

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

PRINTED: 09/05/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05G022	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/09/2013
NAME OF PROVIDER OR SUPPLIER FAIRVIEW DEVELOPMENTAL CENTER D/P ICF/IID			STREET ADDRESS, CITY, STATE, ZIP CODE 2501 HARBOR BOULEVARD COSTA MESA, CA 92626		
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{W 249}	<p>Continued From page 202</p> <p>Work Activity Center room 30 and immediately sat at the electric keyboard and put on headphones. Staff did not request the client to shake hands.</p> <p>Review of the record on 8/6/13 indicated an objective "will greet staff with a hand shake and appropriate verbal greeting during each class session upon request 8 times per month, with 3 or less verbal prompts."</p> <p>On 8/6/13 at 2:30 p.m., review of the data collection for July with licensed staff revealed numerous blank spaces and it was not possible to determine if the client had been offered the opportunity or not and if offered the number of prompts to shake hands needed and if so was the client successful or refused. Licensed Staff added that he had not had time to complete his documentation.</p> <p>6. On 7/30/13 at 6:45 a.m., Client 130 entered the bathroom with Direct Care Staff. The client used the commode without closing the stall door or being prompted to do so. The client left the bathroom without hand washing.</p> <p>Review of the client's Independent Life Skills tool dated 7/15/13, revealed that Client 130 required verbal prompts to shut the bathroom door and for hand washing/drying.</p> <p>7. On 7/29/13 at 12:45 p.m., Client 130 sat down at a table to eat lunch. Shortly thereafter a dietary staff wheeled a table height cart to the clients table from which the client removed his cup, plates and utensils with one verbal prompt. The client then ate appropriately and independently took his dishes to the service</p>	{W 249}			

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{W 249}	<p>Continued From page 203 window and left the dining room.</p> <p>Review of the Independent Life Skills Assessment tool dated 7/15/13 under the section food prep the client was assessed as able to serve appropriate portions with verbal prompt. In addition the skills assessment noted that the client could use a fork and napkin with verbal prompt. Client 130 will also talk while eating and needs reminders not to. Staff was not observed to sit at the clients table to provide needed prompts and reminders. When the client independently brought his dishes to the service window staff was not available to prompt or provide an opportunity for the client to put scraps in trash or related tasks although his assessment noted he is able to do with a verbal prompt.</p> <p>Residence 31</p> <p>8. During dining observation on 7/29/13 and 7/30/13 Client 184 used his hands to eat and had much spillage. Occasionally staff passed by his table and told him not to eat with his hands and to use his spoon. No staff sat at the table with Client 184 during meals.</p> <p>Review of the client's record on 8/6/13 indicated an updated dining objective dated 6/17/13 that indicated Client 184 will use his spoon to complete 75% of his meal with 5 or less physical prompts (light touch to the hand)..."</p> <p>Residence 41</p> <p>9. Client 1 was observed sitting quietly in her wheel chair in the group room on 7/30/13 at 6:40</p>	{W 249}	<p>W196 #9 Client 151</p> <p>a. A Special Conference was held for Client 151 and training plans were updated to reflect her current abilities, interests and needs.</p> <p>b. Psychologist provided training to DCS on Client 151's behavior support plan, with emphasis on identifying antecedent behavior, intervention strategies when she hits herself, and preventative techniques.</p> <p>c. Senior Psychologist provided "Behavior Support Positive Practices" training for DCS on Client 151's residence.</p> <p>d. The instructor updated the vocational assessment for Client 151.</p> <p>e. Vocational Supervisor will provide training to DCS on any changes made to Client 151's vocational plans and location change.</p> <p>f. A follow-up Special Conference was held and a new dining room objective was developed for Client 151.</p> <p>g. Training was initiated for Residence 430 DCS on Client 151's current program plan.</p> <p>h. New facility policies 5.3.1 Behavior Support Principles (and Glossary), 5.3.2 Behavior Support Programs, and 5.3.3 Behavior Techniques and Interventions were developed and distributed. Policy 5.3.3 specifically addresses the expectation for applying restraints in a manner that protects clients' privacy and dignity.</p> <p>i. A summary of new and key items from the new facility behavior policies were distributed to DCS, emphasizing positive behavioral approaches.</p>	8/6/13 8/30/13 9/4/13 9/6/13 9/01/13	

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{W 249}	Continued From page 204 a.m. The client looked at the surveyor when greeted by her name. The client is nonverbal. Shortly thereafter, the Licensed staff stated that she was taking the client into the bathroom. The Licensed staff pushed the client to the bathroom sink. Then the licensed staff placed a wash cloth under, running water. She did not dispense soap on the wash cloth. Then the Licensed Staff said to the client, "Let me wash your face." The Licensed staff washed the client's face, then she washed the client's hands. Licensed staff applied lotion to the client's hands and rubbed the lotion on the hands. The client was cooperative. The Licensed staff did not encourage the client to participate. During an interview with the Licensed Staff at 6:53 a.m., in regards to not encouraging the client to participate in her care and not applying soap to the wash cloth, Licensed staff stated, "she (client) is usually not cooperative." Review of an objective, dated 5/9/13, noted that during hand washing, the client was to rub her hands together 10 times per month, when given 2 to 3 verbal and gesture prompts. This objective was to be done in the bathroom before meals. It was also noted that the staff was to explain the steps of hand washing ...wetting hands, dispensing soap, rubbing hands, rinsing and drying hands.	{W 249}		
W 252	483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.	W 252		

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W 252	Continued From page 205 This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that data collection was accurate. There were missing and incomplete data records, data collection records were not current, data was being collected for objectives that had been discontinued, and data for current milestone objectives did not reflect the data that was being collected for five of 20 sampled clients (Clients 1, 48, 49, 53, and 130). Findings: Residence 43 1. On 8/7/13 review of Client 53's "IPP Desired Outcome and Milestone" records for shampooing, hygiene and grooming, oral hygiene, self-care tasks, and medication application was not consistent with the data collection records for 7/2013. Data was being collected for outdated objectives and there was inconsistent documentation throughout. Data was not reported consistently in a quantifiable form. Daily entries varied from using zeros to blank spaces. It was unclear if a blank space indicated that the client refused to participate, if no attempt was made, or if the client did not meet the objective. There was no legend specific to tracking data. a. The current milestone indicated that Client 53 will shampoo his hair daily when given 4-5	W 252			

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W 252	<p>Continued From page 206</p> <p>verbal/prompts, 13 x per month for any 6 months-Start date 5/31/13. The corresponding data sheet for 7/2013, indicated Client 53 will shampoo his hair daily when given "3-4 verbal/physical prompts," 13 x per month for any 6 month by "8/31/12."</p> <p>b. The current milestone indicated that Client 53 will wash his hands before entering the dining room 8 x per month when given 4-5 verbal prompts for any 6 months in a one year time frame by 2/28/14. The corresponding data sheet for 7/2013 indicated that Client 53 will wash his hands before entering the dining room "30" x per month when given "5-6 verbal/physical" prompts for any "4 months by 9/30/12."</p> <p>c. The current milestone indicated that Client 53 will apply toothpaste to his toothbrush with 4-5 verbal prompts 11 x per month for any 6/12 months in a one year time frame by 4/30/14. The corresponding data sheet for 7/2013 indicated that Client 53 will apply toothpaste to his toothbrush with "3-4 verbal/gesture prompts 10 x per month for 3 months in a one year time frame by 6/30/12."</p> <p>d. The current milestone indicated that Client 53 will bus his dishes after meals when given 3-4 verbal prompts, 15 x per month for any 4 months in a year's time frame-5/31/13. The corresponding data sheet for 7/2013 indicated that Client 53 will bus his dishes after meals when given 3-4" verbal/gesture prompts 10 x per month for 4 months in a one year time frame by 6/30/12."</p> <p>The facility was unable to provide evidence of</p>	W 252			

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W 252	<p>Continued From page 207</p> <p>data for Client 53 increasing his independence for going to the trust office and for a new milestone for putting on his seatbelt.</p> <p>During an interview with the IPC (Individual Program Coordinator) on 8/7/13 at 2 p.m. the IPC stated that the Psychiatric Technicians (PTs) were responsible for collecting the data and plotting it on the graph on the Milestone Progress Record.</p> <p>The IPC stated that he did not review the data sheets but only reviewed the graphs on the "Milestone Progress Recording" record.</p> <p>2. Review of Client 49's data collection records for 7/2013 indicated that data was being collected for plans that had been discontinued dating back to 2011. During an interview with the US (Unit Supervisor) on 8/1/13 at 11 a.m., the US stated that the objective for "decreasing using objects as weapon" was discontinued in 12/8/11 and the objective for "decreasing pushing" was discontinued in 6/8/12.</p> <p>a. The facility was unable to provide data collection records for Client 49's objectives for closing his wardrobe door, identifying his key card, and filling out his trust slip.</p> <p>b. Client 49's "Milestone Progress Recording" indicated that milestones for using a battery operated toothbrush, decrease hitting, decrease incidence of biting, and leaving a designated area, did not match the milestones being recorded on the data collection forms, as follows:</p> <p>c. Client 49's current milestone indicated that he will use a battery operated toothbrush 12 x per month with 3 or less gestural /verbal prompts for</p>	W 252			

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W 252	<p>Continued From page 208 any 6 months by 7/31/13. The corresponding data for 7/2013 indicated that the client would use a battery operated toothbrush "8" x per month with 3 or less gestural /verbal prompts for any 6 months by " 8/30/12."</p> <p>d. The current milestones indicated that Client 49 will decrease incidents of [redacted] to 0 x per month for any 6 months by 2/28/14. The corresponding data for 7/2013 indicated that the client will decrease incidents [redacted] to 0 x per month for any "6 of 12 months by 10/31/12."</p> <p>e. The current milestone to be measure indicated that Client 49 will decrease incidents of leaving the designated area without permission to 0 x's per month for 4 consecutive months by 12/31/13. The corresponding data for 7/2013 indicated that the client will decrease incidents of leaving a designated area without permission to 0 times for any "10 months in a one year time frame by 7/30/12."</p> <p>f. The current milestone progress recording record indicated that Client 49 will decrease [redacted] zero times for 4 consecutive months in one year's time frame by 2/27/14. The corresponding data for 7/2013 indicated that the client will decrease [redacted] to "1 x per month for any 7 of 12 months of data collection by 9/30/12."</p> <p>The frequency of data collection for the objectives of decrease [redacted] decrease [redacted] and decrease leaving a designated area, indicated, "Daily, every shift." There were blank spaces with no entries made during the night shift for the entire month of 7/2013 for the above objectives.</p>	W 252	<p>W196, #10 Client 63 a. US provided training to DCS on Client 63's residence on FDC 1.3.1 "Mission and Values" with emphasis on staff responsibility to provide on-going activities that meet all individuals' person centered treatment plans to ensure they have opportunities to exercise greater independence. b. US provided training to DCS on Client 63's residence on FDC 1.3.2 "Principles and Practices" with emphasis on the staff's responsibility to protect the rights of the individuals who live at FDC by providing services and supports that build confidence, self-worth and self-determination. c. Shift Lead/designee will provide all new/float staff with orientation of residence clients to ensure client safety, continuity of care, and continuous active treatment. d. IDT met to review Client 63's Individual Program Plan for appropriateness of training and behavioral supports. e. US/designee initiated training to DCS on changes/modifications made to Client 63's plans. f. Program Management will test competency of DCS on Client 63's program plan and will provide coaching as indicated.</p>	9/09/13 9/01/13 9/09/13 9/09/13 9/09/13	

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W.252	<p>Continued From page 209</p> <p>It was unclear if a blank space indicated that the client did not exhibit the behavior or if data was not recorded.</p> <p>3. Review of the Behavioral Progress Review, dated 7/26/13, indicated Client 48's behavioral objectives including the following: Decrease [REDACTED] attempting to leave a designated area without permission, decrease requesting others' body waste, and decreasing making false statements that are later recanted. The facility was unable to provide data records for the month of 7/2013 for any of the above behavioral objectives.</p> <p>Client 48 had a sequential milestone for using one positive social / coping skill (i.e., greeting others politely, waiting,...) with 2 or less verbal prompts 40 times per month for any 8 months, within a one year time frame with a start date of 3/31/13.</p> <p>The corresponding milestone progress recording graph was not consistent with the sequential milestone and indicated the milestone to be measured was that Client 48 will use a positive social coping skill with 2 or less verbal prompts "35" x per month for any 8 months by 10/31/14."</p> <p>The corresponding data collection for 8/2013 was also not consistent with the sequential milestone as it indicated that Client 48 will use one positive social / coping skill "35" x per month for any 8 months by 3/31/14. Residence 29</p> <p>4. On 7/30/13 at 9:30 a.m., Client 130 entered the Work Activity Center room 30 and immediately</p>	W.252		

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W 252	<p>Continued From page 210.</p> <p>sat at the electric keyboard and put on headphones. Staff did not request the client to shake hands.</p> <p>Review of the record on 8/6/13 indicated an objective "will greet staff with a hand shake and appropriate verbal greeting during each class session upon request 8 times per month, with 3 or less verbal prompts."</p> <p>On 8/6/13 at 2:30 p.m., review of the data collection for July with Licensed Staff revealed numerous blank spaces and it was not possible to determine if the client had been offered the opportunity or not and if offered the number of prompts to shake hands needed and if so was the client successful or refused. Licensed Staff added that he had not had time to complete his documentation.</p> <p>Residence 41</p> <p>5. On 7/30/13 at 6:40 a.m., Client 1 was observed in the group room quietly sitting in her wheelchair. The attached headrest was suspended in back of the wheelchair.</p> <p>At 8:10 a.m., Client 1 was observed in the medication room sitting in her adaptive wheelchair moving about restlessly and loudly yelling ah..ah..ah..repeatedly. Her attached cushioned headrest was suspended in back of the wheelchair.</p> <p>At 8:40 a.m. on the same morning, the client was in the group room sitting in her wheelchair restless, kicking her feet outward and yelling ah..ah..ah.. repeatedly. Two Licensed Staff were talking to her and then in a rocking motion, the client struck the back of her head against the</p>	W 252			

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W 252	Continued From page 211. back of the wheel chair. The attached cushioned headrest was still suspended in back of the wheel chair. The client struck her head four more times and the staff still did not make an attempt to place the headrest under her head. This surveyor intervened when the client struck her head again, 6th time, and questioned Licensed Staff as to why the headrest was not brought forward. At that time, Licensed Staff moved the headrest forward so it was positioned under the client's head. During an interview with the Licensed Staff, at that time, he stated that sometimes the client moves the head rest to the back of the wheel chair.	W 252	W224. a. A Special Conference was held for Client 94 and a training plan was developed to complete the sequence for washing his clothes. b. Acting US trained DCS on Client 94's training plan for washing clothes. c. Additional washer/dryers have been made available to clients to facilitate independence and improve the sustainability of clothing. d. US/designee will monitor during rounds to ensure training occurs per plan and that clients on Residence 28, including Client 94, have ongoing opportunities to participate in active treatment activities that promote choice and independence. e. Active Treatment Coordinators have been designated on each Program and are responsible for the development and implementation of Active Treatment projects to be integrated facility-wide, with emphasis on promoting choices and independence in all environments. f. Active Treatment projects will be presented to the Governing Body who will make recommendations for facility-wide implementation.*	8/14/13 8/15/13
W 255	 Review of the data collection sheet for 7/30/13, noted that the client had 0 incidences for head banging during the day shift. 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 observation, record review, and Individual Program Coordinator (IPC) interview, the facility failed to ensure one of 20 sampled	W 255	g. The IPC will monitor for progress with the current program plan and will document their findings in the monthly note, along with follow-corrective actions as indicated. h. A mentorship program has been developed between Program Management/Supervisors and DCS to ensure competent assessment of clients' capabilities, strengths and needs when completing the Independent Living Skills Assessment (ILSA).* i. Follow up/review for staff knowledge and awareness of additional washing machines will be incorporated into facility Focus Calendars for review at huddles/shift change meetings.*	9/01/13 9/09/13

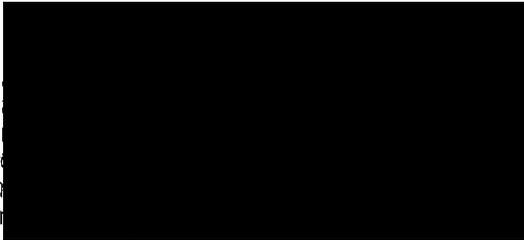
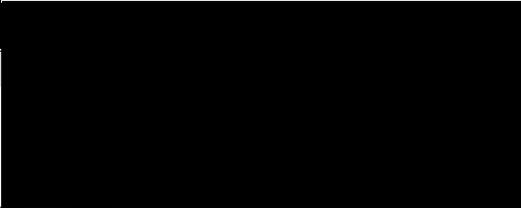
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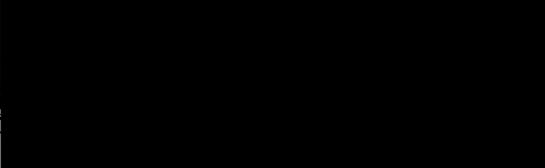
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W 255	<p>Continued From page 212</p> <p>client's (Client 63) individual program plan was reviewed and revised to meet the needs of the client. Client 63's money management objective was below the client's assessed skill level.</p> <p>Findings:</p> <p>Residence 44 (Client 63)</p>  <p>On 7/29/13 at 6:05 p.m., Client 63 was observed communicating using single words, short phrases and gestures. Client 63 ambulated without use of assistive devices or staff assistance and ate with verbal prompts only. Client 63 demonstrated the manual dexterity to eat with regular utensils.</p> <p>Client 63, on 7/30/13 at 6:45 a.m., showed the ability to work independently on a puzzle which had medium sized pieces. The client also demonstrated the ability, on 7/30/13 at 2:40 p.m. to shred paper in a shredding machine without staff assistance.</p> 	W 255		
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NAME OF PROVIDER OR SUPPLIER FAIRVIEW DEVELOPMENTAL CENTER D/P ICF/IID			STREET ADDRESS, CITY, STATE, ZIP CODE 2601 HARBOR BOULEVARD COSTA MESA, CA 92626	
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W 255	Continued From page 213  On 8/6/13 at 11 a.m., during interview of the Individual Program Coordinator (IPC), when discussion about Client 63's ability to handle money was discussed, the IPC stated he did not know why Client 63 did not put money into the vending machine as a goal as the client was doing well with the current objective. The IPC stated he could bring it up at the next meeting, thought it was a good idea and stated this had not been tried before. When asked why not, the IPC responded, "I don't know."	W 255	W227 a. A Special conference was held for Client 32 to address her vocational training. The training milestone was changed to reflect her current abilities. b. The Vocational Supervisor provided training to DCS on Client 32's new milestone. c. The Program Assistant provided training to DCS on Policy 5.1.2 "Continuous Active Treatment," with emphasis on promoting independence. d. A plan has been developed to reorganize Vocational Services under CPS, which will improve the continuity of services and promote more opportunity for choice as well as provide an increased variety of paid job opportunities. e. CPS has developed a process to ensure that all vocational assessments are completed, adequately address the skill level, capabilities, preferences and needs of clients in paid vocational programs to increase their skill and productivity. f. CPS has developed a process to review the vocational program and establish an entrance and exit criteria for each vocational site. 9/9/13 g. Vocational Supervisor/designee will conduct rounds to ensure Client 32's plans are being implemented as written and staff are providing continuous active treatment at the work site. h. The IPC will monitor for progress with the current program plan and will document their findings in the monthly note, along with follow-corrective actions as indicated. i. AE Director/designee will monitor the IPC notes to ensure they meet the standard for addressing client progress with program plans.*	8/09/13 8/23/13 9/09/13 9/09/13 9/09/13
{W 264}	483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE The committee should 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 areas that the committee believes need to be addressed. This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to implement their Plan of Correction to ensure that the Human Rights Committee (HRC) reviewed and monitored incidents handcuffing of clients by Office of	{W 264}		

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{W 264}	<p>Continued From page 214 Protective Services officers (OPS) (Client 114.) Residence 28</p> <p>On 7/12/13, Client 114 was seen by staff on his residence at 7:50 p.m. At 8:00 p.m., staff was unable to locate the client, who had walked out an unlocked door. Two Office of Protective Services officers (OPS) found the client on campus and offered him a ride. The GER documented that the client "became resistive and started to run into the street." The street was the on-campus street with a speed limit posted as 25 miles per hour.</p> <p>The General Event Report (GER), documented that Client 114 was returned to the residence 20 minutes after first being noticed as missing, having been handcuffed by OPS. When questioned upon his return to the residence, the client stated "[Client's first name] Walking."</p> <p>During an interview on 8/8/13 at 7:35 a.m., residence licensed staff stated that Client 114 would go walking on campus with his parents who visited regularly.</p> <p>Client 114 was observed on 8/8/13 between 7:35 a.m. and 8:05 a.m. actively walking around the day room on his residence. He would occasionally sit in a chair for a brief time then purposefully and repetitively walk around the room.</p> <p>During an interview on 8/8/13 at 9:00 a.m., residence administrative staff stated that Client 114 was very comfortable walking on campus. He stated that the client may flail his arms which looks like fighting but is not. He stated Client 114</p>	{W 264}			

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{W 264}	<p>Continued From page 215</p> <p>was not a confrontational person and was having no behavioral issues when he left the residence that day. He stated the expectation would be for OPS to locate a client who is AWOL, keep him safe, then call the residence and wait for staff to arrive. He further stated, "OPS may have produced" the behavior.</p> <p>Facility policy and procedure (P&P) 6.9, Campus Safety and Security - Office of Protective Service (OPS) Police, documented the responsibilities of Police Officers included, "Assist in locating clients on unauthorized absences." The P&P further specified that "clinical staff responsible for the client... will make every reasonable and appropriate attempt to control the client's behavior without the use of any protective equipment."</p> <p>There was no documentation in the GER that residence clinical staff responsible for the client had been notified by OPS prior to the client being handcuffed or that OPS waited for clinical staff to arrive.</p> <p>During an interview on 7/31/13 at 7:55 a.m., facility administrative staff confirmed the client was doing nothing dangerous when OPS found him and that the client was not exhibiting any behaviors until OPS wanted him to get into their car. She further stated that residence staff had not been called to provide therapeutic communication before the client was handcuffed by OPS</p> <p>The OPS report, which was not attached to the GER, was requested. Facility administrative staff stated the OPS investigation report was not yet completed. On 8/8/13, the report was still not</p>	{W 264}	<p>W247, #1</p> <p>a. US trained DCS on responsibilities and expectations for ordering clothing, wardrobe cabinets, grooming supplies and personalizing the bedroom for Client 42.</p> <p>b. Client 42 was re-measured to ensure correct measurements are documented on the clothing order.</p> <p>c. Shift Lead/Designee audited clothing of individuals on Residence 343, including Client 42, to ensure it is properly fitting and in good repair. Any clothing that did not meet standards was discarded.</p> <p>d. Shift Lead ordered replacement clothing and belts with correct measurements from the Fashion Center, taking into consideration Client 42's style and comfort preferences.</p> <p>e. US assigned each DCS a caseload that includes ordering clothing, maintaining a sufficient amount of clothing, and proper fitting clothing. *</p> <p>f. US/Designee trained DCS on the expectations of their client caseloads. *</p> <p>g. Additional washer/dryers have been made available to clients to facilitate independence and improve the sustainability of clothing.</p> <p>h. USs/Shift Leads/Designees will monitor during daily rounds to ensure clients clothing is well fitted, clean and take corrective action when they see ill-fitting or unclean clothing on clients. Will also ensure that DCS order and maintain clothing for their caseload assignment.*</p> <p>i. An ad hoc committee, which includes clinical and administrative staff, as well as clients, has been formed to address clothing issues. *</p>	9/09/13 9/09/13 9/01/13 9/09/13 9/09/13 9/09/13 9/01/13 9/01/13 9/01/13	

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{W 264}	Continued From page 216 completed and the facility had not done a separate investigation or review of the actions of OPS during this incident. The facility's Plan of Correction specified, "A police report will be completed for each episode of handcuff use and will be reviewed by the OPS Commander/designee for appropriateness." No OPS report was completed and the actions of the officers were not reviewed by the OPS Commander for appropriateness. The facility's Plan of Correction further specified that the Human Rights Committee (HRC) was to review all incidents of law enforcement involvement and that committee members would be trained in this review. The date of correction was 6/17/13. However, the date of the signed training documentation was 7/30/13. An "HRC Law Enforcement Review Record" was provided. This was dated 7/30/13 and signed by the HRC chair. The only thing reviewed by this record was the GER, which was not a completed investigation. In addition, only the committee chair was involved with the review, not the human rights committee. This was confirmed by administrative staff in an interview on 8/8/13 at 8:00 a.m. There was no evidence that this incident of handcuffing a client on facility campus was thoroughly investigated or that the HRC reviewed and monitored the use of handcuffs.	{W 264}	j. The "Rounds Team" (Governing Body, Program Management, US, Shift Leads, IPC) conduct rounds to ensure individuals are well-groomed, and that clothing is consistent with community standards and is appropriate for weather and occasion. Results of findings will be calculated, analyzed by the AE Analyst and corrective action plans developed.*	
W 278	483.450(b)(1)(iii) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Procedures that govern the management of inappropriate client behavior must insure, prior to	W 278		

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W 278	<p>Continued From page 217</p> <p>the use of more restrictive techniques, that the client's record documents that programs incorporating the use of less intrusive or more positive techniques have been tried systematically and demonstrated to be ineffective.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure less restrictive techniques were tried, demonstrated to be ineffective before the use of restrictive interventions i.e. physical restraint for one of 20 core sampled (Client 63) and one unsampled (Client 74) client.</p> <p>Findings:</p> <p>Residence-44</p> <p>1. On 8/7/13 review of GER 13-06-50 dated 7/23/13 at 5:30 p.m. revealed Client 74 was participating in group activities when [REDACTED] Client 74 was described as frantically running around the room and running into tables, chairs [REDACTED] Staff attempted to "de-escalate" Client 74 and "behavior plans were implemented." Client 74 was placed in "sitting containment" by facility staff.</p> <p>Elements not documented clearly on the GER included a summary of less restrictive interventions used based on behavior plans.</p> <p>On 8/7/13 review of the Individual Program Plan (IPP) dated 9/6/12 indicated Client 74 should be provided with frequent contact and positive attention and praise for participating, if the activity</p>	W 278		

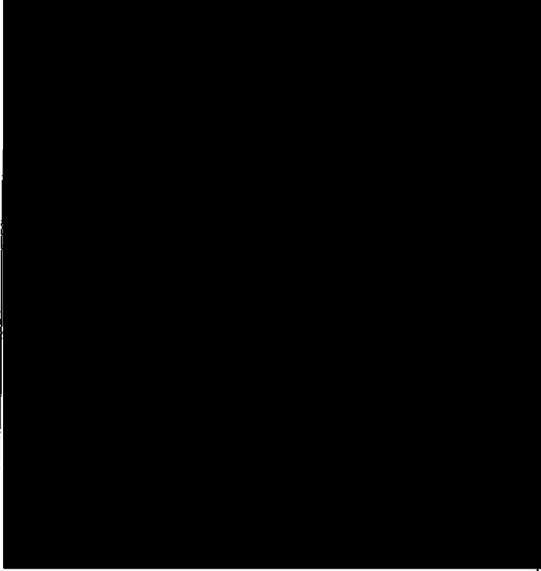
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W 278	<p>Continued From page 218</p> <p>or noise level is high and he appears uncomfortable offer an alternate activity in a quieter environment. If Client 74 appears agitated, distract or prompt in a calm and playful manner to use relaxation techniques such as deep breathing. Encourage him to express his needs. If Client 74 continued to escalate and was at risk for harming himself or others, direct other clients away, request assistance from other staff and ask him to go to his room to calm down.</p> <p>The GER failed to document any of the approved behavior interventions that were tried and Client 74's response to the interventions. There was no indication Client 74's written IPP active treatment program was implemented before he was placed in emergency manual sitting restraint and held there by four staff. Client 74 was discovered after the restrictive interventions were concluded to be in pain and discovered to have a fracture of the 7th distal rib.</p> <p>Interview with the Unit Supervisor (US) and Program Assistant on 8/7/13 at 11 a.m. revealed Client 74's behavior program had been implemented agreed it had not been documented. Residence 44</p> <div style="background-color: black; width: 100%; height: 100px; margin-top: 10px;"></div> <p>During survey beginning on 7/29/13, review of</p>	W 278			

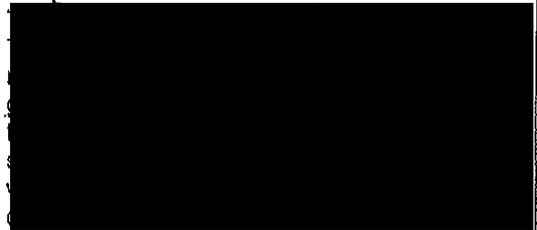
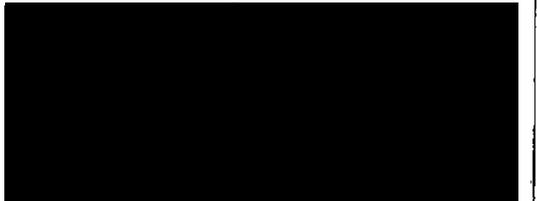
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W 278	Continued From page 219   	W 278	W247, #2 a. Food Service Technicians provided the Residence 343 Client with additional eggs as requested.* b. The Director of Dietetics/designee trained all Food Service Technicians including FST on Residence 343 on Handling Additional Food Requests from clients during meal services. * c. Director of Dietetics/designee will monitor interactions between FSTs and clients during rounds to ensure they are appropriate and meeting the client's needs. d. Director of Dietetics/designee will monitor during rounds on all residences including Residence 343 to ensure that there is sufficient quantity of food available to clients during mealtime and take action as indicated. * e. The Unit Supervisors/designees and IPC s will monitor during mealtime to ensure that clients receive quality dining room services, including adequate amounts of food as requested and that interactions with all staff during the meal are positive. f. The "Rounds Team" (Governing Body, Program Management, US, Shift Leads, IPC) will conduct rounds to ensure that clients receive quality dining room services, including adequate amounts of food as requested and that interactions with all staff during the meal are positive. Any significant issues noted during rounds will be immediately addressed. Results of findings will be calculated, analyzed by the AE Analyst and corrective action plans developed.*	7/30/13 9/9/13	

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W 278	Continued From page.220     Multiple observations of Client 63, during survey, from 7/29/13 through 8/6/13; showed there were many opportunities for staff to engage the client in appropriate, client specific activities and provide appropriate levels of stimulation to reduce stress factors for the client which were not employed, contributing to undesirable behaviors. Observations and record review are as follows:	W 278			

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W-278	<p>Continued From page 221</p> <p>On 7/29/13 at 5:45 p.m., in the Group 1 activity room, Client 63 sat at a table rocking and flapping his hands, placed a small black circular object in his mouth without direct care staff (DCS) intervention and stared. Monopoly was being played by some clients, led by a staff. Client 63's only activity besides a puzzle was when DCS placed a spinning wheel in front of the client once and asked him to spin the wheel and pick a letter.</p> <p>[REDACTED]</p> <p>[REDACTED] During dinner, Client 63 ambulated without use of assistive devices or staff assistance and required only verbal prompts to eat.</p> <p>On the morning of 7/30/13 at 6:40 a.m. there was a lot of noise and commotion as clients were directed or independently congregated in one of two group activity rooms. A phone in the nurses' station rang twice in five minutes and sent a loud, jarring noise down the hallway.</p> <p>Five minutes later, at 6:45 a.m. on 7/30/13, Client 63 walked into the Group 2 activity room. A direct care staff (DCS) asked what he had done the evening before to which Client 63 responded "bicycle with (Staff)." A DCS prompted him to go to his own group room. He stood up, began smacking his hands together, and eventually returned with an escort to the Group 1 activity room where he sat in a corner chair.</p> <p>This group activity room was a noisy, small, crowded room with multiple upholstered chairs, large and small tables and seven to eight clients seated or wandering into the room. Client 63 pieced a puzzle together while one staff stood at</p>	W 278	<p>W247, #3</p> <p>a. The Dietician and the US met to discuss immediate options to ensure that Client 64 was provided with preferred food choices.*</p> <p>b. A Special meeting has been scheduled to review Client 64's nutritional preferences, needs and supports, with emphasis on the possibility of formal training in facilitating good nutrition and making healthy food choices.</p> <p>c. Dietician met with Client 64 to review his diet preferences to better support his dietary needs.</p> <p>d. Clinical Dietitians, including Residence 344 Dietitians, received training to support clients in making good food choices and expanding their knowledge of healthy food choices and their any diet limitations. *</p> <p>e. Director of Dietetics/designee will monitor during rounds to ensure that client interactions with Dietitians and other kitchen support staff are positive and educational.</p> <p>f. The Unit Supervisor/designee and IPC s will monitor during mealtime to ensure that clients receive quality dining room services, are encouraged to make positive food choices, and are provided a variety of food options that meet their preferences and needs.</p> <p>g. A protocol was developed and implemented to include clients in facility menu planning.</p> <p>h. The "Rounds Team" (Governing Body, Program Management, US, Shift Leads, IPC) will conduct rounds to ensure that clients receive quality dining room services, including adequate amounts of food as requested and that interactions with all staff during the meal are positive. Any significant issues noted during rounds will be immediately addressed. Results of findings will be calculated, analyzed by the AE Analyst and corrective action plans developed.*</p>	7/29/13 9/9/13 9/9/13 9/9/13 9/01/13	

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W 278	<p>Continued From page 222</p> <p>the blackboard and said, "What are your goals today?" Client 63 made no eye contact and did not engage in the discussion, repeated words others said, and repeatedly reached across the table towards another client with both hands and arms outstretched, at which point a staff, more than once, advised him not to touch. The discussion segued into sports with no engagement from Client 63 who reached out and touched a client who had just entered the room and who immediately struck back, missing, and said "Stop It!" Staff again, physically and verbally redirected Client 63 to stop the behavior. Staff did not engage Client 63 in any constructive one-to-one teaching while waiting to leave for the day program, did not provide a calm, quiet environment, nor did staff engage the client in any physical outdoor activities.</p> <p>On the morning of 7/31/13 at 9:17 a.m., in Group 1 activity room, a client was observed being restrained in a leather wrist-to-waist restraint and helmet. This distraction disrupted any planned activity as staff focused on managing that client's behavior and other clients became agitated and looked on. Client 63, who was seated, was visibly agitated, reaching out and not engaged in the puzzle in front of him.</p> <p>On 8/5/13 from 5:55 p.m. until 7:40 p.m., approximately 1 3/4 hours, Client 63 was observed with a DCS who at 6:10 p.m. stated she had floated from Residence 43 to provide 1:1 for Client 63. During this time Client 63 was observed walking very quickly down the residence hall at 5:55 p.m. The client entered the Group 2 activity room and eventually returned to the Group 1 activity room. No active treatment was observed. When asked about Client 63's</p>	W 278			

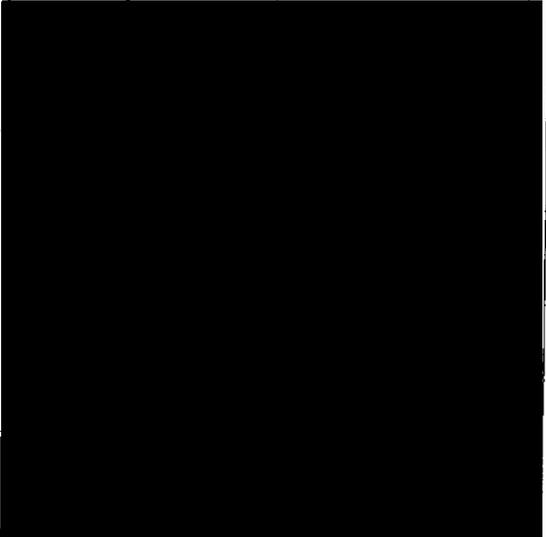
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W.278	<p>Continued From page 223</p> <p>active treatment goals, the DCS said, "I don't know," since she was not regular staff.</p> <p>As the evening progressed, the client sat in a chair and reached repeatedly towards other clients and repeatedly was verbally and physically redirected not to do so. At 7:05 p.m. DCS said repeatedly, "No ...No touching." The client was engaged in no activity as he paid no attention to the movie which was on and eventually, around 7:25 p.m. became restless, rocking in the chair. When the medication pass nurse came to get the client for his evening medications the assigned DCS said, "Maybe that calm him down."</p> <p>A DCS, on 8/5/13 at 6:45 p.m. commented that Client 63 did not sleep well at night.</p> <p>On 8/6/13 at 6:00 a.m., a direct care staff (DCS) stated the nurses' station phone bell could be turned down at night and stated it was the responsibility of the night shift but this was not an assigned task. The DCS stated some clients did not sleep well and the bell to the phone was "very loud and wakes up people." The DCS rolled her eyes and started laughing when asked if she had seen it wake up clients and said, "I wouldn't like that in my home."</p> <p>Five minutes later, on 8/6/13 at 6:20 a.m., the hallways were dark, no clients were in the halls, it was quiet until the phone rang making a loud, jarring noise down the hallway. At 7:05 a.m. and 7:20 a.m. the phone rang again, first making a loud ringing noise five times, and then three times.</p> <p>On 8/6/13 from 7:05 a.m. to 8:35 a.m., Client 63 engaged of the behavior of reaching his hands</p>	W 278	<p>W247, #4</p> <p>a. The Dietician met with Client 82 to review his diet preferences to better support his dietary needs.</p> <p>b. The Director of Dietetics/designee provided training to Clinical Dietitians, including those on 344, to support clients in making good food choices and expanding their knowledge of healthy food choices and their any diet limitations. *</p> <p>c. Director of Dietetics/designee will monitor during rounds to ensure that client interactions with Dieticians and other kitchen support staff are positive and educational.</p> <p>d. The Unit Supervisor/designee and IPC s will monitor during mealtime to ensure that clients receive quality dining room services, are encouraged to make positive food choices, and are provided a variety of food options that meet their preferences and needs.</p> <p>e. A protocol was developed and implemented to include clients in facility menu planning.</p> <p>f. The "Rounds Team" (Governing Body, Program Management, US, Shift Leads, IPC) will conduct rounds to ensure that clients receive quality dining room services, including adequate amounts of food as requested and that interactions with all staff during the meal are positive. Any significant issues noted during rounds will be immediately addressed. Results of findings will be calculated, analyzed by the AE Analyst and corrective action plans developed.*</p>	9/09/13 9/09/13 9/01/13	

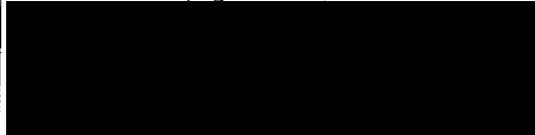
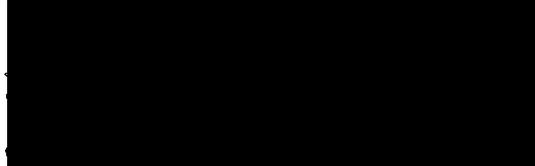
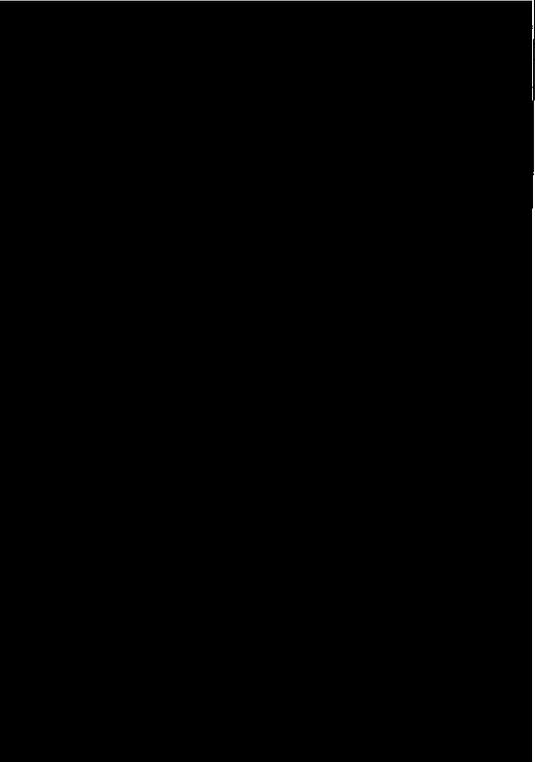
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W 278	<p>Continued From page 224</p> <p>towards others and staff said, "No, no, no (Client 63.) Client 63 went to the group room and started a puzzle. DCS was discussing use of money, empathy and charity. When asked to respond to a question related to the topics, Client 63 said, "Four o'clock in the back yard ... four o'clock bicycle ... four o'clock basketball," to which a DCS responded, "O.K. We're talking about charity (Client 63)." The group lesson continued. Client 63 continued the puzzle and again did not answer the DCS's question, this time about money. When asked, "What do you think (Client 63)?" he replied, "Backyard." No one-to-one teaching occurred; the unique needs of this client were not accommodated in this group activity. An alternative activity was not offered and no effort was made to take the client outside to ride a bicycle or play basketball, which the client continued to talk about.</p> 	W 278			

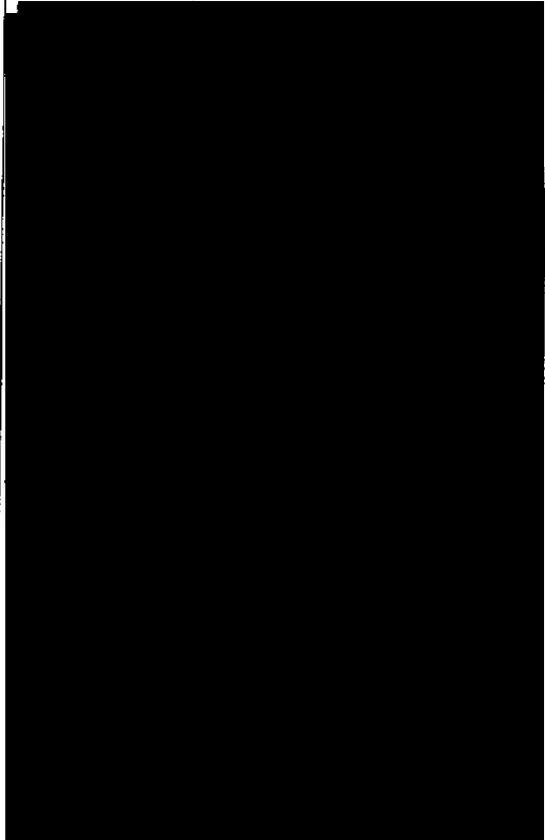
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W 278	Continued From page 225   	W 278	W247, #5 a. US trained DCS on Client 184's training plan to participate in meaningful active treatment activities. b. Active Treatment Coordinators have been designated on each Program and are responsible for the development and implementation of Active Treatment projects to be integrated facility-wide, with emphasis on promoting choices and independence in all environments. c. The PA provided training to DCS on Policy 5.1.2 "Continuous Active Treatment" on providing quality interaction and intervention.* d. US/designee will monitor during rounds to ensure training occurs per plan and that clients on Residence 31, including Client184, have ongoing opportunities to participate in active treatment activities that promote choice and independence and are consistent with their program plans. e. The "Rounds Team" (Governing Body, Program Management, US, Shift Leads, IPC) will conduct rounds to ensure appropriate active treatment activities and staff interactions occur during active treatment activities. Any significant issues noted during rounds will be immediately addressed. Results of findings will be calculated, analyzed by the AE Analyst and presented at the AE committee for follow up.* f. The IPC will monitor all client's program plan implementation in their caseloads, including Client184's, and will document their findings in the monthly note, along with follow-corrective actions as indicated.*	8/16/13 9/01/13 10/10/13	

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W 278	Continued From page 226 	W 278			
	Review on 8/4/13 of the "Online Continuing Education" article dated 6/5/13, training material used by the facility to teach the facility psychologists how to meet the needs of autistic clients, presented multiple training approaches: "Some people with autism ...tend to be physically aggressive at times, making social relationships ...difficult. Some lose control, particularly when they're in a strange or overwhelming				

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W 278	Continued From page 227 environment, or when angry and frustrated." It went on to describe sensory symptoms noting that, "Apparently, as a result of a brain malfunction, many ...with autism are highly attuned or even painfully sensitive to certain sounds ..." and can find noise to be "painful." The article showed that "Programs employing a developmental approach provide consistency and structure along with appropriate levels of stimulation." Some approaches sited focused on developing skills and replacing dysfunctional behaviors with more appropriate ones. Others recommended creating a stimulating learning environment tailored to the unique needs of the person. The article read, "Treatment programs that build on the (person's) interests, offer a predictable schedule, teach tasks as a series of simple steps, actively engage the (person's) attention in highly structured activities and provide regular reinforcement of behavior, seem to produce the greatest gains." These included providing an environment that built on the person's skills and interests while accommodating their special needs.	W 278	W247, #6 a. Social Workers contacted the families of individuals on all residences including those residing on Res. 29 and 31, requesting family photos and other personal items to decorate client bedrooms and living areas. * b. PD provided training to US/designee on expectations that clients be assisted to obtain personal possessions which emphasize individuality and personal preferences.* c. Purchase Orders have been initiated, including 429 and 431, to personalize client living spaces and clients are involved in selecting items of interest. * d. Rounds Team (Governing Body, Program Management, US, Shift Leads, IPC) will monitor client living areas to ensure living areas reflect personal preferences, interests and likes during observations. Results of findings will be calculated, analyzed by the AB Staff Service Analyst and corrective action plans developed.* e. The IPCs will visit bedrooms during site visits and follow up with US when individuality and personalization does not meet the expected standard to work towards joint resolution. *	10/10/13 10/10/13	
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: Residence 30 Client 157	W 295			

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W 295	Continued From page.228 Based on observation, interview and record review, the facility failed to employ physical restraint only as specified within the individual program plan, IPP for Client 157. Findings: At 10:00 a.m. on 7/30/13 DTAC staff was observed holding Client 157's hands down in Residence 25 Room 133. On 8/6/13 at 4:00 p.m. Residence 30 Psychologist was interviewed and verified that this restrictive procedure was not included in Client 's 157's IPP. Record Review also revealed that this physical restraint technique was not approved in Client 157's Behavior plans. The Quality Assurance Director approached the surveyor on 8/5/13 and stated that this was an unauthorized restrictive procedure, physical restraint, as written in the Policy and Procedures Manual Number 1-06-01.	W 295			
W 318	483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met. This CONDITION is not met as evidenced by: Based on observation, interview, clinical record review, and facility document review, the facility failed to provide individuals with prompt treatment for acute health conditions and failed to prevent deterioration of clinical conditions when it failed to	W 318			

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W 318	Continued From page 229 provide preventive and general care to clients (W322); failed to provide nursing care to meet clients' needs (W331); and failed to allow clients to self administer medications according to their assessed abilities (W371)	W 318	W247, #7-8 a. IPP held to discuss Client 151's current program and training plans were revised and initiated to reflect her current interests, capabilities and needs.	9/06/13	
	The cumulative effect of these systemic problems resulted in the developmental center's inability to ensure the provision of quality health care in a safe environment.		b. Training developed for Client 151 to rinse and rack dishes after meals.	9/06/13	
W 322	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care.	W 322	c. US conducted training with Res. 430 DCS on Client 151's dining plan.	8/30/13	
	This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that the clinical record contained documented evidence that 1 of 20 clients in the core sample received medical treatment after a witnessed fall (Client 12.) Findings: Residence 41 Review of the clinical record of Client 12 starting on 7/30/13, [REDACTED]		d. PAs provided training to DCS on all units, including Client 32's residence, on Policy 5.1.2 "Continuous Active Treatment" with emphasis on promoting independence.*	10/10/13	
	Review of the Interdisciplinary Note (IDN) dated 7/1/13 at 1450 (2:50 p.m.) indicated that the client had a seizure on the way to school and fell on the ground. No injuries. Seen by the physician.		e. A shopping outing has been scheduled for Client 151 to select and purchase new clothing, of her choice. *	9/09/13	
	During an interview on 8/2/13 at 1:20 p.m., with the Licensed staff regarding the incident, the Licensed staff stated that the client had a seizure and fell pretty hard on the sidewalk. She stated		f. Unit Supervisor provided training to DCS regarding the expectation that clients are afforded the opportunity to select their own clothing. *	9/09/13	
			g. Rehabilitation Therapist/DCS scheduled shopping trips for other clients to have the opportunity to select clothing of their choice.*	10/10/13	
			h. The "Rounds Team" (Governing Body, Program Management, US, Shift Leads, IPC) will conduct rounds to ensure that clients are provided opportunities for independence during rounds conducted on residence and through review of activity record. Results of findings will be calculated, analyzed by the AB Analyst and corrective action plans developed.*		
			i. The IPC progress note format was revised to include a more cohesive analysis of progress/lack of progress.*	9/01/13	
			j. The expectation for IPC site visits was revised to include follow-up visits to any program area where a client is not making progress or is experiencing difficulty. *	9/01/13	

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W 322	Continued From page 230 that the client put both hands out to brace herself and fell on the left side. She further stated that after a few minutes she and the client started walking back to the unit. They walked a few feet and were picked up by a passing facility bus. Licensed staff stated that the client was not injured.	W 322	k. A mentorship program has been developed between Program Management/Supervisors and DCS to ensure competent assessment of clients' capabilities, strengths and needs when completing the Independent Living Skills Assessment (ILSA) *	9/09/13	
W 331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observation, interview and record review the facility failed to provide 11 clients with nursing services in accordance with their needs (Clients 1, 12, 57, 63, 82, 74, 76, 180, 193m 198, and 162.) Findings: 1. Residence 44 Beginning on 8/6/13 review of a General Event Report (GER) injury summary dated 6/27/13 at 1:20 p.m. revealed Client 74 became agitated and scratched both sides of his face and forehead. Licensed nursing staff failed to describe how many and where the scratches were on Client 74's face, such as left, right, cheek, nose, eyelids etc. or indicate the length, such as 5 cm or 25 cm.	W 331			

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W 331	<p>Continued From page 231</p> <p>The registered nurse, Health Service Specialist documented " multiple superficial scratches on whole face and bilateral arms."</p> <p>The Nurse Practitioner described them as "multiple excoriations on face."</p> <p>The Senior Psychiatric Technician indicated multiple superficial scratches to both sides of the face and forehead.</p> <p>The Program Assistant concluded the report was complete and described the injuries as superficial scratches of variable lengths.</p> <p>The Unit Supervisor verified in interview on 8/7/13 at 11 a.m. the documented assessment was complete and accurate despite the failure to document the number, length and location of the scratches.</p> <p>2. Residence 44 Review of a GER dated 7/6/13 at 8:20 p.m. revealed Client 63 left his group unsupervised and bit Client 76 twice on the left forearm.</p> <p>The injury summary indicated upon assessment Client 76 was noted to have a 5 cm diameter bite mark to his left forearm in circular shape, and another bite mark to left arm with redness, 4 cm in diameter. No break in skin noted. He was discovered to also have a linear mark measuring 2 cm on upper arm.</p> <p>The assessment documentation by the physician on 7/6/13 at 11:02 p.m. indicated a 4 cm circular erythematous faintly purple discoloration without skin breakdown, and a 2 cm linear excoriation (removal of outer layers of skin) due to bite injury.</p>	W 331	<p>W247, #9</p> <p>a. US/designee trained DCS on Residence 430 on Client 151 and 162's IPP, with a focus on their preferences, dislikes, and needs.</p> <p>b. US/designee provided training to all DCS, including Residence 430 staff, in "Dignity in Care", "Respectful Interactions", "Respectful Interactions" and "Behavior Support Positive Practices."*</p> <p>c. US/designee will monitor during rounds to ensure that Client 151 and 162's program plans are implemented, including choices and independence in their home environment.</p> <p>d. Active Treatment Coordinators have been designated on each Program and are responsible for the development and implementation of Active Treatment projects to be integrated facility-wide, with emphasis on promoting choices and independence in all environments.</p> <p>e. The PA provided training to DCS on Policy 5.1.2 "Continuous Active Treatment" on providing quality interaction and intervention.*</p> <p>f. US/designee will monitor during rounds to ensure training occurs per plan and that clients on Residence 430, including Clients 151 and 162, have ongoing opportunities to participate in active treatment activities that promote choice and independence and are consistent with their program plans.</p> <p>g. The "Rounds Team" (Governing Body, Program Management, US, Shift Leads, IPC) will conduct rounds to ensure appropriate active treatment activities and staff interactions occur during active treatment activities. Any significant issues noted during rounds will be immediately addressed. Results of findings will be calculated, analyzed by the AE Analyst and presented at the AE committee for follow up.*</p>	9/09/13 10/10/13 9/09/13 10/10/13	

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W 331	<p>Continued From page 232</p> <p>The licensed nurse assessment on 7/6/13 at 11:33 p.m. indicated no open skin lesion with regard to the bite injuries.</p> <p>The Office of Protective Services daily log shows that on 7/6/13 at 2100 Client 76 had two fresh bite marks on his left arm. There was a 5 cm diameter bite mark of the upper left arm that "broke the skin."</p> <p>There is no identification of the discrepancies documented regarding the broken skin and if the clients most recent tetanus was reviewed. Residence 28</p> <p>3. Client 198 was observed on Residence 207 (a skilled nursing unit on the campus) on 8/7/13 at 4:00 p.m. Client 198 [REDACTED] was ambulatory and able to answer yes/no questions.</p> <p>The clinical record for Client 198 documented that the client [REDACTED] was receiving eye drops daily.</p> <p>During an interview on 8/6/13 at 3:15 p.m., social services staff stated that she observed redness and swelling of the client's right eye on 7/3/13 and reported it to residence staff.</p> <p>During an interview on 8/7/13 at 3:15 p.m., the registered nurse stated that on 7/9/13 (six days later) she was on the client's residence when licensed staff reported that Client 198's eye was red and swollen. She observed that the client's right eye was bulging, swollen, and red.</p> <p>During an interview on 8/7/13 at 2:50 p.m.,</p>	W 331	<p>h. IPCs will monitor all client's in their caseloads to ensure program plan implementation, including IPCs for Clients 151 and 162's, and will document their findings in the monthly note, along with follow-corrective actions as indicated.*</p> <p>i. Follow-up/review for staff knowledge and awareness of active treatment standards will be incorporated into focus calendars for review at huddle/shift change meetings.</p>		

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OMB NO. 0938-0391

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W 331	<p>Continued From page 233</p> <p>licensed staff responsible for administering eye drops to Client 198 stated that the client's eye was red in the morning of 7/3/13, the eye drops improved the redness slightly, then the redness was present again by noon. She stated a note would be documented in the Interdisciplinary Notes (IDNs) every shift if the client had a health condition which required following.</p> <p>During concurrent review of the clinical record with the registered nurse who observed the client on 7/9/13, there was no documentation of the condition of the client's right eye between 7/3/13 and 7/9/13 in the IDNs or anywhere else in the record. There was no documentation in the IDNs about the client's condition for 12 hours following the note by the registered nurse. There was no documentation that the physician had been notified of the condition of the client's eye until 7/9/13.</p> <p>Client 198's health care plan P6-14, Initiated 5/30/13, specified that staff were to "Document observations and report them as clinically indicated" every shift.</p> <p>The facility's policy for Documentation Guidelines required that changes in condition were to be assessed and documented, including a full set of vital signs, objective and subjective data, and notification of the attending physician promptly.</p> <p>4. On 7/29/13 at 10 a.m., at the Goodell worksite-room 11, Client 57 was observed with an extremely swollen and bruised right eye.</p> <p>Review of the GER (General Event Report),</p>	W 331	<p>W247, #10</p> <p>a. An ID Team meeting was held to review Client 162's current program plan, including health care plans, physicians orders approaches and strategies, and risk assessment strategies. Revision were made to reflect her current status which includes falls and unsteady gait, attempts to incorporate wheeled walker into her plan (refuse to use) translocation needs</p> <p>b. A follow up meeting will be scheduled to review additional medical reports, assessments, updated vocational assessment.</p> <p>c. New training health care plans were developed and incorporated in to the IPP at the follow up meeting.</p> <p>d. US/designee provided training to DCS on Client 162's updated program plan, including updated behavior plans, translocation plans, training plans related to abilities, and increased independence, and health care plans.</p> <p>e. US/designee will monitor during rounds to ensure Client 162 sits in a regular chair to eat her meals and that her wheelchair is utilized as specified in the program plan.</p> <p>f. IPCs will monitor all clients in their caseloads, including the IPC for Client 162, program plan to ensure that it is implemented as written and will document their findings in their monthly note along with follow up corrective action as indicated.</p> <p>g. The Dining Room Coordinators will monitor dining room to ensure individual program plans are implemented as written.*</p>	8/01/13 8/01/13 8/02/13

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W 331	<p>Continued From page 234</p> <p>dated 7/26/13 at 11:35 a.m., indicated that Client 57 tried to open the door to the worksite to translocate back to the residence. Client 57 did not turn the door knob all the way and the door did not open. He continued to move forward and hit his head on the door and sustained a 1.5 cm laceration to the right upper eyelid, with swelling and slight bleeding. The wound was closed with two sutures.</p> <p>Review of the "Health Care Objectives and Plan" for an open wound indicated, "Document observations and report then as clinically indicated." The frequency of documentation indicated that this was to be done "QS" (every shift).</p> <p>On 7/29/13 review of the Interdisciplinary Notes indicated that the initial entry that documented the wound assessment was made on 7/26/13 at 11:50 a.m. The final entry was made on 7/27/13 at 3:15 a.m. The record lacked evidence of documentation of a wound assessment for the remainder of the two shifts on 7/27/13 nor was there any wound assessment documented for the entire day on 7/28/13. As of 6:30 p.m. on 7/29/13, there was still no documentation of the client's wound.</p> <p>During an interview licensed staff on 7/29/13 at 6:30 p.m., licensed staff stated that documentation should be completed every day on every shift until the wound is healed. Licensed Staff further stated that the client had since pulled out his sutures.</p> <p>Residence 31</p> <p>5. On 8/6/13 at 4:50 p.m., non-sampled Client</p>	W 331	<p>h. The "Rounds Team" (Governing Body, Program Management, US, Shift Leads, IPC) will conduct rounds to ensure appropriate active treatment activities and program plan implementation occurs in the dining room. Any significant issues noted during rounds will be immediately addressed. Results of findings will be calculated, analyzed by the AE Analyst and presented at the AE committee for follow up.*</p>		

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W 331	<p>Continued From page 235</p> <p>180 had redness/abrasion on her right forehead. During a concurrent interview, [REDACTED]</p> <p>[REDACTED] A concurrent focus review of the client's record documented that the client was transported to and from a medical center [REDACTED] accompanied by two staff between 7:35 a.m. and 11a.m. An Interdisciplinary Note (IDN) at 3:36 p.m. noted that the client bumped her head [REDACTED] several times causing some redness. The note failed to indicate which part of the client's head she had bumped. Another IDN identified right forehead redness at 9:30 p.m. There was no evidence that the physician was notified of this head injury, no evidence of an incident report initiated and no evidence of a Temporary Support Plan identified on the 24 hour log and no evidence of a change of condition.</p> <p>6. On 7/29/13 at 6:40 p.m., non-sampled Client 193 was observed with a red dime size mark on the front of her leg just above her foot where the tongue of the shoe she wore hit her lower leg. The client was not wearing socks. The client was not able to answer questions verbally. On 8/6/13 at 5 p.m., the client's lower leg injury had a scab.</p> <p>On 8/7/13 a focus review of the client's record revealed no documentation of the open area on the client's leg until 8/8/13, after surveyor inquiry, Residence 44</p> <p>7. On 7/29/13 at 12:15 p.m., in the dining room, Client 82 ate lunch at a table with a direct care staff (DCS) seated directly across and a registered dietitian (RD) standing to his left. Client 82 stated he wanted more fish. The RD responded that the client should eat carrots and</p>	W 331	<p>W249, #1</p> <p>Client 189 is in error. Should be Client 185.</p> <p>a. A Work Order was submitted and key card for Client 185 was reprogrammed.</p> <p>b. The Program Assistant provided an updated approval list of all client key card zones to Plant Operations, Unit Supervisor, and Social Workers.</p> <p>c. Unit Supervisor/designee will monitor to ensure Client 185 has his key card and access per his plan.</p> <p>d. The Program Director/designee will monitor during rounds to ensure program plans are implemented as written and client access rights are provided.</p> <p>e. US/designee will monitor during rounds to ensure Active Treatment programs are initiated correctly and consistently.*</p> <p>f. The IPCs will monitor for progress with the current program plan and will document their findings in the monthly note, along with follow-up corrective actions taken.</p> <p>g. Follow-up/review for staff knowledge and awareness of active treatment standards will be incorporated into facility focus calendars for review at huddle/shift change meetings.</p> <p>h. The "Rounds Team" (Governing Body, Program Management, US, Shift Leads, IPC) will conduct rounds to ensure implementation of program plan as written. Results of findings will be calculated, analyzed by the AE Analyst and corrective action plans developed</p>	8/06/13 8/21/13

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W 331	<p>Continued From page 236</p> <p>Client 82 said, "I don't like carrots," to which the RD replied, "That's what you need." The RD walked over to a food cart in the middle of the room and dished out some fried, breaded fish nuggets, rice, and carrots which were given to Client 82. Client 82 began eating the fish nuggets with a fork. An equivalent substitute that was not fried was not offered to the client as an alternative. In addition, the client was brought carrots which the client had stated he did not like along with the fish nuggets. The DCS seated at the table never said a word regarding Client 82's diet.</p> <p>On 8/8/13, review of the "Summer 2013 Menu - Series 1," for 7/29/13 showed that "Fish Nuggets" with tartar sauce, rice, and carrots were on the menu for lunch that day.</p> <div style="background-color: black; width: 100%; height: 100px; margin: 5px 0;"></div> <p>Client 82 had a dietary order, renewed 7/16/13, which specified, "no fried foods."</p> <p>Residence 41</p> <p>8. During a review of the clinical record of Client 12, it was noted in the Interdisciplinary Notes (IDN) dated 7/10/13 at 1420 (2:20 p.m.), the client had limited range of motion with her left shoulder.</p>	W 331	<p>W249, #2</p> <p>a. US provided training to DCS on Client 63's residence on FDC 1.3.1 "Mission and Values" with emphasis on staff responsibility to provide on-going activities that meet all individuals' person centered treatment plans to ensure they have opportunities to exercise greater independence.</p> <p>b. US provided training to DCS on Client 63's residence on FDC 1.3.2 "Principles and Practices" with emphasis on the staff's responsibility to protect the rights of the individuals who live at FDC by providing services and supports that build confidence, self-worth and self-determination.</p> <p>c. Shift Lead/designee will provide all new/float staff with orientation of residence clients to ensure client safety, continuity of care, and continuous active treatment.</p> <p>d. IDT met to review Client 63's Individual Program Plan for appropriateness of training and behavioral supports.</p> <p>e. US/designee initiated training to DCS on changes/modifications made to Client 63's plans.</p> <p>f. Program Management will test competency of DCS on Client 63's program plan and will provide coaching as indicated.</p> <p>g. PA provided training to DCS on Policy 5.1.2 "Continuous Active Treatment" with emphasis on promoting independence and the expectations regarding staff knowledge of client training objectives, understanding of data collection components.*</p> <p>h. US/designee will monitor during rounds to ensure Active Treatment programs are initiated correctly and consistently.*</p>	<p>9/09/13</p> <p>9/01/13</p> <p>9/09/13</p> <p>9/09/13</p> <p>9/09/13</p> <p>10/10/13</p>	

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W 331	<p>Continued From page 237</p> <p>The client complained of being hurt when she lifted her arm. The physician was informed and an x-ray ordered. A STNO (Short-Term Nursing Observation) was opened.</p> <p>Review of the Physicians' Progress Notes dated 7/10/13 at 1300 (1:00 p.m.), noted that staff reported that the client had pain in her left shoulder with limitation in movement. No bruise or swelling. Assessment: Pain, pain medication. Shoulder x-ray was negative.</p> <p>Review of the IDN dated 7/10/13 at 2200 (10:00 p.m.), noted STNO. No [REDACTED] (The limited range of motion of the client's left shoulder was not addressed..no assessment done).</p> <p>Review of the IDN dated 7/11/13 at 0630 (6:30 a.m.) noted STNO [REDACTED] (The limited range of motion of the client's left shoulder was not addressed..no assessment done).</p> <p>Review of the IDN dated 7/11/13 at 1430 (2:30 p.m.) noted left shoulder x-ray negative.</p> <p>Review of the IDN dated 7/11/13 at 1500 (3:00 p.m.) noted (acetaminophen 650 mg tab) for left shoulder pain.</p> <p>During an interview with the Licensed Staff who opened up the STNO, she stated the client was only able to raise her arm up halfway. She stated that the client only raised her arm halfway when examined by the medical doctor. Licensed Staff stated that the client told her that she did not know why her shoulder was hurting. Licensed Staff stated that the client only complained one</p>	W 331	<p>i. The IPC will monitor for progress with the current program plan and will document their findings in the monthly note, along with follow-up corrective actions taken. *</p> <p>j. Follow-up/review for staff knowledge and awareness of active treatment standards will be incorporated into facility focus calendars for review at huddle/shift change meetings.*</p> <p>k. The "Rounds Team" (Governing Body, Program Management, US, Shift Leads, IPC) will conduct rounds to ensure implementation of program plan as written, safe environment and environmental sanitation. Results of findings will be calculated, analyzed by the AE Analyst and corrective action plans developed.</p>	

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W 331	<p>Continued From page 238 day.</p> <p>Review of the policy, Health Care/Nursing Procedure Manual Nursing Documentation Guidelines dated 01/08 #6, SHORT TERM NURSING OBSERVATIONS (STNOs): .. "Initial ID (Interdisciplinary) Note..A detailed description of the condition/observations and an intervention/plan". The final note, documenting closure of the condition of the STNO must include: The fact that the condition is being closed and a description of the condition/observation.</p> <p>There was no documentation that licensed staff assessed the client's limited range of motion of the left shoulder after the initial assessment and the staff failed to follow the policy for Short Term Nursing Observations.</p> <p>9. During a review of the clinical record of Client 12, it was noted in the Interdisciplinary Notes (IDN) dated 7/14/13 at 1545 (3:45 p.m.) that during showering, the client was noticed with discoloration behind her left ear down the nape of her neck to the start of her shoulder. There were various stages of discoloration in a 7 cm X 4 cm area, yellowish, 1cm X 3 cm dark purple and a 1 cm X 1.5 purple. Vital signs were taken. Temporary Support Plan (TSP) was initiated.</p> <p>7/14/13 at 1700 (5:00p.m.) Physician 's Progress Notes: The contusion fading at the neck/scalp area was likely related to the tight fitting helmet. Observe the client.</p> <p>7/14/13 at 1615 (4:15 p.m.) IDN: Licensed staff: Assessment done; (however, neurological checks for head injury were not done.) Plan: vital signs</p>	W 331	<p>W249 #3</p> <p>a. The Dietician and the US met to discuss immediate options to ensure that Client 64 was provided with preferred food choices.*</p> <p>b. A Special meeting has been scheduled to review Client 64's nutritional preferences, needs and supports, with emphasis on the possibility of formal training in facilitating good nutrition and making healthy food choices.</p> <p>c. Dietician met with Client 64 to review his diet preferences to better support his dietary needs.</p> <p>d. Clinical Dietitians, including Residence 344 Dietitians, received training to support clients in making good food choices and expanding their knowledge of healthy food choices and their any diet limitations. *</p> <p>e Director of Dietetics/designee will monitor during rounds to ensure that client interactions with Dieticians and other kitchen support staff are positive and educational.</p> <p>f. The Unit Supervisor/designee and IPC s will monitor during mealtime to ensure that clients receive quality dining room services, are encouraged to make positive food choices, and are provided a variety of food options that meet their preferences and needs.</p> <p>g. A protocol was developed and implemented to include clients in facility menu planning.</p> <p>h. The "Rounds Team" (Governing Body, Program Management, US, Shift Leads, IPC) will conduct rounds to ensure that clients receive quality dining room services, including adequate amounts of food as requested and that interactions with all staff during the meal are positive. Any significant issues noted during rounds will be immediately addressed. Results of findings will be calculated, analyzed by the AE Analyst and corrective action plans developed.*</p>	7/29/13 9/9/13 9/9/13 9/9/13 9/01/13	

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W 331	<p>Continued From page 239</p> <p>per protocol, monitor for pain, monitor the affected area and notify physician and HSS (health services specialist) if any significant change. (Neurological checks for head injury were not included in the plan to monitor.)</p> <p>7/14/13..IDN: No documentation of monitoring of the client's head injury on p.m. shift after the initial discovery of the discolorations (bruises).</p> <p>7/15/13..IDN: No documented entry on night shift; therefore, no monitoring of the client ' s head injury.</p> <p>7/15/13: IDN: No documented entry on day shift; therefore, no monitoring of the client ' s head injury.</p> <p>7/15/13 at 1545 (3:45 p.m.) IDN: Exit TSP. Left ear bruise, no complaint noted. No signs and symptoms of pain/discomfort. No acute distress. Exit TSP.</p> <p>During an interview on 8/6/13 at 7:00 a.m. with the licensed staff who exited the temporary condition, he stated that the client was walking about and her usual self.</p> <p>Review of the policy, Health Care/Nursing Procedure Manual Nursing Documentation Guidelines dated 01/08 #6. TEMPORARY CONDITIONS (TCs). "(5) Develop and record plans for temporary physical or behavioral conditions at the time of initial entry and update on the I.D. note. Record actions, response to the plan within the clinically indicated time frame on the I.D. note".</p> <p>Review of the policy, Health Care/Nursing</p>	W 331	<p>W249, #4</p> <p>a. The Vocational Instructor reviewed and revised the vocational assessment for Client 79.</p> <p>b. A Special Conference was held for Client 79 to address his revised vocational assessment and current vocational setting and training. The money management milestone was revised to reflect his current interests and abilities. His appropriateness and preference for this classroom were also evaluated.</p> <p>c. Vocational Supervisor will provide training to DCS on revisions to Client 79's vocational plans and location change.</p> <p>d. Program Assistant provided training to DCS on Policy 5.1.2 "Continuous Active Treatment" with emphasis on promoting independence.</p> <p>e. A plan has been developed to reorganize Vocational Services under CPS, which will improve the continuity of services and promote more opportunity for choice as well as provide an increased variety of paid job opportunities.</p> <p>f. CPS has developed a process to ensure that all vocational assessments are completed, adequately address the skill level, capabilities, preferences and needs of clients in paid vocational programs to increase their skill and productivity.</p> <p>g. Vocational Supervisor/designee will conduct rounds to ensure Client 79's plans are being implemented as written and staff are providing continuous active treatment at the work site.</p> <p>h. IPCs will monitor clients in their caseloads for progress with the current program plan and will document findings in the monthly note, along with follow-corrective actions as indicated.*</p>	9/09/13	9/09/13
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				9/01/13	

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W 331	<p>Continued From page 240</p> <p>Procedure Manual, Nursing Procedure Number 10.06, Revised Date: 04/13, Neurological Check ... "A Physician's order is not necessary to do a neurological check. An assessment of the neurologic system should be completed whenever there is suspected head injury."</p> <p>10. Review of the clinical record starting on 7/30/13, noted that Client 12, a [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] The client wears a protective helmet (with extra padding) while she is awake and a soft helmet when she is asleep.</p> <p>Review of the Interdisciplinary Notes (IDN) dated 7/14/13 at 1545 (3:45 p.m.) noted that during showering, the client was noticed with discoloration behind her left ear down the nape of her neck to the start of her shoulder. There were various stages of discoloration in a 7 cm X 4 cm area, yellowish, 1cm X 3 cm dark purple and a 1 cm X 1.5 purple. Vital signs were taken. Temporary Support Plan (TSP) was initiated.</p> <p>Review of the Physicians' Progress Notes dated 7/14/13 at 1700 (5:00p.m.), noted that the contusion fading at the neck scalp area was likely related to the tight fitting helmet. Observe the client. Consider helmet modification.</p> <p>During an interview on 8/9/13 at 9:50 a.m., with the Assistant Technology Specialist, he stated that he repairs and makes durable medical equipment such as helmets. He stated that upon</p>	W 331	<p>i. A protocol was initiated for the Vocational Supervisor to review and approve all vocational assessments prior to submission.*</p> <p>j. Supervisor of Vocational Services will monitor vocational assessments to ensure they meet the documentation standards.*</p>	9/09/13	

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W 331	<p>Continued From page 241</p> <p>examining the client's helmet on 7/15/13, there was a lot of hair that had adhered to the removable inner lining and on the inside of the helmet. He stated that approximately 2/3rds of the inner lining was worn and cracked. He stated that he discarded the inner lining. However, he found a 2 inch crack on the right front of the helmet. He showed a similar hard helmet and the location of the crack which he stated had separated. He stated that he discarded the original helmet due to the crack. He further stated that staff used to send the inner lining to his department for replacement when there was a defect, but it has been sometime since he has received one.</p> <p>Review of the policy, Health Care/Nursing Procedure Manual, Nursing Procedure Number: 10.02, Revised Date: 04/13, HELMET APPLICATION: Procedure: "All helmets need to be inspected prior to each use to ensure that they are clean and in good repair. Check for defects or damage, i.e., tears in lining, worn areas, rough areas, stretched leather, loose fittings, etc. if any defect is found, the helmet is not to be used." It was noted that any defects should be reported to Rehab Engineering.</p> <p>During an interview with the Unit Supervisor on 8/9/13 at 11:00 a.m., she stated that the staff had not been checking the client's helmet prior to application.</p> <p>11. On 7/30/13 at 6:40 a.m., Client 1 was observed in the group room quietly sitting in her wheelchair. The attached headrest was suspended in back of the wheelchair.</p> <p>At 8:10 a.m., Client 1 was observed in the</p>	W 331	<p>W249, #5, 6, 7</p> <p>a. A Special conference was held for Client 130 and the IDT developed training to encourage independence in the dining room by serving himself during meals. *</p> <p>b. DCS on Client 130's residence, received training on new dining plan. *</p> <p>c. Training was initiated for DCS on 429 on "Dignity In Care". *</p> <p>d. "Privacy" training was provided to Client 130's DCS. *</p> <p>e. US/designee will monitor to ensure opportunities for independence are being promoted during mealtime and that Client 130's training plan is implemented. *</p> <p>f. DCS for Client 130 received training related to toileting privacy including prompts to close the stall door. *</p> <p>g. USs/Designees provided training to all DCS on Policy 5.1.1 "Standards of Care" with emphasis on supervision and assisting clients in socially acceptable behaviors leading to independence. *</p> <p>h. DTAC Coordinator trained DCS for Client 130 on his training objective for greeting staff with a handshake. *</p> <p>i. DTAC Coordinator trained classroom staff on documentation guidelines/expectation for completing documentation in a timely and complete manner. *</p> <p>j. PA/DTAC Coordinator will review documentation in the classroom during rounds to ensure quality and timeliness. *</p> <p>k. PA provided training to DCS on Policy 5.1.2 "Continuous Active Treatment" with emphasis on promoting independence and the expectations regarding staff knowledge of client training objectives, understanding of data collection components. *</p>	<p>8/20/13</p> <p>8/21/13</p> <p>8/28/13</p> <p>8/19/13</p> <p>9/09/13</p> <p>8/16/13</p> <p>9/09/13</p> <p>9/09/13</p> <p>8/28/13</p> <p>8/19/13</p> <p>10/10/13</p>	

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W 331	<p>Continued From page 242</p> <p>medication room sitting in her adaptive wheelchair moving about restlessly and loudly yelling ah..ah..ah..repeatedly. Her attached cushioned headrest was suspended in back of the wheelchair.</p> <p>At 8:40 a.m. on the same morning, the client was in the group room sitting in her wheelchair restless, kicking her feet outward and yelling ah..ah..ah.. repeatedly. Two Licensed Staff were talking to her and then in a rocking motion, the client struck the back of her head against the back of the wheel chair. The attached cushioned headrest was still suspended in back of the wheel chair. The client struck her head four more times and the staff still did not make an attempt to place the headrest under her head. This surveyor intervened when the client struck her head again, 6th time, and questioned Licensed Staff as to why the headrest was not brought forward. At that time, Licensed Staff moved the headrest forward so it was positioned under the client ' s head.</p> <p>During an interview with the Licensed Staff, at that time, he stated that sometimes the client moves the head rest back.</p> <p>Review of the physician's orders dated 7/31/13, renewal, noted that the client's wheelchair should have the head rest at all times.</p> <p>During an interview with the physical therapist on 8/2/13 at 10:10 a.m., he stated that the client's head rest cushions the impact of her banging the back of her head.</p> <p>The facility's failure to ensure that staff placed the wheel chair headrest at the back of the client's head as ordered, posed a potential for head injury</p>	W 331	<p>l. US/designee will monitor during rounds to ensure Active Treatment programs are initiated correctly and consistently.*</p> <p>m. The IPC will monitor for progress with the current program plan and will document their findings in the monthly note, along with follow-up corrective actions taken.*</p> <p>n. Follow-up/review for staff knowledge and awareness of active treatment standards will be incorporated into facility focus calendars for review at huddle/shift change meetings.*</p> <p>o. The "Rounds Team" (Governing Body, Program Management, US, Shift Leads, IPC) will conduct rounds to ensure implementation of program plan as written and that privacy is maintained. Results of findings will be calculated, analyzed by the AE Analyst and corrective action plans developed.*</p>		

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W 331	<p>Continued From page 243 during the client's head "banging" episodes.</p> <p>12. Client 1 was observed on 7/29/13 between 12:26 p.m. to 12:40 p.m., sitting in her wheelchair in the group room and in the medication room. The client was restless, kicking her feet against the wheelchair, striking her head (twice) against the wheel chair headrest, and combative towards staff. Staff were verbally trying to calm her.</p> <p>When Client 1 returned to the group room, she was quiet momentarily, then started saying loudly, ah ah, ah, ah. Between 12:45 p.m. and 1:05 p.m., staff transferred the client from her wheel chair to an overstuff chair and then walked her to another chair. The client remained restless, changing her sitting position several times, and at intervals saying loudly, ah, ah, ah, repeatedly.</p> <p>At 1:10 p.m., one of the two staff members sitting at the table stated that Client 1 needs to be taken to the bathroom. However, at 1:15 p.m., a third staff member, came in and started signing and talking with the client. The two staff members, who were at the table, started removing the other clients from the group room. Neither said anything to the third staff member, who was attending to Client 1, about toileting the client.</p> <p>At 1:35 p.m., the client, who was in her wheelchair, was taken outside by staff member #3 to the patio. The client was yelling loudly, ah, ah, ah and restlessly moving about in her wheel chair.</p> <p>At 1:40 p.m., staff member #3 brought the client, who was saying ah, ah, ah, ...loudly, back into the building. Staff member #3 was told by this surveyor that one of the two staffs stated that the</p>	W 331		

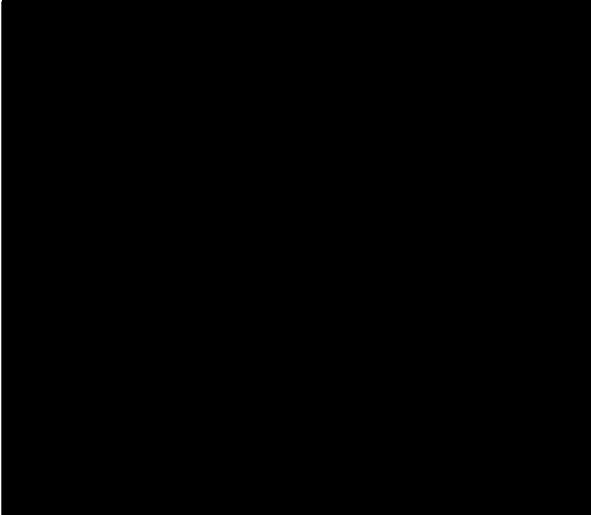
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W 331	<p>Continued From page 244</p> <p>client was going to be taken to the bathroom, but the client was not, and staffs did not tell you. Staff member #3 stated that when the client is "like this" we leave her alone. It was pointed out to staff member #3, that perhaps the client is restless because she is wet.</p> <p>At 1:45 p.m., staff member #3, took the client to the bathroom and once the client was pushed up to the sink area; the client was quiet, stood up and held onto the counter. The client's diaper was saturated with dark amber urine. The client's buttocks primarily right side, had several areas of medium pink discolorations and a small excoriated appearing area. This surveyor went and got the residence Registered Nurse (RN) to observe. The RN stated that she would contact the doctor and stated that perhaps the client should get changed more often.</p> <p>13. Review of Client 1's nutritional assessment dated 5/15/13, noted that the client had a gastrostomy (opening into the stomach) tube</p>  <p>Review of the nutrition follow up dated 6/25/13, noted that there was a change in the gastrostomy tube feeding (Jevity 1.2 cal formula) to 711 ml (milliliters) three times a day. Water was to be given 30 cc (cubic centimeters) before and after feeding and 30cc before and after medication administration.</p> <p>Review of an x-ray report of the abdomen dated 7/30/13, noted that the abdomen showed air</p>	W 331	<p>W249, #8</p> <p>a. Special Conference held to discuss Client 184's dining needs and revisions to the program plan were identified and implemented. *</p> <p>b. New adaptive equipment including a dycem mat, adapted spoon and plate were obtained for Client 184. *</p> <p>c. US trained Residence 431 DCS on Client 184's dining plan and adaptive equipment.</p> <p>d. A follow-up conference was held to discuss progress and adaptations to the new adaptive equipment to assist Client 184 with the dining process. *</p> <p>d. The Unit Supervisor/designee and IPC s will monitor during mealtime to ensure that clients receive quality dining room services, are encouraged to make positive food choices, and are provided a variety of food options that meet their preferences and needs.*</p> <p>e. The "Rounds Team" (Governing Body, Program Management, US, Shift Leads, IPC) will conduct rounds to ensure client protection and active treatment is provided during meals provide coaching as needed and report findings to the Agency Evaluation Committee. Results of findings will be calculated, analyzed by the AE Analyst and corrective action plans developed.*</p> <p>f. IPC will monitor client use and progress of adaptive equipment and document in monthly notes.*</p> <p>g. USs/designees will provide training to appropriate DCS on changes to clients IPP including dining room plans.*</p> <p>h. Dining room coordinators will monitor dining rooms closely and make staffing adjustments to ensure active treatment implementation.*</p>	8/12/13 8/12/13 8/30/13 9/9/13	

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W 331	Continued From page 245 distended colon most likely from constipation in the lower colon. No bowel obstruction was noted. 	W 331			
	The plan was not updated on 6/18/12, to reflect that the client was on gastrostomy tube feeding. During an interview with a Licensed Staff, a Registered Nurse (RN), on 8/7/13 at 2:45 p.m., she stated that it is the responsibility of the RN Health Services Specialist and the residence RN to update the care plan. Residence 30 Client 162 14. Surveyor observation at 8:15 a.m. on 7/31/13 revealed a 5 cm x 8 cm bruise with a scratch on Client 162's arm. When asked what caused this bruise, the US stated that this was an injury of unknown origin. The US stated that a General Event Report (GER) injury should have been initiated. This				

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W 331	Continued From page 246 GER had not been initiated. When asked, the US stated no picture was taken of the bruise. Clinical Record review at 8:30 am on 7/31/13 revealed no documentation of this bruise anywhere. Since there was nothing written or recorded in writing about this bruise, the surveyor asked the US to have the RN assess and document a description of the bruise. The surveyor asked the facility Administration to please obtain a picture of this bruise. Upon surveyor request, a Clinical Record entry was dated 7/31/13 and timed 9:15: "Reported by surveyor bruise on Left upper arm. Body assessment done by staff; 7 x 8 cm bluish purplish bruise on left upper arm 2 cm diameter mild bruise on left axillary area; 4 cm superficial scratch on left abdomen no swelling no redness". The RN was asked by the surveyor why she did not record the 2.5 cm scratch on the bruise on Client 162's left upper arm. The RN replied there was no need to document this scratch because it was pink and healing.	W 331	W249, #9 a. US trained DCS on Client 1's hand washing objective, with emphasis on the training method that includes utilizing soap, having her rub her hands together, rinsing and drying. b. US met with the staff who failed to complete the training or engage in the activity and provided corrective action. c. US/designee will monitor during rounds to ensure Client 1's training plan is implemented as written, and that all clients on Residence 341 participate in good hand washing hygiene after using the bathroom. d. IPCc will monitor client in their caseloads for progress with the current program plan and will document findings in the monthly note, along with follow-corrective actions as indicated. e. US provided training to DCS on all residences including DCS on Client 1's residence on FDC 1.3.1 "Mission and Values" with emphasis on their responsibility to ensure clients are provided dignity, respect and quality of life services/treatment. f. Unit Supervisor provided training to to DCS on all residences including DCS Client 1's residence on FDC 1.3.2 "Principles and Practices" with emphasis on the staff's responsibility to protect the rights of the individuals who live at FDC by providing services and supports that build confidence, self-worth and self-determination. g. Training was provided to Residence 41 DCS on FDC Policies 5.1.2 Continuous Active Treatment, 5.1.1 Standards of Care, 1.1.5 Clients' Rights, NP 5.5.1 Gastrostomy Tube Feeding.	8/9/13 8/9/13 9/09/13 9/09/13 9/09/13	
{W 371}	483.460(k)(4) DRUG ADMINISTRATION The system for drug administration must assure that clients are taught 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. This STANDARD is not met as evidenced by: Residence 30 Based on observation, interview and record review the facility failed to assure that clients who were capable of self-administration of	{W 371}			

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{W 371}	<p>Continued From page 247</p> <p>medications were consistently provided with opportunities to practice this skill for Sampled Client (Client 150.)</p> <p>Findings:</p> <p>During medication administration observations on 7/30/13 at 7:45 a.m. the Registered Nurse, RN, prepared medication for Client 150. She opened the individual packages the medications were in and placed the pills in a medicine cup. The RN was then observed pouring the pills in the Client 150's. Next, the RN held the water in the small medication cup to client 150's mouth.</p> <p>When asked, the RN stated that Client 150 was capable of holding her own cup of water. Then the RN was asked why she did not allow Client 150 to hold her own cup of water and drink her own water. She stated that she had not done that in 28 years.</p> <p>On 8/6/13 approximately 3:00 p.m. the RN approached the surveyor. The RN stated that she gave Client 150 her [REDACTED] because they were such small pills the RN did not want Client 150 to drop it on the floor. She stated that she held the cup of water as Client 150 was to only have sips of water.</p> <p>Review of the Independent Life Skills, ILSA, dated 8/1/13 signed as accurate by the US Client 150 is assessed as Independent: "Puts cup to mouth without spillage and holds spoon to take medication."</p> <p>Client 150 had a formal objective: "will take her medication with a spoon and applesauce with one verbal prompt."</p>	{W 371}	<p>h. Rounds team (Governing Body, Program Management, US, Shift Leads, IPC) will conduct rounds to ensure that handwashing opportunities are provided throughout the day. Results of findings will be calculated, analyzed by the AB Analyst and corrective action plans developed.</p> <p>i. Follow-up/review for staff knowledge and awareness of active treatment principles will be incorporated into focus calendars for review at huddle/shift change meetings.</p>		

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{W 443}	483.470(I)(1)(II) EVACUATION DRILLS The facility must hold evacuation drills to ensure that all personnel on all shifts are familiar with the use of the facility's fire protection features. This STANDARD is not met as evidenced by: Based on observation and interview staff had not been trained to use the fire extinguisher on Residences 44 and 28. Findings: Residence 44 1. On 8/1/13 at 6 a.m., during inquiry about fire safety procedures a direct care staff (DCS) on Residence 44 walked over to where the fire extinguisher was located on the wall. When asked whether she knew how to use the fire extinguisher, the staff stated she had never used a fire extinguisher before and when asked, could not explain how the pin release, handle, or hose functioned, should a fire needed to be extinguished. Residence 28 2. On 8/6/13, at 10:00 a.m., an interview was conducted with the housekeeping staff on residence 28. The housekeeper was asked to explain/demonstrate how to use the fire extinguisher. The housekeeper opened the fire extinguisher case and stated I will pick it up and spray it on the fire. While holding the fire extinguisher she demonstrated and explained "I don't know what you are supposed to do to make it come out." She added if she removed the pin the spray would come out. The housekeeper did	{W 443}	W 252, #1, 2, 3, & 5 a. The Plus Program Data Collection Sheets were updated to include all current milestones for Residence 43 clients, including clients 1, 48, 49 and 53. * b. The Unit Supervisor trained DCS on the Plus Program Data Collection Sheet, the proper way to fill out the Plus Program Data Collection Sheet and the expectation for completing this task daily. * c. Shift Lead/Designee will monitor daily to ensure DCS completes the Plus Program Data Collection Sheets.* d. Plus Program Data Collection Sheets will be audited daily for accuracy and completeness. Results will be reported to Unit Supervisor/designee for follow up. * e. Following Annual Conference/Specials, the Chairperson will update the Plus Program Data Collection Sheet.* f. Unit Supervisor / Designee will monitor Plus Program Data Collection Sheets reflect current training plans. * g. The Behavior Support Committee is developing a process for a facility-wide data collection system that provides more immediate recording of behavioral data. * h. The Senior Psychologist will develop and provide training to DCS on accurate data collection. * i. Psychologist will monitor behavioral data and will review the results with other IDT members during Behavioral Progress Review meeting for all clients including Client 1, 48, 49, and 53* and reconcile any inaccuracies.* j. IPCs will monitor data collection sheets during rounds on the residences and in day programs and will work in partnership with the US and CPS staff to take corrective actions as indicated.*	9/01/13 8/21/13 8/29/13	

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{W 443}	Continued From page 249 not know that she needed to squeeze the lever located under the handle.	{W 443}			
{W 454}	The residence manger was present and explained to the housekeeper that she needed to squeeze the handle located on the top. The housekeeper replied, "next time I will know". 483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observation, interview and facility document review, the facility failed to ensure staff practiced basic infection control practices (handwashing); failed to ensure a sanitary environment (Residences 28, 30, and 44), and failed to teach, help, and/or redirect Client 58 when the client was licking checkers, puzzle pieces, pictures and placing them back on a table for other clients to use. Findings: Residence 28 1. On 8/1/13 at 8:20 a.m., while the house keeper was emptying the trash on Residences 28 she was observed going from room to room wearing gloves. The house keeper was at the end of the hall pushing a cart while holding a large trash bag. She walked in and out of three different rooms and emptied the trash into a larger trash bag. The house keeper was called to the phone. The house keeper went to the nursing station and was directed by staff what phone she could use.	{W 454}			

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{W 454}	<p>Continued From page 250</p> <p>The house keeper began to use the phone. At no time did the house keeper remove her gloves and wash her hands. The Residence Manager was informed of the observation and he reminded the house keeper to remove her gloves. The Residence Manager agreed that the house keeper should have removed her gloves.</p> <p>On 8/2/13 at 1:p.m., an interview was conducted with the house keeper she stated that she was wearing the gloves for personal protection.</p> <p>A review of the facilities Infection Control Manual dated 7/24/13 page 19 revealed the guidance for Personal Protective Equipment (PPE), "Gloves should be removed and hand hygiene performed after completing procedures that involve direct client contact, contact with blood and body fluids, contact with environmental surfaces."</p> <p>2. On 8/6/13 at 10:a.m., on Residence 28 dental items for three different clients was observed stored in unlabeled bins. Located in one bin, was an unlabeled tube of denture cream, and an uncovered and unlabeled tooth brush. One bin contained three denture containers, two were labeled and one was labeled with a faded name that was unreadable. There were three tubs of denture cream scattered across the top of the three bins and one was not labeled.</p> <p>The medication nurse was present and stated he could identify whose dentures belonged to which client. He explained that the clients go the medication cart get their dentures and supplies daily.</p>	{W 454}	<p>W 252, #4</p> <p>a. DTAC Coordinator provided training to DCS for Client 130 [REDACTED]</p> <p>b. DTAC Coordinator trained DCS on documentation guidelines/expectation for data collection, with emphasis on timeliness and accuracy.</p> <p>c. PA/DTAC Coordinator will review documentation in the classroom during rounds to ensure quality and timeliness.*</p> <p>d. The Behavior Support Committee is developing a process for a facility-wide data collection system that provides more immediate recording of behavioral data.*</p> <p>e. The Senior Psychologist will develop and provide training to DCS on accurate data collection.*</p> <p>f. The IPC will monitor consistency between clinical record documentation, including the Milestone Progress Review graph, and data collection sheets and will work in partnership with CPS staff to take corrective action as indicated.*</p> <p>g. PA provided training to DCS on Policy 5.1.2 "Continuous Active Treatment" with emphasis on promoting independence and the expectations regarding staff knowledge of client training objectives, understanding of data collection components.*</p> <p>h. US/designee will monitor during rounds to ensure Active Treatment programs are initiated correctly and consistently.*</p> <p>i. Follow-up/review for staff knowledge and awareness of active treatment standards will be incorporated into facility focus calendars for review at huddle/shift change meetings.*</p>	9/9/13 9/9/13 10/10/13 10/10/13	

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{W 454}	<p>Continued From page 251 Residence 44</p> <p>3. During observations on 7/29/13 at approximately 9:30 a.m., in the bathroom (Room 220), a toileting stall on the left had no rod to suspend the toilet paper from, increasing the possibility of toilet paper being placed by clients, or landing on the floor, thus increasing risk of transmission of disease from dirty surfaces. The toilet paper, at the time, was perched on a bar which extended out from the wall.</p> <p>During observation on 7/29/13 at 9:40 a.m., in the bathroom (Room 232) one stall had no rod to suspend the toilet paper and the toilet paper was perched on a bar which extended out from the wall. Both toilets contained excrement.</p> <p>During observation and concurrent interview on 7/29/13 at 10:05 a.m., an activity room had no toilet paper rod. The US stated toilet paper rods had all been replaced the previous Monday (7/22/13) expressed astonishment at how many rods were missing.</p> <p>During observation on 7/29/13 at 10:10 a.m., in bathroom (Room 264), there was no toilet paper rod. The bathroom smelled of urine.</p> <p>4. During observation on 7/29/13 at approximately 9:45 a.m., Room 249 the toilet contained stool.</p> <p>5. During observation on 7/29/13 at 10:12 a.m., Room 263 had two vents in the ceiling. The vents' grates had a dark discoloration and were thickly covered with dust.</p> <p>At 10:15 a.m. on 7/29/13, a housekeeping staff who was busy cleaning, stated that staff was</p>	{W 454}	<p>j. The "Rounds Team" (Governing Body, Program Management, US, Shift Leads, IPC) will conduct rounds to ensure implementation of program plan as written and data collection is accurate. Results of findings will be calculated, analyzed by the AE Analyst and corrective action plans developed.*</p>	

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{W 454}	<p>Continued From page 252</p> <p>supposed to " high dust and low dust " on a weekly basis. The housekeeping staff stated he had been sent over to clean this residence because the regular housekeeping staff was on vacation. The housekeeping staff looked for but did not find a list which would have instructed housekeeping staff on this residence what, exactly, was to be cleaned and when.</p> <p>On 7/29/13 at 10:30 a.m. the same housekeeping staff stated there were vents in other rooms which also had needed cleaning.</p> <p>On 8/8/13, review of a " Housekeeping Department Task List ...Residence 44, " showed in a right hand column, a list titled, " 8 Steps cleaning, " under which was listed " High Dust, "</p> <p>Residence 43</p> <p>6. During an observation on Unit 43 on 7/30/13 at approximately 12 p.m., Client 58 was observed sitting at a table in an activity room with other clients present. Client 58 continuously picked up multiple red items resembling checkers, licked them one by one, and placed them back down on the table. Staff present did not redirect the client or attempt to disinfect the items. Staff present confirmed that these were not his personal activity items.</p> <p>On 7/31/13 at 12 p.m., Client 58 was again observed sitting at a table in the activity room with a large pile of small pictures in front of him. He was observed continually picking up the pictures and licking them, one by one, and placing them back on the table. Staff present did not redirect the client.</p>	{W 454}			

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{W 454}	<p>Continued From page 253</p> <p>On 8/7/13 at 4:45 p.m., Client 58 was again observed in the activity room continually picking up puzzle pieces and licking them, one by one. Two staff were present in the room. One staff was giving a client a haircut while the other staff was conversing with him (the staff). There was no staff intervention until the surveyor brought it to the attention of the staff at which time, staff redirected the client to another area.</p> <p>Residence 30 Cleanliness and Infection Control 7. The food and beverage refrigerator located in the locked staff lounge, Room 9, was overcrowded and soiled with food spills at 2:23 pm on 7/30/2013. The RN was observed placed the individual client's 2:00 pm snacks in this refrigerator on 8/6/2013. Three cut, unwrapped, unlabeled and undated tuna fish sandwiches were described by the Registered Nurse, RN, as "sick." The RN stated that she was not going to dispose of them and would not throw them away as she did not know who they belonged to. Written menu review revealed Tuna sandwiches were listed on the 8/5/2013 menu as the evening snack for all FDC residences. Staff stated that each evening after dinner client snacks are placed in this refrigerator mixed in with all the staff food. On 8/8/13, Administrative staff verified that was unacceptable to store clients' food with staff's food in the same refrigerator.</p> <p>Observation on 7/29/2013 at approximately 10:30 revealed the following: Soiled cover with gross spillage on clean laundry cart Dirty men's T-shirt mixed in with clean towels in</p>	{W 454}	<p>W 255</p> <p>a. IDT met to review Client 63's Individual Program Plan for appropriateness of training and behavioral supports and modifications were initiated.*</p> <p>b. US/designee trained all DCS on Residence 344 on changes/modifications made to Client 63's plans based on his functioning level.*</p> <p>c. Program Management will test competency of all DCS on Residence 344 on Client 63's program plan and will provide coaching as indicated.</p> <p>d. US provided training to all DCS including Client 63's residence on FDC 1.3.1 "Mission and Values," with emphasis on staff responsibility to provide on-going activities that meet all individuals' person centered treatment plans to ensure they have opportunities to exercise greater independence.*</p> <p>e. US provided training to all DCS including Client 63's residence on FDC 1.3.2 "Principles and Practices," with emphasis on the staff's responsibility to protect the rights of the individuals who live at FDC by providing services and supports that build confidence, self-worth, and self-determination.*</p> <p>f. USs/designees will monitor during rounds to ensure that program plans are implemented for all clients including Client 63 including opportunities for independence and to ensure his IPP his implemented consistently.*</p> <p>g. Rounds Team (Governing Body, Program Management, US, Shift Leads, IPC) will monitor to ensure that clients are provided opportunities for choice and independence during active treatment activities. Results of findings will be calculated, analyzed by the AB Staff Service analyst and corrective action plans developed.*</p>	9/09/13 9/09/13 9/09/13 9/09/13	

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{W 454}	Continued From page 254 Room 63. Hair brush (no name) unlabeled on the floor in Room 63. PESTS: 8. Observation on 7/29/2013 at approximately 10:00 revealed the following: Outside shed with dirty blankets on the ground and a lot of rodent debris. US stated that all of the droppings were rabbit droppings or squirrel. The US stated that he did not report these rodent droppings to maintenance and did not report them for the pest control exterminator. The US stated that he cleaned up the animal droppings himself before any pest control or exterminator representative could inspect and accurately or positively identify the animal droppings. None of the above findings were recorded in the maintenance log book or reported as an Infection Control Issue to be tracked and investigated.	{W 454}	h. The IPCs will monitor program plan implementation for client in their caseload including Client 63's during site visits and will document findings in the monthly note. They will coordinate follow up corrective actions with the US as indicated. * i. The IPC progress note format was revised to include a more cohesive analysis of progress/lack of progress. j. The AE Director/designee will monitor IPC monthly notes to ensure they meet expected standards. * k. The expectation for IPC site visits was revised to include follow-up visits to any program area where a client is not making progress or is experiencing difficulty. l. IPC documentation duties have been realigned to promote more emphasis on program coordination, integration, and monitoring. m. IPCs received training on the following topics: Autism, Regulatory Requirements for QMRP (IPC), IDT process.	9/01/13 9/01/13 9/01/13 9/09/13	
W 455	483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that the policy for hand hygiene was followed for 1 of 20 sampled clients (Client 1) in order to prevent or minimize the spread of infectious disease. Findings: Residence 41:	W 455			

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W-455	<p>Continued From page 255</p> <p>Client 1 was observed sitting quietly in her wheel chair in the group room on 7/30/13 at 6:40 a.m. The client looked at the surveyor when greeted by her name. The client is nonverbal. Shortly thereafter, the Licensed staff stated that she was taking the client into the bathroom.</p> <p>The Licensed staff pushed the client to the bathroom sink. Then the licensed staff placed a wash cloth under running water. She did not dispense soap on the wash cloth. Then the Licensed Staff said to the client, "Let me wash your face." The Licensed staff washed the client's face, then she washed the client's hands. Licensed staff applied lotion to the client's hands and rubbed the lotion on the hands. The client was cooperative. The Licensed staff did not encourage the client to participate.</p> <p>During an interview with the Licensed Staff at 6:53 a.m., in regards to not encouraging the client to participate in her care and not applying soap to the wash cloth, Licensed staff stated, "she (client) is usually not cooperative".</p> <p>Review of an objective, dated 5/9/13, noted that during hand washing, the client was to rub her hands together 10 times per month, when given 2 to 3 verbal and gesture prompts. This objective was to be done in the bathroom before meals. It was also noted that the staff was to explain the steps of "hand washing" ...wetting hands, dispensing soap, rubbing hands, rinsing and drying hands.</p> <p>Review of the Hand Hygiene policy, NP 7.07 Rec 01/08, provided by the Standards Compliance Coordinator, it was noted that the client's hand washing objective followed the steps as outlined</p>	W 455			

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{W 484}	Continued From page 257 This STANDARD is not met as evidenced by: Based on observation, record review, and review of a client meal profile, the facility failed to ensure that the adaptive equipment that was ordered by the physician and listed on the meal profile was provided to one of 20 sampled clients (Client 59). Findings: On 7/29/13, review of Client 59's meal profile and physician's dietary orders indicated that Client 59 was to utilize a youth regular spoon. Review of the Individual Program Plan, dated 7/11/12, indicated that Client 59 does not understand that he is at risk for choking nor does he understand the importance of using a youth spoon or a divided dish which are used to help keep him safe while dining by reducing the rate at which he eats or the amount of food he places inside his mouth. During a lunch observation on 7/29/13 at 12:30 p.m., Client 59 was observed using a regular teaspoon. When this was brought to staff's attention, staff immediately replaced the regular teaspoon with a youth regular spoon.	{W 484}	j. A template was developed to prompt Level I reviewers with specific questions that will elicit a more thorough investigation of events, leading to more comprehensive and immediate corrective actions. k. Shift Lead/designee will monitor throughout the shift to ensure that the environment on Client 114's residence is safe and secure.	9/09/13
{W 488}	483.480(d)(4) DINING AREAS AND SERVICE 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:	{W 488}		

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{W 488}	<p>Continued From page 258</p> <p>Based on observation and record review, the facility failed to promote and encourage independence in dining for 8 clients (Clients 79, 184, 18, 82, 189, 151, 150, and 162.)</p> <p>Findings:</p> <p>Residence 44</p> <p>1. 7/29/13 at 12:20 p.m. in the dining room, Client 79 obtained utensils, a plate and glass, dished out his own food, walked over the a dining room table unassisted, sat down and with regular dining utensils, ate independently. After finishing his food he got up from the table and went to get a cheese sandwich prepared by dietary staff. There was no opportunity provided for the client to make the sandwich although he clearly demonstrated the capability. After eating, the client bused his own dishes, rinsed them and placed them in racks to be dish washed, with minimal verbal directions.</p> <p>On 8/5/13 at 5:30 p.m. in the dining room, Client 79 was seated at a dining room table eating with a fork. The client asked for a sandwich. The direct care staff (DCS) asked dietary staff about the client's substitute and then returned and told Client 79 that the client could have a peanut butter sandwich or chili beans. The client said, "Chili beans," got up from the table to obtain the chili beans which were dished out to him by dietary staff, something he could have done himself, put the chili beans in the microwave, took them out of the microwave, and returned with the food. After Client 79 sat down, direct care staff asked, "You want crackers with it?" Client 79 responded, "Crackers yeah, and Tabasco sauce." The DCS went to get the condiments</p>	{W 488}	<p>W 278, #1</p> <p>a. An Emerging Risk Review (ERR) meeting was conducted for Client 74 and the behavioral plans, antecedents, services/supports were reviewed to ensure that all risk management issues have been identified.</p> <p>b. A Behavior Progress Review (BPR) meeting was conducted and Client 74's behavior of [REDACTED] was discussed.</p> <p>c. A Special Interdisciplinary Team Conference was held for Client 74 to discuss conditions at the time of the incident for contributing factors to the behavior exhibited and a formal training program was initiated for [REDACTED]</p> <p>d. The Psychologist for Client 74 initiated training to DCS on Client 74's behavior plan, with emphasis on identifying behavioral and environmental precursors, including appropriate action steps.</p> <p>e. The Director of Quality Assurance developed and initiated a template for Facility Policy 5-05-5 Attach I -- Guidelines For Completing Level 1 and 2 Review to assist staff in identifying appropriate components of the General Event Report investigation including identification of behavioral plan steps implemented during the event.</p> <p>f. Program Management for Client 74 will schedule a review of the behavioral intervention at the Program Risk Management Review (PRMR) for appropriateness and correct implementation of the behavioral intervention.</p> <p>g. The Program Director/designee will monitor General Event Report (GER) Level I documentation for required components and appropriate emergency behavioral intervention implementation during Level II reviews.</p>	<p>7/24/13</p> <p>8/15/13</p> <p>8/01/13</p> <p>9/09/13</p> <p>9/09/13</p> <p>9/09/13</p>

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{W 488}	<p>Continued From page 259 from dietary staff instead of directing the client, who was capable of obtaining the food himself with verbal prompts, to do so.</p> <p>(Unsampled Client 82)</p> <p>2. On 7/29/13 at 12:15 p.m., in the dining room, Client 82 dished himself out food from a free standing cart in the middle of the dining room, took the food to the table, sat down and ate lunch at a table with a DCS seated directly across and a registered dietician (RD) standing to his left. Client 82 stated he wanted more fish nuggets. The RD responded that the client should eat carrots and Client 82 said, "I don't like carrots," to which the RD replied, "That's what you need." The RD walked over to a food cart in the middle of the room and dished out some fish nuggets, rice, and carrots which were given to Client 82. The DCS seated at the table did not promote independence when this client, who had the capability of serving himself, remained silent and did not direct Client 82 to obtain the second portion himself. The RD also did not promote this client's independence by waiting on him.</p> <div style="background-color: black; width: 100%; height: 100%; margin: 10px 0;"></div> <p>3. On 7/29/13 at 6 p.m., during dinner Client 184 ate with his hands and with much spillage on the table and floor. No staff sat at the table with him.</p>	{W 488}	<p>h. The Director of Quality Assurance/designee will monitor General Event Report Level I and II investigations for completeness.</p> <p>i. Nursing Coordinator monitors to ensure all staff have current training in Positive Behavioral Supports/emergency behavioral response.*</p> <p>j. The IPC will monitor for progress with the current program plan and will document their findings in the monthly note, along with follow-up corrective actions taken.*</p> <p>k. Follow-up/review for staff knowledge and awareness of active treatment standards will be incorporated into facility focus calendars for review at huddle/shift change meetings.*</p> <p>l. The "Rounds Team" (Governing Body, Program Management, US, Shift Leads, IPC) will conduct rounds to ensure appropriate active treatment and that staff implement the program plan as written. Results of findings will be calculated, analyzed by the AE Analyst and corrective action plans developed.*</p>	

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PRINTED: 09/05/2013
FORM APPROVED
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER FAIRVIEW DEVELOPMENTAL CENTER D/P ICF/IID			STREET ADDRESS, CITY, STATE, ZIP CODE 2601 HARBOR BOULEVARD COSTA MESA, CA 92626	
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{W 488}	<p>Continued From page 260</p> <p>There was no janitorial staff available to clean up the spillage on the floor that created a potential safety hazard.</p> <p>During dinner observations on 7/29/13 at 6:15 p.m., non-sampled Client 189 while waiting to be served his dinner sat at the table and began yelling loudly, banged on the table with his elbows, got up and down, picked up his chair banged it down on the floor and slapped the Licensed Staff who stood nearby. Licensed staff stated to the client: "You cannot be like that" "That 's not nice" and "be nice." The client 's behavior continued intermittently, after the meal arrived. A peer sat quietly next to Client 189 throughout the client 's agitation and then Client 189 took his milk without staff observation. Client 189 ran out of the dining room.</p> <p>On 7/30/13 between 8 a.m., and 8:20 a.m. clients entered the dining room and were seated. Staff supervised by walking from table to table as dietary staff brought food to the tables. Client 184 mixed different liquids and solids together and had a lot of spillage as well as ate with his hands. Staff told him to use his spoon as they walked by. A short time later staff removed his plate and told him he was done. The client returned and started pounding on the table. Another client poured a whole carton of milk on his cereal then took his dish to the service window without eating. Client 182 who did have a staff seated near him once served his food swept everything off of the table onto the floor. Residence 30</p> <p>Client 151 4. Meals Observations beginning at 12:05 p.m. on 7/29/13 revealed US handling Client 151 her</p>	{W 488}	<p>W 278, #2</p> <p>a. Interdisciplinary team met to review Client 63's Individual Program Plan for appropriateness of training and behavioral supports.</p> <p>b. Unit Supervisor/designee will train DCS on any changes/modifications made to Client 63's plans.</p> <p>c. Program Management will test competency of DCS on Client 63's program plan and will provide coaching as indicated.</p> <p>d. USs provided training to DCS on all residences, including Client 63's residence, on FDC 1.3.1 "Mission and Values," with emphasis on staff responsibility to provide on-going activities that meet all individuals' person centered treatment plans to ensure they have opportunities to exercise greater independence. *</p> <p>e. USs provided training to DCS on all residences including, Client 63's residence, on FDC 1.3.2 "Principles and Practices," with emphasis on the staff's responsibility to protect the rights of the individuals who live at FDC by providing services and supports that build confidence, self-worth, and self-determination.*</p> <p>f. Shift Leads/designees on all residences will provide float/new staff with orientation of clients assigned to their care to ensure continuity of care, client safety, and implementation.</p> <p>g. USs/designees on all residences, including Client 63'2, will monitor during rounds to ensure program plans are implemented, including opportunities to have time along and to participate in recreational activities of their choosing.*</p>	<p>9/09/13</p> <p>9/09/13</p> <p>9/09/13</p> <p>9/09/13</p>

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{W 488}	<p>Continued From page 261 silverware and she ate with a spoon.</p> <p>At 12:15 p.m. staff were observed placing the bowls of food and liquids on a tray for Client 151 taking the plate of food, bread, bowl of fruit off a tray and placing it on the table for Client 151.</p> <p>Client 151's Record Review revealed Client 151 was assessed on Independent Life Skills Assessment (ILSA) 7/25/13 as independent in: "uses a spoon, uses a fork and requires verbal prompts when sets table, clear table, puts craps in trash, rinses dishes, dries dishes, serves self, passes serving dish, carries dishes to/from counter, dishes food from containers, puts dishes/pans in appropriate place and and places items in dishwasher."</p> <p>All survey meal observations, 7/29/13 lunch and dinner, 7/30/13 and 7/31/13 breakfast, revealed Client 151 had no opportunities to rinse dishes, dry dishes, serve self, pass serving dish, dish food from containers, put dishes/pans in appropriate place and and place items in dishwasher.</p> <p>Client 150 5. Lunch meal Observations at 12:12 p.m. on 7/29/13 revealed Client 150 eating large pieces of fish sticks with a spoon only.</p> <p>Observations from 8:00 - 8:10 am on 7/31/13 revealed staff handing Client 150 her glass of milk and bowl of cereal.</p> <p>Client 150's Record Review revealed Client 150 was assessed on Independent Life Skills Assessment (ILSA) 8/1/13 as "uses a fork and sets table and capable of passing a serving dish</p>	{W 488}	<p>h. Rounds Team (Governing Body, Program Management, US, Shift Leads, IPC) will monitor to ensure that clients are provided opportunities for choice and independence during active treatment activities. Results of findings will be calculated, analyzed by the AE Staff Service Analyst and corrective action plans developed.</p> <p>i. IPCs will monitor all clients in their individual caseloads to ensure program plan implementation during site visits and will document their findings in the monthly note, along with follow-corrective actions as indicated.*</p>		

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{W 488}	<p>Continued From page 262 requiring with verbal prompts".</p> <p>Client 150 during observation of breakfasts, lunch and dinners at Unit 30 individuals ate cafeteria style. During the survey Client 150 was not given any opportunities to pass a serving dish.</p> <p>Client 162 6. Observation at 8:15 a.m. on 7/30/13 in the Residence 30 dining room staff were observed opening a package of dry hot chocolate for Client 162..</p> <p>Review of the Independent Life Skills, ILSA, dated 8/1/13 signed as accurate by the US, Client 162 is assessed as capable of "sets table, clears table, puts scraps in trash, serves self, passes serving dish, carries dishes to/from counter, dishes food from containers, makes stirring motions and opening food wrappers with verbal prompts."</p> <p>During the survey, observed meal staff were inconsistent in maximizing active treatment training opportunities for the sampled clients.</p> <p>Refer to W247 limited opportunities for client choice and self-management.</p> <p>Refer to W196 failure to provide continuous active treatment.</p>	{W 488}			

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			<p>W 295</p> <p>a. A General Event Report (GER) was initiated as an abuse allegation due to a staff member inappropriately holding down the hands of Client 157.</p> <p>b. The alleged staff member was removed from client care and corrective action was initiated.</p> <p>c. The Psychologist initiated training for DCS on Residence 430 and DTAC regarding Client 157's behavior support plan, emphasizing positive approaches and approved and acceptable interventions.</p> <p>d. Unit Supervisor /DTAC Coordinator initiated residence and DTAC DCS training on FDC 1.6.1 Reporting Alleged Mistreatment of Clients.</p> <p>e. Staff Development initiated "Dignity In Care" training to DCS in Program 4.</p> <p>f. Staff Development initiated "Respectful Interactions" training to DCS in Program 4.</p> <p>g. The Clinical Director will monitor this case through final disposition.</p> <p>h. Senior Psychologist initiated Professional Boundaries training to DCS in Program 4.</p> <p>i. Senior Psychologist initiated "Behavior Support Positive Practices" training to DCS in Program 4.</p> <p>j. The Unit Supervisor/designee will monitor during rounds to ensure that all clients are treated with dignity and respect, that unapproved behavioral techniques are not utilized, and that clients are involved in meaningful activities that meet their preferences and needs.</p>	<p>8/5/13</p> <p>7/30/13</p> <p>8/6/13</p> <p>8/23/13</p> <p>8/22/13</p> <p>8/22/13</p> <p>8/14/13</p> <p>9/04/13</p>	

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			<p>k. Case disposition meeting are held for all abuse allegations and action plans implemented as indicated.*</p> <p>l. AE Director will provide data on abuse allegations to Executive Committee monthly including repeat allegations and repeat staff subjects.*</p> <p>m. Executive Committee will meet with OPS weekly to review status of pending abuse cases and follow up as indicated.*</p> <p>n. AE Risk Analyst will provide monthly abuse data to Program Management for review at PRMR meeting.*</p> <p>o. AE Risk Analyst will report on abuse including data trends and analyst to AE committee quarterly and annually with follow up action plans.</p> <p>p. AE Director will present abuse trends and action plans initiated to Governing Body quarterly and annually.*</p> <p>q. The Rounds Team (Governing Body, Program Management, US, Shift Leads, IPC) will monitor to ensure appropriate and ongoing active treatment and appropriate staff/client interactions are taking place.*</p>		

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			W 318 Refer to W322, W331, and W371 for POCs		
			W 322 a. The Medical Director reminded the medical staff that when an evaluation is performed the provider is expected to enter documentation on the Physician's Progress Note (PPN) and will conduct random audits to monitor physician documentation.* b. Facility Policy 5.5.5 Attachment A – Types of Incidents was revised to add falls/suspected fall (with or without injury) as an event that requires initiation of a General Event Report (GER). c. Level I and II Reviewers will monitor for consistency between the medical staff's entry on the GER and the PPN and will discuss with the Medical Director and/or Physician/RNP as indicated to address concerns. d. Client 12, [REDACTED]	9/09/13 8/09/13 8/08/13	

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			e. DCS staff received training on FDC 5.1.1 Clinical Standards of Care and 5.5.5 General Event Reporting - Attachment A Types of Events (falls)	8/16/13	
			f. DCS received training on 10.02.Helmet Usage, 10.06 Neuro Checks, 11.01 Temporary Conditions (new), 11.02 Client Injury Assessment and Intervention (new), 11.04 Daily Care Flow Sheets (new).	8/13/13	
			g. DCS staff received training on FDC5.4.2 Change of Condition, FDC 5.5.5 General Event Reporting -Minor Unknown Injury reporting, and NP 10.06 Neuro Checks.	9/09/13	
			h. The following Nursing Procedures were developed or revised: 10.02 Helmet Usage, 10.06 Neuro Checks, 10.09 Vital Signs, 11.01 Temporary Conditions (new), 11.02 Client Injury Assessment and Intervention (new), 11.04 Daily Care Flow Sheets (new).	8/13/13	
			i. A Problem/TC/Temporary Support Plan Log was developed and implemented to ensure DCS demonstrate continuity in documentation of identified health issues/injuries.	9/01/13	
			j. DCS received training on the Problem/Temporary Condition/Temporary Support Plan Log.	9/01/13	
			k. Shift Lead/designee will conduct a daily audit of the "Problem/TC/TSP Tracking Log" and Interdisciplinary Notes to ensure documentation of acute problems and Temporary Conditions and report findings to the Unit Supervisor for follow up as needed.*		

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			<p>l. A Daily Care Flow Sheet was developed and implemented to provide a more efficient tracking mechanism for DCS to document important ADL services/supports throughout the client's day.</p> <p>m. DCS received training on the Daily Care Flow Sheet.</p> <p>n. A Physical Observation and Documentation Checklist was developed and distributed to residence staff to assist DCS in assessing, notifying appropriate people, and documenting injuries or other changes in condition.</p> <p>o. DCS received training on the Physical Observation and Documentation Checklist.</p> <p>p. A Change In Usual Self/Behavior document was developed and distributed to residence staff to assist DCS staff in more capably assessing individuals' care on an ongoing basis.</p> <p>q. The IPCs and Health Service Specialists (HSS) were added as participants to daily Program Management Meetings to facilitate identification of and immediately address developing issues and trends for clients in their caseload.</p> <p>r. An audit of the Emerging Risk Review process was conducted to ensure expectations are being met for quality analysis and action plan development and to ensure thoroughness of investigation. The Governing Body reviewed the findings and developed improvement plans for addressing identified issues.</p>	<p>8/19/13</p> <p>9/01/13</p> <p>8/16/13</p> <p>8/16/13</p> <p>8/26/13</p> <p>8/09/13</p>	

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			<p>s. An audit of DCS' adherence to Nursing Procedures 11.01 Temporary Conditions and 11.02 Client Injury Assessment and Intervention was conducted to ensure expectations are being met for assessment and documentation of injuries and other physical conditions.</p> <p>t. A Quality Assurance Performance Improvement (QAPI) log was established to continue monitoring of DCS adherence to assessment and documentation procedures.</p> <p>u. The PM&R Department conducted an audit of medical and behavioral helmets to ensure cleanliness, proper fit, and proper function.</p> <p>v. A Quality Assurance Performance Improvement (QAPI) log was established to continue monitoring of helmets. The Governing Body reviewed the findings and developed improvement plans for addressing identified issues.</p> <p>w. Unit Supervisor provided training to DCS on expectation that health care plans for any client returning from Acute Hospitalization (in the community or at the facility) will be reviewed by all pertinent staff (including but not limited to Medication Nurse and Health Services Specialist) upon readmission to home residence.</p> <p>x. US, SPT and IPC will monitor IDNs and/or MARs for clients with open temporary conditions and open physical problems through random reviews.</p>	<p>8/31/13</p> <p>8/01/13</p> <p>8/23/13</p> <p>8/23/13</p> <p>9/09/13</p>	

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			y. The Medical Director established a protocol to ensure that when the quality of an imaging study is compromised, the technician will immediately inform the ordering physician for further evaluation and management.	9/09/13	
			z. Clinical Dietitians received training to support clients in making good food choices and expanding their knowledge of healthy food choices and their any diet limitations.	9/09/13	
			aa. Dietician interaction with clients will be monitored by the Director of Dietetics/designee during rounds.		
			bb. Management/Supervisor/Case Coordinator rounds were revised to include topics specific to client injury assessment, intervention, and documentation.	8/15/13	
			cc. An ad hoc committee comprised of medical, health care, clinical and administrative staff was formed to adopt a comprehensive Falls Prevention program.	9/09/13	
			dd. The Fracture/Fall Risk Assessment has been revised to focus on the falls aspect of assessment. It includes a scoring/weight aspect to assist the ID Team in identifying clients at moderate and high risk for falls and care planning accordingly.	9/09/13	
			ee. Facility rounds conducted by Governing Body/Program Management/Unit Supervisor/IPC's were revised to include assessment, intervention, and documentation of injuries per facility protocol.	8/15/13	
			ff. The IPCs and HSS' were added as participants to daily Program Management Meetings to identify and immediately address developing issues and trends for clients in their caseload.	8/26/13	

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			<p>gg. A template was developed to prompt Level I reviewers with specific questions that will elicit a more thorough investigation of events, leading to more comprehensive and immediate corrective actions.</p> <p>hh. Instruction was provided to Level I reviewers and Agency Evaluation Risk Analysts to ensure reconciliation of information that is inconsistent between nursing, medical and OPS staff.</p> <p>ii. US/designee will monitor ensure documentation on the GER includes description, number, and length of injuries.</p> <p>jj. PD/PA/designee will monitor to ensure documentation on the GER and in the clinical record is consistent.</p> <p>kk. Program Director/Program Assistant/Unit Supervisor/IPC/HSS will monitor changes in client condition. Changes will be reviewed, discussed and action plans implemented as indicated at Management Debrief Meetings held daily (on regular work days).</p> <p>ll. Program Director/designee will review 24 hour report and NOD Report daily for changes in client condition to ensure that injuries and/or other change in condition are properly documented.</p> <p>mm. The Program Risk Manager will monitor each GER during the Level II Review to ensure that Level I guidelines are followed and that a thorough investigation has been completed.</p> <p>nn. Agency Evaluation Director/designee will monitor each GER during the Level III Review to ensure that Level I guidelines are followed and that a thorough investigation has been completed.</p>	<p>9/09/13</p> <p>9/09/13</p>	

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05G022	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/09/2013
NAME OF PROVIDER OR SUPPLIER FAIRVIEW DEVELOPMENTAL CENTER D/P IOP/IID			STREET ADDRESS, CITY, STATE, ZIP CODE 2501 HARBOR BOULEVARD COSTA MESA, CA 92626		
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			oo. The Governing Body will review GERs during daily debriefing meetings (on regular work days) and make recommendations for additional administrative investigation as indicated.	7/01/13	
			pp. The Program Risk Management Review (PRMR) meeting process has been fully implemented and has incorporated attendance by the Agency Evaluation Risk Manager/designee and IPC. This meeting includes a close review of OPS reports/investigations and/or other investigative reports, review of client injuries or other changes in condition, restrictive interventions utilized, cumulative data related to GERs, and other health and safety concerns. Improvement plans are established by Program Management to ensure clients are free from harm and that individual rights and freedoms are in place.	7/01/13	
			qq. The revised process for Case Disposition has been fully implemented to ensure thoroughness of investigations.	7/01/13	
			rr. The newly developed process for administrative investigation has been fully implemented to provide a mechanism for further investigation of events after the GER has been completed and the OPS investigation presented at Case Review.	7/01/13	

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			<p>W331 #1-14</p> <p>- This section includes system-wide processes, monitoring and QA components.</p> <p>a. A template was developed to prompt Level I reviewers with specific questions that will elicit a more thorough investigation of events, leading to more comprehensive and immediate corrective actions. *</p> <p>b. Instruction was provided to Level I and II reviewers and Agency Evaluation Risk Analysts to ensure reconciliation of information documented by nursing, medical and OPS staff.*</p> <p>c. The Level I and II Reviewers will verify the description of the number and descriptions of injuries documented on the GER during their review and ensure the submitted information is consistent in all sections prior to indicating that they have reviewed the GER.*</p> <p>d. The Facility Governing Body developed and implemented new nursing procedures including 11.01 "Temporary Conditions", 11.02 "Client Injury Assessment and Intervention" and 11.03 "Change of Condition", and processes "Problem/TC/TSP Tracking Log", "Physical Injury and Documentation Checklist" and "Health Observations Change From Usual Self/Behavior"*</p>	<p>9/09/13</p> <p>9/09/13</p> <p>8/15/13</p>	

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			e. USs/designees provided training to all DCS on Facility Procedure 05.04.02 "Change in Condition" *	9/09/13	
			f. USs/designees provided training to all DCS on Nursing Procedure 11.01 "Temporary Conditions" and 11.02 "Client Injury Assessment and Intervention." *	9/09/13	
			g. USs/designees will conduct a dally audit of the "Problem/TC/TSP Tracking Log" and Interdisciplinary Notes to ensure documentation of acute problems and Temporary Conditions and report findings to the Unit Supervisor/designee for follow up as needed. *		
			h. A QAPI was developed to monitor the assessment and documentation of injuries and will be presented to the Acute Care committee for follow up action as indicated.*	9/01/13	
			i. The Health Service Specialists will conduct a semi-annual audit of injury assessment documentation and will present findings to the Acute Care Committee.*	9/01/13	
			j. The "Rounds Team" (Governing Body, Program Management, US, Shift Leads, IPC) will monitor during rounds for injuries and report findings to the Agency Evaluation Committee. Results of findings will be calculated, analyzed by the AE Staff Service Analyst and corrective action plans developed.*		

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			<p>k. PD/designee will take immediate corrective action if changes in client condition are not being addressed and monitored. - For specific client POCs see individual items below.</p> <p>W 331, #1</p> <p>a. Client 74 was examined and treatment [REDACTED] was documented in the IDN/PPN until healed. *</p> <p>b. All clients on residence [REDACTED] were assessed for injury and treatment was provided and documented as indicated. *</p> <p>c. A Temporary Support Plan was initiated to ensure the client's safety and well-being. *</p> <p>W 331, #2</p> <p>a. The assessment of Client 76 performed by the residence physician provides the correct information regarding the injury.</p> <p>b. Client 76 was examined and treatment to [REDACTED] was documented in the IDN/PPN until healed. *</p> <p>c. All clients on residence [REDACTED] were assessed for injury and treatment was provided and documented as indicated. *</p> <p>d. A Temporary Support Plan was initiated to ensure the client's safety and well-being. *</p>	<p>6/27/13</p> <p>8/08/13</p> <p>6/27/13</p> <p>7/06/13</p> <p>7/06/13</p> <p>8/08/13</p> <p>7/06/13</p>	

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			<p>W 331, #3</p> <p>a. The Residence Physician examined Client 198 and documented treatment and progress in PPN until condition resolved. *</p> <p>b. Client 198's was seen by the [REDACTED] follow up appointment. *</p> <p>c. An Emerging Risk Review was held to discuss this incident and Client 198's current medical status including possible contributing factors. *</p> <p>d. The IPC Supervisor met with the IPC for Client 198 to review the clinical record for all areas that contain medical documentation and her responsibility to consult with the US and medical personnel. *</p> <p>e. Unit Supervisor provided training to DCS on Client 198's Health Care Plans, including documentation expectations</p> <p>f. A Temporary Support Plan was initiated to ensure the client's safety and well-being. *</p>	<p>7/10/13</p> <p>7/10/13</p> <p>7/16/13</p> <p>7/10/13</p> <p>8/15/13</p> <p>7/10/13</p>	
			<p>W 331, #4</p> <p>a. The Residence Registered Nurse and Health Service Specialist(HSS) assessed Client 57 for [REDACTED] and documented findings in the Clinical Record.</p> <p>b. DCS documented his care and treatment in the IDNs until condition was resolved. *</p> <p>c. All clients on residence 343 were assessed for injury and treatment was provided and documented as indicated. *</p>	<p>7/30/13</p> <p>7/30/13</p> <p>8/08/13</p>	

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NAME OF PROVIDER OR SUPPLIER FAIRVIEW DEVELOPMENTAL CENTER D/P IGF/ID			STREET ADDRESS, CITY, STATE, ZIP CODE 2501 HARBOR BOULEVARD COSTA MESA, CA 92626		
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			d. A Temporary Support Plan was initiated to ensure the client's safety and well-being.*	7/30/13	
			W 331, #5		
			a. The Health Service Specialist (HSS) assessed Client 180 for forehead redness and documented findings in the Clinical Record. *	8/06/13	
			b. DCS documented her care and treatment in the IDNs until condition was resolved. *	8/06/13	
			c. All clients on residence 431 were assessed for injury and treatment was provided and documented as indicated. *	8/08/13	
			d. A Temporary Support Plan was initiated to ensure the client's safety and well-being.*	8/06/13	
			W 331, #6		
			a. DCS assessed, documented and monitored affected area for change in condition and ensure prompt medical attention if needed. *	8/08/13	
			b. DCS assessed all clients for injury, documented and provided treatment as needed.*	8/09/13	
			c. A Temporary Support Plan was initiated to ensure the client's safety and well-being.*	8/08/13	

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NAME OF PROVIDER OR SUPPLIER FAIRVIEW DEVELOPMENTAL CENTER D/P IGF/ID			STREET ADDRESS, CITY, STATE, ZIP CODE 2801 HARBOR BOULEVARD COSTA MESA, CA 92626		
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			<p>W331, #7</p> <p>a. The Dietician met with Client 82 to review his diet preferences to better support his dietary needs. *</p> <p>b. The Director of Dietetics/designee provided training to Clinical Dietitians, including those on 344, to support clients in making good food choices and expanding their knowledge of healthy food choices and their any diet limitations. *</p> <p>c. Director of Dietetics/designee will monitor during rounds to ensure that client interactions with Dieticians and other kitchen support staff are positive and educational.*</p> <p>d. The Unit Supervisor/designee and IPC s will monitor during mealtime to ensure that clients receive quality dining room services, are encouraged to make positive food choices, and are provided a variety of food options that meet their preferences and needs.*</p> <p>e. A protocol was developed and implemented to include clients in facility menu planning. *</p>	<p>9/09/13</p> <p>9/09/13</p>	

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			<p>W 331 8-10</p> <p>a. The Medical Director reminded the medical staff that when an evaluation is performed the provider is expected to enter documentation on the Physician's Progress Note (PPN) and will conduct random audits to monitor physician documentation.*</p> <p>b. Facility Policy 5.5.5 Attachment A -- Types of Incidents was revised to add falls/suspected fall (with or without injury) as an event that requires initiation of a General Event Report (GER).</p> <p>c. Level I and II Reviewers will monitor for consistency between the medical staff's entry on the GER and the PPN and will discuss with the Medical Director and/or Physician/RNP as indicated to address concerns.</p> <p>d. Client 12 was [REDACTED]</p> <p>e. DCS staff received training on FDC 5.1.1 Clinical Standards of Care and 5.5.5 General Event Reporting - Attachment A Types of Events (falls)</p> <p>f. DCS received training on 10.02 Helmet Usage, 10.06 Neuro Checks, 11.01 Temporary Conditions (new), 11.02 Client Injury Assessment and Intervention (new), 11.04 Daily Care Flow Sheets (new).</p>	<p>9/09/13</p> <p>8/09/13</p> <p>8/08/13</p> <p>8/16/13</p> <p>8/13/13</p>	

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			g. DCS staff received training on FDC5.4.2 Change of Condition, FDC 5.5.5 General Event Reporting –Minor Unknown Injury reporting, and NP 10.06 Neuro Checks.	9/09/13	
			h. The following Nursing Procedures were developed or revised: 10.02 Helmet Usage, 10.06 Neuro Checks, 10.09 Vital Signs, 11.01 Temporary Conditions (new), 11.02 Client Injury Assessment and Intervention (new), 11.04 Daily Care Flow Sheets (new).	8/13/13	
			i. A Problem/TC/Temporary Support Plan Log was developed and implemented to ensure DCS demonstrate continuity in documentation of identified health issues/injuries.	9/01/13	
			j. DCS received training on the Problem/Temporary Condition/Temporary Support Plan Log.	9/01/13	
			k. Shift Lead/designee will conduct a daily audit of the "Problem/TC/TSP Tracking Log" and Interdisciplinary Notes to ensure documentation of acute problems and Temporary Conditions and report findings to the Unit Supervisor for follow up as needed.*		

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			<p>l. A Daily Care Flow Sheet was developed and implemented to provide a more efficient tracking mechanism for DCS to document important ADL services/supports throughout the client's day.</p> <p>m. DCS received training on the Daily Care Flow Sheet.</p> <p>n. A Physical Observation and Documentation Checklist was developed and distributed to residence staff to assist DCS in assessing, notifying appropriate people, and documenting injuries or other changes in condition.</p> <p>o. DCS received training on the Physical Observation and Documentation Checklist.</p> <p>p. A Change In Usual Self/Behavior document was developed and distributed to residence staff to assist DCS staff in more capably assessing individuals' care on an ongoing basis.</p> <p>q. The IPCs and Health Service Specialists (HSS) were added as participants to daily Program Management Meetings to facilitate identification of and immediately address developing issues and trends for clients in their caseload.</p>	<p>8/19/13</p> <p>9/01/13</p> <p>8/16/13</p> <p>8/16/13</p> <p>8/26/13</p>	

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			r. An audit of the Emerging Risk Review process was conducted to ensure expectations are being met for quality analysis and action plan development and to ensure thoroughness of investigation. The Governing Body reviewed the findings and developed improvement plans for addressing identified issues.	8/09/13	
			s. An audit of DCS' adherence to Nursing Procedures 11.01 Temporary Conditions and 11.02 Client Injury Assessment and Intervention was conducted to ensure expectations are being met for assessment and documentation of injuries and other physical conditions.	8/31/13	
			t. A Quality Assurance Performance Improvement (QAPI) log was established to continue monitoring of DCS adherence to assessment and documentation procedures.	8/01/13	
			u. The PM&R Department conducted an audit of medical and behavioral helmets to ensure cleanliness, proper fit, and proper function.	8/23/13	

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NAME OF PROVIDER OR SUPPLIER FAIRVIEW DEVELOPMENTAL CENTER D/P ICF/IID			STREET ADDRESS, CITY, STATE, ZIP CODE 2501 HARBOR BOULEVARD COSTA MESA, CA 92626		
(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	
			<p>y. A Quality Assurance Performance Improvement (QAPI) log was established to continue monitoring of helmets. The Governing Body reviewed the findings and developed improvement plans for addressing identified issues.</p> <p>w. Unit Supervisor provided training to DCS on expectation that health care plans for any client returning from Acute Hospitalization (in the community or at the facility) will be reviewed by all pertinent staff (including but not limited to Medication Nurse and Health Services Specialist) upon readmission to home residence.</p> <p>x. US, SPT and IPC will monitor IDNs and/or MARs for clients with open temporary conditions and open physical problems through random reviews.</p>	<p>8/23/13</p> <p>9/09/13</p>	

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			y. The Medical Director established a protocol to ensure that when the quality of an imaging study is compromised, the technician will immediately inform the ordering physician for further evaluation and management.	9/09/13	
			z. Clinical Dietitians received training to support clients in making good food choices and expanding their knowledge of healthy food choices and their any diet limitations.	9/09/13	
			aa. Dietician interaction with clients will be monitored by the Director of Dietetics/designee during rounds.		
			bb. Management/Supervisor/Case Coordinator rounds were revised to include topics specific to client injury assessment, intervention, and documentation.	8/15/13	
			cc. An ad hoc committee comprised of medical, health care, clinical and administrative staff was formed to adopt a comprehensive Falls Prevention program.	9/09/13	
			dd. The Fracture/Fall Risk Assessment has been revised to focus on the falls aspect of assessment. It includes a scoring/weight aspect to assist the ID Team in identifying clients at moderate and high risk for falls and care planning accordingly.	9/09/13	
			ee. Facility rounds conducted by Governing Body/Program Management/Unit Supervisor/IPC's were revised to include assessment, intervention, and documentation of injuries per facility protocol.	8/15/13	

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NAME OF PROVIDER OR SUPPLIER FAIRVIEW DEVELOPMENTAL CENTER D/P ICF/IID			STREET ADDRESS, CITY, STATE, ZIP CODE 2801 HARBOR BOULEVARD COSTA MESA, CA 92626		
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			<p>ff. The IPCs and HSS' were added as participants to daily Program Management Meetings to identify and immediately address developing issues and trends for clients in their caseload.</p> <p>gg. A template was developed to prompt Level I reviewers with specific questions that will elicit a more thorough investigation of events, leading to more comprehensive and immediate corrective actions.</p> <p>hh. Instruction was provided to Level I reviewers and Agency Evaluation Risk Analysts to ensure reconciliation of information that is inconsistent between nursing, medical and OPS staff.</p> <p>ii. US/designee will monitor ensure documentation on the GER includes description, number, and length of injuries.</p> <p>jj. PD/PA/designee will monitor to ensure documentation on the GER and in the clinical record is consistent.</p> <p>kk. Program Director/Program Assistant/Unit Supervisor/IPC/HSS will monitor changes in client condition. Changes will be reviewed, discussed and action plans implemented as indicated at Management Debrief Meetings held daily (on regular work days).</p> <p>ll. Program Director/designee will review 24 hour report and NOD Report daily for changes in client condition to ensure that injuries and/or other change in condition are properly documented.</p>	<p>8/29/13</p> <p>9/09/13</p> <p>9/09/13</p>	

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NAME OF PROVIDER OR SUPPLIER FAIRVIEW DEVELOPMENTAL CENTER D/P IGF/HD			STREET ADDRESS, CITY, STATE, ZIP CODE 2501 HARBOR BOULEVARD COSTA MESA, CA 92626		
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			<p>mm. The Program Risk Manager will monitor each GER during the Level II Review to ensure that Level I guidelines are followed and that a thorough investigation has been completed.</p> <p>nn. Agency Evaluation Director/designee will monitor each GER during the Level III Review to ensure that Level I guidelines are followed and that a thorough investigation has been completed.</p> <p>oo. The Governing Body will review GERs during daily debriefing meetings (on regular work days) and make recommendations for additional administrative investigation as indicated.</p> <p>pp. The Program Risk Management Review (PRMR) meeting process has been fully implemented and has incorporated attendance by the Agency Evaluation Risk Manager/designee and IPC. This meeting includes a close review of OPS reports/investigations and/or other investigative reports, review of client injuries or other changes in condition, restrictive interventions utilized, cumulative data related to GERs, and other health and safety concerns. Improvement plans are established by Program Management to ensure clients are free from harm and that individual rights and freedoms are in place.</p> <p>qq. The revised process for Case Disposition has been fully implemented to ensure thoroughness of investigations.</p>	<p>7/01/13</p> <p>7/01/13</p>	

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			rr. The newly developed process for administrative investigation has been fully implemented to provide a mechanism for further investigation of events after the GER has been completed and the OPS investigation presented at Case Review.	7/01/13	

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NAME OF PROVIDER OR SUPPLIER FAIRVIEW DEVELOPMENTAL CENTER D/P ICF/IID			STREET ADDRESS, CITY, STATE, ZIP CODE 2601 HARBOR BOULEVARD COSTA MESA, CA 92626		
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NAME OF PROVIDER OR SUPPLIER FAIRVIEW DEVELOPMENTAL CENTER D/P IQF/IID			STREET ADDRESS, CITY, STATE, ZIP CODE 2501 HARBOR BOULEVARD COSTA MESA, CA 92626		
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NAME OF PROVIDER OR SUPPLIER FAIRVIEW DEVELOPMENTAL CENTER D/P ICF/IID		STREET ADDRESS, CITY, STATE, ZIP CODE 2501 HARBOR BOULEVARD COSTA MESA, CA 92826		
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			W 331, #11 -12 	7/30/13	
			b. US met with the staff who failed to complete the training or engage in the activity and provided corrective action. *	8/09/13	
			c. The Unit Supervisor provided training to DCS regarding Client 1's behavioral plans and the specific situational antecedents.	8/13/13	
			d. A Special Conference was held and modifications were made to her behavioral plans, communication training, Physician's Orders, Health Care plans and Approaches & Strategies, and recommendations for modification to be made to her wheelchair were approved by the IDT.	9/09/13	
			e. The Unit Supervisor provided training to DCS on the revisions made to Client 1's program plan.	9/09/13	
			f. Facility Policy 5.1.1 Clinical Standards of Care was revised to include a section on assessing skin integrity during client care.	8/30/13	
			g. US/designee provided training to all DCS staff including 341 DCS on Facility Policy 5.1.1 Clinical Standards of Care with focus on assessing skin integrity during client care. *	9/09/13	

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			<p>W 331, #13</p> <p>a. The health care plan for Client 1 was revised to accurately reflect the gastrostomy tube and fluid intake.</p> <p>b. A Special Conference was held and modifications were made to her behavioral plans, communication training, Physician's Orders, Health Care plans and Approaches & Strategies, and recommendations for modification to be made to her wheelchair were approved by the IDT.</p> <p>c. US provided training to DCS on the revisions made to Client 1's program plan. *</p> <p>d. US provided training to DCS on Client 1's residence on FDC 1.3.1 "Mission and Values" with emphasis on their responsibility to ensure clients are provided dignity, respect and quality of life services/treatment. *</p> <p>e. US provided training to DCS on Client 1's residence on FDC 1.3.2 "Principles and Practices" with emphasis on the staff's responsibility to protect the rights of the individuals who live at FDC by providing services and supports that build confidence, self-worth and self-determination. *</p> <p>f. Training was provided to 341 DCS on FDC Policies 5.1.2 Continuous Active Treatment, 5.1.1 Standards of Care, 1.1.5 Clients' Rights, NP 5.5.1 Gastrostomy Tube Feeding. *</p>	<p>7/29/13</p> <p>9/09/13</p> <p>9/09/13</p> <p>9/09/13</p> <p>9/09/13</p> <p>9/09/13</p>	

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			<p>g. The US/designee will conduct rounds to ensure privacy and dignity are maintained during ADLs . *</p> <p>h. Follow-up/review for staff knowledge and awareness of the standards will be incorporated into focus calendars for review at huddle/shift change meetings. *</p>		

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			<p>W 331, #14</p> <p>a. A General Event Report (GER) was completed for Client 162 upon discovery.</p> <p>b. Client 162 was assessed, treated, monitored and documentation was completed*</p> <p>c. A Temporary Support Plan was initiated to ensure the client's safety and well-being.*</p> <p>d. DCS assessed all clients for injury, documented findings and provided treatment as necessary.*</p> <p>e. Unit Supervisor provided training to DCS on Client 162's residence on Facility Policy 5.5.5, "General Event Reporting."</p> <p>f. PD/PA/US/IPC/HSS will monitor changes in client condition during the Management Debrief Meetings and follow up as indicated.*</p>	<p>7/31/13</p> <p>7/31/13</p> <p>7/30/13</p> <p>8/09/13</p> <p>8/14/13</p>	
			<p>g. PD/designee reviews 24 hour report and NOD Report daily for changes in client condition to ensure that injuries and/or other change in condition are properly documented.*</p> <p>h. Staff will assess clients for injury or other physical conditions during naturally occurring times throughout the day. *</p>		

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NAME OF PROVIDER OR SUPPLIER FAIRVIEW DEVELOPMENTAL CENTER D/P ICF/IID	STREET ADDRESS, CITY, STATE, ZIP CODE 2501 HARBOR BOULEVARD COSTA MESA, CA 92626
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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
			<p>W 371</p> <p>a. US trained DCS on self-administration of medication approaches and strategies for Client 150.</p> <p>b. Training has been developed and a schedule established to educate all DCS staff including 430 DCS on expectations and implementation of self-administration of medication.</p> <p>c. An audit tool has been established and nursing staff will monitor the implementation of self-administration of medication to ensure program plans are implemented correctly. *</p> <p>d. USs/designees will monitor during rounds to ensure clients on all residences, including Client 150, training plans are implemented as written and that clients have ongoing opportunities for independence and choice, specifically related to medication administration. *</p> <p>e. IPCs for all clients including the IPC for Client 150 will monitor program plan training objectives, including opportunities for self-administration of medication during site visits and will document findings in their monthly progress notes. Concerns will be shared with the Unit Supervisor/designee and actions implemented as indicated.</p>	<p>9/09/13</p> <p>9/09/13</p> <p>9/09/13</p>

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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			f. The "Rounds Team" (Governing Body, Program Management, Unit Supervisors, Shift Leads, Case Coordinators) will conduct rounds to ensure active treatment including self administration of medication is being appropriately provided as scheduled. Results of findings will be calculated, analyzed by the AE Staff Service Analyst and corrective action plans developed.		

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			<p>W 443 Item 1-2</p> <p>a. US immediately provided training to the housekeeping staff on 428 in the correct use of a fire extinguisher. *</p> <p>b. The Facility Fire Chief provided hands-on training with all staff including Housekeeping Staff in "Fire Extinguisher Training" and in the "PASS" acronym. Instruction included pulling the pin, aiming the extinguisher hose at a target, squeezing the extinguisher handle and executing a sweeping motion at the base of the proposed target on</p> <p>c. The Facility Custodian Supervisor III will query individual housekeepers on a rotating basis during the monthly department staff meeting regarding the mechanics of operating a fire extinguisher and provide coaching as needed.</p> <p>d. The Facility Environmental Audit Technician (FEAT) will query Housekeeping staff during monthly inspections on how to use a fire extinguisher and the meaning of RACE and PASS and will provide a report to the Housekeeping Supervisor I for follow up training as indicated.</p>	<p>8/06/13</p> <p>8/15/13</p>

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			<p>e. The General Services Administrator /designee will monitor to ensure Housekeeping staff attend annual training related to Fire Safety Prevention which includes use of a fire extinguisher.</p> <p>f. Follow-up/review for staff knowledge and awareness of the standards will be incorporated into the focus calendars for review at huddle/shift change meetings.</p> <p>g. A QAPI was developed which includes staff queries by the facility Fire Chief related to fire prevention procedures and the information is presented to the AB committee for follow up action plans as indicated. *</p> <p>h. The facility "Rounds Team" (Governing Body, Program Management, US, Shift Leads, IPC) conduct rounds to ensure staff competency in fire prevention procedures and report findings to the Agency Evaluation Committee. Results of findings will be calculated, analyzed by the AB Staff Service Analyst and corrective action plans developed.*</p> <p>W 454 Item 1</p> <p>a. The Housekeeping Supervisor provided corrective action to the housekeeper regarding the use of gloves and infection control. *</p>	8/01/13	

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			<p>b. The Facility Staff Development Department initiated hands-on training to all Housekeeping Staff, including 428 staff, in "Hand washing and Personal Protective Equipment (PPE)" including gloves. Instruction included method of hand washing and PPE techniques. *</p> <p>c. The Facility Custodian Supervisor III will query individual housekeepers on a rotating basis during the monthly department staff meeting regarding PPE and Infection Control principals and provide coaching as needed.</p> <p>d. The Facility Environmental Audit Technician (FEAT) will monitor Housekeeping staff during monthly inspections on PPE use, hand washing habits, and adherence to Infection Control protocols and will report findings to the Housekeeping Supervisor I for follow up training as indicated.</p> <p>e. The General Services Administrator I/designee will monitor to ensure Housekeeping staff attend annual training related to Infection Control.</p> <p>f. A QAPI is in place related to Environmental Health and the results of this report, along with improvement plans are presented at regular intervals to the Governing Body for follow up action as indicated. *</p>	9/09/13

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NAME OF PROVIDER OR SUPPLIER FAIRVIEW DEVELOPMENTAL CENTER D/P ICF/IID			STREET ADDRESS, CITY, STATE, ZIP CODE 2801 HARBOR BOULEVARD COSTA MESA, CA 92628	
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			<p>g. The facility "Rounds Team" (Governing Body, Program Management, US, Shift Leads, IPC) conduct rounds to ensure staff adhere to infection control protocols and report findings to the Agency Evaluation Committee. Results of findings will be calculated, analyzed by the AE Staff Service Analyst and corrective action plans developed.*</p> <p>W 454, #2</p> <p>a. A new location was identified for clients on 428 to keep their dentures and denture care supplies, which will ensure safety and sanitation are maintained.</p> <p>b. The █ clients who wear dentures on 428 were provided with key for the cabinet where dentures are stored when clients are not utilizing them.</p> <p>c. The █ clients on 428 who wear dentures were oriented to the new location for storing dentures.</p> <p>d. US/designee on all units audited their medical adaptive equipment to ensure a safe and accessible location for storage per IPP*</p> <p>e. USs/designees will monitor to ensure storage areas are clean, tidy and supplies are properly stored. *</p> <p>f. The IPC will monitor during site visits to ensure that clients have access to the dentures and that they are properly stored when not in use.</p>	<p>8/22/13</p> <p>9/09/13</p> <p>8/22/13</p> <p>10/10/13</p>

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			<p>W 454, #3</p> <p>a. Staff immediately replaced all missing toilet rod holders on Residence 344.</p> <p>b. Housekeeping staff performed deep cleaning to Bathroom 264 to eliminate the urine odor.</p> <p>c. US/designee assessed all bathrooms for missing toilet rod holders, odors/cleanliness and initiated work orders as indicated. *</p> <p>d. Shift Lead/Designee will inspect bathrooms each shift during environmental rounds to ensure they are in good repair, have toilet paper rods and no odor. If anything needs repair or replacement, they will initiate work order/replacement process. If odors are noted, housekeeping will be contacted for cleaning.</p> <p>e. The facility "Rounds Team" (Governing Body, Program Management, US, Shift Leads, IPC) conduct rounds to ensure toilet rod holders are present and bathrooms are clean and odor free and will report findings to the Agency Evaluation Committee. Results of findings will be calculated, analyzed by the AE Staff Service Analyst and corrective action plans developed.*</p> <p>W454, #4</p> <p>a. Staff immediately flushed the toilet. *</p> <p>b. Shift Lead/Designee will inspect bathrooms on Res. 344 during daily shift environmental rounds to ensure they are in good repair and clean, and that toilets are flushed. If anything needs repair or</p>	<p>7/29/13</p> <p>7/29/13</p> <p>8/08/13</p> <p>7/29/13</p>	

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			<p>replacement, they will initiate work order/replacement process. If cleanliness issues are noted, housekeeping will be contacted for cleaning.</p> <p>c. US provided training to DCS on Residence 344 during change of shift meeting/huddle to remind clients to flush toilets after use and to assist them as needed.*</p> <p>d. DCS received training on FDC 5.1.1 Clinical Standards of Care with emphasis in toileting expectations. *</p> <p>e. "Rounds Team" (Governing Body, Program Management, US, Shift Leads, IPC) conduct rounds to ensure bathrooms are clean and toilets are flushed and will report findings to the AE Committee. Results of findings will be calculated, analyzed by the AE Analyst and presented. W454, #5</p> <p>a. Housekeeping staff immediately cleaned vents in Room 263, and all vents were checked.*</p> <p>b. Work order was initiated to paint/replace discolored vents.</p> <p>c. Shift leads/designees will inspect the environment during shift environmental rounds to ensure areas are clean and in good repair and initiate work orders as needed. *</p> <p>d. QAPI is in place related to Environmental Health and the results of this report, are presented at AE Committee for action. *</p>	<p>7/29/13</p> <p>8/16/13</p> <p>9/09/13</p> <p>9/09/13</p>	

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			<p>W454, #6</p> <p>a. All items were immediately removed and disinfected. *</p> <p>b. A Special conference was held for Client 58 and a training plan was developed to address licking non-nutritional substances.</p> <p>c. DCS received training on the training plan for decreasing licking non-nutritional substances.</p> <p>d. US trained DCS on Client 58's residence on environmental sanitation, with emphasis in cleaning active treatment items and preventing cross contamination.</p> <p>e. QAPI is in place related to Environmental Health and the results of this report, along with improvement plans, are presented at regular intervals to the Governing Body for follow-up action as indicated.</p> <p>f. "Rounds Team" (Governing Body, Program Management, US, Shift Leads, IPC) conduct rounds to ensure environmental sanitation and will report findings to the AE Committee. Results of findings will be calculated, analyzed by the AE Analyst and presented.</p> <p>g. Follow-up/review for staff knowledge and awareness of environmental sanitation will be incorporated into focus calendars for review at huddle/shift change meetings.</p> <p>h. The IPC will monitor for progress with the current program plan and will document their findings in the monthly note, along with follow- corrective actions.</p>	<p>8/08/13</p> <p>8/26/13</p> <p>8/27/13</p> <p>8/21/13</p> <p>9/09/13</p>	

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CMS NO. 0938-0891

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			<p>i. USs/Designees provided training to all DCS on Policy 5.1.1 "Standards of Care" with emphasis on supervision and assisting clients in socially acceptable behaviors leading to independence.*</p> <p>W454, #7</p> <p>a. Housekeeper cleaned the identified refrigerator on 430. 7/30/13</p> <p>b. Client food was removed from identified refrigerator and discarded. 7/30/13</p> <p>c. Sign posted on identified refrigerator indicating that no client food is to be stored in staff refrigerator and that all food must be clearly labeled. 7/30/13</p> <p>d. US/designees developed a schedule for Shift Leads to clean refrigerator(s) once per week including discarding any unlabeled food.* 7/30/13</p> <p>e. US initiated training for all DCS including 430 staff on Nursing Procedure 5.04 "Food Supplements" * 9/09/13</p> <p>f. US initiated training for all DSC including 430 staff on storage of snack and supplements. * 9/09/13</p> <p>g. PD/designee initiated training for all USs and Shift Leads on "Environmental Guidelines for ICF Programs" * 9/09/13</p> <p>h. The US/Designees will monitor all refrigerators during rounds to ensure they are clean and that client and staff food are stored separately.*</p>	

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			<p>i. The US/Designees will monitor all refrigerators during rounds to ensure they are clean and that client and staff food are stored separately.*</p> <p>j. Additional laundry carts were obtained for 430 and staff were instructed not to overfill laundry carts.</p> <p>k. Room 63 on Residence 430 was cleaned. The hairbrush was discarded, and the clean linen and the dirty tee shirts were re-laundered.</p> <p>l. US/Shift Lead will monitor staff and client refrigerators to ensure food is stored separately. They will also monitor the unit to ensure cleanliness of clean and dirty laundry rooms.</p> <p>m. The "Rounds Team" (Governing Body, Program Management, US, Shift Leads, IPCs) will conduct rounds to ensure environmental cleanliness and appropriate food storage and report findings to the AE Committee. Results of findings will be calculated, analyzed by the AE Analyst and corrective action plans developed.*</p>	9/09/13	7/29/13

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			<p>W454, #8</p> <p>a. The blankets were immediately returned to residence for laundering and US instructed DCS to place blankets in the dirty laundry bins after each use in yard.</p> <p>c. US initiated training for Residence 430 staff on Facility Policy 6.11.6 "Housekeeping, Janitorial/Waste Disposal and Pest Control Services"</p> <p>d. PA re-trained the Acting US/SPT on the Work Order process.</p> <p>e. PD/designee initiated training for all USs and Shift Leads on "Environmental Guidelines for ICF Programs" *</p> <p>f. The US/Designee will monitor during rounds to ensure the environment is clean and no rodent droppings are evident.</p> <p>g. The "Rounds Team" (Governing Body, Program Management, US, Shift Leads, IPCs) will conduct rounds to ensure environmental cleanliness and report findings to the AE Committee. Results of findings will be calculated, analyzed by the AE Analyst and corrective action plans developed.*</p> <p>*(See insert page for W 455)</p>	<p>7/29/13</p> <p>9/09/13</p> <p>9/09/13</p> <p>9/09/13</p>	

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			W 455 a. US trained DCS on Client 1's hand washing objective, with emphasis on the training method that includes utilizing soap, having her rub her hands together, rinsing and drying. b. US met with the staff who failed to complete the training or engage in the activity and provided corrective action. c. US/designee will monitor during rounds to ensure Client 1's training plan is implemented as written, and that all clients on Residence 341 participate in good hand washing hygiene after using the bathroom. d. IPCc will monitor client in their caseloads for progress with the current program plan and will document findings in the monthly note, along with follow-corrective actions as indicated. e. US provided training to DCS on all residences including DCS on Client 1's residence on FDC 1.3.1 "Mission and Values" with emphasis on their responsibility to ensure clients are provided dignity, respect and quality of life services/treatment.	8/9/13 8/9/13 9/09/13	

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			<p>f. Unit Supervisor provided training to to DCS on all residences including DCS Client 1's residence on FDC 1.3.2 "Principles and Practices" with emphasis on the staff's responsibility to protect the rights of the individuals who live at FDC by providing services and supports that build confidence, self-worth and self-determination.</p> <p>g. Training was provided to Residence 41 DCS on FDC Policies 5.1.2 Continuous Active Treatment, 5.1.1 Standards of Care, 1.1.5 Clients' Rights, NP 5.5.1 Gastrostomy Tube Feeding.</p> <p>h. Rounds team (Governing Body, Program Management, US, Shift Leads, IPC) will conduct rounds to ensure that handwashing opportunities are provided throughout the day. Results of findings will be calculated, analyzed by the AE Analyst and corrective action plans developed.</p> <p>i. Follow-up/review for staff knowledge and awareness of active treatment principles will be incorporated into focus calendars for review at huddle/shift change meetings.</p>	<p>9/09/13</p> <p>9/09/13</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05G022	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/09/2013
NAME OF PROVIDER OR SUPPLIER FAIRVIEW DEVELOPMENTAL CENTER D/P ICF/IID			STREET ADDRESS, CITY, STATE, ZIP CODE 2501 HARBOR BOULEVARD COSTA MESA, CA 92626		
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			<p>W 474</p> <p>a. US trained DCS on Client 49's Meal Profile.</p> <p>b. US trained DCS on Residence 343 on all clients' specific Meal Profile as well as the purpose and function of the Meal Profile Book.</p> <p>c. US completed an audit of the Client Meal Profile Book to ensure it correctly identified all diets and adaptive devices that are utilized in the dining room.</p> <p>d. Dining Room Coordinator will monitor to ensure dining programs, including proper diets and the use of adaptive devices are implemented as written, and that DCS utilize the Meal Profile Book.</p> <p>e. Shift Lead/designee will ensure that the Dining Room Book and the Client Meal Profile Book is updated monthly and as needed when diet changes are initiated.</p> <p>f. The "Rounds Team" (Governing Body, Program Management, US, Shift Leads, IPC) will conduct rounds to ensure that clients receive prescribed diets and report findings to the Agency Evaluation Committee. Results of findings will be calculated, analyzed by the AB Staff Service Analyst and corrective action plans developed.*</p>	<p>7/29/13</p> <p>7/29/13</p> <p>8/21/13</p>	

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			<p>g. The dietician will monitor during meals to ensure that clients receive the correct meal consistency. *</p> <p>h. IPCs will monitor during site visits to ensure clients in their caseloads receive prescribed diets. *</p>		

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			<p>W 484</p> <p>a. Unit Supervisor trained DCS on Client 59's Meal Profile.</p> <p>b. Unit Supervisor trained DCS on Residence 343 on all clients' specific Meal Profile as well as the purpose and function of the Meal Profile Book.</p> <p>c. The Unit Supervisor completed an audit of the Client Meal Profile Book to ensure it correctly identified all diets and adaptive devices that are utilized in the dining room.</p> <p>d. Dining Room Coordinator will monitor to ensure dining programs, including proper diets and the use of adaptive devices are implemented as written, and that DCS utilize the Meal Profile Book.</p> <p>e. Shift Lead/designee will ensure that the Dining Room Book and the Client Meal Profile Book is updated monthly and as needed when diet changes are initiated.</p> <p>f. The "Rounds Team" (Governing Body, Program Management, US, Shift Leads, IPC) will conduct rounds to ensure that clients utilized adaptive equipment in dining room and report findings to the Agency Evaluation Committee. Results of findings will be calculated, analyzed by the AE Analyst and corrective action plans developed. *</p> <p>g. IPCs will monitor during site visits that clients in their caseloads utilize adaptive equipment as identified in their program plan. *</p>	<p>7/29/13</p> <p>7/29/13</p> <p>8/21/13</p>	

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			<p>W488, #1</p> <p>a. US/designee provided training to 344 DCS on Client 79's abilities in the dining room and meal preparation. *</p> <p>b. US reviewed the expectation to encourage independence and provide encouragement during naturally occurring teachable moments.</p> <p>c. US/designee provided training to all DCS including 344 DCS on Policy 5.1.2 "Continuous Active Treatment," with emphasis on promoting choice and independence.</p> <p>d. Rounds Team (Governing Body, Program Management, US, Shift Leads, IPC) will monitor dining rooms during meal times to ensure that clients are provided opportunities for independence. Results of findings will be calculated, analyzed by the AE Analyst and corrective action plans developed. *</p> <p>e. IPCs will conduct site visits to the dining rooms and document findings in the monthly progress note. Concerns will be shared with the US and improvement plans implemented as indicated.</p> <p>f. Dining Room Coordinators will monitor during meals to ensure dining programs include opportunities for independence. *</p> <p>W488 #2</p> <p>a. The Dietician met with Client 82 to review his diet preferences to better support his dietary needs.</p>	<p>9/09/13</p> <p>9/01/13</p> <p>9/09/13</p> <p>9/09/13</p>	

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			<p>b. The Director of Dietetics/designee provided training to Clinical Dietitians, including those on 344, to support clients in making good food choices and expanding their knowledge of healthy food choices and their any diet limitations. *</p> <p>c. Director of Dietetics/designee will monitor during rounds to ensure that client interactions with Dietitians and other kitchen support staff are positive and educational.</p> <p>d. USS/designees and IPC s will monitor during mealtime to ensure that clients receive quality dining room services, are encouraged to make positive food choices, and are provided a variety of food options that meet their preferences and needs.</p> <p>e. A protocol was developed and implemented to include clients in facility menu planning.</p> <p>f. "Rounds Team" (Governing Body, Program Management, US, Shift Leads, IPC) will conduct rounds to ensure that clients receive quality dining room services, including adequate amounts of food as requested and that interactions with all staff during the meal are positive. Any significant issues noted during rounds will be immediately addressed. Results of findings will be presented to AE Committee for follow up action. *</p>	<p>9/09/13</p> <p>9/01/13</p>	

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			<p>W 488 Item 3</p> <p>a. US for Client 184, 189, and 182 immediately instructed Dining Room Coordinator to ensure DCS are positioned appropriately and dining room is clean and free from hazards during meals.*</p> <p>b. Special Conference held to discuss Client 184's dining needs and adaptive equipment was obtained and implemented.*</p> <p>c. US trained 431 DCS on Client 184 dining plan and adaptive equipment.*</p> <p>d. US trained 431 DCS on Client 189's behavior plans.</p> <p>e. An ERR meeting was held for Client 189 to discuss additional supports [REDACTED]</p> <p>f. US initiated training for 431 DCS on Client 189's communication milestone (for agitation) and additional supports.</p> <p>g. DCS immediately cleaned spillage for Client 182 and assisted him in completing his meal.*</p> <p>h. IDT will monitor Client 182's dining plan to ensure effectiveness and modify as needed.*</p> <p>i. Senior Psychologist initiated "Behavior Support Positive Practices" training for Residence 431 DCS.*</p> <p>j. Staff Development provided "Respectful Interactions" and "Dignity in Care" training to all DCS including staff on 431.</p>	<p>7/29/13</p> <p>8/12/13</p> <p>8/30/13</p> <p>9/03/13</p> <p>7/31/13</p> <p>9/03/13</p> <p>7/31/13</p> <p>9/04/13</p> <p>9/06/13</p>	

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			<p>k. US/designee trained all DCS including 431 DCS in Dining Room Expectations.*</p> <p>l. The "Rounds Team" (Governing Body, Program Management, US, Shift Leads, IPC) will conduct rounds to ensure client protection, environmental cleanliness, and active treatment is provided during meals. Coaching provided as needed and findings will be reported to the AE Committee. Results of findings will be calculated, analyzed by the AE Analyst and corrective action plans developed.</p> <p>m. IPCs will monitor dining programs for clients in their caseloads and document progress in monthly notes.*</p> <p>W488 #4</p> <p>a. IPP held to discuss Client 151's current program and training plans were revised and initiated to reflect her current interests, capabilities and needs.*</p> <p>b. Training developed for Client 151 to rinse and rack dishes after meals.*</p> <p>c. US conducted training with Res. 430 DCS on Client 151's dining plan.*</p> <p>d. PAs provided training to DCS on all units, including Client 151's residence, on Policy 5.1.2 "Continuous Active Treatment" with emphasis on promoting independence.*</p>	<p>9/06/13</p> <p>9/06/13</p> <p>9/09/13</p> <p>9/09/13</p>	

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			<p>h. The "Rounds Team" (Governing Body, Program Management, US, Shift Leads, IPC) will conduct rounds to ensure that clients are provided opportunities for independence during meals. Results of findings will be calculated, analyzed by the AE Analyst and corrective action plans developed.*</p> <p>k. A mentorship program has been developed between Program Management/Supervisors and DCS to ensure competent assessment of clients' capabilities, strengths and needs when completing the Independent Living Skills Assessment (ILSA) *</p> <p>f. Dining Room Coordinators will monitor during meals to ensure dining programs include opportunities for independence. *</p> <p>W488, #5</p> <p>a. A baseline for Client 150 was completed to participate in family style dining.</p> <p>b. Special Conference was held to review the results of the family style dining trial. Dining milestones were reviewed and updated with emphasis on independence.*</p> <p>c. US/designee trained DCS on the new dining room objective. *</p> <p>d. Dining Room Coordinators will monitor during meals to ensure dining programs include opportunities for independence. *</p>	<p>9/09/13</p> <p>10/10/13</p> <p>10/10/13</p> <p>10/10/13</p>	

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			e. USs/designees provided training to all DCS including 430's DCS in dining room expectations to encourage independence and provide encouragement during naturally occurring teachable moments.*	9/09/13	
			f. US/designee provided training to all DCS including 430's DCS on Policy 5.1.2 "Continuous Active Treatment," with emphasis on promoting choice and independence according to individual skill level.*	10/10/13	
			g. The "Rounds Team" (Governing Body, Program Management, US, Shift Leads, IPC) will conduct rounds to ensure that clients are provided opportunities for independence during meals. Results of findings will be calculated, analyzed by the AE Analyst and corrective action plans developed.*		
			h. A mentorship program has been developed between Program Management/Supervisors and DCS to ensure competent assessment of clients' capabilities, strengths and needs when completing the Independent Living Skills Assessment (ILSA) *	9/09/13	
			i. IPCs will conduct site visits to the dining rooms and document findings in the monthly progress note. Concerns will be shared with the US and improvement plans implemented as indicated.		

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			<p>W488, #6</p> <p>a. US initiated a baseline for Client 162 to participate in family style dining.</p> <p>b. Special Conference was scheduled to review the results of the family style dining trial.</p> <p>c. Dining Room Coordinators will monitor during meals to ensure dining programs include opportunities for independence. *</p> <p>d. The "Rounds Team" (Governing Body, Program Management, US, Shift Leads, IPC) will conduct rounds to ensure that clients are provided opportunities for independence during meals. Results of findings will be calculated, analyzed by the AE Analyst and corrective action plans developed. *</p> <p>e. A mentorship program has been developed between Program Management/Supervisors and DCS to ensure competent assessment of clients' capabilities, strengths and needs when completing the Independent Living Skills Assessment (ILSA) *</p>	<p>9/09/13</p> <p>10/10/13</p> <p>9/09/13</p>	

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			f. USs/designees provided training to DCS including 430's DCS in dining room expectations to encourage independence and provide encouragement during naturally occurring teachable moments.*	9/09/13	
			g. USs/designees provided training to all DCS including 430 DCS on Policy 5.1.2 "Continuous Active Treatment," with emphasis on promoting choice and independence according to individual skill level.*	10/10/13	
			h. IPCs will conduct site visits to the dining rooms and document findings in the monthly progress note. Concerns will be shared with the US and improvement plans implemented as indicated.*		