documentation tuberculin testing had occurred in relation to her admission. - Individual #3 was admitted to the facility on 1/27/10. His record did not contain documentation tuberculin testing had occurred in relation to his admission. - Individual #4 was admitted to the facility on 4/29/10. His record did not contain documentation tuberculin testing had occurred in relation to his admission.	MM111	RECEIVED JUL 12 2011 FACILITY STANDARDS	

Bureau of Facility Standards

TITLE Admin (X6) DATE 7/18/11

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

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G078	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/16/2011
NAME OF PROVIDER OR SUPPLIER HOME AGAIN ICF	STREET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686		

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
MM111	Continued From page 1 Additionally, Individual #1 - #4's records did not contain documentation that tuberculin testing had occurred since admission to the facility. During an interview on 6/15/11 from 10:00 a.m. - 12:15 p.m., the Administrator stated the testing should have been part of the admission physical. The Administrator stated if it was not documented on the physical, it may have been missed. The facility failed to ensure appropriate tuberculin testing had taken place related to admissions.	MM111		
MM164	16.03.11.075.04 Development of Plan of Care To Participate in the Development of Plan of Care. The resident must have the opportunity to participate in his plan of care. Residents must be advised of alternative courses or care and treatment and their consequences when such alternatives are available. The resident's preference about alternatives must be elicited and considered in deciding on the plan of care. A resident may request, and must be entitled to, representation and assistance by any consenting person of his choice in the planning of his care and treatment. This Rule is not met as evidenced by: Refer to W124.	MM164		
MM168	16.11.03.075.07(a) Rights as a Citizen Rights as a citizen refer to all the rights of citizens of this country and any particular state or locality. These include, but are not limited to, voting, marriage, divorce, executing instruments (e.g., wills), acquiring and disposing of property, and choosing to practice or not practice a religion. This Rule is not met as evidenced by:	MM168		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G078	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/16/2011
NAME OF PROVIDER OR SUPPLIER HOME AGAIN ICF	STREET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686		

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
MM168	Continued From page 2 Refer to W125.	MM168		
MM177	16.03.11.075.09 Protection from Abuse and Restraint Protection from Abuse and Unwarranted Restraints. Each resident admitted to the facility must be protected from mental and physical abuse, and free from chemical and physical restraints except when authorized in writing by a physician for a specified period of time, or when necessary in an emergency to protect the resident from injury to himself or to others (See also Subsection 075.10). This Rule is not met as evidenced by: Refer to W122, W149, W153, and W154.	MM177		
MM182	16.03.11.075.09 (a)(iv) Resident placed in Restraints The written policy and procedures governing the use of restraints must specify which staff member may authorize use of restraints and clearly delineate at least the following: A resident placed in restraint must be checked at least every thirty (30) minutes by appropriately trained staff and an account of this surveillance must be kept; and This Rule is not met as evidenced by: Refer to W302.	MM182		
MM191	16.03.11.075.09(c) Last Resort Physical restraints must not be used to limit resident mobility for the convenience of staff, and must comply with life safety requirements. If a resident's behavior is such that it will result in injury to himself or others and any form of physical restraint is utilized, it must be in	MM191		

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MM191	Continued From page 3 conjunction with a treatment procedure designed to modify the behavioral problems for which the patient is restrained and, as a last resort, after failure of attempted therapy. This Rule is not met as evidenced by: Refer to W290 and W295.	MM191		
MM192	16.03.11.075.09 (d) Drugs Drugs such as tranquilizers must not be used as chemical restraints to limit or control resident behavior for convenience of staff. This Rule is not met as evidenced by: Refer to W316.	MM192		
MM194	16.03.11.075.10(a) Approval of Human Rights Committee Has been reviewed and approved by the facility's human rights committee; and This Rule is not met as evidenced by: Refer to W262.	MM194		
MM196	16.03.11.075.10(c) Consent of Parent or Guardian Is conducted only with the consent of the parent or guardian, or after notice to the resident's representative; and This Rule is not met as evidenced by: Refer to W263.	MM196		
MM197	16.03.11.075.10(d) Written Plans Is described in written plans that are kept on file in the facility; and This Rule is not met as evidenced by:	MM197		

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MM197	Continued From page 4 Refer to W289 and W313.	MM197		
MM209	16.03.11.075.15 Right to Personal Items Right to Personal Items. Each resident admitted to the facility must be permitted to retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, and unless medically contraindicated as documented by his physician in his medical record. This Rule is not met as evidenced by: Refer to W137.	MM209		
MM212	16.03.11.075.17(a) Maximize Developmental Potential The treatment, services, and habilitation for each resident must be designed to maximize the developmental potential of the resident and must be provided in the setting that is least restrictive of the resident's personal liberties; and This Rule is not met as evidenced by: Refer to W195, W196, W249, W251, and W252.	MM212		
MM231	16.03.11.080.03(a) Informed of Activities To be informed of activities related to the resident that may be of interest to them or of significant changes in the resident's condition; and This Rule is not met as evidenced by: Refer to W148.	MM231		
MM238	16.03.11.080.03(h) Access to Resident's Records To be given access to all of the resident's records that pertain to his active treatment, subject to the requirements specified in Idaho Department of	MM238		

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MM238	Continued From page 5 Health and Welfare Rules, Section 05.01.300 through Subsection 05.01.301,06, and Sections 05.01.310 through 05.01.339, "Rules Governing Protection and Disclosure of Department Records." This Rule is not met as evidenced by: Refer to W250.	MM238		
MM337	16.03.11.110.04(c) Fire Drills A minimum of twelve (12) unannounced fire drills must be held annually, irregularly scheduled throughout all shifts. In addition, a least one (1) drill per shift must be held on a Sunday or holiday. This Rule is not met as evidenced by: Refer to W440.	MM337		
MM380	16.03.11.120.03(a) Building and Equipment The building and all equipment must be in good repair. The walls and floors must be of such character as to permit frequent cleaning. Walls and ceilings in kitchens, bathrooms, and utility rooms must have smooth enameled or equally washable surfaces. The building must be kept clean and sanitary, and every reasonable precaution must be taken to prevent the entrance of insects and rodents. This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to ensure the facility was kept clean, sanitary, and in good repair for 8 of 8 individuals (Individuals #1 - #8) residing in the facility. This resulted in the environment being kept in ill-repair. The findings include: During an environmental review on 6/9/11 from 10:25 a.m. - 11:45 a.m., the following was noted:	MM380		

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MM380	Continued From page 6 Individual #1's bedroom: - The bottom dresser drawer was broken from the rail. - Two bed pillows were missing pillow cases. Individual #2's bedroom: - A laundry basket filled with dirty clothing and towels was overflowing onto the floor. - A patched section of wall at the end of the bed, approximately 8 inches by 6 inches, was missing paint. - The second drawer of the dresser was broken from the rails. Individual #3's bedroom: - There were two patched sections of wall, one approximately 4 inches by 3 inches and one 8 inches by 6 inches, in the bathroom that were missing paint. - The base of the bedroom door was broken and the panel was peeling from the frame. Additionally, the top hinge was broken from the door. - The dresser drawer second from the bottom was missing the pull knob. - There were multiple patched sections of wall, one that was approximately 8 inches by 8 inches, two approximately 12 inches by 12 inches, three approximately 6 inches by 6 inches, and one approximately 4 inches by 4 inches, that were missing paint. - There was a hole, approximately 4 inches by 3 inches, above the baseboard by the bed. - The blinds were without a pull cord or control to open the blinds. - There was a fish tank with approximately 4 inches of stagnant water with worms in the bottom. - The laundry hamper was filled with dirty clothing	MM380		

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MM380	Continued From page 7 and bedding and overflowing onto the floor. Individual #4's bedroom: - The sink faucet was broken, causing it to repeatedly turn preventing temperature regulation. Additionally, hot and cold were reversed. - The towel rack to the right of the sink was broken from the wall. - The toilet bowl had excessive stains. - The two laundry baskets near the closet contained piles of clothing that were spilling over onto the floor. - The top dresser drawer was missing the pull knob, and the fourth drawer was broken from the rails. - There was a wet towel laying on the floor by the bed. - The window blind was missing and the window was covered by a blanket and second piece of fabric that had been poked over the window blind mountings. Individual #5's bedroom: - There was a large stained area of carpet by the bathroom door and the room had a urine smell. - The foam pad between the head of the bed and the dresser had multiple holes. - The bed pillow was on the floor and the bed was missing sheets and bedding. - There were six bed pillows, without pillow cases, pushed between the dresser and the wall. - The window blind was missing and a sheet was tacked over the upper window, and a piece of fabric was pressed over the window blind mounts on the lower window. Individual #6's bedroom: - The top drawer to the right of the sink was covered in tooth paste.	MM380		

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MM380	Continued From page 8 - There was no garbage can, and a plastic grocery bag with trash was hanging from the paper towel holder. - There was various pieces of clothing and bedding scattered across the floor, including shirts, shorts, and pants. - The window blind was missing and there was a blanket draped across the window. - The bed was without sheets or pillow cases. - There was a patched area of wall, approximately 6 inches by 8 inches, behind the door. Individual #7's bedroom: - There was dirty clothing piled on the closet floor. - The window blind was missing and there was fabric tacked over the window. - There was no pillow on the bed. - There were multiple patched sections of wall by the bed, two approximately 6 inches by 6 inches, one 8 inches by 8 inches, one 4 inches by 4 inches, and one 12 inches by 12 inches, that were missing paint. Individual #8's bedroom: - The front closet door was pulled from the upper rail. - The bottom two dresser drawers were missing the pull knobs. - The window latch was missing the cover plate exposing the sharp edges of the screws underneath. Kitchen: - The moulding around the glass on the microwave was cracked with missing pieces along the entire bottom edge. - There was an orange Teflon skillet, the surface of which was marred and flaking. - There was burned on food debris in the bottom	MM380		

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MM380	Continued From page 9 of the oven. - There was a soiled, grass stained sock and wadded hand towels in the drawer to the right of the stove. - There was a patched area on the wall behind the dining table, approximately 12 inches by 12 inches, that was missing paint. - The flooring behind the door in the shower room was pulled away from the wall and baseboard along a 3 foot edge. - The plastic drain cover in the stall shower in the laundry room was missing three-quarters of its edge creating sharp edges, and the caulking was missing in front of the shower. The facility failed to ensure environmental repairs and cleaning were maintained.	MM380		
MM416	16.03.11.120.05(b) Table Service Table service must be provided for all who can and will eat at a table, including residents in wheelchairs. Dining areas must be equipped with eating utensils and dishes designed to meet the developmental needs of each resident. This Rule is not met as evidenced by: Refer to W484.	MM416		
MM428	16.03.11.120.10(c) Tempeature of hot water The temperature of hot water at plumbing fixtures used by the residents must be between one hundred five (105) to one hundred twenty (120) degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview, it was	MM428		

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MM428	Continued From page 10 determined the facility failed to ensure hot water temperatures were maintained between 105 and 120 degrees Fahrenheit for 8 of 8 individuals, (Individuals #1 - #8) residing at the facility. This resulted in an increased risk of scald injuries during hand washing and bathing. The findings include: 1. An environmental survey was conducted at the facility on 6/9/11 from 10:25 - 11:45 a.m. During that time, hot water temperatures (Fahrenheit) were measured and showed the following: Kitchen sink - 128.3 degrees Medication/laundry room - 124.5 degrees Shower room - 125.4 degrees Individual #1's sink - 128.3 degrees Individual #3's sink - 128.3 degrees Individual #4's sink - 129.4 degrees Individual #5's sink - 127.9 degrees Individual #6's sink - 126.7 degrees Individual #7's sink - 127.6 degrees Individual #8's sink - 128.8 degrees The QMRP, who was present during the environmental survey, stated water temperatures were not being tested on a regular basis. The Shift Lead, who was also present, stated graveyard staff were supposed to be checking water temperatures, but he was not sure how. The RSM, who was present during the environmental survey, provided a graveyard checklist which showed a column for each day of the month and a statement which read "Check water temp." However, the form did not indicate how staff were to check water temperatures or from which locations water temperatures were to be checked. The checklist included staff's initials for each date, but no documentation of what	MM428		

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MM428	Continued From page 11 temperatures were obtained. The QMRP was notified of the elevated water temperatures. On 6/13/11 from 2:16 - 2:30 p.m., hot water temperatures (Fahrenheit) were re-measured at a sampling of locations throughout the facility and showed the following: Kitchen sink - 129.8 degrees Medication/laundry room - 129.2 degrees Shower room - 128.3 degrees Individual #5's bedroom - 128.8 degrees Individual #8's bedroom - 129.4 degrees The AQMRP, who was present when the temperatures were re-measured, was notified of the elevated water temperatures. The facility failed to ensure water temperatures were maintained between 105 and 120 degrees Fahrenheit. Note: On 6/15/11 at 3:50 p.m., the facility's water temperatures were again re-measured and found to be within an acceptable range.	MM428		
MM429	16.03.11.120.11 Equipment and Supplies for Resident Care Equipment and Supplies for Resident Care. Adequate and satisfactory equipment and supplies must be provided to enable the staff to satisfactorily serve the residents. This Rule is not met as evidenced by: Refer to W436.	MM429		

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MM512	Continued From page 12	MM512		
MM512	16.03.11.200 Administration The administration of ICF/ID facilities must provide for individual program planning, implementation and evaluation. Individual programs must be based on relevant assessment of needs and problems and must reflect the participation of the individual, the service providers, and where possible, the individual's family or surrogate. Individual program planning must include provisions for total program coordination and continuous, self-correcting processes for review and program revision. Programming for individuals must incorporate the resident's legal rights of due process, appropriate care, training and treatment. This Rule is not met as evidenced by: Refer to W100.	MM512		
MM520	16.03.11.200.03(a) Establishing and Implementing polices The administrator will be responsible for establishing and implementing written policies and procedures for each service of the facility and the operation of its physical plant. He must see that these policies and procedures are adhered to and must make them available to authorized representatives of the Department. This Rule is not met as evidenced by: Refer to W102, W104, and W276.	MM520		
MM534	16.03.11.210 Resident Record Requirements A record must be maintained for each resident of the facility. This Rule is not met as evidenced by: Refer to W111.	MM534		

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MM539	16.03.11.210.01(d) Resident's Record All entries in the resident's record must be legible, dated, and authenticated by the signature and professional designation of the individual making the entry. This Rule is not met as evidenced by: Refer to W114.	MM539		
MM598	16.03.11.230 Personnel The facility will recruit and employ qualified personnel, provide initial orientation for new employees, provide a continuing inservice training program for all employees, and provide competent supervision designed to improve resident care and employee efficiency. This Rule is not met as evidenced by: Refer to W158.	MM598		
MM620	16.03.11.230.05(b) Upgrading of Competencies The upgrading of competencies to improve skills based on resident needs and corresponding staff expertise; and This Rule is not met as evidenced by: Refer to W169, W189, W190, and W194.	MM620		
MM621	16.03.11.230.05(c) Training Training in the ability to detect signs of illness or dysfunction that warrant medical or nursing referral and intervention; and This Rule is not met as evidenced by: Refer to W192.	MM621		
MM622	16.03.11.230.05(d) Proper Instruction	MM622		

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MM622	Continued From page 14 Instruction in the proper management of seizure disorders, physical handicaps, special communication needs and physically injurious behaviors. This instruction must be provided before personnel are assigned to work with individuals who may be affected by the above disorders, handicaps, needs and behaviors; and This Rule is not met as evidenced by: Refer to W191 and W193.	MM622		
MM660	16.03.11.250.05 General Diets The general menu must provide for the food and nutritional needs of the resident in accordance with the Recommended Daily Allowances of the Food and Nutritional Board of the National Academy of Service. A daily guide must be based on the following allowances: This Rule is not met as evidenced by: Refer to W488.	MM660		
MM672	16.03.11.07(a) Menu Preparation Menus must be prepared at least a week in advance. Menus must be corrected to conform with food actually served. (Items not served must be deleted, and food actually served must be written in.) The corrected copy of the menu and diet plan must be dated and kept on file for thirty (30) days. This Rule is not met as evidenced by: Refer to W481.	MM672		
MM686	16.03.11.250.08(i) Substitutions If a resident refuses the food served, appropriate substitutions are to be offered. This Rule is not met as evidenced by: Refer to W478.	MM686		

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MM724	16.03.11.270.01(a) Assesments As a basis for individual program planning and program implementation, assessments must be provided at entry and at least annually thereafter by an interdisciplinary team composed of members drawn from or representing such professions, disciplines or services areas as are relevant to each particular case. This Rule is not met as evidenced by: Refer to W223 and W259.	MM724		
MM725	16.03.11.270.01(b) QMRP The QMRP is responsible for supervising the implementation of each resident's individual plan of care, integrating the various aspects of the program, recording each resident's progress and initiating periodic review of each individual plan for necessary modifications or adjustments. This function may be provided by a QMRP outside the facility, by agreement. This Rule is not met as evidenced by: Refer to W159.	MM725		
MM729	16.03.11.270.01(d) Treatment Plan Objectives The individual treatment plan must state specific objectives to reach identified goals. The objectives must be: This Rule is not met as evidenced by: Refer to W227 and W229.	MM729		
MM730	16.03.11.270.01(d)(i) Diagnostic and Prognostic Data Based on complete and relevant diagnostic and prognostic data; and	MM730		

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MM730	Continued From page 16 This Rule is not met as evidenced by: Refer to W214.	MM730		
MM731	16.03.11.270.01(d)(ii) Measurable Behavioral Terms Stated in specific measurable behavioral terms that permit the progress of the individual to be assessed; and This Rule is not met as evidenced by: Refer to W231, W232, and W237.	MM731		
MM732	16.03.11.270.01(d)(iii) Date Objective Achieved Time limited, giving dates when the objective is to be achieved. This Rule is not met as evidenced by: Refer to W230.	MM732		
MM735	16.03.11.270.02 Health Services The facility must provide a mechanism which assures that each resident's health problems are brought to the attention of a licensed nurse or physician and that evaluation and follow-up occurs relative to these problems. In addition, services which assure that prescribed and planned health services, medications and diets are made available to each resident as ordered must be provided as follows: This Rule is not met as evidenced by: Refer to W322.	MM735		
MM754	16.03.11.270.02(f)(ii) Policies and Procedures The facility must have policies and procedures controlling the administration of residents' medications. Such policies and procedures must	MM754		

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NAME OF PROVIDER OR SUPPLIER HOME AGAIN ICF	STREET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686		

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
MM754	Continued From page 17 be strictly followed by facility personnel. This Rule is not met as evidenced by: Refer to W368.	MM754		
MM755	16.03.11.270.02(f)(ii)(a) Resident unable to Self-Administrate If the resident is not capable of self-administration of medications under staff supervision, this fact must be documented in the resident's assessment. Such residents cannot be accepted by facilities unless a licensed nurse is on duty to administer and record such medications. This Rule is not met as evidenced by: Refer to W370.	MM755		
MM756	16.03.11.270.02(f)(ii)(b) Resident is Capable of Self-Administration If the resident is capable of self-administration under staff supervision, this fact must be documented in the resident's assessment. A responsible, trained staff member must observe and record the resident's act of self-administration. This Rule is not met as evidenced by: Refer to W216.	MM756		
MM782	16.03.11.270.04(a)(i) Extraoral and Intraoral Examination A complete extraoral and intraoral examination must be performed, utilizing all diagnostic aids necessary to properly evaluate the resident's oral condition. This Rule is not met as evidenced by: Refer to W351.	MM782		

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MM855	Continued From page 18	MM855		
MM855	16.03.11.270.08(c) Training and Habilitation Record There must be a functional training and habilitation record for each resident maintained by and available to all training and habilitation staff which shows evidence of training and habilitation service activities designed to meet the objectives set for every resident. This Rule is not met as evidenced by: Refer to W234, W235, and W236.	MM855		
MM859	16.03.11.270.08(f)(i) Supervision of Training and Habilitation Supervision of delivery of training and habilitation services integrating various aspects of the facility's program; and This Rule is not met as evidenced by: Refer to W120.	MM859		
MM861	16.03.11.270.08(f)(iii) Periodic Review Initiating periodic review of each individual plan of care for necessary modifications or adjustments. This Rule is not met as evidenced by: Refer to W255, W257, and W260.	MM861		