Fairview Developmental Center (FDC) Technical Addendum

The Independent Consultative Review Experts (ICRE) shall prepare an Action Plan for CDPH-approval that addresses all areas of this Technical Addendum, including the milestones below. The milestones contained in this Addendum supplement those the facility is expected to meet in accordance with its CDPH-approved Plan of Correction (POC). The milestones in this document shall be met from the date of the acceptance of the Action Plan, as validated by the ICRE Compliance Officer. The Action Plan may modify these milestones as appropriate; the approved Action Plan will supersede this Technical Addendum as a commitment of FDC's Program Improvement Plan. Actions taken by FDC prior to the approved Action Plan that fulfill the milestones identified in this Addendum are subject to validation by the ICRE during the Root Cause Analysis. Upon the ICRE's validation of fulfillment, those milestones may be omitted from the Action Plan.

Governing Body/Administration

The Fairview Developmental Center (FDC) Governing Body failed to assure compliance with Medicaid Title 19 ICF/IID regulations CFR § 440.150- CFR§483.480.

Consistent and effective leadership is mandated through the Governing Body at CFR § 483.410 and is key to successful and sustained improvement at FDC. The Governing Body, using established performance indicators, monitors the performance indicators covering all regulatory areas affecting clients. Monitoring interventions must be improved and sustained continuously at Fairview.

§ 483.410 (a) (1) states that the governing body must exercise general policy, budget, and operating direction over the facility.

§ 483.410 (c) (1) states that the facility must develop and maintain a recordkeeping system that includes a separate record for each client and that documents the client's health care, active treatment, social information, and protection of the client's rights.

The Independent Consultative Review Experts (ICRE) in coordination with FDC staff must identify improvements to ensure an effective management structure with processes in place designed to proactively address issues, to design and assure safe systems of care and to ensure a culture of client respect and participation in Active Treatment. In addition, the Governing Body must develop and sustain a culture of both improvement and compliance through the use of standards generally accepted in the community for quality improvement activities.

60 Day Milestones:

FDC will work with the ICRE to identify and implement improvements to the management and operations structure that assures safe and client centered services, including a written strategy for integrating information systems (electronic and/or paper-based).

The facility will conduct a national patient safety survey (or an equivalent survey) to elicit feedback from staff regarding, but not limited to: whether sufficient and appropriate staff are available to provide needed services, whether staff have received sufficient training to perform their duties, whether the facility fosters an environment where staff feel they can report problems to management and the problem will be corrected, and whether staff have received timely and relevant client information to perform their duties and report findings to the Governing Body.

Ongoing Milestones:

There is written documentation and/or otherwise verifiable evidence that the Governing Body is implementing appropriate changes to achieve necessary corrections in each of the areas covered in this Addendum.

Facility Staffing

Fairview must provide sufficient direct and professional staff to ensure client health and safety and to provide active treatment services for each client. The staff must be properly trained to carry out individual training programs and to protect the clients from harm to themselves or others. Current staff members are being asked to work frequent double shifts. Additionally, they are pulled to units frequently with minimal preparation, limited orientation to the new unit or with minimal support from supervisors or senior staff. The staffing/training deficits contributed to issues associated with client health and safety and active treatment services for each client.

§483.430 (a) Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional.

§483.430(d) (1) The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.

§ 483.430 (e) (2) For employees who work with clients, training must focus on skills and competencies directed toward clients' developmental, behavioral, and health needs.

30 Day Milestones:

The ICRE will conduct an assessment of competent staffing needs for each defined residential living unit; identifying staffing deficits and establishing a plan to deploy adequate numbers of competent staff at all levels. The analysis will consider the individual client needs in each residential living unit and staffing required for each shift. The analysis will be updated every 45 days or sooner to address changes in client needs and will continue until effective staffing numbers and competence have been achieved, or resurvey by CDPH, whichever occurs first.

The facility has developed a master staffing action plan including facility wide and living unit specific issues, identification of teams and responsible staff to implement within timeframes.

A facility HR staff (experienced in the recruitment hiring, and deployment of direct support professional staff) is assigned to focus exclusively on deploying any necessary new employees within an appropriate timeframe.

60 Day Milestones:

There is at least a 50% decrease in staffing deficits (such that staffing ratios are met and staff are assessed as competent) compared to the ICRE's identified baseline assessment.

Interviews with a sample of staff indicate they are alert and understand the needs of individuals per IPPs.

90 Day Milestones:

The ICRE will conduct a second assessment of staffing needs by residential unit to ensure that current staffing coverage continues to meet the minimum on duty staffing ratios and the needs of the clients in each unit.

Audits of staffing and payroll records confirm there are sufficient qualified direct support staff to meet required staffing ratios identified and described in the staffing analysis, in place or in the orientation process within an appropriate timeframe.

Ongoing Milestones:

Documentation verifies that the facility is maintaining or exceeding the minimum staffing ratios and requests for staff to work double shifts and impromptu shifts are optimized and/or decreased. Any shortages are promptly addressed.

Staff Training

FDC must provide each employee with initial and continuing training that enable the employee to perform his or her duties effectively, efficiently and competently.

30 Day Milestones:

ICRE shall conduct an assessment of the training needs of staff members in every residential living unit and an evaluation of the current orientation program for every staff. This evaluation will include observations of the actual implementation of orientation of direct care staff.

Facility will have identified staff to be trained as trainers and initiated training for the trainers in active treatment and person-centered planning and care.

Facility will develop and communicate a policy that directs the frequency and process for the Qualified Intellectual Disabilities Professional (QIDP) oversight of client active treatment program implementation, documentation, monitoring and changes in interventions and ensures staff training as indicated.

60 Day Milestones:

Facility will have reviewed and implemented the recommendations of the above independent assessment including a plan for the training or re- training of all the facility staff and documentation of sufficient competency on the implementation of active treatment programs, person-centered planning, implementation of behavioral plans and the reporting of medical situations.

Facility will have provided training on person-centered planning and care, and on their role and responsibilities to all QIDPs who will demonstrate sufficient and appropriate competencies.

Facility will develop a comprehensive orientation program for all newly employed staff including detailed information on the active treatment process, person-centered care and planning, specific information regarding client protection and the reporting of any suspected abuse, neglect, injury of unknown origin and a preceptor component which enables the new employee to work with an experienced employee for a reasonable period of time until he/she can demonstrate competency based training on individual client Active Treatment (AT) programs.

90 Day Milestones:

All direct care staff members will be trained or re-trained in the current AT programs and behavioral plan implementation for each client with whom they work and demonstrate sufficient and appropriate competencies. Training will include not only the methods for carrying out the programs but the communication that must routinely occur with the facility QIDP regarding the client's progress or lack of progress. Training on behavioral interventions must also include the facility policies and the appropriate manner for carrying out the components of each behavior intervention plan.

All staff have received training or re-training and demonstrate competency on reporting and preventing client injuries, neglect or abuse and medical observations that require the intervention of the medical staff.

Ongoing Milestones:

All newly employed staff will complete the comprehensive orientation program and competency based trainings.

Staff Assessment

FDC must have available enough qualified professional staff to carry out and monitor the various professional interventions in accordance with the stated goals and objectives of every individual program plan. Each employee must receive initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.

§483.440 (c) (1) Each client must have an individual program plan developed by an interdisciplinary team that represents the professions, disciplines or service areas that are relevant to-

(i) Identifying the client's needs, as described by the comprehensive functional assessments required in paragraph (c) (3) of this section; and

(ii) Designing programs that meet the client's needs.

§483.440 (d) Standard: Program implementation. (1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.

§ 483.410 Condition of participation: Governing body and management. (a) Standard: Governing body. The facility must identify an individual or individuals to constitute the governing body of the facility.

30 Day Milestones:

The facility will ensure that:

- Each person residing at FDC is assigned a QIDP
- QIDP directly observe their assigned individuals
- QIDP begin the process of revising the individual program plans (IPPs), in accordance with statutory IPP process, based on each individual's need and progress

Clients are receiving physical assessments as appropriate. Appropriate professional and direct care staff have received training and demonstrate competency in assessing the need for and conducting physical assessments. The facility has written policies and procedures on ordering and conducting appropriate physical assessments and the staff responsible for implementation demonstrate knowledge and understanding of the facility's policies and procedures.

60 Day Milestones:

The facility has developed and is implementing the use of IPP quality checklists to ensure essential components of IPPs are present including:

- Results of interviews with the individual,
- Identifying what is important to him/her,
- Documentation evidencing that team members and the individual are present during meetings,
- A description of required health care services,
- Comprehensive assessments,
- Integration of what is "Important To" and "Important For" the individual,
- Relevant goals and measurement strategies, and

- Documented review of rights restrictions and behavior supports.

Results of reviews are being provided to QIDPs as feedback on the quality of IPPs.

Individual clients are receiving the professional interventions needed, and as appropriately specified in their IPPs, in sufficient quantity to assure correct implementation.

90 Day and Ongoing Milestones:
All staff members providing direct care to clients demonstrate the needed competencies to carry through with the interventions in those clients' IPPs. IPPs are being monitored for implementation by professional staff.

Active Treatment

Fairview has not provided a continuous pervasive, active treatment program systematic and sufficient in scope to assure that all of the clients residing in the facility are appropriately served according to the Federal regulations.

Fairview has not provided the necessary monitoring required at various levels to ensure that active treatment is provided to each individual client residing in the facility. The day to day delivery of active treatment programs by direct care staff must be observed and continuously monitored by Qualified Intellectual Disabilities Professionals (QIDP) and interventions or revisions made promptly when indicated. The progress of the client with their Individual Program Plan (IPP) Active Treatment formal and informal programs must be closely reviewed by the QIDP and revisions made to the active treatment program plan as indicated by the documentation and in accordance with the statutory IPP process.

§ 483.430 (a) states that each client's active treatment programs must be integrated coordinated and monitored by a qualified individual with intellectual disabilities professional.

§483.440 (a)(1) requires that each client in the facility 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 which are directed toward the acquisition of behaviors necessary for the client to function with as much self-determination and independence as possible; and the prevention or deceleration of regression or loss of current optimal functional status.

§483.440 (c) (3) Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. The comprehensive functional assessment must take into consideration the client's age (for example, child, young adult, elderly person) and the implications for active treatment at each stage, as applicable, and must—

(i) Identify the presenting problems and disabilities and where possible, their causes;
(ii) Identify the client's specific developmental strengths;

(iii) Identify the client's specific developmental and behavioral management needs;
(iv) Identify the client's need for services without regard to the actual availability of the services needed; and
(v) Include physical development and health, nutritional status, sensorimotor development, affective development, speech and language development and auditory functioning, cognitive development, social development, adaptive behaviors or independent living skills necessary for the client to be able to function in the community, and as applicable, vocational skills.

§483.440 (c) (6) The individual program plan must also:
(i) Describe relevant interventions to support the individual toward independence.
(ii) Identify the location where program strategy information (which must be accessible to any person responsible for implementation) can be found.
(iii) Include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.
(iv) Identify mechanical supports, if needed, to achieve proper body position, balance, or alignment. The plan must specify the reason for each support, the situations in which each is to be applied, and a schedule for the use of each support.
(v) Provide that clients who have multiple disabling conditions spend a major portion of each waking day out of bed and outside the bedroom area, moving about by various methods and devices whenever possible.
(vi) Include opportunities for client choice and self-management.

§483.440 (d) Standard: Program implementation. (1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.

30 Day Milestones:

The facility working with the ICRE will analyze the current role of the QIDP in the facility, the number of QIDP currently employed/assigned to that role in the facility and their qualifications, the current case load numbers for each QIDP, the current understanding of and compliance with the responsibilities of this role by each QIDP and a projection of the number needed based on the Plan which must include a staffing plan for QIDP's.

60 Day Milestones:

All currently employed/assigned QIDPs will be re-trained on their responsibilities and will identify any obstacles they are experiencing in the fulfillment of their responsibilities. Fairview

management, working with the ICRE, will immediately review and determine the appropriate action to address any such obstacles.

The facility will have reviewed and implemented the recommendations of the above analysis. If recommended, additional QIDP's will be employed -- or in the recruitment process -- and as available, assigned to reduce the number of clients that each QIDP must continuously monitor.

Facility QIDPs will be actively engaged in observation and training of all direct care staff during implementation of formal and informal programs, communication with interdisciplinary team members when programs require changes and observation/reporting of any signs of suspected mistreatment or abuse. The QIDPs will report any unresolved concerns to appropriate officials and the Governing Body. Such reports are promptly investigated and addressed with written corrective actions.

The facility will incorporate into the ongoing quality program monitoring of the implementation of formal active treatment programs and informal interactions between direct care staff and clients. An IPP quality monitoring tool that may include the following aspects will be implemented for incorporation with existing monitoring tools and processes: (1) a sensitive measurement scale such that any progress can be captured, (2) a mini-version imbedded for quick snapshot observations, (3) a checklist of key environmental/safety/health areas, (4) text areas to record person-centered practices noted (5) text area to record exactly what staff was doing, (6) an entry as to the activity observed, formal or informal training, (7) a section for mentoring/feedback given and the staff's response, (7) the recognition of excellence in staff performance, (8) an option for follow-up recommendations, (9) a total score that can be trended and summarized for CQI and managerial review. Prompt actions are taken to address any concerns identified as a result of the monitoring.

The facility will begin conducting Person-Centered Planning training sessions for direct support staff as evidenced by training logs and competency assessments. The facility will revise IPPs as appropriate following this training, as evidenced by written documents located in individuals' records. Facility monitoring and analysis of the active treatment services at the facility will be an active component of the facility quality program. Facility administration takes prompt and effective action on any findings of the analysis.

Ongoing Milestones:

Each newly employed/assigned QIDP will receive a comprehensive orientation to include a preceptor component.

The facility will complete implementation of all recommendations of the above analysis. Clients will be receiving continuous active treatment.

Specially Constituted Committee

§483.440 (f) Standard: Program monitoring and change. (3) The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility to-

(i) 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;

(ii) Insure that these programs are conducted only with the written informed consent of the client, parent (if the client is a minor), or legal guardian; and

(iii) Review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other area that the committee believes need to be addressed.

60 Day and Ongoing Milestones:

The facility will document and provide evidence that it is actively and continuously recruiting individuals to serve on this committee. Facility efforts will include outreach to patient advocates and patient rights organizations to ensure clients active treatment and clients rights are protected and discussed in this forum. Facility will complete minutes from these meetings which will be provided to the Governing Body. Governing Body must act on the minutes from the specially constituted committee to resolve reported issues and incorporate and modify facility policies and procedures as necessary.

Client Behavior And Facility Practices

Fairview must take action to ensure that the direct care staff is familiar with and following acceptable interventions to manage inappropriate client behavior in order to prevent potential client injuries during client-staff interactions and client-client interactions.

§ 483.430 (b) (2) states that the facility must have available enough qualified and professional staff to carry out and monitor the various professional interventions in accordance with the stated goals and objectives of every individual program plan.

30 Day Milestone:

The ICRE must conduct an analysis of all episodes of inappropriate client behaviors in each residential living unit within the last 120 days. This analysis must review antecedents, staff action or inaction in relation to facility policies or individual programs, and whether a different

action on the part of the staff could have de-escalated the behavior and prevented injury or serious outcome for the client.

Additionally, all such incidents occurring within the first 30 days of acceptance of the Action Plan must be immediately analyzed, reviewed and revised. The IDT will review and initiate action within 24 hours or the next working day.

The ICRE and facility will review and make recommendations regarding the current structure, roles, and staffing levels for psychology services within the facility. The analysis must address the ability of current staff to adequately perform the responsibilities of assessment, individual program planning, implementation, documentation, staff training and program monitoring and change.

60 Day Milestones:

The facility will have reviewed the above analysis and implemented the recommendations. Additional staff positions, identified to be needed by the analysis, will be in the recruitment process.

Facility psychology staff will continue a review of all current behavioral intervention programs and clients without such programs who exhibit behavioral episodes. Client programs will be revised or developed as indicated by individual client needs. Direct care staff will be trained on the revised or new programs by the psychologist who authored the behavior plan.

90 Day and Ongoing Milestones:

Facility psychology staff will complete the review of all current behavioral intervention programs and clients without such programs who exhibit frequent behavioral episodes. Client programs will be revised or developed as indicated by the reviews. Direct care staff will be trained on the revised or new programs.

The facility will have additional psychology staff in place or in the recruitment process (if indicated by the results of the facility analysis). All newly employed psychology staff will have completed a comprehensive orientation program to include all applicable competency training and to include a preceptor component.

Psychology staff will be assigned caseloads that enable them to adequately and effectively conduct individual assessments, participate on interdisciplinary teams and develop behavioral support plans, train direct care staff to implement the behavior plans, track targeted behaviors by reviewing the documentation of the type of data and frequency of data collection necessary to assess progress toward the desired objective, monitor effectiveness of the behavior plan, the implementation of plans and initiate revision to the client behavior plans as indicated.

Client Protections

The facility is responsible to organize itself in such a manner that it proactively assures that individuals are free from serious and immediate threat to their physical and psychological health and safety. Deficiencies in this area contributed to serious client injuries at the facility.

§483.420 (a) (5) states that the facility must ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment.

§483.420 Individual freedoms must not be restricted. §483.420 (a) (4) states that the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. §483.420 (a) (7) requires that the facility provide each client with the opportunity for personal privacy and ensure privacy during treatment and care of personal needs. §483.420 (a) (11) states that the facility must ensure clients the opportunity to participate in social, religious, and community group activities. §483.420 (a) (12) requires that clients be ensured the right to retain and use appropriate personal possessions and clothing, and ensure that each client is dressed in his or her own clothing each day.

Further the facility must promptly notify the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence. (§483.420 (c) (6))

§483.420 (d) (1) The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.

FDC should maximize individuals' freedom of access to homes, bedrooms, outside patio areas, and dining rooms, based on individual assessment and training plans.

30 Day Milestones:

The ICRE will conduct an analysis of all client rights violations including access restrictions, allegations of abuse, neglect, mistreatment, misappropriation of clients' property, individual client complaints, accidents, reports of injuries from unknown sources within the facility for the past year. The analysis will evaluate whether the follow-up actions taken by the facility administration were appropriate and timely and resulted in prevention of repeat or similar events and individual's being taught and encouraged to claim and exercise his/her rights.

All current facility staff will receive training or re-training and demonstrate competency on the protection of clients from injury and the comprehensive reporting of possible abuse, mistreatment or neglect and individual's being taught and encouraged to claim and exercise his/her rights.

The facility will ensure an aggressive program to promptly investigate all client mistreatment, neglect, injuries or allegations of mistreatment or abuse. Each occurrence must be promptly reported, thoroughly investigated and the appropriate administrative action taken as indicated.

The facility will increase the amount of time (based upon incidents of inappropriate client behavior, inexperienced staff, changes in client programs, etc.) that direct care staff supervisors and behavioral staff are present in the client residential units and day program areas. The facility will provide evidence that staff intervene promptly when indicated to prevent mistreatment and/or injuries and individuals are being taught and encouraged to claim and exercise his/her rights.

60 Day Milestones:

All findings of the above analysis will have been reviewed by the facility administration and there will be written documentation or otherwise verifiable evidence that the governing body has considered the recommendation and taken follow-up actions, as appropriate.

Data confirms that the incidence of client injuries or allegations of mistreatment or abuse has declined in accordance with the Action Plan. Observations and interviews reveal that individuals are exercising his/her rights and individual freedoms are promoted.

90 Day and Ongoing Milestones:

As a component of the quality program the facility maintains an aggressive program of monitoring all allegations of client abuse, neglect and mistreatment and client injuries, and client rights violations, occurring at the facility and ensures that prompt and appropriate action is taken as indicated.

In addition to annual training, facility staff receive refresher training on preventing and reporting mistreatment, abuse or neglect when events indicate that refresher training is needed. Individuals are being taught and encouraged to claim and exercise his/her rights and individual freedoms are promoted.

Mandatory Reporting

Fairview has not always reported, or reported timely, incidents to appropriate regulatory officials as required. The facility has instead relied on the findings from internal Office of Protective Services or facility policies and procedures on whether to report incidents or use as the basis for corrective action.

§483.420 (d)(2) 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.

§483.420 (d) (3) The facility must have evidence that all alleged violations are thoroughly investigated and must prevent further potential abuse while the investigation is in progress.

§483.420 (d)(4) The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident and, if the alleged violation is verified, appropriate corrective action must be taken.

30 Day Milestones:

ICRE will assess the systems and processes for mandatory reporting of incidents within the facility and at external locations if associated with facility sponsored activities and develop recommendations for stream-lining or improving completeness, timeliness and accuracy of reporting. The facility will revise any and all policies and procedures to ensure that the facility policy does not contain any criterion that would prevent reportable incidents from being communicated to regulatory and law enforcement agencies in accordance with state laws and regulations. Facility will modify its new employee orientation to include specific training and accurately evaluate competency on the incident reporting policy.

Facility has trained all employees on the new reporting policy and procedure and will present evidence of training and sufficient competency.

Health Care Services

Fairview must ensure clients receive all medical preventive and treatment services as ordered by physicians or as dictated by standards of practice. The facility must maintain an appropriate and safe medication administration system in compliance with Federal, State and Local Laws.

§483.460 (a)(3) The facility must provide or obtain preventive and general medical care as well as annual physical examinations of each client that at a minimum include the following:

(i) Evaluation of vision and hearing.
(ii) Immunizations, using as a guide the recommendations of the Public Health Service Advisory Committee on Immunization Practices or of the Committee on the Control of Infectious Diseases of the American Academy of Pediatrics.
(iii) Routine screening laboratory examinations as determined necessary by the physician, and special studies when needed.
(iv) Tuberculosis control, appropriate to the facility's population, and in accordance with the recommendations of the American College of Chest Physicians or the section of diseases of the chest of the American Academy of Pediatrics, or both.

§483.460 (c) Standard: Nursing services. The facility must provide clients with nursing services in accordance with their needs. These services must include, among other things: participation as appropriate in the development, review and update of an individual program plan as part of the interdisciplinary team process; review of the health status of those clients not requiring a medical

care plan at least quarterly or more often depending on client need; and that the clients receive other nursing care as prescribed by the physician or as identified by client need.

§483.460 (k) (4) Clients are taught how to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise;

30 Day Milestones:

The ICRE shall conduct an analysis of the quality of nursing services provided to the clients of the facility. The analysis must evaluate the quality and quantity of nursing services based upon the identified health needs (both prevention and treatment) (routine and urgent) of the clients at Fairview; whether client heath care needs are periodically assessed by the nursing staff and timely, appropriate services are provided to them based upon these assessments; what procedures are in place by the nursing staff to ensure that medications are maintained in a manner consistent with Federal, State and Local laws; what procedures are in place to ensure that medications are administered in accordance physician orders; timeliness of nursing staff responses to requests from direct care staff for assistance; appropriateness of nursing staff responses to direct care staff requests for assistance; level of interaction by the nursing staff in the training of direct care staff in the reporting of client health care situations.

The facility will assure that licensed nurses at the facility provide prompt assessment of client needs when indicated, for example when an injury occurs or an unexpected incident, such as feeding tube dislodgement occurs.

The ICRE working with FDC will determine number, type and causes of medical related incidents and/or injuries and untoward events including events that lead to client hospitalization in the last year. This review will include incidents where health care services were requested by the ICF/IID, analysis of the timeliness of the Health Services Specialist (HSS) response, what their response was including delegation of their task and if the response was appropriate.

Review will also include evaluation of medication storage and administration system in each residential living unit. This review will include receipt of medications, storage of medications, medication security, accuracy of administration (consistent with physician orders), handling of discontinued medications, labeling of medications and documentation of administration.

The facility will retrain all current nursing staff on procedures for delivery of health care assessment and health care services to the clients. In addition, facility will assure emergency assessments are conducted in a timely manner with evaluation and monitoring of effectiveness reported to the quality committee.

The facility nursing staff will conduct health assessments every quarter on each client at the facility to identify any services that are required by nursing staff or direct care staff or by the

client themselves. Consistent with the plans, they will communicate promptly with physicians when indicated, conduct timely and appropriate follow-up to identified client health care issues and provide direct care staff and client training as indicated.

60 Day Milestones:

All medication administration system recommendations must be implemented at the earliest date possible.

There will be written documentation and/or otherwise verifiable evidence that the governing body has taken appropriate action to implement of the recommendations from the analysis of nursing services at the facility. Any new nursing staff indicated by the analysis will be in the hiring process.

Nursing staff of the facility will continue to complete updated assessments on all clients at the facility.

All newly employed nursing staff will complete a comprehensive orientation including all competency training and to include a preceptor portion to allow them to learn the nuances and rhythms of the facility while being supported by another nursing staff member.

90 Day and Ongoing Milestones:

The facility will have implemented all recommendations of the above two analyses.

The facility will have a component within their quality program to periodically audit to ensure that the clients promptly and accurately receive all the health care services (including nursing services, physician services, pharmacy services, dental services, dietary services, and laboratory services) as needed. Quality program findings are reported to the administration and nursing services will address findings and take appropriate actions.

Physical Environment

Fairview has failed to ensure that client assistive devices are maintained clean and in good repair. Infection control issues have not been identified and addressed promptly by the facility.

FDC must maintain in good repair, and teach clients to use and 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.

§483.470 (l)(1) requires the facility to provide a sanitary environment to avoid sources of transmission of infections.

30 Day Milestones:

The ICRE working with FDC will complete a survey of all clients identifying all assistive devices and evaluating the condition (integrity and cleanliness) of the devices. This includes not only mechanical devices such as walkers and specialized wheelchairs but also personal assistive devices such as eyeglasses, splints, braces and communication devices. Cleaning of all devices has been accomplished and repairs made as indicated. Referrals have been made for replacements as indicated.

The facility will train or retrain, and establish sufficient competencies for all staff on infection control procedures in the residential living units and the day program. This training will include the environment and interactions with the clients and their belongings.

Ongoing Milestones:

The facility will begin periodic and unannounced observations in the residential living units and the day program to ensure that infection control measures are being followed. Staff will receive additional training if any negative findings. Monitoring reports are provided to facility administration on a monthly basis and any administrative action is taken as indicted.

Dietetic Services

FDC failed to assure safe food delivery system.

CFR §483.480(d) (3) requires that the facility equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client; FDC failed to have client participation in the food production, serving and clean-up system. FDC has not allowed individuals dining independence that will help the individual live in a less restrictive environment. Individuals are not encouraged, permitted and reinforced for being as independent as possible during meals. Family style dining is not available to all individuals who are able to participate. Individuals have not been observed to be involved in setting their own tables, shopping and putting away their food, preparing, serving, and cleaning up after meals, as appropriate for the individual client. In addition, clients are not being encouraged to use appropriate clothing protectors during mealtimes.

FDC has failed to ensure client texture modifications were followed for physician prescribed modified diets.

60 Day Milestones:

Based on individualized assessments and client ability, FDC must assure capable clients are involved in each step of food shopping, meal preparation and meal service as required.

The facility will assess why physician diet orders are not followed and will develop a plan to assure that client diets are ordered, transmitted and followed by facility staff.

The facility will have determined causes and factors related to lack of client involvement in meal service as well as failures to assure safe food delivery. The Action Plan will address actions to be taken to correct this to assure clients are trained and are involved in all aspects of meal service as possible.